

Understanding and Responding to Children with Problematic Sexual BehaviorS Webinar Series

Module 3: Assessing Problematic and Concerning Sexual Behaviors in Children



masoc
FOR A WORLD FREE OF
SEXUAL HARM BY YOUTH

Massachusetts
Child Sexual Abuse
Prevention Task Force

- We will begin momentarily
- All participants have been muted and cameras have been disabled
- During this webinar:
 - Use the Q&A Box to ask questions. You can also upvote or like other questions that have already been posed.
 - Use the Chat Box for commentary.
- This webinar is being recorded and will be sent out along with the slides when available.



MASSACHUSETTS CHILDREN'S ALLIANCE

WORKING TOGETHER TO END ABUSE

Thomas King, LICSW
Executive Director

machildrensalliance.org

CHILDREN'S ADVOCACY CENTERS IN MASSACHUSETTS

Children's Advocacy Centers (CACs) throughout the state offer a range of services for children and families.

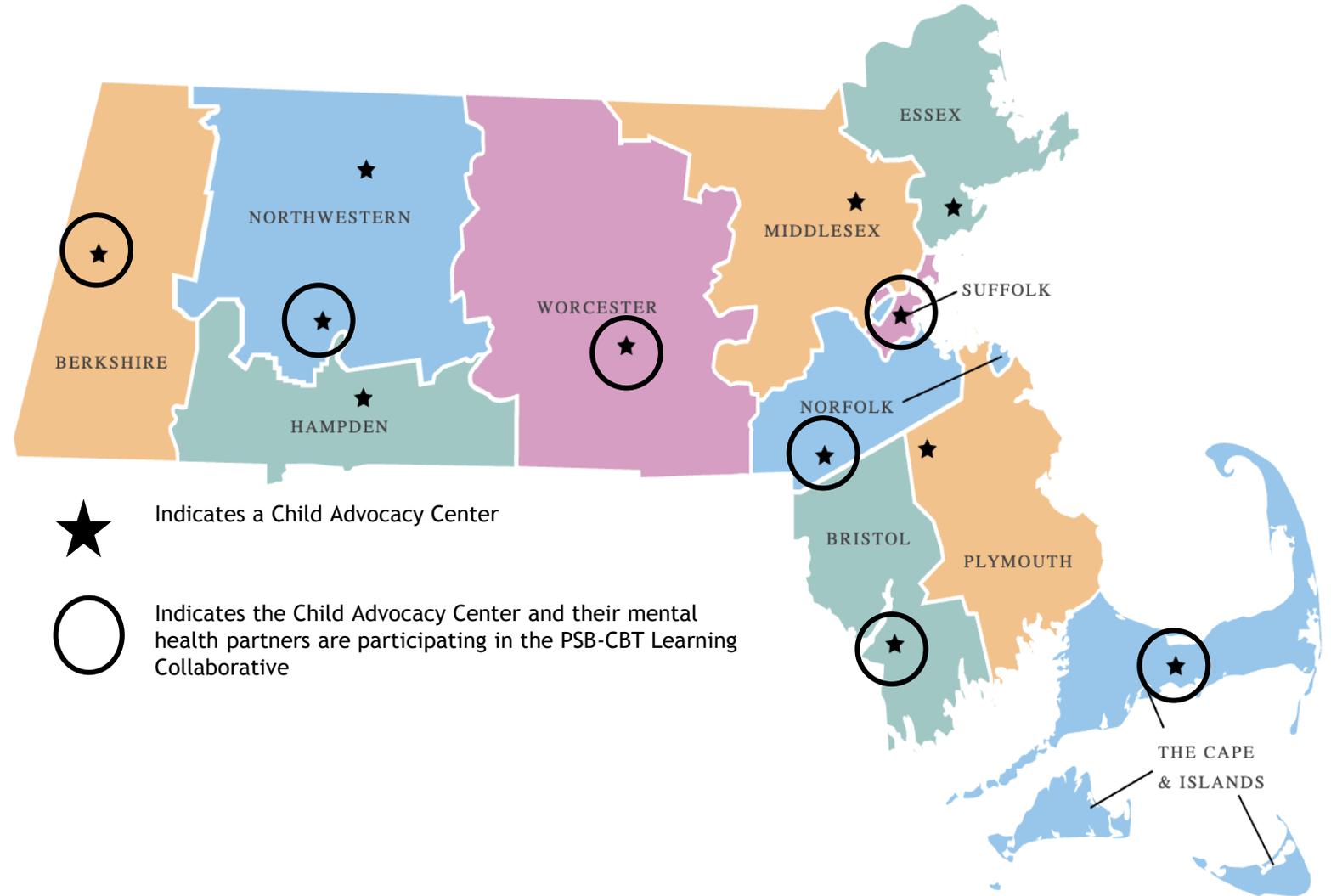
- Child Forensic Interviews
- Investigation & Prosecution
- Victim Advocacy
- Medical Consultation/Exams
- Mental Health Services
- Community Trainings

