Children Who Display Sexually Harmful Behaviours

Prepared For: Pacific Centre Family Services Association (PCFSA) and Mary Manning Centre (MMC)

Prepared By: Nabiha Rawdah, Research Assistant for Centre for Youth and Society

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Background

PCFSA has been delivering community based social services for over 40 years. Since 1992, PCFSA and Mary Manning Centre have been delivering the provincially-funded (Ministry of Children and Family Development; MCFD) child and youth mental health program entitled the Sexual Abuse Intervention Program (SAIP) in South Vancouver Island/Capital Regional District. This program has a mandate for working therapeutically with children who have been sexually abused (under 18 years of age) and those under 12 years of age who display sexually harmful behaviours. For a brief definition of sexually harmful behaviours, please refer to page 6 of this report.

As a result of experience in delivering this program and providing community services, local agencies have become more aware of the proportion of children referred who display sexually harmful behaviours. They are not, however, mandated by the funding Ministry (MCFD) to work with this population beyond the age of 12 years. Yet, they may not receive any other intervention to address their behaviour unless they enter the criminal justice system.

In 2007, PCFSA polled a number of relevant agencies in CRD and SAIP agencies across BC with regard to this matter. The unanimous response was that there is a major gap in service in our community. Youth between the ages of 12-18 who display sexually harmful behaviours and are not in the juvenile justice system do not receive the intervention needed. Most cases do not reach the attention of the authorities, and the threshold is strict for them to receive a service.

In other words, youth over the age of 12 will only receive a service if they are received into the criminal justice system, and these services are determined by their specific scope and capacity to address the underlying causes of these behaviours.

The sexual abuse of children is a major social issue and it can be prevented. A significant proportion of it is caused by other youth, and we need to fully understand this issue in our community and use this knowledge to develop and plan services. Through this preliminary research project, we will develop a clearer understanding of the issues and needs in CRD in relation to this population. As a result, we will plan to work with relevant agencies and authorities to develop a policy and practice framework to respond to identified needs, relating to child welfare, child protection, prevention and intervention and the juvenile justice system.

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A comprehensive service plan across CRD should take into account the Province's Youth Justice principles. The primary objectives of the Youth Criminal Justice Act are to reduce the use of custody, encourage more community-based responses to youth crime and bring greater consistency to youth justice. The purpose of the system is to promote the long-term protection of the public, and therefore the youth justice system should address the circumstances underlying the offender's behaviour, rehabilitate youth who commit offences and ensure that they youth is subject to meaningful consequences for their offence.

A plan across CRD for dealing with children who display sexually harmful behaviours should reflect these principles by; ensuring that underlying causes of harmful/criminal behaviours are addressed and that rehabilitation is supported where possible, ensuring that consequences are appropriate and preventing long term criminal/harmful behaviours. Based on the information generated by this proposed project, PCFSA will draw on their expertise to identify measures to address this behaviour and raise awareness in the community. Additionally, such a plan could include alternative measures or diversions (as defined in the Youth Justice Act) such as intervention (described above) resulting in reduced risk to other child victims in order to secure the best long-term outcomes for children and youth in our community. This would also thereby limit the 'formal, time consuming and often harmful effects of prosecution and punishment'.

Major Aims of the Report

This report will provide a platform from which we will be better prepared to address the needs/problems in this area. These are hypothesized to include:

- gaps in service; children over 12 outside of the justice system do not receive intervention for sexually harmful behaviour, therefore not preventing or reducing future child sexual abuse within our community

- service intervention delivered by the criminal justice system targets only a proportion of the population within a specific scope, and there is a broader population and community that needs increased knowledge and intervention to protect children

Definition of Terms

Diverse terminology is used in the research literature to refer to youth and the sexually harmful behaviours they exhibit. In this report, we refer to this particular group as children and youth who display sexually harmful behaviours (SHB's). We strongly believe that this term respectfully acknowledges that these individuals are children and youth first. We focus on their behaviours because we subscribe to the fundamental belief that these behaviours can be changed with appropriate care, supervision, and treatment. Sexually harmful behaviours are not necessarily permanent in children and youth, nor do they reflect any intrinsic features of their personalities, skills, and abilities.

When placed on a continuum of healthy and harmful, labeling problematic sexual behaviours has generally been difficult to define because of the diverse views and sociocultural myths about sexuality and children's sexual development – e.g. that some sexual behavior between children may be 'play' when in fact, these behaviours are distressing to a child (Sperry & Gilbert, 2005). However, Toni Cavanagh-Johnson's (1999) research contributions offer a clearer understanding of the criteria used to distinguish healthy, problematic, and harmful sexual behaviours in children and youth. Cavanagh-Johnson states that identifying healthy sexual behaviours is primarily based on what is expected and appropriate among children and youth of their particular stage of development. Healthy sexual behaviours include elements of mutuality, choice, exploration, and fun. There is no evidence of intent to harm others. Further, the expression of these behaviours is in balance with other aspects of a child's life and development.

Problematic sexual behaviors may include developmentally inappropriate behaviours that have occurred during an isolated event, but are not repeated, as well as persistent or escalating patterns of behaviour. For example, a child's naïve attempts to forge a relationship which entails inappropriate touching, but not extending to penetrative acts (Cavanagh-Johnson, 1999).

Harmful sexual behaviours are not appropriate to the age or developmental stage of the child/youth in question. These behaviours contain elements of threat, coercion, manipulation, and secrecy about them. They may also be frequent and persistent, so that it becomes increasingly difficult to distract the child or youth in question from engaging in these behaviours (Cavanagh-Johnson, 1999). Further, these behaviours are considered harmful because they are perpetrated against others without consent, they disrupt the healthy development of other children and which clearly violate the boundaries and rights of others (Miccio-Fonseca & Rasmussen, 2009; Rich, 2009).

Review of the Literature

A systematic search and analysis of empirically-based, peer-reviewed literature on the topic of children and youth who display sexually harmful behaviours (SHB's) was performed in preparation for the writing of this report. The following section is a review of current research literature related to children and youth between the ages of 12 and 18 who display sexually harmful behaviours (SHB's).

General Approach to Conducting the Literature Search

The following combination of search terms were frequently used to retrieve relevant research literature: "sexually harmful behaviours", "sexually abusive behaviours", "sexually intrusive behaviours", "sexual behavior problems"" sexual maltreatment"; "sexual + harm + children"' "sexual harm + youth" ,"sexual behavior + problems + youth",and " sexual+harm+behavior".

Seventeen primary journals titles were identified from the results of the literature search. These journal titles are provided below. The year of publication, research methodologies used, and characteristics of participant samples identified across research studies is also noted. An article reference guide is included in the Appendix and contains a brief overview of each research study cited in this report.

