What is it that you know
That you don't know
The knowing of which makes
the difference

The New
"Unclaimed Children "

Linking Systems Of Care With Best Practices for Intervention With Youth Who Have Caused Sexual Harm

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Our goal is to unite best practice in juvenile sexual offender treatment with system-of-care precepts.

Jane Knitzer the mother of the SOC movement

- Jane Knitzer helped us to recognize the need to claim children with mental illness and Systems of Care were given birth by her ground breaking research
- ….but we left out kids who through there own trauma backgrounds began to act out sexually ………Youth with sexually harmful behaviors are literally unclaimed until the behaviors become so pronounced that they are brought before the courts…….and today we are facing new potential legislative mandates that would give any child as young as eight years old life time registry
- Youth with these behaviors are in each system …DSS, MH, Education etc…

… but few communities have a unified comprehensive response that does early identification and treatment……

- thus leaving the community at risk for victimizations of their most vulnerable populations.

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Introductions:

- Karen Fredricks, MSW..
- Jane Nunez, MA,LPC
- Jo Schladale, MS,LMFT

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This presentation will **Briefly** look at:

- Who are these kids
- Where do they come from
- What system or programs address their needs
- Is there any hope for good outcomes
- What does the research say

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The New Lens

- When you go to the optician for a lens change what happens?
- He tries several different lens to make what you see…. Clearer.
- I hope we can give you a new lens that helps you see both the problems and the solutions and that you are brave enough to be like the little girl from the emperor with no clothes….
- We can either be a part of the problem or a partner in the solution…..

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statistics

- **20% of all rapes are committed by adolescent males**
- **40% of all instances of child molestation are committed by adolescent males**
- **58% of adult sexual offenders begin their deviant behavior during adolescence**

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Profile of known child or adolescent sexual abuser

- **Begins to demonstrate inappropriate sexual behavior at around age eight**
- **Average age at first formal charge is 12.5 years old**
- **Known history of sexually abusive behavior that ranged from 1-3 years prior to formal adjudication**
- **Average of twenty sexually abusive acts and seven victims prior to adjudication**

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Why Treat Sexual Offenders?

A study done with adult inmates

- Study by Gene Abel & Judith Becker (1984) found that one offender, on an average, molests 380 times
- Primary prevention

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Who Are These Kids?

- **Child sexual abuse crosses all socioeconomic groups, races, & religions**
- **All levels of cognitive functioning**
- **All ages**
- **Many familial stresses**
- **1/3 will continue on a delinquency path**
- **1/3 will continue with deviant sexual interests**
- **1/3 will not become problematic**

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What Is Problematic Sexual Behavior in Youth?

- **Use of force, manipulation, or coercion in any sexual interaction against another's will, or without consent, or in an aggressive threatening or exploitative manner.**
- **Age difference of 3 years or greater**
- **Significant cognitive or developmental difference between youth**

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Historical view of kids

- First no voice…no advocates to protect them
- Animal rights activists came first on the continuum
- Adult mental illness becomes a recognized field
- Children are seen as the byproduct of good or bad parenting
- Then lessons learned about adults with mental illness begin to be imposed on children with signs of mental illness

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Continued Historical view

- Medications and treatment modalities for children are taken from the lessons learned about adults
- Children are seen as small adults without considering their individual developmental stages
- Children with sexualized behaviors were largely ignored…even at court level they pleaded down with little to no therapeutic interventions
- Lessons learned from adult offenders is initially used on children again ignoring their developmental stages…"I am an Offender"
- These are the new "Unclaimed Children"
- We are challenged to add these kids to the continuum to address their needs and protect the kids who would otherwise be their victims..
- There is a research community that is devoted to the area of children with sexually harmful behaviors…there is a body of evidence that suggests ways of intervening in these behaviors …unfortunately the information about these interventions are not widespread …only a few communities within SOC actually address the needs of children with these behaviors

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Whose kids are these?... Universal Precautions………

Youth arrested for sexual crimes may be viewed by community-based social service agencies as being under the aegis of the juvenile justice system, and therefore seen as not appropriate for inclusion in certain service networks (Freeman-Longo & Blanchard, 1998). However, **no single agency or service domain should be expected to assume responsibility for the treatment of youth receiving services across service domains** (Morrissey et al., 1997; Stroul & Friedman, 1986).

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- We believe providing a therapeutic response to youthful sexual harm is trauma work.
- Empirical evidence increasingly reveals that trauma influences dysregulation that includes sexually harmful behavior.
- Resiliency or protective factors have the power to mitigate such influence.
- By Integrating important empirical findings from different areas of research we can enhance successful treatment outcomes and create safer communities

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Related Research
The National Research Council of Medicine (2002) eight elements that influence optimum child development

1. Physical and psychological safety
2. Appropriate structure
3. supportive relationships
4. Opportunities to belong
5. Positive social norms
6. Support and efficacy and mattering
7. Opportunities for skill building
8. Integration of family, school and community efforts

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(CDC, 2002) publication: *Best Practices of Youth Violence Prevention.* In this important document they identify four strategies that should inform all interventions

- Parent-Family Based
- Home Visiting
- Social-Cognitive, and
- Mentoring.

