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# **CHILD-ON-CHILD SEXUAL ABUSE NEEDS ASSESSMENT**

## **Final Study Results**

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# STUDY OVERVIEW

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- ✖ Purpose: To conduct a needs assessment for the Florida Department of Children and Families on the issue of child-on-child sexual abuse (COCSA)
- ✖ Study Components:
  - + Literature review
  - + Analysis of official data
  - + Focus groups
  - + Online surveys

# RESEARCH QUESTIONS

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1. What is the extent and nature of COCSA in Florida?
2. What are the risk factors and characteristics of children involved in COCSA?
3. What are the needs of children involved in COCSA?
4. What treatment interventions and policies are needed to serve this population?
5. Are current services currently meeting their needs?
6. What changes, if any, need to occur to facilitate effective service delivery?
7. Are there any gaps and/or barriers to effective service delivery?



# DATA SOURCES

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## ✕ Official Data

- + Florida Safe Families Network (FSFN) data on COCSA cases (fiscal years 2008-2009)
- + Florida Abuse Hotline Information System (FAHIS) data

## ✕ Focus Groups

- + Conducted in Alachua and Broward counties
- + Participants included victim advocates, service providers, specialists, child protective investigators (CPI), task force representatives, law enforcement personnel, and medical/mental health professionals

# DATA SOURCES

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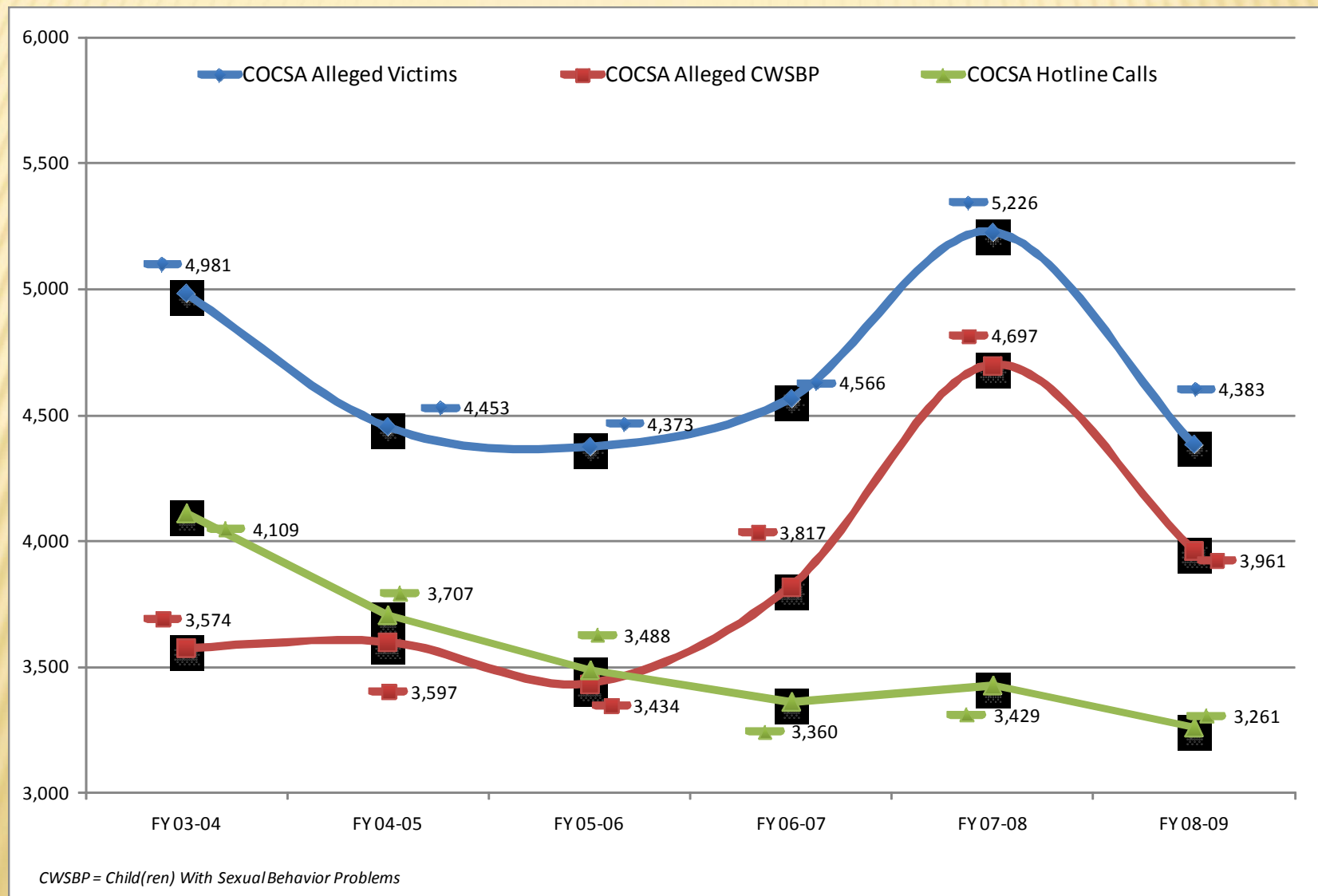
## ✖ Case File Reviews

