Sexual Behavior in Children: Is it Normal?

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February 27, 2006
“Shame has a cultural component. The situations that produce shame, the labeling of shame, and the response to it show immense variation from one society to another.”

(Sheff & Retzinger, 1991)
The development of a given society’s view on sexual morality can derive from religious beliefs, or even social and environmental conditions.

Different religions have different codes of sexual morality which regulate sexual activity or assign normative values to certain sexually-charged actions or thoughts.

Sexuality and reproduction are common elements in many forms of human interaction and society worldwide.
A cultural perspective...

- **European mores**: monogamy
- **Asian and African mores**: polygyny is widely practiced
- **Abrahamic religions**: sanctions monogamous and committed different-sex relationships within the marriage
- **Hindu**: strict married life and a dose of sexual restraint; arranged marriages; Victorian morality; *Karma Sutra* (Scripture of Pleasure); no restrictions on sexual activity within the marriage
A cultural perspective...

- **Buddhists**: refrain from committing sexual misconduct (no violence, manipulation, or deceit); don’t do anything that leads to suffering or trouble
A cultural perspective...

- **Jewish views of sex and morality:** no adultery; no sex during menses; marriage is based on a healthy sexual viewpoint.

- **Christian views:** monogamy; sexual activity brings a couple closer together, emotionally and spiritually. Because of the procreative function of sex, relationships and specific acts that don’t lead to conception are frowned upon (or expressly for forbidden).
A cultural perspective...

- **Muslim views:** it is a natural state for humans to be married. A Muslim woman can only marry a Muslim man, but a Muslim man can marry a woman from another Abrahamic religion (Jews and Christians). All forms of sexual contact outside of marriage is sinful. There is severe punishment for adultery. Premarital sex is a grave sin, but punishment is less severe. All forms of sexual contact within a marriage is allowed. Sex within a marriage is pleasurable and spiritual. Polygyny is allowed (up to 4 wives); concubines are acceptable.
1930’s and 40’s
Social promiscuity
Date often and date many
Ladies Home Journal: always accept blind dates to keep in “circulation”

1950’s
Masturbation is harmful
Premarital sex is condemned
Kinsey reports are shocking!

Early ’60’s
Dating rituals
“Going steady”

Late 60’s/Early 70’s
Dating is “old-fashioned” and sexy
Single bars
Being popular means having a boyfriend or girlfriend
Boys

- Boys will be boys
- Sexual experimentation and behavior is expected
- Men have sex because they love sex
- It is a man’s “nature” as well as their “right” to pursue sexual gratification
A Historical Perspective: Girls

- Sexual innocence, inexperience and ignorance are "cultural" (American) values.
- Women have sex because they love the man.
- Girls who seek sexual experience and pleasure are less valued in society than those who deny them sexual favors.
Normal Sexual Development

- 40-85% of all children will engage in some sexual behaviors before 13 years of age

YIKES!!!!
Much to the dismay of many parents, children have sexual feelings from birth. - Little boys have erections - Little girls can get good feelings from touching their sexual parts
Normal Stages of Development

- First stage
  - Approximately birth to 6 years of age
  - Physical body is primary
  - Sexual interests, curiosity, arousal and behavior are spontaneously expressed unless (or until) the child is taught to repress or inhibit her/his pleasure
Discussion

- What do we do that encourages repression of pleasure?
- Does culture play a role?
  - Kids running around naked
  - Little boys playing with their penises
  - Little girls lifting up their dresses
Normal Stages of Sexual Development

2\textsuperscript{nd} Stage

- Approximately 6 years to pubescence (12 years)
  - Physical growth slows
  - Basic gross and fine motor coordination is accomplished
  - Primary attention of the child shifts to the mental realm
  - Desire for sexual pleasure continues
    - Privacy and autonomy characterize this age
Normal Stages of Sexual Development

3rd Stage
- Pubescence to early adolescence (approx 13-15 years)
  - As hormones come in to play, the body once again becomes primary
  - Rapid growth spurts
  - Development of secondary sex characteristics
  - New awareness of the physical self and its impact on others in the social sense
  - Preoccupation which may be characterized by poor social judgment, high risk behavior, and lack of discrimination
Normal Stages of Sexual Development

- 4th stage (mid to late adolescence, approx. 16 years +)
  - Body growth rate slows
  - Hormonal balance is achieved
  - Secondary sex changes are now incorporated into the body image
  - Sexual response cycle is accommodated through masturbation or partner sex
  - Sexual gratification is integrated into the context of a sexual relationship

- (Loretta Haroian, PhD, 2000)
Erikson’s Eight Stages of Development/ Sexual Implications

- Trust vs. Mistrust (Birth to one year)
  - Hope

- Oral-sensory stage
  - The development of a healthy personality is contingent upon the formation of a basic trust: the individual’s belief that his existence is meaningful. Development of positive body image. Touch is important.

- Sexual implications:
  Infants may stroke their genitals (if they can find them); boys can get erections
Erikson’s Eight Stages of Development/ Sexual Implications

- **Muscular-anal stage**
  - Biologically includes learning to walk, feed self, talk
  - Muscular maturation sets stage for “holding and letting go”
  - Shame occurs when child is self-conscious via negative exposure (the elimination process)
  - Development of gender identity
  - Establishes sense of self
  - Children learn about gender roles and may try out different roles
  - **Sexual implications:** Toddlers enjoy being naked; may masturbate and want to be in control of touching, kissing and hugging

- **Autonomy vs. shame and doubt (1-3 years)**
  - Muscular maturation sets stage for “holding and letting go”
Erikson’s Eight Stages of Development/ Sexual Implications

