

# **Working with Youth with Co-Occurring Posttraumatic Stress Disorder and Problematic Sexual Behaviors**

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# Center on Child Abuse and Neglect

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# Presentation Objectives

Participants will...

- Learn about typical sexual development and sexuality issues in children and adolescents;
- Be able to differentiate typical from problematic sexual behaviors in youth;
- Learn the commonalities and differences between the evidenced-based PSB-CBT and TF-CBT models;
- Learn how to incorporate research supported treatment components from PSB-CBT into TF-CBT to reduce or eliminate problematic sexual behaviors in children and adolescents.



# **TYPICAL SEXUAL DEVELOPMENT IN CHILDREN AND ADOLESCENTS**

**UNDERSTANDING TYPICAL BEHAVIOR TO  
UNDERSTANDING ABNORMAL**



# 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



# Sexual Play Is...

- Exploratory
- Spontaneous
- Intermittent
- By mutual agreement
- With child of similar age, size, and developmental level
- Not accompanied by anger, fear, and/or strong anxiety



Bonner, 1999; Chaffin et al., 2006; Silovsky, 2009, Silovsky & Bonner, 2003

# Typical Sexual Development: Children 3 to 5 years old

- Do not have a strong sense of modesty
- Enjoy their own nudity
- Gender permanence is established
- Gender differences are understood
- Limited information about pregnancy and childbirth
- Knows labels for sexual body parts, but uses slang



# Typical Sexual Development: Children 3 to 5 years old

- Uses elimination functions for sexual parts
- Interested in toileting functions
- Use elimination words with peers
- Sexual and genital curiosity increased
- May explore body differences between girls and boys





# Typical Sexual Development: Children 3 to 5 years old

- Have gender role behaviors.
- Observed by age 1 and well delineated by age 3 or 4
- Prefer same gender (develops earlier and more strongly in boys than girls)
- Exhibit sex play with peers and siblings
- Experience pleasure from touching their genitals, and touch self, even in public
- Can experience physical sexual reactions



# Typical Sexual Development: Children 6 to 12 years old

- Aware of genital basis of gender
- Aware of sexual aspects of pregnancy
- Increasing knowledge of sexual behavior
  - Masturbation
  - Intercourse
- Knowledge of pubertal changes
- Sex games with peers and/or siblings



# Typical Sexual Development: Children 6 to 12 years old

- Show modesty and embarrassment of showing body
- Hide sex games from adults
- May fantasize or dream about sex (with older people)
- Interested in sex in media/technology
- Use sexual language with peers



# Sexual Play

- Occurs across childhood and adolescence
- Becomes more concealed starting in school-age years
- Occurs with children that are known and part of social network already
  - Includes siblings
  - Engage others of same sex



Rutter (1971), Lamb & Coakley (1993), Larsson (2001), Reynolds, Herbenick, & Bancroft (2003)

# Adolescent Development

- Physically/emotionally changing faster than any other time in life
- Increased risk-taking
  - Susceptibility to behavioral problems at the time of puberty
  - New concerns about reproductive health
- Rapid growth when children start to become adults, usually for girls ages 10-14 and boys ages 2 to 16
  - Research now indicates as early at age 8 or 9



# Typical Adolescent Sexual Behavior

- Ranges from naïve to highly sexualized
- Intercourse initiated earlier than previous generations
- Girls more aggressive sexually
- Increased information available; myths still pervasive
- Research indicates that discussion with parents decreases early initiation



# PROBLEMATIC SEXUAL BEHAVIOR



# 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





# Problematic Sexual Behaviors (PSB)

- Not a diagnosis
  - Clinically concerning behaviors
  - Disruptive behaviors
  - Trauma symptoms
  - Single focus of concern
- Does not necessarily infer origin or goal of behavior (e.g., sexual gratification)
  - Adolescents more likely to engaged in sexual behavior for sexual gratification/pleasure
- Continuum of normal sexual development to sexual behavior problems



# Guidelines for Determining if Sexual Behaviors are a Problem

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

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



# Characteristics of Children and Adolescents with PSB

- No distinct profiles for children or adolescents with PSB or clear pattern of demographic, psychological, or social factors
- Children are more diverse than adolescents with PSB, though neither children or adolescents share central characteristics of adult sex offenders
- 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 and Adolescents with PSB