The Problematic Sexual Behavior -Cognitive Behavioral Therapy Learning Collaborative

- ❖ Funding recommendation of the legislative MA Child Sexual Abuse Prevention Task Force
- ❖ The National Center on the Sexual Behavior of Youth (NCSBY), a division of the Center on Child Abuse & Neglect at the University of Oklahoma is currently training clinicians across the state in PSB-CBT.
- ❖ Community forum learning opportunities which include this webinar series
- ❖ Evaluation component : University of Massachusetts-Lowell.

7 Children's Advocacy Centers, 26 Clinicians & 10 Senior Leaders

- ❖ Berkshire County Kid's Place
- ❖ Children's Advocacy Center of Bristol County and New Bedford Counseling Group
- ❖ Children's Advocacy Center of Franklin County and North Quabbin, Inc. and Clinical Support Options (Also receiving referrals from Hampshire County CAC)
- ❖ Norfolk Advocates for Children, Aspire Health Alliance
- ❖ Worcester County CAC and Youth Opportunities Upheld Inc.
- ❖ Suffolk County CAC (within agency trainer)
- ❖ The Children's Cove (focusing on the Senior Leader training and currently not providing clinical services)



Assessing Problematic and Concerning Sexual Behaviors in Children

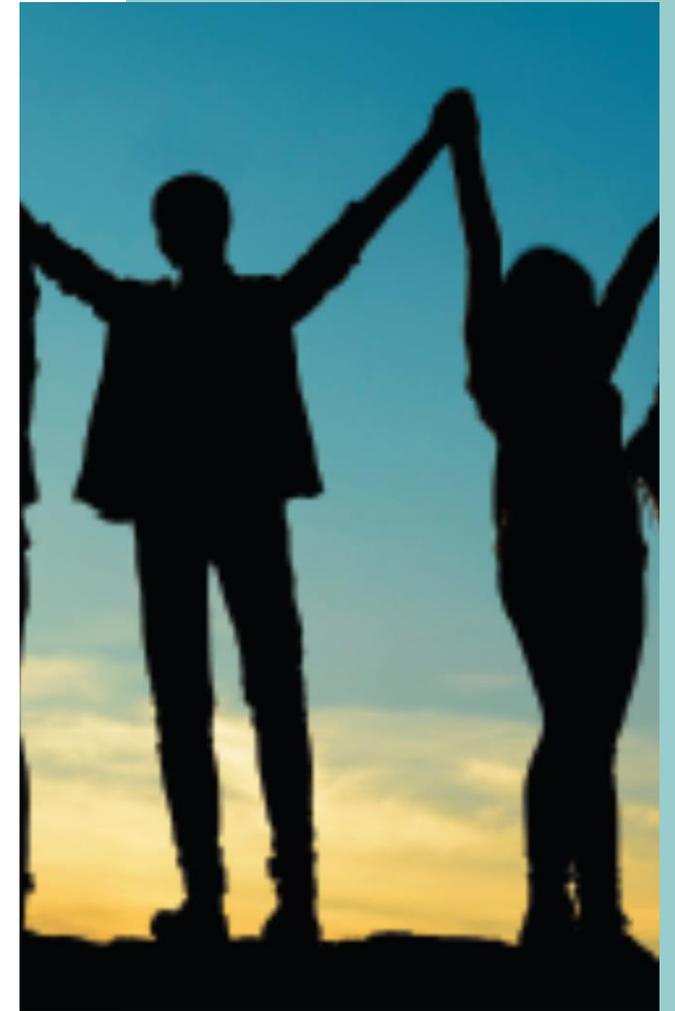
Phil Rich, Ed.D.

