

# Child-on-Child Sexual Abuse

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## Definition of the Problem

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# Child-on-Child Sexual Abuse

## FYI: Children with Sexual Behavior Problems (SBP)

- No profile or typologies available. Child Peer Offenders vs. Child Molester Offenders.
- Most have a history of maltreatment.
- Wide range of severity & harm to other children.
- Case by case decisions must be made about: removal, placement, notifying others, reporting, legal adjudication, restrictions on contact and safety contracts.
- PROPER AND CREDIBLE ASSESSMENTS ARE CRITICAL!!!

# Child-on-Child Sexual Abuse

1. **Child on Child Sexual Abuse is a prevalent problem in Florida and Nationally.**
  - Estimated that adolescents account for ½ of all child molestation cases each year.
  - DCF Northeast Region - from July 2005 thru March 2009 (45 months), approx. 8900 reports of Child-on-Child sexual abuse from the were made to the Hotline. This included 2,142 victims or an average of 48 victims per month (1.6 per day).
  - Underreported statistic - may be 2-3 times the number actually reported.

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2. Research in the area of Child on Child Sexual Abuse, Juvenile Sexual Offending and related evidenced-based treatment is still in its infancy stage.
3. No specialized training or certification is required for foster parents, dependency case workers, therapists or other agency staff working with victims of child on child sexual abuse or children with sexual behavior problems.
4. Safety Plans are not being used consistently in all areas of the state which is required by legislation.

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5. Overall, there does not appear to be significant child on child sexual abuse prevention efforts.

Ex. Many school systems still do not have a curriculum and/or teach children about Good Touch, Bad Touch & Secret Touch.

6. As mandated, schools are not always notified related to dependent children that have sexual behavior problems or that are at risk for acting out sexually.

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7. Dependent children with sexual behavior problems change placements frequently which increases their stress, anxiety and the level of chaos around them – all of which are associated with an increase in sexual acting out behaviors. There is clearly a lack of placement possibilities for these children.
8. There appears to be a lack of collaboration, coordination, and information-sharing among many agencies involved with children with SBP.

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9. Specific information about children with sexual behavior problems including past offenses, most recent sexual behavior, victimization issues, etc. are not regularly provided to foster parents prior to children with SBP's being placed in their homes. Catch 22 exists due to the fear that if FP's are informed of everything, they will not accept the child into their home.
10. Lack of step-down placements and treatment programs (e.g., STFC and Group Homes) for youth being discharged from DJJ and SIPP Programs that are either unsafe and/or unable to return home.

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11. A variety of treatment issues exist related to children with sexual behavior problems (SBP).
  - Lack of specialized treatment providers.
  - Most treatment providers still only address the symptoms and fail to address trauma and victim issues.
  - Many children with SBP are frequently misdiagnosed by inexperienced mental health professionals.
  - Counselors of color and male counselors are significantly underrepresented.



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12. Specialized treatment standards do not exist for SIPP facilities that treat children with sexual behavior problems.
13. There are serious concerns among treatment providers regarding new laws which require juveniles to register as sexual offenders (i.e., Adam Walsh Act) given that research to date demonstrates that juvenile sex offenders are a distinct type of sex offender compared to adults.

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14. Medicaid does not pay, or adequately pay for a number of services related to children with sexual behavior problems.
15. STFC and other types of funding through Magellan/Medicaid does not support and recognize the special needs related to children with sexual behavior problems.
16. Children with sexual behavior problems pose a unique challenge to the adoption process that need to be considered.

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17. Additional data systems related to the number of incidents, demographics of both victims and abusers, etc. need to be further developed for the state.

18. There is seems to be a need for a state and local Child on Child Sexual Abuse Task Forces.

A number of areas have or are already developing such task forces including the DCF NorthEast and Suncoast Regions, Orlando and Palm Beach.