RECOGNIZING AND TREATING CHILD ON CHILD SEXUAL ABUSE

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2010 Dependency Summit
Child on Child Sexual Abuse Findings of Gabriel Myers Work Group

See How Much You Already Know.
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(Research and Goal Setting)
Select a major, examine career options

RESEARCH
- Education/Degree requirements
- Labor Market Projections
- Salary Trends
- Advancement Potential
- Set Career & Personal Goals

Who Am I?

(Career Action Plan)
- Identify real and perceived obstacles
- Formulate Strategies to Overcome Obstacles
- Determine Skills you Need to Develop
- Refine your Professional Image
- Select & Apply to 4-year College/University (AA Degree)
- Target Employment Opportunities (AS Degree)

MARKET YOURSELF
- Resume & Cover Letter
- Networking
  - Interviewing
  - Job Search

Where Am I Going?

How Do I Get There?

- Activities you like/would like
- Personal Characteristics
- Temperament
- Skills
- Values
- Outstanding Accomplishments
Gabriel Myers
& COC Work Group

2002 - 2009
1. Provide an overview of the findings of the child on child sexual abuse aspect of the Gabriel Myers workgroup.

2. Suggest areas that require further exploration and study in order to improve policy and practice.

3. Identify ways to prevent another child from experiencing what Gabriel did.
Final Gabriel Myers COC Report

Overlaps with the previous report in some systemic concerns:

- The Case of Gabriel Myers
- FSFN data issues
- Need for better Information Sharing
- Individual and Agency Accountability
- Additions to earlier findings are made in bold

(copy of full report is included on Summit Flash Drive)
COC Specific Recommendations

1. Labeling of Sexual Behaviors
2. Identification, Screening, and Assessment
3. Trauma Informed Care
4. Training, Certification, and Competency of Professionals
5. Ensuring Best Practices
Labeling of Sexual Behaviors

1. What is the difference between being a juvenile sexual offender, a sexual abuser, predator, a sexually reactive child and a child with sexual behavior problems? Does it matter what term you use?

**ANSWER:**

*Terminology Matters – A Lot!*
"Children are likely to live up to what you believe of them."

Lady Bird Johnson, former U.S. First Lady
Labeling of Sexual Behaviors

- The term “sexual behavior problem” should be used in the child welfare setting to identify children who engage in sexual behavior that is not typical for age and not easily redirected.

- Unless a child has been charged with a crime, or has had a professional assessment that ascribes a cause or motivation for conduct, the other terms are **not** appropriate.
Sexually reactive means that the conduct displayed is caused by the child’s prior experience.

Sexual offender refers to persons who have been charged or convicted of a sexual offense. Sexual predator likewise requires a specific judicial determination after conviction.
Labeling of Sexual Behaviors

- DCF OP 175-88 uses the term “Alleged Juvenile Sexual Offender” to refer to children 12 and under who are alleged to have committed violations of Florida statutes 794 (Sexual Battery), 796 (Prostitution), 800 (Lewdness), 827 (Child Abuse) and 847.0133 (Showing Obscene Material to Minor).
If a child has been the victim of sexual abuse, how likely is it that the child will sexually abuse another child?

___ very likely
___ likely
___ not likely
Labeling of Sexual Behaviors

2. ANSWER: Not Likely

While the children who are sexually aggressive toward others have often been the victims of sexual abuse, most children who are sexually abused do not sexually abuse other children.
Labeling of Sexual Behaviors

2 a. Which of the following factors are associated with children sexually abusing other children?
   __ Neglect
   __ Maltreatment/violence at home
   __ Sexual abuse
   __ Exposure to sexually explicit media
   __ Exposure to highly sexualized environments

**ANSWER:** All are risk factors.
2.b. Studies show that the risk of re-offending for children with sexual behavior problems and those who have been convicted of sexual offenses is approximately:

i. 2-15%

ii. 15-30%

iii. 30-45%

iv. 45-60%
Labeling of Sexual Behaviors

2.b. ANSWER: i. 2-15%

For young children, even without intervention only 2-15% are likely to re-offend.

Youth who have 5 or more acts of non-sexual delinquent/criminal behavior are twice as likely to re-offend as their peers.
Children with sexual behavior problems are **very different** from adolescent and adult sex offenders.
2.c. What is the effect of appropriate intervention services on the likelihood of whether a child will sexually abuse another in the future?

**ANSWER:** Appropriate intervention services are effective at reducing recidivism even further.
Does Therapy Work?

- Treatment outcomes – Most show less SBP’s after short-term outpatient treatment (i.e., 3-9 months).
- Cognitive-behavioral treatment, involving caretakers seems most helpful.
Identification, Screening & Assessment

3. Approximately how many children in the dependency system are affected by child on child sexual abuse?

a. How many children in care are victims of child on child sexual abuse?
   ___ 1,000  ___ 3,000  ___ 5,000  ___ 8,000

b. How many children in care have displayed sexual behavior problems?
   ___ 1,000  ___ 3,000  ___ 5,000  ___ 8,000

c. How many children in care have been sexually abused by another child since they came into care?
   ___ 1,000  ___ 3,000  ___ 5,000  ___ 8,000
Identification, Screening & Assessment

3. ANSWER:

These are trick questions as there is no uniform system for identifying and tracking these issues.

- Reports to the abuse hotline (for all children, not just those in care) for fiscal year 08-09 showed 4,383 alleged victims and 3,961 children alleged to have sexual behavior problems.
- This was down from the highest point in five years, 07-08 which showed 5,226 alleged victims and 4,697 alleged children with sexual behavior problems.
- These numbers are not purported to be accurate due to a variety of changes in procedures and other factors.
4. How does your CBC track youth who have been victims of sexual abuse or displayed sexual behavior problems?

