

Don't Panic, They're our Children!

Supervision of Children Who Have Problem Sexual Behaviors during Times When Sheltering at Home

Roy Van Tassell MS LPC

Centene Health

Roy.w.vantassell@centene.com

April 2020

Acknowledgements

I wish to thank Jane Silovsky, PhD and Barbara Bonner, PhD, Mark Chaffin PhD along with the staff at the **National Center on the Sexual Behavior of Youth (NCSBY)** at the **Center on Child Abuse and Neglect (CCAN)** of the University of Oklahoma Health Sciences Center, for use of some slide content.

OK First Thing!

How many of you have worked in some capacity with issues of problematic or other sexual behaviors with children or teens?

Don't Panic!



Rule #1:
✔ Don't Panic

Problematic Sexual Behavior

- What terms have you used or heard others use when referring to youth with problem sexual behavior?
 - Do these terms seem different or to change if we are talking about teens vs. young children?
 - If so why?
-

Why Is This Important

For purposes of this presentation we are addressing PSB in youth 12 and under

- Approximately 6% of children presenting for mental health treatment displayed some forms of serious SBP (Friedrich, 2007)
- 25% of youth will have at least 1 trauma exposure before age 18 (NCTSN) ACE Study says the number is likely higher
- Many, as a result have a range of disruptive internalized or externalized behaviors
- Some problematic sexual behaviors (but not all) are a result of traumatic stress reactions to past sexual abuse and/or other traumas.
- Recognizing trauma related factors is critical to responding to behaviors
- Understanding influence of trauma reminders may be crucial in order to tailor effective parenting interventions.



Typical Sexual Development

- Part of overall development and healthy
- Curiosity
- Learning about the world
- Language
- Mimicking
- Agreement (consent)



Typical Sexual Behaviors

- Involve parts of the body considered to be “private” or “sexual”
 - Genitals, breasts, buttocks
 - Other parts: Mouth, hands
- Are normally part of growing up for many children and which most experts would not consider to be harmful
- Influenced by cultural and social factors
 - Depending on type of behavior, frequency, etc.
 - Common: 42-73% of children before age 13*

Sexual Behavior In Children: Evaluation and Management, N Kellogg MD
Am Fam Phys. Nov 15 ,2010 Vol 82, No.10



Typical Sexual Play is...

- ✓ Exploratory
- ✓ Spontaneous
- ✓ Intermittent
- ✓ By mutual agreement
- ✓ With child of similar age, size, and developmental level
- ✓ Not accompanied by anger, fear, and/or strong anxiety

Bonner, 1999; Chaffin et al., 2006; Silovsky, 2009, Silovsky & Bonner, 2003



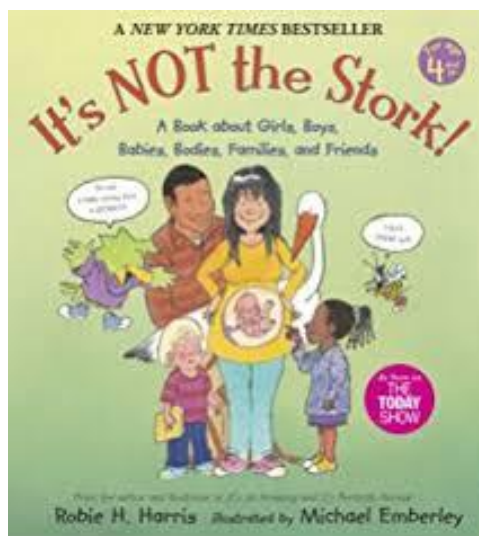
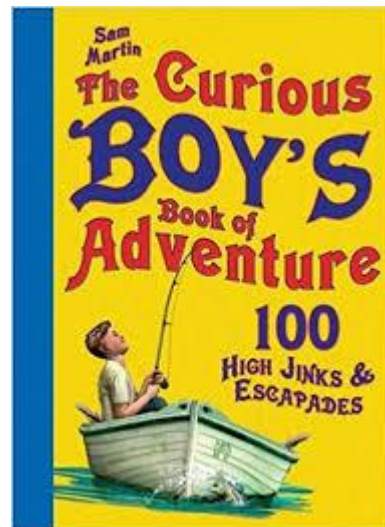
Typical Adolescent Sexual Behavior

