Problematic Sexual Behavior in Children: Current Findings and Implications for Practice

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Presentation Objectives

Participants will learn…

• Learn what is typical versus problematic sexual behavior in children;

• Be able to differentiate between common misconceptions regarding children with sexual behavior problems and what is supported by research; and

• Be to identify research supported components of treatment for children with sexual behavior problems.
What Do We Know About Typical Sexual Development?

• What behaviors are typical/normative and which are not?
• How do we know if the behavior is problematic and not “playing doctor”?
• How do cultural influences and societal factors impact our view of acceptable sexual behavior?
Sexual Development

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

• 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.
  – See research by William Friedrich
Research on Sexual Development

• Self-touch behavior
  – Babies as young as 7 months touch their own genitalia
  – Self-touch of preschoolers is not the same as adult masturbation
  – Toward the end of the school-age years, rates of masturbation in boys increases

• Most 3 year olds’ knowledge of sexual behavior is limited to kissing

• Approximately 30% of 6 year olds know about more explicit sexual acts
Research on Sexual Development

• Understanding of pregnancy and birth
  – Preschool children: Vague and concrete
  – School-age children: Can understand, though knowledge depends on what is taught

• Puberty is starting earlier in children, as early as 7 or 8 years of age
  – Depends on nutrition, heredity, and other factors
Sex Play

- Exploratory
- Spontaneous
- Intermittent
- By mutual agreement
- Between children of similar age, size, and developmental level
- Not accompanied by strong bothersome emotional reaction (e.g., anger, fear, anxiety, etc.)

Bonner (1999)
Research on Sex Play

- Occurs across childhood (and adulthood)
- 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 (55%-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
- Not 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)
WHEN ARE BEHAVIORS “JUST PLAYING DOCTOR” AND WHEN SHOULD WE BE CONCERNED?
Problematic Sexual Behavior (PSB)

• Typically involves genitals
  – Could involve other body parts, such as mouth, hands, etc.

• Potentially harmful to self and/or others
  – Physical and/or emotional

• Developmentally inappropriate

• Could be illegal per State and/or Federal statutes
Children with Problematic Sexual Behaviors

Children with Problematic Sexual Behavior

• Ages 3-12; developmental sensitivity
• Focuses on the behavior
  – Separates behavior of children from delinquent or criminal acts of adolescents and adults
  – Motivations may not be related to sexual gratification
• Clinically concerning, but not a diagnosis
• Includes all children with sexual behavior problems, in which there appears to be multiple origins to the behaviors

Silovsky & Bonner, 2003
## Guidelines for Identifying PSB in Children

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Developmental Considerations</th>
<th>Harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Frequency</td>
<td>Occurs between Youth of Significantly Divergent Ages/Developmental Abilities</td>
<td>Intrusive Behaviors</td>
</tr>
<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>
</tr>
<tr>
<td>Unresponsive (i.e., does not decrease) to Typical Parenting Strategies</td>
<td>Behavior Interferes with Social Development</td>
<td>Elicits Fear &amp; Anxiety in Other Children</td>
</tr>
</tbody>
</table>

Bonner, 1995; Davies, Glaser, & Kossoff, 2000; Friedrich, 1997; Johnson, 2004; Larsson & Svedin, 2001
Sexual Behavior Problems: 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 object in other child's vagina or rectum
- Puts mouth on sex parts
- Tries to have sexual intercourse with another child or adult
- Touches another child's sex (private) parts
- Asks others to engage in sexual acts with him or her

Friedrich et al. (2001), and Friedrich (2002, 2008)
Prevalence and Incidence:

• Difficult to determine in U.S. related to how the children are identified and inconsistencies in policies and procedures of government agencies.

• If other jurisdictions in the country were assumed to be the same as the NIBRS jurisdictions, one would extrapolate approximately 89,000 juvenile sex offenders were known to police throughout the United States in 2004.

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

• Very limited research

• 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 toward child, affected children/victim and their family, systems involved
  - Believe the myths
    - No to 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
Impact on Families with a Child with PSB

• Parental division
• Family members living apart; foster care
• Conflicts with extended family, friends, community
• Keeping youth’s PSB from others
• Isolation, loss of natural support system
• Uninvolved parents
• Families with multiple stressors and problems
• Misconceptions of Children with PSB
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
  - Bio/Kinship/Foster/Adoptive
  - Residential/Inpatient Staff
- Other family members
- Child Protective Services
- Law Enforcement
- Juvenile Justice
  - Judges
  - Prosecutors/Defense
  - Probation
- Victim Advocacy
- Behavioral and Mental Health
- Schools
  - Teachers
  - Counselors
  - Psychometrists
  - Administrators
- Medical Providers
- Other Professionals
  - Speech Therapists
  - Occupational Therapists
  - Rehab Specialists
- Faith-Based communities
Origins of PSB: Sexual Abuse?

