Problematic Sexual Behavior in Children

Renee Roman, LMSW
Renee-roman@ouhsc.edu

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Contact Information

Renee-roman@ouhsc.edu

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Safety First

- Victim Centered
- Family Focused
- Helping all Children Involved
- Getting everyone to work together

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Offender

Perpetrator

Predator

Pedophile

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Terminology: "Children with Problematic Sexual Behavior"

- Developmentally sensitive

- Age groups
  - "Children" = ≤12
  - "Adolescents" = 13-18
  - "Youth"= all ages

- Focuses on the behavior(s)

- 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, A. J., & Socia, K. M. (2014). What's in a name? Evaluating the effects of the "Sex Offender" label on public opinions and beliefs. Sexual Abuse: A Journal of Research and Treatment, 28(7), 660-678.

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What are the Understanding and Assumptions in your community?

- Sexual Development – what is "normal"?
- How does technology impact what is "normal"?
- Why do some youth have PSB?
- Can youth with PSB be around other children?
- What types and intensities of treatment are needed?
- Is PSB a child protection matter?
- Is it a legal matter?

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Sexual Development and Play in Children

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Sexual Development

In some cases, people are concerned about possible sexual abuse based upon children's sexual behaviors.

It is important to note that some sexual behaviors are "normative" or typical development, and some sexual behaviors are not

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Normative Sexual Development

⸰ Influences on children's typical Development:

  ⸰ Gender

  ⸰ Peer group

  ⸰ Family

  ⸰ Culture

  ⸰ Religion

  ⸰ Environment

  ⸰ Community

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Human Sexuality

- Sexual development starts in-utero

- Male fetuses in the third trimester achieve erections every ninety minutes in response to hormonal cycles

- It is presumed that female fetuses can experience clitoral erection or vaginal wetness in response to increased blood flow and hormonal cycles

- We are born with the future capability of experiencing erotic pleasure and orgasm

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Normative Sexual Development

- Pre-Op and early education (3-7 years):

  - Children are very interested and curious about naked bodies, bathroom functions, and gender roles.

  - Healthy Development – beginning of making friends, positive and healthy exploration of self.

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Normative Sexual Development (Cont.)

- Concrete Operational/School Age (7-11 or 12 years):

  - Child is beginning to develop independence, same sex best friend, may identify opposite sex friend as girl/boy friend.

    - e.g. Behaviors like kissing, etc.

  - Healthy Development - positive feeling about self, body, and ability to set limits.

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Normative Sexual Development (Cont.)

- Formal Operations and Preteen/Adolescents (11 or 12+ years):

  - Uneven emotional growth; impulse control varies.

  - Peers more important than family.

  - Begins exploring sexual intimacy with sex partners (age for this varies within social norms).

  - Begins development of own value system.

- Healthy development – positive feeling about self, body, ability to feel control, and set limits.

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Natural and Healthy Sexual Development

- Natural and healthy sexual development during childhood includes:

  - Information gathering wherein children explore each other's and their own bodies by looking and touching (e.g., by looking at themselves in the mirror or playing doctor)

  - Exploring gender roles and behaviors (e.g., by playing house)

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Natural and Healthy Sexual Development (Cont.)

- Natural and healthy sexual development during childhood includes:

  - Touching private parts in a childlike and immature manner

  - Natural and healthy sexual play between children of similar size, age, and developmental status with voluntary participation

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What Do We Know About Typical Sexual Development?

What interpersonal sexual behaviors are typical/normative, and which are not?

How do we know the behavior is a PSB and not "playing doctor"?

Influences of cultural and societal factors.

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Sexual Play

- Exploratory
- Spontaneous
- Intermittent
- By mutual agreement
- Between children of similar age, size, and developmental level
- Not accompanied by anger, fear, strong anxiety, etc.