- Ranges from naïve to highly sexualized
- Intercourse initiated earlier than previous generations
 - 48% of U.S. HS students had intercourse, 35% sexually active*
- Girls more aggressive sexually (especially pre-teen)
- While increased information is available; myths still pervasive
- Research indicates that discussion with parents decreases early initiation

https://www.hhs.gov/ash/oah/sites/default/files/ash/oah/oah-initiatives/paf/508-assets/paftraining_myths.pdf PPT Info on Myths and Sexual Ed

* U.S. Dept. of HHS 2011

Managing Kids Natural Curiosity



Think of it as Part of Overall Development

- Relationships, communication, nurturance, and intimacy are challenging enough in themselves to manage and navigate
- Some children are in need of extra supports through this process
- This does not mean they are damaged, broken, deviant or bad

OMG, does my toddler have an erection?!!



So What Are Problem Sexual Behaviors (children 12 and under)

- Behaviors involving sexual body parts (i.e., genitals, anus, buttocks, or breasts)
- Developmentally inappropriate or potentially harmful to the child or others
- Distinct from normal sexual exploration and play
- Intentions and motivations for PSB may or may not be related to sexual gratification or sexual stimulation often not for younger children
- Often related to curiosity, anxiety, imitation, self-calming, seeking of: attention, intimacy, connection, or other reasons
- Continuum of: “normal – concerning – problematic”



Child Traumatic Stress and PSB

Because youth are in formative/developmental years, it's important to understand context of sexual behaviors in deciding response, e.g.

- Are behaviors part of typical sexual development /curiosity?
 - Can behaviors be seen in context of a cognitive / intellectual disability?
 - Have behaviors developed to soothe distress and tension?
 - Are behaviors re-enactments of witnessing adult sexual activity or exposure to graphic sexual images?
 - Are behaviors reenactments of child sexual play or
 - Reenactments of experiences of abuse?
-

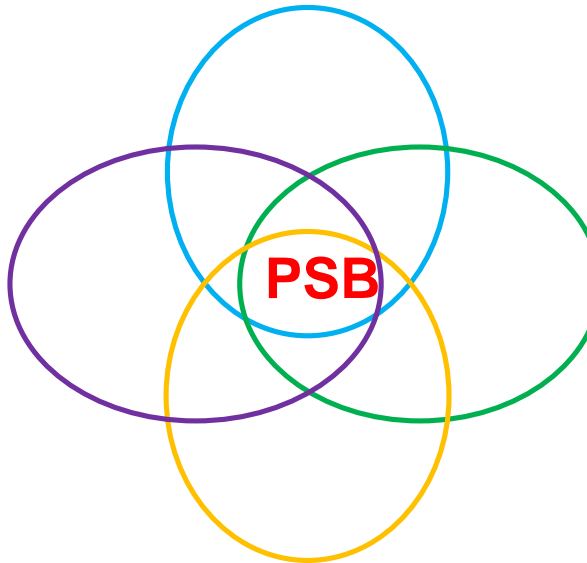
Factors in the Development of PSB in Children

Modeling of Sexuality

- Sexual abuse
- Modeling / exposure

Modeling of Coercion

- Physical abuse
- Domestic violence
- Peer/ community
- Harsh parenting practices



Child Vulnerabilities

- Behavior problems
- Developmental & verbal delays
- Impulse control problems

Family Adversity

- Factors that interfere with parental guidance & supervision

Adapted from Friedrich, Davis, et.al, 2003
Slide courtesy of OU Center on Child Abuse
and Neglect, Bonner, Chaffin and Silovsky

Who has the behavior problem?