Specialized Consultation and Training

MASOC



Our mission is to ensure that children and adolescents with problematic sexual behaviors live healthy, safe, and productive lives



Assessing Problematic and Concerning Sexual Behaviors in Children

Module 3: Assessing Problematic and Concerning Sexual Behaviors in Children

Purpose of Assessment:

- Discerning the differences between “healthy and natural” sexual interest and play, and harmful and problematic sexual behavior.
- Understanding the sexual behavior, without either under- reacting or over-responding to the behavior.
- Building a foundation for understanding the behavior and making well-informed decisions about how to best respond.
- Understanding the range of interventions, from age-appropriate education, guidance, and direction, to providing treatment in cases where the behavior is harmful to the child and/or others.

Phil Rich, Ed.D., LICSW

Independent Consultant
Specialized Consultation and Training

Phil has worked with troubled children, adolescents, and their families for over 40 years in multiple settings.

He has worked exclusively with child and adolescent sexual behavior problems for over 20 years, as a clinical director, consultant, and trainer.

Phil has published several books and multiple chapters and articles addressing work with children and adolescents who have engaged in problematic and sexually harmful behavior.



Building a Foundation for Assessment

- What are problematic or concerning sexual behaviors in children 11 and younger?
- This question is important, but distinguishing between problematic and “normal” sexual behaviors in childhood can be difficult for many parents and caregivers.
- Importantly, it’s normal for many children to engage in sexual behavior.
- Many, if not most, will engage in some form of sexual behavior before age 12.
- [Johnson, 1999; National Child Traumatic Stress Network, 2009](#)
- However... “there is no clear line that separates normative from problematic sexual behavior.”
“Sexual behavior in childhood and adolescence occurs on a continuum, from typical, to concerning, to problematic.”
- [National Center on the Sexual Behavior of Youth](#)

Building a Foundation for Assessment

- Nevertheless... “some sexual behavior in children may be an indication that there is something wrong – that the child has been sexually molested, has been exposed prematurely to adult sexual knowledge, or has begun to use sexual behavior as a way to get emotional needs met, etc.”
- That said, “it is important to keep in mind that there are no absolutes. Normal, healthy behavior covers a wide range and may not be expressed in the same way, or to the same extent, in every child.
- Similarly, “problem behavior covers a range from less to more severe, and may not mean the same thing for every child.”
 - [Provincial Child Sexual Abuse Advisory Committee, 2014](#)

To Assess or Not: When and Why?

- Nonetheless, “for some children, these behaviors are highly coercive and involve force; acts that would be described as ‘abusive’ were it not for the child’s age.”
- [Victorian Government Department of Human Services, 2012](#)
- The question of when and why an assessment should be initiated - or at least discussed – hinges around this very question: Is the sexual behavior problematic or harmful, to the child or to others?
- The goal of assessment, in part, is to understand the nature of childhood sexual behaviors of concern, and help determine whether these are normative and expected at one end of the spectrum, or problematic or harmful at the other.
- An additional purpose is to provide insight into the behavior and what drives it, as well as providing the basis for well-informed decisions regarding what, if any, interventions are necessary.

Children With Problematic Sexual Behavior

- Children with sexual behavior problems are “children ages 12 and younger who initiate behaviors involving sexual body parts that are developmentally inappropriate or potentially harmful to themselves or others.”
- Importantly... “although the term sexual is used, the intentions and motivations for these behaviors may or may not be related to sexual gratification or sexual stimulation.

“The behaviors may be related to curiosity, anxiety, imitation, attention seeking, self-calming, or other reasons.”

-Association for the Treatment of Sexual Abusers, 2006

- However, “problematic sexual behaviors include a wide range of behaviors.”
- National Center on the Sexual Behavior of Youth

What is Problematic Sexual Behavior?

- Although, many childhood sexual behaviors are healthy, and normal for children at certain ages, other sexual behaviors are of more concern or are more serious and may be socially harmful or dangerous to the child or others.
- Certain childhood behaviors should concern us, and should not be ignored or merely written off as child's play.
- The normative/typical sexual behaviors of childhood are of concern when they are extensive or suggest preoccupation, or involve others and the behaviors are not mutual.
- As described by Kevin Creeden in Module 1 of this series, problematic sexual behaviors interfere with the child's ability to engage in "normal" or expected developmental tasks.