- Relationship issues
  - Parenting/caregiver stress
  - Parent perception of youth
  - Peer relationship problems
- Younger children with PSB...
  - More likely to be female
  - More likely to present with co-morbid problems



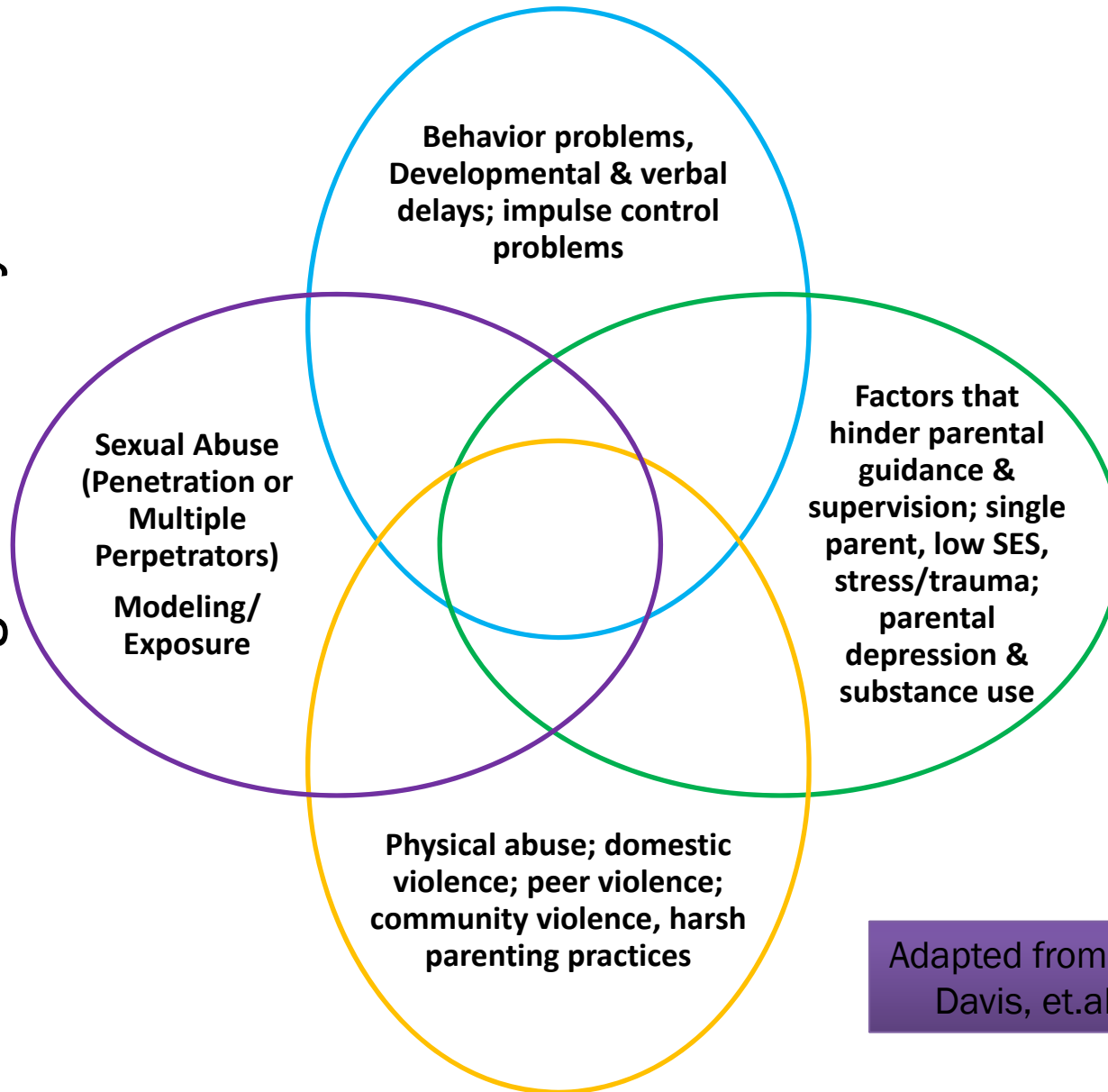
# Problematic Sexual Behavior of Children/Adolescent is a Family Problem

- Children and adolescents often act out with children in their social network, especially siblings, cousins, and other family members
- The sexual behavior, system's responses, and caregivers' reactions impact range of children in the home and social network



