

Child on Child Sexual Abuse Research Study

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Child on Child Sexual Abuse Statistics

- Juveniles account for more than one-third of those known to police to have committed sex offenses against minors
- The most common age of individuals engaging in illegal sexual behavior against children under the age of 12 is 14 years
- The average age of victims of these offenses is 10 years
- It is estimated that at least two out of every ten girls and one out of every ten boys are sexually abused by the end of their 13th year

Child on Child Sexual Abuse Statistics

- In FY 2008-09, 619 youths (1,264 referrals) were referred to the Florida Department of Juvenile Justice for a sexual offense (most serious offense), representing less than .05% of all referrals
- However, according to the National Crime Victimization Study (2008), only about 41% of all rape/sexual assaults are reported to police
- It is estimated that over 3,000 felony sexual assaults by juveniles occur in Florida per year and that there may be close to 1,500 juvenile felony sexual offenders

Child on Child Sexual Abuse Statistics

- In FY 2008-09, 8,321 children were identified as being either alleged perpetrators or victims of child on child (COC) sexual abuse by the Florida Department of Children and Families (DCF)
- Approximately 700 youths were found to be verified victims of child on child sexual abuse by DCF in fiscal year 2007, with 88 were victims in more than one COC referral

Characteristics of Children With Sexual Behavior Problems

- Children who engage in child on child sexual abuse, as well as their victims, are diverse and not easily classified into typologies
- COC sexual abuse may involve children of similar or divergent ages; may involve aggression, coercion, or force; may involve harm or potential for harm; may occur once or may occur often; and may include minor or advanced sexual behaviors

Characteristics of Children With Sexual Behavior Problems

- What we do know from the research is that children with sexual behavior problems have themselves often been a victim of sexual abuse
- While past sexual victimization can increase the likelihood of sexually aggressive behavior, most children who are sexually abused will not commit sex offenses
- Chaffin (2008) emphasizes that “childhood SBP are sufficient to raise the question of sexual abuse but should not be considered sufficient, by themselves, to conclude that sexual abuse has occurred” (p.205).

Characteristics of Children With Sexual Behavior Problems

- Research has also identified family, environmental and personality factors often found among youth engaging in COC sex abuse
- These include:
 - Maltreatment and violence in the home
 - Substandard parenting practices
 - Neglect
 - Exposure to sexually explicit media and highly sexualized environments
 - Personality characteristics including anxiety, depression, aggression, and low impulse control

Comorbidity Factors

- Frequently these children have been diagnosed with other comorbid behaviors such as:
 - Conduct Disorder
 - Defiant Disorder
 - Substance abuse
 - Attention Deficit Hyperactivity Disorder (ADHD)
 - Developmental disabilities
 - Learning disorders
 - Autism and Asperger's Syndrome
 - Reactive Attachment Disorder
 - Post-Traumatic Stress Disorder (PTSD)

Age and Gender Classifications

- Children who commit sex offenses are more likely than adult sex offenders to offend in groups, at schools, and to have more male victims and younger victims
- Sex offending patterns increase sharply at age 12 and plateau after age 14 years of age – early adolescence is peak age for offenses against younger children
- Females account for 7% of youth who commit sex offenses
- Females are found more often among younger youth who commit sex offenses, as opposed to older youth
- Females offenses involve more multiple-victim and multiple-perpetrator episodes, and their victims are more often family members or males

Age and Gender Classifications

■ Forms of SBR

- Naive experimenters, undersocialized child exploiters, sexual aggressives, sexual compulsives, disturbed impulsives, group influenced, and pseudosocialized
 - Pedophilic, sexual assault, and undifferentiated
 - Child molesters, rapists, sexually reactive children, fondlers, paraphilic offenders, and unclassifiable
- ## ■ Adolescent sex offenders who assault younger victims (3-5 years or more difference in age) vs. peer child on child sex abuse (offending within 3-5 years difference in age)

