



Pre-pubescent Children with Sexual Behaviour Problems (SBP)

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A note on the presentation

- To avoid 'Death by Powerpoint' the presentation will NOT use all the slides in this handout
- This handout therefore provides more information than will be presented & illustrates some of the issues that can be covered in depth in training courses provided by The Lucy Faithfull Foundation



Topics

- What behaviour is inappropriate or harmful?
- What are the facts? What are the myths?
- Similarities & differences between pre-pubescent & adolescents
- What works?



Sexual behaviour What is normal, what is of concern?

Some general comments



- Relatively few empirical studies regarding 'normal' or 'abnormal' sexual behaviour of children & young people
- Wide variety of sexual behaviours seen in young people
- Sexual behaviour of children influenced by cultural norms & expectations, familial interactions & interpersonal experiences
- Cannot just focus on behaviour but need to focus also on dynamics of behaviour



Natural And Healthy Sexual Behaviours in Young Children

- Information gathering process
- Similar size, age & development
- Voluntary & mutual
- Ongoing, mutually enjoyable play &/or school friendship (can be siblings)
- Behaviours limited in type & frequency
- Interest in sex balanced with other interests
- No deep feelings of shame, fear, anger etc
- Behaviour diminishes when discovered
- Behaviour light hearted & spontaneous



Young Children: When Sexual Behaviours raise Concern



- No ongoing mutual play relationship
- Different ages or development
- Use of force, bribery, manipulation or threats
- Not balanced with other aspects of the child's life
- Adult sexual knowledge & behaviours
- Behaviours sig. different from same age children
- Continue despite consistent requests to stop
- Complaints from other children
- Behaviours to adults
- Distorted ideas about the rights of others
- Progression in frequency or intensity over time
- Feelings of fear, anxiety, shame or intense guilt
- PSB with animals
- Sexualises objects
- Causing physical or emotional pain



Young Children who Sexually Abuse

must meet all of the following:

- Pre-pubescent child, who intentionally touches the sexual organs or other intimate parts of another person, or orchestrates other children into sexual behaviours
- SBP have occurred across time & in different situations
- The child has demonstrated a continuing unwillingness to accept 'no' when seeking to engage person in sexual activity
- The child's motivation for engaging in the sexual behaviour is to act out - ve emotions toward the person with whom s/he engages in the sexual behaviour, to upset a third person (such as parent of a sibling), or to act out generalised - ve emotions using sex.
- Child uses force, fear, physical or emotional intimidation, manipulation, bribery, or trickery to coerce person into sex behav.
- The child's problematic sexual behaviour is unresponsive to consistent adult interventions & supervision

(Johnson and Doonan, 2005)



Typology (Gil & Cavanagh-Johnson (1993))

Group I Sex Play / exploration	Group II Sexually Reactive	Group III Extensive Mutual Sexual Behaviours	Group IV Children who Molest / Abuse
Natural & healthy curiosity, exploration, experimentation, TV, videos etc	S/A, emotional abuse, traumatic sexualisation History familial abuse Sexual atmosphere in home	Sex, physical or emotional abuse. Neglect, poor attach, loss, discontinuity of care, physiological / hormonal problems	As II & III Pairing sex / anger/anxiety/aggression Carers with unmet needs Poor boundaries Sexualised environment



Initial Assessment - Key questions

For all sexual behaviours



- Why has the child's behaviour caused concern?
- What did the referrer actually see, hear or was told
- Context (where, when, who was present)?
- What preceded the behaviour?
- How did the adult's react / respond?
- What were the reaction of the child when found out?
- Persistent? Did it stop when discovered?
- What is the history of the child's sexual behaviour & play?
- Was the behaviour age appropriate?
- What else is going in the child's life (e.g. stress, changes in family, transition, incidents, and relationships)?
- What are the referrer's fears / concerns?
- Has the referrer any explanations
- Access to any sexual imagery or adult sexual behaviours?



Initial Assessment - Key questions

Where other children are involved you should also seek:

- What took place or was reported? Context?
- How was the behaviour revealed?
- Power differences between children? Mutual?
- Nature of the children's relationship?
- Was overt aggression used or implied?
- Was the behaviour planned or spontaneous?
- Did the child attempt to ensure secrecy?
- Effects on the other child?
- Has the behaviour changed over time
- Referrer views about the cause?
- Access to any sexual imagery or adult sexual behaviours?
- Info about other child & their family
- Any concerns about child being abused. If so by whom?
- Is the behaviour age appropriate?