# Child Vulnerabilities

Modeling of Sexuality

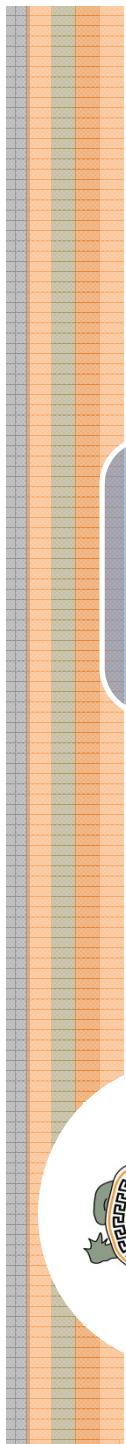


Family Adversity

Modeling of Coercion

Adapted from Friedrich, Davis, et.al, 2003





**Healthy boundaries supported & modeled**

**Protection from harm & trauma**

**Parental guidance & supervision**

**Open communication about feelings w/trusted adult**

**Adaptive coping skills**

**Supportive & Protective Factors**

**Silovsky**



# **TREATMENT FOR CHILDREN AND ADOLESCENTS WITH PROBLEMATIC SEXUAL BEHAVIOR**





# Meta Analysis: Effective Practice Elements

- St. Armand, A., Bard, D., & Silovsky, J. F. (2008)
- Purpose to identify “what practice elements lead to greater reductions in PSB” in children
- Examined studies in which PSB were either primary or secondary target for treatment for children
  - 11 studies identified
  - 18 treatments evaluated



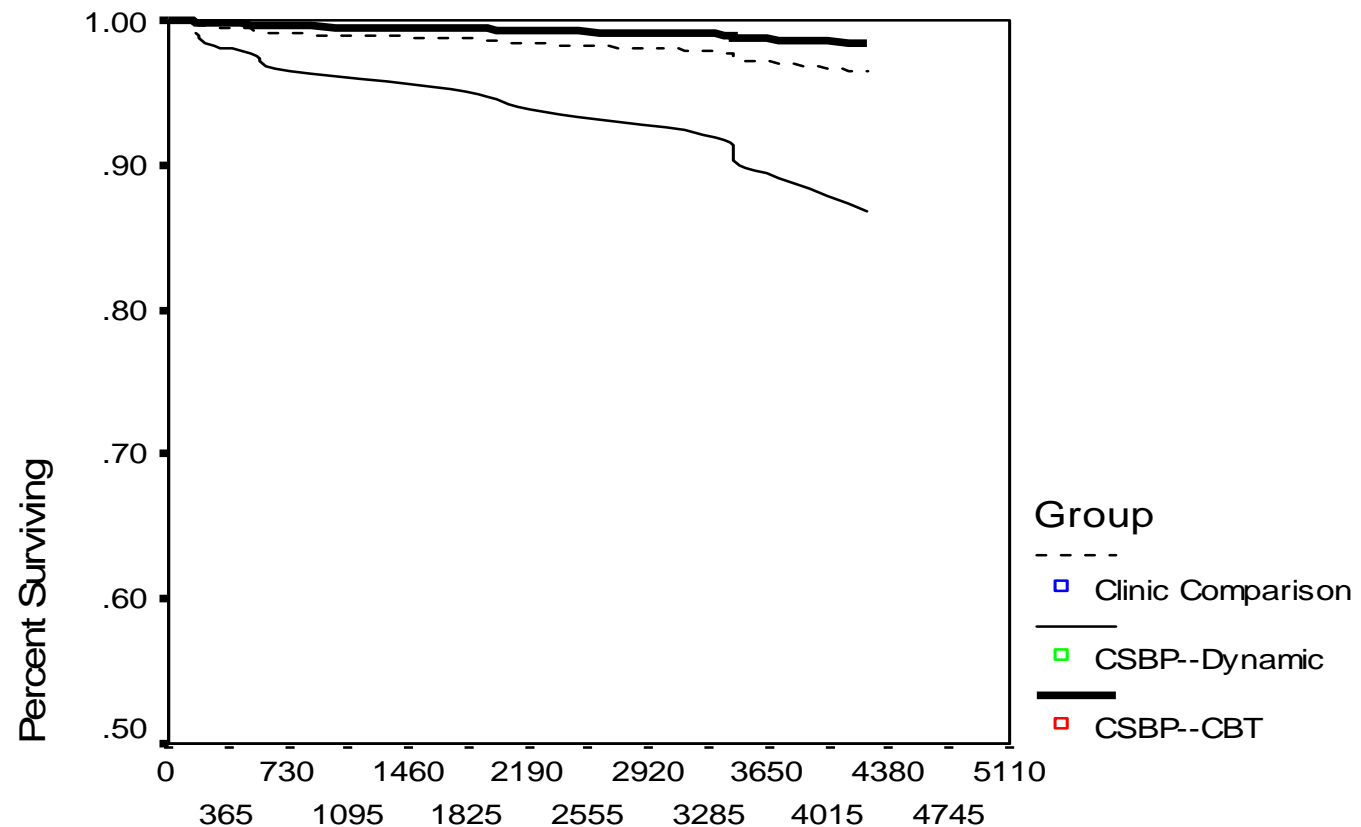
# Meta Analysis: Effective Practice Elements