- Initiative vs. guilt (3-5 years)
- Locomotor genital stage
  - Initiative arises in relation to tasks for the sake of activity, both motor and intellectual
  - Imitate adult behavior
  - Social role identification
  - Sibling rivalry frequent
  - Curious about other children’s bodies; playing “doctor”
  - Repeating words, including profanity
  - Embarrassing questions
  - No modesty; enjoys being naked

Sexual implications: Increased interest in masturbation; may engage in sexual exploration with peers; experiment with “bad” words; increased interest in opposite-sex parent
Erikson’s Eight Stages of Development/ Sexual Implications

- Latency stage (6-11 years)

- (According to Freud, this stage is a period of “libidal dormancy”. Children pursue other interests at this time of their lives such as school, athletics, and same-sex friendships)

- Latency
  - Child is busy building, creating, accomplishing
  - A sense of inadequacy and inferiority can develop
  - Socially decisive age: moral development
  - **Sexual implications:** May compare “private parts” with same-sex peers; may begin to assert the need for privacy; may be more likely to hear peers talk about sex
Erikson’s Eight Stages of Development/Sexual Implications

- **Adolescent stage (11 years through end of adolescence)**
  
  (According to Freud, this is the “genital stage”. Once puberty strikes, the genitals once again become a central focus of libidinal energy. Interest once again turns to heterosexual relationships.)

- **Struggle to develop ego identity**
- **Preoccupation with appearance, hero worship, ideology**
- **Danger of role confusion, doubts about sexual and vocational identity**
- **Sexual implications**: begin to develop sexually (but may be distressed if their physical development is more or less advanced than their peers); may develop crushes; body image becomes increasingly important and peer opinion is valued); masturbation is common; sexual behavior is more private.
Normal...or Not?

- 5 year-old boy is in bathtub with non-related 3 year-old female and touches her on the genitals
- 5 year-old boy attempts to insert his penis into the vagina of his 3 year-old sister
- 6 year-old boy engages in oral genital contact with several of his peers
- 7 year-old girl “humps” several classmates
- 7 year-old girl “humps” several classmates as well makes sexual “sounds”
“Natural and Healthy”

- Toni Cavanaugh Johnson, Ph.D.
- “Understanding Your Child’s Sexual Behavior”
UPDATED
UNDERSTANDING CHILDREN’S SEXUAL BEHAVIORS
What’s Natural And Healthy
Toni Cavanagh Johnson, Ph.D.
Natural and healthy sexual exploration during childhood is an information gathering process.

- Explore their own bodies as well as each other’s by looking and touching
  - Playing “doctor”
- Explore gender roles and behaviors
  - Playing “house”
“Natural and Healthy”

- Similar age, size and developmental status
  - 2+ year age difference as well as significant difference in size or developmental status may be abuse
- Voluntary
- Interest in sex and sexuality should be balanced by curiosity about other aspects of the child’s life
“Natural and Healthy”

- While sexual exploration may cause some embarrassment, it should not cause a child to feel angry, ashamed, fearful or anxious.
- Healthy exploration is **spontaneous**.
- Sexual play occurs between children with a **mutual play relationship**.
- **Intermittent**
- “A time-honored learning method” (Toni Cavanaugh Johnson)
“Natural and Healthy”

- “Normal” interests and behaviors varies across development and across cultures
  - What is normal for a preschooler may be atypical for an older child, visa versa
  - What may be tolerated in one culture may be discouraged in another
Normal? (or, not??)

- 3 year-old boy persistently tries to touch his mother’s breasts
- 5 year-old girl touches her own sex parts at home, usually at bedtime
- 6 year-old boy kisses kids at school, even kids he doesn’t know well
- Two 8 year-old girls are caught looking at each other’s genitals in the school bathroom
- 4 year-old boy asks his mother to “kiss” his “peepee”
- 10 year-old girl asks to see the “privates” of a 7 year-old boy, who lives next door
Behaviors related to sex and sexuality in preschool children (Toni Cavanaugh Johnson, 2004)

- Touches own genitals when diapers are being changed, when going to sleep, or when tense, excited or afraid
- Explores differences between boys and girls
- Touches private parts of familiar adults and children
- Takes advantage of opportunity to look at nude people
- Curious about the genitals, breasts, intercourse, babies
- Likes to be nude; may show others his/her genitals
- Interested in watching people doing bathroom functions
- Interested in having a baby
- Uses dirty words for bathroom and sexual functions
- Interested in own feces
- Plays “doctor” inspecting others’ bodies, including private parts
- Puts something in own genitals or rectum one time for curiosity or exploration
- Plays house, acts out roles of Mommy and Daddy
Behaviors related to sex and sexuality in kindergarten through 4th grade children

- Asks about the genitals, breasts, intercourse, babies
- Interested in watching/peeking at people doing bathroom functions
- Uses “dirty” words for bathroom functions, genitals, and sex
- Plays “doctor”, inspecting others’ bodies, including “private parts”
- Boys and girls are interested in having/birthing a baby
- Shows others his/her genitals in a private location
- Interest in urination and defecation
- Touches/rubs own genitals when going to sleep, when tense, excited, or afraid
- Plays “house”
- Wants privacy when in bathroom or changing clothes
- Plays games with same-aged children related to sex and sexuality
- Draws genitals on human figures for artistic expression or because the figure is going portrayed in the nude
- Pretends to be opposite gender
- Interested at looking and/or touching the genitals, breasts, or buttocks of other same-age child
- Kisses familiar adults and children
- Looks at nude pictures
- Puts something in own genitals/rectum for the physical sensation, curiosity or exploration
Sexual Behavior Problems (SBP)

- SBP may include behaviors that are self-focused or behaviors that involve other children
  - The most concerning SBP cases involve substantial age or developmental inequalities, more advanced sexual behaviors, aggression, force or coercion, and harm or the potential for harm
SBP are concerning when:

