

Children with Problem Sexual Behaviors: Who are They and How Can We Help?

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Haruv on Air
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National Center on the Sexual Behavior of Youth

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For information on NCSBY's Training and Technical
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connect.ncsby.org/psbcbt/training-team

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**Be mindful of your own mental health.
Talk to someone if you are impacted
in a personal way.**

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Who are we talking about today?



Offender

Perpetrator



Predator

Pedophile



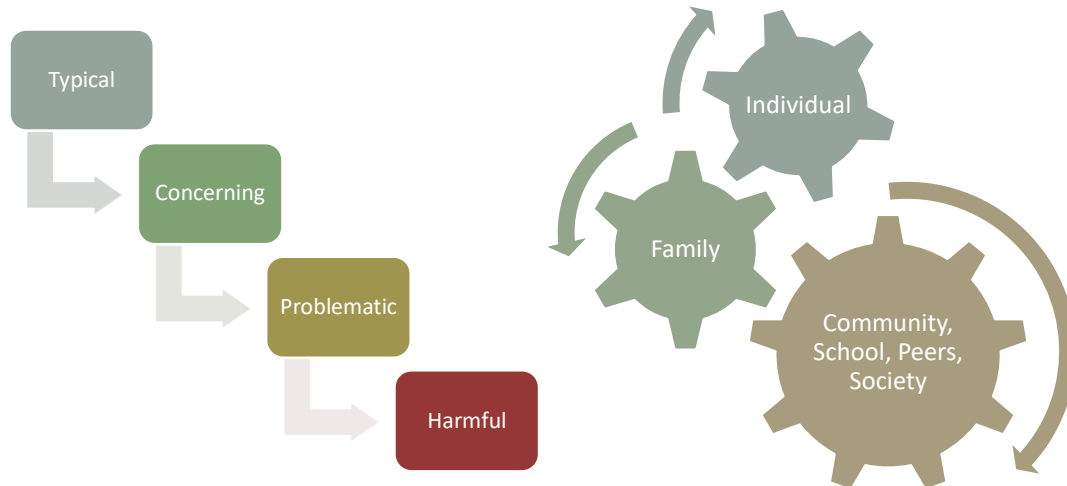
Terminology:
“Children with Problematic Sexual Behavior”
“Adolescents with Problematic or Illegal Sexual Behavior”

- Developmentally sensitive
- Focuses on the behavior(s)
- Age groups
 - “Children” = ≤ 12
 - “Adolescents” = 13-18
 - “Youth” = all ages
- Separates behavior of children and adolescents from criminal acts of adults

Use of the term “Juvenile Sexual Offender” has been found to be related to harsher responses than terms that separates youth from the behavior
(Harris & Socia, 2014).



Overview of Sexual Behavior in Children



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Sexual Development

- When does sexual development begin?



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Is sexual development just about sex?

- Relationships
- Communication
- Respect
- Boundaries
- Friendship
- Intimacy – level of closeness
- Choices
- Identity
- Connection with others
- As well as physical and emotional changes that occur through puberty

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Typical Sexual Behavior

- Influenced by cultural and social factors
- Involve parts of the body considered to be “private”
- Developmentally expected & across all areas of development
- Most experts do not consider to be problematic

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Sexual Play Is...

- Exploratory
- Spontaneous
- Intermittent
- By mutual agreement
- With known 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); Rutter (1971); Lamb & Coakley (1993); Larsson (2001); Reynolds, Herbenick, & Bancroft (2003)

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Long-Term Implications of Sex Play: Retrospective Research

- Sex play is common (66%-80%)
- Mostly is never known by parents
- Many encounters are between children of the same sex
- If it is true sex play, then the encounter is perceived as “positive” or “neutral”
 - Inconsistent results with siblings
- Not related to adult sexual orientation

Lamb & Coakley (1993); Larsson (2001); Reynolds, Herbenick, & Bancroft (2003); Friedrich, Whiteside, & Talley (2004); Greenwald & Leitenberg (1989); Okami, Olmstead, Abramson (1997)

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How Would You Respond?

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How Would You Respond?