- What worked?
  - Parenting/Behavior Parent Training (BPT) was the strongest prediction of reductions in PSB
  - BPT occurred with rules about sexual behavior/boundaries, abuse prevention, and sex education
- What did NOT work?
  - Practice elements that evolved from adolescent and adult sex offender treatments were not significant predictors
- **PSB specific CBT and TF-CBT treatments effective in reductions in PSB**

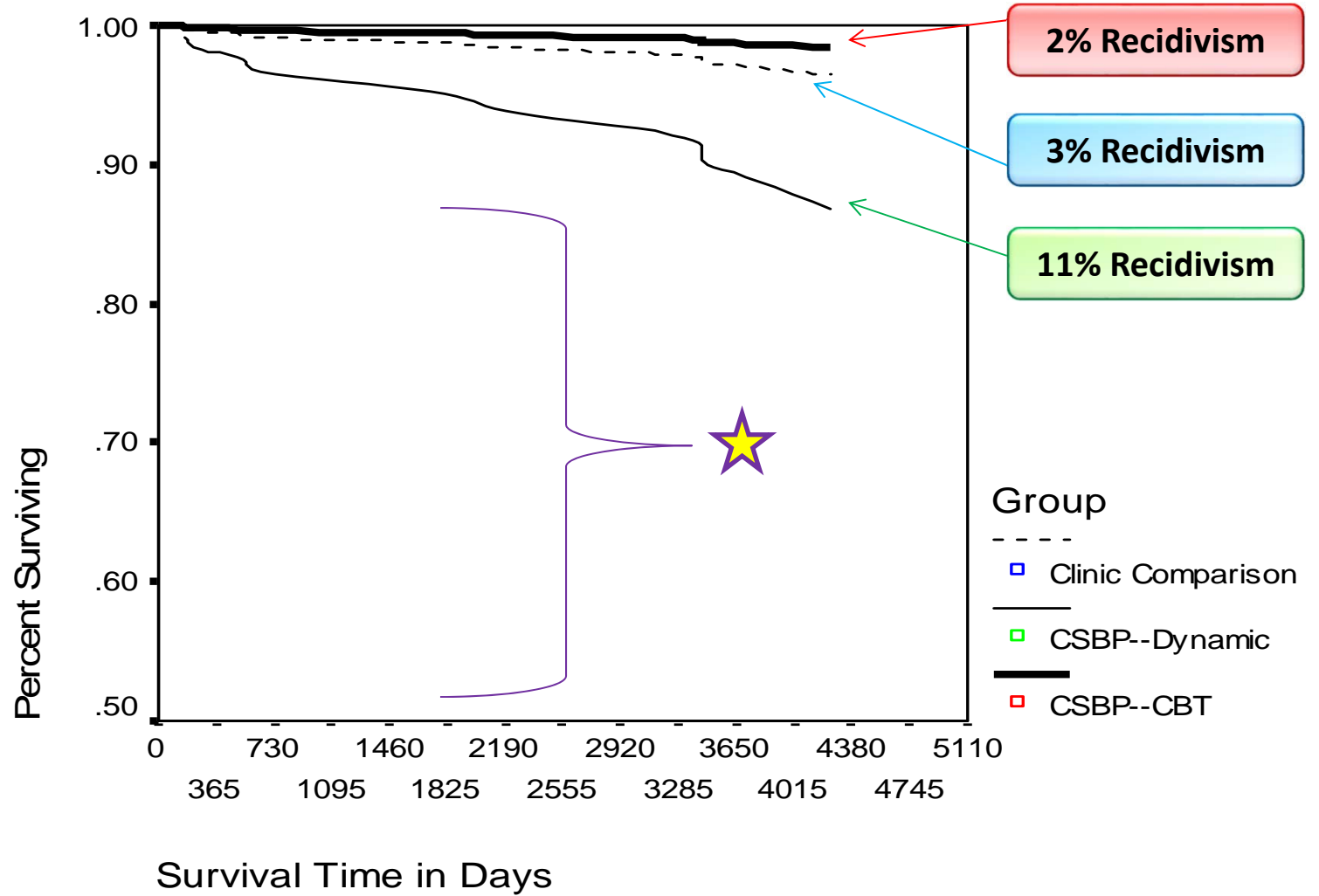


# Treatment of PSB: Long term Trajectory

- Carpentier, Silovsky, & Chaffin (2006)
- 10 year follow up on Bonner, Walker, & Berliner (1999)  
Children with PSB



# 10 Year Follow-Up Data



# PSB-CBT AND TF-CBT TREATMENT MODELS



# Overlap of PSB, Trauma, and Disruptive Behavior

- Children with PSB present with history of a wide range of traumas, and not just sexual trauma (e.g., Silovsky & Niec, 2002)
- Children with PSB present with disruptive behavior in general (e.g., Tarren-Sweeney, 2008)
- Behavior problems occur within trauma-focused treatment that must be managed (e.g., Cohen, Berliner, Mannarino, 2010)
- Many children, particularly preschool age children, present for treatment with trauma, PSB, and general behavior problems symptoms (e.g., Silovsky, Niec, Bard, and Hecht, 2007)



# Clinical Decision Making: What Should I Do First?

- Considerations for PSB
  - Safety issues
  - Responsive to parental interventions
  - Aggressive, coercive, force
  - Impact on others
  - Boundary issues
  - Interfering with functioning
- Considerations for PTSD
