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BEYOND TYPICAL: SEXUAL BEHAVIORS IN CHILDREN & EVIDENCE-BASED TREATMENT

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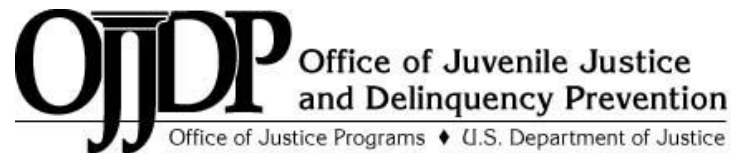
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Acknowledgements/Disclaimer

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Learning Objectives

- Learn about typical versus problematic sexual behavior in children.
- Be able to differentiate between common misconceptions and what is supported by research.
- Learn more about Project SAFeR, the evidence based treatment program in Fort Worth, which was created and is sustained through a unique community collaboration.
- Walk away with a changed perspective, an increased sense of empathy, and specific resources to help support these families in your own communities.

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Typical vs. Problematic Sexual Behavior in Children

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Typical Sexual Behavior

- Involve parts of the body considered to be “private” or “sexual”
- Developmentally expected and across all areas of major development
- Most experts do not consider to be problematic
- Influenced by cultural and social factors

Characteristics of Sex Play in Children

- Exploratory
- Spontaneous
- Intermittent
- By mutual agreement
- Occurs with other children
 - Particularly known or familiar children (social network), including siblings
 - With child of similar age, size, and developmental level, and children of the same sex/gender

Characteristics of Sex Play in Children

- ❑ Occurs across childhood, not just in preschool children
- ❑ Common in children (55%-80%), mostly is never known by caregivers
- ❑ Becomes more concealed as children get older (i.e., school-age children)
- ❑ Not related to sexual orientation in adulthood
- ❑ Not accompanied by anger, fear, and/or intense anxiety

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

Terminology:

Problematic Sexual Behaviors (PSB)

- Child(ren)-initiated behaviors that involve “private parts”
 - ▣ Genitals, anus, buttocks, and/or breasts
 - ▣ Could involve other body parts: Mouth, hands, etc.
- Developmentally inappropriate
- Illegal per local and/or national statutes
- Potentially harmful to self or others
- PSB is not a diagnosis
 - ▣ Represents clinically concerning behaviors
 - ▣ Single focus of concern
 - ▣ Could be a symptom/criterion of a diagnosis (e.g., ADHD, PTSD, ODD, CD, etc.)

