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

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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

Presented at the 17th Annual RTC Conference, Tampa FL, 2/29 – 3/3 2004. For more information, contact Steve Laffer: steve1526@aol.com
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

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)

18%
82%

Results: Children Hands-Off

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

0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Children Known & Suspected "Hands-off" Offenders
Known
Suspected
Non-offenders

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

82%
18%
Results: Children Hands-On

Children: hands-on

- Known: 7% (n = 189)
- Suspected: 13% (n = 359)

Results: Adolescent Hands-Off

Adolescents: hands-off

- Known: 11% (n = 152)
- Suspected: 13% (n = 195)

Results: Adolescents Hands-On

Adolescent: hands-on

- Known: 19% (n = 283)
- Suspected: 16% (n = 230)

Results: Prevalence Summary

- Hands-off
  - Known: 10% of children
  - Suspected: 7% of children
- Hands-on
  - Known: 25% of children
  - Suspected: 20% of children

Results (Preliminary): Prevalence Across Settings

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

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<thead>
<tr>
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Results: Needs in Community

Community Wide System of Reporting

<table>
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<th>Who do you contact?</th>
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<tr>
<td>CPS 72.2% St. Joseph’s Hospital 2.8%</td>
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<tr>
<td>WICS 30.6% Administration 2.8%</td>
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<tr>
<td>Police 19.4% Lawyer 2.8%</td>
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<tr>
<td>Perp’s Family 16.7% Case manager 2.8%</td>
</tr>
<tr>
<td>Psychologist 11.1% Four Winds Hospital 2.8%</td>
</tr>
<tr>
<td>We deal with it 8.3% Higher level of care 2.8%</td>
</tr>
<tr>
<td>DSS 9.3% Network 2.8%</td>
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<tr>
<td>Perp’s MD 5.6% Substance program 2.8%</td>
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<td>Perp’s Therapist 5.6% TASC 2.8%</td>
</tr>
<tr>
<td>GMH 2.8% Victim’s parents 2.8%</td>
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<td>Schools 2.8%</td>
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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%

- 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)
  - 20% - 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

- 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

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

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

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

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