Psychosexual Assessments and Treatment of Children

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Workshop Objectives
1. When to refer Children for psychosexual assessments and treatment?
3. Treatment goals and interventions.
4. How to maintain stable placements.

Your goals and objectives?

Children (4-11 yo) vs. Adult Sex Offenders

Children with sexual behavior problems are very different and not the same as adolescent and/or adult sex offenders.

Labeling of Sexual Behaviors
- The term "sexual behavior problem" should be used to identify children who engage in sexual behavior that is not typical for age and not easily redirected.
- Unless a child has been charged with a crime, or has had a professional assessment that ascribes a cause or motivation for conduct, other terms such as juvenile sexual offender or predator should NEVER be used.
Children with Sexual Behavior Problems

**Must Understand and have a decent knowledge regarding Child Sexual Development**

**REVIEW: Why most children act out sexually?**
1. Natural Curiosity.
2. Anxiety.
3. Imitation or Presexualization.
4. Attention-seeking.
5. Self-calming/soothing.
6. Sexual gratification or stimulation.
7. Sexual abuse.

**REVIEW: Sexually abused children act out in sexual ways to:**
- Attempt to deal with difficult emotions (sadness, anxiety, fear, shame, abandonment).
- Decrease tension.
- Satisfy impulsive sexual needs.
- Cope with trauma related memories.

Which of the following factors are associated with children sexually abusing other children?
- Neglect
- Maltreatment/violence at home
- Sexual abuse
- Exposure to sexually explicit media
- Exposure to highly sexualized environments

**ANSWER: All are risk factors.**

**Cause or Contributing Factors?**

**History of Maltreatment – 59%**
1. Neglect - 16%
2. Physical abuse - 32%
3. Emotional abuse - 35%
4. **Sexual abuse - 48%**

**Mmm... more trauma = higher risk for acting out sexually??????**

**Cause or Contributing Factors?**

1. Substandard parenting practices
2. Chaotic Environment & more stress
3. PTSD & Excessive Anxiety
4. Poor Impulse Control & Emotionally Reactive
5. Sexualization

**Cause or Contributing Factors?**
Children with Sexual Behavior Problems

“Sexualized”
- Child who has been sexualized prematurely in life.
- Example: Exposure to pornography and witnessing adult sexual behavior in the home.

When to Refer?
- Common reasons include:
  - Risk assessment.
  - Placement recommendations.
  - Reunification with victim or other siblings being contemplated.
  - Treatment recommendations.
  - Unexplained sexual behavior.

Types of Assessments:
1. Psychosexual Evaluation.
2. Sexual Behavior Screening Assessment.
3. Intake Assessment for Treatment.

Other types of assessments usually do not specifically address sexual behavior issues.

When to Refer?
- Not usual for their age.
- Hurtful to themselves and/or others.
- Causes adult concern.
- Results from trauma, anxiety or abuse.

When to Refer?
- Sexual curiosity becomes obsessive.
- Re-enact adult sexual activity.
- Coerce others into sexual behaviors.
- Injure themselves via sexual acts.
- Discuss sexual acts.
- Put mouth on sexual parts.
Children with Sexual Behavior Problems

When to Refer?

- Overly friendly or kiss adults they don't know well.
- Draw sexual parts.
- Touch adults’ or animals’ sexual parts.
- Masturbate with objects.

Case 1: Summer

Common Characteristics

1. History of sexual or physical abuse, abandonment or rejection.
2. Behavior problems at home and school.
3. No outside interests and few friends.
4. Lack problem-solving skills.
5. Poor impulse control.

Interventions

6. Sexual behavior - beyond developmental level.
7. Thoughts and actions – consumed by sexuality.
8. Sexual behaviors - increase over time and are not isolated incidents.
9. Coercion - usually a factor. They seek out children who are easy to fool, bribe or force.
10. Anxious – regarding sexual issues and when in a sexualized environment.

11. Act out sexually when they feel ‘jumpy, funny, mad or bad’.
12. Most report feeling worse after the behavior, not better (all girls in this group and some 60-70% of the boys).
13. Most have witnessed extreme physical violence between their caretakers.

Common Characteristics

11. Act out sexually when they feel ‘jumpy, funny, mad or bad’.
12. Most report feeling worse after the behavior, not better (all girls in this group and some 60-70% of the boys).
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Important Note:

- Inappropriate or problematic sexual behavior in children is **not** a clear indicator that a child has been sexually abused.

- Some inappropriate sexual behavior in children should be dealt with in the way you would deal with all inappropriate behavior.

Adult Reactions . . .

