Children with Problematic Sexual Behaviors: Who are they and how can we help?

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Presentation Objectives

Participants will…
• Learn what is typical versus problematic sexual behavior in children.
• Be able to differentiate between common misconceptions regarding children with sexual behavior problems and what is supported by research.
• Be to identify research supported components of treatment for children with sexual behavior problems.
PROFESSIONAL RESOURCES

National Center on the Sexual Behavior of Youth

- Mission: Promote better lives through better choices by youth, caregivers, and professionals for healthier responses to and prevention of problematic sexual behavior of youth.

- NCSBY provides national training and technical assistance to improve the accessibility and strategic use of accurate information about the nature, incidence, prevalence, prevention, treatment, and management of children and adolescents with problematic sexual behavior.

- Website includes resources and sections designed for caregivers and professionals.
  - Topics include definitions, causes, treatment intervention and efficacy, safety planning, implications for public policy, and more.
  - News, websites, factsheets, bibliography, and other resources are readily available.

  www.NCSBY.org

Taking Action Booklets

http://www.safersociety.org/allbk/wp136_wp137.php
Association for the Treatment of Sexual Abusers

- ATSA was founded to foster research, facilitate information exchange, further professional education and provide for the advancement of professional standards and practices in the field of sex offender evaluation and treatment.
  
  **www.atsa.org**

- Taskforce Report on Children with Sexual Behavior Problems – Downloadable at:
  

National Children’s Alliance

- To achieve their goals of healing, justice, and prevention, NCA developed this video training series and fact sheets to support CACs addressing this issue and serving youth with problematic sexual behaviors (PSBs), their victims, and families.
  
  [http://www.nationalchildrensalliance.org/psb](http://www.nationalchildrensalliance.org/psb)

The National Child Traumatic Stress Network

- NCTSN Mission: To raise the standard of care and improve access to services for children, their families, and communities throughout the United States.
  
- Publications and other information for parents and caregivers as well as professionals on trauma
  
- Fact sheets on children with PSB collaboratively developed with NCSBY
  
  [www.nctsn.org](http://www.nctsn.org)
California Evidence-Based Clearinghouse for Child Welfare

- The mission of the California Evidence-Based Clearinghouse for Child Welfare (CEBC) is to advance the effective implementation of evidence-based practices for children and families involved with the child welfare system.
- Searchable database of child welfare related programs.
- Description and information on research evidence for specific programs.

www.cebc4cw.org

National Symposium on the Sexual Behavior of Youth

- June 26-28, 2018, in Norman, OK
- Plenary: Barbara Bonner, Ph.D.
- Mark J. Chaffin Lecture and Luncheon: Elizabeth Letourneau, Ph.D.
- Pre-Conference Seminars: Advanced TF-CBT training on addressing PSB
- Research and Dissemination Breakfast Meeting
- Welcome Reception

http://www.ouhsc.edu/nationalsymposiumsby/Registration.aspx

Typical Sexual Behavior

- Involve parts of the body considered to be “private” or “sexual”
- Developmentally expected and across all areas of major development
- Most experts do not consider to be problematic
- Influenced by cultural and social factors
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
- Occurs across childhood, not just in preschool children
- Becomes more concealed in school-age children
- Occurs with children they know and play with already, including siblings and children of the same sex
- Began in preschool children
- Occurs with children they know and play with already, including siblings and children of the same sex

Typical Sexual Development: Children 3 to 5 years old

- Do not have a strong sense of modesty
- Enjoy their own nudity
- Gender permanence is established
- Gender differences are understood
- Limited information about pregnancy and childbirth
- Knows labels for sexual body parts, but uses slang
- Uses elimination functions for sexual parts
- Interested in toileting functions
- Use elimination words with peers
- Sexual and genital curiosity increased
- May explore body differences between girls and boys
Typical Sexual Development: Children 3 to 5 years old

- Have gender role behaviors.
- Observed by age 1 and well delineated by age 3 or 4
- Prefer same gender (develops earlier and more strongly in boys than girls)
- Exhibit sex play with peers and siblings
- Experience pleasure from touching their genitals, and touch self, even in public
- Can experience physical sexual reactions

Typical Sexual Development: Children 6 to 12 years old

- Aware of genital basis of gender
- Aware of sexual aspects of pregnancy
- Increasing knowledge of sexual behavior
  - Masturbation
  - Intercourse
- Knowledge of pubertal changes
- Sex games with peers and/or siblings

Typical Sexual Development: Children 6 to 12 years old

- Show modesty and embarrassment of showing body
- Hide sex games from adults
- May fantasize or dream about sex (with older people)
- Interested in sex in media/technology
- Use sexual language with peers
Long-Term Implications of Sex Play: Retrospective Research