Terminology: Children with Problematic Sexual Behavior

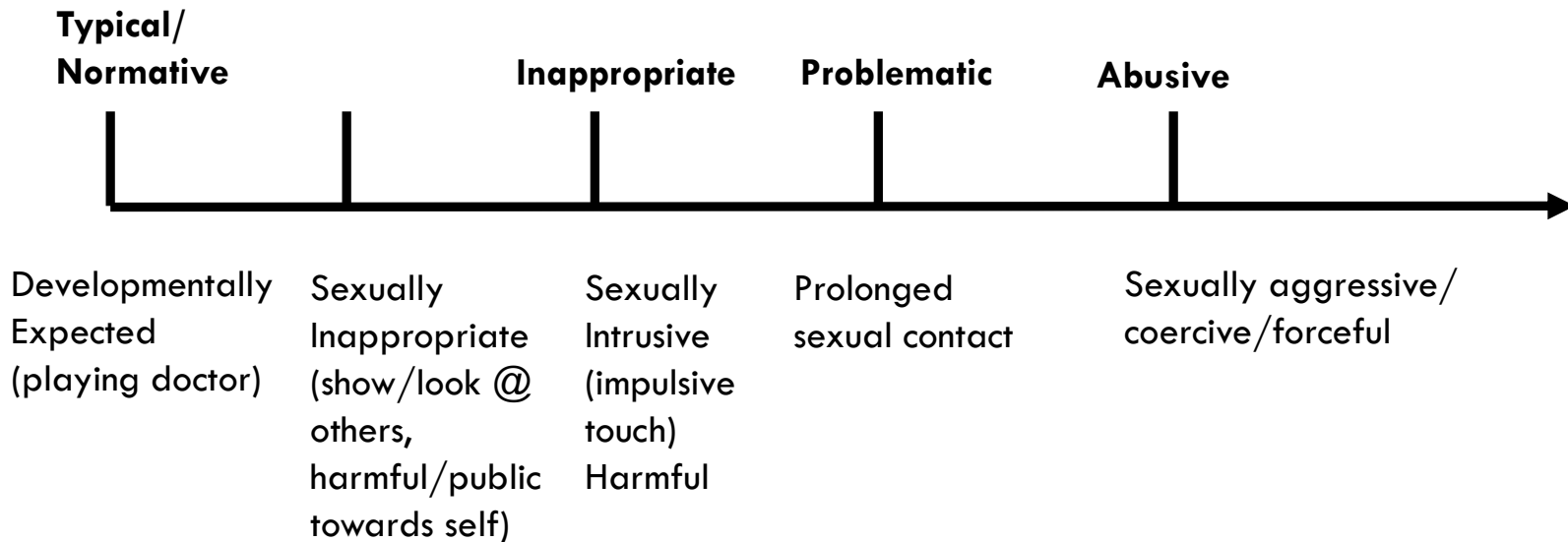
- Developmentally sensitive term
 - ▣ “Children” defined as ages 12 and younger

- Focuses on the behavior(s)
 - ▣ Although the term “sexual” is utilized, the intentions and motivations for these behaviors may be unrelated to sexual gratification
 - ▣ Separates behavior from the child

- Includes all children with PSB, in which there appears to be multiple origins to the behavior

- This is a definition, not diagnostic criteria.

Types of Sexual Behavior in Children



Hall, Mathews, & Pearce (2002); Bonner, Walker, & Berliner (1999); Johnson (1991)*

Guidelines for Determining if Sexual Behaviors are a Problem

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

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

Rates of Problematic Sexual Behavior

- No research or accurate data on prevalence/incidence
- Greater than one-third of sexual offenses against child victims are committed by other youth.
- PSB primarily occurs with other children known by the youth, with a quarter of victims being family members.
- Few sexual offenses of youth involve strangers.

Characteristics of Children with Problematic Sexual Behavior

- No distinct profiles for children with PSB or clear pattern of demographic, psychological, or social factors
- More diverse than adolescents with PSB and adults with illegal sexual behavior
 - ▣ Neither children or adolescent share central characteristics of adult sex offenders
- May have co-occurring diagnoses
 - ▣ Disruptive Behavior Disorders: ADHD, ODD, CD
 - ▣ Trauma Related Disorders: PTSD, Adjustment
 - ▣ Other Internalizing Disorders: Depression, Anxiety
 - ▣ Learning and language delays

Chaffin, Letourneau, & Silovsky (2002); Johnson (1989); Silovsky & Niec (2002)

Characteristics of Children with Problematic Sexual Behavior

- Relationship issues
 - ▣ Parenting/caregiver stress
 - ▣ Parent perception of youth
 - ▣ Peer relationship problems
- Younger (preschool) children with PSB...
 - ▣ More likely to be female
 - ▣ More likely to present with psychological problems

PSB in Children = A Family Problem

- PSB impacts the family since the behavior is often within the child's social network (e.g., siblings, cousins, etc.)
- The behavior impacts everyone in the home
- The children's sexual behavior, system's responses, and caregivers' reactions impact the range of children in the home and social network