- + 41 COCSA cases in Alachua and Broward counties
- + Data included: demographics, case descriptions, assessments, physical health, family substance abuse problems, youth and family involvement in crime, abuse history, mental health information, and treatment outcomes

## ✖ Online Self-Report Surveys

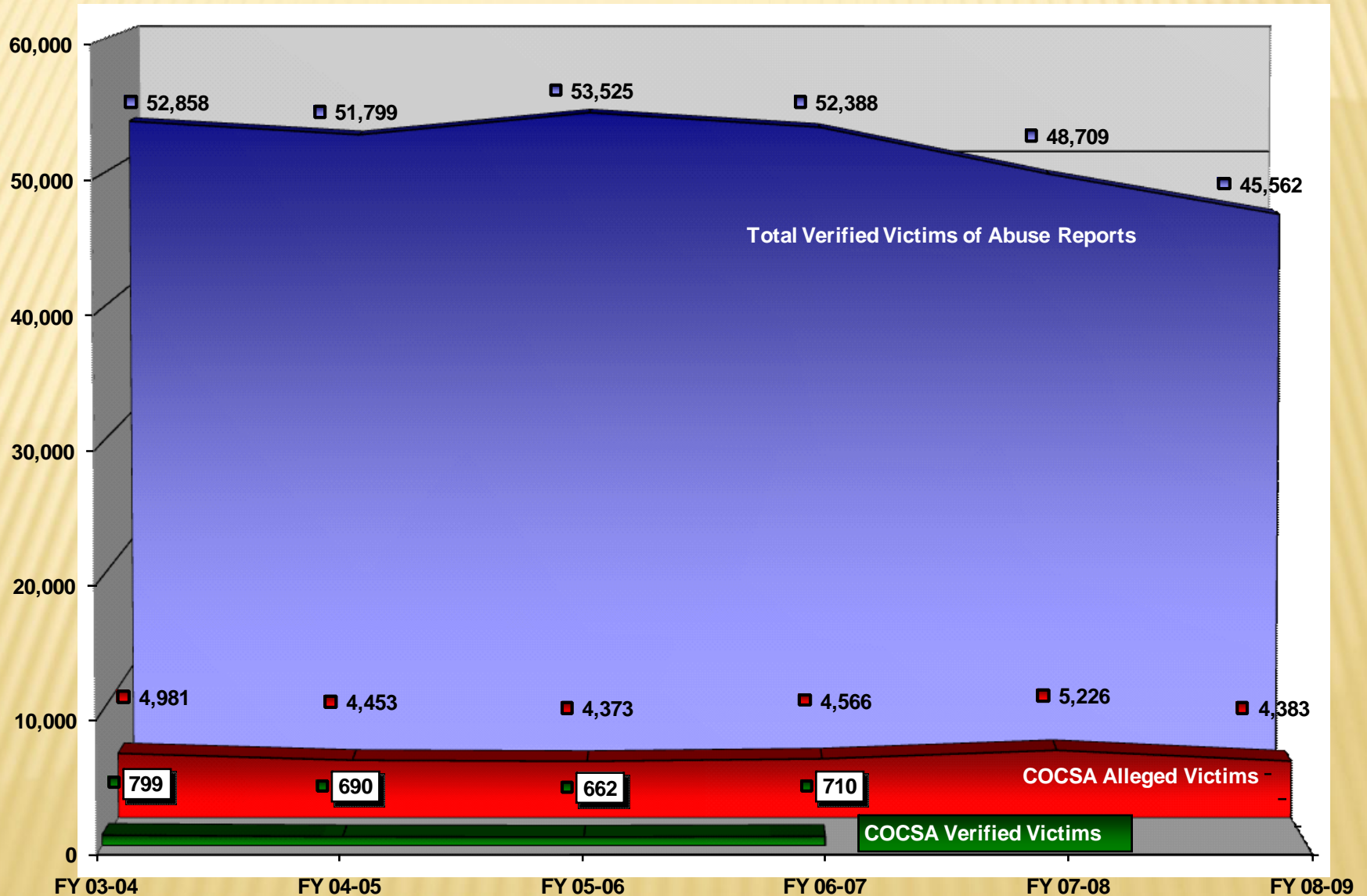
- + Administered to treatment providers and CPIs
- + Designed to solicit feedback from around the state to supplement focus group data
- + Data included: nature and extent of COCSA cases, referral process, COCSA training, assessment and screening procedures, treatment services, policies, gaps in services, method for improving service delivery

