



PARENTALK

Parentalk is a Stop It Now! publication by and for parents of children and teens with sexual behavior problems.

PARENTS BREAKING THE ISOLATION: AN EVENING JUST FOR PARENTS

In our first focus group with parents of children with sexual behavior problems, one mother told me "It would be easier to tell a friend that my 12-year-old son was an alcoholic, a drug addict, or a murderer than say he is a sex offender." Her husband went on to tell us of the isolation their entire family experiences every day in their small town in Vermont. This experience was expressed over and over again in every focus group with parents of children with sexual behavior problems.

All of us at Stop It Now! were incredibly moved by the stories of isolation offered by families not unlike our own. We responded in many ways. This newsletter was our first step, but it still left families hearing stories in isolation. Our second step was to sponsor an evening gathering just for parents of children with sexual behavior problems.

Stop It Now! set out to create a safe environment for parents to talk about the issues unique to families coping with sexual behaviors in children and teens. We also set out the goal and the hope that the ideas and suggestions presented in the evening discussions could be presented to policy makers who set policy affecting these families. The simple premise offered by Stop It Now! is that anyone who creates policies directly affecting families of children with sexual behavior problems should first consult with these families to see the potential impact.

Our evening for parents was held in connection with the New England Conference on Child Sexual Abuse. The meeting opened with a warm welcome. After a brief overview of the evening, each participant was asked to introduce him or herself and tell the group one thing they loved about their kids. It was a tremendous opportunity to hear how much each parent loved their children and how many different ways they had built a loving relationship with each and every child. We knew we were successful in creating a safe environment when a mother told the group, "This is the first time in my 10 years of dealing with this difficult issue that I feel normal telling a group that my teenage son has sexually abused my daughter."

After breaking into small groups to discuss three specific questions, the whole group gathered again to brainstorm the ideal world for themselves, their child with sexual behavior problems, and their entire family. These are just some of the suggestions offered by these courageous parents:

"THIS IS THE FIRST TIME IN 10 YEARS OF DEALING WITH THIS DIFFICULT ISSUE THAT I FEEL NORMAL TELLING A GROUP THAT MY TEENAGE SON HAS SEXUALLY ABUSED MY DAUGHTER."

To Professionals:

- Educate yourselves rather than waiting for the situation to prompt new policies.
- Be proactive—develop and distribute a resource list for parents as a prevention tool or at a time of crisis.
- Coordinate among yourselves so that the child and family are not pulled between social service agencies and the court system.
- Create responsible protocols for a variety of situations and a variety of ages.

To the general public:

- Present credible information about the success of treatment for youngsters with sexual behavior problems
- Distribute public service announcements on the warning signs of abuse and what to do.

To other parents:

- Be in touch with your own feelings, especially if you have a history of sexual abuse.

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HOW BIG IS THE ROLE OF PARENTS?

In *The Heart and Soul of Change: What Works in Therapy*, Mark Hubble and his colleagues point to research showing that 40% of successful outcomes in therapy can be attributed to factors outside treatment. This includes the support of friends and family as well as events that occur by chance. While research was not done specifically with sexually abusive youth, it points to the value of a child's environment outside of treatment.

DOES TREATMENT REALLY WORK?

In a study currently in press, James Worling followed sexually abusive youth in all jurisdictions in Canada for an average of six years. He found that offense-specific treatment combined with treatment for enhancing family and peer relationships was associated with a 72% reduction in sexual recidivism, a 41% reduction in non-sexual violence, and a 59% reduction in non-violent/non-sexual recidivism (data from the National Adolescent Perpetration Network of Kempe Children's Center in Denver, Colorado).

Guest Column

PARENTING YOUTH WHO SEXUALLY ABUSE

David S. Prescott, LICSW

Throughout all times and all places adolescence has been difficult for parents to understand. Even the best of teenagers can be moody and inaccessible at times. After all, adolescence is that part of life marked by the extremes of lopsided development, racing hormones, and even youthful idealism.

Understanding youth who sexually abuse is all the more challenging. The media and public outcry around sex offenders aggravate the anguish of discovering that one's child has abused another child. Our own discomfort around sexuality makes it more painful still. Upon discovery we want to find hope, but where? Many parents hope that the abuse is a one-time experience that will go away on its own. However, this is not always the case.

There is cause for both optimism and caution. The good news is that a number of recent studies suggest that treatment properly delivered can help to reduce the risk of future re-offense for most juveniles. The bad news is that no one can yet identify juveniles who will and won't go on to engage in hurtful behavior. The take-home message is that parents of sexually abusive youth have a strong and honorable role to play in reducing the risk for destructive behaviors.