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1999 study by Miller, Hubble & Duncan on Successful outcomes in psychotherapy based on four factors

- Therapeutic technique (15%)
- Creation of hope and expectation for change (15%)
- The therapeutic relationship between service providers and clients (30%)
- Client characteristics (40%) including strengths, resources, social supports, living environment

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So….what's the problem?

These children

- are "Unclaimed Children"
- Each system tries to say "not ours"
- are often moved from one program, system, hospital, or residential without any interventions related to the sexually harmful behaviors

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Challenges In the Systems of Care

1. We need protocols/standards related to the identification, assessment or treatment of children with sexually harmful behaviors.
2. Families are often scared and have little to no idea where to obtain help (and are less apt to reach out for help if there is a threat of lifetime registry).
3. We need better training across the systems related to this area of children with sexually harmful behaviors….clinicians, case managers, respite workers, teachers …ie. Gail Ryan or Jo Schladale
4. Referrals are made without adequate specialized assessment which puts other children at risk of being traumatized

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While experts in the field of youthful sexual aggression acknowledge that a collaborative, multi-system approach is required for successful treatment outcomes,

we believe it is the system of care approach that can operationalize the CASSP principles making them the driving force in policy formulation, program planning, service delivery, training and evaluation for kids that

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Enhanced CASSP Principles

This was taken from NYS enhanced core values of system of care (1999)

The enhanced core values of system of care work (based upon the New York Statewide Workgroup on Child and Adolescent Sexual Abusers) *provide the foundation essential for integrating specialized services for youngsters who are sexually aggressive.*

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Enhanced Core Values

- **The system of care must address community safety. While we believe in advocacy for the rights of the client, these must be balanced against concerns for community safety, with safety taking priority if a choice is forced.**
- **Individualized treatment of sexually abusing children and adolescents, which uses a strength-based approach, can be effective in curtailing the offending behaviors and increasing community safety.**
- **There should be cooperative inter-agency planning and integrated service delivery at the state and local level. Coordinated services maximize community resources, reduce duplication, and address the complex needs of clients.**
- **The system must have measurable and accountable outcomes routinely monitored and reported to a centralized oversight group. The system of oversight and standards, whether at the local, state or peer level, must exist independent of program administration and be charged with the responsibility for formative evaluation and continual quality improvement.**

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Continued: Enhanced CASSP Principles

- Sustainable funding needs to follow the client.
- The system should include case coordination: a person or entity that ties together services and insures continued oversight.
- The system must include a comprehensive continuum of care including early intervention and continuing care, prevent recidivism and to maintain community safety.
- All services must be culturally sensitive, respecting ethnic and cultural backgrounds of youth and families.
- Inclusion of families, surrogate families, and significant others identified by the child or family for full participation (as appropriate) in all levels of service planning and delivery.
- A sex abuse-specific, culturally competent needs and risk assessment is an essential component of care.
- Individualized services should be provided to abusers, their families, victim, and victim's families.

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Continued: Enhanced CASSP Principles

- Services should be available close to the child and family's home community. Agencies should provide equal access to services with an individualized monitoring plan consistent with the risk of reoffending.
- Adjudicated youth need to complete specialized sex offender treatment. Length of treatment should not be dictated by sentence length. Treatment should continue regardless of sentence completion.

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Continued: Enhanced CASSP Principles

- Inclusion of families, surrogate families, and significant others identified by the child or family for full participation (as appropriate) in all levels of service planning and delivery.
- A sex abuse-specific, culturally competent needs and risk assessment is an essential component of care.
- Perpetrators accept responsibility and accountability for their behavior(s).
- All staff working with this population must complete a core training that establishes a minimum level of competence, and receive regular, on-going training thereafter.
- The system should insure a smooth transition to the adult system of care/support as clients reach maturity.

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Some Solutions

- Every grant proposal for SAMHSA includes creating programs to address the needs of kids with sexually harmful behaviors within their Continuum of Care .
- Standardized collaborative approach for identification & treatment
- Single doorway for families to obtain information & support
- Legislative mandate for credentialing treatment providers
- Specialized training for all providers including line staff, child care workers, case workers, and respite workers

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Our hope for what you walk away with

1. An understanding that appropriate interventions for these young people need to be developed and implemented in every communities continuum of care.
2. Training curriculums need to be developed for everyone working with children in your communities…Universal precautions
3. Clinicians need to be trained in this specialized field and supervision by an expert is essential.

