

## Child on Child Sexual Abuse: What it is and How to Respond?

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*"Your children will become what you are; so be what you want them to be."*

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## Presentation Agenda

1. Definitions and Case Examples of Child on Child (COC) Sexual Abuse, Children with Sexual Behavior Problems (SBP's) and Juvenile Sexual Offenders (JSO's)
2. Differences between Children with Sexual Behavioral Problems (SBP) vs. Juvenile Sexual Offenders (JSO)
3. Basic Information and Guidelines Related to Child Sexual Development
4. Appropriate Responses and Interventions When Dealing with Child on Child Sexual Abuse and Children with Sexual Behavior Problems (SBP)

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## Why Be Concerned?

- **Significant increase** in child-on-child sexual abuse in Florida and Nationally
- **43% of sexually abused children under 6 are molested by another child**
- **Juveniles – Account for 1/5 of rapes and 1/2 of child molestation cases**

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## Florida – 2009 Child on Child Abuse Hotline Statistics

Alleged Victims	Total Number	Alleged Victim Is Substantially Younger Than Offender	Alleged Victim Is Known To Offender	Elements Of Secrecy Involved	Multiple Alleged Victims-Reference
Total	8,896	2384 (27%)	8050 (90%)	1717 (20%)	1780 (21%)



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## Florida – 2009 Child on Child Abuse Hotline Statistics

Alleged Offenders	Total Number	History Of Sexual Victimization	History Of Physical Abuse	History Of Neglect
Total	7,459	1270 (17%)	913 (12%)	1761 (24%)

History Of Family/ Domestic Violence	Alleged Offender's Family Has History Of Instability	History Of Physical/ Emotional Separation From a Parent	Knowledge Of Advanced Sexual Practices	Academic Difficulties	History Of Impulse Control Problems
1544 (21%)	2215 (30%)	2766 (38%)	1569 (22%)	1451 (20%)	1226 (17%)

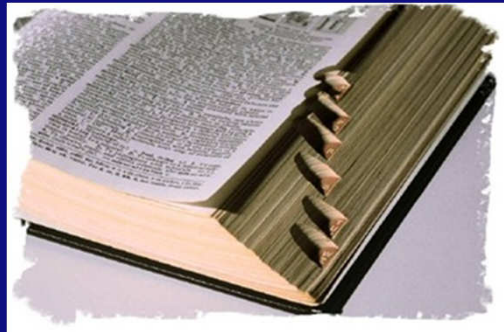
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## More Reasons to be Concerned?

- Underreported statistic - may be 2-3 times the number actually reported
- Even with current statistics, 1 victim of child on child sexual abuse every hour
- No longer an issue of “Children will be Children”

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## DEFINITIONS



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"Children are likely to live up to what you believe of them."



Lady Bird Johnson, former U.S. First Lady



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## Definition: Child on Child Sexual Abuse

- Form of child sexual abuse in which a child is sexually abused by one or more other children or adolescents, and in which no adult is directly involved.
- Sexual activity between children that occurs without consent, without equality, or as a result of coercion. Includes when one of the children uses physical force, threats, trickery or emotional manipulation to elicit cooperation.

(as defined by the Child-on-Child Sexual Abuse Prevention Task Force)

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## Definition: Child on Child Sexual Abuse

- Differentiated from normative sexual play or anatomical curiosity and exploration (i.e. "playing doctor")
- Sometimes overt and deliberate actions directed at sexual stimulation or orgasm
- Many instances, the initiator exploits the other child's naïveté, and the victim is unaware of the nature of what is happening to them
- When sexual abuse is perpetrated by one sibling upon another, it is known as "intersibling abuse"

(as defined by the Child-on-Child Sexual Abuse Prevention Task Force)

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## COC CASE EXAMPLE Gabriel Myers



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

- Children ages 12 and younger who initiate behaviors involving sexual body parts (i.e., genitals, anus, buttocks, or breasts)
- Developmentally inappropriate or potentially harmful to themselves or others
- SBP does not represent a medical/psychological syndrome or a specific diagnosable disorder, but rather a set of behaviors that fall well outside acceptable societal limits
- Intentions and motivations for these behaviors may or may not be related to sexual gratification or sexual stimulation
- Sexual behaviors are usually related to curiosity, anxiety, imitation, attention seeking, self-calming, or other reasons

(as defined by the Association for the Treatment of Sexual Abusers)

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## Fact: Most children do not continue to have sexual behavioral problems

- Treatment outcomes – No longer have sexual behavior problems after short-term outpatient treatment (3-5 months)
- Children 6-12 years old who have been treated – only 15% still had problems 2 years after treatment

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## Definition: Juvenile Sexual Offender (JSO)