Effects of PSB on the Other Child

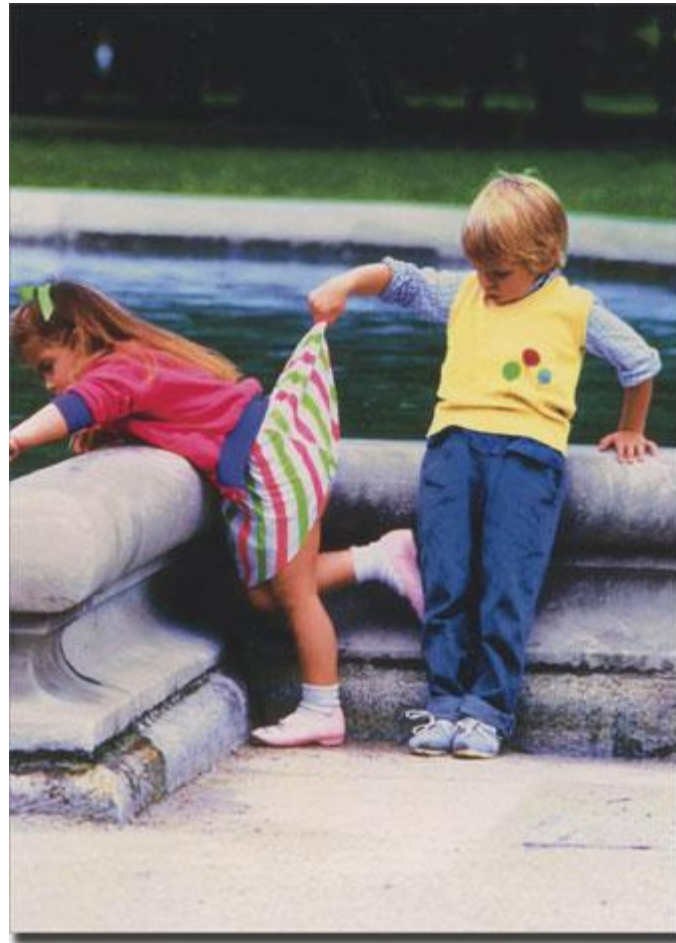
- Factors that may contribute to an adverse reaction:
 - ▣ Use of coercion and aggression
 - ▣ Age differences
 - ▣ Severity and frequency
 - ▣ Functioning prior to the PSB
 - ▣ Support from caregivers
- Adverse effects may include:
 - ▣ Confusion about appropriate peer interactions and sexuality
 - ▣ Problematic sexual behavior
 - ▣ Anxiety/depression symptoms; PTSD
 - ▣ Disruptive behaviors
 - ▣ Peer problems

Child's PSB & Impact on Caregivers

- 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 understanding seriousness of situation
- Impact of own history and experiences
- Divided loyalties – who to support and protect (and love)

Typical or Problematic?

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Typical or Problematic?

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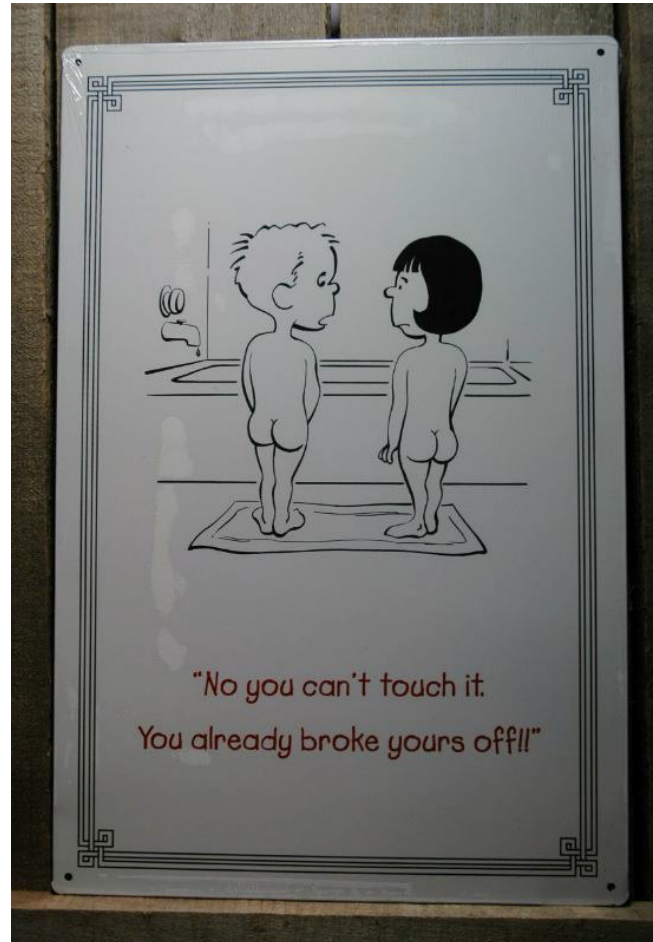
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Typical or Problematic?



