

## Child Social Workers Preparedness in Working with Children who Sexually Abuse Other Children across Practice Settings

Allen E. Lipscomb<sup>1</sup>, PsyD, MSW, LCSW & Gabrielle Cuaderes Emeka<sup>2</sup>, MSW

### Abstract

---

The purpose of this article is to explore the current thoughts, feelings and interventions utilized by Child Social Workers (N = 15 CSW) across various practice settings (i.e. child welfare organizations, schools, hospitals, private practice, and mental health agencies) providing services to Child Sexual Abusers (CSA) and identify what interventions are effective when working with this often stigmatized and forgotten population. The research questions were as follows: 1) What barriers are in place that prevent working with this population? 2) What areas need strengthening within the child welfare system? And 3) are there interventions in place that have been shown to be successful when working with this population? The methodology utilized was electronic anonymous qualitative survey questionnaire. Electronic surveys were distributed via snowball sampling utilizing social media outlets and emails sent to various organizations and agencies within the Los Angeles area. The results indicated that Child Social Workers experienced various challenges from vicarious impact of hearing of the sexual abuse to inherent ethical dilemma (i.e. punitive actions or restorative healing actions to prevent psychological harm) when working with this population. Recommendations and practice implications will also be explored in this article.

---

**Keywords:** childhood sexual abuse, child social worker, interventions

### Introduction

Childhood sexual abuse (CSA) affects 1 in 9 girls and 1 in 53 boys in the United States (RAINN (b), n.d). One of the reasons sexual abuse is a social problem is that it is a violation of trust between the person who is violated and the person committing the act. It is also usually a crime committed behind closed doors, which makes it less visible to the public and therefore less visible as a significant and pervasive societal problem. Historically, childhood sexual abuse was seen as “sibling incest” or “childhood sexual experiences” and research has mostly focused on victims of CSA (Vizard, 2013). While research focused on survivors of CSA is incredibly important, it is equally, if not more pertinent to understand perpetrators of sexual abuse, specifically, child and adolescent perpetrators. Although we often think of perpetrators of CSA as solely adults, 15% of perpetrators are seventeen years old or younger (RAINN (c), n.d). Thus, leading to the aim of this article to explore Child Social Workers’ thoughts, feelings and feedback regarding working with children who have sexually assaulted and abused other children. The objective of this study is to utilize the responses to inform policies, the Child Welfare system and clinical social work practice with this population.

### Literature review

An overwhelming number of children and adolescents who are perpetrators of CSA have been victims of sexual abuse, physical abuse and/or neglect themselves (Vizard, 2013; Thomas, Phillips, & Gunther, 2013). Vizard (2013) noted how psychological disorders of victims and perpetrators can be the same, and both victims and many juvenile perpetrators share the same characteristics.

---

<sup>1</sup> Assistant Professor, 18111 Nordhoff St., Northridge, CA, Department of Social Work, College of Social and Behavioral Sciences, California State University Northridge, USA. E-mail: [Allen.lipscomb@csun.edu](mailto:Allen.lipscomb@csun.edu)

<sup>2</sup> Graduate Student Researcher. 18111 Nordhoff St. Northridge, CA, Department of Social Work, College of Social and Behavioral Sciences, California State University Northridge, USA

In a descriptive study by CAMH (Child and Adolescent Mental Health), 280 juvenile perpetrators were studied and 71% of them reported experiencing childhood sexual abuse themselves, while 66% were physically abused, 74% experienced physical neglect and 49% witnessed family violence in their home. Hassan, M et al. (2015) utilized Bronfenbrenner's Ecological Theory to examine the relationship between child victims of sexual abuse and perpetrators at a microsystem level and found another characteristic among juvenile perpetrators (10-17 years old) of sexual assault. The authors found that juvenile perpetrators of CSA tend to experience social isolation within their family system as well as with their peers. Parents of juvenile offenders were found to have similar characteristics along with low adaptation.

Most victims of CSA do not go on to sexually abuse others (Cutajar, Margaret, C. et al., 2011.) Thomas, Phillips, & Gunther (2013) interviewed two groups of men, in which both groups were survivors of multiple forms of abuse, including CSA. One of the groups was made up of men who later became perpetrators of CSA and the other group was made up of men who were victims of abuse but did not go on to perpetrate. Some themes emerged among the group of perpetrators, such as physical closeness with siblings being comforting to the perpetrators who grew up in homes where there was neglect or abuse. Also, out of all of the adult perpetrators interviewed, not one person had shared with anyone about the sexual abuse they experienced by their peers, siblings or parents as children. Among the group of survivors who did not go on to offend, there was a presence of positive emotional and supportive peer and adult relationships in their childhoods. The positive relationships that these men experienced were protective factors against going on to perpetrate sexual abuse.

