



# **Children with Problematic Sexual Behavior**

Presenter: Melissa Bernstein, PhD







RCHSD is not responsible for the creation of content and any views expressed in its materials and programing.





# Speaken SPOTLIGHT

MELISSA BERNSTEIN, PHD Evidence-Based Practices Rady Children's Hospital-San Diego



- Advancing California's Trauma-Informed Systems (ACTS)
- Trauma-Informed Licensing Team (TILT) Initiatives
- Research centers around supporting systems in planning for, implementing, and sustaining Trauma-Informed change that aligns with best practice and science

RCHSD is not responsible for the creation of content and any views expressed in its materials and programing.

#### CHILDREN WITH PROBLEMATIC SEXUAL BEHAVIOR

MELISSA BERNSTEIN, PH.D.

**RADY CHILDREN'S HOSPITAL** 

**CHADWICK CENTER FOR CHILDREN AND FAMILIES** 

#### PERMISSION TO USE COPYRIGHTED MATERIALS

- This PowerPoint presentation was developed with permission using copyrighted slides and other materials provided by the Problematic Sexual Behavior Cognitive-Behavioral Therapy (PSB-CBT) training and technical assistance team at the Center on Child Abuse and Neglect at the University of Oklahoma Health Sciences Center in Oklahoma City, OK.
- The Trainer facilitating this training is approved by the PSB-CBT Master Trainers to deliver this training for the purposes of this webinar.
- This permission is granted with the understanding that implementing the PSB-CBT program is for educational purposes and will not be for any commercial gain.
- Do no reproduce or distribute these or any other OUHSC-CCAN or PSB-CBT materials without written permission from the PSB-CBT Master Trainers (OU-YPSB@ouhsc.edu).

#### **TERMINOLOGY**

#### Children with Problematic Sexual Behaviors (CPSB)

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

#### **GENERAL DEFINITION**

Sexual behavior problems (PSB) 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

#### TYPICAL SEXUAL BEHAVIOR

- Infancy (0-2)
  - Curiosity about their body
  - Self touch in public and private
  - No inhibitions around nudity
- Early Childhood (2-5)
  - Self touch to self-sooth, attention
  - May occur publicly or privately
  - May ask questions about sexuality or reproduction
  - Curious about adult bodies
  - Continued lack of inhibition around nudity

- Middle Childhood (5-8)
  - Maybe self touch for pleasure, in private
- Late Childhood (9-12)
  - Interest in relationships
  - May express curiosity about adult bodies
  - Self touch for pleasure in private

#### **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); Chaffin et al. (2006); Silovsky (2009), Silovsky & Bonner (2003); Rutter (1971); Lamb & Coakley (1993); Larsson (2001); Reynolds, Herbenick, & Bancroft (2003)

# GUIDELINES FOR DETERMINING IF SEXUAL BEHAVIORS ARE A PROBLEM

| Frequency  | Developmental  Considerations  | Harm   |
|--|--|--|
| High Frequency   | Among Youth of<br>Significantly Different Ages/<br>Developmental Abilities | Intrusive Behaviors                            |
| Unresponsive<br>(i.e., does not decrease)<br>to Typical Parenting Strategies | Longer in Duration than Developmentally Expected                           | Use of Force, Intimidation, and/or<br>Coercion |
|  | Interferes with<br>Social Development                                      | Elicits Fear or Anxiety in Other Children      |

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

#### RARE SEXUAL BEHAVIORS

- Touches other children's private parts after being told not to
- Plans how to sexually touch other children
- Forces other children to do sexual acts
- Puts finger or objects in other child/ren's vagina or rectum
- Puts mouth on sex parts
- Tries to have sexual intercourse with another child or adult

#### POLL

■ The majority of children with PSB are male?

#### CHARACTERISTICS OF CHILDREN WITH PSB

- Relationship issues
  - Peer relationship problems
- More likely to present with psychological problems
- Learning and Language Delays

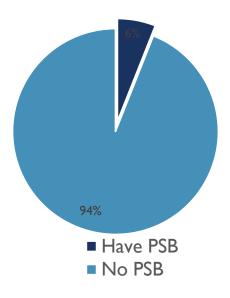
#### HOW DO CHILDREN DEVELOP PSB?

What Factors Increase the Likelihood of Children Developing PSB?