- Any juvenile convicted as an adult in Florida of a qualifying sexual offense who meets the criteria specified in Florida Statute [943.0435](#) or [775.21](#)
- Juveniles adjudicated delinquent on or after July 1, 2007 for committing, or attempting, soliciting, or conspiring to commit certain sexual crimes when the juvenile was 14 years of age or older at the time of the offense are required to register

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## Task Force Recommendations: Juvenile Sexual Offender (JSO)

- Should be restricted to juveniles:
  - over 12 years of age
  - adjudicated on two separate forcible sexual offenses
  - evaluated by a qualified expert
  - found by the court to be a juvenile sexual offender
- Retain "Juvenile Sexual Offender" for the more serious sexual offenses
- New category designated "juveniles with sexual behavioral problems" for the less serious sexual offenses

(based on a definition proposed by the Task Force on Juvenile Sexual Offenders and their Victims discussed in the following)

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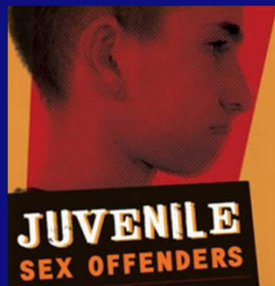
## Juvenile Registration in Florida

**Chart 2: Qualifying Adjudication of Delinquency Offenses**

FOR ADJUDICATIONS OF DELINQUENCY SEE THE CHART BELOW FOR QUALIFYING SEX OFFENSES		
	s.794.011*	Sexual Battery; *excluding subsection (10)
Commission of OR Attempt, Solicit, or Conspire to Commit	s. 800.04(4) (b)	Lewd/lascivious battery where the victim is under 12 or the court finds sexual activity by the use of force or coercion
	s. 800.04(5) (c)1	Lewd/lascivious molestation, victim under 12, where the court finds molestation involving unclothed genitals
	s. 800.04(5) (d)	Lewd/lascivious molestation, victim under 16 but more than 12, where the court finds the use of force or coercion and unclothed genitals
	<b>Or A violation of a similar law of another jurisdiction</b>	

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## Adolescents vs. Adult Sex Offenders



Adolescents who sexually offend are NOT more likely to become sexual offenders as adults.

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## Case Example: Brian




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# GO GATORS!!!



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**DIFFERENCES**



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### CHILDREN – Common Characteristics

1. History of maltreatment:
  - Neglect - 16%
  - Physical abuse - 32%
  - Emotional abuse - 35%
  - Sexual abuse - 48%**
2. Behavior problems at home and school
3. Lack problem-solving skills
4. Poor impulse control



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## CHILDREN – Common Characteristics

5. Sexual behavior - beyond developmental level
6. Sexual behaviors - increase over time and are not isolated incidents
7. Coercion - sometimes a factor
8. Anxious – regarding sexual issues and when in a sexualized environments



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## CHILDREN – Common Characteristics

9. Act out sexually when they feel 'jumpy, funny, mad or bad'
10. Most report feeling worse after the behavior, not better (all girls in this group and some 60-70% of the boys)
11. Most have witnessed extreme physical violence between their caretakers



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## JSO CHARACTERISTICS

- There are no VALIDATED Typologies
- Childhood experiences of being sexually or physically abused, being neglected, and witnessing family violence have been independently associated with sexual violence in juvenile offenders
- Juvenile sex offenders frequently engage in nonsexual criminal and antisocial behavior
- Usually males between 12-16 years old

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## JSO CHARACTERISTICS

- Youth who have 5 or more acts of non-sexual delinquent/criminal behavior are twice as likely to re-offend as their peers.
- Children who committed sex offenses vary in characteristics according to:
  - Types of offending behaviors
  - Histories of child maltreatment
  - Sexual knowledge and experiences
  - Academic and cognitive functioning
  - Mental health issues

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## JSO High Risk Factors

- McCann and Lussier (2008:369) - meta-analysis which included 18 studies and a total of 3,189 sex offenders.
- Established seven risk categories including:
  1. Criminal history
  2. Offense characteristics
  3. Victim characteristics
  4. Psychological
  5. Behavioral characteristics
  6. Antisocial Behavior
  7. Sexual deviancy

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## HIGHEST RISK: Psychopathology




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# CHILD SEXUAL DEVELOPMENT



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The slide features a dark blue background with the title 'CHILD SEXUAL DEVELOPMENT' in large, bold, yellow, slanted capital letters. To the right of the title is a black rectangular box containing two orange silhouettes: a smaller one on the left representing a child and a taller one on the right representing an adult. The number '29' is located in the bottom right corner of the slide.



## Important Note:

- Inappropriate or problematic sexual behavior in children is not a clear indicator that a child has been sexually abused.
- Some inappropriate sexual behavior in children should be dealt with in the way you would deal with all inappropriate behavior.

