

IMPROVING THE IDENTIFICATION, REFERRAL AND TREATMENT of SEXUALLY ABUSIVE CHILDREN & YOUTH

POSITION PAPER

Prepared by the
Sexually Aggressive Youth Intervention Team
of the
FAMILY VIOLENCE PREVENTION COUNCIL

In 1995, the Broome County Child Abuse Council, now known as the Family Violence Prevention Council identified as one priority for this community, the need to improve our identification and the system's response to known cases of sexually abusive children and youth. A committee of the Council, currently called the Sexually Aggressive Youth Intervention Team, was reorganized and a group of twenty-seven agency representatives met to address the prioritized issues of education and prevention, treatment, and to decrease the number of cases overall. For the purposes of this position paper, 'children' and 'youth' refers to sexually abusive youth, 7 to 21 years of age, with the understanding that youth 16 and over may be involved with the adult court system rather than the juvenile justice system.

The committee identified as a major system factor, the varied response of social agencies and schools when situations become known to them. The following position paper sets forth community guidelines for more effective intervention and treatment in the belief that this approach will reduce the incidence and severity of victimization by children and sexually abusive youth and decrease the risk of their development into adult offenders.

The material included in this packet is designed for professional use. The committee recommends that this material be distributed in conjunction with education and training. Please contact the Broome County Family Violence Prevention Council office (607 778-2153) to obtain resources.

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of
SEXUALLY ABUSIVE CHILDREN & YOUTH
in Broome County, N.Y.**

Prepared by the Sexually Aggressive Youth Intervention Team
of the
Broome County Family Violence Prevention Council

Introduction

Sexual abuse by children and adolescents is a community problem. Protection of the community through the prevention of sexual abuse is our highest priority and community safety must take precedence over any other conflicting considerations. Ultimately, taking responsibility for the behavior is in the best interests of the sexually abusive youth. The community response to a child or adolescent who sexually offends must incorporate and coordinate various roles (i.e. reporting, investigation, apprehension, prosecution, supervision, treatment, and reintegration into the community) in order to maximize both protection of victims and effective treatment for children and youth who sexually offend.

Sexual interactions involving children with peers or younger children are problematic if the relationship is coercive, exploitive or aggressive or threatens the physical or psychological well being of either participant.¹

Most adult sexual offenders begin their behavior as children or adolescents. Early identification and intervention increases the likelihood of protection for potential victims and successful treatment of victims and sexually abusive children and youth.

Sexual offending behavior is a crime and accountability is essential for treatment of sexually abusive children and youth to be effective. Offender-specific treatment is different from traditional therapy. In order to safeguard the community, it is essential that sexually abusive children and youth receive appropriate treatment by specialized treatment providers.

¹ Report from the National Adolescent Perpetrator Network, 1988; Task Force on Juvenile Sexual Offending.

STATEMENT ONE

EACH SEXUALLY ABUSIVE CHILD OR YOUTH WILL BE REFERRED TO A SPECIALIZED SEXUAL OFFENDER TREATMENT RESOURCE FOR SCREENING AND/OR INTAKE.

TREATMENT SHOULD NOT BE PROVIDED BY NON-SPECIFICALLY TRAINED CLINICIANS.

(See attached guidelines for selection of a specialist.)

- preferred course of treatment is by clinicians specifically trained to provide sexual offender treatment and relapse prevention;
- traditional therapy does not work with sexual offenders;
- providing other than specialized treatment creates an illusion of safety and community protection;
- refusal by parents to seek specialized treatment for sexually abusive children and youth may be cause for a report of neglect to the State Central Registry (child abuse and neglect Hotline).

STATEMENT TWO

ALL SEXUALLY ABUSIVE CHILDREN AND YOUTH, ***FAMILY AND NON-FAMILY***, WILL BE REFERRED TO A LAW ENFORCEMENT AGENCY. REFERRAL FOR TREATMENT SHOULD BE MADE REGARDLESS OF THE LAW ENFORCEMENT OUTCOME (e.g. whether or not there is an arrest or prosecution).

A LAW ENFORCEMENT REPORT:

- enhances protection for the victims and community;
- reinforces that ***sexually abusive behavior is a crime***;
- reinforces that the youth needs to be held accountable and to accept responsibility for his/her sexually abusive behavior;
- provides verification of details describing the incident(s);
- creates documentation which can be used to confront or challenge denial and/or discrepancies in clinical treatment settings;
- addresses the duty of parents and agencies to report sexual abuse.