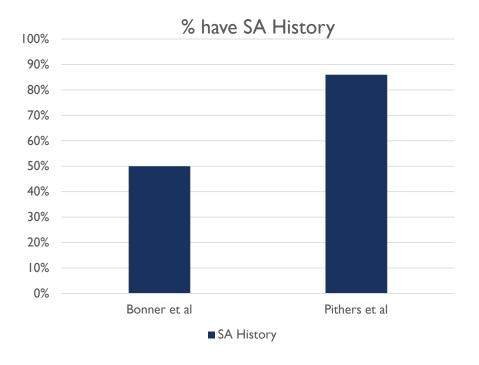
#### SCHOOL-AGE CHILDREN

#### Of children who have been sexually abused

Kendall-Tackett, et al.



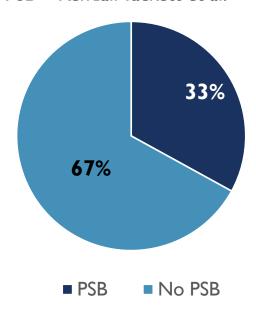
#### Of children with PSB



#### PRESCHOOL CHILDREN

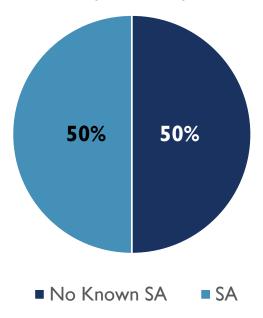
#### Of children who have been sexually abused

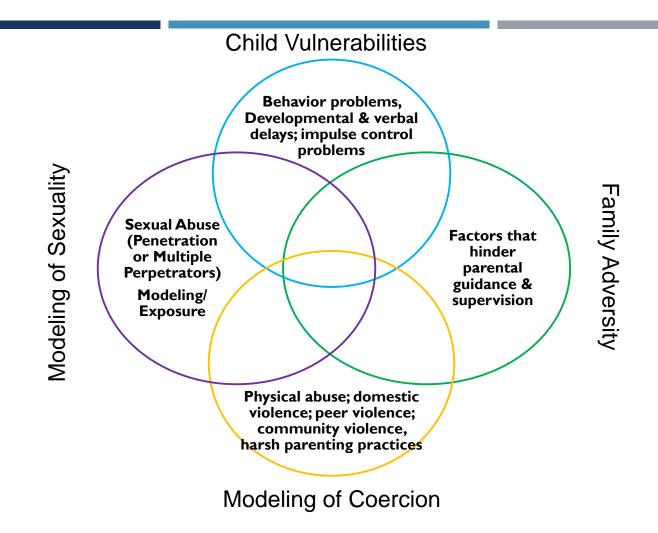
PSB - Kendall Tackett et al.



#### Of children with PSB

CSA History – Silovsky et al.





# WHAT TRIGGERS THE BEHAVIOR? HOW IS IT MAINTAINED OVER TIME?

- Deviant sexual arousal
  - Very, very rare
- Trauma
  - Re-experiencing symptom
- Curiosity
- Attention seeking
- Self-soothing
- Defiance
- Impulsiveness
- Preoccupation

Silovsky, 2015

Healthy boundaries supported & modeled

Adaptive coping skills

Successful experiences / skills

Supportive & Protective Factors

Protection from harm & trauma

Parental guidance & supervision

Open communication about feelings with a trusted adult

**Healthy friendships** 



#### CAREGIVERS RESPOND IN A VARIETY OF WAYS

- Feelings of disbelief, shame, guilt, embarrassment, anger
- No to little hope for the future
- Problem is the child; focus on parenting can't help
- Do not understand seriousness of situation
- Impact of own history and experiences
- Divided loyalties

#### DOES THERAPY WORK WITH CHILDREN WITH PSB?

#### Rates of Future 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)

#### 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)

# SEXUAL RECIDIVISM RATES FOR ADOLESCENTS WITH ILLEGAL SEXUAL BEHAVIOR

- Meta-analysis by Michael Caldwell (2017)
- Included 106 international recidivism studies totaling 33,000 youth
- Mean five-year sexual recidivism rate for offenses committed over the last 30 years <5%</p>
- Most recent 33 studies since 2000 suggest mean sexual recidivism rate of 2.75%
- The longer one remains offense-free in the community, the lower the risk for sexual offending (Hanson, 2014)

