


Creating and Developing Policy, Program, and Evaluation Services for Sexually Aggressive Youth in a System of Care

Karen Fredricks, C.S.W.
Carol Hardesty, M.S.W., M.P.A.
Steven Laffer, C.S.W.
Westchester County, New York

Definitions

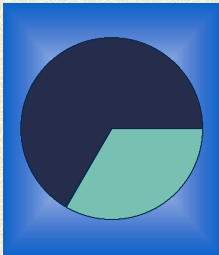
Sexually aggression - sexual behavior which is unlawful or harmful by means of intimidation, coercion, force, inequality, abuse of authority, or lack of consent.



Incidence of sexual abuse

1 out of 3 women sexually victimized before age 18

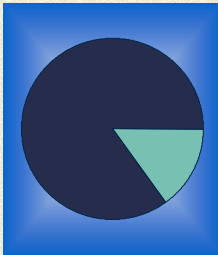
- conservative estimate 20%



Incidence of sexual abuse

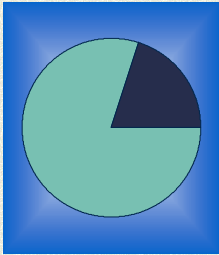
1 out of 7 men sexually victimized before age 18

- conservative estimate 5-10%

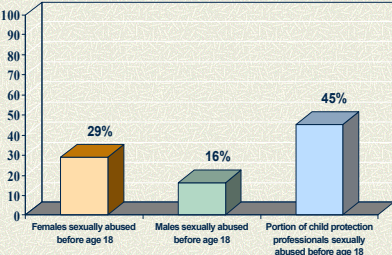


Incidence of sexual abuse

50-80% women in treatment report being sexually victimized



Incidence of sexual abuse



Category	Percentage
Females sexually abused before age 18	29%
Males sexually abused before age 18	16%
Portion of child protection professionals sexually abused before age 18	45%

Incidence of youth sex aggression

- 20% arrests for sexual assault males under age 19
 - youths under 19 years old responsible for 30-60% of sexual abuse against children under age 12
- 80-90% male
- modal age 14
 - 13-17 range at highest risk
 - majority commit first offense *before* age 15

Incidence of youth sex aggression

- 25% freshman males *admit* committing sexual aggression
 - 77% females report being abused
- 20% high school students involved in forced sex
 - 60% believed it to be acceptable for a boy to force a girl to engage in sexual contact (Davis et al., 1993)

Youth past histories

- 40-80% sexually abused
- 41-75% physically abused
- 80% observe parental violence
- 40-80% school problems
- co-occurring conditions
 - 45-80% conduct disorder
 - 30-50% anxiety and/or mood disorders
 - 20-30% substance abuse disorders
 - 10-20% ADHD

Westchester County Sexually Aggressive Youth Research Project

By
Timothy G. Lock, Ph.D.

Questions

- How many youths currently in the system of care in Westchester County have sexual behavior problems?
- How well equipped are staff currently treating these youths to address their sexual behavior problems?
- How many of these cases have been reported to child protection or justice?

DEFINITIONS

- What is a juvenile or youth?
 - Adolescent: ages 13 – 17
 - Child: ages 12 and below

DEFINITIONS

- ✦ Sexual behavior problem
 - inappropriate sexual behavior, initiated by the juvenile, with an unwilling or inappropriate person or family member
 - age, size, power differences

DEFINITIONS

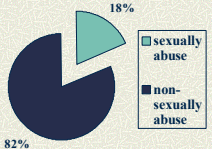
- ✦ hands-off – no physical contact
 - exhibitionism, voyeurism, obscene phone calls
- ✦ hands-on – physical contact
 - fondling, oral-genital contact, penetration

Method

- ✦ Telephone needs assessment survey of licensed agencies
 - Office of Mental Health (OMH)
 - Office of Children & Family Services (OCFS)
 - Outpatient mental health clinics, day treatment/partial hospitals, inpatient psychiatric hospitals, residential treatment centers, residential treatment facilities, family based treatment services, therapeutic foster care agencies, group homes

Results

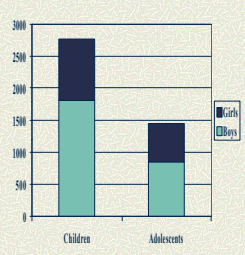
- ✦ Validity check
 - percentage of juveniles who were sexually abused
 - rate found in the current study is comparable to others (Deblinger et al., 1989, Doyle-Peters, Wyatt, & Finkelhor, 1986, Koss et al., 1987)



