That Kid Did What?!?! Understanding and Helping Children and Teens with Problematic Sexual Behavior

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- **Put you first.**
- **Be mindful of your own responses and well-being.**
- **Make decisions to keep yourself mentally, physically, spiritually healthy and your worldview harmonized.**

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Think about a child or teen who you know and love.

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After Our Time Together Today, You Will Be Able to…

1. Summarize common characteristics of children and teens with problematic sexual behavior.
2. Dispel persistent and adverse myths about children and teens with problematic sexual behaviors.
3. Describe strategies to enhance professional response to cases of children with problematic sexual behavior.

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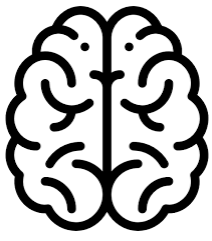
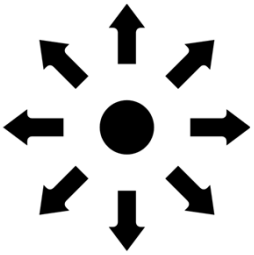
Context of Normative Sexual Development



Cognitive

Communication/Language



Motor Skills

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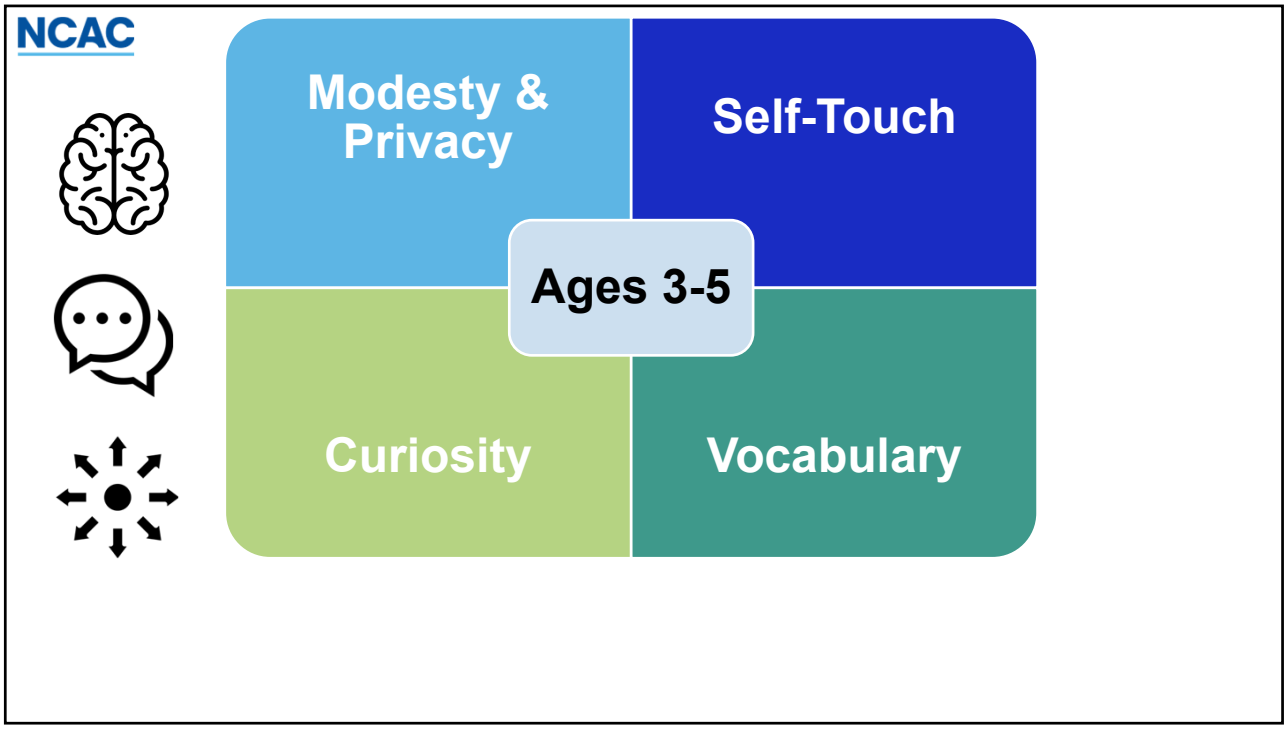