- Cause distress in the child (ren) involved
- Appear to be interfering with the child (ren)’s social development
- Cause physical injury
SBP are concerning when:

- Children engaged in the sexual activity do not have a mutual relationship.
- Behaviors are out of balance with other aspects of the child’s life and interests.
- The sexual play includes advanced sexual behaviors, such as intercourse or oral sex.
SBP are concerning when:

- Directed at adults
- Behaviors progress in frequency, intensity, or intrusiveness over time
- Fear, anxiety, deep shame, or intense guilt is associated with the sexual behaviors
SBP are concerning when:

- Physical or emotional pain or discomfort to self or others is caused
  - 8 year-old boy coerces 5 year-old female cousin into an attic, blocks the door, and puts his finger into her vagina
SBP are concerning when:

- Sex is used to hurt others
  - Sex and pain
  - Sex and negative emotions
  - Any angry sexual language, gestures, or touching used to get back at people
    - 6 year old male draws a picture of his teacher being “raped and killed”
SBP are concerning when:

- Verbal and/or physical expressions precede, follow, or accompany the sexual behavior
- Coercion, force, bribery, manipulation or threats are associated with the sexual behaviors
SBP are concerning when:

- There is too much knowledge/information that is more consistent with that of an adult’s
- Behaviors are significantly different than children the same age
- The behaviors continue in spite of clear requests to stop
- A child is unable to stop from engaging in sexual activities
- The behaviors are having an adverse effect on their friendships
Case discussion

“Amy”

- A school counselor makes a report to CPS regarding a year-old girl at school
  - Multiple reports by other children that Amy is “making” them play “humping”
  - The counselor reports that the “humping” is “persistent” and “compulsive”
  - The counselor has talked to Amy about stopping this behavior but it has continued
“Amy”

- Is this behavior concerning? Why or why not?

- What are some possible reasons that Amy may be exhibiting this behavior?
Case discussion
“Maddie”

- Maddie is a four-year old girl
- Mother walked in on Maddie and another 4 year-old girl. Both girls were on their hands and knees with their pants down
- Maddie’s face was in the bottom of the other girl
“Maddie”

- Based upon what the mother observed, is this behavior concerning? Why or why not?
- What might be other explanations for what the mother observed?
“Maddie” (further information)

- When mother asked Maddie what she was doing, Maddie stated that they were playing the “a game”. When asked what the game was, Maddie explained that it was “eating privates”

- Mother reported to the counselor that Maddie has been compulsively trying to pull the pants down of children she is playing with, even when the mother is just out of the room for a few minutes
Incidence and prevalence of SBP

- There has been an increase in the number of children with SBP who have been referred to child protective services, juvenile services and treatment (Burton, Butts & Snyder, 1997)
  - It is not clear if this reflects an increase in the actual number of cases or an increase in identification and reporting
Definition of children with SBP

“Sexual behavior problems do not represent a medical/psychological syndrome or specific diagnosable disorder, but rather a set of behaviors that fall well outside acceptable societal limits.”

“Children ages 12 and younger who initiate behaviors involving sexual body parts (genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves or others.”

“Intentions and motivations for these behaviors may or may not be related to sexual gratification or sexual stimulation. Rather, they may be related to curiosity, anxiety, imitation, attention-seeking, self-calming, or other reasons.” (Silovsky & Bonner, 2003)
Origins of SBP

- While children who have been sexually abused do have a higher frequency of sexual behavior problems than nonabused children, research shows that many children with sexual behavior problems have no known history of abuse.

(Friedrich, 1993; Friedrich, Trane & Gully, 2005)
For some children, SBP may be one part of an overall pattern of disruptive behavior problems.

(Friedrich, 2002, Friedrich, Davies, Feher, & Wright, 2003; Pithers, Gray, Busconi & Houchens, 1998)
Contributing factors to SBP

- Children with more intense SBP tend to have more co-morbid mental health, social and family problems

(Bonner, Walker, Berliner, Bard, & Silovsky, 2005; Hall et al, 1996)
Contributing factors to SBP

- Sexual abuse
- Parenting practices
- Exposure to sexually explicit media
- Living in a highly sexualized environment
- Exposure to family violence
OUTSIDE
I NFLUENCES
I met a girl down at the disco. 
She said hey, hey, hey ya let's go. 
I could be your baby, you can be my honey. 
Let's spend time not money. 
I mix your milk wit my cocoa puff, 
Milky, milky cocoa, 
Mix your milk with my cocoa puff, milky, milky riiliiiight.

They say I'm really sexy, 
The boys they wanna set me. 
They always standing next to me, 
Always dancing next to me. 
Tryin' a feel my hump, hump. 
Lookin' at my lump, lump. 
U can look but you can't touch it, 
If you touch it I'ma start some drama, 
You don't want no drama, 
No, no drama, no, no, no drama. 
So don't pull on my hand boy, 
You ain't my man, boy. 
I'm just tryna dance boy, 
She's got me spendin', 
Spendin' all your money on me and spendin' time on me. 
She's got me spendin', 
Spendin' all your money on me, up on me, on me. 
She's got me spendin'. 
She's got me spendin'. 
She's got me spendin'.