  - Re-experiencing symptoms
  - Interfering with functioning
  - Trauma history/background
  - Deblinger, E., Mannarino, A. P., Cohen, J. A., Runyon, M. K., & Steer, R. A. (2011).



# Clinical Decision Making: What Should I Do First?

- How much is reminders of their own trauma the primary trigger for the youth breaking sexual behavior rules?
- Keep in mind there is a **LOT** of overlap (see next slides)
  - So you can start with the overlapping parts
- Other factors: Family preferences and priorities
- **THINK → Treatment Components integration, NOT EITHER/OR one treatment or another**





# Comparison of Treatment Components - Commonalities

Treatment Component	SBP-CBT Unique	SBP-CBT & TF-CBT Common	TF-CBT Unique
Introductions to treatment		✓	
<b>Sex laws, principles of healthy sexual behavior, and sexual health</b>	Emphasized more	✓	
Emotional regulation skills		✓	
<b>Boundaries/Supervision</b>	Emphasized more	✓	
Cognitive coping skills		✓	
Relaxation		✓	
<b>Self-control skills</b>		✓	
<b>Sex education</b>		✓	
Social skills		✓	



# Comparison of Treatment Components - Differences

Treatment Component	PSB-CBT Unique	PSB-CBT & TF-CBT Common	TF-CBT Unique
Acknowledging PSB	✓		
Understanding impact of PSB and making amends	✓		
<b>Identifying risky situations and safety factors for PSB</b>	✓		
<b>Abuse prevention skills</b>		✓	
Education about the impact of sexual abuse and trauma			✓
Trauma narrative			✓
<b>Behavior Parent Training</b>	Emphasized more	✓	
Parent-child relationship and attachment		✓	
Self-concept / self-esteem		✓	