- Remember that some sexual behaviors are typical, but may also need an educational response
- **Stay or get calm**
- **Stop the behavior**

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How Would You Respond?



- Provide education
 - Social rules of behavior and privacy/modesty
- Developmentally appropriate sex education (i.e., sexual health, sexual orientation/gender identity, healthy sexual behaviors and dynamics, etc.)
- Friendships and relationships with others
- Respecting their own bodies

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Impact of Technology on Status of Sexual Behaviors

- Increased access to recording and Internet
- Using technology for a range of communication and interaction with others, learning, and entertainment
- Online identity is being shaped and is shaping sexual knowledge and identity in new, faster, and poorly understood ways
- Need to distinguish child pornography vs. youth produced images

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Childhood Sexual Behaviors: Normative, Cautionary, or Problematic?

Normative



- Voluntary, infrequent, spontaneous
- Easily diverted when adults tell children to stop and explain privacy rules
- Interaction that involves sexual body parts between children of the same general age and physical size
- Occurs among children who know each other
- Not accompanied by strong uncomfortable or upset feelings
- *May not be appropriate for setting/location

Cautionary



- Not suitable for the location (e.g., school, faith community)
- Normative behavior, but more frequent than typical for the child's age
- Not currently harmful or distressing to self or others
- Occurs despite adult intervention
- Typical sexual behavior, but technology is involved, such as taking pictures of private parts

Problematic



- Causes harm or potential harm or distress to any child
- Involves strong, upset feelings, such as anger or anxiety
- Involves force, coercion, or aggression
- Occurs among children of differing ages or functioning
- Continues to occur despite intervention by caregivers or other guiding adults
- Preoccupied with sexual content and topics

Concerned about a child's cautionary or problematic sexual behavior?
Contact your installation Family Advocacy Program for guidance and support.
Visit the National Center on the Sexual Behavior of Youth at www.ncsby.org for additional information and resources

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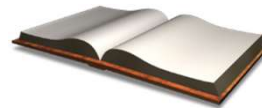
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Problematic Sexual Behavior (PSB)

- Definition
 - Behavior involving "private parts"
 - Developmentally inappropriate and/or potentially harmful
 - Could be illegal
- Encompasses
 - Wide range of motives and origins
 - Continuum of normal sexual behavior to concerning to problematic sexual behavior



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Guidelines for Determining if Sexual Behaviors are a Problem

Frequency	Developmental Considerations	Harm
High Frequency	Among Youth of Significantly Different Ages/ Developmental Abilities	Intrusive Behaviors
Excludes Normal Childhood Activities	Longer in Duration than Developmentally Expected	Use of Force, Intimidation, and/or Coercion
Unresponsive (i.e., does not decrease) to Typical Parenting Strategies	Interferes with Social Development	Elicits Fear or Anxiety in Other Children

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

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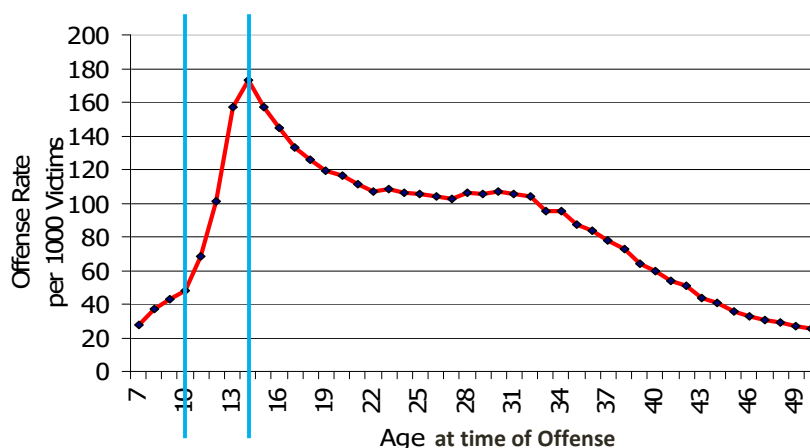
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Age of Risk for PSB



Early adolescence is a high-risk, and to some extent transitory, developmental period for committing illegal sexual behaviors.