My love, my love, my love, my love 
You love my lady lumps, 
My hump, my hump, my hump, 
My humps they got u, 
She's got me spending. 
(Oh) Spendin' all your money on me and spending time on me. 
She's got me spendin'. 
(Oh) Spendin' all your money on me, up on me, on me. 
What you gon' do with all that junk? 
All that junk inside that trunk? 
I'ma get, get, get, you drunk, 
Get you love drunk off my hump. 
What u gon' do with all that ass? 
All that ass inside them jeans? 
I'm a make, make, make, make you scream 
Make you scream, make you scream. 
Cos of my hump, my hump, my hump, my hump. 
My hump, my hump, my hump, my lovely lady lumps. (Check it out)
be hot. be cool. just be.
Video games
Other factors that may influence sexual behavior

- Child’s developmental level
- Psychiatric history
- Life stress
- Chaotic families
  - Aggression (exposure to domestic violence)
  - Unpredictability
Other factors that may influence sexual behavior

- Poor impulse control of the child
- Difficulty getting along with others
- Inadequate supervision
Case study
“Jason”

- 5 year-old male who has been found on numerous occasions to be touching his 3 year-old sister’s genitals, including attempted intercourse
- Mother and father are divorced; father has regular visitation with both children
- History of domestic violence when father was in the home
- No history of sexual abuse for either child
Discussion

- What factors may have contributed to Jason sexually acting out?
- What recommendations would you make for this family?
- What is your treatment plan for Jason? For his sister?
Assessment of SBP

- Uses for assessment
  - Informed intervention and treatment planning
  - Assisting in making recommendations and case plans for child welfare or juvenile justice authorities
  - NOT an investigation as to whether or not abuse occurred
Assessment of SBP

- Determination of need for intervention or treatment
- Types of intervention or treatment
- Offering input into decisions about child removal, placement, or family reunification
Assessor qualifications

- Degreed, mental health professionals who are licensed

- Expertise in:
  - **Child development**, including typical sexual development and behavior
  - **Differential diagnosis of childhood mental health and behavioral problems**
  - **Specific familiarity with common problems seen among children with SBP**, including non-sexual disruptive behavior problems, learning disorders and developmental issues, child maltreatment, child sexual abuse, trauma and posttraumatic stress related problems
Assessor qualifications

- Understanding environmental, family, parenting and social factors related to the development of sexual and nonsexual behavior problems
- Familiarity with current research literature on empirically well-supported intervention and treatment approaches for childhood behavior and mental health problems
- Cultural variations in norms, attitudes and beliefs about childrearing and childhood sexual behaviors
Areas of assessment

- Context, social ecology, and family
  - A child’s behavior may reflect their environment
  - Changes in environment may be necessary for sustained changes in behavior
Areas of assessment

- Quality of the caregiver-child relationship
- Adult caregiver capacity to monitor and supervise behavior
- Caregiver warmth and support shown toward the child
- Presence of positive or negative role models and peers in the child’s social environment
- Types of discipline, limits, structure or consequences applied
Areas of assessment

- Availability of opportunities for inappropriate behavior
- Extent and degree of sexual and/or violent stimulation in the child’s environment
- Exposure to and protection from potentially traumatic situations
- Cultural factors of the home and community (including racial, ethnic, religious, socioeconomic, etc)
Areas of assessment

- The child’s social ecology
  - Family, extended family, neighborhood, school, and other social environments that directly impact the child’s behavior
    - Assessing for positive and negative influences
    - Identification of factors and triggers that maintain SBP
    - Identification of strengths and resources to help overcome SBP
    - Incorporates information about permanency planning for children in foster care
Areas of assessment

- Assess for general behavior and psychological functioning
- In some cases, SBP may be the main concern
  - In other cases, SBP may be a secondary or lower priority
  - Many children with SBP have non-sexual problems
    - Externalizing behavior problems such as ADHD; oppositional or aggressive behavior
    - Internalizing behavior problems such as PTSD symptoms, depression or anxiety)
    - Adverse environments (ongoing physical abuse, neglect or exposure to violence)
Areas of assessment

- Assess for problems commonly related to abuse or trauma
  - PTSD, anxiety, depression
- Consider conditions that may affect self-control, such as developmental disabilities and ADHD
Areas of assessment

- Assessing sexual behavior and contributing factors
  - Obtain a clear description of the sexual behaviors involved
    - When did the behaviors begin?
    - How frequently did the behaviors occur?
    - Have the behaviors progressed or changed over time?
    - If other children were involved, was there any force or coercion? How was the behavior initiated?
    - Has there been any prior effort to stop the behavior?
    - When does the behavior occur?
Important tools

- The Child Sexual Behavior Inventory (CSBI)
  - William Friedrich, PhD, Mayo Clinic
- Child Behavior Checklist (CBCL)
  - T.M. Achenbach
The CSBI

- Completed by caretaker
- Used for children ages 2-12 years
- Measures developmentally related sexual behaviors (DRSB) as well as sexual abuse specific items (SASI)
- Consists of 38 items assessing a wide range of sexual behaviors
- Assesses 9 domains of sexual behavior
- Must be used WITH interviews as well as OTHER forms of assessment to understand the child
- Should NEVER be the sole basis for a determination of sexual abuse
**Questions About Your Child's Behavior**

Please circle the number that tells how often your child has shown the following behaviors in the last 6 months:

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Less than 1/month</th>
<th>1-3 times/mo</th>
<th>At least 1/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dresses like the opposite sex</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Stands too close to people</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Talks about wanting to be the opposite sex</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Touches sex (private) parts when in public places</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Masturbates with hand</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>6. Draws sex parts when drawing pictures of people</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>7. Touches or tries to touch their mother's or other women's breasts</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>8. Masturbates with toy or object (blanket, pillow, plastic toy)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>9. Touches another child's sex (private) parts</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>10. Tries to have sexual intercourse with another child or adult</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>11. Puts mouth on another child/adult's sex parts</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>12. Touches sex (private) parts when at home</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>13. Touches an adult's sex (private) parts</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>14. Touches animals' sex parts</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>15. Makes sexual sounds (sighs, moans, heavy breathing, etc.)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>16. Asks others to engage in sexual acts with him or her</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>17. Rubs body against people or furniture</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>18. Puts objects in vagina or rectum</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>19. Tries to look at people when they are nude or undressing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>20. Pretends that dolls or stuffed animals are having sex</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>21. Shows sex (private) parts to adults</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>22. Tries to look at pictures of nude or partially dressed people</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>23. Talks about sexual acts</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>24. Kisses adults they do not know well</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>25. Gets upset when adults are kissing or hugging</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>26. Overly friendly with men they don't know well</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>27. Kisses other children they do not know well</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>28. Talks flirtatiously</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>29. Tries to undress other children against their will (opening pants, shirt, etc.)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>30. Wants to watch TV or movies that show nudity or sex</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>31. When kissing, tries to put their tongue in other person's mouth</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>32. Hugs adults they do not know well</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>33. Shows sex (private) parts to children</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>34. Tries to undress adults against their will (opening pants, shirt, etc.)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>35. Is very interested in the opposite sex</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>36. Puts their mouth on mother's or other women's breasts</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>37. Knows more about sex than other children their age</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>38. Other sexual behaviors (please describe)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

