UNDERSTANDING AND RESPONDING TO CHILDREN WITH PROBLEMATIC SEXUAL BEHAVIORS

MODULE 1: AN OVERVIEW FOR UNDERSTANDING CHILDREN WITH PROBLEMATIC SEXUAL BEHAVIORS



Massachusetts
Child Sexual Abuse
Prevention Task Force

- We will begin momentarily
- All participants have been muted and cameras have been disabled
- During this webinar:
 - Use the Q&A Box to ask questions. You can also upvote or like other questions that have already been posed.
 - Use the Chat Box for commentary.
- This webinar is being recording and will be sent out when available.



WORKING TOGETHER TO END ABUSE

Thomas King, LICSW Executive Director

machildrensalliance.org

CHILDREN'S ADVOCACY CENTERS IN MASSACHUSETTS

Children's Advocacy Centers (CACs) throughout the state offer a range of services for children and families.

- Child Forensic Interviews
- Victim Advocacy
- Mental Health Services
- Investigation & Prosecution
- Medical Consultation/Exams
- Community Trainings

The Problematic Sexual Behavior —Cognitive Behavioral Therapy Learning Collaborative

- ❖ Funding recommendation of the legislative MA Child Sexual Abuse Prevention Task Force
- Launch pilot project for statewide learning collaborative which would include training clinicians in PSB-CBT
- Identify 5-6 CACs who would convene appropriate community stakeholders with whom to partner and train
- ❖12-month training conducted by University of Oklahoma staff
- Community forum learning opportunities
- ❖ Evaluation component: University of Massachusetts-Lowell

Why CACs?

- Many CACs often are already serving some of these children and youth as victims and their families;
- CAC multidisciplinary approach ensures coordination across systems (DCF, prosecutors, police, hospital CPT)
- *Receive relevant DCF & Police reports directly;
- ❖ Ability to conduct forensic interviews with the victim of the PSB and, when appropriate, the child presenting with PSB.
- ❖The National Children's Alliance endorses PSB-CBT.

Participants:

- ❖ Berkshire County Kid's Place
- Children's Advocacy Center of Bristol County and New Bedford Counseling Group
- Children's Advocacy Center of Franklin County and North Quabbin, Inc. and Clinical Support Options
- ❖ Norfolk Advocates for Children, Aspire Health Alliance, and Kerzner Associates
- Worcester County CAC and Youth Opportunities Upheld Inc.
- ❖Suffolk County CAC [within agency trainer]
- The Children's Cove [administrative participant]

Understanding Children with Problematic Sexual Behavior

Kevin Creeden, M.A., LMHC Director, Whitney Academy Chair, MASOC





Our mission is to ensure that children and adolescents with problematic sexual behaviors live healthy, safe, and productive lives





Module 1: An Overview for Understanding Children with Problematic Sexual Behavior

- Overview for understanding children with PSB.
- The importance of looking at the "whole child".
- Normative sexual behavior for each developmental stage.
- The importance of families and caregivers.



Kevin Creeden, M.A., LMHC

Director of Assessment and Research, Whitney Academy

Kevin has over 35 years of clinical experience treating children, adolescents, and their families working extensively with sexually and physically aggressive youth.





Context

• In the US, children and adolescents account for roughly 25% of all sexual offenses that are reported to authorities.

 Children and adolescents account for 35% of sexual offenses committed against other youth

 If a child reports being sexually victimized there is a reasonable chance that this behavior occurred with another child



Defining "Normal"



Range of Sexual Behavior



Cavanaugh-Johnson, 2009

Normative Sexual Exploration in Childhood

- Normative sexual exploration is an information gathering process
- Generally similar in size, developmental status
- Individuals participate on a voluntary basis
- Most sex play is mutual and between children who are friends
- Frequency is limited and balanced by curiosity about other aspects of their lives





Normative Sexual Exploration in Childhood

- May result in embarrassment or guilt but usually doesn't leave children with deep feelings of anger, shame, or anxiety
- Typically "light-hearted and spontaneous"
- Behaviors engaged in may include: self-exploration and self-stimulation, kissing, hugging, peeking, and sometimes simulating intercourse.
- Less than 4% of children engage or attempt to engage in oral sex, anal sex, or vaginal intercourse

