Cross-System Analysis of Child-On-Child Sexual Abuse in Hillsborough County, Florida

Sexual Abuse Intervention Network

Author

Vicki Adelson, MA
The Phoenix Group
2670 Red Oak Court
Clearwater, Florida 33761

This report was funded by the Children's Board of Hillsborough County and published August 2001.

Sexual Abuse Intervention Network

APPLEservices, Crisis Center of Tampa Bay

Child Protection Team, Tampa General Hospital

Child Abuse Council

Family Service Centers

Florida Department of Children and Families

Florida Department of Corrections

Florida Department of Juvenile Justice

Florida Health Partners

Hillsborough County School District

Hillsborough County Sheriff's Office

Mental Health Care

Northside Mental Health Center

Office of the Public Defender

Plant City Police Department

Psychological Management Group

SHARE Program

State Attorney's Office

Tampa Police Department

Temple Terrace Police Department

13th Judicial Circuit

(Children's Justice Center, Guardian Ad Litem, and

Alternative Sanctions Program)

Youth Advocate Programs

Acknowledgments

We are deeply appreciative of the financial support provided this project by the Children's Board of Hillsborough County. We also want to thank the Children's Board for permitting Jim Counts to help with facilitation. Thanks too to Ruth Power and Darlene Dixon for their assistance. Others contributing to this report include Dave Agresti, Gail Crosby, Carolyn Hatton, Lora Karas, Roz Kroll, George Richards, Chip Royall, Maxine Woodside, Beth Vandergrift. Thanks to you all.

Table of Contents

Executive Summary

The Hillsborough County Sexual Abuse Intervention Network (SAIN) provides a forum where organizations can work together on a voluntary basis to improve the county's response to child-on-child sexual abuse. Meeting informally for a number of years, SAIN was officially established in 1999. While the organization is not incorporated, its creation is authorized by Section 985.308 of the Florida Statutes. Member agencies pay no dues or fees. Limited support for the organization is provided by Tampa General Hospital through its Child Protection Team.

SAIN identified the need for this analysis after its members concluded that issues relating to child-on-child sexual abuse needed to be dealt with in a more structured way. The organization obtained funding from the Children's Board of Hillsborough County to conduct the analysis and to develop this report, which was written for key decision-makers in public and private organizations responsible for responding to child-on-child sexual abuse, and existing and potential funders of child-on child sexual abuse programs and services.

Professionals who work with families that have child-on-child sexual abuse issues approach these issues from different perspectives depending on whether the child with whom they are working is a victim or an offender. Because addressing these issues effectively requires collaboration between these agencies, SAIN decided to hire a neutral party, The Phoenix Group, to conduct the analysis. The Phoenix Group worked with SAIN members individually and as a group to review the professional literature, conduct focus groups, interview stakeholders, review various documents, and analyze data about child-on-child sexual abuse in Hillsborough County.

This report was written by The Phoenix Group and reviewed by SAIN in both draft and final form. The report contains a shared vision with regard to how child-on-child sexual abuse should be handled; a description of the existing process and interventions for handling child-on-child sexual abuse; a discussion of cross-system problems relating to child-on-child sexual abuse; goals, objectives, and strategies for resolving these prob-

lems; an action plan with estimated costs and possible sources of funding; and a description of how implementation of the plan will be monitored.

The findings of the analysis were not surprising to SAIN members. Indeed the findings validated many of the concerns that prompted the group to undertake the analysis in the first place. Discussed in Section 2, the findings provide the basis for the group's recommendations and its two-year action plan. The recommendations are separated into five categories and are as follows:

Education and Training

- Coordinate a community awareness campaign.
- Provide a central call-in line for education and training requests.
- Help develop training for professionals that work with children and families.
- Assist organizations responsible for handling child-on-child sexual abuse with pre/in-service and joint training.
- Facilitate the provision of specialized training for therapists who work with sexually aggressive youth and their victims.

Treatment

- Present a working paper that discusses funding issues and service needs relating to child-on-child sexual abuse to the Purchasing Alliance.

Out-of-Home Care

- Bring issues relating to child-on-child sexual abuse and out-of-home care to the attention of appropriate individuals/agencies.
- Participate in community planning efforts that have the potential to impact issues relating to child-on-child sexual abuse and out-of-home care.

Legal Process

- Assist with the development of protocols clarifying the legal process for handling child-on-child sexual abuse.
- Encourage the development of interagency agreements for secondary prevention/early intervention services of child-on-child sexual abuse.
- Help to establish diversionary alternatives to the Walker Plan.
- Support the resolution of issues relating to the Walker Plan in Hillsborough County.
- Promote the distribution of accurate information about the legal process.
- Support the development of a classification system for use at the detention center.
- Support the use of specialized sex offender assessments for placement and treatment decisions.

- Bring issues relating to court orders to the attention of the court.
- Support efforts to coordinate communication and access to information between court divisions.

Legislative

- Work with SAIN at the state level to develop and pass legislation regarding the role of Florida Department of Children and Families, the sharing of information, and family involvement in the treatment process relative to child-on-child sexual abuse.

To successfully implement the action plan adopted by the group will require a full-time staff position, consultants, and other related expenses. Funds also will be needed for educational materials, trainers, and flyers. These costs are estimated at close to $265,000 for the two-year period covered by the plan. There are a number of potential funding sources for implementing the plan, including the Children's Board,THINK, and private foundations. In addition, it is recommended that consideration be given to the possibility of incorporating SAIN and charging membership fees.

Background

What is "child-on-child" sexual abuse?

Sexual abuse is "a sexual interaction that is perpetrated (1) against the victim's will, (2) without consent, or (3) in an aggressive, exploitative, manipulative, or threatening manner" (Ryan & Land, 1997, page 3). Child-on-child sexual abuse occurs when the abuser is a person below the age of legal majority. The abuse can range from a non-contact offense (voyeurism, exhibitionism) to a violent physical assault (rape, sodomy). According to Thomas (1992), one or more of the following characteristics usually is used to determine whether the act is considered to be criminal:

- A clear power differential between the victim and offender.
- Exploitation
- Emotional or physical coercion.
- Abusive manipulation, control, or abuse of power.
- Threats of violence.

What is the incidence of child-on-child sexual abuse?

It is not possible to accurately determine the incidence of child-on-child sexual abuse based on official statistics because the cases recorded represent only a small proportion of the number committed. The reasons for underreporting include the following: (1) some data collection efforts exclude all sex offenses other than rape and attempted rape; (2) victims under the age of 12 are not included in some data collection efforts; (3) social norms discourage reporting of sexual offenses; (4) the victim is often reluctant to report; (5) the age of the offender and familiarity with the victim may discourage reporting; (6) families may minimize the offense; and (7) official agencies may minimize the offense (Thomas, 1992).