Age and Gender Classifications

- Families of preadolescents who have sexually abused tended to be dysfunctional
- Researchers have concluded that the evidence “points to family interactions as a **primary** source of the problem”
- Families of these children tended to be characterized by high levels of poverty, single parenting, sexual abuse, domestic violence, and parenting stress
- Compared to adolescent children, preadolescent children’s families...evidenced significantly more problems, and the younger children also had significantly higher levels of social isolation and current life stresses

Gabriel Myers' Case

- ✓ Previous Sexual Victimization
- ✓ Other Criminal Offending/Aggressive Behaviors
- ✓ Dysfunctional and/or Instable Family Environment
- ✓ Sexual Deviant Behaviors
- ✓ History of Abuse and/or Neglect
- ✓ Signs of other Mental Health or Cognitive Dysfunctions

Assessments

- Comprehensive assessments of individuals are needed to facilitate treatment and intervention strategies. These include assessment of each juvenile's needs (psychological, social, cognitive, and medical), family relationships, risk factors, and risk management possibilities.
- Parents or guardians of juveniles should be involved in the assessment and in the treatment process. Their informed consent should be obtained, and they should be clearly informed of the limits of confidentiality.

Risk for Recidivism

- Children with sexual behavior problems pose a low, long-term risk for future child sexual abuse perpetration and sex crimes (2-3%)
- Juvenile sex offenders have relatively low future sex offending rates (5-15%)
- After receiving appropriate short-term treatment, children with sexual behavior problems have been found to be at no greater risk for committing future sex offenses than other child clinical populations

Assessments

- Effective assessment is the cornerstone of the treatment process
- Without accurate, comprehensive assessment, followed by reasonable treatment planning, interventions are likely to be misguided and ultimately ineffective

Assessments

- Assessments should be ecologically focused and center on *current* and *future* contextual factors such as:
 - Quality of caregiver relationship
 - Caregiver monitoring and supervision
 - Presence of positive or negative role models and peers
 - Discipline and limit setting in the home
 - Child's response to corrective actions
 - Exposure to and protection from traumatic situations
 - Sexual and/or violent stimulation in environment
 - Victimization
 - Resilience factors
 - Social ecology of extended family, neighborhood, school and other social environments

Assessments

■ Child Sexual Behavior Inventory (CSBI)

- 38-item instrument completed by the parent or caregiver to determine the presence and intensity of sexual behaviors among children 2 to 12 years of age
- Measures the frequency of common and atypical behaviors, self-focused and other focused behaviors, sexual knowledge, and level of sexual interest.
- Recent items added to the instrument focus on whether the child's sexual offending is planned and whether it involves aggression.
- Age and gender norms have been identified and allow the assessor to discriminate between developmentally normal and atypical sexual behavior.
- In addition to being used to determine the presence of SBP, the CSBI is also useful for monitoring progress and tracking treatment progress.

Assessments

- Child Sexual Behavior Checklist (CSBCL)
 - Appropriate for identifying SBP in children 12 years of age and younger
 - Can be completed by anyone who knows the child well, such as a parent/guardian or adult caregiver
 - The CSBCL examines 150 behaviors related to sexual behaviors and sexuality in children
 - It also assesses environmental factors that can increase problematic childhood SBP, asks details about such behaviors with other children, and lists characteristics

Assessments

- Weekly Behavior Report (WBR)
 - Relatively short instrument appropriate for use with young children and designed to track weekly changes in general and sexual behavior in children
 - Useful for identification and monitoring progress over time

Additional Assessments

- Juvenile Sex Offender Assessment Protocol-II (JSOAP-II)
- Psychopathy Checklist: Youth Version (PCL:YV)
- Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (J-SORRAT-II)
- Abel Assessment for Sexual Interest (AASI)
- Child Abuse Potential Inventory (Milner, 1986)
- Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR)
- Minnesota Sex Offender Screening Tool
- Multiphasic Sex Inventory
- Rosenberg Sexual Deviance Deception Assessment
- Sexual Interest and Deviancy Assessment
- Sex Offense and Development Assessment
- Sexual Violence Risk-20 (SVR-20)

Treatment

- Following a full assessment of the juvenile's risk factors and needs, individualized and developmentally sensitive interventions are required
- Feedback and discussion of the results with family members are important ingredients of the assessment and treatment process
- Individualized treatment plans should be designed and reassessed and revised.
- Plans should specify treatment needs, treatment objectives, and required interventions.