Remember !



- Do not assume that behaviour that is developmentally advanced or inappropriate is the same as being abusive
- Consider all circumstances & dynamics before assuming an abusive event occurred
- Examine the characteristics of the interaction






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Some Facts & Myths




Questions

- Identify some of the 'myths' or 'facts' you have heard about children and young people who have been involved in sexually inappropriate or harmful sexual behaviours?



- Be prepared to call a couple of these out in a few minutes



Fact or Myth?

Most children who have been sexually abused will develop sexual behaviour problems

Myth

Whilst children who have been sexually abused do engage in a higher frequency of sexual behaviours than children who have not, most survivors do not display problematic sexual behaviours.

(see Friedrich, 1993; Friedrich, Trane & Gully, 2005).




Fact or Myth?

Children who have sexual behaviour problems have been sexually abused

Myth

The belief that all children with SBP must have been sexually abused is not supported in the research.

Recent research suggests that many children with SBP have no known history of sexual abuse

(Bonner, Walker, & Berliner, 1999; Silovsky & Niec, 2002).




Children with SBP - Contributing factors

- Contributing factors appear to include sexual abuse but also physical abuse, neglect, discontinuity of care, substandard parenting practices, exposure to sexually explicit media, living in a highly sexualized environment, & exposure to family violence (Friedrich, 2001, 2003).
- The backgrounds of those children with the severe range of SBP are characterised by chaotic, dysfunctional & abusive family life.
- A child's SBP is only one part of the child's emotional & behavioural life. Many children display conduct &/ or oppositional disorders.




Fact or Myth?

Myth

- Most sexual behaviours are age appropriate & exploratory
- Most do not abuse other children. Their sexual behaviour is self-directed or involves other children in inappropriate, but mutual sexual behaviours without the use of coercion or force.
- Children who abuse others represent a small sub-group of the total number of children who have SBP.

All children with sexual behaviour problems are a risk to other children





Fact or Myth?



Myth

Whilst many children experience pleasurable genital sensations this is not the same as adult arousal.

Young children are not the same as adolescents or adults. Their sexual behaviours are largely unconnected to sexual gratification & are often related to curiosity, anxiety, imitation, attention seeking, self-calming etc

Children with sexual behaviour problems are seeking sexual stimulation & arousal

(Chaffin et al 2002 Silovsky & Bonner, 2009)



Fact or Myth?

Myth

All children can be helped to decrease or stop their SBP

How well & how quickly depends on the help given by adults .

Children can be taught limits to behaviour. It also depends upon what unmet needs fuel the behaviour & whether we can help the child meet these in alternative ways

It is very hard to stop a child from engaging in sexual behaviour problems




Fact or Myth?

Myth

They are likely to grow up into adult sex offenders

- There is no empirical evidence to support that once a child has engaged in sexual behaviour problems that they will continue to do so throughout their life.
- Research to date indicates that most children and adolescents with SBP or sexually abusive behaviours do not go onto become abusers in their adulthood



(Beckett 1999).



Fact or Myth?

Fact & Myth - In most cases, children can be managed in the home, unless...

- The child displays aggressive sexual behaviours which persist despite intervention & supervision.
- The child is actively suicidal or homicidal
- the problems are so severe that s/he is unable to function in the community
- adequate supervision cannot be realised
- demonstrable harm or emotional distress is being inflicted to victim in the home

They cannot be left at home with other kids



(Chaffin et al, 2002)



Problems often found in families where children have SIB

- Distant relationships & lack of emotional closeness or warmth
- Parental violence & conflict to adults & child
- Lots of family changes & disruption in care
- Blurred family roles / poor parental role models
- Father's with little or no parenting responsibilities
- Lack of openness & unhealthy secrets
- Parents with unresolved abuse histories
- Lack of or over strict sexual boundaries



What about their families?



- Positive change in child's living environment may be more significant than work with the child.
- Need to work with carers to address family problems
- Professionals must also be cautious about not imposing unreasonable demands on parents re supervision at the time when their parenting skills are low poor, without ensuring that they have advice about how to do this.
- Important to meet help parents meet unmet needs & work on family strengths & skills



Differences between Adolescents & Children Who have SBP

- Young children are **not** the same as adolescents or adults. The causes, intentions, motivations, arousal & meaning of their sexual behaviour is distinctly different as their sexual behaviours are largely unconnected to sexual gratification (Chaffin et al 2002). Behaviours often related to curiosity, anxiety, imitation, attention seeking, self-calming etc (Silovsky & Bonner, 2003)
- Problems of applying issues of consent, sexual arousal, motivation & understanding and insight into effects of their actions
- **Do not** use adolescent or adult concepts in respect to offending and sexuality with pre-pubescent children



Pre-pubescent Children with SBP

Some Assessment Issues

What if the behaviour is assessed as problematic or of concern?

