

A Juvenile Sex Offender with Attention Deficit Hyperactivity Disorder

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ABSTRACT

Background: Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder manifesting in early life. These children are more vulnerable to sexual abuse as victims and offenders. This is a case report of a teenager with previously undiagnosed ADHD presenting with an alleged act of sexual offending.

Case report: According to the 14-year-old accused, he has engaged in penetrative anal intercourse with another schoolmate. That similar past incidents had involved a teenage male relative and insertion of foreign bodies to his anus repeatedly by him. On assessment the accused had features of inattention, such as difficulty in sustaining attention, failing to finish work and features of impulsivity, such as difficulty waiting for his turn and intruding on others. He was diagnosed with ADHD according to Diagnostic and Statistical Manual of Mental Disorders (DSM 5) clinical criteria which were supported by the Sinhalese adaptation of the Swanson, Nolan and Pelham questionnaire. The assessment of the non-verbal intelligence was in the normal range, but his school performance was far below the average.

Discussion: Undiagnosed ADHD contributes to academic impairment and inappropriate sexual behaviour. It is possible that the described adolescent's impulsiveness and inattention contributed to his academic failure and risky sexual behaviour. Early detection and proper management of this disorder may have reduced the risk of such behaviour in him.

Background

Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder with an early childhood onset [1]. The disorder is characterized by three clinical domains, which are inattention, hyperactivity and impulsivity [2]. Many reports have demonstrated that the disorder is seen more among boys compared to girls [1]. The hyperactivity usually wanes, and inattention persists when the child reaches adolescence [3].

Besides, ADHD is associated with academic impairment in children [4]. The impact of children's school performance can be detrimental if the diagnosis is missed. Parents and teachers of the child with ADHD's symptoms may fail to identify these manifestations as part of a medical illness. For example, a Sri Lankan study on the knowledge of school teachers on ADHD found that many of them believed that the symptoms occur due to the parents' fault [5]. They may brand this behaviour as delinquent behaviour and the child may be subjected to disciplinary action rather than appropriate care [6]. A significant proportion of children with ADHD may not be referred to the psychiatric services even in the west [7]. This is more likely when the child has prominent features of inattention and minimal hyperactivity symptoms [8].

Sri Lanka is a middle-income nation in South Asia. The ratio of psychiatrist to population in the country is lower compared to Western countries [9]. Furthermore, the mental health gap is significant as many people with major psychiatric disorders, such as schizophrenia present to services after many years of illness [10]. The availability of child and adolescent mental health professionals is even fewer [11]. The Lady Ridgeway Hospital for Children (LRH), which is the largest children's hospital in the world by bed strength, possesses the only inpatient child psychiatry facilities for the country [12]. Many children with psychological and behavioural problems in the country are referred for specialized care to this tertiary care hospital. The child and adolescent mental health services, for example, the outpatient clinic receives about 2,300 new enrolments per year.

Sexual abuse and offending have been recognized in children with ADHD [13, 14]. Sexual urges are common in adolescence. In children with ADHD, the impulsivity maybe one of the causative factors that contribute to the lack of inhibition in sexual responses. This may lead them to be victimized by sexual abuse due to unsafe and risky behaviour. In contrast, children and adolescents with ADHD may seek sexual pleasure impulsively and are more prone to sexually offend than other children as well [15].

This study describes a 14-year-old boy suspected of alleged

sexual offending involving another boy from his own school in an urban region of Sri Lanka. The need for early detection of the symptoms of ADHD and prompt treatment are highlighted as it may have prevented such serious consequences on both adolescents involved. We could not find any previous publications related to sexual offending in neurodevelopmental disorders from Sri Lanka. Informed written consent from the parents and assent from the adolescent was obtained for clinical assessments and scientific publication.

Case report

A 14-year-old boy was referred for an opinion on psychological status. He was the alleged perpetrator of an incident of sexual abuse involving another boy from the same school in a densely populated urban community in the country. According to the accused, he has engaged in penetrative anal intercourse as the passive partner within the school premises. The 14-year-old boy claimed that he had persuaded the other boy to accompany him to an isolated area of the school. Then he has forced the younger adolescent to engage in the alleged act. He also divulged that similar incidents had happened in the past, which involved a teenage male relative and insertion of foreign bodies to his anus repeatedly by him.