STATEMENT THREE

AN INTERAGENCY AND INTERDISCIPLINARY APPROACH IS OPTIMAL FOR INTERVENTION IN SEXUALLY ABUSIVE BEHAVIOR. THE BROOME COUNTY YOUTH SERVING COMMUNITY WILL SEEK TO ENHANCE THIS INTERDISCIPLINARY APPROACH THROUGH THE DEVELOPMENT OF A MULTIDISCIPLINARY TEAM FOR EVALUATION AND MANAGEMENT OF SEXUAL CASES, INCLUDING: VICTIM PROTECTION, RISK AND NEEDS ASSESSMENT, AND TREATMENT PLANNING.

PLEASE NOTE

In developing this Position Paper, we acknowledge developmental, therapeutic, and legal differences within this population. There may be differences in the handling of each case based on the age of the youth involved and the nature of the behavior.

A trained professional can help determine whether the behavior is a sexual offense requiring intervention or not.

Rationale for Intervention

Our society has come a long way beyond the stereotype of sex offenders as “dirty old men in raincoats”. We have come to understand that approximately 50% of adult offenders began their offending behavior during adolescence or even earlier, with the mean age being 14.3 years of age. Over time, this onset age has crept downward, with therapists reporting children beginning their abusing behavior at earlier and earlier ages. The best available estimates suggest that approximately 20% of all rapes and between 30% and 40% of child molestations are perpetrated by adolescents. Approximately 7% of these are females; the rest are males.² Over the past 20 years, along with this growing body of knowledge, have come changes in the law, availability of services for victims, and the development of treatment programs created to specifically address the complex behavior of children with sexual behavior problems and sexually abusive youth. These behaviors range from fondling, exhibitionism, public masturbation, voyeurism, obscene phone calling and burglarizing with sexual intent, to commission of sodomy and rape.

In retrospective studies it was noted that the average adult offender, without treatment, will commit approximately 380 sexual crimes during his lifetime.³ This is an appalling picture of damage to society. Children or youth whose sexually abusive behaviors become patterned or repetitive may continue their abusive behaviors as adults if an effective intervention is not provided.⁴

The argument can easily be made that if treatment is helpful in managing deviant behaviors among children and youth, then treatment of the youth could go a long way toward reducing the incidence and prevalence of sexual abuse in our society. Early interruption of the behavioral cycle of abuse has the potential to prevent the behavior from becoming reinforced and entrenched in adulthood.

Denial and minimization of sexually abusive behavior is a common problem with children and youth. It is widely agreed upon by experts in the field that sexually abusive children and youth do not possess, or may be unlikely to sustain, sufficient internal motivation for treatment and behavior change. Specialized treatment is a valuable opportunity for society, sexually abusive children and youth and their families. Since the initial aim of treatment is towards accountability and taking responsibility, contact with law enforcement is an essential first step. Court mandates are extremely helpful and support treatment by giving the youth and his/her family incentives for participating in treatment.

The vast majority of abusive youth and adult offenders who enter treatment do so because someone or some system requires it. Without such a mandate, most offenders will not enter treatment. Without maintaining the sanction, most offenders will not remain in treatment.

² Barbaree, H.E., Marshall, Wm., Hudson, S.M. (Ed.) *The Juvenile Sex Offender*. Guilford Publishing, NY, NY, 1993.

³ Abel, G.G. *The Outcome of Assessment Treatment at the Sexual Behavior Clinic and Its Relevance to the Need for Treatment Programs for Adolescent Sex Offenders in New York State*. Paper presented at a Prison Research/Education/Action Project, Albany, NY, 1984.

⁴ National Council of Juvenile and Family Court Judges, *Revised Report from the National Task Force on Juvenile Sexual Offending*. Juvenile and Family Court Journal, Vol., 44, No. 4, 1993.

JUVENILE JUSTICE SYSTEM

Processing of a Sexual Offense

LAW ENFORCEMENT AGENCY FUNCTIONS

- A. Upon receipt of a complaint or referral, law enforcement collects information from all persons with knowledge of the alleged incident. This assessment will determine whether the incident is pursued as a criminal matter or if other intervention is warranted.
- B. The law enforcement personnel then assess the safety of alleged victim(s), the potential safety of other vulnerable persons and the ability of the parents of the accused and the alleged victim to provide supervision.
- C. If the youth who is alleged to have committed a sexual offense is to be charged, the law enforcement personnel will determine whether to detain the youth or issue an appearance ticket for court action.
- D. Referrals will be made (e.g. to Social Services, Probation, a treatment agency, or medical provider) on the basis of the initial needs assessment.