Among perpetrators of sexual abuse, there is variation in factors that contribute to the likelihood of offending. Cooper, et al. (1996) sought to understand the differences in juvenile perpetrators of child sexual abuse (CSA). Their study included 300 juvenile perpetrators of CSA who were in a clinical treatment program. The researchers compared the two groups of perpetrators: those who were abused themselves and those who were not abused. The researchers included physical and sexual abuse in the type of abuse experienced, but do not account for neglect or psychological abuse. The juvenile perpetrators who had experienced sexual abuse were shown to commit CSA at earlier ages and had more victims than those who were not sexually abused. Perpetrators who experienced CSA themselves were also more likely to abuse both male and females and have high rates of psychopathology.

Sexual abuse is a cycle that includes threat to personal safety, loss of trust, development of shame, pressure to keep secrets and often occurs within the family system. In the majority of cases (93%), sexual abuse is committed by a family member or trusted person and it can take years and decades for victims of abuse to disclose of it for the first time (RAINN (a), n.d). Collin-Vezina, D et al. (2014) examined records from 112 different child welfare sites across Canada in order to understand childhood sexual abuse (CSA) cases in which a sibling was a perpetrator compared to cases where the juvenile perpetrator was a non-sibling. Out of the 10, 172 suspected CSA cases, 974 of reports involved the sibling as the reported perpetrator (10%) compared to 918 (9%) that were non-sibling juvenile perpetrators. Over half (52%) of the reported CSA cases were confirmed and the researchers found that the most common form of sexual abuse committed by a juvenile perpetrator was being fondled (39%). Some differences were found between cases of sexual abuse by a sibling vs. a non-sibling. In instances where the alleged perpetrator was a sibling, the majority of cases (34%) were reported by the victim's daycare or school, followed by parental reports (32%), whereas the majority (37%) of non-sibling reports of CSA were made by the police. Also, while only 46% of sibling as perpetrators cases involved a criminal investigation, 77% of non-sibling cases were criminally investigated.

Social workers play a vital role in the aftermath of sexual abuse of any kind. They seek to acknowledge and respect the dignity and worth of each person they come into contact with and it is worth it for social workers to understand and utilize interventions in place that rehabilitate children who are perpetrators of sexual abuse. There are multiple forms of interventions that have been implemented with this population that include residential homes, juvenile centers, psychodynamic, cognitive behavioral and multisystemic therapy, as well as prevention programs that are implemented in schools (Sekhar, Kraschnewski et al., 2017; Pulido, M. et al., 2015; Collin-Vézina, D. et al., 2014; Vizard, 2013).

Because the majority of children are in public schools, prevention programs in schools as well as ongoing communication regarding CSA with administrators and staff who interact with children on a daily basis should be a priority. Sekhar, K et al. (2017) sought to understand how involving the perspective of "key stakeholders," those who work closely with children and are invested in their well-being and futures, could help inform future prevention training for childhood sexual abuse (CSA).

The authors conducted a qualitative study utilizing focus groups with eight groups of 7-10 participants which included school staff, administrators, pediatric providers and parents. Participants were asked questions regarding their prevention and intervention methods in place regarding CSA as well as their opinions on a “proposed CSA screening tool.” The authors found three things to be the most concerning regarding CSA: 1. Early Screening (when a student enters kindergarten), 2. Keeping the student’s information confidential and ensuring their privacy at the school and 3. Providing ongoing education regarding boundaries (appropriate touch vs. inappropriate touch). Stakeholders recommended that the opportunity to disclose be presented over multiple periods of time versus questioning students routinely. They also recommended that helping children to identify a trusted adult was a good practice in the prevention of CSA.

As research is often limited to participants in which the racial and ethnic makeup of the students is homogenous, Pulido, M. et al. (2015) conducted a study in which they integrated a 50 minute child sexual abuse (CSA) interactive prevention program with second and third grade students from six public schools in New York City, where the participants are made up of racially and ethnically diverse groups of students. The program taught was called Safe Touches, in which facilitators use puppets to role play for students the difference between safe and unsafe touches, secrets vs. surprises, telling an adult if you receive an unsafe touch until the adult believes you and reminding children that if they are touched unsafely, it is not their fault. The researchers found that the students in the test group increased their knowledge of inappropriate touch at a statistically significant rate compared to the control group who had “virtually no change.” Second graders had larger increase of understanding unsafe touches from pretest to posttest than third graders did. The researchers recommend that CSA prevention programs be administered to groups before second grade and not only by school-based programs, but others in the community.