Category	Percentage
sexually abused	18%
non-sexually abused	82%

Results

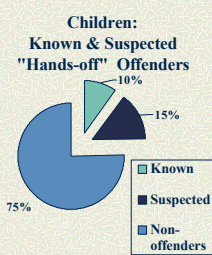
- ✦ Number of youth in treatment
 - Children
 - n = 2769
 - 65.1% boys
 - 34.9% girls
 - Adolescents
 - n = 1448
 - 58.6% boys
 - 41.4% girls



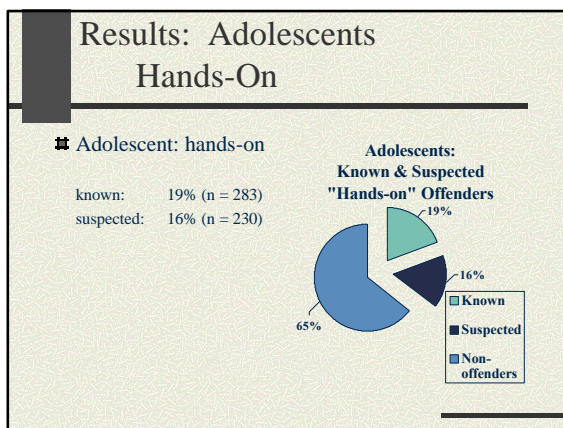
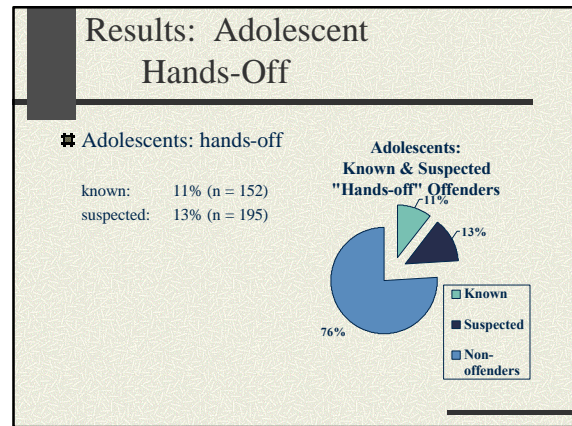
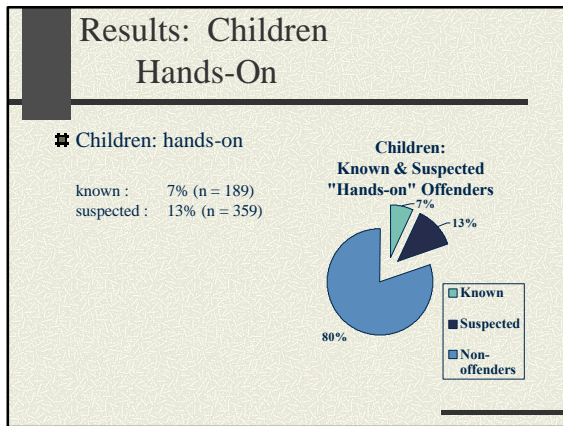
Group	Total Youth	Boys (%)	Girls (%)
Children	2769	65.1%	34.9%
Adolescents	1448	58.6%	41.4%

Results: Children Hands-Off

- ✦ Children: hands-off
 - known: 10% (n = 275)
 - suspected: 15% (n = 413)



Category	Percentage	n
Known	10%	275
Suspected	15%	413
Non-offenders	75%	-



Results: Prevalence Summary

<u>Known & Suspected</u>	<u>Known</u>
-Hands-off	-Hands-off
25% of children	10% of children
24% of adolescents	10% of adolescents
-Hands-on	-Hands-on
20% of children	7% of children
35% of adolescents	20% of adolescents

Results (Preliminary): Prevalence Across Settings

Is there a higher percentage of juvenile sexual offenders in certain settings?

Type of Offender	Setting with significantly more offenders
Child "hands-off"	
Child "hands-on"	
Adolescent "hands-off"	
Adolescent "hands-on"	

Results (Preliminary): Prevalence Across Settings

Is there a higher percentage of juvenile sexual offenders in certain settings?

Type of Offender	Setting with significantly more offenders
Child "hands-off"	Inpatient
Child "hands-on"	
Adolescent "hands-off"	
Adolescent "hands-on"	

Results (Preliminary): Prevalence Across Settings

Is there a higher percentage of juvenile sexual offenders in certain settings?