Typical or Problematic?

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Typical or Problematic?

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Origins of PSB

The Role of Sexual Abuse, Ecological Factors,
and Protective Factors

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The Impact of 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 maybe more likely in female children with PSB

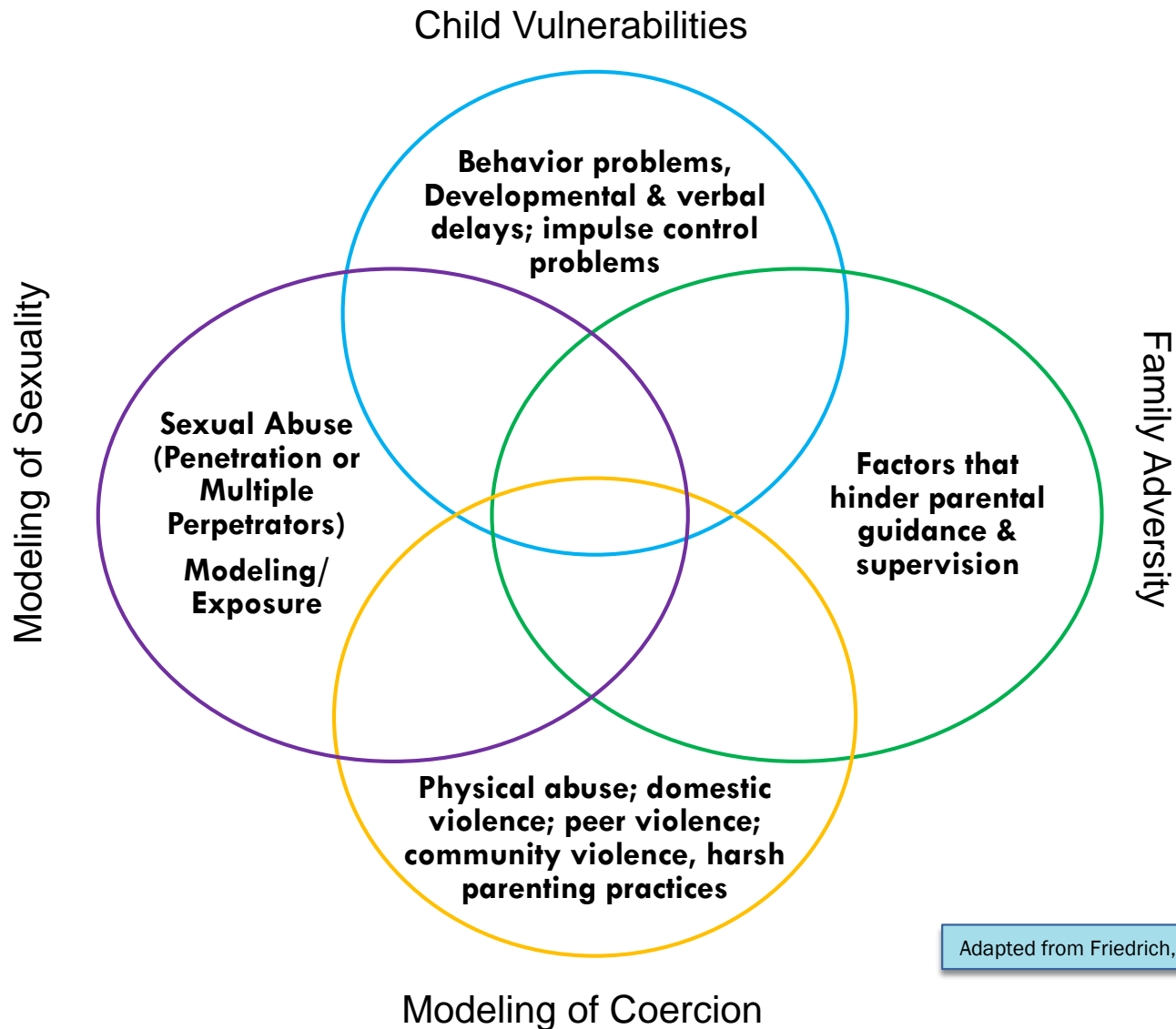
- Most children who have been sexually abused do not have PSB
 - ▣ Of substantiated child sexual abuse cases
 - 36% of preschool children had PSB
 - 6% of school-age children had PSB