Bonner (1999)

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Sexual Play

- Occurs across childhood and not only in preschool children
- Becomes more concealed/covert in school-age children
- Occurs with children that are known already, including siblings and children of the same sex

• 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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Caregiver Responses to Typical Sexual Behavior

- Get calm and stop the behavior (if in progress)
- 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

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Continuum of Sexual Behaviors

Harmful

Problematic

Concerning

Normal, Typical

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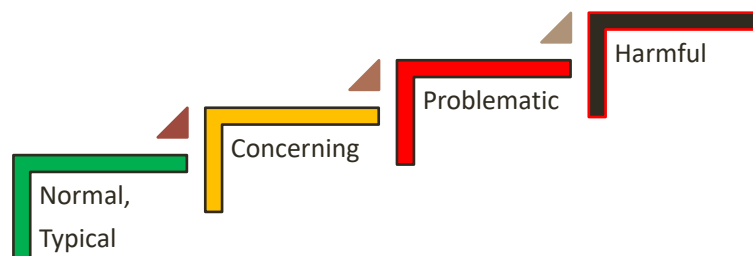
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When are Sexual Behaviors a Problem?

Frequency	Developmental Considerations	Harm
High Frequency	Occurs between Youth of Significantly Divergent Ages/Developmental Abilities	Intrusive Behaviors
Excludes Normal Childhood Activities	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

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When is Sexual Behavior a Problem? (Cont.)

- Sexual behavior can be a problem when:

  - Children seem to have too much knowledge about sexuality, and behave in ways more consistent with adult sexual expression (e.g., obsessive interest in pornography)

  - Sexual behaviors are significantly different from those of other same-sex children

  - Sexual behaviors or activities continue in spite of consistent and clear requests to stop

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When is Sexual Behavior a Problem? (Cont.)

- Sexual behavior can be a problem when:

  - Sexual behaviors or activities elicit complaints from other children and/or adversely affect other children (e.g., sexually explicit conversations with peers, sexual teasing),

  - Sexual behaviors are directed to adults,

  - Children do not understand their rights or the rights of others in relation to sexual contact

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When is Sexual Behavior a Problem? (Cont.)

- Sexual behavior can be a problem when:

  - Sexual behaviors and activities progress in frequency, intensity, or intrusiveness,

  - Fear, anxiety, shame, or guilt are associated with the sexual behaviors,

  - Children engage in extensive and persistent adult-type sexual behaviors with other children,

  - Children manually stimulate, have oral, or genital contact with animals

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When is Sexual Behavior a Problem? (Cont.)

- Sexual behavior can be a problem when:

    - Children sexualize nonsexual things or interactions with others,

    - Sexual behaviors cause physical or emotional pain and discomfort to self or others (e.g., peeping, exposing, frottage),

    - Children use sex to hurt others,

    - Verbal and/or physical expressions of anger precede, follow, or accompany the sexual behavior

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When is Sexual Behavior a Problem? (Cont.)

- Sexual behavior can be a problem when:

    - Children use distorted logic to justify their sexual actions,

    - Children use coercion, force, bribery, manipulation, or threats associated with sexual behaviors - *Understanding Your Child's Sexual Behavior – What's Natural and Healthy*. Dr. Toni Cavanaugh Johnson, 1999

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**Problematic Sexual Behavior (PSB)
of Youth**

- Youth-initiated behaviors
- Involve sexual body parts (i.e., genitals, anus, buttocks, breasts and/or mouth)
- Potentially harmful to self and/or others
- Developmentally inappropriate and/or illegal per State and/or Federal statutes
- Clinically concerning behavior
- Could reflect a variety of diagnoses

Silovsky & Bonner, 2003

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**AISB
(Adolescent Illegal Sexual Behavior)**

- Adolescent (boys and girls, ages 13-18) initiated behaviors that involve sexual body parts
  - Genitals, anus, buttocks, and/or breasts
  - Could involve other body parts: Mouth, hands, etc.
- Sexual behavior is determined to be illegal as defined by the sex crime statutes of the jurisdiction in which the offense occurred.

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Prevalence of Youth with PSB

How many are there?