Ryan believes that self-reports of past and present victims provide a more reliable indicator of the incidence of child-on-child sexual abuse than official statistics (Ryan & Land, 1997). Three studies of self-reported victimization are used by Ryan to arrive at what she believes to be a fair approximation of the incidence of child-on-child sexual

abuse in this country: 8 percent of all males in the general population are sexually abused by a juvenile prior to the age of eighteen, and between 5 and 7 percent of all females under age eighteen are sexually abused by a juvenile. Based on Ryan's logic and U.S. Census Bureau population figures for Hillsborough County, we would estimate that there may be as many as 15,000 children living in Hillsborough County who have been sexually abused by other juveniles.

What are the causes of juvenile sexual offending?

Researchers have identified several risk factors that they believe help to explain the origin of juvenile sexual offending: physical and sexual abuse, contact with aggressive role models, substance abuse, and exposure to pornography. In an Internet article, the Center for Sex Offender Management (1999) discusses the effects of these risk factors on the formation of the juvenile sexual offender.

- Physical and Sexual Abuse: A study by Hunter & Becker (1998) found that between 20 and 50 percent of sexually abusive youth have a history of physical abuse, and that between 40 and 80 percent have a history of sexual abuse. Another study by Gray, Busconi, Houchens, and Pithers (1997) found even higher rates of abuse in samples of prepubescent and young female sexual abusers.
- Contact with Aggressive Role Models: Studies by Fagan & Wexler (1988) and Smith (1988) link family violence to the likelihood of sexually offending as an adolescent and to the severity of psycho-sexual disturbance. O'Keefe (1994) reports that the effects of exposure to aggressive role models may be cumulative as well as interactive with other experiences such as abuse and neglect. A study by Johnson-Reid (1998) suggests that exposure to community violence may also increase the likelihood of engaging in violent and antisocial behavior.
- Substance Abuse and Exposure to Pornography: A study by Lightfoot & Barbaree (1993) found the rates of substance abuse to vary widely among the sexually abusive youth. Another study by Ford & Linney (1995) found that, in comparison to other offenders, sexually abusive youth were exposed to pornographic materials at an earlier age and to materials that were more "hard core."

According to the Internet article, physical and sexual abuse and exposure to aggressive role models are more likely to be associated with sexual offending than are substance abuse and exposure to pornography. Because the influence of maltreatment is "multifaceted and includes effects related to both post traumatic stress disorder and modeling," abuse and other forms of victimization may in time prove to be the most important predictor of sexual offending (Center for Sex Offender Management, 1999, page 1-2).

What are the characteristics of sexually abusive youth?

A portrait of the juvenile sex offender has been developed by the Center for Sex Offender Management (1999) using studies of currently identified juvenile sexual offenders and their crimes. Most often, the portrait is that of a 14 year-old white male who lives with two parental figures. While the youth may not have any previous convictions for sexual assault, there is a one in three chance that he has already been convicted of a non-sexual delinquent offense. The youth may have been a victim of sexual abuse, but it is more likely that he was physically abused, a witness to domestic violence, or raised in an inappropriately sexualized home environment. Most often, the offense for which the youth has been arrested involves genital touching and penetration of a 7 or 8 year-old female non-relative.

Table 1
What are the Characteristics of Sexually Abusive Youth?

Victims	- Victimize females at slightly higher rates - Nearly half victimize at least one male. - Up to 40 percent of victims are either siblings or relatives.
Offense Patterns	- Rely on opportunity and guile, particularly when victim is relative. - Trick child by using bribes or threatening loss of relationships.
Social/Criminal History	- Likely to have self-esteem and social competency deficits. - Often lacks skills necessary for healthy interpersonal relationships.
Behavior Patterns	- Often displays signs of depression. - If severely disturbed, may display high levels of aggression and violence.

Source: Center for Sex Offender Management (1999). *Understanding Juvenile Sexual Offending Behavior: Emerging Research, Treatment Approaches and Management Practices*, page 4.

According to Ryan, sexually abusive youth can be found in all racial, ethnic, religious, and geographic groups (Ryan & Land, 1997). They range in age from as young as 4 and 5 to as old as 18 and 19. Over half (57%) have experienced the loss of a parent through separation, divorce, or death; as a result, only one-quarter (27%) live with both biological parents. Evaluating clinicians rate the overall functioning of the families with which these youth live as "below average," "inappropriate, or "dysfunctional" in 86% of the cases. Almost two-thirds of family members were themselves physically or sexually abused as children. Over one-quarter (28%) of the youth have been exposed to family violence. Parental substance abuse is common: mothers (23%) and fathers (43%). Between 30% and 60% of these youth have problems at school; learning disabilities are common. While up to 80% have a diagnosable psychiatric disorder, fewer than 5% have a mental illness or psychoses that was diagnosed before the discovery of the sexual offense.

How is a child-on-child sexual abuse investigation initiated?

(See flowchart in Appendix.) A child-on-child sexual abuse investigation is initiated when a concerned adult calls the Florida Department of Children and Families (DCF) in Tallahassee or a local law enforcement agency. Calls received by DCF are handled in

one of three ways. One, if the call involves two children 13 years of age or older and it appears that the act was consensual, no action is taken. Two, if the call involves two children 13 years of age or older and force may have been used, the call is transferred to the appropriate law enforcement agency. Three, if the call involves a child under 13 years of age, a child-on-child sexual abuse report is opened and closed; the call is transferred to the appropriate law enforcement agency; and an abuse report is opened for the family of the alleged perpetrator, based on the assumption that the alleged perpetrator has been sexuallly moslested, which is referred to the local DCF office for investigation.

When a law enforcement agency receives a child-on-child sexual abuse call, the case is assigned to a patrol officer who is immediately dispatched to the home of the alleged victim. If the patrol officer believes that a crime has been committed, he initiates a criminal investigation. In addition, the officer calls DCF's Abuse Hotline in Tallahassee to report that the law enforcement agency is investigating a case of possible child-on-child sexual abuse. When a local DCF office receives an abuse report that originated with a child-on-child sexual abuse call, a child protective investigator is sent to the home of the alleged perpetrator to determine whether the perpetrator is a victim of sexual molestation.

How is a child-on-child sexual abuse investigation conducted?

In most law enforcement agencies, a detective is assigned to investigate the case. The detective interviews the victim, the alleged perpetrator, the parents of both the victim and the perpetrator, and other concerned parties. If necessary, the detective makes arrangements for the victim to be taken to the Children's Justice Center and/or to be examined by the Child Protection Team. If the detective decides the charges are founded, the case is referred to the State Attorney's Office (SAO). If the youth is taken into custody, he is transported to the Juvenile Assessment Center.