# Comparison of Treatment Components - Differences

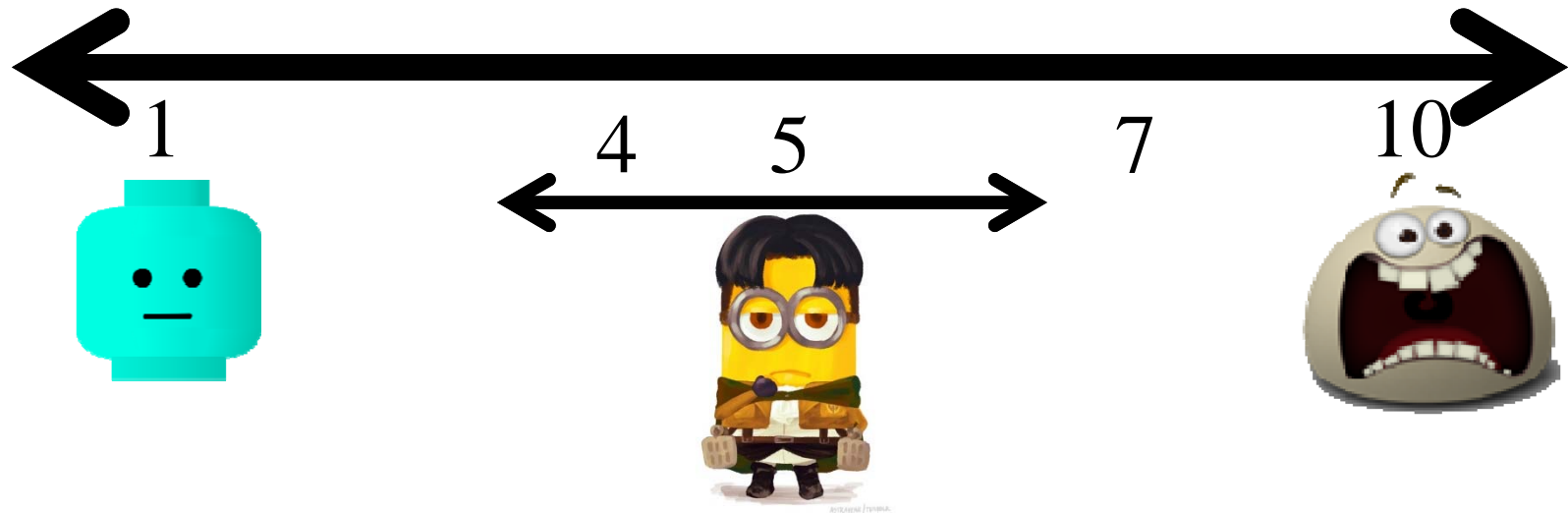
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Understanding impact of PSB and making amends	✓		
Identifying risky situations and safety factors for PSB	✓		
Abuse prevention skills		✓	
<b>Education about the impact of sexual abuse and trauma</b>			✓
<b>Trauma narrative</b>			✓
Behavior Parent Training		✓	
Parent-child relationship and attachment		✓	
Self-concept / self-esteem		✓	



# The Goldilocks Principle



# Purpose of Trauma Narrative



- **Goal = DESENSITIZE**
  - You CAN talk about this even if it is uncomfortable (ergo → 4-7 range)
- 10 is too much
- 1 is too little (either no problem or disconnected)






# **BEHAVIOR PARENT TRAINING / PARENTING**



# The 4 Ways of Changing ANY Behavior

	Behavior Increases	Behavior Decreases
GIVE something	<b>PRAISE!!!</b> 	<b>PUNISHMENT</b>
TAKE something	“Negative Reinforcement”	EX: Ignoring





# What Rules Should Parents Set

- Encourage effective and appropriate rule setting and use of parenting contingencies
- Promote teen input into rule setting and use of consequences
- Rules should address a problem – they should tell you what you should do



# Rules

- Make the right number of rules
- Make the rules clear and specific
- Rules should address a real and serious problem
- Enforce rules consistently
- Enforce rules promptly
- Rules should be enforceable
- Rules should be feasible
- Adults in charge should agree on rules and consequences



# Rules

- Things don't have to be completely equal and fair
- Expect rules to be argued and tested
- Enforce rules unemotionally
- It is often helpful to get your teenager's input into rules
- Use positive rewards in addition to enforcing rules and giving consequences



# Abuse Prevention Skills

- Caregiver's responsibility
- Risky situations
- Safety planning
- Warning signs
- Open communication
- Not only "stranger danger"
- How react if told and how to protect
- Supervision and challenging situations



# Responding to **Typical** Sexual Behavior/Play

- **Get calm.**
- Stop the behavior if in progress
- **Calmly** respond as appropriate – such as teach:
  - Accurate education about names and functions of all body parts;
  - Developmentally appropriate sexual education;
  - Information about social rules of behavior and privacy;
  - Information about respecting their own bodies; and
  - Information about friendships and relationships with others.