Ecological Approach to the Origins of PSB in Children

- Sexual abuse can be origin

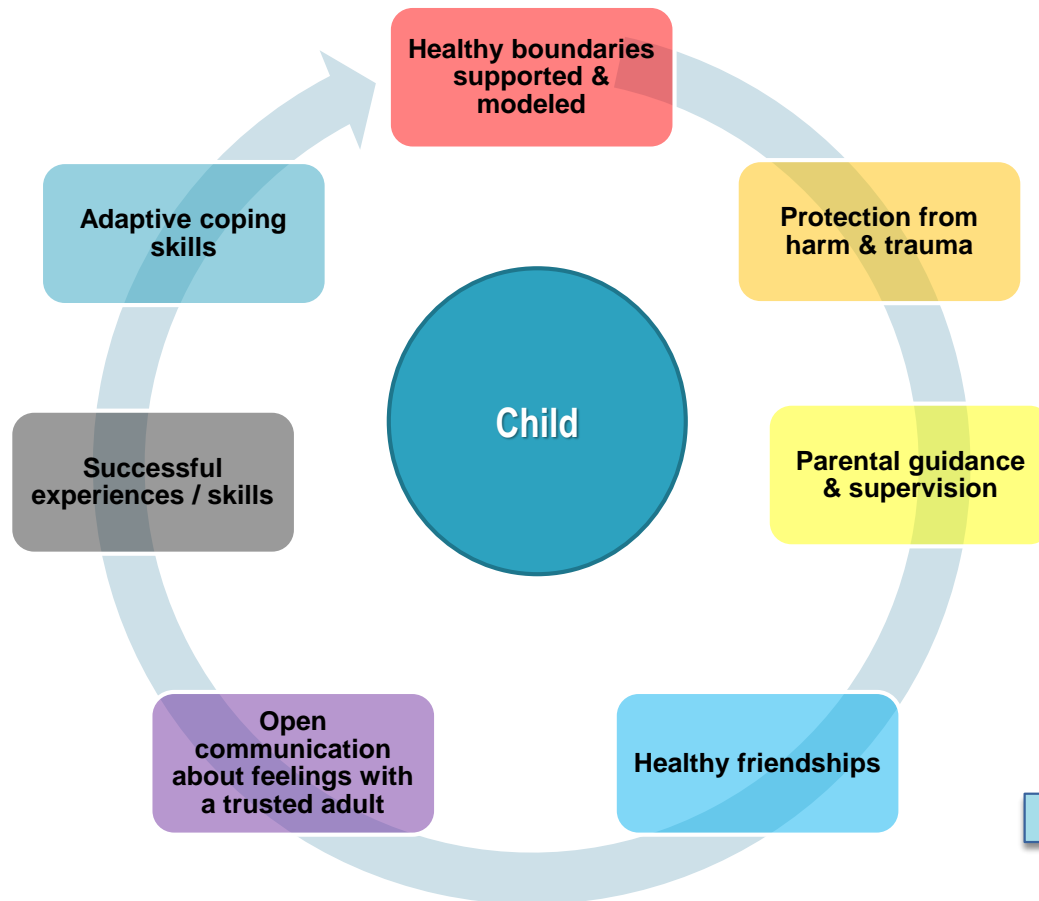
- Most likely complex familial, social, developmental, and perhaps, biological factors that influence development (and maintenance) of PSB
 - ▣ Trauma history
 - ▣ Coercive environment
 - ▣ Family adversity and disruption
 - ▣ Sexualized environment
 - ▣ Child characteristics