No systematic identification process

30% sexual abuse convictions

Estimates
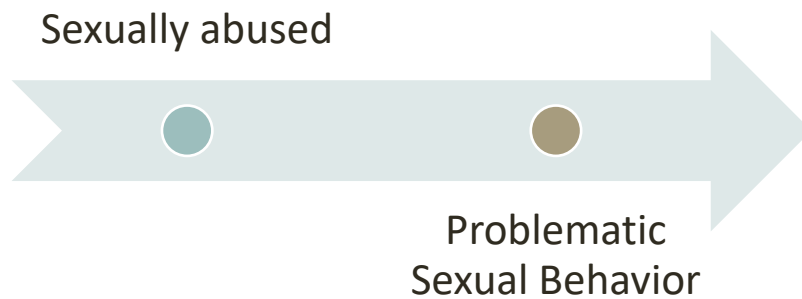
25% of cases at CAC

2/3rds of CSA by youth report

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How Do Youth Develop PSB?

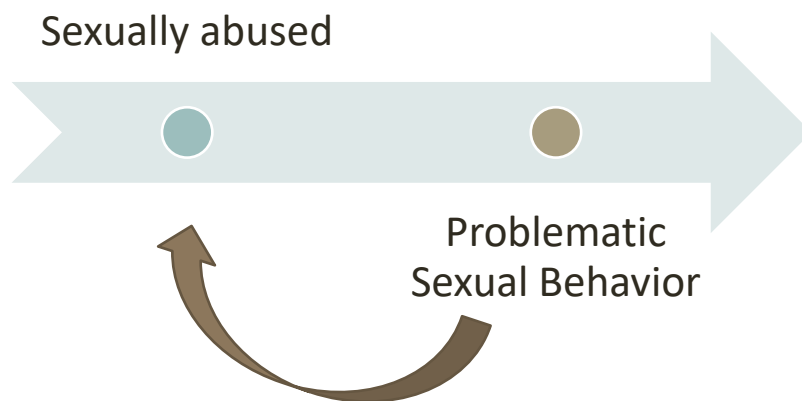## What Factors Increase the Likelihood of Youth Developing PSB?

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Historical Assumptions

Sexually abused

Problematic
Sexual Behavior

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Historical Assumptions

Sexually abused

Problematic
Sexual Behavior

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Historical Assumptions

Sexual...

Sex... or

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What Else Contributes to PSB in Children?

Child Vulnerabilities

Modeling of Sexuality

PSB

Family Adversity

Modeling of Coercion

Adapted from Friedrich, Davis, et.al, 2003

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Adapted from Friedrich,
Davis, et.al, 2003

Modeling of Sexuality

Sexual Abuse

(Penetration or Multiple Perpetrators)