What is Problematic Sexual Behavior?

- These behaviors range widely, and in a child age 12 or younger any may elicit enough concern to warrant further assessment.
 - Extensive sexual curiosity or sexual interest.
 - Precocious sexual knowledge or behaviors.
 - Self-focused sexual behaviors, such as self-stimulation.
 - Sexual behaviors with same age or younger other children.
 - Sexual curiosity or behaviors directed toward older children, adolescents, or adults.
 - Sexual behaviors with objects.
 - Sexual behaviors with animals.
 - Interest in and/or viewing of pornography.

Is it Problematic? Is it of Concern?

- Here is where assessment comes into play.
- Should we be concerned? Are we pathologizing normative behavior, or under-reacting to a real concern?
- Is the behavior problematic, is it harmful, is it abusive?
- If so, what's driving the behavior?
- Should we intervene? If so, what form should the intervention take?

Is it Problematic? Is it of Concern?

- Johnson (1999) provides a model of sexual behaviors in children up to age 12, falling into four specific groups, ranging from non-harmful to harmful.
 - **Natural and Healthy.** Children who engage in healthy, appropriate, and natural sexual behaviors, that contain no element of sexual behavior problems.
 - **Sexually Reactive.** Children engaging in more sexual behaviors than same age peers, who are reacting to or acting out a history of sexual abuse or exposure to sexually explicit materials or environments.
 - **Extensive Mutual Sexual Behaviors.** Children engaging in adult-like sexual behavior with a willing child partner.
 - **Children Engaging in Sexually Harmful Behavior.** This group represents the most sexually problematic children, who coerce or force other children into sexual acts, sometimes aggressively.

Is it Problematic? Is it of Concern?

- In fact, there is a range of severity and intensity in problematic sexual behavior.
- Normal childhood sexual play and exploration occurs spontaneously and intermittently, is mutual and non-coercive, and the behavior itself does not cause emotional distress.
- “Normal childhood sexual play and exploration is not a preoccupation and usually does not involve advanced sexual behaviors such as intercourse or oral sex.”
- Conversely, children with more intense sexual problem behaviors tend to have more co-morbid mental health, social, and family problems.

-Association for the Treatment of Sexual Abusers, 2006

Flagging Sexually Harmful Behavior



- Johnson's (1999) checklist of sexual behaviors or attitudes in children that signal concerns can be consolidated into nine key points.
- These are useful indicators as we think about assessing the nature of childhood sexual behavior, and concerns it may – or may not – flag:
 1. Sexual play should not be the only kind of play in which children engage.
 2. Children should not sexualize relationships or see other children or adults as objects for sexual interactions.
 3. Children should not be engaged in sexual play with children much younger or much older than themselves, or direct sexual behaviors toward adolescents or adults.
 4. Children should not be preoccupied with and driven to engage in sexual play and behaviors, and stop when told to by an adult.

Flagging Sexually Harmful Behavior



5. Children should not have unusual or precocious knowledge of sex beyond their age, or behave in a sexual manner that is more like an adult than a child

Children's sexual behaviors and interests should be similar to the sexual behaviors and interests of other same-age children, and should not become more intrusive and more noticeable over time.

6. Children's sexual behaviors should not lead to complaints from or have a negative effect on other children.

These behaviors should not be connected to bribery, threats, or manipulation. They should not cause physical or emotional pain or discomfort to themselves or others.

Flagging Sexually Harmful Behavior



7. Children aged 4 and older should understand the rights and boundaries of other children in sexual play.
Children should not use distorted logic to justify their sexual play.
8. Children should not experience fear, shame, or guilt in their sexual play.
Sexual behaviors shouldn't follow or be followed by expressions of anger or other negative feelings.
9. Children should not engage in sexual relationships or activities with animals.

Assessing Childhood PSB: Fundamentals



- So – normative, expected, and natural sexual interests and behaviors in children...
 - aren't overtly sexual, or “adult-like”
 - are more exploratory and/or playful in nature
 - don't show a preoccupation with sexual interactions
 - aren't hostile, aggressive, or hurtful to self or others
- Using this model of typical childhood behavior allows us to evaluate and treat problematic sexual behavior in children, recognizing it as a concern to be evaluated – but without over-pathologizing it, or treating it in the same manner as we do adolescent or adult sexually harmful behavior.
- It recognizes and treats problematic sexual behaviors in children as less intentional, less fixed, and less developed as equivalent behaviors in adolescents.