How is a decision made whether to take a case to court?

The decision whether to take a case to court is made by the State Attorney's Office. To make this decision, the SAO reviews reports from the law enforcement agency and the Florida Department of Juvenile Justice (DJJ), and interviews the victim, parents of the victim, and other concerned parties. In Florida, there are two options if the SAO decides to proceed with the case: (1) the SAO may move the case to the adult system by direct filing or by working towards a Grand Jury indictment, or (2) the SAO may file a delinquency petition. If the SAO decides not to proceed with the case, the family may be referred to a community agency for treatment.

What happens when a youth is taken into custody?

Youths taken into custody are transported to the Juvenile Assessment Center, where they are either released to their parent(s)/guardian or taken to the Juvenile Detention

Center. If detained, a hearing is held within 24 hours. If the youth's family is indigent, a public defender may be appointed at this time. At the hearing, a judge decides whether the youth can go home or must remain at the Detention Center.

What happens after a case is referred to court?

At an arraignment hearing, the youth either pleads guilty or not guilty. If the youth pleads not guilty, an adjudicatory hearing (trial) is held. If found not guilty, the youth is released. If the youth pleads guilty and is eligible for a Walker Plan, he may be diverted and monitored by DJJ (unofficial probation). Youth who are not eligible for a Walker Plan, are eligible but are not offered or do not accept a Walker Plan, or are found guilty may be placed under DJJ supervision or into a DJJ commitment facility. If placement into a commitment facility is being considered, a multidisciplinary staffing is held by the DJJ.

What is the Walker Plan and how is it used?

The Walker Plan is an individualized plan that is stipulated to by the prosecutor, court, and child. In a Walker Plan, a youth found to have committed a delinquent act receives sanctions and services. If the youth completes the plan successfully, the delinquency petition is dismissed. The Walker Plan has been used for many years in Hillsborough County to see that juvenile sex offenders that can remain in the community receive treatment. In agreeing to a Walker Plan, the youth has been required to sign an admission of guilt and give up his right to an adjudicatory hearing. As would be expected, the original petition is dismissed if the youth completes the plan successfully. If, however, the youth does not complete the plan or re-offends, the petition is executed and, since the youth has admitted his guilt and waived the right to a trial, a date is set for a dispositional hearing. The constitutionality of the Walker Plan as used in Hillsborough County has been questioned and the issue is currently tied up in court.

How are placement and treatment decisions made?

The court is responsible for determining the length of the disposition, the degree of restraint that should be imposed, and the type of program to which the youth should be assigned. To make these decisions, the court takes into consideration: (1) the specific nature of the offense(s) committed; (2) the treatment needs of the offender, including the offender's amenability to treatment; (3) the youth's continued threat to the victim(s) and to the community; and (4) the availability of sex-offender specific treatment resources. The DJJ is responsible for providing this information to the court.

In Hillsborough County. a special juvenile sex offender unit prepares a predisposition report for the court. (Note: Hillsborough is the only county in the state to have such a unit.) If there is a possibility that the youth will be removed from the home, a licensed clinician is hired to conduct a specialized assessment. Because validated instruments to assess juvenile sex offenders have only recently become available, most clinicians use a combination of tests, clinical indicators, and suspected risk factors to develop

their recommendations. The results of the assessment are made available to the court in the pre-disposition report.

What obstacles prevent appropriate placement and treatment decisions?

Two factors affect he ability of the court to make appropriate treatment and placement decisions: 1) the quality of the assessments used to make these decisions; and 2) the placement and treatment resources available to the court.

What programs should be available for sexually abusive youth?

SAIN believes that a continuum of specialized programs should be available for sexually abusive youth, and that the programs should be "sequenced, adaptable, interactive, flexible, and share a common treatment philosophy" (Thomas, 1992, page 9). A comprehensive continuum of programs for sexually abusive youth should include:

Probation Supervision

This intervention would involve intensive probation supervision (unofficial and/or official) coupled with offense-specific restrictions such as prohibitions against contact with the victim, baby-sitting or camp counseling and possibly, if incest is involved, requirements to live some place other than home.

Fines, Restitution, and Community Service

These interventions would be imposed by the court to demonstrate to the juvenile sex offender the consequences of his behavior, illustrate the seriousness of his offense, and assist in the therapeutic process.

Community-Based Treatment

This intervention would emphasize education and would be used for the offender who poses little risk to the community, and could be initiated voluntarily by families who are concerned about the behavior of their children.

Community Outpatient Programs

This intervention would be for the more troubled juvenile who lives at home or in a foster home and accepts responsibility for his acts. The youth's family is able to provide support and supervision. Formal adjudication is recommended.

Day Treatment Programs

This intervention would provide the maximum protection in the least restrictive setting for offenders who require treatment in a structured situation but are capable of functioning in the community; the youth's family is able to provide support and supervision. Formal adjudication would be required.

Group Homes

This intervention would provide the maximum protection in the least restrictive setting for offenders who require treatment in a structured situation but are capable of functioning in the community; the youth's family is not able to control the youth and, in fact, may "enable" the youth's behavior. Formal adjudication would be desirable.

Secure Units

This intervention would involve placement in a secure treatment-oriented residential unit of twenty or less beds. It would be used for offenders that pose a danger to the community because they have used force or violence in the past. Formal adjudication would be required.

Training Schools

This intervention involves placement in a secure institution of more than twenty beds that provides treatment. It is used for the offender with an extensive delinquent history that has failed in community-based programs. Formal adjudication would be required.

What services are available for sexually abusive youth?

In Hillsborough County, the following programs are available for sexually abusive youth: probation supervision (official and unofficial); fines, restitution, and community service; community-based treatment; and community outpatient services. Sexually abusive youth who cannot remain at home may be sent to secure units or training schools located outside of Hillsborough County, where they may or may not receive treatment.

What services are not available for sexually abusive youth?

There are a number of gaps in the continuum of services for sexually abusive youth in Hillsborough County, particularly temporary shelter, residential treatment (i.e., group homes), and day treatment. In addition, there are no secure units or training schools for this population located in the county. Victims of familial child-on-child sexual abuse reportedly are often placed in foster care because there is no temporary shelter or residential treatment for the aggressor. The lack of in-county residential treatment options leaves judges with no alternative other than to send sexually abusive youth home or to secure units and training schools in distant counties where they are separated from their families and may or may not receive treatment. There are no daytime options except alternative education for those who are sent home.

What kind of treatment should be available?

