UNDERSTANDING SEXUAL BEHAVIORS IN CHILDREN

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Presentation Outline

» Children with Problematic Sexual Behavior
  - Definition and terminology
  - Characteristics
  - Origins of the behavior

» Current Problems in the Field

» Common Misperceptions about Children with PSB

» Treatment Outcomes
Children with Problematic Sexual Behavior: They are Children First
WHAT IS SEXUAL BEHAVIOR IN CHILDREN
Typical Sexual Behavior

- Behaviors that involve parts of the body considered to be “private” or “sexual” (e.g., genitals, breasts, buttocks)
- 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
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  

Bonner (1999); Chaffin et al. (2006); Silovsky (2009), Silovsky & Bonner (2003); Rutter (1971); Lamb & Coakley (1993); Larsson (2001); Reynolds, Herbenick, & Bancroft (2003)
Continuum of Sexual Behavior in Children

- Normal Expected Sexual Play
- Inappropriate Sexual Behavior
- Problematic Sexual Behavior
Levels of Sexual Behavior

- **Play** - young children playing Doctor, pulling pants down (I’ll show you mine if you show me yours)

- **Inappropriate** – touching over clothes, telling sexual jokes, touching self in public

- **Problematic** – use of coercion, causing injury, repeated behavior
Problematic Sexual Behavior (PSB) of Children Defined

- Child(ren)-initiated behaviors
- Involve sexual body parts (i.e., genitals, anus, buttocks, breasts and/or mouth)
- Developmentally inappropriate
- Potentially harmful to self and/or others

Terminology: Children with Problematic Sexual Behavior

- Ages 3-12
- Developmentally sensitive term
- Focuses on the behavior
  - Separates behavior of children from delinquent or criminal acts of adolescents and adults
  - Motivations and intentions may not be related to sexual gratification
- Clinically concerning behavior
- Could reflect a variety of diagnoses

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Developmental Considerations</th>
<th>Harm</th>
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<tbody>
<tr>
<td>High Frequency</td>
<td>Occurs between Youth of Significantly Different Ages and Developmental Levels</td>
<td>Intrusive Behaviors</td>
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<tr>
<td>Excludes Normal Childhood Activities</td>
<td>Behaviors are Longer in Duration than Developmentally Expected</td>
<td>Includes Force, Intimidation, and/or Coercion</td>
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<tr>
<td>Unresponsive to Typical Parenting Strategies</td>
<td>Behavior Interferes with Social Development</td>
<td>Elicits Fear &amp; Anxiety in Other Children</td>
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Problematic Sexual Behavior: Age of Risk

![Graph showing the offense rate per 1000 victims against age of offender. The graph peaks at around age 16 and then decreases gradually.]
Characteristics of Children with Problematic Sexual Behaviors

- More diverse than adolescents with PSB and adult sex offenders
- No distinct profiles for children with PSB or clear pattern of demographic, psychological, or social factors
- Both boys and girls can display PSB
- Cultural and societal factors impact PSB
- Co-occurring diagnoses

Chaffin, Letourneau, & Silovsky (2002); Johnson (1989); Silovsky & Niec (2002)
Prevalence and Incidence:

- Difficult to determine in U.S. due to how the children are identified as well as inconsistencies in policies and procedures of government agencies.
  - Approximately 89,000 juvenile sex offenders in 2004.
  - November 2015 - December 2016, 16% (858) of youth presenting to CACs in Arkansas were reported to have PSB.

Finkelhor, Omrod, & Chaffin (2009) OJJDP report from data of the National Incidence Based Reporting System.
Effects of PSB on the Other Child

May depend on...

- Use of coercion and aggression
- Age differences
- Severity and frequency
- Functioning prior to the PSB
- Support from caregivers

Effects may include...