A. 

B. 


Empirical findings with sexually abused children indicate that sexual behavior is one of the more reliable and valid markers of sexual abuse.

(Friedrich, 1993b, Kendall-Tacket, Williams, & Finklehor, 1993)
The CSBI

- The only research-based measure that provides information on the type and frequency of sexualized behaviors in young children
  - Original CSBI based on a sample of 512 children, ages 2-12 years, with a documented history of sexual abuse
  - Normative sample: 1,114 children
  - Revised CSBI: 1200 diverse normative sample of 2-12 year old children; 300 nonabused children and 500 sexually abused children
Currently, French, Spanish, and Swedish translations of different editions of the CSBI exist.

There is a small sample of Hispanic children in the CSBI normative study; behaviors did not differ from other children. A true test of cultural and ethnic differences has not yet been developed.
# Developmentally related sexual behaviors

<table>
<thead>
<tr>
<th>Boys 2-5 years</th>
<th>Boys 6-9 years</th>
<th>Boys 10-12 years</th>
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</thead>
<tbody>
<tr>
<td>2. Stands too close to people</td>
<td>12. Touches sex (private) parts when at home</td>
<td>35. Is very interested in the</td>
</tr>
<tr>
<td>4. Touches sex (private) parts opposite sex</td>
<td>19. Tries to look at people when they are nude or undressing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Touches or tries to touch mother’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or other women’s breasts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Touches sex (private) parts when at home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Tries to look at people when they are nude or undressing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Tries to look at people when</td>
<td></td>
<td></td>
</tr>
<tr>
<td>they are nude or undressing</td>
<td></td>
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## Developmentally Related Sexual Behavior

<table>
<thead>
<tr>
<th>Girls 2-5 years</th>
<th>Girls 6-9 years</th>
<th>Girls 10-12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Stands too close to people</td>
<td>12. Touches sex (private) parts when at home</td>
<td>35. Is very interested in opposite sex</td>
</tr>
<tr>
<td>7. Touches or tries to touch their mother’s breasts or other women’s breasts</td>
<td>19. Tries to look at people when they are nude or undressing</td>
<td></td>
</tr>
<tr>
<td>12. Touches sex (private) parts when at home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Tries to look at people when they are nude or undressing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DRSB

Developmentally Related Behaviors are not appropriate when they:
- Interfere with normal child activities
- Are noted frequently
- Do not decrease with feedback
Identifying concerning sexual behaviors

- Sexual Abuse Specific Items (SASI)
  - High SASI scores more likely to be related to sexual abuse
    - Includes items such as: puts objects in vagina/rectum; tries to have intercourse; overly friendly with men they do not know well; tongue in mouth when kissing; rubs body against people or furniture; knows more about sex than other children their age
  - Other variables may exacerbate these behaviors
    - Physical abuse
    - Inconsistent caregivers
SASI SAMPLE ITEMS

• Puts objects in vagina/rectum (at 2-5 for both genders)
• Tries to have/ask others to have intercourse (for 2-5 and 6-9 for both genders)
• Overly friendly with men they do not know well (at all three age groups for both genders)
SASI SAMPLE ITEMS

- Undresses other children (6-9 year olds of both genders)
- Knows more about sex than other children their age (all age groups and both genders)
- Tongue in mouth when kissing (2-5 year olds of both genders)
- Rubs body against people or furniture (6-9 and 10-12 boys and 2-5 and 6-9 girls)
All SASI should be looked at along with the context of the child
The CSBI: parental perception

- How does parental perception influence the reporting of sexual abuse?
  - Parental attitudes about their own sexuality as well as their child’s
  - Belief in their child’s victimization
  - The need to protect the alleged perpetrator
  - Whether or not the parents are good monitors of their child’s behavior
  - Parents’ history of victimization
CSBI: Practical implications

- **DRSB scores per mother**
  - 6 year old boy: 65
  - 5 year old boy: 100
  - 3 year old girl: 74

- **SASI scores per mother**
  - 6 year old boy: 83
  - 5 year old boy: >110
  - 3 year old girl: >110

- **DRSB scores per father**
  - 6 year old boy: 65
  - 5 year old boy: 56
  - 3 year old girl: 39

- **SASI scores per father**
  - 6 year old boy: 55
  - 5 year old boy: 55
  - 3 year old girl: 43
The CBCL

- CBCL for children ages 1 ½ to 5 years; 6-18 years
- Completed by parents/caretakers
- Teacher’s Report Form
  - Used in conjunction with the CBCL completed by the parents/caretakers
CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

Please fill out the form to reflect your view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 3. Be sure to answer all items.

