

**Children's Sexual Behavior:
What's Common, What's Concerning, and
What to Do**

Jane F. Silovsky, Ph.D.
Center on Child Abuse and Neglect,
University of Oklahoma Health Sciences Center

Paula Hendrickson, CSW-PIP, QMHP
Psychiatric Social Worker
Lewis and Clark Behavioral Health Services
Yankton, South Dakota

Nebraska 2011

**Contact Information and
Acknowledgements**

Jane F. Silovsky, Ph.D.

Licensed Psychologist
Professor
Center on Child Abuse and Neglect
Department of Pediatrics, OUHSC
940 NE 13th Street, 383406
Oklahoma City, OK 73104
(405) 271-8858
(405) 271-2931 [fax]
Jane-Silovsky@ouhsc.edu

**Paula Hendrickson, CSW-PIP,
QMHP**

Psychiatric Social Worker
Lewis and Clark Behavioral Health
1028 Walnut
Yankton, SD 57045
(605) 665-4606
Paula.Hendrickson@lcbhs.net

Acknowledgements:

Barbara L. Bonner, Ph.D.	C. Eugene Walker, Ph.D.
Mark Chaffin, Ph.D.	Larissa Niec, Ph.D.
William Friedrich, Ph.D.	Lorena Burris, Ph.D.
Lucy Berliner, M.S.W.	Debra Hecht, Ph.D.
Lisa Swisher, Ph.D.	Keri Pierce, M.S.W.

Terminology

Children with Sexual Behavior Problems (**CSBP**)
Adolescents with Illegal Sexual Behavior (**AISB**)
Youth with Sexual Behavior Problems (**YSBP**)

- ▶ Developmentally sensitive
- ▶ Focuses on the behavior(s)
- ▶ Separates behavior of children and adolescents from criminal acts of adults

Typical Sexual Behavior

- ▶ Behaviors that involve parts of the body considered to be “private” or “sexual” (e.g., genitals, breasts, buttocks, etc.) and that 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
 - Research by Friedrich and with the CSBI

General Definition

Sexual behavior problems (**SBP**) are defined as child(ren)-initiated behaviors that involve sexual body parts (i.e., genitals, anus, buttocks, and/or breasts) in a manner that is developmentally inappropriate and potentially harmful to themselves or others.

--Silovsky & Bonner (2003)

General Definition, cont'd

- ▶ Children with SBP are defined as youth 12 years of age and younger
- ▶ Although the term “sexual” is utilized, the intentions and motivations for these behaviors may be unrelated to sexual gratification
- ▶ This is a definition, *not diagnostic criteria*

Sexual Behavior Problems

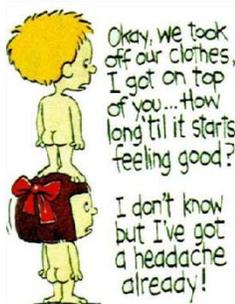
- ▶ Not a diagnosis
 - Clinically concerning behaviors
 - Disruptive behaviors
 - Trauma symptoms
 - Single focus of concern
- ▶ Continuum of normal sexual development to sexual behavior problems

Sexual Development

- ▶ Sexual development is best understood in the context of other aspects of development:
 - Cognitive
 - Speech/Language
 - Motor
 - Social
 - Emotional



Sex Education



Okay, we took off our clothes, I got on top of you... How long til it starts feeling good?

I don't know but I've got a headache already!

Typical Sexual Development: Sex Play

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

~Bonner (1999)

Research on Sexual Development: Sex Play, cont'd

- ▶ 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)

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
- ▶ No 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)

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

Guidelines for Determining if Sexual Behaviors are a Problem

- ▶ Intrusive, rare sexual behaviors
- ▶ Greater frequency and/or duration than developmentally expected
- ▶ Coercive and/or aggressive
- ▶ Potentially harmful to the child or others

Guidelines Continued

- ▶ Frequency excludes normal childhood activities
- ▶ Do not decrease with typically effective parenting strategies
- ▶ Occur between youth of significantly divergent ages/developmental abilities
- ▶ Elicits fear and anxiety in other children
- ▶ Siblings? Depend on age?