Modeling/Exposure

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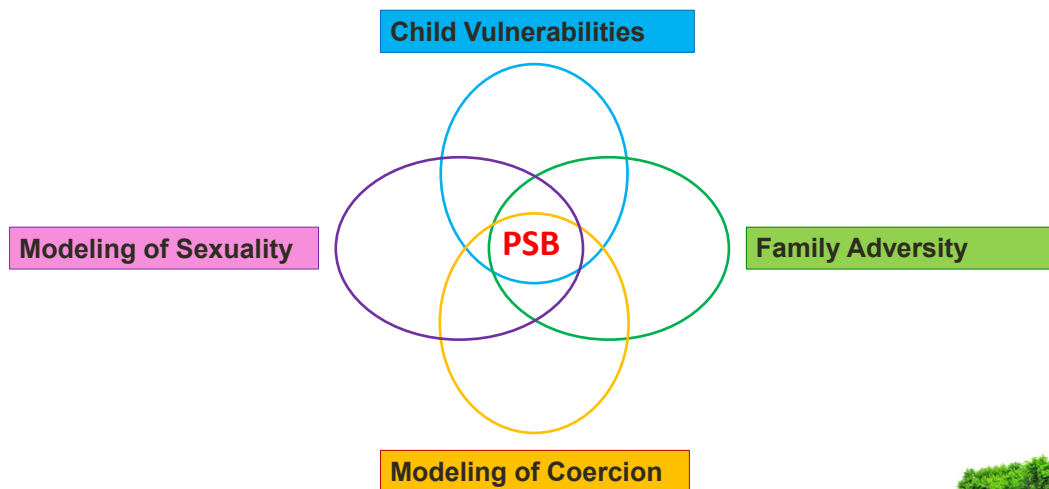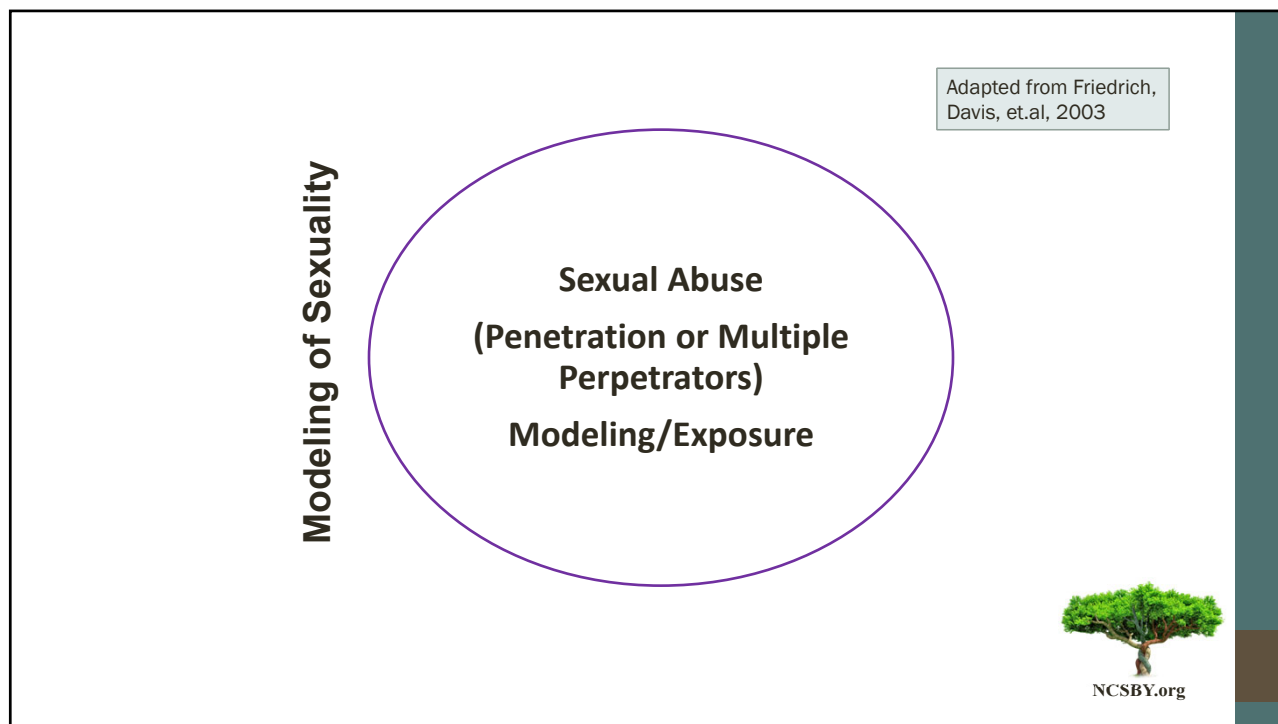
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How Does Sexual Abuse Impact PSB?

• Children with a sexual abuse history (CSA) are more at risk for developing PSB than children without a sexual abuse history

• Only a small number of children who have been sexually abused develop PSB

Preschool Children with CSA History	**School-Age Children with CSA History**
33%	**6%**
Have PSB	**Have PSB**

• Children with PSB more at risk for future victimization
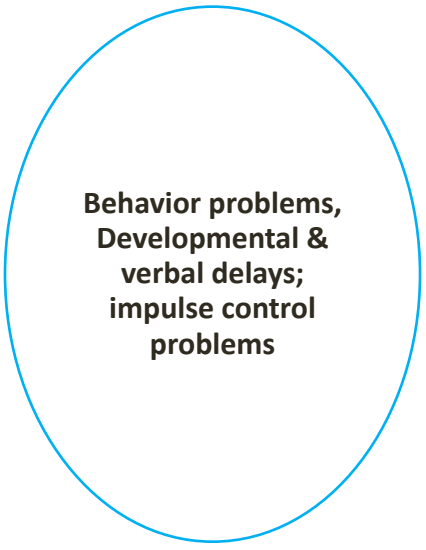
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Child Vulnerabilities