Because childhood sexual abuse is pervasive and very often misunderstood, it is up to mental health providers, specifically social workers, to create and implement effective interventions for children who are perpetrators of CSA and apply them at a community level, so that child and adolescent perpetrators can be rehabilitated into society and not go on to re-offend.

## **Method**

### **Participants**

Individuals were eligible to participate in this study if they were at least 18 years of age or older and identified as a social worker who has worked with children who have sexually abused other children. Individuals were not eligible to participate in this study if they: were not at least 18 years of age or older, did not identify as a social worker who is involved in either the response to allegations of sexual abuse between two children or in the treatment of children who have sexually abused other children. It is important to note that social workers who solely work with adults who have perpetrated sexual abuse against a child were excluded from this study. The researcher utilized snowball sampling in order to recruit a significant number of participants. N=15 Social Worker respondents that came from Child Welfare, Mental Health and School settings.

### **Measures**

The 18-item survey had two sections: (1) demographics; and (2) questions regarding their work with this population. The survey was written by this researcher based on the literature.

### **Research Design**

The researcher sent an anonymous online qualitative survey to Social Workers. The researcher decided to make the survey anonymous in order to encourage the social workers to answer honestly without fear of repercussions to their jobs or reputation. In the survey, information regarding the main location of employment where the social worker has come into contact with this population (i.e. Child Welfare, schools, hospitals, private practice, and mental health agency) as well as demographic information such as gender and age was gathered. The researcher was also interested in knowing whether or not the participants were licensed (and for how long) or working toward their licensure and how many years they have been working with the target population. Participants engaged in the study as follows: Upon receiving the anonymous survey, participants answered 18 questions which took on average of 13 minutes to complete. There was no compensation or incentives offered to participants and no deception involved in this study. A list of local and national low cost or no cost mental health resources were provided for social workers who may experience psychological distress due to the survey.

## Procedure

The study received IRB approval in January 2019. The researcher recruited participants by email. There were two separate recruiting messages: 1) Individuals that have had a relationship with the researcher and 2) Individuals that have had no previous relationship to the researcher. Snowball sampling was utilized, and the researcher received 15 survey responses. The researcher invited individuals that work in the mental health field to forward the survey to qualifying participants. If participants required psychological services as a result of the research, a list of low-cost and no-cost mental health resources were provided to participants. The researcher analyzed the data utilizing grounded theory, which is a method that explores the concepts that emerge from the participant responses, and out of the concept patterns recognized by the researcher, a theory can be developed. The researcher used Qualtrics to receive data from participants and no identifiable information was collected during this study. Thus, the anonymous data was used for analysis and was stored via Qualtrics. Only the researcher had access to the information which was password protected. After receiving the desired amount of participants (15), the researcher began utilizing line by line coding. Next, the researcher organized the codes into categories. After creating categories from the responses, larger themes began emerging and the researcher utilized the constant comparative method to ensure that the themes represented all responses from participants (Rubin and Babbi, 2017). As with inductive research, the researcher worked from the participant responses down to larger overarching concepts.

## Results

Out of the fifteen survey participants, the majority (47%) were from a child welfare agency. The next group of respondents that were represented at a higher percentage (33%) was social workers from mental health agencies. The last group of Social Workers that was represented in the sample were school Social Workers (20%). There were no respondents from Residential, Hospital or Private Practice. Among the total participants, 53% were licensed Clinical Social Workers and of the 47% Social Workers that were unlicensed, 86% reported that they are working toward their licensure.

The topics that were explored by the researcher, include how Social Workers respond to reports of sexual abuse by one child on another, the challenges that Social Workers face when working with this population, what they find helpful or unhelpful/harmful in their work with this population, what is needed, what level of satisfaction they experience and what patterns Social Workers notice in working with this population.

Many of the Social Workers expressed sympathy or saw empathic responses as a necessary part of effective treatment with children who perpetrate sexual abuse. The following are quotes to demonstrate this phenomenon:

Child Welfare Social Worker: "I wish we could do more to ensure the offending child's trauma is being addressed. Often these children get lost in the system and feel like pariahs because of things they did as a young child."

School Social Worker: "They are not their crime."

While the majority of Child Social Workers noted the challenges in working with this population stemming from macro issues (lack of resources, lack of clear policy, social stigma, cyclical nature of trauma), two respondents reported the challenges in working with CSA being related to the child being a perpetrator.