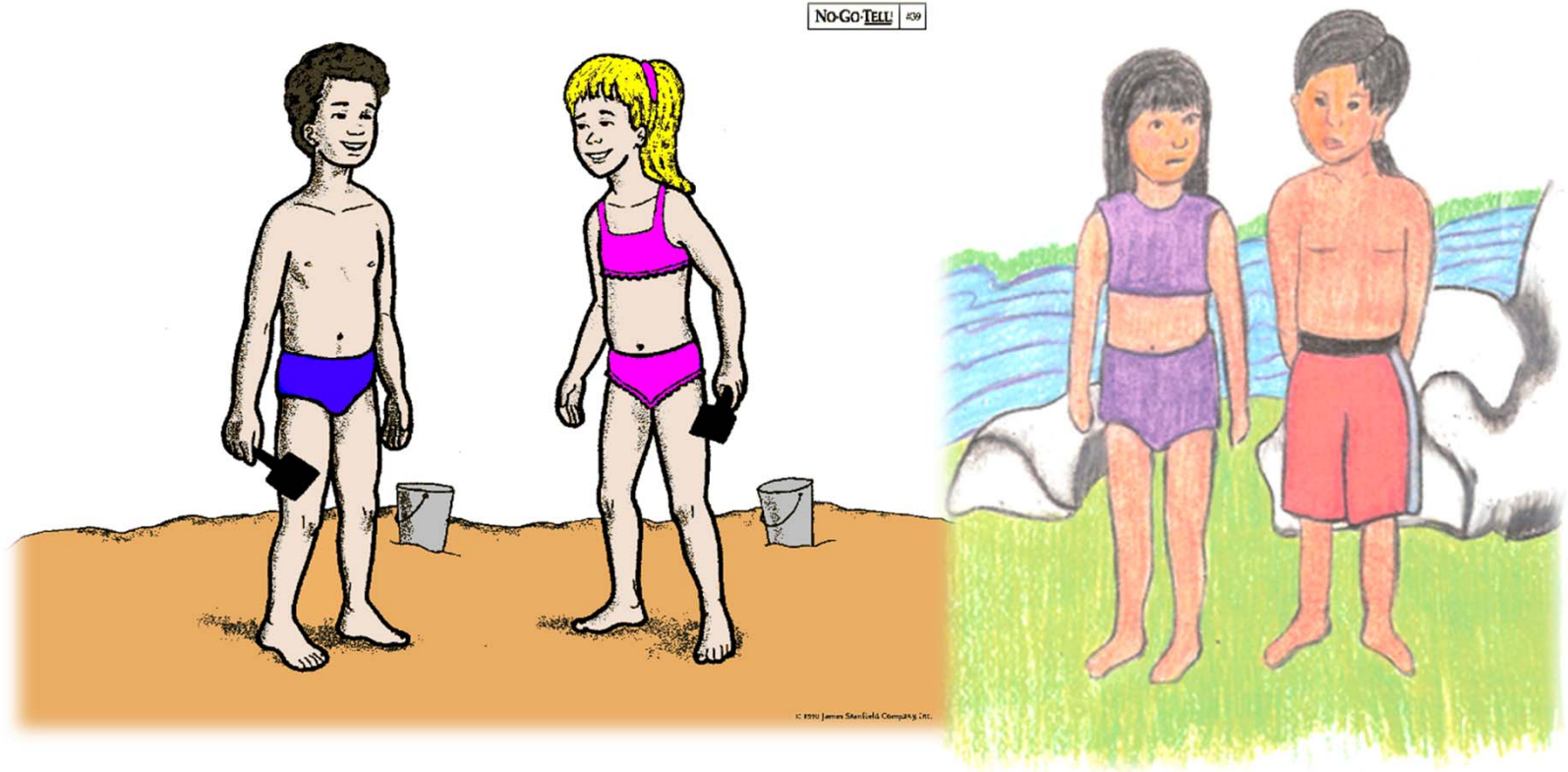
# Responding to PSB

- **Get calm.**
- Stop the behavior if in progress and get kids safe
- **Calmly** provide:
  - Relevant rules and expectations;
  - Developmentally appropriate sexual education;
  - Consequences as needed;
  - Increased visual supervision;
  - Strategies to prevent future PSB
  - Recommendations for Supervision and Parenting (handout)
  - Determine if professional help is needed
  - Reporting requirements



# What Are Your Private Parts?

No-Go-Tell 439



© 1992 James MacLivid Company, Inc.