According to the information from the parents and school, the 14-year-old student had features of inattention such as difficulty in sustaining attention, failing to finish work, getting distracted easily by extraneous stimuli and being disorganized in his activities. There were features of impulsivity such as difficulty waiting for his turn and intruding on others. These features were seen at home and school. The onset of these symptoms appears to have been in the early developmental period in him. However, there were no features of hyperactivity in him. On physical examination, there was evidence of repetitive anal intercourse in the recent past in the alleged perpetrator.

It was reported that the accused met the criteria for ADHD according to the 5th edition of the Diagnostic and Statistical Manual of Mental disorders (DSM 5) [2]. The diagnosis was achieved after a detailed assessment by the child and adolescent psychiatrist and supported by the Sinhalese adaptation of the Swanson, Nolan and Pelham (SNAP-IV) questionnaire [16]. This scale is filled by parents and teachers on the symptoms of inattention, hyperactivity and impulsivity. Depending on the responses, a score is calculated for inattention and hyperactivity/impulsivity domains.

The boy scored higher than normal in the inattention subscale, but he had a normal score in the hyperactivity

component. In addition, he was considered to have average intelligence in the assessment of non-verbal intelligence using the Test of Non-Verbal Intelligence version 3 (TONI 3) [17]. However, his school test marks were far below average. On extensive learning assessment, it was evident that the boy's inattention was contributing heavily to his inability in grasping things that he is learning. The boy was given behaviour therapies and stimulant medication in the form of Methylphenidate. With treatment, there was a significant clinical improvement of his ADHD symptoms.

Discussion

Children and adolescents with ADHD are more likely to become sexual offenders and victims of such abuse compared to others [13, 14, 15]. In this case report, we described an adolescent who allegedly sexually abused another schoolmate in the context of previously undiagnosed ADHD. Child sexual abuse is the involvement of children and adolescents in sexual activities that they cannot fully comprehend and to which they cannot consent as an equal participant. In most cases, the alleged perpetrator is an adult. However, in this case, the suspected offender is a juvenile. The reasons why the alleged offender engaged in such acts need to be further investigated.

Regarding the alleged offender, it is possible that his impulsiveness and inattention contributed to his academic failure despite he has a normal intelligence level. These same psychological impairments may have led to the risky sexual behaviour as well. It has been evidenced that stimulant medication is very much effective against ADHD [18]. Studies conducted in the west have found that effective treatment for this disorder reduces the risky behaviour, such as substance use in persons with ADHD [19]. Furthermore, early detection and proper management of this disorder in the offender may have reduced the propensity for risky sexual behaviour.

A clearer understanding of his illness by the parents and more vigilance by the school authorities could have prevented the alleged incident in the school. Besides, improvement of awareness among parents and teachers about psychiatric disorders may be an effective way of preventing a proportion of sexual abuse among school children [20]. In order to achieve this child and adolescent mental health services and schools need to work in liaison. Child mental health professionals would have to design health promotion material that is culturally relevant and appropriate to Sri Lanka.

The defence of insanity or unsoundness of mind is based on the case of Daniel McNaughton in England in 1843. This led to the formation of McNaughton standard [21]. A person

who is of unsound mind or insane at the time of the offence is unable to form the 'mens rea' or the guilty mind. Thus, such person is not subjected to punishment by the law. The penal code of Sri Lanka states that 'Nothing is an offence which is done by a person who, at the time of doing it, by reason of unsoundness of mind, is incapable of knowing the nature of the act, or that he is doing what is either wrong or contrary to law' [22].

Mental illness is not defined in the Sri Lankan penal code [22]. The Sri Lankan law considers the cognitive aspect of an offence for criminal responsibility but not impairment of volitional control. The Sri Lankan law on insanity does not provide for mitigation of punishment in circumstances that lead to impairment but not a deprivation of legal capacity [21]. Therefore, insanity defences of Sri Lanka have an all-or-none property. In this case of this alleged juvenile offender, the question that needs to be answered by the forensic and psychiatric specialists is whether the boy's mental disorder has contributed to the alleged act. From the available information at present, it appears that the alleged offender's previously undiagnosed neuro-developmental disorder probably contributed to his behaviour in relevance to the sexual behaviour. Therefore, it is prudent to consider these medical facts when writing the court reports and providing evidence in courts.

In conclusion, this case report provides a glimpse of association of neurodevelopmental disorders to sexual offending in the Sri Lankan context. The importance of psychiatric assessment in children and adolescents who are either victims or offenders of sexual abuse has been highlighted.

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