-Johnson (1998), Bonner (1995)

Prevalence & Incidence: How Many CSBP Are There?

- ▶ No national figures are available on the number of youth with SBPs
- ▶ No government agency oversees all of these youth
- ▶ During the 1990s there was a reported increase in the number of youth referred to CPS, juvenile justice, and treatment
- ▶ Unsure if this represents an actual increase in SBP or an increase in awareness and reporting



Summary of Research on Children with Sexual Behavior Problems

- ▶ Boys and girls have SBP
- ▶ Cultural and societal factors impact SBP
- ▶ Co-occurring diagnoses
 - Disruptive Behavior Disorders: ADD/ADHD, ODD, CD, etc.
 - Trauma-Related Disorders: PTSD, Adjustment, etc.
 - Other internalizing disorders (e.g., depression)
 - Learning and language delays
- ▶ Relationship issues
 - Parenting/caregiver stress
 - Parent perception of youth
 - Peer relationship problems

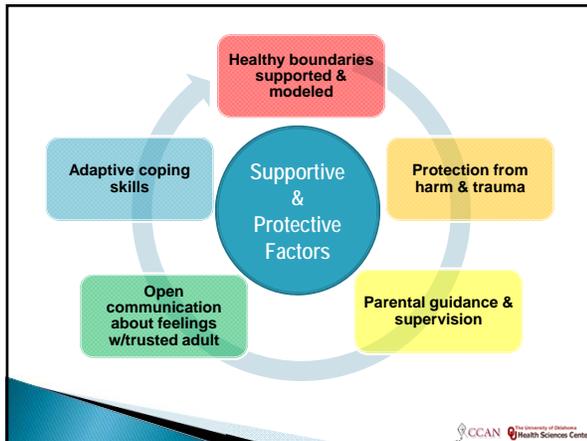
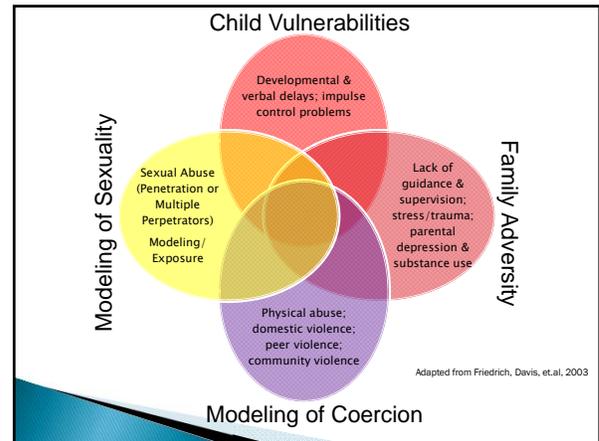
How Do Youth Develop SBP?

What Factors Increase the Likelihood of Youth Developing SBP?

Origins of SBP: Sexual Abuse?

- ▶ Historical assumption: "All children with SBP have been [sexually] abused"
- ▶ Bases of early research of sexual behavior in children
- ▶ Percentage of sexual abuse (SA) history in SBP samples vary
 - 4%–98%, depending on sample and how sexual abuse history was assessed
 - Maybe more likely in females

Most children who have been sexually abused do NOT demonstrate SBP



Common Misconceptions about Children with SBP

There are currently numerous misconceptions about youth with SBP regarding:

- ▶ Safety in the home, community, and school
- ▶ Need for restrictive placement
- ▶ Utilization of adult sex offender treatment approaches
- ▶ Recurrence of SBP

Can Children with SBP attend school safely?

- ▶ Most can attend public schools and participate in school activities without jeopardizing the safety of other students.
- ▶ In some cases, school personnel need to know information to ensure safety and protection of the students.



Can Children with SBP live in the community?