# EXTENT AND NATURE OF COCSA





# EXTENT AND NATURE OF COCSA



# RISK FACTORS OF CHILDREN WITH SBP

**FY 2007-09: COCSA Assessment Data: Alleged Children With Sexual Behavior Problems**

<b>Alleged CWSBP by Gender/Race</b>	<b>Male</b>	<b>Female</b>	<b>Black youth</b>	<b>White youth</b>	<b>Other youth</b>	<b>Total</b>
History of Sexual Victimization	889 (16%)	379 (23%)	373 (15%)	876 (20%)	21 (4%)	1,270 (17%)
History of Physical Abuse	688 (12%)	225 (14%)	388 (16%)	511 (11%)	14 (3%)	913 (12%)
History of Neglect	1,285 (22%)	476 (29%)	672 (27%)	1,064 (24%)	25 (5%)	1,761 (24%)
History of Family/ Domestic Violence	1,164 (21%)	378 (23%)	516 (21%)	1,006 (23%)	22 (5%)	1,544 (21%)
Alleged CWSBP's Family Has History of Instability	1,666 (29%)	546 (33%)	745 (30%)	1,423 (32%)	47 (10%)	2,215 (30%)
History of Physical/ Emotional Separation From a Parent	2,123 (37%)	642 (40%)	926 (38%)	1,768 (40%)	72 (16%)	2,766 (38%)
Inadequate Social Skills, Poor Peer Relationship	1,011 (18%)	222 (14%)	409 (17%)	782 (18%)	43 (9%)	1,234 (17%)
Knowledge of Advanced Sexual Practices	1,156 (21%)	412 (26%)	509 (21%)	1,014 (23%)	46 (10%)	1,569 (22%)
Been Exposed/ Access to Pornography	500 (10%)	135 (9%)	164 (7%)	451 (11%)	22 (5%)	637 (9%)
Academic Difficulties	1,215 (22%)	236 (15%)	598 (25%)	800 (19%)	53 (12%)	1,451 (20%)
Reduced Empathy	462 (8%)	113 (7%)	197 (8%)	357 (8%)	22 (5%)	576 (8%)
Alleged CWSBP Blames Victim	615 (11%)	201 (12%)	305 (13%)	479 (11%)	33 (7%)	817 (11%)
History of Impulse Control Problems	1,005 (18%)	220 (14%)	424 (18%)	768 (18%)	34 (7%)	1,226 (17%)
History of Anxiety	355 (7%)	78 (5%)	100 (4%)	318 (7%)	15 (3%)	433 (6%)
History of Depression	243 (4%)	71 (4%)	83 (4%)	228 (5%)	3 (1%)	314 (4%)
History of Suicidal Ideation	115 (2%)	36 (2%)	48 (2%)	102 (2%)	1 (0%)	151 (2%)
History of Substance Abuse	42 (1%)	9 (1%)	15 (1%)	33 (1%)	3 (1%)	51 (1%)
<b>Total Number*</b>	<b>5,771</b>	<b>1,649</b>	<b>2,486</b>	<b>4,504</b>	<b>473</b>	<b>7,459</b>