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People and places with an expertise

- JO Schladale..Resources for Resolving Violence web site
- Therese Langan, CSW Parkside Family Counseling 517-266-8880
- Jane Nunez, MA, LPC Parkside Family Counseling 517-266-8880
- Peter Barnett Pbarnett@fpscorp.com
- David Prescot book on Risk Assessment
- Gail Ryan…Kempe Center, Denver, Colorodo
  Primary Secondary Tertiary Prevention of sexually abusive behaviors
- Jerry Thomas of Thomas consulting in Tennesee
- Steve Bengis of Neari School in Holyoke, Mass.
  Standards of Practice for Residential Care
- Assoc. for the Treatment of Sexual Abusers ATSA check web site
- Stop it Now Vermont-413-268-3096
- Safer Society
- Milwaukee Wrap-Around-414-257-7209
- WJCS of Westchester, NY Pat Lemp 914-
- Sue Smith of Georgia State Family Support
- CSOM
- Toni Cavanaugh Johnson …work around very young children

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The New

“Unclaimed Children “

Linking Sytems Of Care And Best Practices For Intervention With Youth Who Have Caused Sexual Harm

The purpose of this presentation is to explore the creation of a bridge between systems-of-care and specialized services for youth exhibiting sexually harmful behaviors. Our goal is to unite best practice in juvenile sexual offender treatment with system-of-care precepts.

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The New "Unclaimed Children":

Linking Sytems Of Care And Best Practices
For Intervention With Youth Who Have Caused Sexual Harm

The purpose of this presentation is to explore the creation of a bridge between systems-of-care and specialized services for youth exhibiting sexually harmful behaviors. Our goal is to unite best practice in juvenile sexual offender treatment with system-of-care precepts.

During the last fifteen years clinicians and researchers have been grappling to make sense of the complex dynamics involved in the development of sexually abusive behavior (Hermann, 1992; Ryan and Lane, 1997), ways to prevent recidivism (Knight and Prentky, 1993; Prentky, Harris, Frizzell and Righthand 2000; Minor and Crimins, 1995) and curb the tide of sexual abuse. Literature now includes comprehensive, multidisciplinary models addressing a full continuum of care (Bengis, 1986; Henggeler, Schoenwald, Broduin, Rowland and Cunningham, 1998; Trepper and Barrett, 1989). Agencies intent on providing a therapeutic response to juvenile sexual offending based upon best practice strategies can now integrate core effective components into a broad range of settings.

A therapeutic framework embracing evidence based research on juvenile sexual offending, trauma, affect regulation, resiliency and family therapy can inform interventions with sexually aggressive youth and their families. This important research can easily be integrated into systems of care in

order to enhance service provision and impact successful treatment outcomes.

Research indicates that multisystemic family therapy (MST) is an empirically tested approach that influences successful treatment outcomes with delinquent youth and is cost effective. A study using MST with sexually aggressive youth shows promise with this population (Borduin, Henggeler, Blaske and Stein, 1990). **Concepts derived from family systems theory, which provide the foundation for multisystemic treatment, can be integrated into all service provision. Family focused interventions need not be limited to the intensive home-based approach created by Henggeler (noted above) and his colleagues. Programs do not have to struggle with an either/or dilemma of providing MST, or limiting interventions to traditional responses based primarily on outdated conventional wisdom.**

We believe providing a therapeutic response to youthful sexual harm is trauma work. Empirical evidence increasingly reveals that trauma influences dysregulation that includes sexually harmful behavior. Resiliency or protective factors have the power to mitigate such influence. Integrating important empirical findings from these areas of research can enhance successful treatment outcomes and create safer communities.

Challenges in Systems of Care

1. Comprehensive therapeutic protocols for youth who exhibit sexually harmful behaviors do not exist in many systems of care.
2. Identification and early intervention is not widespread.
3. Families are often scared and have no idea where to obtain help
4. Systems of care do not always know where a family might get help.
5. Inadequate specialized training for service providers.
6. Referrals are made without adequate specialized assessment which puts other children at risk of sexual harm.

Goals For Best Practice

In keeping with the Presidents New Freedom Commission on Mental Health we are proposing a family driven response to youthful sexual harm that encompasses essentials for living, working, learning, and participating fully in the community.

Best practices for responding to youthful sexual harm include the following goals for integration into mental health settings:

- Freedom from sexual harm is essential to overall health.
- Family driven services are critical to successful treatment outcomes that stop youthful sexual harm.

- Disparities in mental health service are eliminated through a seamless continuum of care.
- Mental health screening, assessment and referral to services specifically designed to address sexual harm are needed.
- Data and research drive best practice for mental health care delivery that is empirically based.
- Technology enhances access for mental health care and information.