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The slide has a dark blue background. On the left side, there is a cartoon character wearing a white uniform and a red hat, holding a red flag. To the right of the character, the text 'Important Note:' is written in orange. Below this, there are two bullet points in yellow text. The first bullet point states that inappropriate or problematic sexual behavior in children is 'not a clear indicator' that a child has been sexually abused, with 'not a clear indicator' underlined. The second bullet point states that some inappropriate sexual behavior in children should be dealt with in the way one would deal with all inappropriate behavior. The number '30' is centered at the bottom of the slide.

### CONSIDERATIONS WHEN ASSESSING CHILD SEXUAL BEHAVIOR

1. Age, developmental level and relative power relationship?
2. Social relationship?
3. Complaint status of victim?
4. Cultural and religious beliefs?

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### CONSIDERATIONS WHEN ASSESSING CHILD SEXUAL BEHAVIOR

5. Type of sexual activities?
6. How sexual contact took place (e.g., onset, initiation, truth or dare game)
7. How frequent?
8. Evidence of progression or pattern?
9. Has the child exhibited this behavior for an extended period of time?

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## CONSIDERATIONS WHEN ASSESSING CHILD SEXUAL BEHAVIOR

10. Precipitating Factors and/or Triggers?
11. Environment?
12. History of sexual abuse?
13. Distinguishing characteristics of persons targeted?
14. Child's response when confronted?

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## Common Sexual Behaviors – Preschool (less than 4 years)

- Exploring and touching private parts, in public and in private
- Rubbing private parts (with hand or against objects)
- Showing private parts to others
- Trying to touch mother's or other women's breasts
- Removing clothes and wanting to be naked
- Attempting to see other people when they are naked or undressing (such as in the bathroom)
- Asking questions about their own—and others'—bodies and bodily functions
- Talking to children their own age about bodily functions such as "poop" and "pee"

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## Common Sexual Behaviors – Young Children (Approx. 4 – 6 years)

- Purposefully touching private parts (masturbation), occasionally in the presence of others
- Attempting to see other people when they are naked or undressing
- Mimicking dating behavior (such as kissing, or holding hands)
- Talking about private parts and using “naughty” words, even when they don’t understand the meaning
- Exploring private parts with children their own age (such as “playing doctor”, “I’ll show you mine if you show me yours,” etc.)

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## Common Sexual Behaviors – School Aged Children (Approx. 7-12 years)

- Purposefully touching private parts (masturbation), usually in private
- Playing games with children their own age that involve sexual behavior (such as “truth or dare”, “playing family,” or “boyfriend/girlfriend”)
- Attempting to see other people naked or undressing
- Looking at pictures of naked or partially naked people
- Viewing/listening to sexual content in media (television, movies, games, the Internet, music, etc.)
- Wanting more privacy (for example, not wanting to undress in front of other people) and being reluctant to talk to adults about sexual issues
- Beginnings of sexual attraction to/interest in peers

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# RESPONSES & INTERVENTIONS



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## CRITICAL: Adult Reactions . . .

*Much of the shame and psychological damage that occurs -- not only with child victims of sexual abuse, but also with sexually reactive children -- stems from the reactionary behaviors of adults.*



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## Immediate Interventions

1. Supervision?
2. Incident Reporting and Notification?
3. Appropriate Placement?
4. Psychosexual Assessment & Treatment?
5. Refer for other services (psychiatric, medical, etc.)?

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## Immediate Interventions

6. Intervene with school, daycare, or after school care?
7. Provide treatment for sibling-victims?
8. Support interventions with other siblings?
9. Unsupervised contact with other children and sleeping arrangements?
10. Implement SAFETY PLAN?

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**Better Safe  
than Sorry.  
Please use  
Safety  
Plans!!!**



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**Refer for Psychosexual Evaluation and  
Treatment (if recommended) when . . .**

1. Compulsively engage in sexual behaviors (does not seem to enjoy the activity but keeps doing it, or seems to be unable to stop)
2. Angry, violent, or forceful in sexual behavior toward others
3. Inappropriate age related sexual activity (ex. 5 year old engages in oral sex)
4. Intercourse or oral sex between young children

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## Refer for Psychosexual Evaluation and Treatment (if recommended) when . . .

5. Sex with animals
6. Sexual activity with a child of a large age difference
7. Sexual behavior is hurtful to others
8. Continues to exhibit past sexually inappropriate behavior
9. Sexual behavior is illegal/criminal

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## Treatment

Studies show that the risk of re-offending for those who have been convicted of sexual offenses and children with sexual behavior problems and runs from . . .