Assessing Childhood PSB: Fundamentals



- Evaluations are individualized.
- “It is inappropriate to expect that the sexual behavior... will have evolved in the same way in all clients.”
- Chaffin, 2008
- As in all assessments, a detailed and individualized approach to understanding each child’s needs is warranted.
- “There is no single ‘why,’ and each child needs to be understood in their unique context.”
- Victorian Government Department of Human Services, 2012

Assessing Childhood PSB: Fundamentals



- Assessment is important in informing decisions regarding intervention and treatment planning.
- Assessment should play a foundational role in intervention decisions and actions.
- “This includes determining whether or not there is a need for intervention or treatment, recommending the types of intervention or treatment that are needed, recommending intervention priorities, and offering input into decisions about child removal, placement, or family reunification.”
 - [Association for the Treatment of Sexual Abusers, 2006](#)
- Assessment should be comprehensive, taking into account many more factors and gathering information about more than the sexual behaviors alone.
- This includes the family, social, and environmental context; factors external to, but surrounding, the child.

Assessing Childhood PSB: The Evaluator

- Sexual behavior assessments should be conducted by licensed mental health clinicians, trained in the evaluation of sexual behavior in children. They should...
 - Have expertise in child development, including typical sexual behavior.
 - Be familiar with the diagnosis of childhood mental health, behavioral, emotional, educational, and social problems.
 - Understand environmental, family, parenting, and social factors related to sexual and non-sexual childhood behavioral problems.
 - Be familiar with research on evidence-based treatment approaches for childhood behavior and mental health problems.
 - Be aware of and sensitive to cultural variations in norms, attitudes, and beliefs that influence children's behavior, as well as child rearing practices.
- [Association for the Treatment of Sexual Abusers, 2006](#)



Assessing Childhood PSB: The Evaluator

- In Massachusetts, MASOC (*Massachusetts Society for a World Free of Sexual Harm by Youth*) maintains a listing of MASOC members who provide psychosexual/comprehensive risks and needs evaluations.*
- A number of the Child Advocacy Centers (CAC) in Massachusetts will also be receiving training in psychosexual evaluations.
- Additionally, all evaluators providing ASAP evaluations (*Assessment for Safe and Appropriate Placement*) for Massachusetts DCF are trained in psychosexual evaluation, using the M-CAAP (*MASOC Child and Adolescent Assessment Protocol*) as the format for such evaluations.

* <http://www.masoc.net/directory-of-providers.html>



Ensuring Comprehensive Assessment



- The *MASOC Child and Adolescent Assessment Protocol* (M-CAAP) provides a format for the comprehensive assessment of sexually problematic behavior in children and adolescents.
- It is specifically used by the Massachusetts Department of Children and Families in ASAP evaluations.
- It is intended for the use of trained evaluators, and specifically designed to assess the risk of or concerns for continued sexually harmful behavior.
- It is not designed nor intended to assess “first-time” sexual behavior problems, nor “general” concerns about childhood or adolescent sexual behaviors.
- However, it offers a guide for what comprehensive evaluation looks like, and the content included in a broad “psychosexual” assessment, as such evaluations are sometimes called.

- MASOC Child and Adolescent Assessment Protocol. <http://masoc.net/resources/m-caap.html>

Assessment is Dynamic and Short-Term

- Not only is it important to distinguish sexually normative behavior from sexually problematic or harmful behavior...
... it's also important to recognize that the sexual behavior of children and adolescents develops and changes over time, like other areas of psychosocial growth.
- Assessments of children and adolescents that include estimates of future behavior become less and less accurate as the child ages. Their shelf-life is perhaps one year before become increasingly less reliable.
- This is because children change and are in a continuous process of change. Their lives, behaviors, interests, and relationships are fluid and dynamic.
- The assessment “results” address the immediate and near future, and the entire process of assessment takes into account the dynamic nature of the child and the child’s ecology.

Assessing Sexual Behavior Problems: What Do We Want to Know?