Treatment for sexually abusive youth typically consists of a combination of individual, group, and family therapy. In addition, many programs offer educational groups for the parents of these youth. If the youth has other problems, such as substance abuse,

additional treatment may be required as well. It is recommended that treatment plans be developed that are comprehensive and holistic. Some practitioners believe that an external agency that specializes in case management and oversight should be responsible for coordinating the treatment plan. Others suggest that the family therapist serve as the lead case manager for a multidisciplinary team that includes that family's individual and group therapists, as well as other agencies, disciplines, or systems regularly involved in the youth's treatment.

According to Thomas, the components of a comprehensive, holistic treatment plan for sexually abusive youth ideally would include: individual family therapy; multifamily group therapy; a psycho-educational or family support group; weekend retreats; working visits with the youth in the facility, community, and at home; a family information packet or manual; offense-specific group therapy for the youth, and victim-specific therapy for the victim, if a sibling (Ryan & Land, 1997). The process, as envisioned by Thomas, would move through five stages: disclosure and intervention; family assessment; family therapy interventions; reconstruction and reunification of the family; termination and aftercare.

In fact, most sexually abusive youth treated by therapists are non-voluntary clients whose treatment has been mandated by the court. In working with these youth, clinicians generally use a nontraditional approach that is called "offense-specific" therapy. The approach is heavily influenced by family systems therapy and draws of the results of various delinquency studies and techniques developed for working with incest families. In the offense-specific approach, confidentiality is limited. The therapist often is directive and takes a value stance. The treatment focus is on issues that are relevant to the problems of sexually abusive youth. In Florida, the States legislature recently passed a law requiring that therapists who treat juvenile sex offenders be licensed and have special training.

Should the family be included in the treatment process?

To successfully treat sexual offending youth, it is important to understand as much as possible about the family of origin and to involve the family in the treatment process. Often the family of the offending youth is also the family of the victim. Involving the family in the treatment process is essential: "full engagement….of the family….may improve the prognosis of successful treatment and maximum relapse prevention….(even) less than full cooperation and minimal involvement of the family can be beneficial in facilitating understanding and change in the juvenile (Ryan & Land, 1997, page 145). Family involvement may increase the likelihood for success because the family can be an important source of developmental information. The family may provide supervision for the youth, be able to support the youth's treatment, and may be capable of making changes that can reduce risk situations for the youth.

What kind of treatment is available for sexually abusive youth?

In Hillsborough County, services for juvenile sex offenders may be obtained from Northside Mental Health Center, APPLEservices, and the Family Service Centers. In addition to these agencies, parents concerned about younger children who are sexually acting out can bring them to Mental Health Care for treatment. There also are a number of private clinicians in the county that specialize in treating sexually abusive youth. The treatment typically consists of a combination of individual, group, and family therapy; one agency also offers group family therapy. In addition, support and educational groups are available for the parents of these youth. If youth have other problems, such as substance abuse, additional treatment may be recommended as well.

Can sexually abusive youth benefit from treatment?

A number of recent studies support the belief that the majority of sexually abusive youth can benefit from treatment. The sexual recidivism rate for youth treated in specialized programs ranges from approximately 7 to 13 percent over two to five years. Youth seem to respond well to cognitive/behavioral and/or relapse prevention treatment; the recidivism rate for youth participating in these therapies is about 7 percent for sex crimes and 25 to 50 percent for non-sex crimes over five years. Borduin, Henggeler, Blaske & Stein (1990) found that youth receiving multisystemic therapy had recidivism rates of 12.5 percent for sex offenses and 25 percent for non-sex offenses, while those receiving individual therapy had recidivism rates of 75 percent for sex offenses and 50 percent for non-sex offense (Center for Sex Offender Management, 1999).

Why intervene early with this population?

Research cited by Thomas (1992) suggests that sexually offending behavior begins at an early age, can involve multiple victims over many years, and is not likely to stop without offense-specific professional intervention. Studies of incarcerated and non-incarcerated adult sex offenders show sexually offending behavior beginning as early as eight years of age. Other studies reveal victimization rates ranging from a low of 7 victims for juvenile sex offenders to a high of 75.8 victims for adult child molesters. According to Thomas, early intervention can dramatically reduce the number of potential victims and the personal, emotional, and fiscal costs related to their victimization.

What about the victims of child-on-child sexual abuse?

Thomas (1992) describes the ways that children who are the victims of child-on-child sexual abuse are harmed by the experience. In addition to physical harm, the victimization itself creates fear and anxiety. These feelings then become associated with memories of the event, often resulting in an anxiety disorder known as Post-Traumatic Stress Disorder. The experience frequently changes victim's views about themselves, other people, and life in general. Victims tend to adopt a negative view of life and are afraid to

trust other people. Research shows higher levels of psychological distress including depression among adults who were victimized as children. As adults, child victims are more likely to experience difficulties in their interpersonal relationships. Specialized treatment is recommended to reduce the emotional impact of victimization. In addition to private clinicians, such treatment can be obtained in Hillsborough County at APPLEservices, Mental Health Care, and Northside Mental Health Center, and case management services can be obtained from the Children's Justice Center.

How can child-on-child sexual abuse be prevented?

Tremendous resources are consumed reporting, investigating, prosecuting, and treating sexual abuse, whether committed by juveniles or adults. While no one would suggest that these resources be reduced, it is obvious that the real solution to the problem is to prevent the development of new offenders. To do this, the wall of silence and denial that surrounds issues relating to sexual abuse must be removed. Social, cultural, and familial changes must occur in order to ensure that the early learning experiences of children foster the development of healthy sexual behaviors. Specialized early intervention is needed for individual children and groups of children known to be at increased risk for developing sexually aggressive or deviant behavior.

Ryan believes that education can facilitate change (Ryan & Land, 1997. According to Ryan, educational efforts are needed that recognize (1) that sex attitudes and behavior are learned; (2) that the development of sexuality begins in infancy and progresses throughout childhood; (3) hat children exhibit a wide range of sexual behaviors; (4) that the sexual behaviors of children range along a continuum from normal to abusive; and (5) that, as in any other area of learning, the child's expectation is that adults will validate or correct their behavior. Adults must be taught to know what is normal and how to react in ways that will promote the development of healthy sexual behavior.

Ryan also believes that some individual children and some groups of children may be more likely to develop sexually abusive behavior (Ryan & Land, 1997). Individual children who have been sexually abused or otherwise maltreated as well as those who have been emotionally neglected, physically abused, abandoned, or rejected, institutionalized, or under-socialized may be at high risk. Groups of children who have experienced parental loss, abandonment or rejection; disruptions in early care and relationships; and exposure to an inappropriately sexualized environment may also be at high risk. According to Ryan, an opportunity for intervention exists when these individual children are referred to therapeutic services and specialized programs are made available to groups of these children.

Methodology & Problems

What methods were used to identify problems?