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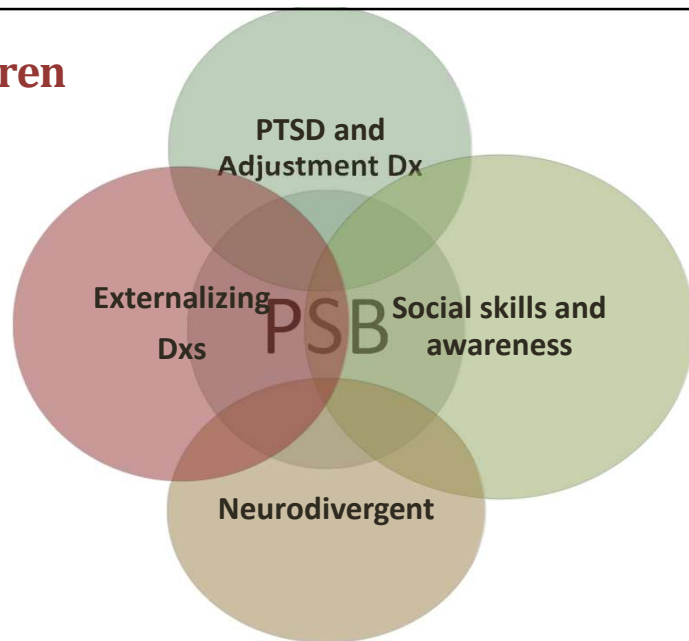


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Characteristics of Children with PSB

- No distinct profiles for children with PSB
- Do not share central characteristics of adults with illegal sex acts.
- Complex presentation



Chaffin, Letourneau, & Silovsky (2002); Johnson (1989); Silovsky & Niec (2002)

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Rates of Problematic Sexual Behavior

- Limited prevalence data available
- Greater than one-third of sexual offenses against child victims are committed by other youth.
- When youth are surveyed about sexual harm, 70% of the incidents were committed by other youth.
- PSB primarily occurs with other children known by the youth, with a quarter of victims being family members.
- Few sexual offenses of youth involve strangers.

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HOW DO YOUTH DEVELOP PSB?

WHAT FACTORS INCREASE THE LIKELIHOOD OF YOUTH DEVELOPING PSB?

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Multiple Pathways to PSB

Consider impact of...

- Sexual abuse
- Other maltreatment, violence, and trauma
- Parental capacity
- Child vulnerabilities and strengths
- Family and community vulnerabilities and strengths

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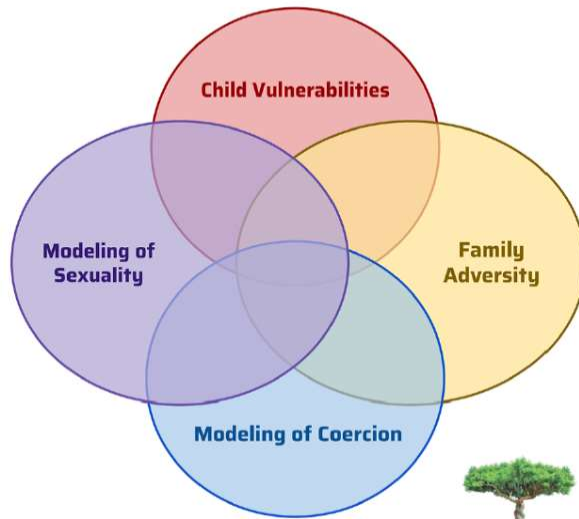
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Vulnerabilities and Risk Factors



Adapted from Friedrich, Davis, et.al, 2003.

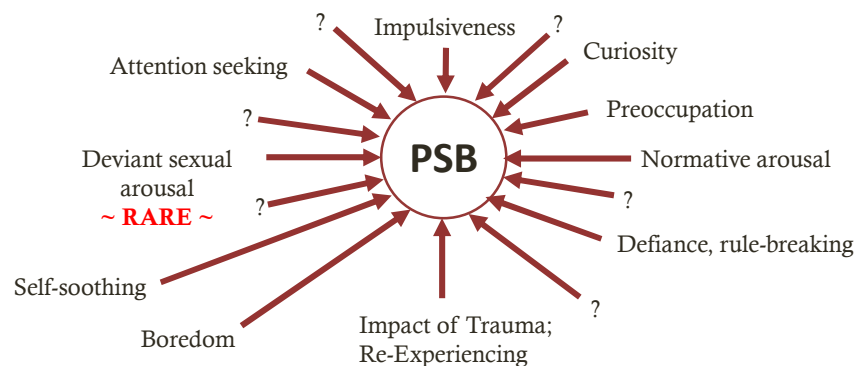


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Drivers (Triggers) for Problematic Sexual Behavior



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Protective and Supportive Factors



Silovsky, 2015.