Sexual Behaviors of Concern



- The actual behaviors. *What actually happened, the nature of the behavior.*
- Incidence, frequency, and duration. *How many times, how often, over what period of time, when did it begin, when did it last occur.*
- Circumstances and context. *What led to the behavior; what was happening in the child's life at the time, situational factors, antecedents and circumstances that may have triggered the behavior.*
- Relationship. *Who was the other child, the nature of the relationship, the quality of the relationship, the age of the other child, the effect on the other child.*
- Location. *Where did it occur.*
- How did they engage. *Force, coercion, bribery, play; consensual, non-consensual.*
- What happened next. *What occurred after the behavior.*
- Secrecy. *How did the child maintain the secret, how was it discovered.*

Non-Sexual Development and Functioning



- “Good assessment of children with SBP includes *a broad assessment of general behavior and psychological functioning*, as well as a specific assessment of problematic sexual behavior.”
 - [Association for the Treatment of Sexual Abusers, 2006](#)
 - Non-sexual emotional, behavioral, and relational psychosocial functioning.
 - Co-occurring difficulties or problems: emotional, behavioral, mental health, educational, self-regulation.
 - Cognitive functioning and intellectual capacity.
 - Age-expected moral reasoning: the child’s understanding of expected, age-relevant social norms and expectations.
 - Early and ongoing developmental history.
 - History of adverse childhood experiences.
 - History of peer and social relationships.

Non-Sexual Development and Functioning



- In some cases, problematic sexual behavior may be the primary concern.
- In other cases, assessment may indicate that sexual behavior problems are secondary to, or part of, a more general set of emotional, behavioral, or social difficulties.

Family History and Functioning



- We recognize the “critical importance of understanding the family context” in both assessment and consideration of interventions.
 - [Victorian Government Department of Human Services, 2012](#)
- Family relationships and functioning: the family environment, relationships, roles, family history, family behavior.
- Positive or negative role models in the home.
- The parent-child relationship, including warmth and support for the child.
- Family/parental response to the sexual behavior problems.
- Prior family/parental interventions with the child.
- Types and the consistency of discipline, limits, structure, or consequences, and the child’s response.
- Family/parental supervision of the child, and capacity to supervise the child.

The Child's Experience



- How does the child experience the behavior?
- The child's motivation.
- What does the child understand about sexual behavior and what's okay or not okay.
- Prior sexual experiences or exposure.
- These are delicate discussions!
- Failing to admit to sexual behaviors, even where there is clear evidence that the behavior has occurred, "is not necessarily an indication of poor prognosis or being in a pathological state of denial."

- [Association for the Treatment of Sexual Abusers, 2006](#)



What Drives the Sexual Behavior?

- What's prompting/driving the sexual behavior?
- Is it curiosity or something more?
- It is normative sexual development?
- Is it driven by the child's prior sexual experience or exposure?
- Is it driven by the child's prior non-sexual experience?
- What's the role, if any, of media, social media, and technology?
- What role does sexual behavior play in the child's life; what needs does it meet?
- Are the driving factors still present in the child's life?
- If current, how much risk do these driving factors create?

Risk and Protection



- **Risk Factors**: What factors have driven the sexually problematic behavior?
- What risk factors are currently present/active in the child's life? What may be happening to or influencing the child now, in real time?
- Risk factors can be found within the individual child, and also in the child's family, peer group, school, and community, and in the child's environment in general.
- **Protective Factors**: What factors and elements in the child's life help redirect and protect against continued problematic sexual behavior?
- These help protect against and mitigate the effects of risk and risky environments.
- These too are found within the individual child, and in the child's family, peer group, school, and community.

Protective Factors

- Consistent, stable relationship with a trusted adult
- Protection from harm and trauma
- Guidance and supervision
- Adaptive coping skills
- Positive peer relationships and peer involved activities
- Healthy personal boundaries (awareness of social cues and rules)
- Age appropriate sex education



Sources of Information



- Gather as much information as possible, ideally from multiple sources.
- **Record review.** Review of background materials.
- **Interviews with informants.** Parents, family members, and other caregivers and providers; designed to gather developmental, behavioral, educational, and psychosocial history.
- **Interview(s) with the child.** These are delicate, depending on the age, cognitive development, mental health, and emotional state of the child.
- **Testing.** Administration of assessment instruments, specifically designed to assess sexual behaviors and/or concerns in children.

