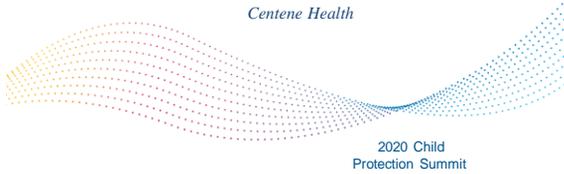




Problem Sexual Behavior of Children

What is proven to help?

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*Director Trauma and Evidence-based Intervention
Centene Health*



2020 Child Protection Summit

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Acknowledgements

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...And the staff at the **National Center on the Sexual Behavior of Youth (NCSBY)** at the Center on Child Abuse and Neglect (CCAN) University of Oklahoma Health Sciences Center for training, consultation, research and leadership in this important work and willingness to share use of slide content.



For the purposes of this presentation, we are discussing children 12 and under

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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

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OK Now...Next Thing!



Don't Get Panicked! Get Educated!



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Words you won't hear me use



- Panic (at least not again...well actually maybe)
- Perpetrator (re: children's behaviors)
- Juvenile Sex Offender
- Mini-perp
- Molester



Words you will hear

- Children, teens
- And Yes...get ready, you may likely hear
- Penis
- Vagina, and probably other names for private parts

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Typical Sexual Development



Part of overall development and healthy

- Curiosity
- Learning about the world
- Language
- Mimicking
- Agreement (consent)



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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
 - Type of behavior, frequency, etc.



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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



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Typical Adolescent Sexual Behavior

- Ranges from naive to highly sexualized
- Intercourse initiated earlier than previous generations
 - 48% of HS students had intercourse, 35% sexually active*
- Girls more aggressive sexually (especially pre-teen)
- While increased information 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

* U.S. Dept. of HHS 2011



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Managing Kids Natural Curiosity



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Sexual Behavior 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?!!



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What are Problem Sexual Behaviors in Children?



- Behavior involving "private parts" or other body parts (e.g., mouth, hand, genitals, chest, etc.)
- Developmentally inappropriate
- Potentially harmful to self /others
- Could be illegal
- Wide range of motives and origins
- Continuum of "normal – concerning – problematic" to possibly illegal sexual behaviors



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Who has the behavior problem?



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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
 - Child Pornography 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
- Frequency is rising and for younger kids



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Suggestions for professionals and parents

Do not overreact as most sexual behaviors in children (not all) are within the typical or expected range. (Assess)

- Inappropriate or problematic sexual behavior in children is not a clear indicator that a child has been sexually abused.
- Most children will stop the behavior **if** they are told the rules, mildly restricted, well supervised, and praised for appropriate behavior.



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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 rate are low, and most adult sex offenders were not sexual abuse victims

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Treatment Findings [Meta Analysis]

11 studies and 18 different treatments evaluated*

•What worked?

- Parenting/Behavior Parent Training (BPT) was the strongest predictor 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. (2008)



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If Seeking Therapeutic Help and Trauma is Known What Should Be Treated First?

Solid clinical interview and assessment is crucial

Considerations for PSB

- Safety issues
- Responsive to parental interventions
- Aggressive, coercive, force
- Impact on others
- Boundary issues
- Interfering with functioning

Considerations for PTSD / Trauma

- Trauma and or violence history / background
 - Re-experiencing symptoms
 - Interfering with functioning
 - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- www.tcbt.org



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Effective Treatment Elements

- Outpatient treatment (child stays in the home and community)
- Active and **full** participation in the treatment by caregivers;
- Short-term treatment of about 3-6 months -possible if family attends sessions regularly, actively participates in services, and practices skills between sessions; and
- Education for caregivers about how to:
 - apply rules about sexual behaviors;
 - improve the quality of their relationship with their children;
 - use parenting strategies that prevent and reduce behavior problems in general;
 - address sexual education topics with their children; and
 - support abuse-prevention strategies and skills.