| I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skiing, skateboarding, biking, fishing, etc. |
|---|---|---|
| Compared to others of the same age, about how much time does he/she spend in each? |
| Less Than Average | More Than Average | Don’t Know | Below Average | Above Average | Don’t Know |
| a. | | | | | |
| b. | | | | | |
| c. | | | | | |

| II. Please list your child’s favorite hobbies, activities, and games, other than sports. For example: stamping, dolls, books, piano, crafts, computers, singing, etc. (Do not include listening to radio or TV.) |
|---|---|---|
| Compared to others of the same age, about how much time does he/she spend in each? |
| Less Than Average | More Than Average | Don’t Know | Below Average | Above Average | Don’t Know |
| a. | | | | | |
| b. | | | | | |
| c. | | | | | |

| III. Please list any organizations, clubs, teams, or groups your child belongs to. |
|---|---|---|---|
| Compared to others of the same age, how active is he/she in each? |
| Less Active | More Active | Don’t Know |
| a. | | |
| b. | | |
| c. | | |

| IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.) |
|---|---|---|---|
| Compared to others of the same age, how well does he/she carry them out? |
| Below Average | Average | Above Average | Don’t Know |
| a. | | | |
| b. | | | |
| c. | | | |
The CBCL (1 ½ to 5 years)

- Emotionally reactive
- Anxious/depressed
- Somatic complaints
- Withdrawn
- Sleep problems
- Attention problems
- Aggressive behavior

- **Internalizing problems:**
  - Emotionally reactive
  - Anxious/depressed
  - Somatic complaints
  - Withdrawn

- **Externalizing problems:**
  - Attention problems
  - Aggressive behavior
The CBCL (6-18 years)

- Anxious/depressed
- Withdrawn/depressed
- Somatic complaints
- Social problems
- Thought problems
- Attention problems
- Rule-breaking behavior
- Aggressive behavior
The CBCL: (6-18 years)

- Anxious/depressed
- Withdrawn/depressed
- Somatic complaints
- Social problems
- Thought problems
- Attention problems
- Rule-breaking behavior
- Aggressive behavior

- Internalizing problems:
  - Anxious/ depressed
  - Withdrawn/ depressed
  - Somatic complaints

- Externalizing problems:
  - Rule-breaking behavior
  - Aggressive behavior
The CBCL

- A score over 63 in any area is clinically significant
- A score of 70 and above indicates specific problematic behavior
Case example: “J anie”

- Janie is a 7 year-old girl of mixed descent (African American/Caucasian) who was adopted at age 5 years by a Caucasian family.
- Janie is currently experiencing SPB, including inappropriately touching her 1 ½ year old sister.
- Adoptive mother is extremely angry/hostile toward Janie.
“Janie”

- What is the possible impact of the adoptive mother’s attitude toward Janie?
CBCI / 6-18 - Syndrome Scale Scores for Girls 6-11

Gender: Female  Date: 10/28/2005  Clinician:
Age: 7

JANIE'S

Internalizing

<table>
<thead>
<tr>
<th>Scale</th>
<th>T Score</th>
<th>Percentile</th>
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</thead>
<tbody>
<tr>
<td>Total Score</td>
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<td>&gt;97</td>
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<tr>
<td>T Score</td>
<td>76-C</td>
<td>&gt;97</td>
</tr>
<tr>
<td>Percentile</td>
<td>&gt;97</td>
<td>&gt;97</td>
</tr>
</tbody>
</table>

- Anxious/Depressed
- Withdrawn/Depressed
- Somatic Complaints
- Social Problems
- Thought Problems
- Attention Problems
- Rule-Breaking Behavior
- Aggressive Behavior

---

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R = Borderline clinical range, C = Clinical range
Broken lines = Borderline clinical range

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CSBI Item Responses

1. Dress like opposite sex
   0.123
2. Shares box close to people
   0.123
3. Talks about wanting to be the opposite sex
   0.123
4. Touches private parts in public
   0.123
5. Masturbates with hands
   0.123
6. Draws sex parts when drawing people
   0.123
7. Touches or tries to touch women's breasts
   0.123
8. Masturbates with toys or objects
   0.123
9. Touches another child's private parts
   0.123
10. Tries to have sexual intercourse with another
    0.123
11. Puts square on another person's private parts
    0.123
12. Touches private parts with hands
    0.123
13. Touches an adult's private parts
    0.123
14. Touches animals' sex parts
    0.123
15. Makes sexual sounds
    0.123
16. Encourages others to engage in sexual acts
    0.123
17. Rubs body against people or furniture
    0.123
18. Puts objects in vagina or rectum
    0.123
19. Tries to look at people when they are nude
    0.123
20. Pretends that girls are having sex
    0.123
21. Shows private parts to adults
    0.123
22. Tries to look at pictures of nude people
    0.123
23. Talks about sexual acts
    0.123
24. Looks adults they do not know well
    0.123
25. Gets upset when adults are kissing or hugging
    0.123
26. Overly friendly with men they don't know well
    0.123
27. Feels nervous around other children they do not know well
    0.123
28. Talks flirtatiously
    0.123
29. Tries to tease other children
    0.123
30. Wants to watch TV or movies that show nudity or sex
    0.123

CSBI Item Responses

31. When kissing, tries to put tongue in other person's mouth
    0.123
32. Uses dirty words
    0.123
33. Shows private parts to children
    0.123
34. Tries to touch advertiser
    0.123
35. Involves himself in the opposite sex
    0.123
36. Pulls their pants on women's breasts
    0.123
37. Knows more about sex than other children their age
    0.123
38. Other Sexual Behaviors
    0.123
Interviewing the child

- Supportive and unpressured atmosphere
- Goal: information gathering
Interviewing the child

- Children may be reluctant to discuss the subject of inappropriate sexual behavior.
- Children often deny any wrongdoing when questioned by adults. 
  - Failing to admit past SBP is not necessarily an indication of poor prognosis.
Interviewing the child

- Use simple language the child can understand
- Use more open-ended questions
- Avoid biased, suggestive or leading questions
A history of previous or ongoing sexual abuse increases the risk of a child developing SBP.