Treatment

- Treatments should be respectful of the families particular circumstances, background, and values
- Treatment plans should be practical. Plans that call for services that are unavailable, require many sessions per week, or are beyond the financial means of the family are not useful because it is unlikely they will be followed
- Plans should specify treatment needs, treatment objectives, and required interventions
- Feedback and discussion of the results with family members are important ingredients of the assessment process

Treatment

- Randomized, clinical trials have documented improvement in childhood sexual behavior problems when some sort of detection and adult intervention are provided
- Treatment interventions that have had the greatest success are those that are:
 - Focused, goal-directed approaches to treatment
 - Entail structured, SBP-focused cognitive behavioral therapy approaches that include parents and/or caregivers involvement

Treatment for Children With Sexual Behavior Problems

■ Treatment should include:

- An understanding that children do not possess the requisite cognitive maturity or ability for emotion regulation necessary to achieve emotional or behavioral control through self-understanding.
- Teaching young children concrete rules about sexual behavior and physical boundaries such as, 'do not touch other children's private parts.'
- Demonstration for young children, as they learn better from modeling, practice and reinforcement of behaviors across settings.
- Identification and recognition of the inappropriateness of rule-violating sexual behaviors that occurred in the past.
- Age-appropriate sexual education.
- Coping and self-control strategies.
- Basic sexual abuse prevention and safety skills.
- Social skills

Parent/Caregiver Treatment Components

- The development and implementation of a safety plan which includes a supervision and monitoring plan, communication with other adults (such as day care and extended family) about supervision needs, and modifications to the safety plan over time in accordance with improvements in behavior.
- Information about sexual development, normal sexual play and exploration, and how these differ from childhood sexual behavior problems.
- Strategies to encourage children to follow privacy and sexual behavior rules.
- Identification of factors that contribute to the development and maintenance of sexual behavior problems (e.g., an environment that is overly sexually stimulating for the child).

Parent/Caregiver Treatment Components

- Sex education and how to listen and talk with children about sexual matters.
- Parenting strategies for building positive relationships with children and addressing behavior problems including learning and practicing skills, redirection, giving clear directions, and consistent application of rules and discipline.
- Techniques for supporting children's use of self-control strategies they have learned.
- Information on relationship building and setting appropriate boundaries for physical affection with children.
- Strategies to guide children toward positive peer groups, which in turns can increase pro-social, protective factors for the child.

In-Home/Community-Based Care for Child on Child Sexual Abuses Cases

- Have the child with sexual behavior problems stay near the caregiver, teacher or child care worker during nap times.
- Avoid leaving the child alone with other children in the bathroom or changing areas.
- Provide appropriate reinforcement for keeping hands to himself/herself.
- Educate teachers, staff, caregivers that “SBP are not uniquely difficult behaviors to correct and that most children with SBP will desist from the behavior given appropriate guidance, structure, and help” (Chaffin et al., 2008, p. 209). As Chaffin et al. (2008) note, this may help to prevent having the child excluded from these settings, which could cause additional disadvantage and risk.

Treatment

Treatment Protocol	Theoretical Basis	Clinical- Anecdotal Literature	Acceptance/ Use in Clinical	Potential for Harm Risk/Benefit Ratio	Empirical Support
CHILD-FOCUSED INTERVENTIONS					
Trauma-Focused CBT	Sound	Substantial	Accepted	Little Risk	1
CBT for Children with Sexual Behavior Problems	CBT-Sound	Substantial	Accepted	Little Risk	3
Dynamic Play Children with Sexual Behavior Problems	Dynamic-Novel	Little	Limited use	Some Risk	3
Cognitive Processing Therapy (CPT)	Sound	Substantial	Accepted	Little Risk	3
Eye Movement Desensitization and Reprocessing (EMDR)	Novel/ Reasonable	Substantial	Some Use	Little Risk	3
Child/Parent Physical Abuse CBT	Sound	Substantial	Accepted	Little Risk	3
Resilient Peer Training Intervention	Sound	Little	Limited use	Little Risk	3
Therapeutic Child Development Program	Sound	Substantial	Accepted	Little Risk	3
Trauma-Focused Integrative-Eclectic Therapy	Sound	Substantial	Accepted	Little Risk	3
Trauma-Focused Play Therapy	Sound	Substantial	Accepted	Little Risk	4