Behavior problems, Developmental & verbal delays; impulse control problems
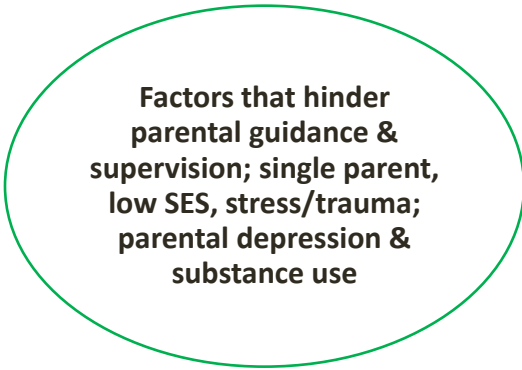
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Family Adversity

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

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Adapted from Friedrich, Davis, et.al, 2003

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

Modeling of Coercion

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What Else Contributes to PSB in Children?

Modeling of Sexuality
- Sexual abuse
- Modeling / exposure

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

PSB

Modeling of Coercion
- Physical abuse
- Domestic violence
- Peer/ community
- Harsh parenting practices

Family Adversity
- Factors that interfere with parental guidance & supervision

Adapted from Friedrich, Davis, et.al, 2003

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Drivers (Triggers) for Problematic Sexual Behavior

?   Impulsiveness   ?

Attention seeking   Curiosity

?   Preoccupation

Deviant sexual arousal — **PSB** — Normative arousal

~ RARE ~

?   ?

Self-soothing   Defiance, rule-breaking

Boredom   Impact of Trauma; Re-Experiencing   ?

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Protective Factors

Healthy boundaries supported & modeled

Adaptive coping skills

Protection from harm & trauma

Successful experiences / skills

Supportive & Protective Factors Against PSB in Youth

Parental guidance & supervision

Open communication about feelings with a trusted adult

Healthy friendships

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Summary of Children with PSB:

- Boys and girls have PSB
- Cultural and societal factors impact PSB
- Relationship issues
  - Parenting/caregiver stress
  - Parent perception of youth
  - Peer relationship problems

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Effects of Problematic Sexual Behavior on the Other Children

May depend on…

- How scary or upsetting it was
- How often and intrusive it was
- How the children were doing before
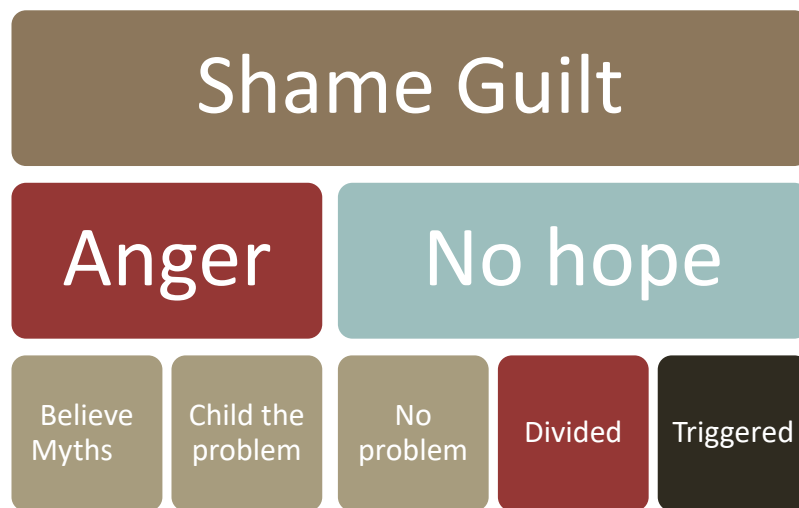- How the adults in their life helped

Effects may include…

- Confusion
- Problematic sexual behavior
- Trauma, fear, anxiety, sadness
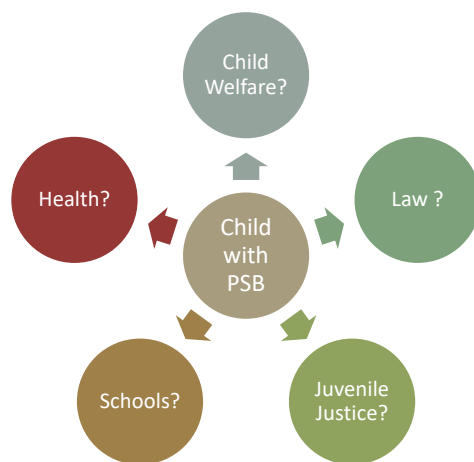- Problems getting along
- Behavior problems

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Impact on Parents/Caregivers

Shame Guilt

Anger

No hope

| Believe Myths | Child the problem | No problem | Divided | Triggered |

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Barriers in the Community: Identifying Children with PSB

Child Welfare?