- ▶ Most Children with SBP can safely remain in the community during treatment
- ▶ Decisions about placement in residential or incarcerated settings should depend on community safety and treatment needs.



Do Children with SBP need intensive residential treatment?

- ▶ Many CSBP successfully treated in shorter, less intensive treatment programs.
- ▶ Many seen in outpatient group treatment programs that meet once a week for 4 to 28 months.
- ▶ Residential and inpatient treatment should be reserved for most severe cases, such as youth with other psychiatric disorder and/or continued problematic sexual behavior that recurs despite appropriate outpatient treatment and supervision.



Will Children with SBP grow up to be adult sex offenders?

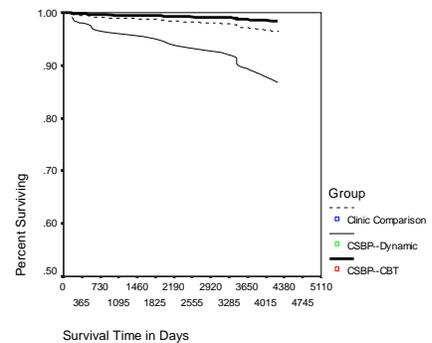
- ▶ Current research shows that the sexual re-offense rate for CSBP and AISBs who receive treatment is low in most US settings.
- ▶ Studies suggest that the rates of sexual re-offense (5–14%) are substantially lower than the rates for other delinquent behavior (8–58%).



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

- ▶ Long-term follow up
 - ATSA funded student research
 - 10 year follow up on children with SBP
 - Comparison Group: Children with Disruptive Behavior Disorders seen at same time at same location
 - Administrative records from Child Welfare, Juvenile Court, and Oklahoma State Bureau of Investigations
- ▶ Participants – children with SBP including aggressive SBP
 - 59 CBT Group Therapy
 - 64 Dynamic Play Therapy Group
 - 156 Comparison – Disruptive Behavior Disorders
- ▶ Similar age and race
- ▶ Comparison group more likely to be male

10 Year Follow Up Data



Diversity of Children with SBP

- ▶ Youth with sexual behavior problems are quite diverse.
- ▶ Individualized treatment plans recommended.
 - Not all need the same specialized treatment for SBP
 - Addressing co-occurring other behavior problems and emotional symptoms
 - Family involvement is crucial for success
- ▶ Individualized safety plans recommended.
 - Many CSBP can remain in the community, school, and home with appropriate supports and supervision.

Characteristics of Effective Treatment for Children with SBP

- ▶ Outpatient, community based intervention
 - 5–12 months
- ▶ Cognitive-Behavioral
 - NOT using adult sex offender models (not focus on cycles, arousal reconditioning, etc.)
 - Focus on appropriate behavior, good decision making, positive peer group
- ▶ Caregiver Involvement essential
 - Behavior parent training related to best outcomes
 - Multisystem Therapy – integrate multiple systems including neighbors, friends, schools, etc.

How Long Should Treatment Take

- ▶ Typical outpatient programs are 4–8 months
- ▶ Multi Systemic Therapy is 4–6 months
- ▶ No scientific support for long-term residential of Children SBP. This choice should be reserved for youth with severe mental health concerns

Oklahoma Treatment Programs for Youth with SBP

- ▶ Oklahoma CSBP program: 10 year follow-up found 2% (with SBP-CBT) recidivism
- ▶ Oklahoma AISB program: 10 year follow-up found 3% recidivism; national data: 5–12%
- ▶ Both programs found significant positive effects of strong parental involvement
- ▶ Major analysis of children's programs indicates importance of behavior parent training

Children with SBP 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

Treatment Components

- ▶ Rule based approach – Sexual Behavior Rules and Boundaries
 - Behavior in home, school, and community
 - Behavior Parent Training
 - Correcting Parent misperceptions about youth
- ▶ Abuse Prevention
 - Children with SBP are at risk of being future victims
- ▶ Sex Education
- ▶ Empathy and Accountability (school-age)