- Confusion about appropriate peer interactions and sexuality
- Sexual behavior problems
- Anxiety/depressions symptoms; PTSD
- Peer problems
- Disruptive behaviors
Impact on Families with a Child with PSB

Caregivers react and feel in a variety of ways:

- Feelings of disbelief, shame, guilt, embarrassment
- Anger towards the child, affected children/victim and their family, and the systems involved
- Believe the myths
  - Little hope for the future
  - Problem is the child, parenting program can’t help
  - Not understand seriousness of situation
- Impact of own history and experiences
- Divided loyalties
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.
Individuals or Professionals Involved in Decision-Making Process

- Caregivers
- Other family members
- Child Protective Services
- Law Enforcement
- Juvenile Justice
- Victim Advocacy
- Behavioral and Mental Health
- Schools
- Medical Providers
- Other Professionals
- Faith-Based communities
ORIGINS OF PROBLEMATIC SEXUAL BEHAVIOR
Origins of PSB: Sexual Abuse?

- Historical assumption – “All children with sexual behavior problems have been abused”
- Percentage of sexual abuse history in Children with PSB samples varies (4%-98%)
- Sexual abuse history maybe more likely in females
- Of children with substantiated sexual abuse
  - 36% of preschool children
  - 6% of school-age children

Cohen & Mannarino (1997); Hall, Mathews, & Pearce (2002); Kendall-Tackett, Williams, & Finkelhor (1991); McNichol & McGregor (1999)
Origins of PSB

- Culture, family attitudes, and educational practices impact knowledge of sexuality
- Child public and private behaviors are impacted by family values and beliefs
  - Modesty
  - Intimacy/relationships
- Increased frequencies of PSBs are found in more sexualized social environments
  - Frequent nudity, little privacy, sexual materials

Origins of PSB

- Complex familial, social, developmental, and perhaps, biological factors
  - *Family adversity and disruption*
  - *Coercive Environment*
  - *Sexualized environment*
  - *Trauma history*

- *Sexual Abuse*
  - *Subgroup*
  - *Perhaps types of sexual behavior*

Risk Factors

Modeling of Sexuality
Modeling of Coercion
Child Vulnerabilities
Family Adversity

Behavior problems, Developmental & verbal delays; impulse control problems
Physical abuse; domestic violence; peer violence; community violence, harsh parenting practices
Factors that hinder parental guidance & supervision; single parent, low SES, stress/trauma; parental depression & substance use

Sexual Abuse (Penetration or Multiple Perpetrators) Modeling/ Exposure
Supportive and Protective Factors

- Healthy boundaries supported & modeled
- Protection from harm & trauma
- Adaptive coping skills
- Open communication about feelings w/trusted adult
- Parental guidance & supervision
COMMON MISCONCEPTIONS
Children with PSB should not live in a home with other children

- Most children can live with other children (e.g., home, foster placement, etc.) as long as there is appropriate treatment and careful supervision.

- Youth with highly aggressive or intrusive sexual behavior, despite treatment and close supervision, should not live with other young children until behavior is resolved.

- If PSB occurred with other children in the home, then other children’s reactions must be considered.

Chaffin et al. (2006, 2008)
Youth with PSB should not attend public schools

- Most children can attend regular school and participate in school activities without jeopardizing the safety of other students.

- Youth with serious, aggressive PSB unresponsive to outpatient treatment and supervision may need more restrictive environment.

- In some cases, school personnel may need to know information for safety and protection issues.
Youth with PSB should be placed specialized inpatient or residential treatment facilities

- Most youth 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 youth 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, & Hecht (2001)
Levels of Care

- Locked Secure Facility
- Secure Residential Program
- Unlocked Staff Secure Community Facility
- Transitional Programs
- Foster Homes
- Intensive Ecological Models (MST)
- Day Program
- Outpatient Programs

Cost per Case:

- $ $ $ $ $ (Most Expensive)
- $ (Less Expensive)
Youth with PSB Grow Up to Be Adult Sexual Offenders

- FEW children with PSB continue on to commit sexual offenses while an adult.
- Research indicates that most youth show significantly lower PSB after short-term outpatient treatment.
- Rates of sexual re-offense (2%-14%) are substantially lower than for other delinquent behaviors (8%-58%).
- There is no current research that shows a clear link between problematic sexual behaviors in childhood and illegal sexual behavior in adolescents or adulthood.
TREATMENT OUTCOMES
Meta Analysis: Effective Practice Elements

- Purpose to identify “what practice elements lead to greater reductions in PSB”
  - What were the characteristics of the children served, approach of treatment, and components of treatment that lead to better outcomes?