Health?

Law ?

Child with PSB

Schools?

Juvenile Justice?

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Community Response

Child Welfare — Longer stays in the system; hard to place; ignore

Behavioral Health — Adult-based models without family involvement; no involvement

Law Enforcement — Treat as adults; ignore

Youth and Family

Medicine — Long inpatient stays

Juvenile Justice — Remove from community; Registry

Schools — Expel; sweep under the rug

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Barriers: Lack of EBP & Fragmented Response

Siblings /victims

Child with PSB

Caregiver

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Common Misconceptions about Youth with PSB

Safety in the home, community, and school

Need for restrictive placement

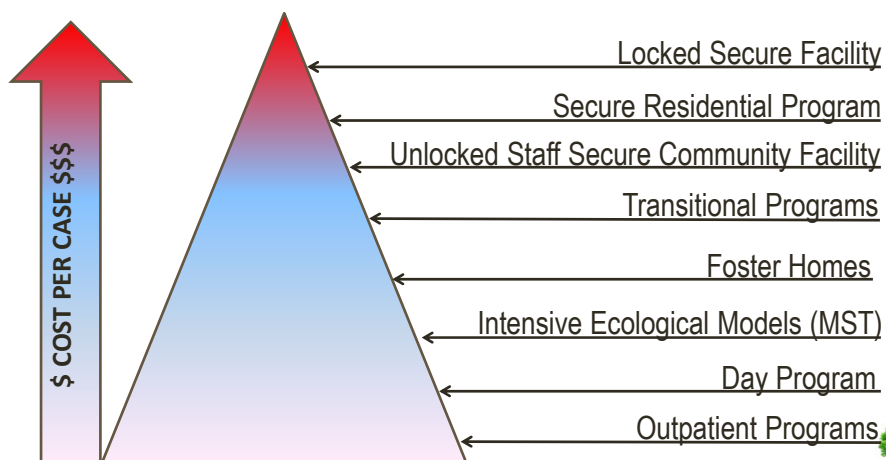Utilization of adult sex offender treatment approaches
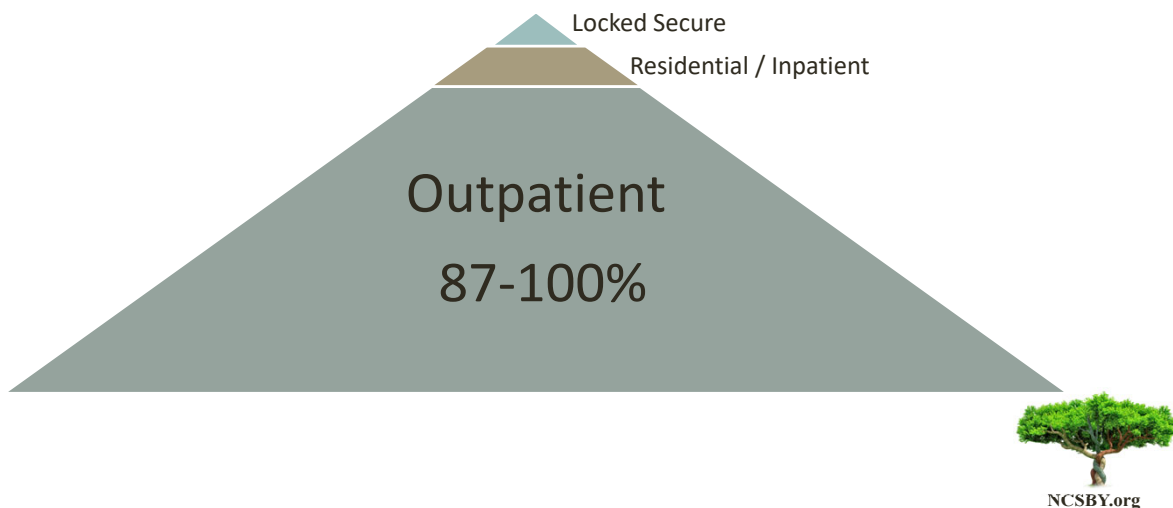
Recurrence of PSB