Focus groups and semi-structured interviews involving over fifty individuals were conducted to identify systems issues with respect to child-on-child sexual abuse. In addition to parents of victims and offenders, individuals who helped identify the problems discussed in this section include representatives of the Hillsborough County Sheriff's Office, the Tampa Police Department, and other local law enforcement agencies; Florida Department of Children and Families; State Attorney's Office; the Office of the Public Defender; the Child Protection Team; Children's Justice Center; Florida Department of Juvenile Justice; Juvenile Division of the Thirteenth Judicial Circuit; and service providers. Participants were identified by the SAIN membership.

The project consultant, The Phoenix Group, developed the questions used with the focus groups and in the semi-structured interviews with input from the SAIN membership. A local consulting firm, JDI Inc., conducted most of the focus groups. The project consultant facilitated the remaining groups and conducted the interviews. Similar questions were asked of all groups and in all interviews. The questions were:

1. What are your concerns with regard to the way that child-on-child sexual abuse is handled in Hillsborough County?
2. What are your concerns with regard to the way that your organization/ agency handles child-on-child sexual abuse?
3. What system obstacles/barriers do you face in working with victims of child-on-child sexual abuse and juvenile sex offenders?
4. What services do you think are the most helpful? Least helpful? What services do you wish were available?

The project consultant compiled the feedback received from the focus groups and interviews. Common themes were identified and the responses were then grouped by theme. In a general meeting, SAIN discussed the problems that had been identified and further

refined the list. Efforts to prioritize the problems were rejected, with SAIN deciding to develop an action plan that encompassed all of the problems. This section discusses problems with respect to child-on child sexual abuse that were identified. The problems and accompanying discussion are representative of the views of the focus groups and SAIN as a group.

What problems were identified?

Education and Training

There is confusion generally about the difference between the sexual behavior of children that is natural and healthy, and children's sexual behavior that is problematic. Parents do not understand what to do when they observe problematic sexual behavior in their children, what can happen if they ignore such behavior, and where they can go for help. There is a need to educate the community about what constitutes child-on-child sexual abuse, when and how to report this behavior, and what happens when such behavior is reported. Training is needed for professionals that work with families and children so that they are aware of their responsibilities with respect to reporting child-on-child sexual abuse, what happens when they make such a report, and the consequences of not reporting this behavior. Ongoing pre- and in-service training is needed by the staff of organizations responsible for handling child-on-child sexual abuse on roles, responsibilities, and procedures for intervening. Joint training is needed on an ongoing basis by the staff of organizations that have intersecting roles, responsibilities, and procedures with respect to child-on-child sexual abuse. Training is also needed for therapists working with sexually aggressive children and their victims.

Treatment

Existing services for sexually aggressive youth and their child victims need to be expanded and gaps in the service continuum need to be filled. Lacking are early intervention services, comprehensive case management, temporary shelter, community-based residential options, day treatment for offenders, and services for special populations (i.e. developmentally delayed and mentally ill youth). Currently, treatment for sexually aggressive youth is based on adult models. Services need to be developed that are more developmentally appropriate. Culturally sensitive, gender-specific services are needed as well for both offending youth and their victims. Treatment is difficult for families to access due to transportation problems; there are no services for juvenile sex offenders in Plant City, East County, or South County. The cost of services is a problem for most families, who have to pay for treatment out of their own pockets. There is no stable funding source for either victim or offender services. The families of victims are eligible for services funded by the Victims of Crime Compensation. Medicaid and ADM will pay for services for some victims and offenders. DJJ funds no treatment except those that are available for offenders at some commitment facilities. Although some families have private insurance, few have the kind of coverage necessary to deal with this problem. The way that services are funded also is a problem in that it discourages continuity of care and holistic treatment. Victim services are separated from offender treatment even though up to 40 percent of the child-on-child sexual abuse cases involve familial incest.

Out-of-Home Care

Because of the lack of temporary shelter and community-based residential treatment for offenders, victims of child-on-child sexual abuse are often placed in out-of-home care for their own protection. Frequently, these children act out sexually and are themselves sexually aggressive. Unfortunately, a child's sexual acting out behavior is not always noted in the records. Substitute caregivers often do not report this behavior because they are afraid they will lose their license. Instead, the children involved in these situations are repeatedly moved from home to home, and substitute caregivers are not always informed that a sexually aggressive child has been placed into their home nor are they provided resources to help them manage these children. In addition, because there is no record of the child's sexual acting out behavior, the children themselves fail to receive treatment until there is a documented incident or their prior history is revealed.

Legal Process

Organizations involved in investigating situations involving child-on-child sexual abuse are sometimes confused with respect to the roles and responsibilities of other organizations, and fail to coordinate with each other as much as they could. Although child welfare workers, law enforcement officers, the department of Juvenile Justice, and the State Attorney's Office come into contact with victims of child-on-child sexual abuse and children who are acting out sexually; few of these children are seen by providers for specialized secondary prevention and/or early intervention services. Recently, the constitutionality of the Walker Plan as used in Hillsborough County was questioned. Until a court decision is reached, few juvenile sex offenders are being diverted into community-based treatment programs. Families involved in child-on-child sexual abuse situations often receive conflicting explanations of the legal process and are unable to obtain assistance as their cases are processed. Juvenile sex offenders should be closely supervised by specially trained probation officers. Hillsborough County's specialized sex offender unit, the only unit of its type in Florida, should be expanded. Unless a child is detained specifically for a sexual offense, juvenile offenders who are exhibiting sexual acting out behaviors may not be separated from other offenders at the detention center. This issue with regard to the screening process puts other youth at risk. Placement and treatment recommendations are made without the benefit of specialized sex offender assessments. Court orders are sometimes unclear, particularly with respect to offender access to young children and successful completion of treatment. Court orders issued for juvenile sex offenders are sometimes in conflict with orders issued by judges in other divisions of the court.

Legislative Issues

The Florida statutes are unclear with respect to child-on-child sexual abuse. This situation is frustrating for the staff of the agencies involved with these cases. DCF has adopted procedures that prevent local child protective investigators from intervening in these cases unless there is evidence of caretaker abuse. As a result, child-on-child sexual abuse cases are either handled as crimes or they are not handled at all. State law prevents law enforcement from giving the names of the child-on-child sexual abuse victims to school officials; this limits the ability of the school district to provide a safe environment for the victims of child-on-child sexual abuse. Another issue relating to the Florida

statutes has to do with family involvement. As discussed earlier, family involvement is essential in treating juvenile sex offenders because it enhances the potential for success. Florida law currently does not permit the court to mandate family involvement in treatment for the parents of juvenile sex offenders. Ways need to be found for the court to mandate the involvement of families in the treatment process because of its importance to the youth's rehabilitation.