Type of Offender	Setting with significantly more offenders
Child "hands-off"	Inpatient
Child "hands-on"	Inpatient
Adolescent "hands-off"	
Adolescent "hands-on"	

Results (Preliminary): Prevalence Across Settings

Is there a higher percentage of juvenile sexual offenders in certain settings?

Type of Offender	Setting with significantly more offenders
Child "hands-off"	Inpatient
Child "hands-on"	Inpatient
Adolescent "hands-off"	Inpatient
Adolescent "hands-on"	

Results (Preliminary): Prevalence Across Settings

Is there a higher percentage of juvenile sexual offenders in certain settings?

Type of Offender	Setting with significantly more offenders
Child "hands-off"	Inpatient
Child "hands-on"	Inpatient
Adolescent "hands-off"	Inpatient
Adolescent "hands-on"	No difference

Results: Needs in Community

Community Wide System of Reporting
"Who do you contact?"

CPS	72.2%	St. Joseph's Hospital	2.8%
WJCS	30.6%	Administration	2.8%
Police	19.4%	Lawyer	2.8%
Perp's Family	16.7%	Case manager	2.8%
Psychologist	11.1%	Four Winds Hospital	2.8%
We deal with it	8.3%	Higher level of care	2.8%
DSS	5.6%	Network	2.8%
Perp's MD	5.6%	Substance program	2.8%
Perp's Thpist	5.6%	TASC	2.8%
OMH	2.8%	Victim's parents	2.8%
Schools	2.8%		

Results: Needs in Community

Training Needs

91% said not enough training available
(NOTE: this was before Planning Committee started their trainings)

94% are interested in having staff trained

Characteristics of Sexually Aggressive Youths and Their Families

by
Maureen Flores, Social Work Intern

Sample

- # Reviewed 29 case records of consecutive admissions of adjudicated youth to a specialized outpatient program
- # referred by county department of probation
- # records cross-matched with information from CPS
- # age range - 8-16 years old
 - mean age - 14 years old
 - 20% <11 years old

Sample

- # Race
 - 41.4% - African-American
 - 31% - Caucasian
 - 27.6% - Hispanic
- # Education
 - 41% - special education
 - 31% - cognitively impaired (full scale IQ <80)
 - 66% - learning disabled

Sample

- # Psychiatric
 - 48% - diagnosed ADHD
- # Victims
 - 97% well known to victims, mostly from school or the neighborhood, also siblings
 - predominantly female (79%)
 - 50% were <8 years old
 - Youngest was age 4

Sample

- # Sex crimes
 - 38% admitted to felony charges
 - 59% admitted to misdemeanor charges
- # Caretakers
 - 44.8% - single mothers
 - 20.8% - step families
 - 13.8% - both parents
 - 6.9% - grandparents

Sample

- # Homelessness
 - 14% prior history of homelessness
- # CPS
 - 60% known to CPS
 - 41% reported for neglect
 - 13% reported for child sexual abuse
 - 10% reported for physical abuse
 - all cases reported were founded or indicated
 - none of the records showed CPS involvement

Sexually Aggressive Youth: Service Utilization Patterns

by
Steven H. Laffer, C.S.W.

Research questions

- What are the service use patterns of sexually aggressive youth?
- What is the relationship between demographic and antecedent variables and service use?
- What is the relationship between severity of sexually aggressive behavior and service use?

Prior research

- Gray et al., 1997
 - *pre-adolescent* children with sexual behavior problems, found that over 84 percent of had participated in psychotherapy and at least 42 percent were receiving special education services
- Kolko et al., 1999
 - service involvement of physically and sexually abused families related to race and parental factors, such as parental history of abuse

Exclusionary criteria

- measured or estimated intelligence scores of less than 70, commensurate with a DSM-IV diagnosis of Mild Mental Retardation;
- DSM-IV diagnoses of Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, or other Psychotic Disorders;
- incomplete evaluations or insufficient data to address research questions;
- non-adjudicated status by the Family Court or Criminal Court.