- a. 2-15%
- b. 15-30%
- c. 30-45%
- d. 45-60%

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## Good News – Treatment Works

ANSWER:

- a. 2-15%
- b. 15-30%
- c. 30-45%
- d. 45-60%

*Even without intervention only 2-15% are likely to re-offend.*

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## Treatment Concerns

- Reputable providers
- Therapy is not a fix all or “cure”
- Proper assessments are critical
- Specialized, intensive training
- Interagency collaboration
- It's the approach, not the modality

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## Qualified Practitioner?

Qualified Sexual Offender Practitioner - professional who is eligible to practice juvenile sexual offender therapy under s. 490.0145, F.S., or s. 491.0144, F.S.,<sup>22</sup> and who:

(a) possesses:

1. at least 55 hours of post-graduate degree continuing education courses in one or more specified areas;
2. at least 2000 hours of post-graduate degree supervised practice in the evaluation and treatment of persons who have committed sexually delinquent acts; or

(b) is directly supervised by a juvenile sexual offender therapist who satisfies the enumerated education and practice requirements.



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## Foster Care Children with SBP

- Require longer treatment
- Placement and Adoption are always an issue
- Placement stability is critical
- Supervision is more challenging
- Specialized training for Foster Parents
- Specialized Case Managers are effective

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## Child on Child Sexual Abuse Prevention Task Force

### Mission

*Reduce the incidence of child-on-child sexual abuse through community prevention, training and intervention.*

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In a recent State of Florida Department of Children and Families report, "The Child-on-Child Sexual Abuse Prevention Task Force . . . is a best practice which should be replicated in other counties . . . and has been effective in reducing the prevalence of child on child sexual abuse in the areas served."

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## Child on Child Sexual Abuse Prevention Task Force

- Quarterly Meetings
- Executive Committee
- 3 Subcommittees
  1. Clinical/Training
  2. Collaboration/Legal
  3. Placement
- Open Membership

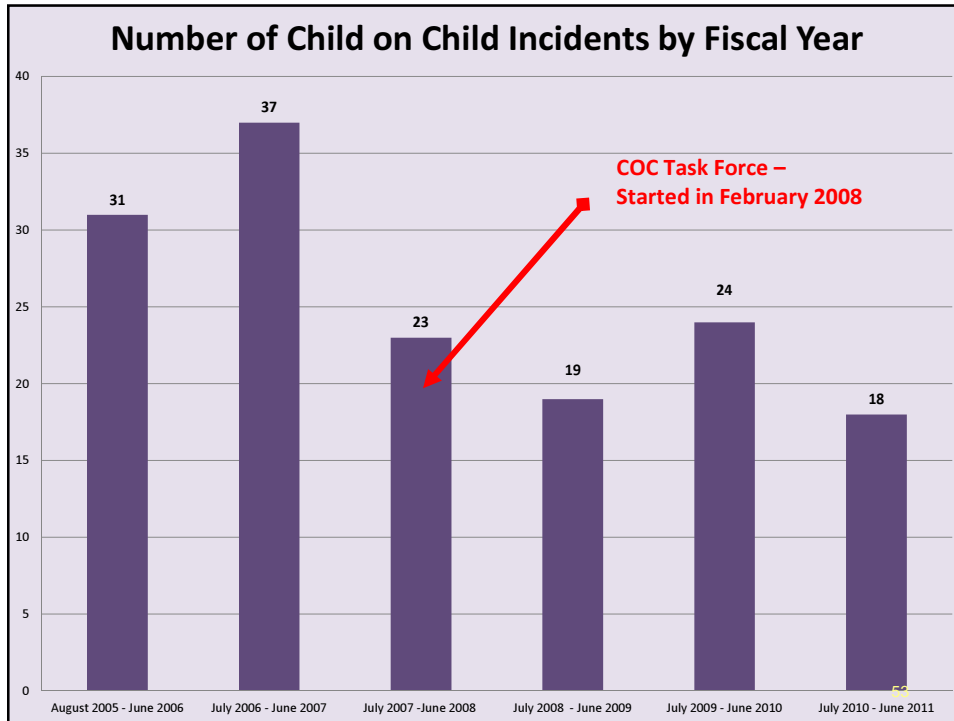


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## Child on Child Sexual Abuse Prevention Task Force

- Professional and Community Trainings
- Website including resources, local providers, information sharing
- MDT Staffing's
- Developed Shared/Standard Safety Plan
- Currently working on Emergency Placement Procedures/Team

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## Creating Your Own Task Force

- Be task-oriented (ex. Task Lists)
- Invite the right people to participate
- Get the Judges involved if you can & hold meetings at the courthouse if necessary
- Be transparent and committed to change
- Gather data
- Create a web site for information dissemination and **awareness**



## Discussion and Questions



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## Thank You Very Much!

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