### Overview of Children With Sexual Behavior Problems

**Presented by:** 

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National Center on the Sexual Behavior of Youth

## 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
- Designed not to reflect the field, but to improve practice in the field

www.NCSBY.org

### **Presentation Overview**

- Sexual behavior problems defined
- Myths vs. Facts about children with SBP
- Effective treatment for SBP
- Supervision of children with SBP
- Appropriate caregiver responses to SB

### Terminology

Children with Sexual Behavior Problems (SBP)

- Developmentally sensitive
- Focuses on the behavior(s)
- Separates behavior of children from delinquent or criminal acts of adolescents and adults
- Includes all children with sexual behavior problems, in which there appears to be multiple origins to the behavior

### **Typical Sexual Behavior**

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

### Sexual Play is...

- Exploratory
- Spontaneous
- Intermittent
- By mutual agreement
- With child of similar age, size, developmental level
- Not accompanied by anger, fear, strong anxiety
  - Bonner (1999)

### Sexual 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)

## 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

# Sexual Behavior Problems: General Definition

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

Silovsky & Bonner (2003)

# Sexual Behavior Problems: General Definition

- Children with SBP are defined as youth 12 years 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*

# How Do We Distinguish Sex Play from SBP?



# Guidelines for Identifying Sexual Behavior Problems are:

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

# Guidelines for Identifying Sexual Behavior Problems are:

- Frequency excludes normal childhood activities
- Do not decrease with typically effective parenting strategies
- Between children of significantly divergent ages/developmental abilities
- Elicits fear and anxiety in other children

Johnson (1998), Bonner (1995)

### **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
- Touches another child's sex parts
- Asks others to engage in sexual acts with him/her

## Common Characteristics Children with SBP

- Sexual Behavior Problems
- Other Behavior Problems
- Internalizing Symptoms
- Limited Coping
- Social Problems
- Parent-Child Relationship
- Home/Community Environment

# More Severe, Co-Occurring Conditions and Issues

- SBP with coercion, aggression, planned
- PTSD with significant re-experiencing symptoms
- ODD, CD, Delinquency
- Relationship/Attachment

# Summary of Children with SBP: Characteristics

- Diverse types of SBP
- Diverse race, gender, family factors, SES, maltreatment histories, co-morbid problems
- More diverse than Adult and Adolescent Sexual Offenders, particularly gender
- No profile of children with SBP
- Preschool children may have more frequent SBP and more significant comorbid problems

# Significance: Effects of having SBP on Children and Family

- Co-occurring behavior and emotional problems
  - Increased risk of victimization
- Increased caregiver stress
- Increased risk of placement disruptions
- Social problems/ poor peer relationships

# Effects of SBP on the Other Child

- Very Limited Research
- May depend on
  - Use of Coercion and Aggression
  - Age Differences
  - Severity and Frequency
  - Premorbid Functioning
  - Support from Caregivers

# Effects of SBP on the Other Child



- Confusion about Appropriate Peer Interactions, Sexuality
- Sexual Behavior Problems
- Anxiety/Depression Sx, PTSD
- Peer Problems
- Disruptive Behaviors

# Myths vs. Facts about Children with SBP

- Myth
- Children with SBPs have been sexually abused
- Fact
- Many children with SBP's have not been sexually abused
- Children who been sexually abused later act out sexually with other children
- -Most children who have been sexually abused do not have SBPs.

#### **NCSBY 2003**

# Myths vs. Facts about Children with SBP

Myth

- Children with SBPs grow up to be adult sexual offenders.

- Fact
  - Most children with SBPs do not demonstrate continued SBPs into adolescence and adulthood.

#### **NCSBY 2003**

# Can children with SBP live with other children?

- With appropriate treatment and careful supervision, most children can live safely with other children.
- Children with highly aggressive or intrusive sexual behavior despite treatment and close supervision should not live with other young children until this behavior is resolved
- If SBP was with other children in the home, their reaction must be considered.

# Can children with SBP attend school safely?

- Most children can attend public schools and participate in school activities without jeopardizing the safety of other students.
- Children with serious, aggressive sexual behaviors that have not responded to outpatient treatment and supervision may need a more restrictive educational environment.
- School personnel may need to know information for safety and protection issues.

# Do children with SBP need residential treatment?

- Most children with SBP can be treated on an outpatient basis.
- Residential and inpatient treatment reserved for most severe cases.



# Residential or Inpatient Treatment

Reasons for:

- controlled environment,
- daily treatment contacts,
- high levels of community protection
- safety of child

Concerns:

- difficulties in obtaining parent/caretaker involvement,
- exposure to other children with severe behavior problems,
- disruption of social attachments and normal activities,
- labeling and stigma, potential for victimization
- very high cost

### **Placement Decisions**

- Severity of child's SBP and other problems
- Supervision at home and school
- Response to supervision
- Most children with SBP successfully treated and maintained at home and at school

### **Treatment of SBP**

- Importance of family involvement
- Limited ability to change child behavior problems without direct interventions with caregivers



### Treatment of SBP (cont.)

#### Effective treatment of SBP includes:

- Caregivers
- Parenting/Behavior Management Skills
- Rules about Sexual Behavior
- Sex Education
- Abuse Prevention Skills

St. Amand, Bard, & Silovsky 2008

### **Treatment of SBP (cont.)**

- Techniques that evolved from Adult Sex Offender Treatment that were
  NOT found effective in treatment of children with SBP include:
  - Cycles of abuse
  - Arousal reconditioning

St. Amand, Bard, & Silovsky 2008

# Group and/or Family Treatment Format

#### Family Therapy

- Address complex concurrent issues
- Individualized treatment
- Crisis intervention
- Parent's reaction
- Rural areas

#### Group Therapy

- Most common format
- Group practice of skills
- Accountability to group
- Support for parents
- Requires structure

# Making Home a Safe Place for Children with SBPs

- Close SUPERVISION
- Bathe and Sleep Alone
- No Exposure to Sexual Material
- Maintain Adults' Privacy
- Adults Use Modesty
- Communicate Clear Rules about Privacy
- Include All Members of the Family

### **Sexual Behavior Rules**

- It is not ok to touch other people's private parts.
- It is not ok to show private parts.
- It is not ok for other people to touch your private parts.
- It is ok to touch your private parts in private.
- It's not ok to make other's feel uncomfortable with your sexual language or behavior.

# How to Address SBPs-Scenarios

- A mother discovers her 7 year-old daughter in the closet with a cousin of the same age and their clothes are off.
- A child engages in sexually inappropriate talk and their siblings giggle.
- A child masturbates in the living room while the family is watching TV.

# Conclusions

- Not all sexual behavior in children is problematic
- Children with sexual behavior problems can typically be treated in the home and engage in normal childhood activities
- Families of children with sexual behavior problems are diverse
- Caregiver involvement in treatment is critical

### **ATSA Task Force**

The Task Force on Children with Sexual Behavior Problems Report can be downloaded in its entirety at www.atsa.com/pdfs/Report-TFCSBP.pdf



### Questions