- There is a consensus in the literature that where the sexual behaviour is assessed as developmentally unexpected, problematic or abusive then a more **in-depth** comprehensive assessment should be undertaken.



The Purpose of In-depth Assessment

- To determine whether behaviour is age approp.
- To obtain details about the nature of the SBP
- To assess the child & family's knowledge & views of the problems
- To consider any predisposing or precipitating factors
- To consider the likelihood of repeat behaviours
- To identify areas of need & future intervention
- To inform immediate risk management
- Research informs us that assessors must investigate all forms of abuse and neglect
- N.B. ensure you do not just look for sexual abuse explanations



In-depth assessments - Key Questions

- | | |
|---|--|
| • Behaviour age appropriate? | • Child's current functioning? |
| • Predisposing factors? | • Child / family's attitudes to the sexual behaviours? |
| • What was it like for this child growing up? | • Child & family's capacity / motivation to change & use intervention? |
| • What are the sources of trauma? | • What are the maintaining or precipitating factors? |
| • What unmet needs led to SBP | • Current risks (what, who, when, where, how)? |
| • Purpose of behaviour? | • Protective factors? |
| • Child's views? | • Child's care / supervision needs? |
| • Strengths & deficits of child / family? | • Intervention needs? |
| • Family dynamics? | |
| • Sexual attitudes, values & knowledge of child & family? | |



Risk Assessment Tools

- In respect to evaluating future risk there is no empirically validated statistical risk assessment model upon which to anchor clinical judgement when reflecting on the likelihood of repeat sexually problematic or abusive behaviours.
- There is no empirically validated statistical assessment tool for the use with children with SBP.
- However there are attempts to identify key risk factors and resilience factors in order to facilitate risk evaluations.....



The Repeat Sexual Behaviour Problems Tool (RSBP <12) Version 2.1: (Curwen, 2001)

- Empirically guided tool
- Considers static & dynamic factors
 - Sexual Behaviour Characteristics (static & dynamic)
 - Victimization (static & dynamic)
 - Family Environment (static & dynamic)
 - Violence and Control (dynamic)
 - Personal & Interpersonal Characteristics (dynamic)
 - Intervention (dynamic)



(RSBP <12) Version 2.1: (Curwen, 2001)

Static Factors		Dynamic factors	
<ul style="list-style-type: none"> • Use of force /threat/violence • Coercion / manipulation • Pattern of sexual behaviours • Penetration • Sophisticated sexual Behaviours • Multiple types of Sexual behaviours • Victim selection based on vulnerability • Sexual behaviour with Animal • Victim of sexual abuse 	<ul style="list-style-type: none"> • Arousal during own sexual victimization • Multiple sexual offenders • Witnessed violence • Poor family sexual boundaries/sexualized family environment 	<ul style="list-style-type: none"> • Sexual thoughts • Distorted sex beliefs • Denial • Lacks understanding of consequences of sexual behaviours • Opportunities for sexual behaviour • Trauma from own Sexual Victimization • Arousal to memories of victimization • Impact of nonsexual victimization • Family in denial • Family instability • Negative home environment 	<ul style="list-style-type: none"> • Parental/guardian rejection • Impulsivity • History of nonsexual aggression • Aggressive thoughts/fantasies • Power-based beliefs • Social skill deficits • Affective coping skill deficits • Poor self-esteem • No parent/ guardian treatment involvement

AIM Initial Assessment Tool- Indicators of high concerns

- A child has a history of sexual behaviour problems.
- The child's sexual behaviour is at the higher end of the continuum.
- Sexual behaviour is compulsive, impulsive, persistent & pervasive
- The child has experience high levels of trauma.
- Child has been a victim of sexual abuse / lived in very sexualised environments & if disclosed were disbelieved or unsupported.
- There are high levels of dysfunction in the child's family.
- The child has a history of behavioural and emotional problems.
- The child has had no secure attachment to an adult.
- The child has had a number of moves and carers.
- The child has withdrawn from relationships, has no friends & is isolated.
- The child has low self-esteem/self-worth.
- The child has no concept of personal boundaries.
- The child is displaying symptoms of PTSD