Guidelines in Determining if Sexual Behaviors are a Problem

Frequency	Developmental Considerations	Harm
High Frequency	Occurs between Youth of Significantly Divergent Ages/Developmental Abilities	Intrusive Behaviors
Excludes Normal Childhood Activities (replicates adult sexual activity)	Behaviors are Longer in Duration than Developmentally Expected	Includes Force, Intimidation, and/or Coercion
Unresponsive (i.e., does not decrease) to Typical Parenting Strategies	Behavior Interferes with Social Development	Elicits Fear & Anxiety in Other Children

Bonner, 1995; Davies, Glaser, & Kossoff, 2000; Friedrich, 1997; Johnson, 2004; Larsson & Svedin, 2001

Media Exposure and PSB

U.S. youth spend an average of 9 hours a day exposed to media

92% of teens report being on-line daily, 24% say “almost constantly.”

Average teen watches 20hrs of TV/week. 2/3 of shows watched have sexual content, intercourse depicted, or implied

Most youth have inadequate to non-existent adult supervision when on-line or using other media

Media exposure is not always voluntary, and 80% of it is reported to happen at home.

60% get their first smartphone around age 10-11

Average age of on-line exposure is ages 8-11..

76% of teens said TV & movies make sex seem “normal” for teens.

Estimated 40 - 90% of young males and females, 18 and under, have been exposed to graphic sexual images, much of it considered “hard core”, deviant, or fetishistic

Most researchers agree that the scope of media and on-line exposure to sexual material has been inadequately studied.

70% of youth have sexual debut by age 18. 7.1% of those are before age 13.

Technology and Sexual Behaviors

- E-Devices / platforms (most have digital cameras)
 - Smart phones, music players, personal/portable video game players and video systems, (other, e.g. nanny cams, pens, eye glass frames even dash cameras...what's next?)
- Modalities
 - Texting/chatting/instant messaging (text, images, video, audio)
 - Social networking
 - E-mail
 - Blogging
- Adult Graphic Sexual Images vs. Youth Produced Images
 - Who is creating/ distributing and why? (intent)
 - Typical child behavior is strongly and negatively affected (can be long term)
 - Management policies

Homework is all
online now!



Facts about kids exhibiting PSB

- Most children with PSBs have not been sexually abused (less than 1/3 - 1/2 have history of sexual abuse)
 - Wide range of other factors especially ***exposure to violence***
 - Majority of children with PSB can be treated in OP setting
 - Most kids can and should attend regular school with supports and structure, and need that normal socialization
 - Very few kids *if they receive treatment* will have on going sexual behavior problems. Less than 3% have future PSB (if have legal trouble –likely another delinquent behavior)
 - Kids who have shown PSB do not grow up to be adult sexual offenders –the rates are low, and most adult sex offenders were not sexual abuse victims
-

A Note About Treatment Findings [Meta Analysis]

- What worked?
 - Parenting/Behavior Parent Training (BPT) was the strongest prediction of reductions in PSB
 - BPT occurred with rules about sexual behavior/boundaries, abuse prevention, and sex education
- What did NOT work?
 - Practice elements / approaches that evolved from adolescent and adult sex offender treatments were not significant predictors
- PSB specific CBT and TF-CBT treatments effective in reductions in PSB
St. Armand, A., Bard, D., & Silovsky, J. F. (Jnl of Child Maltreatment 2008)

Supervising -It Starts With Communication

Conversation Starters With Kids re: (PSB):

- Discuss privacy rules especially for bath and bedrooms (e.g. knock before entering)
 - What rules should we have about private parts in our house?
 - Clear rules about any physical contacts, tickling, rough-housing hitting, etc.
 - Personal care is done in private and alone (washing, bathing, being in bathroom) everyone is clothed to and from bathrooms and bedrooms
 - Clarify that kids are not sleeping/napping in the same rooms (if at all possible)
 - Adults approve and know about all TV, movies, video games, and online activities
 - Explain that when kids are together, you need to be able to see them at all times
-