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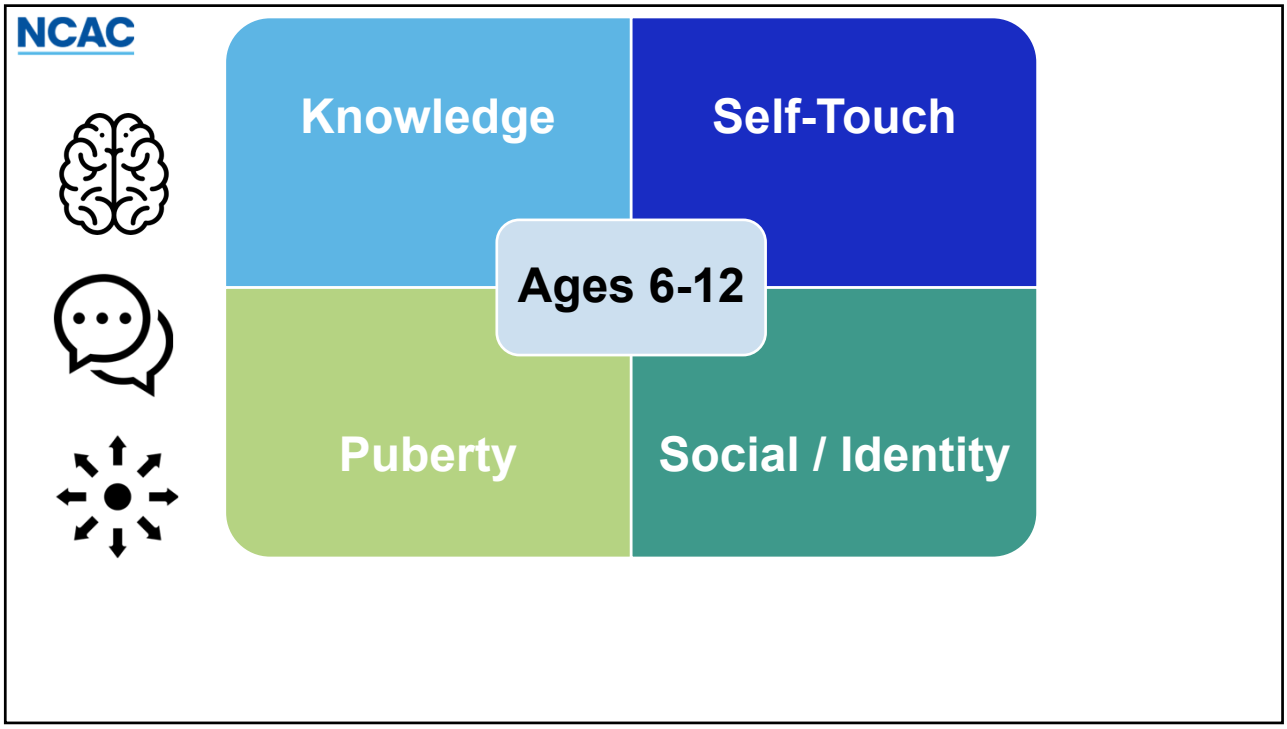

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Children's "Normative" Sex Play

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- Occurs in context of overall development
- Learning, exploring
- In the moment, spontaneous
- Doesn't happen often
- Mutual agreement

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- Familiarity, "like-ness"
- Not harmful, emotionally or physically
- Changes as children get older
- Respond appropriately to intervention

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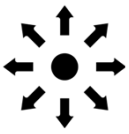