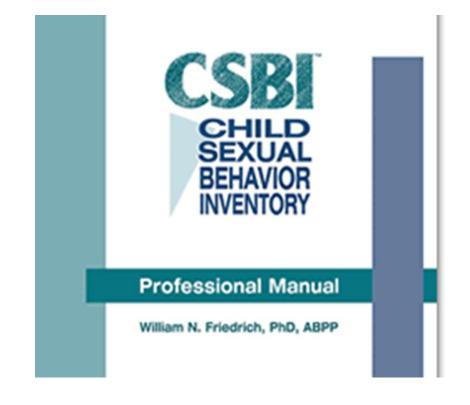




What is Normative?

William Friedrich, Ph.D.

Child Sexual Behavior Inventory





OVERVIEW OF RESEARCH

Table 1.4 Percentages of Sexually Intrusive Behaviors by Boys and Girls
Across Three Age Groups

	BOYS/GIRLS 2-5	BOYS/GIRLS 6-9	BOYS/GIRLS 10-12
Touches mother's breasts	42.7/43.7	14.1/15.9	1.2/1.0
Touches other child's sex parts	4.5/8.8	7.9/1.2	1.2/1.0
Tries to have intercourse	0.3/1.1	0.0/0.0	0.0/0.0
Puts mouth on sex parts	0.7/0.0	0.0/0.0	0.0/0.0
Touches adult's sex part	7.7/4.2	1.6/1.2	0.0/0.0
Touches animal's sex parts	2.8/2.5	0.5/0.6	0.0/0.0
Asks others to do sex acts	0.4/0.4	0.5/0.0	0.0/0.0
Kisses adults not known well	7.8/6.0	1.0/2.4	3.7/1.1
Kisses other children	8.1/7.1	1.0/1.2	0.0/1.1
Undresses other children	1.4/2.1	1.0/0.0	0.0/0.0
Shows sex parts of children	9.2/6.4	4.7/2.4	0.0/1.1
Undresses adults against their will	4.2/2.1	0.5/1.2	0.0/0.0

Crisci, 2018

Age 0-2

- Self-focused
- Engages in and elicits social communication
- Explores own body parts with curiosity and pleasure
- May have a favorite object
- Touches and looks at others



Crisci, 2018

Age 3-6

- Self-stimulates/self-soothing
- Increase toilet talk
- Increase exhibitionism
- Increase voyeurism
- Impersonates or mirrors adult behavior



Crisci, 2018

Age 6-8

- Bathroom humor
- Concerns about privacy
- Kissing and hugging
- Increased exchange of sexual discoveries
- Masturbation in private
- Compares bodies
- Acts "silly" when discussing sex
- Practical questions about sex and childbirth



Crisci, 2018

Age 9-12

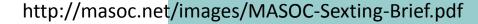
- Starting puberty
- Boys may experience "wet dreams"
- Uses sexual slang (although knowledge may lag)
- Sensitive to embarrassment
- Wants to be "normal"
- Influenced by cultural norms



Sexting

- Sending or receiving sexual images
- 2012 survey: 7-10% of youth between ages 10-17 reported receiving sexually explicit images (nude or semi-nude)
- Research indicates that children as young as 8 years old are engaged in sending and receiving sexual images
- Some current research indicates that prevalence is much higher







Pornography

- By age 11: 30% of youth reported viewing online pornography
- By age 15: >65% of youth reported viewing pornography
- Boys are more likely than girls to "actively" seek pornographic material
- Percentages influenced by country, culture, family norms, peer groups, etc.