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Problematic Sexual Behavior of Children is a Family Problem

- Children often act out with children in their social network, especially siblings, cousins, and other family members
- The children's sexual behavior, system's responses, and caregivers' reactions impact range of children in the home and social network

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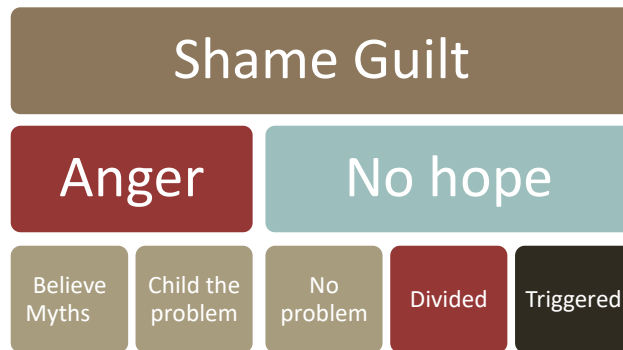


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Impact on Parents

- How would you react if you were told your child acted out sexually with another child?



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Effects of PSB on the Impact Child – May Depend on...

- How scary it was
- Type of PSB
- Age differences
- Severity and frequency
- Relationship
- How child has been functioning
- Support from caregivers
- Response from professionals

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Effects of PSB on the Impacted Child – Effects May Include...

- Confusion about appropriate peer interactions and sexuality
- Sexual behavior problems
- Anxiety/depressions symptoms; PTSD
- Peer problems
- Disruptive behaviors
- Could be related to disruption of family and not PSB experience

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Complexity of Vulnerability and Protective Factors: Individual, Impacted Youth, Siblings, Family, Peers, School, Community, Media

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Can Children with PSB Live with Other Children?

- Do the caregivers have the parental capacity to provide supervision and safety?
- Does the child with PSB respond to adult supervision and guidance?
- Who are the other children in the home?
 - Vulnerabilities, strengths, and wishes



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Can Children with PSB Attend School Safely?

- Student's risky behavior and strengths
 - Responsiveness to supervision and adult guidance
 - Impulsive behaviors
- School and teachers' risks and strengths
- What do they need to know to be protective?

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Do Children with PSB Need Intensive Residential Treatment or to Be Incarcerated?

- Inpatient treatment should be for the most severe cases (i.e., severe psychiatric disorders and/or highly aggressive sexual behavior that recurs despite appropriate outpatient treatment and close supervision).
- Focus of juvenile justice involvement should be rehabilitative, not punishment.
 - Highly effective outpatient treatment programs
 - Very low recidivism rates (~2%)

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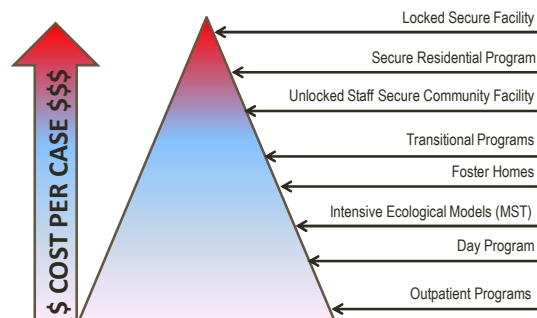
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Levels of Care



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Will Children with PSB Grow Up to Be Adult Sexual Offenders?