While experts in the field of youthful sexual aggression acknowledge that a collaborative, multi-system approach is required for successful treatment outcomes, it is the system of care approach that can operationalize the CASSP principles making them the driving force in policy formulation, program planning, service delivery, training and evaluation. The enhanced core values of system of care work (based upon the New York Statewide Workgroup on Child and Adolescent Sexual Abusers) provide the foundation essential for integrating specialized services for youngsters who are sexually aggressive.

1. The system of care must address community safety. While we believe in advocacy for the rights of the client, these must be balanced against concerns for community safety, with safety taking priority if a choice is forced.

2. Individualized treatment of sexually abusing children and adolescents, which uses a strength-based approach, can be effective in curtailing the offending behaviors and increasing community safety.
3. There should be cooperative inter-agency planning and integrated service delivery at the state and local level. Coordinated services maximize community resources, reduce duplication, and address the complex needs of clients.
4. The system must have measurable and accountable outcomes routinely monitored and reported to a centralized oversight group. The system of oversight and standards, whether at the local, state or peer level, must exist independent of program administration and be charged with the responsibility for formative evaluation and continual quality improvement.
5. Sustainable funding needs to follow the client.
6. The system should include case coordination: a person or entity that ties together services and insures continued oversight.
7. The system must include a comprehensive continuum of care including early intervention and continuing care, to prevent recidivism and to maintain community safety.
8. All services must be culturally sensitive, respecting ethnic and cultural backgrounds of youth and families.
9. Individualized services should be provided to abusers, their families, victim, and victim's families.

10. Services should be available close to the child and family's home community. Agencies should provide equal access to services with an individualized monitoring plan consistent with the risk of reoffending.
11. Adjudicated youth need to complete specialized sex offender treatment. Length of treatment should not be dictated by sentence length. Treatment should continue regardless of sentence completion.
12. Inclusion of families, surrogate families, and significant others identified by the child or family for full participation (as appropriate) in all levels of service planning and delivery.
13. A sex abuse-specific, culturally competent needs and risk assessment is an essential component of care.
14. Perpetrators accept responsibility and accountability for their behavior(s).
15. All staff working with this population must complete a core training that establishes a minimum level of competence, and receive regular, on-going training thereafter.
16. The system should insure a smooth transition to the adult system of care/support as clients reach maturity.

Providing comprehensive services for youth who have caused sexual harm and their families requires that a range of service options, at varying levels of intensity, be made available to them, (Morrissey et al., 1998; Stroul & Friedman, 1986). Such services should meet their multiple needs across all relevant domains, including physical, emotional, social, educational and justice domains.

Specifically, youth identified as experiencing learning, conduct, and psychiatric problems need individually tailored treatment plans to remediate these difficulties (Becker, 1990), as well as treatment programs which conform to their developmental abilities (Ryan, 1999, 1998; Stroul & Friedman, 1986).

A service use model such as the system of care provides a context for organizing and delivering a broad array of community-based services necessary to successfully treat and maintain youth in their communities (Holden et al., 2001). Essential elements of the system of care model, applied to the treatment and management of sexually aggressive youth include service providers offering a comprehensive array of individualized, integrated services in the least restrictive environment, making families full participants in all aspects of treatment planning, as well as providing case management services, early intervention, and culturally sensitive care (Lourie et al., 1998; Morrissey et al., 1998; Rosenblatt, 1998; Stroul & Friedman, 1986).

Youth arrested for sexual crimes may be viewed by community-based social service agencies as being under the aegis of the juvenile justice system, and therefore seen as not appropriate for inclusion in certain service networks (Freeman-Longo & Blanchard, 1998). However, no single agency or service domain should be expected to assume responsibility for the treatment of youth receiving services across service domains (Morrissey et al., 1997; Stroul & Friedman, 1986). Rather, a multi-modal, cross-systems treatment approach that

involves multiple agencies and multiple modalities is required to provide services that increase the chance of youths improving over time (Morrissey et al., 1998; Quinn & Epstein, 1998; Stroul & Friedman, 1986). Integrated, multi-agency networks of services are needed to blend services across multiple domains including mental health, education, juvenile justice, social services, and substance use. Active involvement of community and social service agencies (Borduin et al., 1990; Henggeler et al., 1998), school-based support services (Borduin et al., 1990), and family treatment resources (Ryan & Lane, 1997) is key to the success of treating sexually aggressive youth. Optimal multi-system service delivery requires communication and collaboration among agencies.

The importance of service coordination among service systems dealing with sexually offending youth is especially pertinent because of the seriousness of their sexual and nonsexual behavior problems, as well as because of the large number of youths who receive services across multiple systems of care, and pervasive problems with service fragmentation across service systems (Aday & Andersen, 1974; Cocozza & Skowyra, 2000; Glisson, 1994; Jenson et al., 2001; Morrissey et al., 1998; Mowbray & Holter, 2002; Quinn & Epstein, 1998; ; U.S. Department of Health and Human Services, 1999).

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