*Much of the shame and psychological damage that occurs -- not only with child victims of sexual abuse, but also with sexually reactive children -- stems from the reactionary behaviors of adults.*

"Children are likely to live up to what you believe of them."

Lady Bird Johnson, former U.S. First Lady

Immediate Interventions

1. Safety.
2. Incident Reporting and Notification.
3. Appropriate Placement.
4. Psychosexual Assessment & Treatment.
5. Refer for other services (psychiatric, medical, etc.).

Immediate Interventions

6. Intervene with school, daycare, or after school care personnel.
7. Provide treatment for sibling-victims.
8. Support interventions with other siblings.
9. Implement SAFETY PLAN.
SPECIFIC HOUSE RULES
Create Environments that Reduce Anxiety and Promote Safety

1. Develop, write & role play SAFETY PLANS

2. Establish specific "House Rules" regarding touching

SUPERVISION! SUPERVISION!
• Providing intensive supervision is a must!
• Do not leave children alone with younger or more vulnerable children.
• Require a higher level of supervision compared to most children.
• The First Meeting!!!!!

PERSONAL TOUCH
• Ask permission to touch.
• Immediately address any touch that feels uncomfortable or that is hurtful.
• Slowly teach children about good, nurturing touch such as less intrusive touches such as side hugs, pats on the back, tag.

SEXUAL TALK
• Monitor sexual talk between children.
• Talk openly about sexual matters in a developmentally appropriate and respectful way.
• Eliminate exposure to sexually stimulating materials.
• Talk to children and teach them what is appropriate.

PRIVACY
• Teach the importance of boundaries and the right to privacy.
• Allow private spots, drawer and/or diaries/journals.
• Search child’s belongings only when an emergency and in child’s presence.
Children with Sexual Behavior Problems

How ’bout some privacy!

SPECIFIC HOUSE RULES
Create Environments that Reduce Anxiety and Promote Safety

AT HOME
- Sleep in own beds.
  Own room is ideal.
- Take care when tucking children in at night
  (Male vs. female, closeness).
- Leave lights and doors open for children who are fearful.

SPECIFIC HOUSE RULES
Create Environments that Reduce Anxiety and Promote Safety

AT HOME
- Require proper clothing at all times & for ALL family members.
- Knock on bathroom & bedroom doors and wait for permission to enter (unless an emergency).

SPECIFIC HOUSE RULES
Create Environments that Reduce Anxiety and Promote Safety

HORSEPLAY
- Reduce or eliminate horseplay such as tickling (coercive) or wrestling (starting point for intimate behaviors, causes anxiety, guide to sexually touch other children).

SPECIFIC HOUSE RULES
Create Environments that Reduce Anxiety and Promote Safety

PUNISHMENT
- Do not use physical punishment.
- Do not use punishment that is cruel or humiliating.

INTERVENING
When a Child is Acting Out Sexually or Inappropriately

EDUCATION
- Teach about Good Touch, Bad Touch and Secret Touching.
- Help him/her focus on the difference between good touching, bad touching and secret touching.
- Provide prevention education.
- Provide regular sexuality education.
Children with Sexual Behavior Problems

Open Communication with Children

- Generic term used for television receivers allowing the blocking of programs based on their rating category.
- Intended for use by parents to manage their children's television viewing (although less than 30% use it).

V-CHIP

- Place computer in high traffic areas of home, schools, libraries, YMCA's, etc.
- Monitor computer use regularly.
- Needs to be taught better in schools.
- Use all levels of protection
  1. Level I – Hardware Firewalls
  2. Level II – Software Security
  3. Level III – Safe Surfing

COMPUTER SAFETY for CHILDREN

TREATMENT

Obvious Goal:
Reduce & eliminate inappropriate sexual behavior.

Specialized Therapy

- Can be very helpful to any child who has suffered abuse or neglect.
- Effective treatment should address the child within the context of family relationships and should involve the children's caregivers (e.g., foster family).
- MUCH LESS EFFECTIVE IF CAREGIVERS ARE NOT INVOLVED.

SEXUAL ACTING OUT

Every act of inappropriate sexual behavior significantly increases the probability of future sexual behavior.
Children with Sexual Behavior Problems

**Treatment Effectiveness**

Studies show that the risk of re-offending for children with sexual behavior problems and those who have been convicted of sexual offenses runs from:

i. 2-15%
ii. 15-30%
iii. 30-45%
iv. 45-60%

**Most children do not continue to have sexual behavioral problems.**

- Treatment outcomes – No longer have sexual behavior problems after short-term outpatient treatment (3-5 months).
- Children 6-12 years old who have been treated – only 15% still had problems 2 years after treatment.