Elkovitch, Latzman, Hansen, & Flood, 2009; Friedrich, 2007; Silovsky & Bonner, 2003



Adapted from Friedrich, Davis, et.al, 2003

Supportive & Protective Factors



Silovsky, 2015

Treatment Outcomes

The Evidence-Base & Effective Treatment Elements

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Treatment Efficacy

- 10-year follow-up research (Carpentier, Silovsky, & Chaffin, 2006)

- Compared outcomes of the two original treatment conditions, Cognitive-Behavioral Therapy and Dynamic Play Therapy, with a comparison group
 - Comparison Group
 - Children with disruptive behavior disorders with no known history of PSB
 - Received treatment for disruptive behaviors during the same time period and location as original project
 - Similar age and race to children in both treatment conditions
 - More likely to be male
 - Data gathered from administrative records from Child Welfare, Juvenile Court, and Oklahoma State Bureau of Investigations

Treatment Efficacy

- Treatment was highly effective over 10 years
 - ▣ Most children who received treatment did not have another known report of PSB
 - CBT = 2% recidivism
 - Dynamic Play Therapy = 11% recidivism

- 3% of children in the comparison group has PSB

- No statistical difference between CBT and comparison groups
 - ▣ Children who received CBT were no more likely to have PSB than the general population of children

Effective Practice Elements

- Meta-analysis of all existing treatments (St. Amand, Bard, & Silovsky, 2008)

- Caregiver practice elements
 - ▣ Behavior Parent Training (BPT) most significant/effective practice element
 - ▣ BPT co-occurred with other practice elements
 - Rules about sexual behavior and boundaries
 - Sexual education
 - Abuse prevention skills

- Child practice element:
 - ▣ Impulse-control skills

Effective Practice Elements

- Caregiver/family involvement also significant for treatment success
- Treatment elements related to decline in PSB and, also, general behavior problems and trauma symptoms (when present)
- Practice elements evolved from adult sex offender treatments were not significant predictors; some made behaviors worse

Characteristics of Evidence-Based Treatments for Children with PSB

- Planning for safety and preventing future PSB
- Age-appropriate positive peer interactions and friendships
- Very small sub-group with deviant sexual arousal need specialized protocols

Common Misconceptions

Public Perception vs. Research-Based Findings

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General Misconceptions about Children with PSB

- ❑ These kids are dangerous and will continue to act out and harm other children.
- ❑ Children need to be locked up and treated in a restrictive placement
- ❑ They are little adult sex offenders and will never change.

Can Children with PSB Live with Other Children?

- Most often...YES!
- Considerations:
 - ▣ Do the caregivers have the 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 and what are their vulnerabilities, strengths, and wishes (about child with PSB)?
- With appropriate treatment and careful supervision, most children with PSB 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 PSB occurred with other children in the home, then the other child/ren's reactions must be considered

Chaffin et al., 2006; 2008

Can Children with PSB Attend School Safely?