- Therefore, assessors need to make direct inquiries about possible sexual abuse.

(Kendall-Tackett, Williams, & Finklehor, 1993, Friedrich, 1993)
An assumption should not be made that there has been sexual abuse based upon sexual behavior problems.

The Task Force at ATSA believes that childhood SBP are sufficient to raise the question of sexual abuse, but should not be considered sufficient, by themselves, to conclude that sexual abuse has occurred.
Treatment interventions: children with sexual abuse histories

- Common diagnoses in child victims of sexual assault
  - Posttraumatic Stress Disorder
  - Adjustment Disorders
  - Major Depression
  - Anxiety Disorder
  - Acute Stress Disorder
“Young children develop their self-concept based on the explicit and implicit messages they receive from caregivers and others in their environment. Thus, it is important to address their problematic behaviors in a way that clearly teaches the child to differentiate appropriate from inappropriate behaviors without using messages that negatively label and cause shame.”

Treatment interventions for children with SBP

- Directly address the sexual behavior problem
- Address family/caregiver factors
- Be clear about expectations for child and/or caregiver involvement
- Estimate length of treatment
Treatment interventions for children with SBP

- Research shows that including caregivers in the treatment of children with severe behavior disorders is an important component of treatment effectiveness.
Treatment interventions

- Family-based
- Establish sexual rules
- Improve safety
- Increase monitoring
  - Ensure parents understand about supervision, especially if “line of sight” supervision is required
- Improve parent-child relationship
Treatment interventions

- Individual treatment
- Group treatment
- Family treatment
  - Parent Child Interaction Training (PCIT)
Treatment interventions

- Framework for understanding sexual behavior
  - Many children do not understand that sexual behavior is inappropriate
Treatment interventions

- Have child describe the sexual behavior he/she engaged in, including the thoughts and feelings (before, during, after)
- Have child describe the situation from the point of view of others (those who observed; others involved)
  - “Close your eyes and picture yourself_____ . Tell me what you see, hear, smell, feel.”
  - “What were you thinking?”
  - “How do you feel?”
Treatment interventions

- Assist child in replacing distorted cognitions

  - It’s fun.
  - But other kids like it.
  - No one will know.
  - What’s the big deal?
  - I didn’t do it.
  - It wasn’t my fault.
  - I couldn’t help it.

  - But I get in trouble.
  - Maybe they don’t like it.
  - I got caught.
  - Everyone was upset.
  - I did do something.
  - It was my idea. I started it.
  - I don’t do it all the time.
Treatment interventions

- **Self-control**
  - Thought stopping
    - Child instructed to say to him/herself when experiencing a sexual thought, “this isn’t right”
    - Child instructed that if he/she acts on an inappropriate thought, he/she could get in trouble, hurt someone, or not be liked by others
    - Child is instructed to think about and do an alternative activity
Treatment interventions

- Individual treatment
  - Sexual knowledge
    - Child should receive a review of sexual terms, body parts and functions (appropriate to age and child’s experiences)
    - If a child witnessed or experienced sexual intercourse, there should be an explanation about the activity to correct any inaccurate assumptions
    - Older children should be told about puberty and associated emotional and physical changes
Treatment interventions

- Caregivers should be informed about the proposed content of any sex education
- Caregivers should be encouraged to provide sex education as well
  - Conjoint sessions with therapist may be helpful with caregivers who are anxious
WHERE DID I COME FROM?
A Guide for Children and Parents
Written by Bestselling Author Peter Mayle
It’s Perfectly Normal

Robie H. Harris, illustrated by Michael Emberley
Treatment interventions

- Establish rules
  - Younger children
    - You can touch your own private parts in private
    - You can’t touch other people’s private parts
    - No one can touch your private parts
Treatment interventions

- Rules for older children
  - There must be permission from the other person
  - The other person must be close in age
  - It is inappropriate to be sexual with a family member
Treatment interventions

- There should be no sexual behavior with strangers.
- Sexual activity should occur with someone with whom there is a caring relationship.
- Money or gifts should never be given or received in exchange for sexual activity.
- Before engaging in sexual behavior, appropriate precautions should be taken to avoid STD’s and pregnancy.
- Sexual behavior with others is not appropriate for children.
Gabe is a 6 year-old male who was previously sexually abused by a 13 year-old male cousin. The sexual abuse included oral genital contact. It was later discovered that Gabe was engaging same-age neighbor boys in oral genital contact. Gabe told his therapist that when he got a “tingly” feeling, he would find his friends and initiate the sexual acts.
“Gabe”

- What is your treatment plan for Gabe/Gabe’s family?
- How will you go about extinguishing the sexual behavior?
“Alexa”

- Alexa is a 5 year-old girl who was sexually touched by her 7 year-old foster sister.
- In treatment, Alexa reports that she “likes” the touching and that it feels “good”.
- What is your treatment plan for Alexa and her family?
Dmitry

- 6 year old boy from Russia, adopted at 18 months of age
- Spent first 18 months in an orphanage
- Currently, Dmitry is extremely sexualized, including persistent and compulsive masturbation, sexual with children and adults, and is angry and aggressive
Dmitry

- Video
**C-TRF/1.5-5 - Syndrome Scale Scores for Boys**

- **Gender:** Male
- **Date Filled:** 12/22/2005
- **Clinician:**
- **Birth Date:** 09/28/1999
- **Verified:** No