Journal Titles:

American Journal of Orthopsychiatry; British Journal of Psychiatry; British Journal of Social Work; Child Abuse and Neglect; Child Maltreatment; Child Psychiatry and Human Development; Clinical Psychology Review; Ethics and Behaviour; International Journal of Offender Therapy and Comparative Criminology; Journal of Adolescence; Journal of Aggression, Maltreatment and Trauma; Journal of the American Psychiatric Nurses Association; Journal of Applied Research in Intellectual Disabilities; Journal of Child Sexual Abuse; Journal of Human Behaviour in the Social Environment; Journal of Sexual Aggression; The Journal of Forensic Psychiatry and Psychology

Breakdown of Studies By Year of Publication:

1998 (1); 2002 (2); 2003 (1); 2005 (1); 2006 (2); 2007 (7); 2008 (9); 2009 (4)

Breakdown of Studies By Methodology:

Prospective (4); Review (2); Concurrent Retrospective (1); Retrospective (9); Meta-analysis (2), Ethnographic (1), Descriptive (2); Case File Reviews (2)

Participant Characteristics Across Studies:

The age range across the majority of research literature surveyed for this report was 6-20 years of age, with predominantly male participant samples from Caucasian, African-American, European, and mixed descent.

Edited books that were also relevant for the literature review were found at the University of Victoria, McPherson Library, and included “Children and Young People Who Sexually Abuse Others” (Erooga & Masson, 2006) and “Juvenile Sex Offenders” (Rich, 2006). Other books that were also accessed through an interlibrary loan service included “Working with Children and Young People Who Sexually Abuse: Taking the Field Forward (Calder, 2007), “Children Who Commit Acts of Interpersonal Violence” (Hagell & Jeyarajah-Dent, 2006), and “Understanding Children and Young People: Development from 5-18 years” (Lindon, 2007).

Naming, Defining, and Describing Youth Who Display Sexually Harmful Behaviours

Diverse terminology is used to refer to children and youth and the sexually harmful behaviours they exhibit. The most frequent terms identified in the literature to date include “youth with sexual behaviour problems”; “sexually abusive youth”; “child sexual behavior problems”; “adolescent sexual abusers”; “sexually reactive children and adolescents”; “juvenile sexually abusive behavior”; “children and adolescents who sexually abuse others”; “youths who sexually harm”; and “young people with harmful sexual behavior”. The use of such diverse terminology suggests that there is variation in how researchers conceptualize and describe this unique population of children and youth, and the behaviours they exhibit.

In a 2007 Health Canada report, Lambert (2007) suggests an increase in the proportion of problem behaviours observed in children and adolescents today as compared to fifty years ago. She states that the problem behaviours exhibited by children and adolescents today is disruptive, aggressive or delinquent, and can range from lying and running away, to fighting and bullying, and to theft and vandalism. She attributes the perceived increase in problem behaviours to a number of family, community and social factors. In her view, a rise in number of single parent families, especially those in poverty may influence how available parents are to monitor and engage in their children’s lives. Schools and neighbourhoods were also perceived as offering limited community social control. A low social consensus of values, less emphasis on religion, and an increased access to promotion of individualism, materialism and violence in media were also believed to contribute to the problem behaviours observed in children and youth today.

Lambert’s (2007) findings demonstrate the importance for researchers and clinicians to evaluate the role of family, community, and social factors when working with children and youth who demonstrate sexually harmful behaviours while also attending to how these factors influence their unique needs.

Naming, Defining, and Describing Youth Who Display Sexually Harmful Behaviours (cont.)

Current statistics compiled by the Vanier Institute (2008) indicate that that the violent crime rate among youth in Canada rose by 12% over the last decade. Assaults were noted as the most prevalent type of violent offence for which youth were apprehended. In 2008-2009, a total of 7 youths in British Columbia were charged with sexual assault and received intensive support and supervision. Nine were charged with other sexual offences, and also received support and supervision. During this same time period, fifteen youth were on probation for sexual assaults, and 5 were on probation for other sexual offences (Statistics Canada, 2008). Six out of ten physical assault victims and half of sexual assault victims under the age of 6 reported being assaulted by a family member (Vanier Institute, 2008). According to the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS; 2002), sexual abuse was the primary reason for investigation in 10% of all child maltreatment referrals to social services agencies. Thirty-eight percent of these cases were substantiated during this time. In 2008, thirty six percent of child maltreatment investigations were substantiated, and 18% of these substantiated investigations involved more than one type of child maltreatment (Canadian Incidence Study of Reported Child Abuse and Neglect, 2008). The major categories and percentages associated with each type of maltreatment included: exposure to partner violence (34%); physical abuse (20%), neglect (34%), emotional maltreatment (9%), and sexual abuse (3%).

At present, estimates of incidence and prevalence of sexually harmful behavior displayed by Canadian children and adolescents who are not involved in the criminal justice system is vastly under-reported (Health Canada, National Clearinghouse on Family Violence, 2008).

Moreover, a number of issues related to extrapolating information based on youth offender statistics have been identified. For instance, sexual offences committed by adolescents are usually handled as assault charges, therefore, arrest records misrepresent the actual extent of the problem.

Also, the desire to protect children or adolescents from the stigma of harmful labels extends into the criminal justice system. Plea bargaining has allowed adolescents to plead guilty to a simple assault, or even a property crime, rather than be convicted of a sexual offence. Moreover, sexually harmful behaviours are often downplayed or dismissed as sexual curiosity or experimentation, and helping professionals often minimize these behaviours rather than treating it as a sexual offence (Health Canada, National Clearinghouse on Family Violence, 2008).

In the 2008 Adolescent Healthy Survey (McCreary Centre Society, 2008), a total of 8% of South Vancouver Island youth between the ages of 12 and 19 enrolled in school reported being ever sexually abused, which included 3% percent of males and 13% of females.

The available estimates of incidence and prevalence outside of Canada for this particular population were observed in selected European studies. In the United Kingdom for example, Erooga and Mason (2006) estimated that 25% of all incidences of child sexual abuse is

perpetrated by children and youth, and 10% of this abuse is perpetuated by females. While these statistics may offer an initial glimpse into the incidence and prevalence of SHB's in children and youth, it is challenging to determine to what extent these statistics are reflective our Canadian context. As such, further research is indicated to obtain an accurate estimate of the incidence and prevalence of children and youth who display SHB's in Canada.

One of the critical findings found in the research literature is that children and adolescents who exhibit SHB's are a heterogeneous group with varied background characteristics and histories (Erooga & Mason, 2006). This population varies not only in terms of age, gender, ethnic origin, and disability status, but also in terms of the unique individual, family, and social vulnerabilities they experience, and the level of risk they present to others. In this next section, a few selected studies are described to help illustrate the significant heterogeneity of this population. It is important to note that most of these studies were conducted internationally, and participant samples included youth from different age groups who were already involved in the criminal justice system. Further, most of the research findings were based on retrospective data. Therefore, only limited comparisons can be made to children and youth between the ages of 12 and 18 in Canada who display sexually harmful behaviours.

In a descriptive study by Vizard, Hickey, French and McCrory (2007) of 280 males and females, ages 5-21 years old in the United Kingdom, several characteristics related to the individual youth and to the abuse incident were investigated in a retrospective case file review. The individual youth characteristics assessed included family environment, removal from home, intellectual functioning and educational difficulties, and antisocial behavior. The abuse incident characteristics assessed included age-of-onset, the type of victim, and sexually harmful behaviours.