Indicators of low concern

- The child has no previous history of sexual behaviour problems
- The child's behaviour is not harming others and is not compulsive / persistent.
- The child has no history of significant trauma/abuse with they have, they were believed and supported by significant adults.
- The child has healthy peer relationships.
- The child has no significant school problems.
- The child has no history of behavioural/emotional problems



High strength indicators

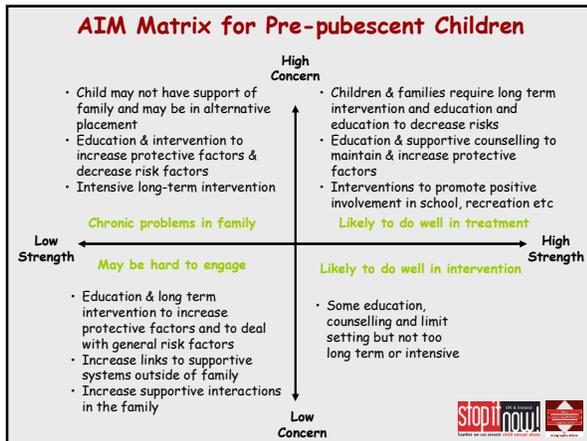
- The child has experienced consistent positive care
- The family have clear, positive boundaries in place.
- The family demonstrate good communication.
- Family can talk about sex issues in open & appropriate way.
- Family demonstrate the ability to positively process emotional issues.
- The family is -ve about receiving help & engaging support
- The child lives in a supportive & loving environment
- The child has at least one protective positive attachment to adult.
- The child is safe from harm/abuse.
- The child is in a secure placement.
- The child has appropriate support with emotional issues.
- There is a network of support & supervision around child & family.
- Parents/carers are committed to the child.
- Parents/carers recognize the need for & enforce home safety plans.



low strength indicators

- The child does not have support/is rejected by parents/ca
- Family is isolated, with an absence of supportive networks
- Absence of a supportive and structured living environment.
- The parents/carers are unable to supervise the child adequately.
- The family is enmeshed in an unhealthy social network.
- The family has high levels of stress.
- There is a history of unresolved significant abuse in the family.
- The family refuses to engage with professionals.
- There is a history of domestic violence.
- The child is at risk of significant harm/abuse.
- The parents do not recognize the child's behaviour as problematic.
- The parents have a negative view of the child/
- Carers believe the child to be manipulative and controlling.
- Child lives in an environment, which is sexualised, poor boundaries & is exposed to sexualised material/ sexuality is linked to aggression





Caution

- Be cautious about how you apply the word 'risk' to pre-pubescent children with sexual behaviour problems.
- Caution - do not assess risk for young children in the same way as is done with adolescents or adults. Young children's sexual behaviours are distinctly different from those of adolescents or adults.
- Young children are not the same as adolescents or adults. The causes, intentions, motivations, arousal & meaning of their sexual behaviour is distinctly different from many adolescents and particularly from adult sex offenders, as their sexual behaviours are largely unconnected to sexual gratification (Chaffin et al 2002).

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Intervention for pre-pubescent children with SBP

What works?

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What does research tell us?

- In all cases, positive change in the child's living environment may be a more significant intervention than individual work with the child.
- Intervention must involve work with the child's carers to address family problems, to raise their parenting capacity and to help them to develop strategies to manage children safely within the home.
- A continuum of interventions are needed according to the child's specific needs.
- The most effective intervention programmes are multi-systemic & target not only the children but also social networks.
- Programmes need to focus on enhancing strengths, skills and resilience in children and their families.

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Intervention needs to target

- Problematic sexual behaviours
- Child's unresolved trauma history
- Child's developmental needs
- Underlying family problems

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Treatment Focus (Cavanagh-Johnson)

Group I (Sex Play)	Group II (Sexually Reactive)	Group III (Extensive, mutual sex behaviours)	Group IV Children who abuse
Education of children & parents re child sexuality	Victim focused work. Parallel support & education of parents. Behaviour plan to modify behaviours.	As group 2 Attachment work Ensuring needs met in more appropriate ways.	As group 2& 3 Intensive work with carers / child Prevention & risk reduction work

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Empirically Supported Interventions

- CBT / Trauma-focused
- Goal orientated
- Educational / teaching of specific skills
- Child & parent components
- Multi-systemic
- Holistic & integrated into other approaches



SBP Focused Work

- Key Components for children

1. Identifying, recognizing the inappropriateness of, and apologizing for rule violating sexual behaviours that occurred.
2. Learning and practicing basic, simple rules about sexual behaviour and physical boundaries.
3. Age-appropriate sex education.
4. Emotional literacy work.
5. Coping and self-control strategies.
6. Basic sexual abuse prevention/safety skills,
7. Social skills & communication.