Effective treatment for adult sex offenders has always been surrounded by controversy, but recent research into "what works" is encouraging. Although the research with juveniles is much smaller, it appears even more promising. Treatment specifically targeting sexual behavior problems can help to reduce the risk of re-offense.

The question of who goes on to re-offend has troubled researchers for years. Only since 1996 have researchers had significant understanding of what factors can predict future offenses. The research with adult offenders has at times been astonishing and controversial. The emerging understanding of adolescents who re-offend is also likely to change how we all view these youth.

Recent studies of youth who sexually re-offend have suggested that sexual arousal and sexual interest play less of a role in re-offense than was once thought. In fact, the experience of sexual arousal in ALL youth can change dramatically. For many researchers and treatment providers, sexual interest is less important than the willingness to engage in the behavior. One might ask, "What are the most unacceptable elements of a given offense?"

New evidence suggests that those who re-offend are more likely to have thoughts and beliefs that enable re-offense. Attitudes tolerant of crime and involvement with delinquent peers are also contributing factors. Family instability and involvement with illegal behavior can also enable continued sexual abuse.

Other research findings indicate that ongoing, intense and recurrent sexual interest in children is a strong indicator of risk, as is a history of crime. Sexually abusive youth who engage in large numbers of different kinds of crime may also be at higher risk than others. Among other research findings, the risk for any kind of criminal re-offense is higher than for sexual re-offense in the majority of those

who commit further crimes.

Clearly, attitudes, beliefs, and peer groups play a strong role in determining who will re-offend. The percentage of youth known to re-offend sexually is rather small. However, the view that children are destined to re-offend may be just as inaccurate as the view that they are destined NOT to re-offend. Parents and other adults should consider the risk for re-offense to be quite real. The greatest need for youth with sexual behavior problems is ongoing assistance in reducing and managing risk.

So what can parents do? In my opinion it all comes down to safety, supervision, and communication. Rather than view children as hopelessly deviant, we can view them as needing strong and kind parents who provide supervision, respect, and access to high-quality treatment. Part of our roles as parents are to place our children in situations where they can excel at what they do, feel they are contributing something to others, and feel the self-esteem that comes from success. This is a fundamental role for parents of children in treatment for sexual behavior problems.

Just as we keep our homes safe for our little toddlers and help our older kids with homework, so we should also ensure that our adolescents can make the transition to adulthood with self-respect and healthy values.

David Prescott is a licensed social worker who supervises the treatment of youth with sexual behavior problems at Bennington School, Inc. in Bennington, Vermont.

CAN FAMILIES BE REUNITED AFTER SEXUAL ABUSE OCCURS?

Parents can be particularly stressed when one child has sexually abused another child within the same family. Many questions come to the surface about how to support each child, how to create a safe space for each child, and what kind of contact and family interaction is possible. The Association for the Treatment of Sexual Abusers and the National Adolescent Perpetration Network have developed standards for how this contact should occur. I recommend that all parents and providers work together as a team to make decisions with a clear focus on the long-term needs of the victimized child.

- Get information on appropriate sexual behavior for your children at different ages.

This evening was truly special, maybe close to what the first AA meeting may have felt like to the participants—both difficult and inspiring. But to truly capture the magic of the evening is to remember the moving stories heard. For me, the most moving moment was when one mother haltingly spoke of the Friday afternoon when she and her son went to the offices of child protective services to talk about the crimes he had committed. She was told of his crimes and asked to keep an eye on him until they could complete the

investigations. As she left the offices at 4:00 PM, with a list of therapists who could not be reached, she asked her son to sit in the front seat next to her. To herself, she wondered whether she should simply drive around all weekend with her son safely in the car until Monday morning when she could call a therapist. But to her son, she said, "I want you to sit in the front so that we can go through this ordeal together." This story shows how much more is needed to make our society a safer place for children to live and heal.

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 Stop It Now!



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<p>PARENTalk is by and for parents. What questions or topics would you like the newsletter to address?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Stop It Now! is grateful for your feedback and will respect your confidentiality.</p>	<p>Yes! I want to support Stop It Now!'s work to keep all our children safe from sexual abuse. Please accept the enclosed contribution.</p> <p>\$ <input type="text"/></p> <p><input type="checkbox"/> Anonymous gift</p> <p>Name _____</p> <p>Address _____</p> <p>E-mail _____</p> <p>Phone _____</p> <p>Please make checks payable to Stop It Now!. Mail to: Stop It Now!, P.O. Box 495, Haydenville, MA 01039 Gifts are tax deductible to the full extent of the law.</p> <p style="text-align: center;"><i>Thank you for your support!</i></p>
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