The results demonstrated that family difficulties were present for all the participants in this sample, which often related to abuse within the home environment. 76% were removed from their home and placed into alternative care at an average age of 9.5 years old, which also corresponded to the average age of onset of sexually harmful behaviours. 92% of the sample also suffered neglect, witnessed domestic violence, or experienced some form of sexual, physical, or emotional abuse. The early-onset group (<10 years old) experienced significantly higher levels of psychosocial adversity than the late-onset group, where sexually harmful behaviours often began in early childhood. By adolescence, the early-onset and late-onset groups appear more similar, although the early-onset group was more likely to abuse male children, while the late-onset group were more likely to abuse younger children and use verbal coercion (Vizard, Hickey, French, & McCrory, 2007).

Almond, Canter, and Salfati (2007) recently investigated whether youth who sexually harm possess background themes that contained a set of thematically similar characteristics that consistently co-occur. They investigated three specific background themes related to abuse, delinquency, and impairment. In their retrospective case review of 300 youth, aged 9-18 years old, these researchers found that 71% of the sample reflected one dominant theme in their case histories, however 6% of cases reviewed contained no characteristics from any of the three proposed themes. Rather, the highest frequency characteristic in the 'abused' theme was physical and sexual abuse. In the 'impaired' theme, the highest frequency characteristic was not enrolled in full-time education, although these youth represented a wide continuum, including psychological, emotional, and physical impairment. For the youth who exhibited delinquent patterns of behavior, it was observed that they were sexually harming as part of an overall pattern of antisocial behavior (Almond, Canter, & Salfati, 2007).

Almond and Canter (2007) also investigated variations in behavior in a retrospective case review of 300 youth, aged 9-18 years old. They hypothesized that three different modes of interpersonal interaction exist between youth who sexually harm and their victims, and include 1) victim-as-object; 2) victim-as-person, and 3) victim-as-vehicle. The findings demonstrated that for a majority of the sample (86%), each of the three proposed modes of interaction was distinguishable and made up of a set of conceptually-related behaviours.

For example, the victim-as-object described youth who use their victim to satisfy their own gratifications, as suggested by varied penetration acts and the lack of other sexual behaviours, which indicated that the main motivator for these acts is the accomplishment of the sexual act in itself. For victim-as-person, the youth viewed their relationship with the victim as a conventional sexual relationship and interacted with him/her as such; however, these incidents were likely to occur over a period of time and the escalation of the sexually harmful behaviours displayed were also likely to become more serious. Lastly, for victim-as-vehicle, the youth used the victim to vent their anger or frustration, which often entailed an aggressive manner to humiliate or demean him/her (Almond & Canter, 2007).

Almond and Canter (2007) also found that distinguishable behaviours that were evident for each theme. The highest frequency behavior in the victim-as-object theme was verbal threats and vaginal penetration with the penis; in the victim-as-person theme, it was more than one incident with the victim and exhibitionism. In the victim-as-vehicle theme, the highest frequency behaviours were touching the victim's genitals and physical coercion.

Overall, the findings from these studies suggest that there are noticeable variations in the background characteristics and histories of youth who exhibit SHB's, which influence the specific Almond and Canter (2007) also investigated variations in behavior in a retrospective case review of 300 youth, aged 9-18 years old. They hypothesized that three different modes of type of SHB's exhibited and the mode of interpersonal interaction these youth have with their victims. These

are all significant elements to consider in the treatment and service planning for this population at a community and individual level. type of SHB's exhibited and the mode of interpersonal interaction these youth have with their victims. These are all significant elements to consider in the treatment and service planning for this population at a community and individual level.

Studies with Distinct Sub-Groupings of this Population Almond and Giles (2008) argue that a potential value of researching recognizable sub-groupings within the larger group of youth who display SHB's is the understanding of the complex interplay between multiple background characteristics and factors, and how this could relate to situational opportunities for offending, including offence behavior and choice of victim.

These researchers conducted a retrospective study on the similarities and differences between youth with and without a diagnosed learning disability (LD) with respect to their perpetrator, victim, and abuse characteristics. They found no discernable differences between the LD and non-LD groups in terms of victim, age, gender, and relationship with the perpetrator. The non-LD sample, however, was significantly more likely to have a previous conviction for property offences and abuse drugs and/or alcohol. This non-LD sample was also more likely to victimize an individual repeatedly over time.

Another retrospective study was conducted by Hayes (2009) on the relationship between abuse history and psychological, psychiatric, and behavioural symptoms among a group of young offenders with intellectual disabilities (ID's). In this retrospective study, offenders with intellectual disabilities were more likely to report having been victims of physical abuse than sexual abuse. Exposure to family conflict was related to psychological and psychiatric disorders for offenders with ID's, whereas family violence and having been victims of child physical abuse were related to higher rates of anxiety disorders in the non-ID sample.

Miccio-Fonseca and Rasmussen (2009) recently developed a conceptual model of the ecological aggregates for assessing children and adolescents who sexually harm. In their review of case studies, they formulated a conceptual model for differentiating youth who are sexually violent (YSV) and youth who are predatory sexually violent (YPSV) from other youth who are typically seen in outpatient clinics and residential facilities. Their findings illustrated the significance of anti-social behavioral tendencies of YSV and YPSV. Specifically, the violation of rights of others appeared to be a key characteristic of many youth in these two categories.

Violence was also frequently part of their reported sexual and non-sexual crimes. These researchers noted however, that despite these common behavioural features, a "typical" profile of youth who sexually harm does not exist.

Roe-Sepowitz and Krysik (2008) investigated the relationship between aspects of offending and child maltreatment histories in a large non-clinical sample of female juveniles, aged 7-17 years old. Their findings demonstrated that the majority of females had a history of prior delinquency.

Those who had a history of child maltreatment were also more likely to have concurrent mental health issues.

These findings highlight some of the distinguishable behaviours and features that were identified in studies investigating specific sub-groups of youth who exhibit SHB's. These relate to choice of victim, background characteristics, and anti-social behaviors correlates. More research is needed to assess what extent these distinct sub-groupings are significantly different from the rest of the population of youth who display sexually harmful behaviours, particularly those who have never been formally charged with a criminal offense.

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Section Summary

Youth who exhibit SHB's are a diverse and heterogeneous group. This makes it difficult to formulate a typical profile of behaviours or background history when working with this particular client population. Their needs and issues may be multifaceted and complex because of the impact of individual, family, social factors, prior abuse histories, and the display of SHB's.

Developmental Factors, Considerations, and Outcomes

The traumegenic model developed by Finkelhor and Browne (1985) has provided important insights into the effects of prior abuse on the development of sexually harmful behaviours in children and youth. Finkelhor and Browne claimed that inappropriate sexual behavior and sexualized responses during abuse experiences in childhood often become rewarded by the perpetrator. The perceived sense of closeness and intimacy that develops afterwards may itself become sexualized. Stigmatization and feelings of betrayal may be potential consequences associated with abuse experiences, often contributing to negative self-image and feelings of isolation. In effect, they propose that this increases the risk of children and youth engaging in SHB's to cope with the feelings associated with their own abuse experiences.