- Most children and adolescents (i.e., 98%) show significantly lower to no PSB after short-term outpatient treatment
- No current research that indicates a clear link between PSB in childhood or adolescence and illegal sexual behavior in adulthood



Take Home Messages about Evidence Based Treatment for PISB

- Recidivism is low!
 - 2.25% overall for youth in JJ
 - Caldwell, M. F. (2016). Quantifying the Decline in Juvenile Sexual Recidivism Rates. *Psychology, Public Policy, and Law*.
 - Similar or lower rates for PSB-CBT and MST-PSB
- Type of Treatment makes a difference.
- Philosophy of the Program
 - Development, growth, change, making good choices
- Directly involve caregivers
 - Behavior parent training
 - Relationship, monitoring, supervising, communicating, etc
- Positive peer relationship, reduce access to deviant peers
- Developmentally appropriate
 - Stop using treatment designed for adults



Ratings of Evidence of Programs

- OU PSB-CBT
 - Classified as effective on the OJJDP Model Programs Guide (<http://www.crimesolutions.gov/ProgramDetails.aspx?ID=380>)
 - California Evidence-Based Clearinghouse for Child Welfare rated PSB-CBT as “Supported by Research Evidence”: [www.cebc4cw.org/program/ children-with-sexual-behavior-problems-cognitive-behavioral-treatment-program-school-age-group/](http://www.cebc4cw.org/program/children-with-sexual-behavior-problems-cognitive-behavioral-treatment-program-school-age-group/).
 - Adapted for American Indian children and families, *Honoring Children, Respectful Ways*, through the Indian Country Child Trauma Center (www.icctc.org).
- MST-PSB
 - Classified as Promising on OJJDP Model Programs Guide <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=62>
 - California Evidence-Based Clearinghouse for Child Welfare rated MST-PSB as “Well-Supported by Research Evidence” <http://www.cebc4cw.org/program/multisystemic-therapy-for-youth-with-problem-sexual-behaviors/detailed>.
 - Classified as a Blueprints Program <http://www.blueprintsprograms.com/factsheet/multisystemic-therapy-problem-sexual-behavior-mst-psb>

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Does Therapy Work with Children with PSB?

10 year follow up – Success Rates
Randomized Clinical Trial – Compare CBT to Play Therapy
Percentage of children with no PSB across 10 years in
Child Welfare and Juvenile Justice databases

Children with PSB who were
randomized to
Cognitive-Behavioral Therapy
12 Sessions: Caregiver & Child

98%

Children with PSB who were
randomized to
Play Therapy
12 Sessions: Caregiver & Child

89%

10 Year Follow-Up Data: Carpentier, Silovsky, & Chaffin (2006)

Take Home: Type of treatment matters. Children randomized to PSB specific cognitive-behavior treatment with active caregiver involvement had a much better success rate 10 years later than children randomized to play therapy.

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Does Therapy Work with Children with PSB?

10 year follow up – Success Rates
Percentage of children with no PSB across 10 years in Child Welfare
and Juvenile Justice

Children with PSB who were
randomized to
Cognitive-Behavioral Therapy
12 Sessions: Caregiver & Child

98%

Children with NO history of
PSB

97%

10 Year Follow-Up Data: Carpentier, Silovsky, & Chaffin (2006)

Take home: 10 years after treatment, youth with PSB were not different from children who never had a history of PSB.

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Youth Outcomes

- Improved knowledge and skills
 - Rules, laws, sex education, relationships
- Low recidivism (1-3%)
- Improved behavior overall
 - Significant and large to moderate improvements on the CBCL and YSR
- Reduced trauma symptoms
 - Significant and large reduction in symptoms on UCLA
 - Replicated with the CATS

“this program helped me and my family because it taught me how to make the right choices.”

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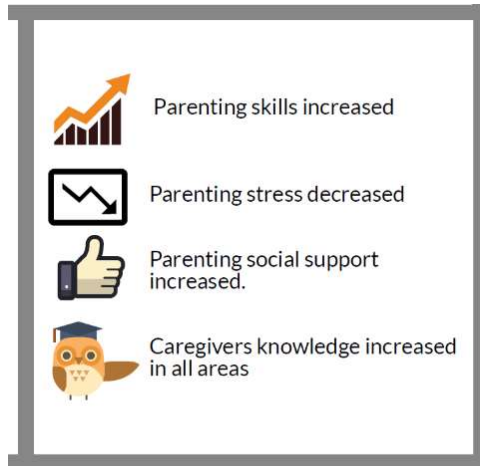
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Caregiver Outcomes



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What Clinical Elements Effectively Treat PSB?