Common Therapeutic Care Needs

- Enhance self esteem
- Re-process distortions / wrong thinking
- Develop empathy
- Develop communication & social skills
- Enhance coping skills
- Develop emotional literacy
- Teach self-protection
- Sex & relationship educ
- Understanding SIB patterns
- Info & help with victim experiences
- Help with loss and grief
- Identify of risk factors & safety measures
- Identify & meeting unmet needs
- Promote attachment
- Developing strengths & resilience



SBP Focused Work

- Key Components for caregivers

1. Developing & implementing a Safety Plan. This includes:
 - a. A supervision and monitoring plan,
 - b. Communicating with other adults
 - c. Modifying the Safety Plan over time.
2. Teaching parents about the importance of supervision, how to identify situations of risk & how to implement risk management strategies.
3. Info about sexual development, normal sexual play and exploration, and how these differ from SBP.
4. Strategies to encourage children to follow privacy & sexual behaviour rules



SBP Focused Work

- Key Components for caregivers

5. Factors that contribute to the development & maintenance of SBP
6. Sex education & how to listen & talk with children about sexual matters.
7. Parenting strategies to build positive relationships with children and address behaviour problems.
8. Supporting children's use of the self-control strategies they have learned.
9. Relationship building & OK physical affection with children.
10. How to guide the child toward positive peer groups.
11. Enhancing parental coping mechanisms.
12. Enhancing parental support.



Common areas of family work

- Engagement
- Help develop understanding of their child's shb.
- Help understand risk factors & how they can help reduce these.
- Increase strengths & reduce risk.
- Enhance family's understanding as to impact of sexual abuse
- Opportunity to process feelings associated with abuse
- Enhance carers support for their child & for work.
- Help develop boundaries, rules & routines that increase protection
- Advice about strategies
- Engage all members of the family in family work & safety plan
- Help family communication
- Assist parents in developing a sharing of decisions & roles?
- Advice on re-parenting / attachment strategies
- Help to meet needs of siblings & engage their support
- Strengthen support system
- Enhance family






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Summary

Summary



- Most young children's sexual behaviours appropriate
- Most children with SBP do not abuse other children.
- Children who abuse others represent a small sub-group
- The initial assessment should focus on evaluating whether the sexual behaviour is age-appropriate or developmentally unexpected & problematic.
- If they are developmentally expected & not problematic no intervention is required other than providing cares with information about normal & expected sexual behaviours & advising on appropriate boundaries.



Summary



- Recent research suggests that many children with SBP have no known history of sexual abuse
- Contributing factors appear to include sexual abuse but also physical abuse, neglect, discontinuity of care, substandard parenting practices, exposure to sexually explicit media, living in a highly sexualized environment, and exposure to family violence & conflict.



Summary



- Intervention work must be offence-focused, holistic, multi-systemic, focus on the development of strengths & resilience and be goal & skills orientated
- For pre-pubescent children positive change in the child's living environment may be a more significant intervention than individual work with the child.
- Intervention must involve work with the carers to address family problems, to raise their parenting capacity and to help them to develop strategies
- Intervention is effective and can lead to long term change and risk reduction



Do not...



- Apply what you have heard or learnt about sex offenders to children or young people
- Assume or look for sexual abuse as the only cause
- Label pre-pubescent children as 'offenders', 'abusers', 'perpetrators' etc
- Assume the child will become an adolescent or adult offender
- Keep referring the child as a risk long after the validity of previous assessments have expired
- Assume that they cannot live at home
- Confuse all SBP with abusive behaviour



Do ...



- Consider the dynamics of interactions before assuming abuse has taken place
- Remember that most young people can and usually do stop their SHB and do not develop into adult sex offenders
- Remember to ensure intervention focuses on building strengths, skills & resilience and not just focus on controlling risk
- Ensure that any work focuses on family change & not just change in the young person



Training Courses from The Lucy Faithful Foundation

- Specific courses on working with and caring for children and adolescents with sexual behaviour problems are available on request in respect to :
 - Awareness raising
 - Assessment
 - Intervention and case management
 - Therapeutic care
- The Lucy Faithful Foundation also provides assessment, treatment & consultancy services