### Internalizing

<table>
<thead>
<tr>
<th>Scale</th>
<th>Total Score</th>
<th>T Score</th>
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<tr>
<td>Emotionally Reactive</td>
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<td>&gt;80</td>
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<tr>
<td>Anxious/Depressed</td>
<td>0</td>
<td>0</td>
<td>&gt;80</td>
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<tr>
<td>Somatic Complaints</td>
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<td>0</td>
<td>&gt;80</td>
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<tr>
<td>Withdrawn</td>
<td>5</td>
<td>59</td>
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<tr>
<td>Attention Problems</td>
<td>5</td>
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<tr>
<td>Aggressive Behavior</td>
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<td>6</td>
<td>62</td>
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### Externalizing

<table>
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<th>Scale</th>
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<tr>
<td>Emotionally Reactive</td>
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<tr>
<td>Aggressive Behavior</td>
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<td>6</td>
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*B = Borderline clinical range; C = Clinical range; Broken lines = Borderline clinical range*
CBC1/4-18 - Syndrome Scale Scores for Boys 4-11

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**Note:** Not all displayed in profile

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*Copyright 1999 T.M. Achenbach. B = Borderline clinical range; C = Clinical range. Broken lines = Borderline clinical range. *Not on YRF or YSR construct*
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<tr>
<td>SASI</td>
<td>31</td>
<td>110*</td>
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</table>
Sexual behavior problems may be considered adequately treated if the behavior no longer occurs and the risk to repeat the behavior is substantially reduced.
Interventions with parents/caregivers

- Important to protect the children who have been victimized by the child and to prevent further misbehavior on the part of the child being treated.

- Separation of the child from other children (out of home placement) is reserved for the most serious cases where harm has resulted to others or where the behavior cannot be controlled at home.
Interventions with parents/caregivers

- **Supervision**
  - Parents/caregivers should not permit the child to play with other children unattended.
  - The child should not bathe or sleep in the same room with other children. A separate bedroom or bed should be provided.
  - The child should not be given any opportunities for assuming a role of authority over younger or more vulnerable children.

*Sometimes we must state the obvious!!!*
Interventions with parents/caregivers

- If pets have been abused, they should be temporarily removed from the home.
- School personnel should be consulted, fully informed, and advised not to permit unsupervised play with other children.
  - Child should not be allowed to use public bathroom at school.
  - Make arrangements for child to use restroom in a private location, such as nurse’s office.
Interventions with parents/ caregivers

- **Family environment**
  - Sexually explicit material should be removed from the home
  - The child should not be exposed to sexually explicit television or images of violence and/or sexual aggression
  - Parents/caregivers should enforce privacy in the adults’ bedroom and in the bathroom
  - Computer use should be closely monitored
Interventions with parents/caregivers

- Parents/caregivers should establish rules about entering their bedroom.
- Locks should be used by adults and older children.
- Parents/caregivers should use appropriate modesty in child’s presence:
  - There should not be any nudity, partial nudity, or explicit displays of sexual behavior by either parent or other adults in front of the child.
  - Older siblings should be included in this plan.
Interventions with parents/ caregivers

- The child should not be permitted to sleep or bathe with the parent
- If the child is upset at night, he/she should be comforted in his/her own room
- The child should be taught and encouraged to learn to bathe without assistance
Interventions with parents/ caregivers

- Parents/caregivers should strive to create an environment where the child receives approval for not misbehaving and adequate attention and expression of affection.
Interventions with parents/caregivers

- Responding to misbehavior
  - ALWAYS respond to inappropriate behavior directly
  - Include a clear statement about the behavior of concern
    - Confrontation should never be excessively harsh or involve physical punishment
Interventions with parents/caregivers

- Use a systematic contingency management approach for identified misbehavior
  - A system of rewards and consequences for appropriate and inappropriate behavior
    - Example: child has persisted in sex play with peers despite being told to stop. Child is told that the privilege to play with others will be temporarily withdrawn
      - The opportunity to play should be restored gradually with the child rewarded for appropriate play
JANIE'S RULES FOR THE HOLIDAYS

1. When I feel like I have to go to the bathroom, I will stop whatever I'm doing and use the toilet!

2. I will play APPROPRIATELY with other kids.

3. I will not SCREAM at ANY adults.

4. I will not SCREAM at ANY kids.

5. I will leave Hannah alone!
1. I did not go to the bathroom in my pants.

2. I played appropriately with other kids.

3. I did not scream at any adults.

4. I did not scream at any kids.

5. I left Hannah alone.
Working with foster parents

- Identify conflicting values
  - Discuss child’s background; concerning behaviors
  - Discussion with the family regarding their feelings about concerns presented
  - How will the child fit in with the family?
Working with foster parents

- Discussion about family norms/values
  - Views on nudity
  - Television programs/movies/video games
  - Computer access/use
Working with foster parents

- Help foster parents be proactive
  - Separate space for child
  - Bathe separate/on own
  - Clear boundaries/rules for all family members
Working with foster parents

- Explore how foster parents typically enforce rules; use of rewards and consequences
- Ensure foster parents are comfortable dealing with sexualized behavior
Tools for the foster parents

- **Time out**
  - Used to decrease undesirable behaviors
  - In a room or area where there are no distractions and child is unable to play
  - No talking with the child
  - Short time periods
Alternatives for older children
- Writing sentences/essay about why the behavior is not okay
- Removal of privileges/objects
- Must be reasonable and controllable
- Include child in coming up with possible consequences PRIOR to instituting
Tools for the foster parents

- Consider Parent Children Interaction Training (PCIT)
Collaborating with systems

- Identify systems to be included in planning for the child with sexual behavior problems
  - Caseworker
  - Treatment providers
  - School staff
  - Bus drivers
  - Daycare staff
  - Camp staff
Community resources

- Harborview Center for Sexual Assault and Traumatic Stress (Seattle)
  - (206) 521-1800
  - www.hcsats.org

- Children’s Response Center (Bellevue)
  - 425-688-5130
  - www.childrensresponsecenter.org
Community resources

- Specialized Providers can provide services