- Meta-analysis by St. Amand, A., Bard, D.E., & Silovsky, J.F. (2008)
- **Caregiver: Behavior parent training**
 - Rules about sexual behavior and boundaries
 - Abuse prevention
 - Sexual education
- Child: Impulse-control skills
- Ineffective: Practice elements evolved from treatments for adult sex offenders



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Characteristics of Evidence-Based Treatments for Youth with PSB

- Directly involves caregivers
 - Behavior parent training
 - Rules about sexual behavior
 - Sex education
 - Abuse prevention
- Plan for safety and preventing future PSB
- Prosocial peers and positive peer interactions
- Youth with deviant sexual arousal require specialized individualized treatment (no current EBTs known)
 - see www.helpwantedprevention.org

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Voices of Youth



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Appropriate & Helpful System Messages for Families

- Convey that the situation is serious
- Without doom and gloom
- Give action steps for
 - Safety
 - Additional supports
 - Communication during process
 - Hope

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Resources

- Tip sheet developed by our Caregiver Partnership Board
- Developed for caregivers by caregivers.
- NCSBY.org



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How can professionals help?

- Acknowledge, everyone has the same goal!
- We all want...
 - Community Safety ✓
 - Children to be Healthy ✓
 - Sexual Behaviors to Stop ✓
- We need to stay away from...
 - ...harmful treatments ✗
 - ...harmful policies ✗
 - ...harmful messages ✗

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Community Response Goals

- Accurate messages to families
- Assess needs, resources
 - All family members
 - Recognize needs are dynamic
 - Assess changes over time
 - Connect to services
- Individualized plan for safety and services
- Coordinated care and support

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PROFESSIONAL RESOURCES

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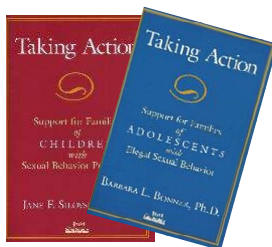
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Training and Technical Assistance



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oneop.org/childsexualbehavior