**ANSWER:**

*Unless you are in the Broward or Alachua, your CBC might not have any tracking system.*
Identification, Screening & Assessment

5. Who is responsible for sharing information with the school system when a safety plan is needed?
   ___ caseworker/CPI ___ supervisor ___ caregiver

**ANSWER:**

*There is no uniform system that applies to this question, but when in doubt, the caseworker is the front line person responsible for ensuring the child’s well-being and should make sure that the information is shared.*
6. How often are children in care assessed for mental/behavioral health concerns. Do you know how to obtain an assessment for a child in care?
Identification, Screening & Assessment

6. ANSWER:

All children are supposed to have a Comprehensive Behavioral Health Assessment shortly after entering into state care.

Specific psychological, psychosexual or psychiatric assessments can be requested as needed and should be completed ASAP.

Caseworkers can request a subsequent CBHA. Medicaid will pay for one in a calendar year if the child’s condition warrants.
Children with sexual behavior problems are at high risk of frequent moves, so which of the following measures can be taken to reduce the need to move the child?

a. Keep the details of the child’s sexual behavior problems confidential so caregivers do not have pre-conceived notions.
b. Provide comprehensive training and on-going support to caregivers who take children with sexual behavior problems.
c. Implement safety plans at the time of placement.
d. Provide immediate response and support when caregivers express concerns about behavior.
e. Do not place children with sexual behavior problems in homes with younger, smaller, weaker or otherwise vulnerable children or adults.
f. Employ clear and consistent process to be employed prior to approving any change of residence (even if between the same type of placement).
7. ANSWER:

All of the answers are correct except “a”.

It is very important to fully disclose the child’s situation to potential caregivers and assist and educate them in dealing with safety concerns up front.
Trauma Informed Care

8. How much do you know about the role trauma plays in the ability of children to cope with life in the child welfare system?

___ a great deal
___ some
___ none
8. **ANSWER:**

If you have not yet participated in training on Trauma Informed care, there are plenty of opportunities available.

There is an extensive inter-agency initiative on trauma informed care, so there are many live seminars as well as several trainings available on the USF Center for the Advancement of Child Welfare information portal.

[http://centerforchildwelfare.fmhi.usf.edu](http://centerforchildwelfare.fmhi.usf.edu)
9. How often do children deny/recant having been sexual abused even though there is strong evidence of abuse?

___ often
___ sometimes
___ never

Why?
9. ANSWER:

Children *often* deny having been sexually abused or recant previous admissions. There are a variety of reasons.

We know that victims of sexual abuse suffer depression, low self esteem, anxiety, guilt, depression, anger and hostility.

They may have external motivations relating to their living situations, economic conditions and separation from loved ones.
10. Which of these is not an element of trauma informed care:

a. Emphasis on safety

b. Trauma Script - review of all facets of the traumatic event

c. Opportunity to rebuild power and control

d. Strength based approach
10. ANSWER: “b” trauma script.

There is no evidence based practice that all victims of trauma must review every facet of the traumatic event in order to recover.
11. What professional credentials are available in Florida to indicate a person has special training or competence to treat children who were the victims of sexual abuse or who display sexual behavior problems?

   a. Certified Child Sexual Behavior Specialist
   b. Child & Adolescent Sex Therapist
   c. Certified Juvenile Sex Offender Therapist
11. ANSWER:

The only existing credential in Florida is Certified Juvenile Sex Offender Therapist, Fla. Stat. 491.0144 sets out who can use that designation which is required to treat children convicted of sexual offenses.

There is currently no state agency that enforces that law.

Also, there is no certification for young children regarding sexual abuse and/or sexual behavior problems.
12. What questions can you ask to ascertain someone’s qualifications to treat children who have been sexually abused or display sexual behavior problems?
Training, Certification & Competency

12. ANSWER:

1. *Is the provider a licensed mental health provider?*

2. *Do they have experience treating children with sexual behavior problems and how many children have they assessed and/or treated?*

3. *Are they a Clinical Member of ATSA (Association of the Treatment of Sexual Abusers)?*

4. *What trainings have they attended or presented at recently?*

5. *If treating adolescents, are they a “Certified Juvenile Sex Offender Therapist”?*

6. *How many children with sexual abuse and/or behavior problems are they currently treating?*
13. What is a “SAIN”? Which two counties have this practice?
   a. Sexual Abuse Intervention Network
   b. Sexual Addiction, Investigation, Normalcy.
   c. Sexualized Adolescent Intervention Norms
13. **ANSWER:**

Sexual Abuse Intervention Network

Currently, SAIN’s only operate in Broward and Hillsborough Counties. They bring community partners together to discuss current needs of youth, share resources and work together to solve community problems.
14. Where do Child on Child Sexual Abuse Task Forces operate in Florida?
14. ANSWER:

Task Forces operate in the Northeast and Sun Coast Regions of DCF – they are multidisciplinary groups that focus on prevention, training and intervention/treatment.

Currently, these Task Forces are made up of volunteer members/agencies and are not funded or mandated by the state.

Orlando is in the process of starting their own COCTask Force.
CHILD-ON-CHILD SEXUAL ABUSE PREVENTION TASK FORCE
“Best Treatment” Practices Needed!

Early Diagnosis & Effective Treatment !!!

“My therapy is quite simple: I wag my tail and lick your face until you feel good about yourself again.”
Questions/Comments?

Please complete & turn in your CEU and Evaluation Forms.

Did you get a copy of the COC Resource Page we handed out?

THANK YOU