MASOC PRACTICE UPDATE: Prevention and Progress



# JULY 2021 MASOC NEWSLETTER

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# Barriers to Accessing Treatment Services: Child Victims of Youths with Problematic Sexual Behavior

## **BOTTOM LINE**

Children who are harmed by other children or youth may be especially hard to identify and have additional barriers for accessing and receiving the services they need.

#### RESEARCH

Recent research has suggested that children who are sexually harmed by other children or youth experience the same impact to their physical, emotional, and psychological health as children sexually harmed by adults. However, this study suggests that these children face many more barriers and have far less access to the services that they need.

Through qualitative interviews with 226 mental health agency administrators, direct service providers, and community stakeholders from eight diverse communities across the U.S. the authors outlined the barriers facing these children and their families. Barriers included:

- **Problematic Policies and Protocols**: In many cases, no agency was designated as responsible to respond to youth-initiated child sexual abuse. This was compounded by the reluctance to investigate or intervene when the youth are too young to be formally charged. In some cases, securing information about the children who were harmed was difficult to obtain, especially when they are not related to the youth who had abused them sexually.
- **Struggles Promoting Education, Awareness, and Acceptance**: There was acknowledgement of the underreporting of sexual victimization by youth as well as a failure to understand the severity of the abuse or minimize the behaviors when committed by a child or teen.
- Ineffective Inter-Agency Communication and Collaboration: Although there were distinctly different issues in different jurisdictions, poor interagency communication and collaboration were notable barriers to children receiving services and referrals.
- **Difficulty Accessing or Receiving High Quality Services**: Even when the need for services is known, some areas lacked services altogether and in others families experienced waiting lists. Furthermore, the services might not be adequate to meet the sometimes very complex issues a victim and family are facing.

• **Trouble with Victim and Caregiver Engagement**: There was a range of factors, in addition to poverty, unreliable transportation, and the complication of multiple alliances, especially when the abuse was within one family that served as barriers.

The authors also note that most of the PSB by children occur within the same social network. Given this focus, they suggest that any response will benefit from examining the risk and protective factors within that child and family's social context. In this case, the best response can be found by looking at all of the children involved, their caregivers, as well as key supports in their community. They note that the involvement of child advocacy centers which has moved away from categorizing children as either a "victim" or "offender" has been key to facilitating this more holistic response.

#### IMPLICATIONS FOR PROFESSIONALS

Some of these findings will come as no surprise to the professionals who work with the children and families with sexual behavior problems. Whereas mandatory reporting of child sexual abuse by adults is well known, professionals have – for decades – been aware that sexual abuse by other children is often not reported, not easily substantiated, or screened out as being outside the scope of most agencies. This study shows that this gap in services for children or adolescents with problematic sexual behavior has a devastating impact on the children or teens who are sexually abused. Further, this paper shows that some improvements in our systems of care may be more within reach than we think. For example, while professionals often express concerns about reducing the stigma associated with problematic sexual behaviors, there are many factors that make treatment and other resources inaccessible to children and families. Further, this paper highlights the importance of family/caregiver and social network engagement, a factor that is continually highlighted as critical to a child or teen's success.

#### **IMPLICATIONS FOR THE FIELD**

In an era marked by discussions about the application of science-based approaches in assessment and treatment, this study serves as a reminder that our gaps in services can have devasting impact on the children who fall through the cracks. When our systems do not recognize sexual behaviors between children as problematic, we lose the opportunity to change the developmental trajectory of the child who caused the harm. The authors point out how this also leaves the child who was harmed without the resources to address their trauma. This paper also highlights the many excellent opportunities to reexamine our responses to sexual abuse by children or teens. Whereas past policies have involved the criminal justice or child welfare systems, neither has a specific focus on the prevention of child sexual abuse by children. By attending to the need to coordinate between professionals and organizations, we have the opportunity to weave a net that begins to fill the current gaps in our systems.

#### CITATION:

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## ABSTRACT

Child sexual abuse (CSA) remains a significant public health problem. Although the deleterious effects on the child victims could be mitigated through evidence-based interventions, victims often fail to be identified and receive clinical assessment and therapy services, particularly when they have been victimized by another youth. Given that at least a third of CSA cases are committed by another youth,

understanding the process of identifying and addressing the needs of CSA victims of youth is the focus of the present study. Factors impacting services for child victims of youths with problematic sexual behavior (PSB) were examined through qualitative interviews (N = 226) with mental health agency administrators, direct service providers, and community stakeholders from eight geographically diverse communities across the United States. Responses focused on macro and micro level barriers to the identification and service provision for child victims of PSB of youths. Implications for clinicians and policymakers are discussed, along with strategies to enhance access and provision of services to meet the needs of the child victims.