Sample

- Case records of 86 youths adjudicated for misdemeanor and felony sex crimes
 - records collected between 1991-2001
 - reviewed fall 2002
 - referred to specialized outpatient program by county department of probation
- age range --- 12-19 years old
 - mean age 15.5 years

Sample

- Race
 - 38.4% African-American
 - 19.8% Hispanic
 - 37.2% Caucasian
- Parent education
 - Elementary school - 8.1%
 - High school - 39.5%
 - College - 19.8%
 - Unknown - 32.6%

Sample

- Parent employment
 - Unemployed - 11.6%
 - Unskilled/laborer - 29.1%
 - Clerical/secretarial - 5.8%
 - Semiskilled/paraprofessional - 18.6%
 - Skilled - 9.3%
 - Professional - 11.6%
 - Other/unknown - 14.0%

Sample

- # Severity of sexual offense behavior
 - mild (class A misdemeanors) - 12.8%
 - moderate (class B or greater) - 12.8%
 - severe (felonies) - 74.4%
- # History of child sexual abuse - 18.6%
- # History of non-sexual child abuse - 22.1%
- # History of domestic violence - 38.4%

Sample

- # Psychiatric problems - 62%
- # Educational problems - 78%
- # Substance use problems - 27%

Methodology

- # Interrater reliability
 - 20% of records - good to excellent across all variables, except Medicaid status which was dropped from further analyses
- # Service domains
 - Education
 - Mental health
 - Social Services
 - Juvenile justice

Results

- # Mean number of services used - 9.9
 - 86 youths used 859 services
 - by domain, percent of total services used
 - 54% - justice services (adjudicated sample)
 - 29% - mental health (psychological testing - 83.7%)
 - 13% educational (CSE - 45.3%)
 - 4% social services (CPS - 11.6%)
 - most frequently used services
 - psychological testing, psychiatric evaluations, outpatient treatment, CSE referral

Results

- # Bivariate and hierarchical multiple regression analyses revealed:
 - minority racial status and low socioeconomic status were associated with greater educational and justice service use ($p < .05$)
 - older age was associated with greater likelihood of criminal court involvement ($p < .001$)
 - child sexual abuse histories were associated with frequent use of psychiatric and educational services ($p < .05$)

Results

- # Bivariate and hierarchical multiple regression analyses revealed:
 - non-sexual child maltreatment and exposure to domestic violence were associated with increased justice service use ($p < .05$)
 - less severe sexual offense behavior was associated with *greater* educational and mental health service use ($p < .05$)

Limitations

- # Small sample size
- # Convenience samples
- # archival data for 2 studies
- # no validated or standardized instruments used for data collection

Summary & Discussion

- # Significant number of youth involved with service providers have sexual behavior problems
- # Agency personnel are ill equipped to address youth sexual behavior problems
- # There is a need for specialized training of service providers to address sexual behavior problems

Summary & Discussion

- # There is a lack of communication among agencies dealing with sexually aggressive youth (e.g., probation and CPS)
- # A significant number of sexually aggressive youth are <11 years old
- # A significant number of sexually aggressive youth have co-occurring cognitive, learning, behavior and psychiatric problems
 - they may *not* be good candidates for CBT

Summary & Discussion

- # Youths from lower SES, minority families were overrepresented in the samples
- # Families evidenced a high frequency of domestic violence and child maltreatment
- # A significant number of youth were charged with serious sex crimes
- # Youth with sexual behavior problems used a considerable number of community services, across multiple service domains

Summary & Discussion

- # Select service domains were underutilized (i.e., social services)
 - skewed distribution of services
- # There may be a duplication of evaluation services
- # Youth exhibiting less severe sexual offense behavior use a considerable number of community based services

Implications

- # Sexually aggressive youth share many features of SED youth
 - exhibit functional impairment
 - considerable fx of co-occurring conditions
 - high service users
- # Many sexually aggressive youth qualify as SED youth
- # Many SED youth may have sexually aggressive behavior problems

Implications

- # System of care model well suited for organizing their care and management
 - sexually aggressive youth need comprehensive, well-integrated, family centered, individualized, culturally competent care in the least restrictive environment with strong emphasis on case management services
 - clinical care and community safety - dual responsibilities

Implications

- # Families of sexually aggressive youth need added support
 - high degree of stigma involved
 - need help with safety planning
 - high degree of youth supervision necessary
 - communication among service providers is central to safely maintaining youths in the community
 - coordination of services is key to their successfully benefiting from services

Implications

- # Families of sexually aggressive youth need added support
 - may need help with transportation to and from numerous appointments
 - respite services
 - parent aides
 - many parents have untreated traumatic histories of their own

Implications

- # Training of a wide range of professionals is needed
 - sexually aggressive youth are in the system and no one is treating these behavior problems
- # Need better, family-centered models for working with sexually aggressive youth
- # Prevention services and programs are lacking
 - both primary and secondary

Implications

- # Need to develop interorganizational systems perspective at the community level
 - interagency board
 - ongoing data collection
- # Funding is needed from multiple sources
 - blended funding rather than categorical funding
- # Outcome studies to understand the effectiveness of intervention programs