Finkelhor further described four preconditions, which, in his view, must be met before sexually harmful behaviours can occur. These include:

1) Motivation to abuse – the victim meets some important emotional need and/or sexual contact with the victim is more sexually gratifying than any other sources;
2) Overcoming internal inhibitions – this is often accomplished by self-serving cognitions where the victim is perceived as a consenting participant;
3) Overcoming external impediments – this involves gaining access to the potential victim in an environment where the abuse is possible, and
4) Overcoming or undermining the victim's resistance – this may relate to a complex set of personality factors (Finkelhor &Browne, 1985).

Erooga and Mason (2006) estimate that the extent of sexual victimization among children and youth who go on to sexually harm others varies from 30-50 percent; however, it appears that other abuse experiences, including emotional abuse, exposure to violence and/or neglect, are also significant. Friedrich, Davies, Fehrer, and Wright (2003) recently indicated that exposure to violence, including child abuse and witnessing domestic violence, had a stronger association with the presence of SHB's than sexual abuse. Merrick, Litrownik, Everson, and Cox (2008) assessed whether other abuse experiences, aside from sexual abuse, predicted sexually harmful behaviours in 690 maltreated and high-risk children without a reported sexual abuse history. Their findings also suggested that reports of physical abuse were significant for both male and female children.

Physical abuse predicted the display of private parts and sexual intrusiveness for males. Physical abuse was also significant in predicting boundary problems in females. Merrick et al.'s (2008) findings suggest that physical abuse is an important factor in understanding the development of SHB's in children and youth. More research is needed to ascertain the extent which indicators of abuse and maltreatment, other than sexual abuse, influence the occurrence of SHB's in children and youth.

Tarren and Sweeney (2008) also found that exposure to multiple adversities, comorbidity, relationship difficulties, gender and placement stability affected the presence of SHB's in an exploratory study of 347 children. These findings are important because members of the public, and even helping professionals may be led to believe that prior victimization in childhood inevitably leads to perpetuating abuse against others. Tarren and Sweeney's (2008) findings demonstrate that although some children and youth do go on to sexually harm others, others do not. In effect, several factors appear to influence the extent to which sexual victimization is associated with SHB's in children and youth.

Salter, McMillian, Richards, Talbot, Hodges, Bentovim, Hastings, Stevenson, & Skuse (2003) prospectively assessed the childhood experiences and personal characteristics of male child victims who became abusers in later life, particularly in terms of the risk and protective factors associated with this transition of victim to abuser. In this longitudinal study, 12% of the total 224 male participants had become abusers in later life, which indicated that the risk of becoming

abusers is lower than previously thought by earlier researchers. These findings demonstrated that victim-abusers had witnessed more intense violence than non-abusers, which was almost always perpetrated by their mother's male partner on their mother. These youth were also more likely to have been physically neglected and experienced significant neglect from their parents/caregivers.

The relationship between age of onset of sexually harmful behaviours in youth and markers of personality disorders in later adulthood has been a significant focus of contemporary research by Vizard, Hickey, and McCrory (2007). In their retrospective study, 280 children and adolescent case histories were studied to assess whether age at onset of sexually harmful behavior and emerging severe personality disorder traits were associated with specific developmental profiles of youth who display sexually harmful behaviours. Their findings demonstrated that the early onset group (described as beginning sexually abusive behaviours before age 11) had higher rates of difficult temperament and maltreatment, were more likely to have been exposed to poor parenting models, inappropriate sexualization, and behavioral problems. The only variable on which the late onset group (> age 11) had a significantly higher rate was substance misuse.

Additionally, during adolescence, it appeared that the early onset group was more likely to abuse multiple types of victims. Evidence of physical aggression was also found in the early onset group, which began early and increased consistently across each developmental stage. Taken together, these findings reinforce the importance of early identification of children under 10 years of age who display SHB's. This preliminary step may prevent a trajectory of development leading to contact with the youth criminal justice system. McCrory, Hickey, Famer, and Vizard (2008) evaluated whether a sub-group of children presenting with sexually harmful behaviours displayed a constellation of risk factors associated with a persistent path of antiearly onset group (described as beginning sexually abusive behaviours before age 11) had higher rates of difficult temperament and maltreatment, were more likely to have been exposed to poor parenting models, inappropriate sexualization, and behavioral problems. The only variable on which the late onset group (> age 11) had a significantly higher rate was substance misuse.

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behaviors prior to the age of 10. Their findings illustrated that the early onset group were significantly more likely to have experienced a range of possible antecedents to neuropsychological impairment, including sexual abuse (89%), physical abuse (81%), emotional abuse (87%), and neglect (74%). The late onset group was more likely to display patterns of sexually harmful behaviours that included abusing only females and young children. Furthermore, anti-social behaviours in the form of aggression, physical cruelty to animals, and stealing were more likely to have occurred in the early onset group during the pre-adolescent period (7-10 years old). By adolescence, there was a greater equivalence with both the early and late onset groups showing similar levels of aggression and physical cruelty to animals.

Pornography use has also been identified as a possible risk marker for the development of patterns of aggressive behavior among children and adolescents displaying sexually harmful behaviours (Alexy, Burgess, & Prentky, 2009).

These findings demonstrate the importance of age of onset as a critical factor in assessing the possible developmental outcomes for youth who display SHB's. It appears that a number of potentially damaging outcomes are linked to youth, particularly with early onset SHB's. These findings also suggest a potential link between SHB's in youth and the emergence of personality disorders in adulthood. Therefore, it is imperative for future research to address how specific forms of anti-social behaviours in particular vary across development as opportunities and environments change.

Based on the findings from Vizard, Canter, and McCrory (2007) and Vizard, Hickey, French, and McCrory (2007), if these early risk markers are present and the youth in question does not receive consistent treatment into their adolescent years, some of the likely outcomes in adolescence and adulthood include:

1. Does not progress to convictions for sexual offenses in adolescence
2. Demonstration of a wide range of anti-social behaviours in adolescence (including sexual and non-sexual behaviours for early onset)
3. Violence and aggressive behavioural patterns in adolescence (relatively equal for both early onset and late onset)

Another related question is what becomes of these youth once they reach adulthood.

According to the collective findings gathered from Vizard, Canter, and McCrory (2007) and Vizard, Hickey, French, and McCrory (2007), some of the likely outcomes include:

1. Early onset tends to demonstrate more general anti-social behavioural tendencies, while late onset tends to exhibit more sexualized behaviours
2. Demonstrate SHB's as adults

3. Develop chronic/severe personality disorders
4. Engage in violent and non-violent offending as adults. Pro-criminal attitudes and nonsexual violent offending

Section Summary

Multiple developmental influences appear to contribute to the display of SHB's in children and youth. The potential developmental pathways associated with SHB's in childhood reinforce the need for proper identification and assessment of the contextual and background factors associated with the development of sexually harmful behaviors in children and youth.