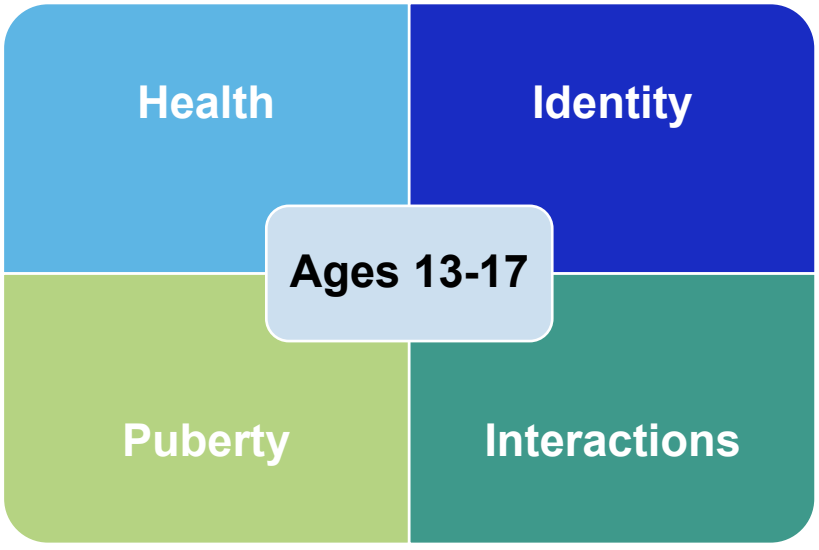

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Image Source: commonsensemedia.org

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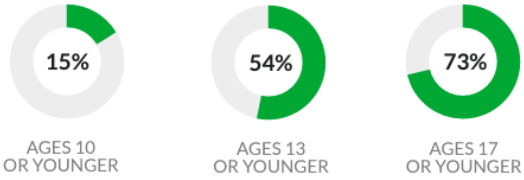
Percent of teen respondents who have seen online pornography, by age:



12 is the average age when children first consumed pornography.

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Image Source: commonsensemedia.org

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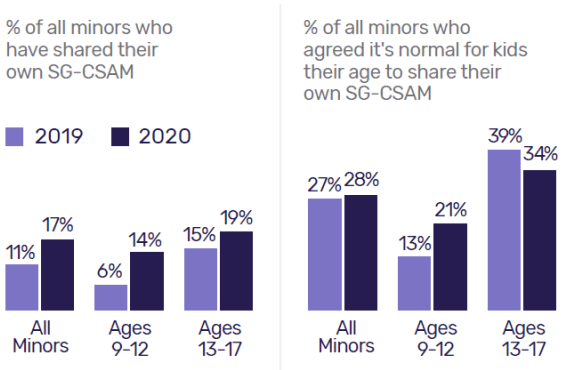
Fig 1 | **Experiences with initial shares and perceptions of normalcy**



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Microsoft stock image

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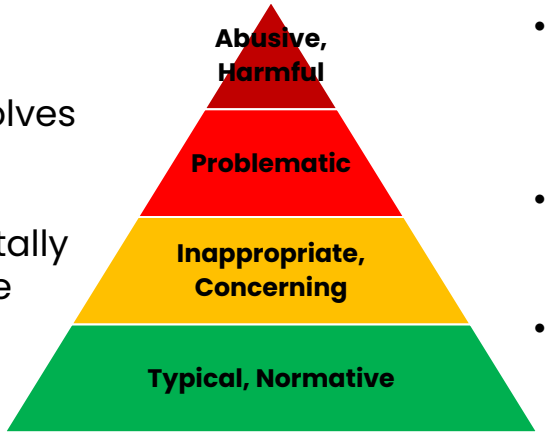
Problematic Sexual Behavior (PSB)

- Behavior
- Typically involves genitals
- Developmentally inappropriate



- Potential/actual harm, physically and/or emotionally
- Diverse range of motives, origins
- Legality

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Continuum of Sexual Behavior

- Exploratory
- Mutual agreement
- Close in age, size, and/or development
- Intermittent
- Responds positively to caregiver intervention

- Disparity in age, size, and/or development
- Preoccupying
- Planned
- Coerced, forced
- Does not respond to caregiver intervention

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Children and Teens with PSB

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- Person first language reduces risk of harsher responses
- Age groups
  - 3-6: Preschool children
  - 7-12: School-age children
  - 13-18: Teens
- Developmentally sensitive
- Behavior oriented
- Not diagnostic
- No inference of origin or goal

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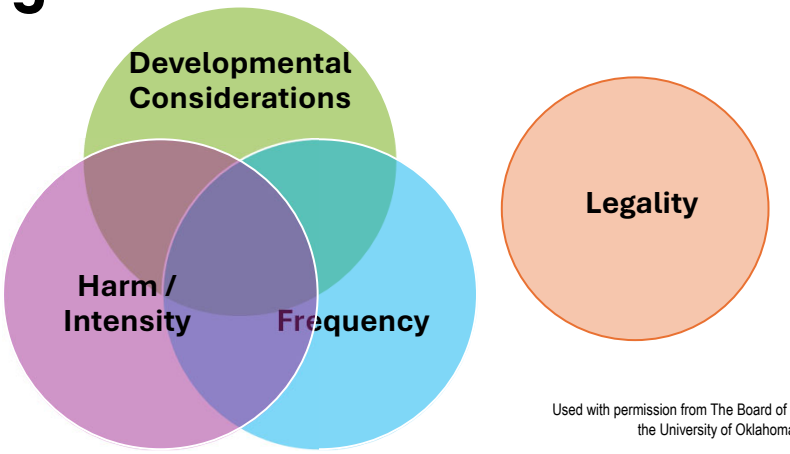
Determining if Behavior Is Problematic