Effective Practice Elements

Parent practice elements

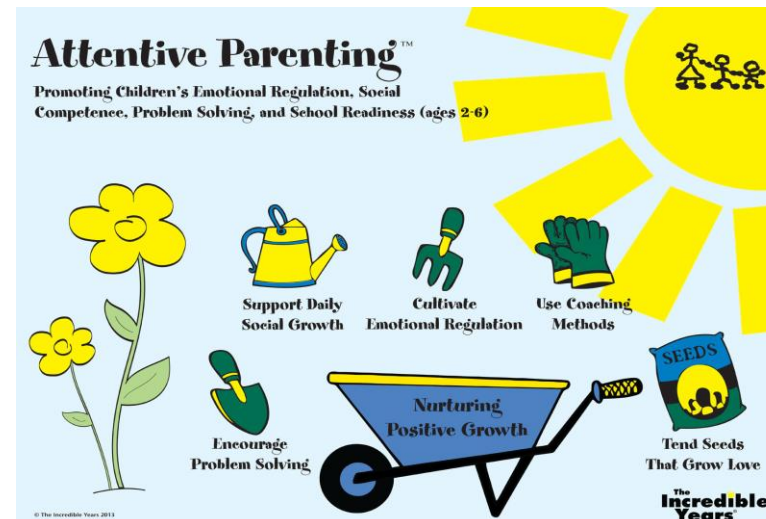
- Behavior Parent Training (BPT), co-occurring with
 - Rules about sexual behavior, boundaries
 - Sexual education
 - Abuse prevention skills

Child practice elements

- Impulse-control skills
- Labeling and expressing feelings
- Skills to reduce distress
- Social skills

Additional factors

- Family involvement
- Preschool-aged children
- Apologies and extending empathy to victims (when old enough to understand the value of such caring acts)



Prevention of and Response to PSB

- How to teach and maintain rules about respect for others, privacy, modesty
- Encourage safe, appropriate physical affection
- Monitoring the environment around your child
 - Home
 - School
 - Community
 - Media
 - Internet
- Family rules and general rules about touching
 - Using Redirection and distraction
 - Activities that use up energy
 - Activities that take attention away
 - Activities to avoid
 - Cue and reminders
 - Reinforcing following the rules
 - SUPERVISION!!!



Supervision of Children with PSB

- Appropriate supervisors
- Visual vs. non-visual supervision
- Increasing social supports system
- Challenges (times of transition)
 - Sleep/nighttime
 - Bathing
 - Multiple children, solo caregiver
 - Out-of-home situations
 - Sheltering in place
- Creative supervision
 - Use of available space
 - Room dividers
 - Electronic monitors
 - Scheduling

Positive Parenting

is Wise, Timeless, and Kind...

It **TEACHES**, instead of makes demands.

It seeks to **UNDERSTAND**, instead of labels.

It **BOOSTS** up, instead of knocks down.

Most of all, it **MODELS** being the kind of person
that I want my child to become:

Respectful, Caring, and Understanding.



General Guidelines When Supervising Kids at Home

- Boredom, opportunity, curiosity and overstimulation are the slippery slopes for Not OK behaviors to take place
 - Everyone knows / follows the Private Part Rules.
 - A responsible adult ALWAYS is providing in-person supervision (including online).
 - Ask help from other adults if in the home or for help to problem-solve supervision issues. This is a BIG challenge, especially now
 - Prevent opportunities for PSB keeping kids busy in meaningful, enjoyable ways that are easier adults to supervise, e.g. games, music, school, art activities
 - When teaching safety rules, point-out any unwanted touching behavior, even a hug or tickle stops immediately if person receiving it says, “No!”, “Please Stop!” “I don’t like that”, etc.
 - Adults can help by modeling, and by role-playing/demonstrating with children.
-

Private Parts Rules: Preschool

- ✓ No touching other people's private parts.
Includes kicking, hitting, biting, etc.
- ✓ No other people touching your private parts.
- ✓ No showing private parts to other people.
or Keep your clothes on when other people can see you.
- ✓ No looking at other people's private parts.
- ✓ Touching your own private parts when are alone is okay.
or No touching private parts in public.