- Most often...YES!
- Considerations:
 - What are the child's risky behaviors and strengths, including impulsivity and responsiveness to supervision and adult guidance
 - What are the strengths and weaknesses of the school and teachers?
 - What does the school staff need to know to be protective of all children?
- Most children with PSB can attend public schools and participate in school activities.
- In some cases, school personnel may need to know information about PSB for safety and protection issues.

Do Children with PSB Need Intensive Residential Treatment?

- Most often...NO!
- Considerations:
 - ▣ Is the child actively a danger to self or others, and/or psychotic?
 - ▣ Is the child's PSB highly aggressive that recurs despite appropriate intervention in the community?
- Most children 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

Chaffin et al., 2006; Brown, Silovsky, & Hecht, 2001

Will Children with PSB Grow Up to Be Adult Sexual Offenders?

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- Research shows no correlation.
- Research has demonstrated very low recidivism rates, particularly with treatment
- Most children with PSB do not have deviant sexual arousal
- There is no current research that shows a clear link between PSB in childhood and illegal sexual behavior in adolescents or adulthood

Addressing the Issue

Broad-based Roadblocks & Goals

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Current Problems in the Field

- Myths and misconceptions by community and professionals
- Lack of outpatient-based evidence-based services
 - Reliance on residential care is expensive
 - Expensive
 - Use of adult models of treatment
 - Community detaches from youth
 - Limited family participation
 - Fragmented services for families

Current Problems in the Field

- Lack of clarity in terms of which system is responsible for intervening (CPS vs law enforcement vs schools vs. juvenile justice)
- Lack of coordination across systems and services

Community Response Goals

- Use of evidence-based practices for children and adolescents
- Provide accurate messages
- Assess needs and resources of all family members
- Individualized plan for safety and services
- Coordinated care and support

Our Response: Project SAFeR

Safety and Family Resiliency

Evidence-Based Treatment at Lena Pope

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Project SAFeR History

- 2014: Addressing an unmet need
 - ▣ Omaha trip
 - ▣ SAMHSA/NCTSN grant received, providing funding for training at OUSHC Center on Child Abuse and Neglect
- 2015:
 - ▣ January & May: began PSB-S learning collaborative with 4 other sites at OUHSC
 - ▣ July 2015:
 - PSB-S groups started for children ages 10-12 yo, initially only with diversion families
 - ▣ Fall 2015:
 - Expanded services to 7-12 yo
 - Applied for and received OJJDP grant allowing us to serve children ages 10-14 yo

Project SAFeR History (cont)

- 2016:
 - January 2016:
 - Final PSB-S training at OUHSC
 - May 2016:
 - OUHSC provided PSB-A training at Lena Pope
 - July 2016:
 - PSB-A groups started
- 2017:
 - 2 children's groups / 1 caregiver group
 - 1 adolescent male group / 1 caregiver group
 - Granted a 1 year extension for OJJDP grant

PROJECT SAFeR

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- Two distinct group programs:
 - ▣ PSB-S: 7-12 year old males and females
 - ▣ PSB-A: 13 and 14 yo males (in group) and females (family therapy)

- Family therapy options

- Services include:
 - ▣ Assessment of sexual behaviors
 - ▣ Treatment recommendations
 - ▣ Treatment services: Group and/or family therapy
 - ▣ Collaboration with other professionals
 - ▣ Consultation
 - ▣ Community education

- Service location is Lena Pope (3200 Sanguinet Street, Fort Worth TX 76107)

Referral Sources

- Project SAFeR (PSB-S) as a diversion program
 - Qualifications:
 - 10-12 yo
 - MDT approval
 - Low risk
 - Must admit to charges
 - Victim's family must agree child can participate
 - Monitoring by TCJP sex offense unit
 - Benefits of participation

- CPS, CAC, Tarrant County District Attorney's Office, hospitals, school districts, local mental health professionals, etc.