- Sex play is common (55%-80%)
- Many encounters are between children of the same sex
- If it is true sex play, then the encounter is perceived as "positive" or "neutral"
- Not related to adult sexual orientation

Lamb & Coakley (1993); Larsson (2001); Forehand, Mize, & Bazan (2001); Pedersen, Whitmore, & Taylor (1998); Greenwald & Leitenberg (1989); Okami, Olmstead, Abramson (1997)

Parental Responses to Typical Sexual Behavior

*Calmly* provide:
- Accurate education about names and functions of all sex/body parts
- Developmentally appropriate sex education
- Information about social rules of behavior and privacy/modesty
- Information about friendships and relationships with others.
- Information about respecting their own bodies

Problematic Sexual Behaviors (PSB)

- Child(ren)-initiated behaviors that involve sexual body parts
  - Genitals, anus, buttocks, and/or breasts
  - Could involve other body parts: Mouth, hands, etc.
- Developmentally inappropriate and/or illegal per local and/or national statutes
- Potentially harmful to self or others
- Not a diagnosis, though behaviors are clinically concerning
Children with PSB

- Developmentally sensitive
  - “Children” defined as ages 12 and younger
- Separates behavior from the child
- Focuses on the behavior(s)
  - Although the term “sexual” is utilized, the intentions and motivations for these behaviors may be unrelated to sexual gratification
- Includes all children with PSB, in which there appears to be multiple origins to the behavior

Are the Sexual Behaviors a Problem?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Developmental Considerations</th>
<th>Harm</th>
</tr>
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<tbody>
<tr>
<td>High Frequency</td>
<td>Occurs between Youth of Significantly Divergent Ages/Developmental Abilities</td>
<td>Intrusive Behaviors</td>
</tr>
<tr>
<td>Excludes Normal Childhood Activities</td>
<td>Longer in Duration than Developmentally Expected</td>
<td>Includes Force, Intimidation, and/or Coercion</td>
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<tr>
<td>Unresponsive (i.e., does not decrease) to Typical Parenting Strategies</td>
<td>Interferes with Social Development</td>
<td>Elicits Fear &amp; Anxiety in Other Children</td>
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</tbody>
</table>

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

Use of Technology: When Typical Becomes Problematic

- Devices (most of which have digital cameras)
  - Smart phones, music players, personal/portable video game players, video game systems, miscellaneous items (pens, eye glass frames, etc.)
- Modalities
  - Texting/chatting/instant messaging (text, image, video, audio)
  - Social networking
  - Email
  - Blogging
- Child pornography vs. youth produced images
  - Who is creating and distributing and what is the intent?
  - Typical child sexual behavior strongly and adversely impacted; long-term consequences
  - Are policies having the wrong impact?
How do children develop problematic sexual behavior?
Where does this come from?

Sexual Abuse?
- Have all/most children with problematic sexual behaviors been sexually abused?
- Do most children who have been sexually abused develop problematic sexual behavior?

School Age Children

Of children who have been sexually abused
Kendall-Tackett et al

Of children with PSB
% have SA History
Bonner et al Pithers et al
Preschool Children

Of children who have been sexually abused
PSB – Kendall Tackett et al

Of children with PSB
SA History – Silovsky et al

Modeling of Coercion

Physical abuse; domestic violence; peer violence; community violence, harsh parenting practices

Modeling of Coercion

Adapted from Friedrich, Davis, et al., 2003

Sexual Abuse (Penetration or Multiple Perpetrators)
Modeling/Exposure

Adapted from Friedrich, Davis, et al., 2003

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Adapted from Friedrich, Davis, et al., 2003

Child Vulnerabilities

Behavior problems, Developmental & verbal delays; impulse control problems

Factors that hinder parental guidance & supervision; single parent, low SES, stress/trauma; parental depression & substance use

Physical abuse; domestic violence; peer violence; community violence; harsh parenting practices

Modeling of Coercion

Modeling of Sexuality

Family Adversity

Sexual Abuse (Penetration or Multiple Perpetrators) Modeling/Exposure
Healthy boundaries supported & modeled
Protection from harm & trauma
Parental guidance & supervision
Open communication about feelings with a trusted adult
Successful Experiences/Skills
Healthy friendships
Adaptive coping skills
Supportive & Protective Factors