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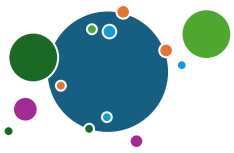
Potential Contributing Factors: Children

- Sexual victimization
- Physical abuse
- Other traumatic or adverse experiences
- Socio-ecological influences related to sexual
- General behavior problems
- Emotional dysregulation
- Individual characteristics, developmental adversity



From / Based on ATSA CSBP (2023)

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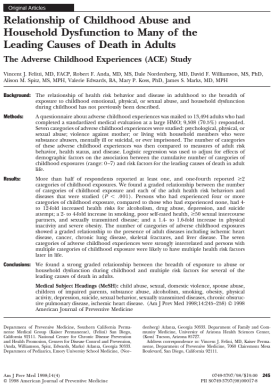
Understanding Impact of ACES



Original Articles

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

Background: The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood has not previously been clearly described.

Methods: A questionnaire about adverse childhood experiences was mailed to 15,494 adults who had completed a standardized medical evaluation at a large HMO; 9,367 (70.5%) responded. Seven categories of adverse childhood experiences were studied: psychological abuse, physical abuse, sexual abuse, violence against mother, or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult risk behavior, health status, and disease. Logistic regression was used to adjust for effects of demographic factors on the associations between the cumulative number of categories of childhood exposures (range: 0–7) and risk factors for the leading causes of death in adult life.

Results: More than half of respondents reported at least one, and one-fourth reported ≥2 categories of childhood exposure; 6.2% reported three, 3.9% reported four, and 10.4% reported ≥5 categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied ($P < .001$). Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ≥50 sexual intercourse partners, and sexually transmitted disease; and a 1.6- to 1.9-fold increase in physical inactivity and severe obesity. The seven categories of childhood exposure in this population showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. The seven categories of adverse childhood experiences were strongly interrelated and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life.

Conclusions: We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.

Medical Subject Headings (MeSH): child abuse, sexual, domestic violence, spouse abuse, children of impaired parents, substance abuse, alcoholism, smoking, obesity, physical activity, depression, suicide, sexual behavior, sexually transmitted diseases, chronic obstructive pulmonary disease, ischemic heart disease. (Am J Prev Med 1998;14:245–258) © 1998 American Journal of Preventive Medicine

Department of Preventive Medicine, Southern California Permanente Medical Group (Kaiser Permanente), 9961 Sky Park Court, San Diego, California 92123; National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, Georgia 30341; Department of Family and Community Medicine, University of Arizona Health Sciences Center, Tucson, Arizona 85724

Address correspondence to: Vincent J. Felitti, MD, Kaiser Permanente, Department of Preventive Medicine, 7060 Clairemont Mesa Boulevard, San Diego, California 92111.

Am J Prev Med 1998;14(4)
0749-3797/98/$19.00 245
PII S0749-3797(98)00037-6

- Association with "impairment in emotion processing, behavioral inhibition, and attention."
- "Understand how child's experiences may have affected their learning and problem-solving abilities, self-regulation, and social interactions."
- Professionals should adjust and adapt approaches accordingly.

From / Based on ATSA CSBP (2023)

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Contributing Factors for Teens

(Adapted from David Prescott, 2007)

- Sexual curiosity + opportunity + lack of self-control and/or problem-solving skills
- Developmental immaturity: Socially awkward/isolated, impulsivity
- Antisocial characteristics: General pattern of delinquency; includes sexual behaviors)
- RARE: Sexual disorder / sexual interest in (e.g., pedophilia)

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Characteristics of Children/Teens with PSB

- No distinct profiles
- Many do not meet criteria for any mental health disorder
- Co-occurring concerns: Learning, behavioral
- Rare for children or teens to have deviant sexual interest in children (e.g., pedophilia)
- Teens who engage in PSB with children vs. peer sexual assault are less delinquent, often immature