*\*Percentages are not necessarily based on the total number of youth as data for a specific trait may have been missing*

*CWSBP=Child(ren) With Sexual Behavior Problems*



# CHARACTERISTICS OF CHILDREN WITH SBP

## ✖ Top three risk factors:

1. History of physical/emotional separation from a parent
2. History of family instability
3. History of neglect

## ✖ Race differences

- + Black children had greater probability of history of physical abuse, neglect, and academic difficulties
- + White children were significantly more likely to have history of sexual victimization

## ✖ Gender differences

- + Girls had a greater probability of having a history of sexual abuse, neglect and knowledge of advanced sexual practices
- + Boys were more likely to have inadequate social skills, poor peer relationships, academic difficulties, and poor impulse control

## ✖ Age differences

- + Younger children were more likely to have a history of family instability and history of anxiety

# CHARACTERISTICS OF COCSA VICTIMS

## FY 2007-09: COCSA Assessment Data: Alleged Victims

<b>Alleged Victims by Gender/ Race</b>	<b>Male</b>	<b>Female</b>	<b>Black youth</b>	<b>White youth</b>	<b>Other youth</b>	<b>Total</b>
Alleged Victim is Substantially Younger Than CWSBP	1,099 (28%)	1,276 (26%)	740 (28%)	1,523 (27%)	121 (20%)	2,384 (27%)
Alleged Victim is Known To CWSBP	3,547 (90%)	4,473 (91%)	2,331 (89%)	5,196 (92%)	523 (84%)	8,050 (90%)
Alleged Victim Included Coercion	367 (10%)	362 (8%)	201 (8%)	496 (9%)	34 (6%)	731 (9%)
Alleged Victim Case Included Violence	167 (4%)	138 (3%)	98 (4%)	188 (3%)	19 (3%)	305 (3%)
Alleged Victim Case Included Bribes by CWSBP	114 (3%)	98 (2%)	43 (2%)	161 (3%)	9 (2%)	213 (2%)
Elements of Secrecy Involved	836 (22%)	872 (18%)	453 (18%)	1,170 (21%)	94 (16%)	1,717 (20%)
Multiple Alleged Victims-Reference	832 (22%)	935 (20%)	506 (20%)	1,139 (21%)	135 (22%)	1,780 (21%)
History of Non-Sexual Aggravated Assault	120 (3%)	152 (3%)	93 (4%)	158 (3%)	24 (4%)	275 (3%)
Number of Incidents	817 (23%)	939 (21%)	473 (20%)	1,194 (23%)	98 (17%)	1,765 (21%)
<b>Total Number*</b>	<b>3,925</b>	<b>4,930</b>	<b>2,611</b>	<b>5,667</b>	<b>622</b>	<b>8,896</b>

*\*Percentages are not necessarily based on the total number of youth as data for a specific trait may have been missing*

*CWSBP=Child(ren) With Sexual Behavior Problems*

# CHARACTERISTICS OF COCSA VICTIMS (CONT'D)

## ✖ Top three characteristics:

1. The alleged victim knew the alleged abuser (91%)
2. The alleged victim was substantially younger than the alleged abuser (27%)
3. More than one victim was involved (21%)

## ✖ Race differences

- + Black victims had greater probability of being involved in a violent incident
- + White victims were more likely to know the abuser, to be bribed by the abuser, and be involved in elements of secrecy