Please refer to the following section for a more detailed discussion of the assessment and treatment of SHB's.

Current Assessment Practices and Treatment Approaches

The assessment and treatment of children and youth who display SHB's has been challenging because what constitutes normative and non-normative sexual development is a surprisingly complex task due to insufficient research in this area. Furthermore, applying adult-oriented assessment methods and interventions, such as polygraph, phallometric assessment, or arousal conditioning is perceived as problematic because these assessment methods ignore developmental differences between youth and adults (Rasmussen & Miccio-Fonesca, 2007).

Over the last few years, research efforts have indicated the importance of empirically-based assessment tools to guide clinical judgments and approaches to treatment when working with children and youth who display SHB's. Several assessment tools and measures of psychosocial and family functioning were reviewed by Collie and Ward (2007) and grouped into three main categories, including 1) measures developed to specifically assess sexual preferences and deviancies; 2) general measures of psychosocial and family functioning, and 3) guidelines designed to assess risk for sexual recidivism. Their findings confirmed that there are several advantages of using empirically-guided clinical judgments, including greater consistency and transparency in decision-making. Several of the measures reviewed by Collie and Ward were considered suitable for use with adolescents; however, they caution that very little is available to guide the assessment of children's sexually harmful behaviours. Thus, future research is needed to develop empirically-based assessment methods for particular use with children.

The Multiplex Empirically Guided Inventory of Ecological Aggregates for Assessing Sexually Abusive Children and Adolescents under 19 was recently developed by Rasmussen and Miccio-

Fonesca (2007) to define and address the needs of children who display SHB's. In their view, having specific, inclusive criteria to identify what is being assessed should be an essential part of a comprehensive assessment protocol. Seven aggregates were identified and hypothesized to be amenable to treatment. These aggregates include neuropsychological, family lovemap, antisocial, sexual incident, coercion, stratagem, and relationship. Despite highlighting those areas of youth's functioning that may be amenable to treatment, a major limitation of this particular assessment tool is that it has yet to be empirically tested (Rasmussen & Miccio-Fonesca, 2007).

Bentovim (2002) examined the factors that influenced boys between 11 and 16 who have been sexually abused to abuse others, to ascertain if it is possible to prevent them from doing so. In this cross-sectional, prospective study, Bentovim assessed whether factors associated with an experience of sexual abuse in youth, who are also offending, can be addressed in therapeutic work alongside treatment for the offending behaviours. The main findings revealed that the most significant factors were those relating to experiences of intra-familial violence and experiencing care rejection. Specifically, discontinuity of care, and living with various caregivers contributed to profound feelings of rejection and had a significant effect on the formation of healthy attachment relationships. Furthermore, a contributing factor to offending behaviours was the exposure to physical violence and neglect, particularly when a maternal figure had been victimizing or was extensively victimized.

Oliver (2007) outlines three major steps that, in his view, society can take to reach out to youth and intervene in their lives before they sexually offend others. Based on his own experience as a former offender, he asserted that society needs to overcome the objections and fears associated with non-normative sexuality, and instead promotes a proactive approach towards combating sexual offenses perpetrated by children and adolescents. Based on his experience and reflections, he offers the following warning signs of youth who may display SHB's: 1) having few similar-aged friends and spending a large part of spare time with younger children, and 2) talking about being sexually attracted to younger children. He also indicated that compulsive masturbation and engaging in explicit conversations with children served as an additional warning sign from his prior experiences. Given this information, he concluded his candid discussion by offering three major strategies for adults to follow. These include talking to youth about the consequences and harm associated with sexual abuse, talking about the potential danger of dwelling on child-oriented fantasies, and intervening when at-risk youth exhibit warning signs.

Etgar and Shulstain-Elrom (2009) utilized an individual and family therapy model to evaluate their work with youth who display SHB's. Based on the two individual sessions followed by one family session, their findings demonstrated that none of the youth who participated in their program had sexually re-offended since treatment ended (1-5 years). Physical violence in the family was

also reportedly reduced after treatment; however, this therapy program was not empirically evaluated by comparing it to other treatment programs.

Taken together, the findings from these studies indicate that there is a significant interest and need for well-developed and validated assessment and treatment practices for therapeutic work with children and youth who display SHB's. Researchers have highlighted the importance of effective therapeutic interventions in reducing the risk of future SHB's in children and youth (Fortune & Lambie, 2006, Letourneau, Chapman, & Schoenwald, 2008; Letourneau, Borduin, & Schaffer, 2009). At present, it appears that sexually harmful behaviours in children and youth can be effectively addressed with empirically supported and community-based interventions, including Multisystemic Therapy and specialized cognitive-behavioural interventions (Letourneau, Borduin, & Schaeffer, 2009; Fortune & Lambie, 2006). Resilience-based intervention models (Olssen, 2003; Gilgun, 2006), and the Stop and Think model (Butler & Elliot, 2006) also demonstrate promise in facilitating therapeutic interventions for children and youth who display SHB's, and their families.

Summary of Major Findings

Children and youth are a heterogeneous group with varied individual characteristics, mental health diagnoses, abuse histories and psychosocial adversities. There is currently no agreement on a psychological profile that clearly reflects a child or youth who displays or is at risk of displaying sexually harmful behavior. Multiple family, community, and contextual factors also influence the development, emergence, and expression of sexually harmful behaviours in children and youth. Multiple developmental outcomes of SHB's are indicated and include the demonstration of general anti-social and criminal behavior in adolescence and adulthood.

This particular group of children and youth has multiple needs, and it is important to address the significance of treating SHB's in relation to the other potential factors that contribute to the development of SHB's. At present, a limited amount of scholarly research on SHB's in Canadian children and youth is available. This necessitates a need for clinicians and researchers to focus on addressing the diverse needs of this population through the development of empirically-based assessment and treatment interventions to remediate these behaviours and promote a healthier life course trajectory for these children and youth.

Directions for Future Research and Implications for Treatment

Based on the research findings cited in this report, a number of directions for future research and implications for treatment are indicated. In this section, I summarize the most frequently indicated suggestions based on these studies.

Silovsky and Letourneau (2008) describe four essential lessons learned so far from the dissemination of research on children and youth who display sexually harmful behaviours. First, they identify that scientific results provide direction to the field, even when the results may counter ingrained beliefs and notions about this particular population of children and youth, their sexual development, and the development of SHB's. Second, family and community-based approaches to treating SHB's in children and youth have garnered strong support, particularly family-based interventions (Letourneau, Chapman, and Schoewald, 2008, St. Amand, Silovsky, & Bard, 2008). Third, sexual behaviours of children and youth are complex and multidimensional.

Exposure to multiple psychosocial adversities, concurrent mental health conditions and diagnoses, family and relationship conflict, gender, and home stability further underscore the complexity and development of sexually harmful behaviours. Lastly, children and youth who display SHB's should be perceived first and foremost as children.