PROBATION/COUNTY ATTORNEY'S OFFICE FUNCTIONS

- A. An appearance ticket is issued by the law enforcement agency to the youth who is alleged to have committed a sexual offense. (NOTE: The law enforcement agency, after assessing the need for an emergency hearing, has the option to take the youth, who is alleged to have committed the sexual offense, directly to court or to detention pending a court appearance.)
- B. The law enforcement agency directs the youth, who is alleged to have committed a sexual offense, and their family to contact the County Probation Department.

- C. The Probation intake officer makes an assessment pursuant to the Uniform Rules §205.22. (NOTE: These are the specific regulations used by the Probation Officer to determine if the adjustment process is appropriate).
- D. If the matter can be resolved without Court involvement, Probation maintains the case for “adjustment”. The intent of this process is to seek input from alleged victims and to make appropriate referrals for treatment and services for the accused. If the case is not deemed appropriate for adjustment, documentation is submitted to the County Attorney’s Office for possible Family Court referral.
- E. The Assistant County Attorney assigned to the case will review documents for legal sufficiency. If additional documentation is required, the Assistant County Attorney will request the same.
- F. Cases with sufficient documentation result in a juvenile delinquency petition being filed with Family Court.
- G. Upon filing, a juvenile delinquency hearing is scheduled in Family Court within ten (10) days.
- H. A Law Guardian is appointed to represent the youth alleged to have committed a sexual offense.
- I. At the initial Court appearance, the youth enters an admission or denial to the charge.
- J. If there is a continued denial of the charge, a fact-finding hearing is held.
- K. After an adjudication based on a fact-finding hearing, or an admission, a predispositional investigation is conducted by Probation.
- L. A dispositional recommendation is made by Probation. These dispositions may include: Adjournment in Contemplation of Dismissal (A.C.D.), Conditional Discharge with conditions, Probation Supervision,

Department of Social Services Custody or Office of Children and Family Services Custody.

- M. If there is no agreement as to the recommendation, a hearing is held in Family Court wherein the Judge makes a determination based on the evidence presented as to the appropriate disposition. The intent of disposition is for the youth to be in the least restrictive environment appropriate to meet the youth's rehabilitative needs and to protect the community.

CHOOSING AN APPROPRIATE CHILD SEXUAL ABUSE TREATMENT PROVIDER

LOOK FOR THESE CRITERIA IN THE PROVIDER YOU CHOOSE:

- a. Has an advanced degree/license with specialized training in sexual abuse.
- b. Views victim(s) as primary client even when treating the sexually abusive child or youth.
- c. Willing to work with the family to create goals which are congruent with the family's values while making the safety of victims and prevention of sexual abuse paramount.
- d. Has understanding of power/trust/boundary issues (particularly in families where sexual abuse has occurred).
- e. Respects and adheres to client/therapist boundaries.
- f. Understands that the victims and the sexually abusive child or youth or non-believing parent should not be seen jointly until discrepancies in victim statements and abuser's statements have been addressed.
- g. Is knowledgeable regarding co-occurring behavioral disorders, i.e. suicide, alcohol and substance abuse, and eating disorders.
- h. Offers group treatment for sexually abusive children and youth as a primary modality when working with that population.
- i. Able to offer long term treatment; recognizing that treatment cannot be time-limited.
- j. Recognizes the duty to make reports to the State Central Registry (child abuse hotline) or law enforcement reports if abuse or neglect is discovered.
- k. Willing to coordinate and have open communication with other agencies: Probation, Social Services, prosecuting attorney, law enforcement.
- l. Requires documentation of the offense, if available, prior to accepting the child or youth for offense-specific treatment; this assists in dealing with denial and minimization.
- m. Willing to work with involuntary, court-ordered populations.
- n. Is aware that leverage with families is often needed to maintain family in treatment.
- o. Is willing to testify in court.
- p. Has appropriate supervision/consultation and continuing education to help maintain current standards of practice for ethics and competence.

Provided by: Family & Children's Society, Sexual Abuse Treatment Program (607 729-6206).