Characteristics of Children with PSB
• No distinct profiles for children with PSB or clear pattern of demographic, psychological, or social factors
• More diverse than adolescents with PSB and adults with illegal sexual behavior
  • Neither children or adolescent share central characteristics of adult sex offenders
• Co-occurring diagnoses
  • Disruptive Behavior Disorders: ADHD, ODD, CD
  • Trauma Related Disorders: PTSD, Adjustment
  • Other Internalizing Disorders: Depression, Anxiety
  • Learning and language delays

Effects of PSB on the Other 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

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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Impact on Families with a Child with PSB

- Caregivers react and feel in a variety of ways
  - Feelings of disbelief, shame, guilt, embarrassment
  - Anger toward child, affected children/victim and their family, systems involved
  - Believe the myths
    - No to little hope for the future
    - Problem is the child, parenting program can’t help
  - Not understanding seriousness of situation
  - Impact of own history and experiences
  - Divided loyalties

Overview of PSB Focused Assessment

- History of PSB
  - Caregiver interview, school-age child interview, CSBI, other sources as indicated
- Trauma history and symptoms
  - Caregiver interview, CATS, UCLA PTSD RI
- Social, family, developmental, and school history
  - Caregiver interview, school records, CBCL
- Emotional and behavioral functioning
  - Caregiver interview, CBCL
- Family functioning
  - FSSS, PSI
- Follow up with more intense assessment as needed (e.g., cognitive, academic, trauma, etc.)

What types of treatment works?
10 Year Follow-Up Data: Carpentier, Silovsky, & Chaffin (2006)

Characteristics of Evidence-Based Treatments for Problematic Sexual Behavior of Children

- Directly involves and engages caregivers
- Behavior parent training
  - Rules about sexual behavior and boundaries
  - Sexual education
  - Abuse prevention skills
- Impulse-control strategies (child component)

Can Children with PSB Live with Other Children?

- With appropriate treatment and careful supervision, most children with PSB can live safely with other children.
- Children with highly aggressive or intrusive sexual behavior, despite treatment and close supervision, should not live with other young children until this behavior is resolved.
- If PSB occurred with other children in the home, then the other child/ren's reactions must be considered.

Chaffin et al. (2006, 2008)
Can Children with PSB Attend School Safely?

• Most children with PSB can attend public schools and participate in school activities without jeopardizing the safety of other students.
• Children with serious, aggressive sexual behaviors that are unresponsive to outpatient treatment and supervision may need a more restrictive environment.
• In some cases, school personnel may need to know information for safety and protection issues.

Do Children with PSB Need Intensive Residential Treatment?

• Most children with PSB can be treated on an outpatient basis while living at home or in the community.
• Residential and inpatient treatment should be reserved for the most severe cases, such as for children with other psychiatric disorders and/or highly aggressive sexual behavior which recurs despite appropriate outpatient treatment and close supervision.

Chaffin et al. (2006); Brown, Silovsky, & Rode (2001)

Levels of Care – Current State

- Foster Homes
- Intensive Ecological Models (IEM)
- Outpatient Programs
- Residential Programs
- Transitional Programs
- Foster Homes
- Unlocked Staff Secure Community Facility
- Locked Secure Facility
- Secure Residential Program
- Secure Residential Facility
Will Children with PSB Grow Up to Be Adult Sexual Offenders?

- Research has demonstrated very low recidivism rates (i.e., 2%), particularly with treatment.
- There is no current research that shows a clear link between PSB in childhood and illegal sexual behavior in adolescents or adulthood.

Are these Sexual Behaviors Problematic?

Mr. and Mrs. Cornelison’s four sons ranged in age from 5 to 10 years old. Every evening and weekend was filled with practices, games, and other activities. One Saturday morning, Mrs. Cornelison told her sons to get in their uniforms for their games. As the children dressed, it was unusually quiet in the bedroom, so Mrs. Cornelison went to see what was happening. She found two of her sons, ages 7 and 9, undressed and touching each other’s private parts with their hands. The boys seemed embarrassed and reported that they were just getting dressed and were wondering what it would be like to touch each other.
Are these Sexual Behaviors Problematic?

Mr. and Mrs. Kastner adopted Jerry, age 10, and Destiny, age 5, two years ago. Jerry and Destiny had been removed from their biological parents' home due to neglect and physical abuse. Over the time with the Kastners, Jerry has revealed that his biological parents and other adults often had fistfights and even sometimes hit Jerry. Jerry has had difficulties following rules. He tends to be angry at home and at school. He struggles with his schoolwork, and now is close to failing. Recently, a school administrator called and reported that Jerry and two other boys had held down a younger female student. When a teacher found the students, Jerry had his pants down and was lying on top of the girl.

What types of treatment works?