Future research is needed to better understand and conceptualize maltreatment predictors of sexually harmful behaviours in children and youth. As previously discussed, prior sexual victimization is not the only indicator, nor is it as strong as other indicators of maltreatment (Friedrich, Davies, Fehrer, & Wright, 2008).

Letourneau, Chapman, and Schoenwald (2008) indicate that future research and policies involving youth who display SHB's need to carefully reconsider policies that require lengthy incarceration, residential treatment, or that impose lengthy post-sentence completion restrictions. These researchers assert that these policies do not recognize the potential of youth, with the support of their families and evidence-based interventions, to reform their lives and overcome early mistakes and early criminal acts.

Future research indicates the need for stronger methodological research designs to study children and youth who display SHB's. Fortune and Lambie (2006) suggest that conducting randomized studies with youth assigned to various treatment and non-treatment groups may help to overcome the inherent flaws associated with retrospective designs. Research designs also need to help delineate between proximal and distal influences, obtain measures of genetic and pre-natal risk exposure, and infant temperament (Tarren-Sweeney, 2008).

St. Armand, Bard, and Silovsky (2008) suggest that the next important step in the treatment of children and youth who display SHB's should involve behavior parent training. Outcome variability attributed to distinct treatment characteristics and practice elements also appears to be a worthy endeavour.

Green and Masson (2002) assert that societal, structural and organizational factors needed to be taken into consideration, alongside individual and family characteristics when treating children and youth who display SHB's. For instance, the development of specialized training and support for clinicians and staff who work with this particular population need to become aware of how their own responses to sexuality and sexual abuse issues affects their therapeutic work with this client group.

Vizard, Hickey, French, and McCrory (2007) indicate that risk assessments and management should be conducted within a life-course developmental framework which can help identify appropriate treatment provision and coping strategies. These risk assessments must include an assessment of anti-social behavior and emerging personality disorder. In addition, these researchers suggest that an increased clinical awareness of developmental trajectories with sexually harmful behavior in childhood is needed to better identify and target appropriate resources to promote prevention.

Chaffin (2008) advises that clinical practice and fields of youth and juvenile justice are permeated by myths, assumptions, and misperceptions about sexual deviancy in adulthood and childhood. These can have deleterious effects on how clinicians approach therapeutic work and how the nature of this work affects clinical judgments and treatment. Chaffin (2008) recommends that re-education is needed to prevent educators and policy-makers from incorrectly labeling every individual youth with a sexual offense history as 'high-risk' or as needing treatment for sexual deviancy.

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APPENDIX

*Notes from Dissemination Workshop

PROCEEDINGS

Working with children and youth who display sexually harmful/intrusive behaviours: A dissemination of research and joint review of issues and plans

December 8th 2010, 10:30am – 3pm University of Victoria, David Strong Building, Room C113

A day long presentation and strategy discussion on research, practice, and policy.

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1. Executive Summary

In response to community needs and gaps in service identified by SAIP providers, a meeting of stakeholders working with youth who display sexually harmful behaviours was held at the University of Victoria on December 8, 2010. Attended by practitioners, policy makers and researchers, the meeting afforded an opportunity to review current research literature and jointly undertake analysis of gaps in service and issues that cross the fields of forensics, policy, school-based counsellors, and youth service providers. The aim of the meeting was to increase knowledge and inform planning to protect children. Children who display sexually harmful behaviours are children/youth first, and in many cases, they have experienced trauma and maltreatment. They are children in need with a right to services and intervention.

The meeting on Dec. 8th provided a platform to review a CYS research report commissioned by Pacific Family Services Association. The objective of the meeting was to gather stakeholders to begin to address the needs/problems in serving this cohort of youth. In particular, the gaps in service; children over 12 outside of the justice system do not receive intervention for sexually harmful behaviour, therefore not preventing or reducing future child sexual abuse within our community.

The meeting was attended by over 35 representatives of community-based services, forensics, police, school personnel and policy makers.

2. Opening Remarks

Mitzi Dean, Executive Director, Pacific Centre Family Services Association

The Sexual Abuse Intervention Program is a province-wide MCFD funded program for children (up to age 18) who have experienced child sexual abuse and children up to the age of 12 with sexually intrusive behaviours. PCFSA and Mary Manning Centre work closely together to deliver these services across the Capital Regional District, and to develop the program. The SAIP network and south Vancouver Island MCFD contract review process have both identified gaps in services for youth with sexually harmful (including intrusive) behaviours who are aged over 12 years and are not in the juvenile justice system. Yet this is an area of established research and professional practice that has developed over the past two decades.

In order to explore this issue, as it pertains to our local population of youth in CRD, PCFSA secured some funding from the Family Court Youth Justice Committee to commission this research.

Anne Marshall, Executive Director, Centre for Youth & Society

The Centre for Youth and Society welcomes child and youth service leaders and policy makers here today. The mission of the Centre for Youth and Society is to support the well being of youth and we know that today's topic is challenging. In this initiative we were happy to continue our partnership with Pacific Family Services Association and to ensure that research can be made available to support collective deliberations on programs, services and policies.

3. Presentation of Research Literature

Nabiha Rawdah, Student Affiliate Centre for Youth and Society

Summary of Major Findings

Children and youth are a heterogeneous group with varied individual characteristics, mental health diagnoses, abuse histories and psychosocial adversities. There is currently no agreement on a psychological profile that clearly reflects a child or youth who displays or is at risk of displaying sexually harmful behavior. Multiple family, community, and contextual factors also influence the development, emergence, and expression of sexually harmful behaviours in children and youth.

Multiple developmental outcomes of SHB's are indicated and include the demonstration of general anti-social and criminal behavior in adolescence and adulthood.

This particular group of children and youth has multiple needs, and it is important to address the significance of treating SHB's in relation to the other potential factors that contribute to the development of SHB's. At present, a limited amount of scholarly research on SHB's in Canadian children and youth is available. This necessitates a need for clinicians and researchers to focus on addressing the diverse needs of this population through the development of empirically-based assessment and treatment interventions to remediate these behaviours and promote a healthier life-course trajectory for these children and youth.

Directions for Future Research

- Maltreatment predictors of sexually harmful behaviours in children and youth
- Outcome variability attributed to distinct treatment characteristics and practice elements
- Reconsider policies that require lengthy incarceration, residential treatment, or that impose lengthy post-sentence completion restrictions
- Stronger methodological research designs to study children and youth who display SHB's

Implications for Treatment

- Behavior parent training
- Specialized training and support for clinicians
- Risk assessments and management should be conducted within a life-course developmental framework
- Re-education to prevent educators and policy-makers from labeling every individual youth as 'high-risk' or needing treatment for sexual deviancy

(See Appendix A for the power point summary report)

4. Reflections and Community Issues

In response to the research presentation, a general discussion of community concerns and priorities yielded the following:

- Treatment & therapy
- Incarceration vs. community therapy for youth who display sexually harmful behaviours
- Separation vs. inclusion of perpetrators and victims in the same therapeutic context
- Extinguishing behaviours vs. risk management techniques of therapy (what are the treatment goals?)
- Trajectory of youth
- Many adult sexual offenders committed offences when younger, but there is no way to know when youth commit sexual offences if they will develop into sexually offensive adults
- How to predict future behaviours?
- Research also needs to look at protective factors/resilience factors that direct youth away from the negative trajectory towards criminal justice system and accelerating behaviours