Group Co-Facilitator/ Intern: "I found it challenging to be totally objective at times...it was difficult to hear how they assaulted their victims knowing that those victims/survivors were also children..."

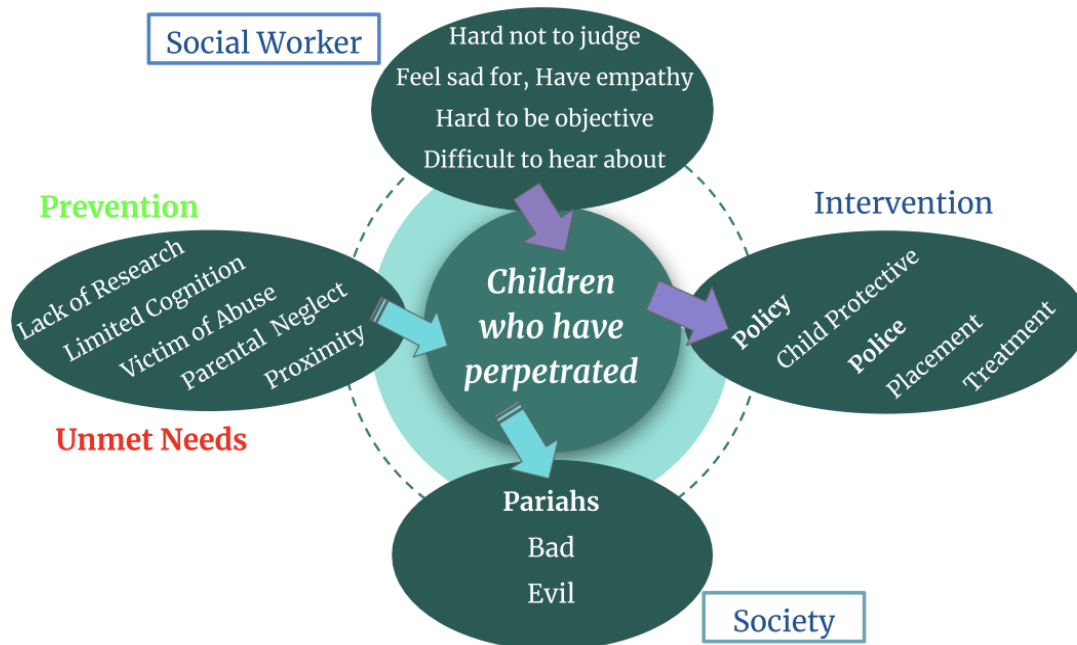
Clinical Supervisor/Therapist: "...it is hard to align with and not judge children who sexually abuse other children."

The majority of Social Workers (73%) responded that receiving training and education was a necessary and important factor in implementing effective interventions with clients. The remaining Social Workers (27%) within the same category of helpfulness, reported that having positive relationships and collaborating with other professionals was imperative to working effectively with this population.

As noted by participants, relationships are crucial in the prevention, intervention and ways that the child who perpetrates sexual abuse is seen in society and by the Social Workers themselves. In the diagram (see figure 1. below), the child is at the center, whereas the oval to the left represents the unmet needs that come before the child perpetrating sexual abuse and the oval to the right represents what occurs after a child perpetrates.

The oval above the child represents the Social Worker's internal response to the child who perpetrates (on a micro level) and the oval below the child represents the stigma that is placed upon the child by society (on a macro level). Within each relationship, there are opportunities for intervention as well as unfavorable outcomes if left ignored.

**Figure 1. Interrelationship Diagram of CSA**



## Discussion

The authors found that Child Social Workers working with this population across various practice settings are generally sympathetic to their clients' experiences. Although many reported the challenges of working with children who have perpetrated sexual assault, many also described specific factors that contributed to these children "acting out" the abuse on other children. As noted by one participant, the majority of offending children are boys. Among the concerns that social workers noted, the need to address subpopulations, such as children of color and girls was strongly recommended. While children who perpetrate are an almost invisible population in research, addressing the minorities within this population may shed further insight on nuances of the topic. In addition, it can serve to inform and enhance Child Social Work practice and cultivate deeper understanding.

Recommendations for working with this population include: Seeking out positive relationships with colleagues to aid self-care practices. In addition, partnering with agencies that are strongly grounded in trauma informed care and practices when working with children. As noted by the participants, there is a strong need for more trainings from experts in the field that acknowledges the ethical dilemma that is created when working with children who have sexually assaulted other children. Implications for this research include the need for more trauma-informed policies when working with this population on the front end of services. Lastly, on a macro level, systems such as schools and community mental health agencies should develop prevention curriculum on child sexual abuse on other children.