PSB-S Treatment Program

- Most families complete therapy in 4.50 to 6 months
- Open ended group – families can join at most anytime
- Children and caregivers have separate concurrent groups
- Child's sexual behaviors are tracked weekly
- Child has weekly homework

PSB-S Group Treatment Format: Children's Group

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- Highly structured and interactive
- Directly addresses sexual behavior
- Rule-based learning experiences
- Directive therapists
- Psycho-educational, Cognitive-Behavioral Therapy format
- Practice time with caregivers

PSB-S Group Treatment Format: Caregiver's Group

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- Psycho-educational

- Directive

- Mutual support from other caregivers

- Considerations made for adults attending treatment
 - ▣ Parents who are separated or divorced
 - ▣ Foster parents and biological parents

PSB-S Treatment Topics for Children

- Rules about sexual behavior and boundaries
- Emotional development
- Relaxation training
- Impulse control
- Social skills
- Abuse prevention
- Sexual education
- Empathy and apology

PSB-S Treatment Topics for Caregivers

- Safety/Supervision measures
- Sexual development in children
- Sexual behavior rules in the home, school, and community; boundaries
- Caregivers' emotional and behavioral reaction to PSB
- Communicating with children
- Talking to child about sexual education
- Abuse prevention and safety planning
- Behavior management
- All topics presented to children

PSB-A: At a Glance

- Group vs. Family modality
- 1 year program that involves child and caregiver
- Some of the topics covered:
 - ▣ Sex laws in Texas
 - ▣ Sexual health
 - ▣ Principles of healthy sexual behavior
 - ▣ CBT-ABC's of behavior
 - ▣ Juvenile justice system
 - ▣ Rules and Communication
 - ▣ Reasons for illegal sexual behavior
 - ▣ Disclosure
 - ▣ Restitution and apology

Our Challenges

- 22 Texas Administrative Code (TAC) Chapter 810
 - *“A person shall not provide sex offender treatment or act as a sex offender treatment provider unless the person is licensed by the council (Council on Sex Offender Treatment). A person may not claim to be a sex offender treatment provider or use the title or an abbreviation that implies the person is a sex offender treatment provider unless the person is licensed under this chapter.”*
 - We are NOT licensed sex offender treatment providers (LSOTPs)
 - We cannot work with adjudicated youth 13 yo and older
 - However, we can work with non-adjudicated youth and those on diversion!

Our Challenges (cont)

- Funding
 - ▣ TCJS funding for diversion
 - ▣ OJJDP funding extended
 - ▣ Medicaid/CHIP will pay often for child's treatment
 - ▣ Insurance often does NOT pay for caregiver services
- Staffing
 - ▣ Stigma

Our Successes

- July 1, 2015 – August 30, 2017
 - 91 assessments completed
 - 20 females
 - 71 males
 - Children who received services:
 - 60 total kids enrolled in group
 - OJJDP: 3 F/36 M = 39 total
 - Non-OJJDP: 3 F /18 M = 21 total
 - 22 JPD funded
 - 147 child/adolescent group therapy sessions
 - 153 caregiver group therapy sessions
 - 264 family modality sessions

Professional Resources

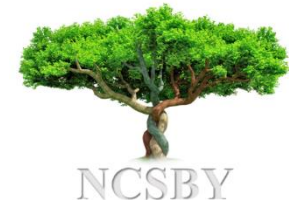
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National Center on the Sexual Behavior of Youth

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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



Association for the Treatment of Sexual Abusers

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- 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:

<http://www.atsa.com/pubRpt.html>



The National Child Traumatic Stress Network

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- 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



www.nctsn.org

California Evidence-Based Clearinghouse for Child Welfare

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- The mission of the California Evidence-Based Clearinghouse for Child Welfare (CEBC) is to advance the effective implementation of evidence-based practices for children and families involved with the child welfare system.
- Searchable database of child welfare related programs.
- Description and information on research evidence for specific programs.

www.cebc4cw.org



Questions? Comments?

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