# Rules about Sexual Behavior:

## Preschool Private Part Rules

- No touching other people's private parts.
- No other people touching your private parts.
- No showing private parts to other people.
- No looking at other people's private parts.
- No touching your own private parts when others are there or
- Touching your own private parts when you are alone is ok.\*





# Rules about Sexual Behavior:

## School-Age Sexual Behavior Rules

- It is not okay to look at other people's private parts.
- It is not okay to show other people your private parts.
- It is not okay to touch other people's private parts.
- It is okay to touch your private parts as long as you are in private and do not take too much time.\*
- It is not okay to use sexual language or make other people feel uncomfortable with your sexual behavior.



# Teaching Private Part Rules and Sexual Behavior Rules

- Abuse prevention
- Addressing child's abuse history
- Exceptions to rules
- Addressing self-touch behavior in young children



# Teaching Boundaries to Children

- Hula / Bubble Space
- Arm's length
- Special Handshake
- Assertiveness
- “Mother May I”
- Greetings



# Teaching Boundaries/Sexual Behavior Rules to Caregivers

- How to prevent PSB
  - Supervision, watchfulness
  - Community help and support
- How to teach and maintain rules about respect for others, privacy, modesty
- Encourage safe, appropriate physical affection
- Monitoring the environment around your child



# Supervision of Children with Problematic Sexual Behavior

- Appropriate supervisors
- Visual vs. non-visual supervision
- Increasing social supports system
- Challenges
  - Sleep/nighttime
  - Bathing
  - Multiple children, solo caregiver
  - Out-of-home situations
- Creative supervision
  - Use of available space
  - Room dividers
  - Electronic monitors
  - Scheduling



# Supervision and Safety Rules

- No babysitting
- Adolescent should only be around young children or potential victims with supervision by a responsible adult who is aware of the problem
- Sleep and bath alone
- The adolescent should not be given any opportunities for assuming an authority or supervision role over young children



# Supervision and Safety Rules

- All interactions with young children should be in “public” parts of the house
- Remove any sexually explicit material from the home
- No movies/videos/etc. that depict sexual violence or deviant sexuality.
- Enforce modesty in the home. This is for everyone!
- Discuss sexual matters in a matter of fact way. (use proper terms)



# Supervision and Safety Rules

- Although it is important to be open about the subject of sex, don't discuss explicit details of your own personal or marital sex life with your adolescent
- Avoid punitive or judgmental reactions to adolescent's questions about sex
- Computers must be in public areas of the house
- Take steps to deal with violence in the home.





# Monitoring Adolescents

- **Who** will be there? Do I know them?  
Where do you know them from? How old are they?
- **What** will you be doing?
- **When** will you be back?
- **Where** will you be?
- **How** will I be able to reach you?
- Will there be **adults** there supervising?  
Who? How many? How can I get in touch with them?



# What should be monitored?

- Peers
- School
- Unsupervised children
- Younger children
- Others???



# PROFESSIONAL RESOURCES



# Evaluating Treatments

[www.cebc4cw.org](http://www.cebc4cw.org)

[www.nctsn.org](http://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](http://www.atsa.org)**

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

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



# 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](http://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](http://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](http://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/](http://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**

<http://www.saferociety.org/allbks/wp136-wp137.php>



# Additional Online Resources

- American Academy of Pediatrics  
**[www.healthychildren.org](http://www.healthychildren.org)**
- Centers for Disease Control and Prevention  
**[www.cdc.gov/healthyyouth](http://www.cdc.gov/healthyyouth)**
- Talking with Kids  
**[www.talkingwithkids.org](http://www.talkingwithkids.org)**



# Additional Books

- Friedrich, W. N. (2007). Children with sexual behavior problems: Family-based, attachment-focused therapy. NYC: Norton.
- Friedrich, W. N. (1995). Psychotherapy with sexually abused boys: An integrated approach. Thousand Oaks, CA: Sage.
- Friedrich, W.N. (2002). Psychological assessment of sexually abused children and their families. Thousand Oaks, CA: Sage.