Action Plan

How was the action plan developed?

This action plan was developed in five meetings, each of which was dedicated to one of the following topics: Education and Training; Treatment; Out-of-Home Care; Legal Process, and Legislative Issues. Members of SAIN selected the meetings they wished to attend and together developed the strategies to be recommended to the general membership. SAIN reviewed the recommended strategies and, as a group, finalized a work schedule drafted by the project consultant.

What vision guides the action plan?

1. All professionals responsible for handling child-on-child sexual abuse have a clear understanding of their own and other professionals' and agencies' roles and responsibilities, and are aware of and respect the expertise and resources other professionals and agencies offer.
2. Primary prevention programs that facilitate social, cultural, and familial change with respect to child-on-child sexual abuse and secondary prevention programs for children known to be at increased risk to develop sexually abusive or deviant behavior are available throughout the community.
3. A continuum of culturally sensitive, developmentally appropriate, and gender-specific services that are research-based and reflect state-of-the-art best practices is available for treating sexually abusive youth and their child victims in the least restrictive programming environment, considering treatment needs and concerns for public safety.
4. The potential for family involvement is assessed in every case, and a family systems perspective is maintained whenever possible; a comprehensive, holistic treatment plan is developed with each youth and family based on a thorough assessment; and a specially trained case manager coordinates all services provided to youth and families, and serves as the

leader of a multidisciplinary team that includes all agencies, disciplines, and systems regularly involved in the youth's treatment.

5. Legal accountability for sexually abusive behavior is part of an overall treatment approach; legal accountability and treatment are not mutually exclusive principles.

What can SAIN do?

1. Education and Training

- Coordinate a community awareness campaign.
- Provide a central call-in line for education and training requests.
- Help develop training for professionals that work with children and families.
- Assist organizations responsible for handling child-on-child sexual abuse with pre/in-service and joint training.
- Facilitate the provision of specialized training for therapists who work with sexually aggressive youth and their victims.

2. Treatment

- Present a working paper that discusses funding issues and service needs relating to child-on-child sexual abuse to the Purchasing Alliance.

3. Out-of-Home Care

- Bring out-of-home issues to the attention of appropriate individuals/ agencies.
- Participate in community planning efforts that have the potential to impact out-of-home issues.

4. Legal Process

- Assist with the development of protocols clarifying legal process.
- Encourage the development of interagency agreements for secondary prevention/early intervention services.
- Help to establish diversionary alternatives to Walker Plan.
- Support the resolution of issues relating to the Walker Plan in Hillsborough County.
- Promote the distribution of accurate information about the legal process.
- Encourage continued participation in SAIN by DJJ.
- Support the development of a classification system for use at the detention center.
- Support the use of specialized sex offender assessments for placement and treatment decisions.

- Bring issues relating to court orders to the attention of the court.
- Support efforts to coordinate communication and access to information between court divisions.

5. Legislative Issues

- Work with SAIN at the state level to develop and pass legislation regarding the role of DCF, sharing of information, and family involvement in the treatment process relative to child-on-child sexual abuse.

What will it cost?

To successfully implement the action plan adopted by the group will require a full-time staff person who will be responsible for completion of the tasks identified in the plan. Successful implementation of the plan also will require consultants to develop (1) a communications plan and related materials; 2) a working paper on funding issues and services needs; and 3) position papers on the role of the Florida Department of Children and Families, sharing of information; and family involvement.

Funding for the staff position, consultants, and related expenses including funds for educational materials, trainers, and flyers required to implement the action plan is estimated at close to $265,000 for the two-year period covered by the plan. This sum does not include funds for any expanded or new services or programs for juvenile sex offenders or their victims, which may be sought by individual treatment providers to fill gaps in the service continuum. With respect to the $265,000, there are a number of potential sources of funding that should be considered. These include the Children's Board, THINK, the Purchasing Alliance, and private foundations. In addition, SAIN should consider the possibility of incorporating and charging membership fees.

Table 2
What Work Schedule Should Be Followed?

Task	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Responsible
Education and Training									
Develop communications plan.	■								SAIN, Private Co
Establish Speaker's Bureau and materials.		■							SAIN
Conduct community awareness campaign.			■						SAIN, Member A
Establish parent education and referral call-in line.			■						SAIN
Conduct parent education campaign.				■					SAIN, Member A
Conduct ½ day seminar for professionals (i.e. doctors, teachers, day care workers, recreation workers) that work with children and families.					■				SAIN
Assist with pre/in-service and joint training for organizations responsible for handling COC (i.e. law enforcement, Department of Children and Families, Department of Juvenile Justice).	■	■	■	■	■	■	■	■	SAIN, Member A
Facilitate training for therapists who work with COC cases.				■				■	SAIN
Treatment									
Develop working paper on COC funding issues and service needs.		■	■						SAIN, Private Co
Present working paper to Purchasing Alliance.				■					SAIN
Out-of-Home Care									
Send letter/report to Children's Board, Department of Children and Families, and Department of Juvenile Justice.	■								SAIN
Send letter/report to lead agency and contract providers.	■								SAIN
Present to committees that can impact out-of-home care issues.	■	■							SAIN
Send SAIN representative to committees that can impact out-of-home care issues.	■	■	■	■	■	■	■	■	SAIN

(Continued on next page)

(Continued from previous page)

Task	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Responsible
Legal Process									
Review existing protocols re investigative process.		■							SAIN
Assist affected agencies develop joint protocols.			■						SAIN
Help law enforcement and Children's Justice Center develop interagency referral agreement/protocol for secondary prevention/early intervention services.	■								SAIN, LE, CJC
Assist State Attorney's Office and Judicial Diversion Program develop interagency referral agreement/ protocol for diversionary services.	■								SAIN, SAO, JDP
Send letter to Public Defender's Office and State Attorney's Office re Walker Plan.	■								SAIN
Develop a flyer describing the legal process and resources for distribution to families.		■							SAIN
Send letter/report to Department of Juvenile Justice urging continued participation in SAIN.	■								SAIN
Work with Department of Juvenile Justice to require assessments that can be used to classify juveniles at detention center.					■	■	■	■	SAIN
Work with Department of Juvenile Justice to require professional assessments of sex offenders before placement and treatment decisions.					■	■	■	■	SAIN, DJJ
Meet with judges to discuss clarity and consistency of court orders.	■								SAIN, DJJ
Legislation									
Develop position paper on role of Department of Children and Families, information-sharing, and family involvement; work with state level SAIN to write and pass legislation re same.					■	■	■	■	SAIN, Private Co State Level SAIN