Sources of Information



- Of Importance, any testing must be specifically designed for the age range of the child being evaluated. For instance...
 - The *Child Sexual Behavior Inventory*, designed to assess children aged 2-12 who have or may have been sexually abused, but useful in assessments of sexual behavior problem in children.
 - The MEGA (*Multiplex Empirically Guided Inventory of Ecological Aggregates for Assessing Sexually Abusive Adolescents and Children*), designed to evaluate risk for continuing sexually problematic behaviors in children and adolescents, aged 4 and older.
 - More general instruments, such as the *Child Behavior Checklist*, the *Trauma Symptom Checklist for Children (or Young Children)*, or other tests designed to evaluate mental health, social adjustment or maturity, or the impact of adverse childhood experiences.

Interviewing the Child

- Care must be taken when interviewing children with sexual behavior problems.
- The evaluator must remain sensitive to developmental issues, and the possibility of prior or ongoing trauma.
- The interview should involve simple language, easy for the child to understand, favor open-ended questions, and avoid biased, suggestive, or leading questions.
- The interview atmosphere should be supportive and unpressured.
- Interviewers should not use interrogation or pressure strategies with children.
“The goal is not to obtain a confession.”
- [Association for the Treatment of Sexual Abusers, 2006](#)

Interviewing the Child

- Interviewers should expect children to be reticent in discussing sexual behavior. Children commonly deny past wrongdoing of any sort when questioned by adults.
- For some children, discussing sexual behavior may recall upsetting memories.
- Other children may simply have forgotten about past events or details, especially when interviews occur weeks or months after the incident.

- Association for the Treatment of Sexual Abusers, 2006

Our Response: Matching the Intervention

Given the information gathered for the evaluation, how do we make sense of it?

- What are the risks and vulnerabilities?
- What strengths and protective factors exist for the child and family?
- What's the risk of continuing problematic sexual behavior without intervention?
- What's the risk of harm to the child or another child without intervention?
- What interventions, if any, are most suitable? What are the least restrictive interventions appropriate to each case?
- These range from sex education, guidance, and direction; parent training; and specialized treatment for sexual behavior problems, in the outpatient setting or in group or residential treatment.
- Of importance, effective interventions for childhood behavior problems usually include working with parents or other caregivers.

- [Association for the Treatment of Sexual Abusers, 2006](#)

And Finally... Considerations for Safety



- Can the child be safely maintained in the current environment?
- Are there younger or more vulnerable children in the home who may be at risk?
- Are parents/caregivers able to develop and implement a realistic plan to ensure safety in the home?
- What level of supervision is required to maintain safety? Can this be provided in the home? Can the appropriate level of monitoring and supervision be provided?
- Are restrictions on play and contact with other children necessary?
- Do current sleeping arrangements meet the need for safety?
- Are restrictions necessary upon the use of media, social media, and access to technology?
- Do other children in the home require additional parental/caregiver support and/or treatment, if needed?



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- Provincial Child Sexual Abuse Advisory Committee. (2014). *Children's sexual behaviours: A parent's guide*. Priced Edward island, Canada. Author.
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Resources

National Center for Sexual Behavior of Youth - <http://www.ncsby.org>

Resource list, training, and facts sheets on a variety of topics (e.g., advocate for your child).

National Children's Alliance - <https://www.nationalchildrensalliance.org>

Free fact sheets and video training series for caregivers and professionals.

<https://learn.nationalchildrensalliance.org/psb>

MASOC - www.masoc.net

The website has a directory of clinicians in MA with expertise working with children or adolescents with problematic sexual behaviors.

ATSA – www.atsa.com

You can call for a local referral and the website has resources for children with PSB.

Southeastern Centre Against Sexual Assault and Family Violence - <https://www.secasa.com.au>

Comprehensive facts sheets for parents, caregivers, and CPS on children with PSB.

Stop It Now! - <http://www.stopitnow.org/>

The helpline is 1-888-PREVENT or visit the website for information and referrals.

Future Webinars

- **Family Connections: The Critical Importance of Family Involvement When Working with Children with Problem Sexual Behavior**

Jean Lindquist Grady
September 15, 2020

- **Treatment Interventions for Problem Sexual Behavior: One Size Does Not Fit All**

Kevin Creedon
September 22, 2020

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