Problematic sexual behavior

- Sexual behavior that interferes with the person engaging in "normal" or expected developmental tasks
- Problematic sexual behavior is not necessarily "deviant" or "abusive" sexual behavior



Silvosky, 2009

Modeling of Sexuality

- Sexual abuse
- Viewing pornography
- Nudity
- Exposure to adult sexual behavior



Silvosky, 2009

Modeling of Coercion

- Physical abuse
- Domestic Violence
- Peer violence
- Community violence



Silvosky, 2009

Family Adversity

- Stress and trauma
- Parent mental health
- Substance abuse
- Lack of supervision and engagement



Silvosky, 2009

Child Vulnerabilities

- Impulse control problems
- Developmental delays
- Language difficulties or other learning problems that impact academic performance



When is Clinical Intervention Necessary

- Non-normative
- Interferes with other developmental tasks
- Persistent
- Resistant to re-direction



Engaging Families

Saxe, Ellis, Kaplow 2007

Provide education

- about trauma
- about development
- about sexual abuse
- behavior management
- structure





every child every chance a good childhood is in everyone's best interests Child development and trauma guide 5 - 7 years

Developmental trends The following information needs to be understood in the context of the overview statement on child development: Physical skills active, involved in physical activity, · variation in levels of coordination and skill some may be able to ride bicycle vigorous play many become increasingly proficient in may use hands with dexterity and skill to · may tire easily skills, games, sports make things, do craft and build things Social-emotional development · has strong relationships within the conscience is starting to be influenced by may need help moving into and becoming family and integral place in family internal control or doing the right thing "I part of a group would take it, but if my parents found out, dynamics some children will maintain strong they would be disapproving" friendships over the period needs caregiver assistance and · not fully capable of estimating own structure to regulate extremes of may be mood swings abilities, may become frustrated by failure emotion · able to share, although not all the time generally anxious to please and to reassured by predictable routines perception of, and level of regard for self, gain adult approval, praise and · friendships very important, although they fairly well developed reassurance may change regularly Cognitive and creative characteristics · emerging literacy and numeracy abilities, · most valuable learning occurs through may require verbal, written or behavioural gaining skills in reading and writing cues and reminders to follow directions and obey rules variable attention and ability to stay on rules more likely to be followed if he/she task; attends better if interested · skills in listening and understanding may be has contributed to them more advanced than expression · good communication skills, remembers, may have strong creative urges to make tells and enjoys jokes perspective broadens as experiences at things school and in the community expand Possible indicators of trauma · behavioural change · lack of eve contact bodily aches and pains – no apparent

Protective factors



- Consistent, stable relationship with a trusted adult
- Protection from harm and trauma
- Guidance and supervision
- Adaptive coping skills
- Positive peer relationships and peer involved activities
- Healthy personal boundaries (awareness of social cues and rules)
- Age appropriate sex education



Defining "Sexually Healthy"

- Appreciates and values their own body
- Takes responsibility for their behavior and how it effects others
- Communicates effectively with family and others about many issues including sexuality
- Is knowledgeable about sex and sexuality

- Interacts respectfully with all genders
- Seeks and understands information about values and uses that to develop their own values
- Expresses love and intimacy in developmentally appropriate ways







Resources

National Center for Sexual Behavior of Youth - http://www.ncsby.org/

Resource list, training, and facts sheets on a variety of topics (e.g., advocate for your child).

National Children's Alliance - https://www.nationalchildrensalliance.org/

Free fact sheets and video training series for caregivers and professionals.

https://learn.nationalchildrensalliance.org/psb

MASOC - <u>www.masoc.net</u>

The website has a directory of clinicians in MA with expertise working with children or adolescents with problematic sexual behaviors.

ATSA - www.atsa.com

You can call for a local referral and the website has resources for children with PSB.

Southeastern Centre Against Sexual Assault and Family Violence - https://www.secasa.com.au/ Comprehensive facts sheets for parents, caregivers, and CPS on children with PSB.

Stop It Now! - www.stopitnow.org

The helpline is 1-888-PREVENT or visit the website for information and referrals.

Webinar 2: Opportunities to Manage Problematic Sexual Behavior within a School Setting

Presenter: Jean Lindquist-Grady, PsyD, MASOC

Tuesday, June 9th from 2:00-3:00 PM EST





Contact Information

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