Bibliography

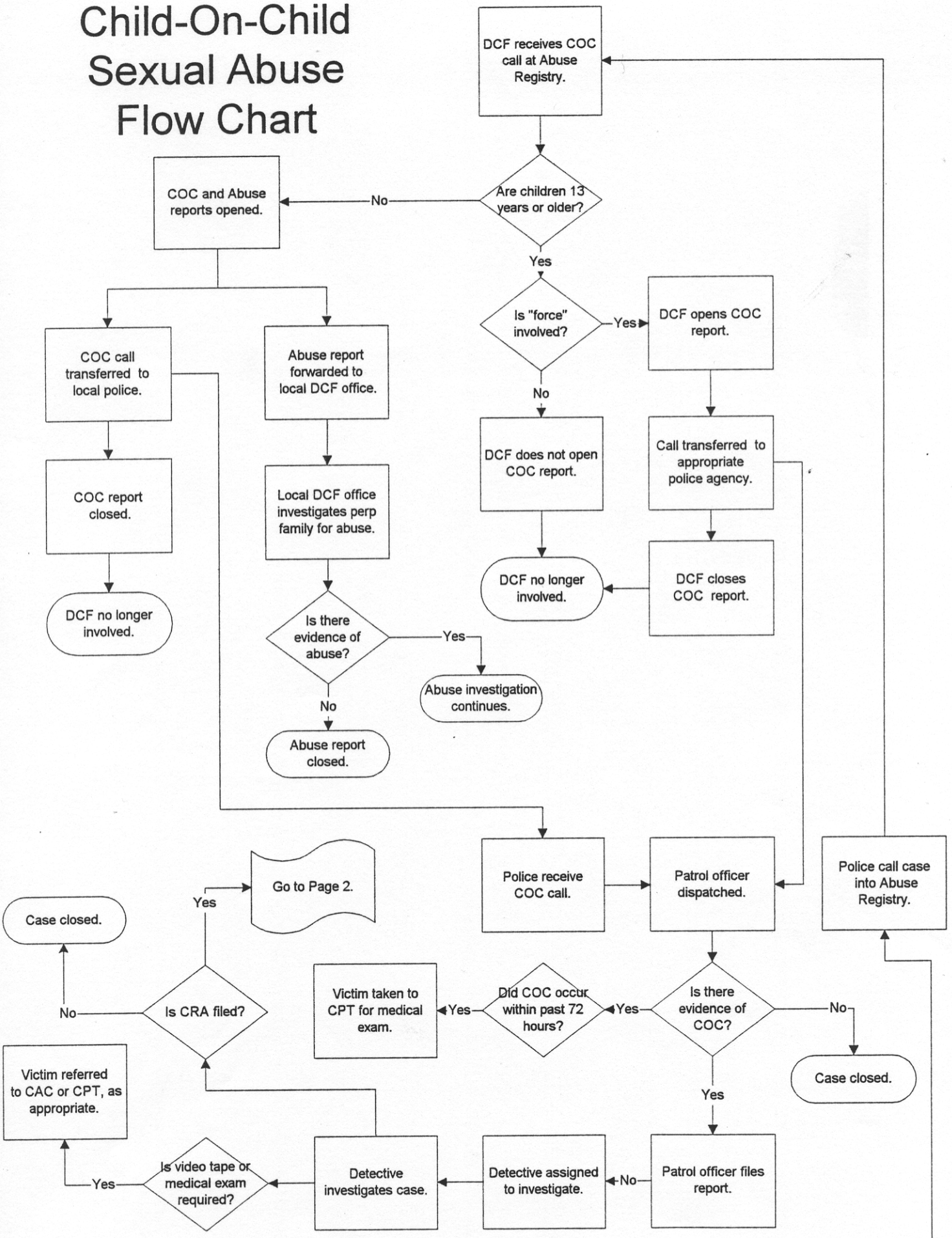
Center for Sex Offender Management (1999), *Understanding Juvenile Sexual Offending Behavior: Emerging Research, Treatment Approaches and Management Practices.*

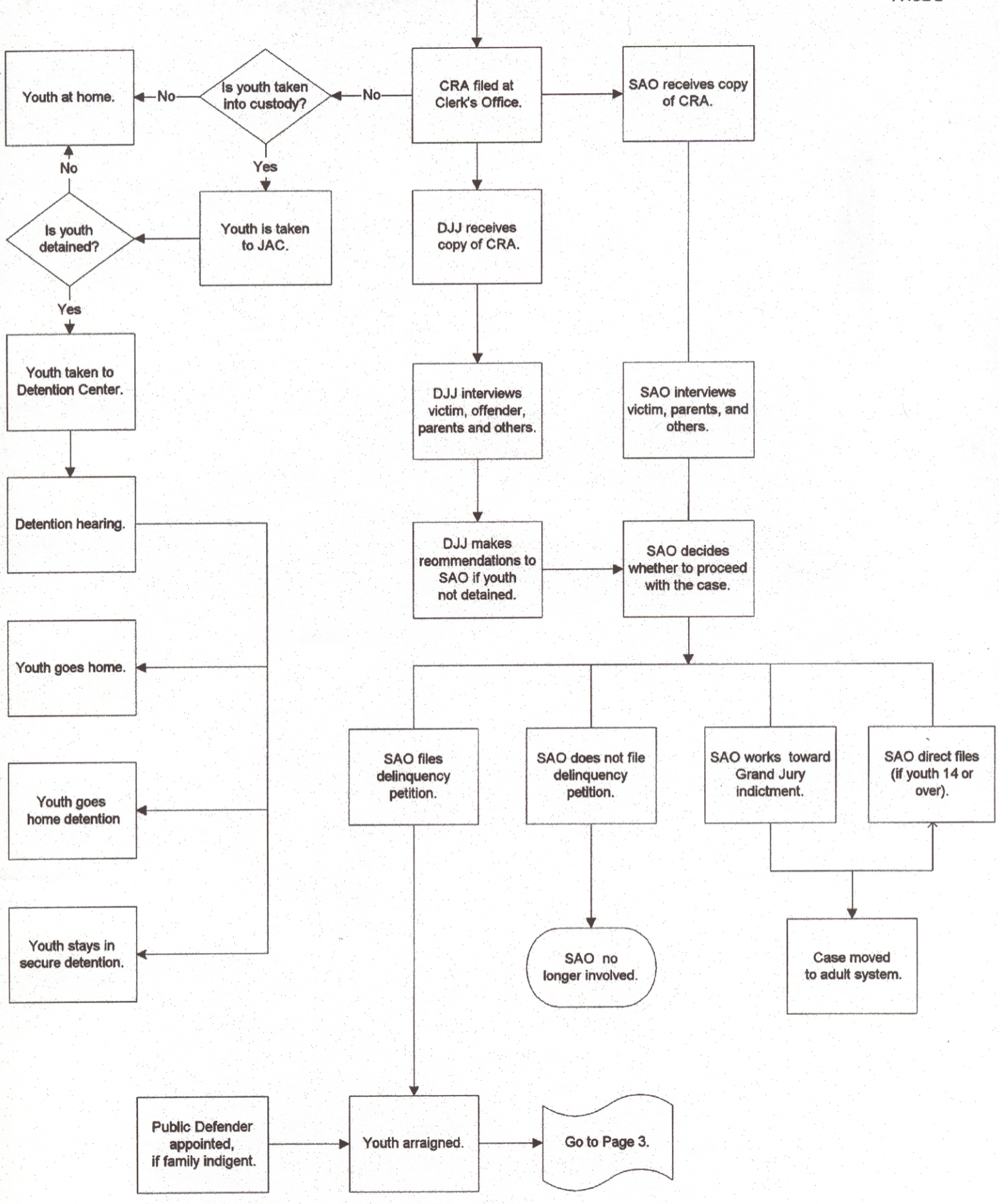
Ryan, G & Land S. (Eds.). (1997), *Juvenile Sexual Offending.* San Francisco: Jossey-Bass Inc.