**Foster Care Children with SBP**

- Require longer treatment due to other issues and problems.
- Placement and Adoption are always an issue, but do they need to be???
- Placement stability is critical.
  Ex. Gabriel Myers.

**Early Diagnosis & Effective Treatment !!!**

**TREATMENT**

**COGNITIVE-BEHAVIORAL THERAPY**

- Directed Play Therapy
- Individual, Family & Group Counseling
- Multi-disciplinary Approach
- Non-Offending Parent Groups
- PCIT – Parent Child Interaction Training

**Treatment Concerns**

- Reputable providers.
- Therapy is not a fix all or “cure”.
- Proper assessments are critical.
- Specialized, intensive training.
- Interagency collaboration.
- It’s the approach, not the modality.
Teach children specific skills to reduce anxiety

- Help children learn tools for dealing with anxiousness, or arousal.
- Teach a child to take a time out, to repeat a phrase in his head, to engage in a physical activity other than sex, or to draw or write out his feelings.
- Children who experience sexual arousal must be given the tools to channel anxiety, frustration, anger or fear into appropriate, non-abusive activities.

Talk to other children in the house

All children should be told what to do if other children in the home act out sexually and how not to become involved. They need to be told that it is important to tell adults so adults can help with feelings and behaviors.

Talk openly about touching rules and what’s appropriate

Talk openly and often about appropriate touch, safety and boundaries with all children in the family.
Abuse happens in secrecy, so make sure everything is open and everything can be talked about. Talking openly about the rules lets everyone know that sexual touching will not be kept a secret.

Have a plan to address behavior when it happens

Don’t ignore, don’t punish, and don’t shame. Address it calmly, assertively and immediately.
Help the child act appropriately and reward appropriate touching.

Encourage self esteem and age appropriate activities

When children feel less anxious, more in control and are exposed to more age appropriate activities and peers, their sexual acting out behaviors will usually decrease in frequency.

Treatment Goals

Teach healthy sexuality (Good Touch, Bad Touch, Secret Touch) especially children who have been sexually abused.
**Treatment Goals**

- MUST teach and role play self protection skills to prevent future sexual abuse.
- Teach caretaker’s behavior management techniques.
- Help children learn about feelings and ways to integrate feelings and thoughts associated with prior victimization.

**Focus on the Core Issues, not Just the Symptoms**

**Case 1: Summer**

1. Future Risk?
2. Immediate Interventions?
3. Primary Treatment Goals?
4. Discharge and Placement Plans?

**Placement Stability**

- Specially trained caregivers.
- Caregiver participation and involvement in treatment is CRITICAL.

**Support Foster Parents**

- STFC Program Director
- Foster Parent Liaisons
- Case Managers
- PSF Supervisors & Administration
- Child Therapist
- Guardian ad Litems
- Child Welfare Attorneys

**Placement Stability**

Specialized Dependency Case Managers
**Placement Stability**
- Appropriate & “Matched” placements.
- Specialized Therapeutic Foster Care (STFC) Homes for Children with SBP.
- PROPER SUPERVISION.

**Placement Stability**
- Appropriate & “Matched” placements.
- Specialized Therapeutic Foster Care (STFC) Homes for Children with SBP.
- Appropriate CBC Policies and Procedures.
- Court and legal support.

**Placement Stability**
- Coordinated and Comprehensive Treatment by Qualified Professionals.
- Frequent Risk Assessments & Updated Safety Plans.
- Children at risk should NEVER be placed with more vulnerable children.

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**GUIDELINES FOR ASSESSING SEXUAL BEHAVIOR**
1. Age, developmental level and relative power relationship?
2. Social relationship?
3. Complaint status of victim?
4. Cultural and religious beliefs?
5. Type of sexual activities?
6. How sexual contact took place (e.g., onset, initiation)
7. How frequent?
8. Evidence of progression or pattern?
9. Has the child exhibited this behavior for an extended period of time?
GUIDELINES FOR ASSESSING SEXUAL BEHAVIOR

10. Precipitating Factors &/or Triggers?
11. Environment?
12. History of sexual abuse?
13. Distinguishing characteristics of persons targeted?
14. Child’s response when confronted?

Common Assessments

- Child Sexual Behavior Inventory (CSBI).
- Trauma Symptom Checklist.
- Connors Comprehensive Behavior Rating Scale or Connors 3rd Edition.
- Parent Stress Index (PSI).
- Child Behavior Inventory.
- About Me (Depression Inventory).
- Incomplete Sentence Form.