- Examined studies in which PSB were either primary or secondary target for treatment
  - 11 studies identified
  - 18 treatments evaluated

St. Armand, Bard, & Silovsky (2008)
Meta Analysis: Effective Practice Elements

➤ What worked?
   • Parenting/Behavior Parent Training (BPT) was the strongest prediction of reductions in PSB
   • Better outcomes with younger children

➤ What did NOT work?
   • Practice elements that evolved from adolescent and adult sex offender treatments were not significant predictors

➤ PSB specific CBT and TF-CBT treatments effective.
OU PSB-CBT Focused Treatment Elements

- Behavior Parent Training
- Rules about sexual behavior / Boundaries
- Sexual Education
- Abuse Prevention Skills
- Plan for Safety
- Emotional Development and Expression
- Anxiety management and Coping Skills
- Impulse control
- Social Skills
- Empathy Development
Treatment of PSB: Long-term Trajectory

- Carpentier, Silovsky, & Chaffin (2006)
- 10 year follow up on Children with PSB
- Subjects were ages 5 – 12

- Treatment
  - CBT Group Therapy
  - Dynamic Play Therapy Group
  - Comparison (Disruptive Behavior Disorders and NO PSB)

- Comparison group more likely to be male, otherwise similar
10 Year Follow-Up Data

Survival Time in Days

Group
- Clinic Comparison
- CSBP--Dynamic
- CSBP--CBT

Survival Rate Over Time
10 Year Follow-Up Data

Survival Time in Days

Group
- Clinic Comparison
- CSBP--Dynamic
- CSBP--CBT

Percent Surviving
1.00
.90
.80
.70
.60
.50

2% Recidivism
3% Recidivism
11% Recidivism
Other Common Characteristics of Effective Treatments of PSB

➢ Coping and skill building
  ▪ Feelings
  ▪ Coping
  ▪ Problem Solving
  ▪ Social Skills

➢ Outpatient

➢ Short-term

➢ Group based
Enhancing Engagement of Caregivers: Healing Power of Group

- Being with other caregivers of children with PSB
- Knowing they are not alone
- Knowing there is a light at the end of the tunnel
- Positive, hopeful, real atmosphere
- Natural testimonials within the group
Enhancing Engagement of Caregivers: Reducing System Barriers

- Systems support of caregiver’s attendance
  - Examine system/agency’s requirements
    - Focused services better
  - Provide supports (transportation, child care, basic needs of family, etc.)
  - Flexible and family-centered service delivery
  - Foster parent special issues
  - Court order caregiver participation maybe needed
CURRENT PROBLEMS IN THE FIELD
Current Problems in the Field

Many states have no outpatient evidence-based services for children or youth with PSB

- *Rely on residential care that is expensive*
  - Often uses adult models of treatment
  - Community detaches from youth
  - No family services or families not able to participate due to travel

- *Or ignore the sexual behavior of the child or young teen*
  - “Boys will be boys”
  - Some youth worsen and escalate then the system responds
Current Problems in the Field

- Unclear what system is responsible for intervening
  - Child Welfare
  - Law Enforcement
  - Juvenile Justice
  - Schools

- Who is responsible for what? When?

- Myths and misconceptions held by the professionals involved
Current Problems in the Field

- When outpatient services are available, these services commonly
  - Are based on adult sex offender models
  - Do not address whole family service needs
- Fragmented services for families
- Lack of coordination across services
System Challenges: Coordinated vs. Fragmented Services

- Family often not served as a unit
  - Family members placed in “silos” and sent many different agencies for services
  - Third party payers support outdated practice

- Need Systems change:
  - Start when problematic sexual behavior is identified
  - Assess all members and develop family treatment plan
System Challenges: Coordinated vs. Fragmented Services

- **Agency barriers**
  - *Agency policies regarding youth with problematic sexual behavior*

- **Coordinated care for family members**
  - *Within agency*
  - *Communication across agencies*
Professional Resources

- National Center on the Sexual Behavior of Youth
- National Child Traumatic Stress Network
- Association for the Treatment of Sexual Abusers
- UAMS Child Study Center
THANK YOU!!!

QUESTIONS?