

Resources for the Prevention of Sexual Abuse



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By David Prescott and Alisa Klein

### **“Impact of Early Intervention for Youth With Problematic Sexual Behaviors and Their Caregivers”**

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#### **THE QUESTIONS**

Can the implementation of early intervention services (after first-time offenses) for youth with problematic sexual behavior (PSB) ages 10 - 14 years, and their caregivers, affect the youths' display of PSB and influence reports of non-sexual behavior symptoms and trauma symptoms? Can these early intervention services affect the caregivers' knowledge, skills, supports, and stress levels?

#### **THE RESEARCH**

The authors evaluated 320 youth who were between 10 – 14 years old “when the PSB occurred with a child in the family or social network.” Youth who participated in the study were treated by a multidisciplinary team at one of three geographically disparate sites that received funding from the US federal juvenile justice agency, OJJDP, to implement community-based treatment for youth with PSB, child victims, and caregivers. In order to receive the community-based treatment, the youth could have no prior court involvement and had to have at least one caregiver available to receive treatment, as well. The youth receiving treatment had been referred to these programs from a variety of agencies, with 30 percent having been charged with a sexual offense and 42 percent court-ordered to

treatment for PSB. Twenty-four percent of their caregivers were also court ordered to treatment. Staff at the three sites received ongoing training in Problematic Sexual Behavior – Cognitive-Behavioral Treatment (PSB- CBT), a group treatment model that conducts concurrent groups for youth and their caregivers with multi-family group sessions approximately once a month. The authors, describing the treatment model, noted that:

*"The underlying approach is strengths-based, focusing on the youth as children first with capacity to learn and implement appropriate behaviour, make safe decisions, and develop healthy relationships. Using cognitive-behavioural approaches, the youth are taught rules about sexual behaviour and specific skills of coping, self-control, and decision making. Core treatment components with caregivers address managing child behaviour, supporting healthy development, sex education, abuse prevention, and rules about sexual behaviour."*

The authors used the Youth with Sexual Behavior Problems Inventory (YSBPI), an assessment tool that examines history of PSB and frequency of new PSB over a six week period, to assess change within the programs. The youths' behavior and trauma symptoms were also measured using other tools, as were caregiver skills, strengths and supports, and family stressors specific to the youth's PSB.

## **RESULTS AND CONCLUSIONS**

The results indicated that the youth made early improvements in treatment that were maintained and stabilized at all three sites. For caregivers, there was a statistically significant increase in parenting skills; that is, the parents reported using more effective parenting skills by the end of the study. The caregivers reported statistically significant improvements in their levels of knowledge about sexual development, sex crime laws, rules about sexual behavior, responding to sexual behavior in children, supervising and monitoring children, parenting, and ways to talk with children and youth about sexual topics and relationships. The youth reported statistically significant improvements in their ability to make good choices, in learning how their behavior affects others, in following rules, and in communicating with their parents. The authors concluded that there is strong potential for the prevention of future sexual abuse when evidence-based early intervention services are provided to youth who have sexual behavior problems and their caregivers.

## **IMPLICATIONS FOR PROFESSIONALS**

Treating PSB across the age span has been an area of considerable controversy over the years, with methodological flaws creating doubt in the minds of many academics and practitioners. This well-constructed study illustrates some over-arching trends observed elsewhere in the research on treating people who have engaged in abusive or otherwise harmful sexual behaviors: treatment can work, and people who complete treatment programs typically display reduced re-offense rates. When treatment processes involve family and other supportive adults, the effects can be more pronounced.

This last point is worth emphasizing. Family involvement is crucial when the clients are as young as those in this study. For many years, treatment has often taken place in individual or group therapy at outpatient mental health centers where the professionals were not in extensive contact with each client's parents. Although family involvement can be a challenge in many cases, it is vital nonetheless.

## **IMPLICATIONS FOR THE FIELD**

Most importantly, this study demonstrates the importance of early intervention and treatment with young people with PSB. More traditional criminal-justice approaches are not likely to work nearly as effectively as the approach undertaken in this study, which included empirically demonstrated methods within the context of family involvement in treatment. We now have sufficient knowledge in this area that policymakers have an obligation to support evidence-based practices such as this. Finally, it is noteworthy that this study took place under the auspices of pre-eminent leaders in the field of PSB treatment.

## **ABSTRACT**

Targeting broad implementation of early intervention services has a high potential for impact given the prevalence of child sexual abuse committed by youth and the low recidivism rate following effective interventions. This multisite quasi-experimental study examined the outcomes for 320 youth ages 10–14 years and their caregivers who participated in community-based problematic sexual behavior – cognitive behavior therapy (PSB-CBT). Significant reductions in PSB with a large effect size (e.g.  $t(126) = 11.69$ ,  $p < .001$ ,  $d = 2.08$ ) were found. No site differences were found, despite racial and regional diversity. Nonsexual behaviour problems, emotional problems, and trauma symptoms also significantly improved. Positive outcomes extended to caregivers. Recommended next steps include rigorous strategies for examining the impact of widespread implementation of evidence-based early intervention programmes on the prevention of sexual abuse, complemented with thoughtful efforts to develop and implement policies and procedures that improve the safety and well-being of all children in the community.

## **CITATION**

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