Training

- What kind of skills/training do clinical practitioners need in order to work with this population?
- Differences within this population with respect to age, gender, development, family context, etc, that need to be taken into account

Issues

- Sexuality in the media and influences on youth
- Confidentiality
- Within school system – how to mitigate risk while allowing the youth to still be a youth, and be involved in group activities or sports etc.
- Need to consider peer relationship and restrictions/effect on youth after disclosure or being labeled with a sex offence
- Difference between age groups – the actual behaviours committed are different between 10 year olds and 16 year olds
- Community acknowledgement
- Community needs to acknowledge that the problem exists; necessary to increase lay knowledge of the behaviours/risks
- People are uncomfortable with sexual aspect of the behaviours (physical violence is easier to deal with)
- How to deal with the myths that exist (even within our perspectives)
- In an ideal world we would be able to deal with issues early, but currently there is so much denial that the issues do not become apparent until the youth is actually in the justice system
- Wait for services
- Youth may have a history, but takes years before getting therapy (issue with community/family denial), and may be less effective if therapy occurs years later, after event, and patterning has built up over years

Goals

- Get youth services faster once they are in the system
- School District: track students that have displayed problematic or harmful behaviours

Duty to Report

- What are the requirements/standards?
- SAIP agencies; transparent relationship/partnership, then if offense is chargeable, need to report to authorities, and if not sure, then need to consult authorities

- How do you encourage children to report/disclose if there is a risk of getting punished/convicted?
- When to report to police – over 12years, engaged in chargeable sexual behaviour?
- When to report to MCFD – contextual: whether family is already involved with MCFD (i.e. if child is in care); if abuse takes place in school setting. Child Protection will only intervene if victim is in the same home, otherwise it becomes a police matter.

5. Small Group Discussions

5.1 Whose responsibility is serving SHB youth?

- Everyone – Different people performing different functions; school should be monitoring behaviours; who is responsible for the risk assessment?
- Community responsibility – MCFD holds money, power, and contracts to deal with this
- Risk management – who is in a position to do that process? Currently we only have MCFD
- Threshold for child protection is very high, report assessments should try to involve communities
- Somebody needs to be the shepherd of services
- We work backwards in terms of questions. We arrived at responsibility by determining what it looks like
- The province -inclusive of MCFD, attorney general, larger community
- Health authority representation (VIHA)
- Need for knowledge-based dissemination with professionals working with these youth. What are we each responsible for?
- Multifaceted, comprehensive assessment

5.2 What can we do to address this issue – actions?

- Counselling services specialized
- Long wait list and impact of child development
- Importance of not dealing with SHB's in isolation
- SHB's – as a behaviour problem in the context of child -family -community
- Timeliness of response – community to have a go-to person with knowledge, availability of skills
- Coordinated approach looking at the complete picture, multilevel response
- Behaviours are going to be complex
- Put in place some intervention at every level
- Youth behaviours need different interventions, but take up a lot of resources and require a coordinated effort
- There are many other behaviours to work on such as aggression
- Community organizations need to respond
- Advocate for kids and victims
- Is "what can we do right now" a better question?
- Education of the community is needed
- Lots of ignorance stigma associated with sexual behaviours creates anxiety
- Paradox society, where sex is thrust everywhere, but yet when we have to deal with kids who are sexualized, we become fearful
- Leads to denial and avoidance behaviours
- Finding a key worker, gets the right person involved, coordinates efforts in a timely way
- Support for an outreach model where parents can be present
- What is the police's responsibility –federal crime prevention strategy?

5.3 What would implementing treatment and intervention around SHBs look like?

- Clinical infrastructure needs to be included
- What are we actually talking about? We need to agree on a definition.
- There is a consensus to working with this population
- We should not develop only one response; there are multiple ways people enter the system,
- multiple needs
- Agencies, policy makers need to be in agreement about the availability of treatment for this
- population. The group agreed that the issue is too important to be limited by existing or outdated mandates.

6. Next Steps: What can we do today?

- Gather and share information from all agencies - What can we do and what do we offer?
- What can you actually do with your resources and expertise?
- Be clear as to what you're asking the agency? Kids who allegedly committed an offence vs. criminally charged kids.

3 Options Were Discussed:

1) General youth and mental health services— SHB's fall under other behaviour problems;
2) Dedicated child and youth mental health services to this specific issue of SHB's;
3) Contracted child and youth services.
    - Appropriate comprehensive assessment, referral consultation, supervision of clinicians is needed
    - We all need to apply a similar model of treatment, and evidence-based approach. Who will see these youth?
    - Recommendation: we cannot spread services too thin, we need to bring practice issues together
    - Outcomes – may take longer because the strongest approach brings so many people together families, school, etc.

- Setting a precedent for implications - Does this mean setting a different contract?
- Case by case - management
- Need data gathering of received referrals of youth who are not charged, aggregate provincially or locally Should there be two streams of service? Mainstream and Aboriginal
- Developing programs around offenders is difficult
- Aboriginal communities have specific needs – we need to consider intergenerational trauma and sexual exploitation

7. Appendices

Appendix A – Presentation of Literature PowerPoint Summary

(not available/didn't convert well)

Appendix B – Youth with Sexual Behaviour Problems Logic Model

Organization: Mary Manning Centre

Program: Youth with Sexual Behaviour Problems (SBPs)

Theory of Change & Logic Model

Mary Manning Centre has advocated within the community of Victoria to have youth over the age of 12 who have exhibited sexual behavior problems (SBPs) but who have not been charged for a sexual offence receive counselling within the community, in order to reduce or eliminate the likelihood of such behavior occurring in the future. Emphasis in the Youth Criminal Justice Act provides BC policing with the ability to discriminate as to what youth charges are forwarded to Crown for approval, especially for youth age 12-14 in regards to a first time sexual act or behavior.