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Additional Treatment factors

Other helpful treatment areas include addressing the following topics with the children in age-appropriate ways:

- Privacy rules, sexual behavior rules, and boundary rules
- Abuse-prevention skills
- The labeling and expressing of feelings and skills to reduce distress
- Impulse-control strategies and decision-making skills
- Social skills
- Apologizing and extending empathy toward victims, when children are old enough to understand the value of such caring acts

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Sexual Behavior Rules and Supervision and Monitoring



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Main Treatment Objectives

Caregiver

- Identify and respond to continuum of sexual behavior in children
- Sexual behavior rules for children
- Supervising children with PSB

Child

- Concept of private parts
- Rules about sexual behavior and boundaries
- Exceptions to the rules



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Helping Parents identify PSB in Children

- Must address basic sexual development in children to give foundation
- Use **Taking Action** booklet or handouts available at www.NCSBY.org to guide conversation
 - Discuss how to respond to typical, expected sexual behavior
 - Overview of what are PSBs in children
 - How to identify concerning sexual behaviors
 - Understanding the sexual behavior rules
 - Crucial to understand family beliefs, culture and values



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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
- Redirection and distraction
- Activities that use up energy
- Activities that take attention away
- Activities to avoid
- Cue and reminders
- Reinforcing following the rules
- SUPERVISION



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Sexual Behavior Rules

- It is NOT OK to look at other people's private parts.
 - It is NOT OK to show your private parts to other people.
 - It is NOT OK to touch other people's private parts.
 - It is OK to touch your private parts as long as you are in private and do not take too much time.
or It is NOT OK to touch your private parts in public.
 - It is NOT OK to use sexual language or make other people feel comfortable with your sexual behavior.
- Adapted from Bonner, Walker, & Berliner (1995)

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Teaching Boundaries to Children

Teach Physical Boundaries

- ✓ Hula / Bubble Space
- ✓ Arm's length, Side (or no) hugs, fist bumps (etc.)
- ✓ Assertiveness –delineating physical space
- ✓ “Mother May I”
- ✓ Greetings



<https://www.youtube.com/watch?v=h3nhM9UJjc>

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Supervision of Children with PSB

- Who are appropriate supervisors
- Visual vs. non-visual supervision and online
- Increasing social support systems
- Strategize challenges
 - Sleep/nighttime
 - Bathing
 - Multiple children, solo caregiver
 - Out-of-home situations
- Creative supervision (especially in COVID)
 - Use of available space
 - Room dividers
 - Electronic monitors needed?
 - Schedule changes



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Turtle Steps / STOP Steps



Turtle Steps (ages 9 and younger)

- Stop and go in your shell
- Calm down/relax
- Think of something helpful to do
- Come out of your shell and do it



STOP Steps (ages 10 and older)

- Stop and say how you are feeling
- Relax / calm down
- Think
 - What will happen if I do my first reaction?
 - Will I hurt someone or something?
 - Will I be breaking a rule?
- Options
 - At least 2 (maybe 3)
 - Put each option through the "Think" step
- Pick your best option and do it



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Thoughts on Finding The Right Helper



Children with PSBs should be seen by a licensed mental health professional who has:

- Child development expertise (including sexual development)
- Knowledge of different types of childhood MH disorders;
- Familiarity with children w/ multiple diagnoses, -often the case with children with problematic sexual behaviors.
- Training in the topics of ADHD, child maltreatment, child trauma, and conditions that affect self-control;
- Understanding that larger social problems impact children's behavior, including sexual behavior
- Knowledge of current research and effective treatments for childhood mental health disorders and problematic sexual behavior
- Knowledge of cultural variations that exist in parenting and childhood sexual behavior.

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Safety / Supervision re: Teens



- Although it is important to be open about the subject of sex, don't discuss explicit details of your own personal or marital sex life with your adolescent
- Avoid punitive or judgmental reactions to adolescent's questions about sex
- Computers must be in public areas of the house
- Specific safety plans to deal with violence in the home.



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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 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



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Taking Action Booklets

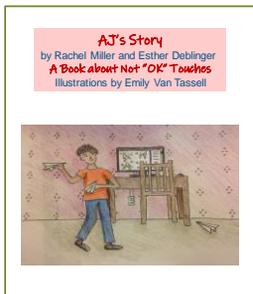


www.safersociety.org
 As low as \$4.00 for book
 PDF is FREE!

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



Available 2020
 from NCTSN.org
 under Child Sexual Abuse tab

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www.NCSBY.org



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NEW Parent Newsletter re: Children's Sexual Behaviors



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Other Resources



National Center on the Sexual Behavior of Youth [NCSBY.org](http://www.NCSBY.org)

Research-based information on children with problematic sexual behavior and adolescents with illegal sexual behaviors, including definitions, origins, treatment intervention and effectiveness, safety planning, and implications for public policy.
- Sections for caregivers and professionals.
- Free downloadable handouts and other resources

Association for the Treatment of Sexual Abusers www.atsa.org

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.

Taskforce Report on Children with Sexual Behavior Problems - Downloadable at <http://www.atsa.com/pubRpt.html>



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