Saunders, B.E., Berliner, L., & Hanson, R.F. (Eds.). (2003). *Child Physical and Sexual Abuse: Guidelines for Treatment (Final Report: January 15, 2003)*. Charleston, SC: National Crime Victims Research and Treatment Center.

Treatment

Treatment Protocol	Theoretical Basis	Clinical- Anecdotal Literature	Acceptance/ Use in Clinical	Potential for Harm Risk/Benefit Ratio	Empirical Support
OFFENDER INTERVENTIONS					
Adult Child Molester Therapy	Sound	Substantial	Accepted	Some Risk	2
Adolescent Sex Offender Therapy	Sound	Substantial	Accepted	Some Risk	3

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Treatment

FAMILY, PARENT-CHILD, PARENT-FOCUSED INTERVENTIONS

Behavioral Parent Training	Sound	Some	Some use	Little Risk	3
Family Focused, Child Centered Treatment	Novel/ Reasonable	Some	Some use	Some Risk	3
Multisystemic Therapy (MST)	Sound	Little with child abuse	Limited use	Little Risk	3
Parent-Child Education/Physical Abuse	Sound	Substantial	Some use	Little Risk	3
Parent-Child Interaction Therapy	Sound	Some	Some use	Little Risk	3
Physical Abuse Family Therapy	Sound	Little	Limited use	Little Risk	3
Attachment-Trauma Therapy	Novel/ Reasonable	Some	Accepted	Little Risk	4
Family Resolution Therapy	Novel/ Reasonable	Some	Some use	Some Risk	4
Treatment of Dissociative Symptomatology	Novel/ Reasonable	Some	Some use	Little Risk	4
Intensive Family Preservation	Sound	Substantial	Accepted	Little Risk	4
Parents United	Novel/ Reasonable	Some	Some use	Some Risk	4
Parents Anonymous	Novel/ Reasonable	Some	Some use	Some Risk	4
Corrective Attachment Therapy	Questionable	Little	Limited use	Substantial Risk	6

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Treatment

■ Trauma-focused Cognitive-Behavioral Therapy (CBT)

- The treatment focuses on conditioned emotional associations to memories and reminders of the trauma, distorted cognitions about the events, and negative attributions about self, others and the world.
- Non-offending parents are included in the treatment process to enhance support for the child, reduce parental distress, and teach appropriate strategies to manage child behavioral reactions.
- **Duration of Treatment:** 12-16 sessions

Treatment

■ Adult Child Molester Treatment

- Adult child molester treatment uses cognitive behavioral and adjunctive therapies to help child sexual offenders develop the motivation and skills to stop sexual offending by replacing harmful thinking and behaviors with healthy thoughts and the skills to make choices that will reduce risk.
- Specialized treatment typically includes individual or group therapy with additional intervention through education of, and monitoring by, collaterals in offenders' environment.
- **Duration of Treatment:** 1-2 years of active treatment; weekly individual and/or group sessions.

Treatment

■ Family Focused, Child Centered Treatment Interventions in Child Maltreatment

- This model focuses on specific factors that created risk to the child and family and identifies the required behavioral outcome to reduce that risk.
- Rather than providing a menu of services that require participation to be considered successful, the FFI focuses on **identifying risk factors** and **required behavioral change**, and uses **input from the caregiver** regarding what will be needed to make the required change.
- **Duration of Treatment:** 6 to 12 months

Research Study Overview

- Comprehensive literature review of child on child sexual abuse
- Focus groups with child welfare professionals and providers in Alachua and Broward counties
- Analyzing official DCF data on child on child sexual offending, perpetrators and victims
- Online survey of DCF protective investigators, supervisors and administrators, as well as community treatment providers

Questions/Comments?

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