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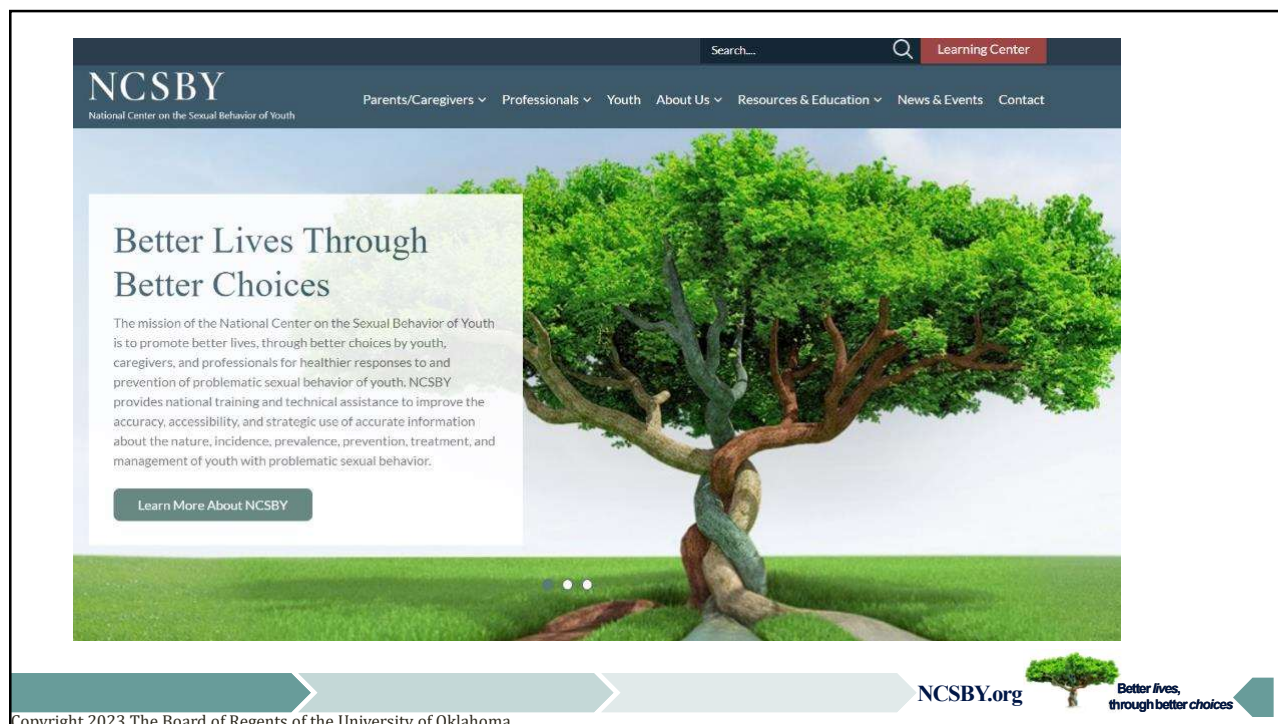
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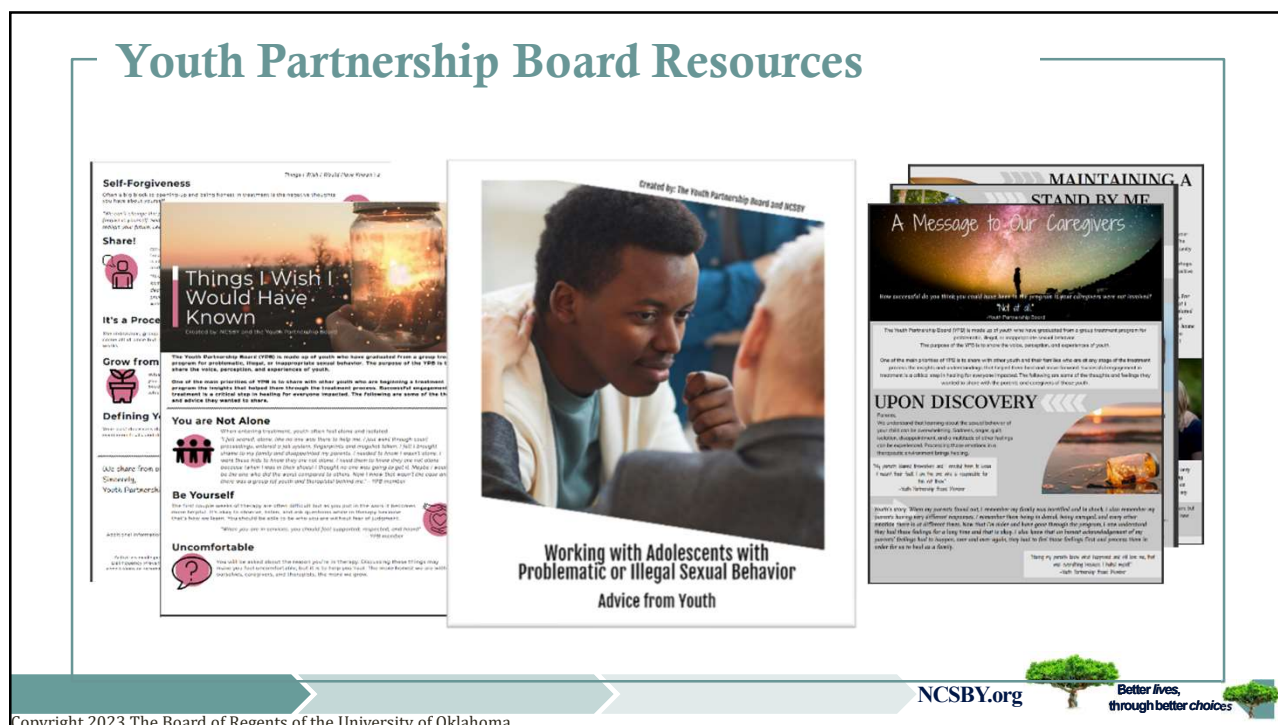


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