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Continuum of Youth PSB Treatment Interventions

$ COST PER CASE $$$

Locked Secure Facility

Secure Residential Program

Unlocked Staff Secure Community Facility

Transitional Programs

Foster Homes

Intensive Ecological Models (MST)

Day Program

Outpatient Programs

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Research-based treatment allocation based on sexual recidivism data

Locked Secure

Residential / Inpatient

Outpatient

87-100%

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Does Therapy Work with Children with PSB?

Success Rates

Cognitive-Behavioral Therapy
12 Sessions: Caregiver & Child

98%

Dynamic Play Therapy
12 Sessions: Caregiver & Child

89%

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

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Does Therapy Work with Children with PSB?

PSB Compared to Children with No Known PSB

**Cognitive-Behavioral Therapy
12 Sessions: Caregiver & Child**

98%

Comparison Group

97%

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

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OUHSC PSB-CBT Adolescent Treatment:
10-Year Recidivism Study

- 220 boys
  - Follow-up for all arrest and child abuse perpetration events:
    - OSBI arrests database
    - JOLTS database
    - DHS Child Welfare database for child maltreatment reports
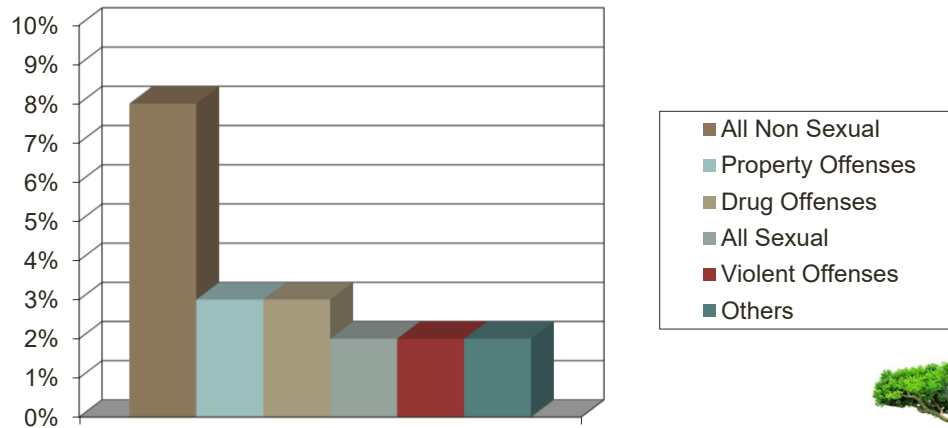 - Less than 3% recidivism rate for youth who successfully completed treatment.

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10 Year Follow Up – Recidivism Rates
(Jolts, OSBI, and OKDHS)

Types of Adult Convictions Among Former Adolescents with
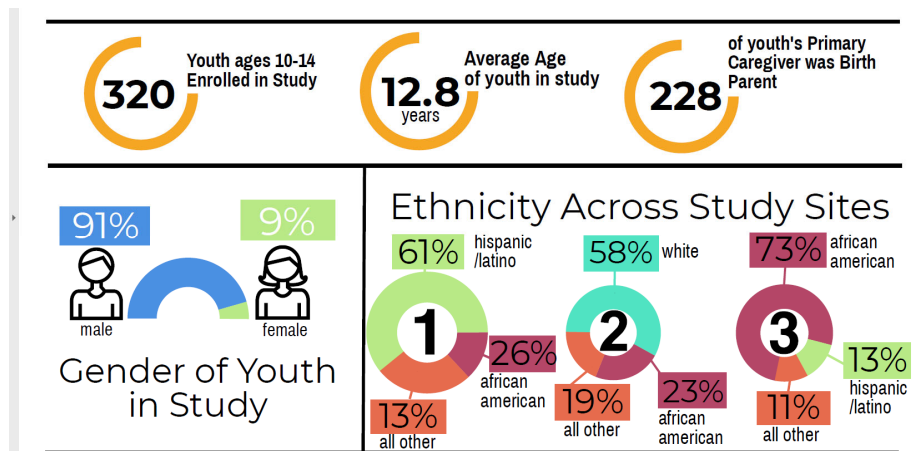PSB--OSBI (N = 380, average follow-up = 9 years)