Children with SBP Treatment Provider Qualifications

- ▶ Licensed, experienced with children, background in child development, sexual development, SBP, etc.
- ▶ Familiar with current research and practice. Access to professional consultation.
- ▶ Address sexual and non-sexual issues. Know how to assess and address child behavior problems and trauma
- ▶ Place strong emphasis on caregiver involvement in treatment
- ▶ Active in relevant professional organizations (ATSA, APSAC)

Integrating the Juvenile Justice System in Treatment

- ▶ Working relationship established with probation officers and judges
- ▶ Clear role boundaries observed between probation and treatment program
- ▶ If problems warrant, staffing held with officer, child welfare staff, other relevant professionals
- ▶ Work closely on problematic behavior, and if needed, transition into community, and reunification

Factors to Consider in Placement

- ▶ Risk level of the youth
 - Severity of sexual problems, past and current
 - Degree of self-control and general delinquent problems
 - Degree of other problems (e.g., serious psychiatric problems, serious drug problems, etc.)

Placement Decisions

- ▶ Most children can and should be maintained in the community and not placed in more restrictive facilities.
- ▶ It is clear that a few do need more restrictive placements.
- ▶ Important to match carefully based on possible risks and benefits.

Placement Decisions

- ▶ Aggregating delinquent youth together in facilities has been shown to result in higher rates of future illegal behavior.
- ▶ Consequently, placement may make some youth worse, and ultimately at higher risk.

Summary

- ▶ Children with SBP are first and foremost
 - CHILDREN
 - They are not little adults and shouldn't be treated as if they are similar to adult sex offenders
- ▶ Children with SBP are diverse
 - Boys and Girls
 - Co occurring problems of trauma symptoms, nonsexual behavior problems, and learning issues
- ▶ Short-term, out patient, community based SBP-CBT treatments have been found effective

Professional Resources

Relevant Article

Swisher, L., Silovsky, J.F., Stewart, J., & Pierce, K. (2008). Children with Sexual Behavior Problems. *Juvenile and Family Court Journal*, 59, 49-69.

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

National Center on the Sexual Behavior of Youth

- ▶ Established in 2001 by OJJDP
- ▶ Develop and disseminate information and curricula on adolescent sex offenders and children with sexual behavior problems for multiple disciplines and the public
- ▶ Publications page – Fact Sheets on:
 - Child Sexual Development and SBP
 - Myths and Facts about Children with SBP

www.NCSBY.org



The National Child Traumatic Stress Network

- ▶ Mission: to raise the standard of care and improve access to services for children, their families, and communities throughout the United States.
- ▶ Funded by SAMHSA
- ▶ Publications and other information for parents and caregivers as well as professionals on trauma
- ▶ Finalizing revised fact sheets on children with SBP (jointly with NCSBY)

www.nctsn.org



NCTSN and NCSBY SBP Fact Sheets

- ▶ The 4 fact sheets are for parents and caregivers of children 2–12 years old
- ▶ These fact sheets are about
 - Sexual development
 - Common sexual behaviors
 - Knowing what problematic sexual behaviors are
 - How to help children with SBP
 - What do we know about CSBP
 - How to handle SBP among siblings.

www.ncsby.org

Indian Country Child Trauma Center (ICCTC)

The mission of the ICCTC is to improve treatment and services for Native children and adolescents in Indian Country who have experienced traumatic events. Originally, a member of the National Child Traumatic Stress Network funded by SAMHSA



- ▶ *Honoring Children, Respectful Ways*
- ▶ A treatment program for American Indian/Alaska Native children with SBP
- ▶ Adapted with Lorena Burris, Ph.D.
- ▶ NCSBY's fact sheets modified for parents

www.icctc.org



California Clearinghouse of Evidence Based Treatment for Child Welfare

www.cebc4cw.org/

- ▶ **What is the CEBC?**
- ▶ The California Evidence-Based Clearinghouse for Child Welfare (CEBC) provides child welfare professionals with easy access to vital information about selected child welfare related programs.