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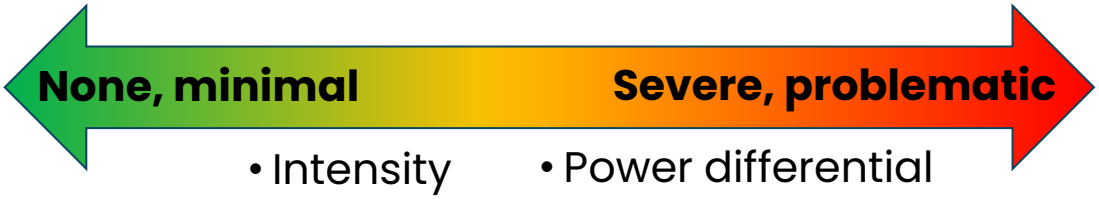
Factors that Impact Other Children and Families



- Intensity
- Behavior
- History
- Power differential
- Functioning
- Available support

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Assessment: Characteristics, Purpose

- Treatment focused, not forensic or investigative
- Wholistic, ecological psycho-social clinical assessment; psychosexual evaluations rarely needed for children
- Identify treatment needs, recommendations
- Considerations for referral source and/or partners
  - Safety planning
  - Visitation and placement decisions
  - Court requested
  - Case management

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PSB Specific Treatment Characteristics

- **Custodial caregivers as primary agents of change, actively involved**
- Out-patient, community-based
- Typical duration is 3-6 months
- Support and advocacy for child(ren), caregivers, families
- Communication with team and partners, and collaboration with other providers
- Culturally informed

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PSB Treatment – Children: Caregivers

- **Enhancing parenting and behavior management skills**
- Sexual behavior rules
- Safety planning (i.e., abuse prevention)
- Child sexual development and communicating with children about sex education topics
- Support

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PSB Treatment for Children: Child

- Sexual behavior rules
- **Impulse-control skills**
  - Adaptive coping skills
  - Critical thinking
- Apology (includes activity with parents/caregivers)
- Support

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Treatment Success for Children

Cognitive-Behavioral Therapy
12 Sessions: Caregiver & Child

98%

Dynamic Play Therapy
12 Sessions: Caregiver & Child

89%

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Future PSB Rates Compared to Children No Known PSB

Cognitive-Behavioral Therapy 12 Sessions: Caregiver & Child	Comparison Group
2%	3%

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PSB Treatment: Teens & Caregivers

- Sex laws
- Cognitive-Behavioral based processing, critical thinking / problem-solving
- Sexual education
- Apology (includes activity with parents/caregivers)
- Caregiver-Teen communication

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Sex Offense Recidivism Rates for Teens

3%

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Success Rates for Teens

97%

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Response Goals

- Provide accurate information, dispel myths
- Acknowledge behavior is serious
- Cultivate hope
- Coordinated care and support

- Assess needs, identify resources
  - All family members
  - Recognize needs are dynamic, assess changes over time
  - Connect to services
  - Give action steps
- Individualized plan for safety and services

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Core Safety Planning Components

- Identify available caregivers and their ability to provide high level of visual (eyes-on) supervision when child/teen who initiated the PSB is with other children
- Identify play/social, sleeping, and bathing arrangements
- Identify child/teen access to electronics and internet

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Think about a child or teen who you know and love.

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Contact Information

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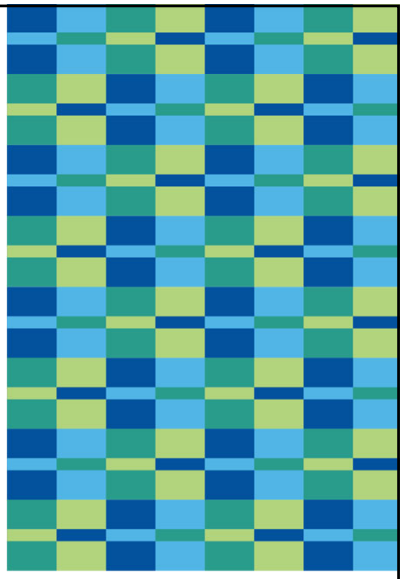

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NATIONAL CHILDREN'S ADVOCACY CENTER

Championing and Strengthening the Global Response to Child Abuse.

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