• Historical assumption – “All children with sexual behavior problems have been abused”

• Bases of early research of sexual behavior in children

• Only 1% of publications that combine child(ren) and sexual(ility) in the titles do not treat child sexual behaviors as a consequence of sexual abuse
  – PsychINFO, Medline, Social SciSearch

De Graaf & Rademakers, 2011; Friedrich, 2005
Origins of PSB: Sexual Abuse?

- Percentage of sexual abuse history in children with PSB samples varies (4%-98%)
- Maybe more likely in females
- Of substantiated child 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
Adapted from Friedrich, Davis, et al., 2003

Behavior problems, Developmental & verbal delays; impulse control problems

Factors that hinder parental guidance & supervision; single parent, low SES, stress/trauma; parental depression & substance use

Physical abuse; domestic violence; peer violence; community violence, harsh parenting practices

Sexual Abuse (Penetration or Multiple Perpetrators)
Modeling/Exposure

Child Vulnerabilities

Family Adversity

Modeling of Sexuality

Modeling of Coercion
COMMON MISCONCEPTIONS ABOUT CHILDREN WITH PROBLEMATIC SEXUAL BEHAVIORS
Can Youth with PSB Live with Other Children?

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

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

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

Chaffin et al., 2006; 2008
Can Children with PSB 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.
Do Children with PSB Need Intensive Residential Treatment?

- Many children with PSB successfully treated in shorter, less intensive treatment programs.

- Many seen in outpatient group treatment programs that meet once a week for 4 to 12 months.
  - Caregiver should receive Behavior Parent Training as part of child’s treatment

- Residential and inpatient treatment should be reserved for most severe cases
  - Other psychiatric disorder(s)
  - Continued PSB despite intervention.

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 $$$
Will Youth with PSB Grow Up to Be Adult Sexual Offenders?

- Research has demonstrated that most youth show significantly improved behaviors 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
Treatment of PSB: Long-Term Trajectory

• Carpentier, Silovsky, & Chaffin (2006)
• 10 year follow up on children with PSB
• Subjects were ages 5 – 12
  – Time of follow up: 15-22
• Treatment
  – CBT Group Therapy
  – Dynamic Play Therapy Group
  – Comparison (Disruptive Behavior Disorders)
• Comparison group more likely to be male
10 Year Follow-Up Data

Survival Time in Days

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

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

Recidivism
- 2% Recidivism
- 3% Recidivism
- 11% Recidivism

Days
0 365 1095 1825 2555 3285 3650 4015 4745 5110
Meta Analysis: Effective Practice Elements


• Purpose to identify “what practice elements lead to greater reductions in PSB”

• Examined studies in which PSB were either primary or secondary target for treatment
  – 11 studies identified
  – 18 treatments evaluated
Effective Practice Elements

• Caregiver practice elements
  – **Behavior Parent Training (BPT; i.e., parenting skills)**
    • Rules about sexual behavior, boundaries
    • Sexual education
    • Abuse prevention skills

• Child practice elements
  – Self-control skills

St. Amand, Bard, & Silovsky, 2008
Effective Practice Elements

• Child practice elements
  – Self-control skills

• Additional factors
  – Family involvement
  – Preschool-aged children

• PSB specific CBT and Trauma-Focused – Cognitive Behavioral Therapy (TF-CBT) treatments effective.

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

St. Amand, Bard, & Silovsky, 2008
OU PSB-CBT Focused Treatment Elements

- Behavior Parent Training
- Rules about sexual behavior / Boundaries
- Sexual Education
- Abuse Prevention Skills
- Plan for Safety
- Emotional Development
- Anxiety management and Coping Skills
- Impulse control
- Social Skills
- Empathy Development
PROFESSIONAL RESOURCES
Evaluating Treatments

www.cebc4cw.org

www.nctsn.org
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.

www.atsa.org

- Taskforce Report on Children with Sexual Behavior Problems – Downloadable at:

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.

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 SBP collaboratively developed with NCSBY

www.nctsn.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 (CSBP treatment)
  – Adapted by Jane Silovsky, Ph.D., and Lorena Burris, Ph.D.
  – A treatment program for American Indian/Alaska Native children with PSB
  – NCSBY’s fact sheets modified for parents

www.icctc.org
Child Maltreatment
Journal of APSAC

• Journal for the American Professional Society on the Abuse of Children

http://cmx.sagepub.com/

• May 2008 Special Issue on Children with Sexual Behavior Problems

cmx.sagepub.com/content/vol13/issue2/
Stop It Now! ®

• Prevents the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed.

http://www.stopitnow.org/pubs.html
Safer Society Booklets

Taking Action
Support for Families of Children with Sexual Behavior Problems
JANE F. SILOVSKY, Ph.D.

Taking Action
Support for Families of Adolescents with Illegal Sexual Behavior
BARBARA L. BONNER, Ph.D.

http://www.saferociety.org/allbks/wp136-wp137.php
Additional Online Resources

• American Academy of Pediatrics
  www.healthychildren.org

• Centers for Disease Control and Prevention
  www.cdc.gov/healthyyouth

• Talking with Kids
  www.talkingwithkids.org
Additional Books


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