And It is NOT OK to use sexual words or actions that make other people feel uncomfortable

Adapted from Bonner, Walker, & Berliner (1995)

Clearly define
Private Parts
for kids.
"Those body
parts covered
by your
bathing suit!"

Responding to Problem Behavior

It is usually more helpful to use words that describe behavior (and not the child) such as “inappropriate”, “not okay,” or “against the rules”

Instead of words that judge the person such as: “bad” or “miss-behaved” or “nasty.” Children who exhibit problematic sexual behaviors may not understand that what they are doing is wrong or have difficulty controlling themselves. For you as the caregiver:

Think first of ***teaching***, not punishing.

- Stay calm before and during your reaction to a child’s behavior.
 - Be firm, set limits, work to keep your voice neutral
 - Help the child feel your support, yet know that you are serious about the boundaries
 - Usually the child will take his or her cue from you.
-

Responding to Problem Sexual Behavior

When responding to a child's sexually inappropriate behavior. Here are some simple suggestions:

Immediately *Stop The Behavior.*

- Don't address a behavior while the child is still doing it.
 - Change the situation. Stop, distract, or move them out of the environment.
 - Move the child's hand(s) or body away as needed.
 - Separate children, re-direct attention toward something else, (firmly and calmly) say "Stop what you are doing" or "Pull up your pants," or "Get dressed", "Move away from your brother", or "Come with me into the other room", etc.
 - Clearly, in as few words as possible, describe the behavior that you want stopped
 - Getting on the child's eye level and or a gentle touch such as on a shoulder may help calm or ground distracted inattentive children
-

Safety and Sexual Health Education – Educate as a VERB not a noun

Preschool and School Age

- Start with body education
- Talk about Private Parts
- “Hula” space
- “Ok” vs. “Not Ok” or “Confusing”
Touch
- Avoid using “good touch vs. bad touch”

Teaching about body parts and touching safety rules is a core Psycho-ed part of PSB treatment approaches

Adolescent

- “Who to Tell”
- “Legal and Illegal”
- “Safe and Unsafe”
- “Healthy and Unhealthy”
 - Ex: Red, Yellow, and Green Relationship Behaviors

Safety / Supervision re: Teens

- All interactions with young children should be in “public” parts of the house
- Remove any sexually explicit material from the home! No matter who it belongs to
- No movies/videos/etc., that depict sexual violence or deviant sexuality.
- Enforce modesty in the home. This is for everyone!
- Discuss sexual matters in a matter of fact way (use proper terms)
- On-line/internet/social media high level restrictions
- PSB issues with teens usually need different approaches
- Youth with PSB (especially teens) should NEVER babysit or be in charge of other children for any amount of time.

Some Things to Take Away

- ❑ Trauma (particularly sexual trauma) may be a risk factor for PSB.
 - ❑ Indicators for trauma treatment (e.g. TF-CBT) in youth with PSB: if they have remembered trauma; significant trauma symptoms; functional impairment
 - ❑ PSB in youth is NOT a risk factor for becoming an adult sexual offender
 - ❑ PSB is a family issue; education, supervision and behavior parent training are key elements for a sexually safe and healthy future
 - ❑ Youth with PSB who receive appropriate supervision and treatment have very low risks of future PSB related issues
 - ❑ Problem sexual behaviors in children and adolescents without trauma symptoms can effectively be treated with (PSB-CBT), recidivism rates are in the area of 3% with completion of treatment
-

New Book for Children with Problem Sexual Behaviors (soon to be published)