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Evaluation

- Replicated
  - OJJDP Sites across the country
  - South Carolina
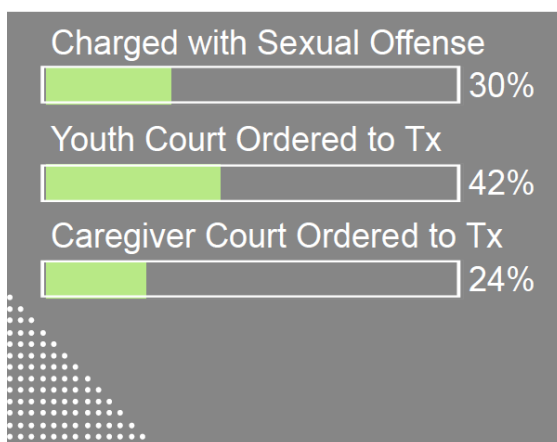 - Bristol, United Kingdom

- Research Summary:
- https://psbcbt.ouhsc.edu/PSB-CBT-Model/Research-and-Outcomes

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Example Findings: OJJDP Project 3 sites across US

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filezmsvw\$erh\$lim\gevikmziw2Nsyvrep\$j\$Wi|yep\$Ekkviwmsr069,5-0\$81
592lxxtw33hsm2svk354254<4357996:442645<2594;8<;

Charged with Sexual Offense — 30%
Youth Court Ordered to Tx — 42%
Caregiver Court Ordered to Tx — 24%

*Tx = Treatment

Victims of PSB

60% *female

7.2 years *Average Age of Victim

* Missing information for 30% of child victims
Victim age and gender reported for available data (70%)

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Replicated Results: Seven Sites, N=417

- Problematic sexual behavior significantly reduced from intake to exit from the program with a large effect size ($t(155) = 12.28$, $p < 0.001$, $d = 1.97$).
- Nonsexual behavior problems, emotional problems, and trauma symptoms also significantly improved.
- No site differences were found, despite racial and regional diversity across the sites.

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Voices of Caregivers

First Responders' Message

Get facts – Not judge

Serious

PSB not define child

Compassion

Hope

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Voices of Caregivers

Get to effective treatment as quickly as possible –

- **Let the community know about the program**
- **Reduce time to treatment**

Approach matters

- Tell me what to expect out of treatment
- Nonjudgmental, trustworthy, like my kid
- Being with other parents help motivate me and gives me support
- See my child as a child – and give them confidence they can make better choices

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Voices of Youth

Care about ME

Listen– Not judge

Keep family connections

TRUST takes time

Not "Denial" – Its Fear

Not Alone with Group

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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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National Center on the Sexual Behavior of Youth

Website sections designed for caregivers and professionals, and has free resources including, news, websites, factsheets, bibliography, and others.

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www.Instagram.com/ncsby

OU-YPSB@ouhsc.edu

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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:

http://www.atsa.com/pubRpt.html

ATSA
MAKING SOCIETY SAFER

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National Children's Alliance

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

Video Training Series

Youth with Problematic Sexual Behavior Series - Promo Video

UNDERSTANDING YOUTH
WITH PROBLEMATIC SEXUAL BEHAVIORS:
THEY ARE CHILDREN, TOO

WHERE WE BEGIN

WHAT WE CAN DO

WHAT HAPPENS NOW

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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
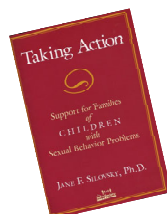
www.nctsn.org

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Resources

www.NCSBY.org

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Renee-roman@ouhsc.edu

Questions?

Thanks!

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