## ✖ Gender differences

- + Male victims had a greater probability of being substantially younger than their abuser, being involved in a violent incident and involved in elements of secrecy

## ✖ Age differences

- + Younger victims (under 6 yrs) were significantly more likely to know their abuser, while victims between 6 and 12 years of age were more likely to experience coercion than older victims
- + Older victims (10-12 years) had an increased probability of being involved in a multi-victim incident(s)



# COCSA REFERRALS

- ✗ Data about the referral of COCSA cases were collected focus groups, case file reviews, and online surveys of CPIs and treatment providers
- ✗ Abuse Hotline, law enforcement, family and school were most often cited sources

Referral Sources	Percent of Reported Responses
DCF Hotline	17%
Law Enforcement	10%
Family	10%
School	10%
Medical Practitioner	9%
Child Protection Team	8%
Judge	7%
Other Community Agencies	7%
State Attorney	6%
Daycare Center	6%
Department of Juvenile Justice	6%
Public Defender	3%
<b>Total Number of Respondents</b>	<b>140</b>

# REFERRAL PROCESS

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## ✕ Hotline Calls

- + COCSA referrals are classified as special conditions reports
- + There are no findings of abuse, neglect or harm made
- + The alleged abuser is coded as “JS”
- + No field to classify children as an “offender”
- + CPIs reported that there were limited resources available to have children involved in COCSA be evaluated by a professional to complete psycho-sexual or psychological evaluations
- + Law enforcement will take the lead in some cases, and request that DCF not interview the alleged abuser

## REFERRALS – TYPE & LOCATION OF COCSA CASES

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- ✘ Online survey and case file reviews indicated that most common cases received involved:
  - + Fondling
  - + Experimental behavior
  - + Precocious behavior
- ✘ Less common were cases involving coercion and penetration
- ✘ Respondents indicated that COCSA cases most often occurred in the home



# OVERALL REFERRAL FINDINGS

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- ✖ There is no standard procedure for identifying children with SBP or victims of COCSA
- ✖ Often, the abuser is determined more on the basis of age and physical strength in comparison to the other child, than by distinct intent or action
- ✖ Treatment providers indicated that at times the Hotline counselor will not accept the report citing 'no jurisdiction'
- ✖ Some reported that feedback is not provided regarding the outcome of report and/or investigation

# ASSESSMENTS

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- ✘ Most frequently used assessment was the Florida DCF Child-on-Child Abuse Assessment (DCF COCAA)
- ✘ CPI comments regarding DCF COCAA:
  - + Assessment reads as if perpetration has happened
  - + Assessment labels youth as offenders and victims before assessment is completed
  - + Instrument should collect additional information on the child's family history and environment
  - + Instrument should weed out experimental behavior from more serious cases
  - + There is no field that allows for the response to be “no evidence of sexual abuse” and “no services are necessary”

# TREATMENT SERVICES

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- ✘ Reported interventions included a wide array of services: individual/family therapy, case management, psychiatric services, targeting risk and needs
- ✘ There appeared little variation between services for children with SBP and victims
- ✘ Most often treatment providers utilized individual counseling therapy
- ✘ Very young children and/or children with emotional or developmental problems were considered most challenging cases
- ✘ Overwhelmingly, respondents felt there were not enough services available for COCSA cases and, when available, the services were too expensive and too difficult to access
- ✘ Notably, less than one-quarter of survey respondents answered the question about what treatment services they provide for COCSA children



# TREATMENT BARRIERS

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- ✗ CPIs reported receiving a short pre-service training on COCSA
- ✗ Treatment providers reported more training and expertise
- ✗ CPIs requested training to assist in identifying and investigating COCSA cases
- ✗ Respondents reported no general agreement between agencies about what constitutes “normal sexual behavior” and that needed to be defined and disseminated
- ✗ Respondents reported a need for training across agencies and the community
- ✗ Regarding policy, one respondent noted:

*Legislation is needed that treats all children as children regarding sexual behavior problems. There should not be a cut-off after age 12. The state has gone overboard in labeling children as sexual predators, and legislators need education about the differences between adult and child sexual offenders. Studies have been done that show the effectiveness of quality treatment programs, but we continue to put our funding into restriction rather than treatment and prevention.*

# STUDY SUMMARY & RECOMMENDATIONS

- ✗ The Department of Children and Families has been proactive in addressing COCSA cases
- ✗ Hotline calls involving COCSA have declined recently
- ✗ COCSA cases are not a pandemic problem compared to other cases of abuse, neglect & abandonment
- ✗ Dissemination of the report and other information resources may help reduce fear and anxiety surrounding these cases



## **POLICY RECOMMENDATIONS (CONT'D)**

- ✗ The DCF information system should uniformly track whether COCSA cases are verified after the investigation is completed
- ✗ MIS, assessments, and operating procedures should refrain from referring to COCSA children as offenders or perpetrators; it is recommended the terminology “alleged children with sexual behavior problems” be used
- ✗ Issues related to age restrictions should be revisited:
  - + Children over 12 years are referred to law enforcement with minimal tracking on DCF's part
  - + Uniform follow-up on these older children is lacking and children with SBP may be falling through the cracks
  - + Issues related to emotional maturity and cognitive functioning dictate the need for exceptions to the rule; additionally these problems are not uniformly assessed



## **POLICY RECOMMENDATIONS (CONT'D)**

- ✘ MIS tracking information should be expanded to include all indicators found in the research to accurately identify COCSA cases
  - + Track for both alleged children with SBP and alleged victims
  - + Examine environmental and social factors in more detail
  - + Gender, race and age differences should be uniformly tracked and inform training and policy
- ✘ Comprehensive COCSA training and booster sessions should be provided to DCF employees and providers; information resources should be disseminated to local community, families, and court systems

## **POLICY RECOMMENDATIONS** (CONT'D)

- ✘ The DCF COCSA Assessment should be revised to reflect the status of children engaged in COCSA as *alleged children with SBP*, and victims as *alleged victims*
- ✘ The DCF COCSA Assessment should be validated, i.e., empirically tested for predictive, content, and construct validity & reliability
- ✘ Treatment options for children involved in COCSA are limited; additional services are needed to adequately address this population's risk, needs and relapse prevention

# **POLICY RECOMMENDATIONS (CONT'D)**

- ✖ Individual counseling was the most reported intervention, however research indicates that this is typically not sufficient
- ✖ Treatment should include a strong family/caregiver component
- ✖ Evidence-based, cognitive behavioral interventions have been found effective:
  - + Trauma-Focused Cognitive Behavioral Therapy
  - + Child Molester Treatments
  - + Parenting with Love and Limits (PLL)
  - + Multi-Systemic Therapy (MST)
  - + Research has shown significant outcomes in reducing sexual behavior problems, delinquency, substance use, mental health symptoms, and out-of-home placements



## **POLICY RECOMMENDATIONS** (CONT'D)

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- ✖ Given the lack of information on available resources, each circuit should document the services available for COCSA cases in the local area including:
  - + Treatment interventions and criteria for receipt of services
  - + Referral agencies in the community
  - + Availability of funding and insurance coverage for services

## **POLICY RECOMMENDATIONS** (CONT'D)

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- ✘ Policies and protocols should be developed in Florida for COCSA cases that clearly distinguish inappropriate sexual behavior from normal sexual behavior
- ✘ All involved departments and agencies should be trained on these distinctions and uniform identification procedures should be based on these clear definitions and standards
- ✘ This information should be widely disseminated to community members, schools, daycare centers, and families

## **POLICY RECOMMENDATIONS** (CONT'D)

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- ✘ Following creation and implementation of new policies and trainings, reassessments should be conducted to ensure fidelity of service delivery, accurate identification of COCSA cases, and sufficient training and expertise to effectively meet the needs of children involved in child-on-child sexual abuse in Florida



# QUESTIONS OR COMMENTS?

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✕ Please call or contact us at:

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