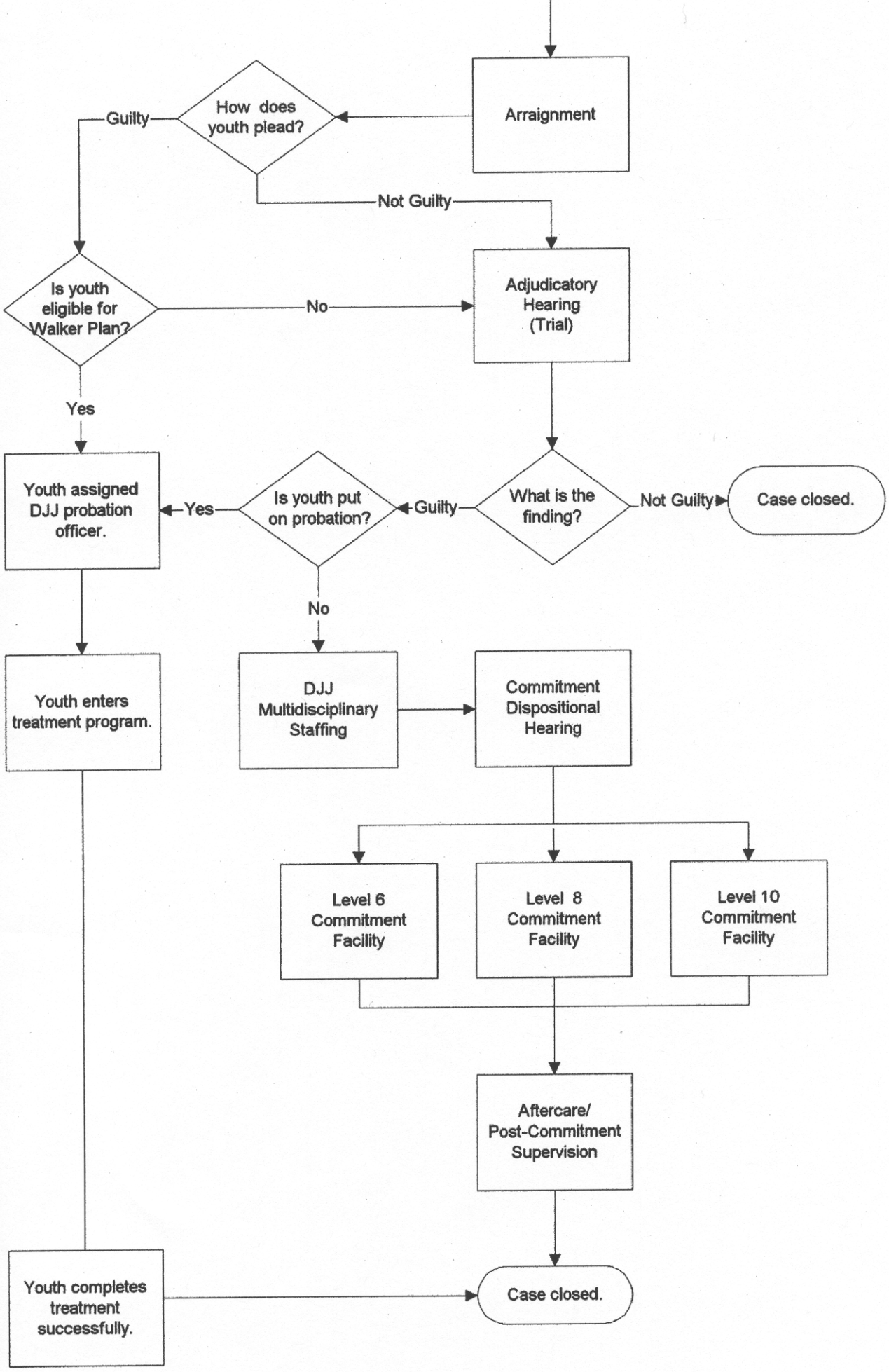
Thomas, D. (1992), *A Special Report on Juvenile Sex Offenders.* Pittsburgh: National Center for Juvenile Justice.

Appendix - see following pages

Child-On-Child Sexual Abuse Flow Chart




CRA filed at Clerk's Office.
SAO receives copy of CRA.
Is youth taken into custody?
No
Yes
Youth at home.
Youth is taken to JAC.
Is youth detained?
No
Yes
DJJ receives copy of CRA.
Youth taken to Detention Center.
DJJ interviews victim, offender, parents and others.
SAO interviews victim, parents, and others.
Detention hearing.
DJJ makes reommendations to SAO if youth not detained.
SAO decides whether to proceed with the case.
Youth goes home.
Youth goes home detention
Youth stays in secure detention.
SAO files delinquency petition.
SAO does not file delinquency petition.
SAO works toward Grand Jury indictment.
SAO direct files (if youth 14 or over).
SAO no longer involved.
Case moved to adult system.
Public Defender appointed, if family indigent.
Youth arraigned.
Go to Page 3.


Arraignment
How does youth plead?
Guilty
Not Guilty
Is youth eligible for Walker Plan?
No
Yes
Adjudicatory Hearing (Trial)
What is the finding?
Guilty
Not Guilty
Case closed.
Is youth put on probation?
Yes
No
Youth assigned DJJ probation officer.
Youth enters treatment program.
DJJ Multidisciplinary Staffing
Commitment Dispositional Hearing
Level 6 Commitment Facility
Level 8 Commitment Facility
Level 10 Commitment Facility
Aftercare/ Post-Commitment Supervision
Youth completes treatment successfully.
Case closed.