## CHARACTERISTICS OF EVIDENCE-BASED TREATMENTS FOR YOUTH WITH PSB

- Directly involves caregivers
  - Behavior parent training
  - Rules about sexual behavior
  - Caregiver sex education
  - Abuse prevention of children

- Plan for safety and preventing future PSB
- Prosocial peers and positive peer interactions
- Youth with deviant sexual arousal require specialized individualized treatment (no current EBTs known)

#### **VOICES OF CAREGIVERS OF YOUTH WITH PSB**

- Don't judge me, my child, or my family
- PSB doesn't define my child
- Give me reassurance and hope
- Reduce time from discovering behavior and getting into treatment

#### **VOICES OF CAREGIVERS OF YOUTH WITH PSB**

- Tell me what to expect out of treatment
- Be patient with me when at first I don't understand why you want me there
- 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

#### COMMON QUESTIONS ABOUT CHILDREN WITH PSB

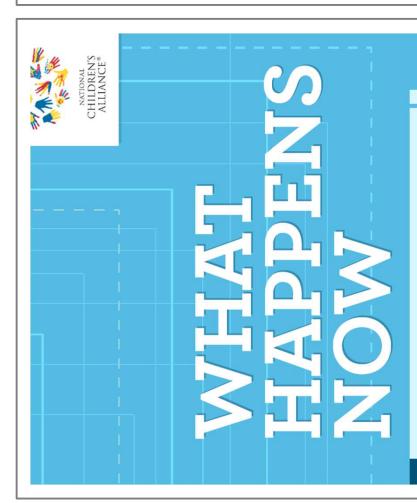
- Can children with PSB live with other children?
  - Do the caregivers have the parental capacity to provide supervision and safety?
  - Does the child with PSB respond to adult supervision and guidance?
  - Who are the other children in the home?

#### COMMON QUESTIONS ABOUT CHILDREN WITH PSB

- Do children with PSB need intensive residential treatment?
- Will children with PSB grow up to be adult sexual offenders?

#### **CONCLUSIONS**

- Sexual behavior of youth range from typical to concerning to problematic
  - Consider factors such as frequency, duration, consistency with development and harmfulness of the behavior
- No set profile or pattern of youth with problematic sexual behavior.
  - Origins are wide ranging
- Efficacious treatment directly involves caregivers in teaching supervision, safety, and other parenting skills
- Treatment, policies, and practices should be based on facts, rather than fear and myths about these children



# Facing Sexual Behavior Problems With Your Child

Discovering that your child has a problematic sexual behavior can be overwhelming. It can bring about a flood of emotions, from anger to sadness, denial, shame and guilt. Having the right help and support is vital to helping your child and assisting you in gaining a sense of hope for the future. You are not alone. Help is available.



# Understanding Children and Youth with Problematic Sexual Behaviors

The process of identifying and responding to problematic sexual behaviors (PSBs) among youth and children is often fragmented and inconsistent across the country. Children's Advocacy Centers (CACs) are leaders in supporting families impacted by child abuse through coordinated multidisciplinary response and care. This uniquely

# Effective Treatment for Youth with Problematic Sexual Behaviors



Problematic sexual behavior (PSB) is more than kide playing doctor or showing curiosity about private parts. PSB involves sexual body parts and is outside of typical development. A clear indication of a problem is when the behaviors are aggressive, intrusive, or cocerive, and there is harm to the youth and others. The term is also used when youth display sexual behaviors that do not respond to parental intervention, or are frequent, intrusive, or cocur among youth of disparate ages or abilities. There is hope through treatment. The first step is a clinical evaluation to examine sexual behavior, functioning and other needs.

Best Practices for PSB Treatment for Youth



# NCSBY Fact Sheet

Children with Sexual Behavior Problems: Common Misconceptions vs. Current Findings

# NATIONAL CENTER ON THE SEXUAL BEHAVIOR OF YOUTH

The mission of NCSBY is to 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 accuracy, accessibility, and strategic use of accurate information about the nature, incidence, prevalence, prevention, treatment, and management of youth with problematic sexual behavior.



www.NCSBY.org

### 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







#### **What Happens Next?**

- Survey and certificate in the chat now
- Recording and resources available within two days
- Watch your inbox for the next issue of *CalTrin Connect*

#### Stay connected for more free training & resources