PSB-CBT Treatment Formats – Child

<table>
<thead>
<tr>
<th>Preschool</th>
<th>School-Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed group – 12 sessions</td>
<td>Open-ended group – ~18 sessions</td>
</tr>
<tr>
<td>Need consistency (place, therapists, time, etc.)</td>
<td></td>
</tr>
<tr>
<td>Caregiver-focused</td>
<td>Peer-focused</td>
</tr>
<tr>
<td>Combined caregiver – child time every session</td>
<td>Combined caregiver-child time intermittent (5)</td>
</tr>
<tr>
<td>Developmentally appropriate activities</td>
<td>Groups by developmental level (ages 7 &amp; 10-12+)</td>
</tr>
<tr>
<td>Do not talk about children’s sexual behaviors</td>
<td>Directly addresses and discusses children’s sexual behaviors</td>
</tr>
</tbody>
</table>

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PSB-CBT Treatment Format – Child

**Pre-school**
- Weekly Behavior Reports completed by caregivers
- Caregivers encouraged to practice skills weekly at home
- Graduation celebration with ceremony, certificates, and snacks

**School-Age**
- Weekly ratings for child
  - Engagement, social interaction
  - Knowledge, application
  - Maintaining sexual behavior rules
- Home activities every session
- Graduation celebration with ceremony, certificates, and snacks

Group and Family Treatment Formats

**Family**
- Ability to address complex concurrent issues
- Individualized treatment
- Crisis intervention
- Parent/caregiver reaction
- Rural areas

**Group**
- Most common format
- Group practice of skills
- Accountability to group
- Support for parents/caregivers
- Requires behavior control

PSB Children’s Group Treatment Format

- Highly structured and interactive
- Directly addresses sexual behavior
- Rule-based learning experiences
- Directive therapists
- Psycho-educational, cognitive-behavioral Format
- Practice time with parents/caregivers
PSB-CBT Treatment Format – Caregiver

- Psycho-educational
- Directive
- Mutual support
  - Considerations need to be made for
    - Parents who are divorced
    - Foster Parents and Biological Parents
- Group important
  - Learn from each other
  - Social support
  - Need balance of support with treatment objectives

PSB Focused Treatment Program

- Behavior Parent Training
- Rules about sexual behavior / Boundaries
- Sexual Education
- Abuse Prevention Skills
- Plan for Safety
- Emotional Development
- Anxiety management and Coping Skills
- Impulse control
- Social Skills
- Empathy Development

PSB-CBT Treatment Module Sequence

**Preschool**
- Welcome
- Feelings, body awareness
- Sexual development and PSB
- Private part rules, boundaries
- Behavior parent training*
- Coping
- Self-esteem
- Self-control skills
- Abuse prevention skills
- Saying good-bye
- Graduation

**School-Age**
- Orientation
- Sexual behavior rules
- Sexual development and PSB
- Feelings identification and expression
- Behavior parent training*
- Relaxation
- Self-control strategies
- Social relationships and peer pressure
- Abuse prevention
- Sex education and communication
- Apology, amend, and empathy
- Graduation
Community Assessment

- How families of youth with PSB identified?
- How facilitate referrals and assessment of family members?
- Investment of stakeholders in the community
  - Current practices
  - Leadership, local champions
  - Strengths, supports, coordination
  - Barriers, myths
- Service agency
  - Strengths: Supports for evidence-based practices, group treatment programs
  - Barriers, policies, procedures
  - Caregiver participation

Community Assessment

- Funding options
  - Clinical services
  - Contracts, fee for service, Medicaid, grants
- Coordinated goals across stakeholders
  - CACs and MDTs
  - How measure progress and success?
  - Quality improvement efforts

Moving forward

- Identifying the systems barriers in your local community
  - Dispelling myths, educating professionals
  - Policy barriers
  - Service priorities for families
  - Financial barriers
  - Others:________
- CACs and MDTs support for systems change
- Identifying people with power
- Support from local champions
“Children are like sponges,” writes Johnson (2009), “They absorb the behavior, values, attitudes, and feelings of those around them. The youth who have learned these behaviors, attitudes, and feelings can learn new, more beneficial behaviors. It’s crucial to remember that these worrisome sexual behaviors are just developing. No deeply rooted patterns have been set. And children change rapidly as they grow up. They are malleable and can absorb healthy attitudes, behaviors, and feelings about sex and sexuality.

Providing a sexually healthy and safe environment is essential for the future development. With treatment and community-based supervision and monitoring, recidivism can be reduced, victims can heal, and parents/caregivers can be empowered to help continue this shift toward health and wholeness, working on the front lines with their children and families.”

Toni Cavanaugh Johnson, Ph.D. (2009)

THANK YOU

Questions?
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