CENTENE[®]
Corporation

Resources

AJ's Story

by Rachel Miller and Esther Deblinger

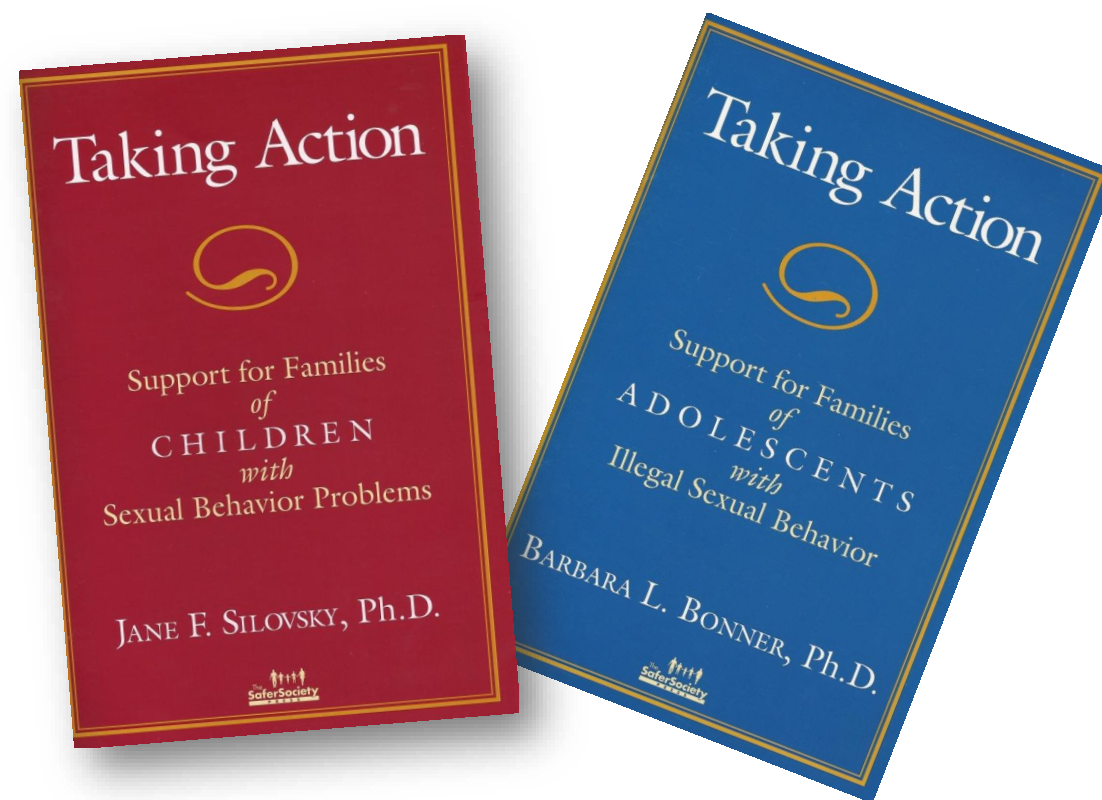
A Book about Not "OK" Touches

Illustrations by Emily Van Tassell



Available 2020
from **NCTSN.org**
under **Child Sexual Abuse** tab

Taking Action Booklets



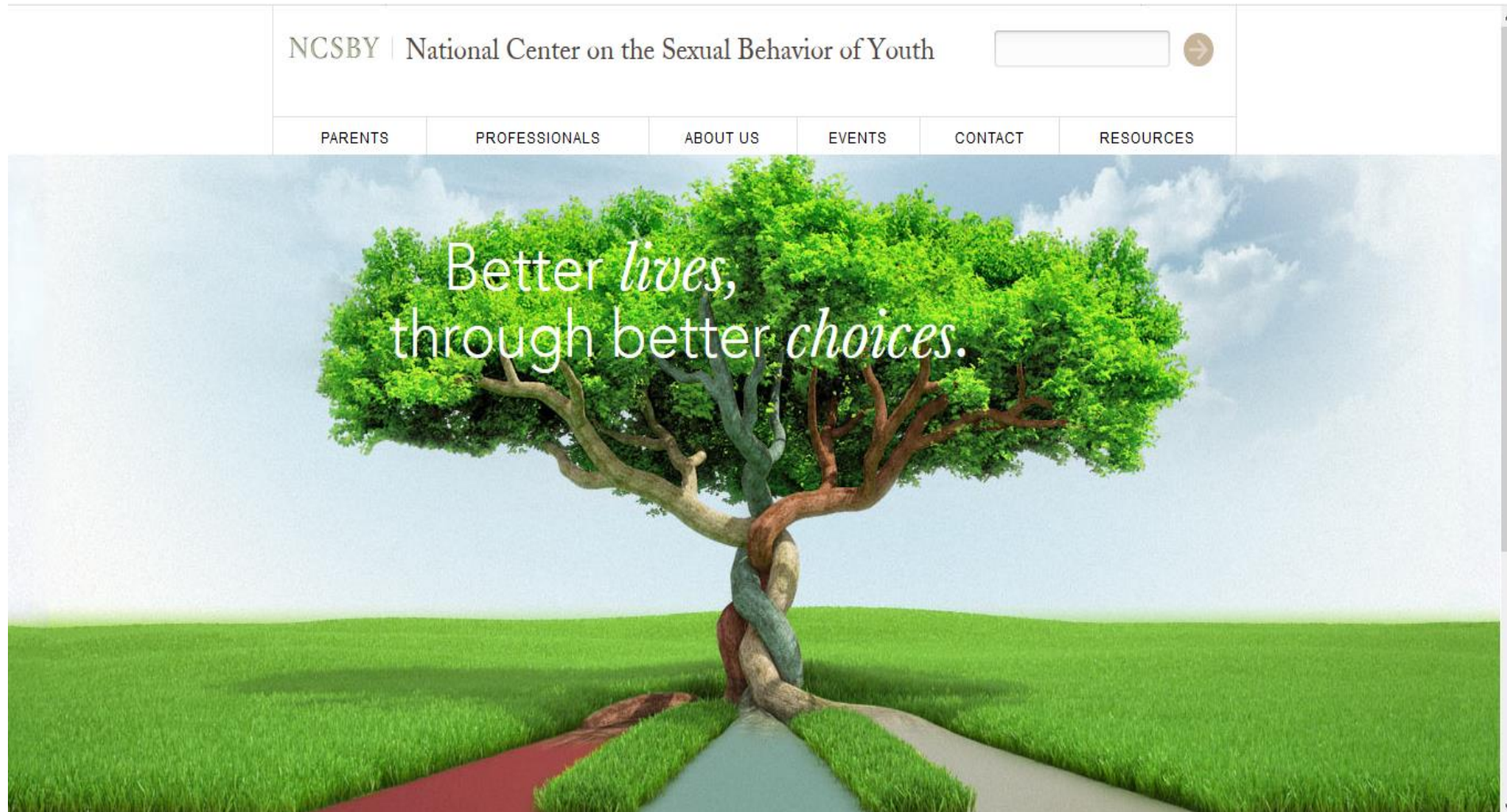
www.saferociety.org

As low as \$4.00 for book

PDF is FREE!

www.NCSBY.org

CENTENE[®]
Corporation



NEW Parent Newsletter re: Children's Sexual Behaviors



www.NCTSN.org

OUR MISSION is to raise the standard of care and improve access to **services** for traumatized children, their families and communities throughout the United States.

DEFINING CHILD TRAUMATIC STRESS ►

Also see; The Learning Center www.learn.nctsn.org



Resources

National Child Traumatic Stress Network

Mission

To raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.

www.nctsn.org



Fact sheets on children with PSB collaboratively developed with NCSBY

<http://www.nctsn.org/sites/default/files/assets/pdfs/sexualbehaviorproblems.pdf>

Childhood Sexual Development National Sexual Violence Resource Center

http://www.nsvrc.org/sites/default/files/saam_2013_an-overview-of-healthy-childhood-sexual-development.pdf

Consent for kids <https://www.youtube.com/watch?v=h3nhM9UIJjc>



CONTACT INFORMATION



Roy Van Tassell, MS LPC

Centene Health Corp

roy.w.vantassell@centene.com