The authors recommend for others who are interested in researching this population, to utilize in-depth interviews or focus groups with Child Social Workers to better understand their opinions, perspectives and to further explore the themes that arose. One theme, in particular: the difficulty in hearing about/addressing the nature of the abuse and the difficulty in finding resolutions to a very complex and layered issue could further be explored to identify ways that supervisors can best utilize supervision to ensure that the countertransference is being addressed with Child Social Workers. Research could also be expanded to include other key stakeholders and agencies/institutions, such as law enforcement, parents of children who perpetrate and other mental health providers such as marriage and family therapists or other residential staff to further understand and identify gaps when working with CSA.

## Conclusion

Due to this population being ignored in research and in policy, it is imperative for scholars and policy makers alike to work to enhance the knowledge regarding children who perpetrate sexual abuse on other children and not focus on punitive actions and laws but preventative actions and laws. There is an overwhelming burden placed on the child welfare system and yet, as participants noted, the child welfare systems are only involved with the children for a relatively short amount of time and for a very specific purpose (i.e. ensure safety; to relocate; to provide placement; and investigate the nature of the abuse). The authors highly suggest for agencies to invest in trauma informed trainings and supporting Child Social Workers on an ongoing basis in order to create an environment of support, collaboration and accountability.

## References

- Babbie, E.R. (2017). *Research methods for social work*. (9th ed.). Boston, MA: Cengage Learning
- Collin-Vézina, D., Fast, E., Hélie, S., Cyr, M., Pelletier, S., & Fallon, B. (2014). Young Offender Sexual Abuse Cases Under Protection Investigation: Are Sibling Cases Any Different? *Child Welfare*, 93(4), 91-111.
- Cooper, C., Murphy, L., & Haynes, W. (1996). Characteristics of abused and nonabused adolescent sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 8(2), 105-119.
- Cutajar, M.C., Ogloff, J.R.P., Mullen P. E. (2011). Child Sexual Abuse and Subsequent Offending and Victimization: A 45-year Follow-up Study. *Criminology Research Council*, 1-57.
- Grounded Theory Institute. (2014). What is grounded theory?. Retrieved October 2, 2018, from <http://www.groundedtheory.com/what-is-gt.aspx>
- Hassan, M., Gary, F., Killion, C., Lewin, L., & Totten, V. (2015). Patterns of Sexual Abuse among Children: Victims' and Perpetrators' Characteristics. *Journal of Aggression, Maltreatment & Trauma*, 24(4), 400-418.
- Pulido, M., Dauber, S., Tully, B., Hamilton, P., Smith, M., & Freeman, K. (2015). Knowledge Gains Following a Child Sexual Abuse Prevention Program Among Urban Students: A Cluster-Randomized Evaluation. *American Journal Of Public Health*, 105(7), 1344-1350.
- RAINN(a). (n.d). Child Sexual Abuse. Retrieved April 20, 2018, from <https://www.rainn.org/articles/child-sexual-abuse> 15
- RAINN(b). (n.d). Children and Teens: Statistics. Retrieved April 21, 2018, from <https://www.rainn.org/statistics/children-and-teens>
- RAINN (c). (n.d). Perpetrators of Sexual Violence: Statistics. Retrieved April 18, 2018, from <https://www.rainn.org/statistics/perpetrators-sexual-violence>
- Robert Wood Johnson Foundation. Reflexivity. (2008). *Qualitative Research Guidelines Project*. Retrieved September 12, 2018, from <http://www.qualres.org/HomeRefl-3703.html>
- SAMHSA (Substance Abuse and Mental Health Services Administration). (2018). Trauma-informed approach and trauma-specific interventions. Retrieved from <https://www.samhsa.gov/nctic/trauma-interventions>
- Sekhar, Kraschnewski, Stuckey, Witt, Francis, Moore, . . . Noll. (2017). Opportunities and challenges in screening for childhood sexual abuse. *Child Abuse & Neglect, Child Abuse & Neglect*.
- Thomas, Phillips, & Gunther. (2013). Childhood Sibling and Peer Relationships of Perpetrators of Child Sexual Abuse. *Archives of Psychiatric Nursing*, 27(6), 293- 298.
- Vizard. (2013). The victims and juvenile perpetrators of child sexual abuse – assessment and intervention. *Journal of Child Psychology and Psychiatry (JCPP)*, 54(5), 503-515.