The act reads that consideration should be provided for youth such that "Fair and proportionate measures" should:

- Reinforce respect for societal values
- Encourage repair of harm done
- Be meaningful for the young person
- Involve parents and communities (agencies)
- Respect gender, ethnic, cultural & linguistic differences — e.g., respond to Aboriginal youth and youth with special needs

Research indicates that evidence-based intervention for children and youth with SBPs is likely to be successful when children/youth and their caregivers are involved in treatment and there is a motivation for change. Mary Manning Centre has been providing children up to age 12 who have SBPs and their caregiver with evidence-based treatment for the last 20 years. The treatment assessment and planning for youth with SBPs will follow a similar logic model to that developed for these younger children which is supported by current research:

- Report of the ATSA Task Force on Children With Sexual Behavior Problems
- Report of the Task Force on Children with Sexual Behaviour Problems
- Meta-analysis of treatment for child sexual behavior problems: Practice elements and outcomes Logic Model Inputs
- Referral by MCFD social worker
- Assessment with youth and caregiver

- Assess for trauma, exposure to violence, and attachment as well as SBPs
- Community agency involvement in assessment and treatment process
- Evidence-based treatment plan with specific client goals and outcomes
- Treatment planning tools that are transportable for youth and family in different settings

Processes

- Use of MMC referral criteria for screening of SBPs
- Use of multi-faceted assessment tools (UCLA PTSD Reaction Index and the CSBCL) Consultation, follow-up, and attendance at meetings with community agencies (e.g., Youth Forensics Psychiatric Services [YFPS], school) as needed
- Youth & family intervention therapy when attachment and trauma are part of SBPs
- Evidence-based CBT for SBPs
- Family safety plans and behavioural intervention
- Family structuring, education & intervention

Outputs

- Appropriate referrals to SBP program and/or follow-up and referral to other service providers
- Assessment document on etiology of SBPs and demographics with youth & caregiver for each youth involved in the program
- Structured design & implementation of treatment plan (e.g. SBP Pyramid)
- ICM's & other case conferences attended as needed on behalf of client change
- Outline of structured parent intervention and rules in regard to safety for each client is implemented; practice of emotional regulation and education of parents and youth in regard to SBPs and healthy relating
- Potential planning for a reconciliation session
- Program review 12 months after implementation

Short-term Outcomes

- Safety for youth, family and in community is reviewed and a plan is identified and developed to meet safety needs
- The youth and family is consistent in attendance and in staying involved with goals outlined in treatment plan
- Youth and parent indicate motivation for change by engaging in counselling
- Engagement of youth and family in practicing interventions for behavioural change between sessions
- Youth and parent obtain knowledge and education on SBPs and healthy relating
- Increased communication between youth and caregiver

Intermediate Outcomes

- Engagement in ongoing safety interventions throughout treatment
- Observable/reported changes begin in youth's attitude and behavior in regard to SBP
- Understanding of the impact of SBP on others
- Social/sexual psycho-education
- Acquisition of healthy relating skills (youth and family) for modulating negative thoughts, feelings and behavior
- Increased parental capacity to effectively manage family/youth interactions for positive outcome
- Responsibility takes place in SBT sessions for SBPs
- Apology session may be arranged when appropriate
- Acknowledgement and restorative process planned for enhancing healthy relationship(s)

Long-term Outcomes

- No further engagement in SBPs
- Youth able to identify and access resources as needed when feeling at risk or put in high-risk situations
- Youth has increased engagement with same age youth in supportive community activities
- Positive interactions with caregiver (less conflict and more compliance within family, as self-reported)
- Caregiver is more confident in applying skills in order to support youth development in a variety of settings
- Evaluative component that provides information from this project that will inform practitioners and agencies on services to this population
- Strong, safe and supported family and healthier community

Appendix C – Referral Criteria for Treatment for Youth with Sexual Behaviour Problems

Organization: Mary Manning Centre

Program: Youth with Sexual Behaviour Problems (SBPs)

Referral Criteria for Treatment

a. Only MCFD referrals will be accepted by MMC for youth with sexual behaviour problems (SBPs).

b. Treatment will be for youth whose SBP has been reported to MCFD and who are not charged for the SBP. The referrals of older youth will be accepted under advisement with MMC Clinical Coordinator and Victim Assistance Team.

c. Where there has been a significant threat, physical violence or coercion of victims paired with the SBP, referrals will be reviewed prior to acceptance in the program.

d. If a report to the police is deemed necessary, it will be made and followed up on by MCFD social workers; a report to the police by MMC is not required.

e. The MMC Triage Assessment will be used to assess any developmental/ cognitive/social delays or learning deficits in order to determine whether MMC is the appropriate resource or youth is better served by Child & Youth Mental Health or other agency.

f. The youth and parent/caregiver will provide assurance of willingness to engage in treatment and parent/caregiver will be involved (as required) throughout treatment to ensure continuity in attendance and meeting of clinical goals.

g. A supportive system is planned or in place for the youth (e.g., at school, in the community and/or at home).

h. The youth and family provide consent for consultation with Youth Forensics Psychiatric Services or other service in regard to treatment, as needed.

i. In certain circumstances, an external consultation or request for records may be required prior to the acceptance of the youth. This will be done in accordance with the Personal Information Protection Act (PIPA).

j. Referrals will be reviewed by the VAP team and accepted in consultation with the Clinical Coordinator and Executive Director.

** Note: Information gathered at the time of referral will be used to determine the appropriateness of the referral. Emphasis will be on determining whether there is a history of family violence /witnessing of violence, sexual abuse, physical abuse or attachment issues, as these are paired with more entrenched SBP for this age group and may require a different treatment or one that is longer term.*

Appendix D – List of Meeting Attendees

FIRST NAME	LAST NAME	CONTACT
Mitzi	Dean	Mdean@pcfsa.org
Brenda	Rudko	Brenda.Rudko@vch.ca
Harjit	Aulakh	Harjit.Aulakh@gov.bc.ca
Cindy	Hendrickson	Cindy.Hendrickson@gov.bc.ca
Peter	Monk	Peter.Monk@gov.bc.ca
Tricia	Roche	troche@uvic.ca
Peggy	Folkes	Peggy.Folkes@gov.bc.ca
André	Picard	andre.picard@gov.bc.ca
Heather	Lawson	heather.lawson@gov.bc.ca
Erin	Courser	wickedprincess@shaw.ca
Audrey	Chartrand	Audrey.Chartrand@gov.bc.ca
Daniel	Casey	Daniel.Casey@gov.bc.ca
Rob	Peters	Robert.Peters@gov.bc.ca
Ned	Jackson	Ned.Jackson@gov.bc.ca
Erin	Letourneau	Erin.Letourneau@gov.bc.ca
Heather	Vale	Heather.Vale@gov.bc.ca
Daniel	Casey	Daniel.Casey@gov.bc.ca
Cathy	Hack	CHack@bgcvic.org
Debra	Mackie	DMackie@sd61.bc.ca
Dana	Marchant	dmarchant@sd61.bc.ca
Jean	Walters	Jean.E.Walters@gov.bc.ca
Stephen	Morgan	Stephen.Morgan@gov.bc.ca
Roxanne	Still	Roxanne.Still@gov.bc.ca
Ranjit	Atwal	Ranjit.Atwal@gov.bc.ca
Gregg	Badger	Gregg.Badger@gov.bc.ca
Sandy	Dillon	(250) 686-9127
Andre	Picard	Andre.Picard@gov.bc.ca
Gayle	Read	Gayle.Read@gov.bc.ca
Sandy	Bryce	sandra.bryce@marymanning.com
Ken	Siedman	Ken.seidman@marymanning.com
Colete	Barker	Colett.barker@vch.ca
Dick	Brown	dbrown@sd61.b.ca
Patti	Simmons	Patti.Simmons@gov.bc.ca
Ellie	James	Ejames@bgvic.org
Dalyce	Dixon	ddixon@pcfsa.org
Stephanie	Poje	cys@uvic.ca
Anne	Marshall	amarshal@uvic.ca