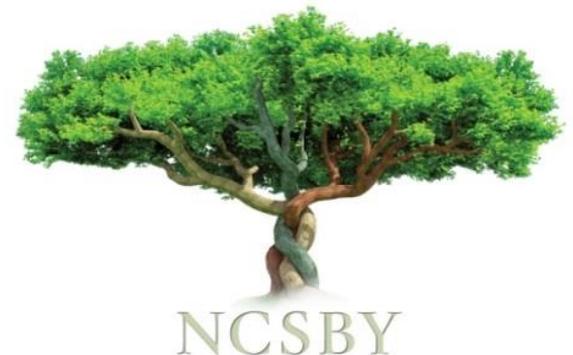


Assessment of Problematic Sexual Behavior in Children: What, When, and How

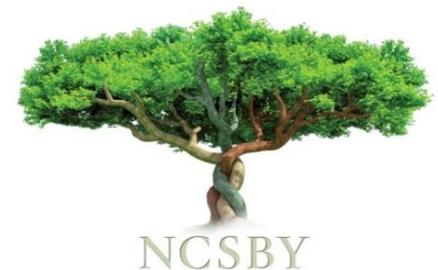
Erin K. Taylor, Ph.D.

University of Oklahoma Health Sciences Center
National Center on the Sexual Behavior of Youth



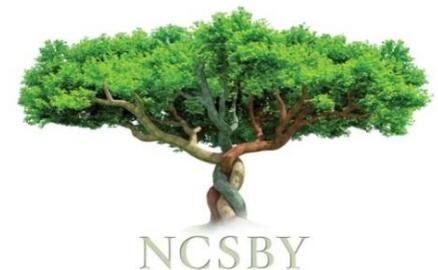
Agenda

- Structure of assessment
- Techniques for assessing sexual behaviors
- Related factors to assess
- Assessment measures



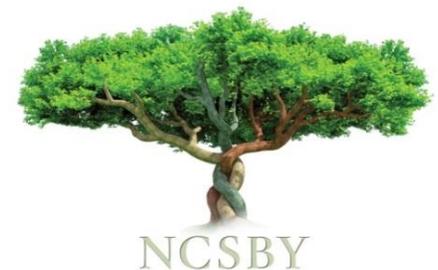
What is the Goal of the Clinical Assessment of PSB?

- Is there a problematic sexual behavior?
 - Interview, gathering details about behavior
 - Other related risks and protective factors
 - Child Sexual Behavior Inventory
- Treatment planning
 - Not a diagnosis
 - Details on the behavior
 - Co occurring conditions
- Safety planning
 - Home
 - School
 - Community



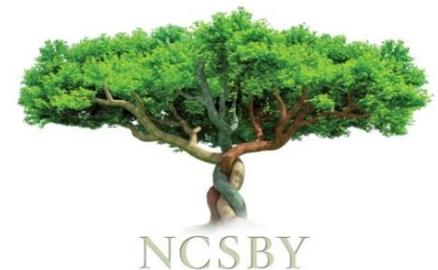
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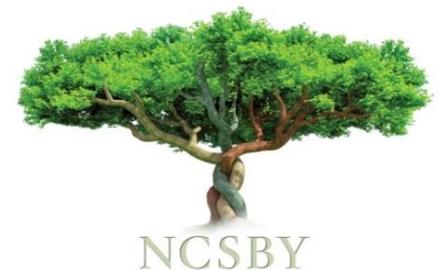
When to Assess Youth with PSB

- Initial focused assessment (intake)
 - Any formal investigations (e.g., law enforcement, child protection services, etc.) should be completed/closed before any PSB assessment is facilitated
 - Need for coordination with court system
- Ongoing monitoring and follow-up assessment during treatment, if indicated
- As family nears treatment completion



What is Problematic Sexual Behavior?

- PSB are behaviors that involve sexual body parts (i.e., genitals, anus, buttocks, breast) in a manner that is developmentally inappropriate or potentially harmful to the youth or others (Chaffin et al., 2008)

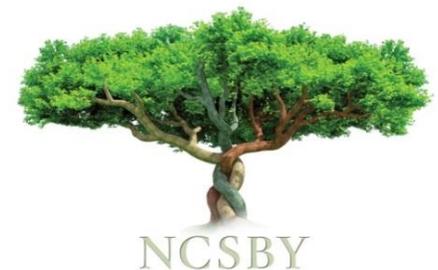


Problematic Sexual Behavior

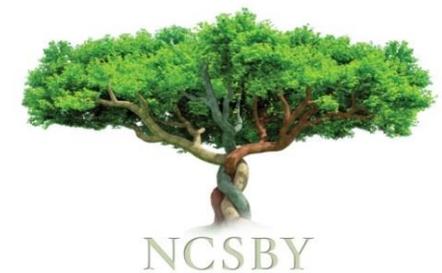
Frequency	Developmental Considerations	Harm
High Frequency	Occurs between Youth of Significantly Divergent Ages/Developmental Abilities	Intrusive Behaviors
Excludes Normal Childhood Activities	Behaviors are Longer in Duration than Developmentally Expected	Includes Force, Intimidation, and/or Coercion
Unresponsive (i.e., does not decrease) to Typical Parenting Strategies	Behavior Interferes with Social Development	Elicits Fear & Anxiety in Other Children

Clinical Assessment of PSB

- Assessment of PSB does not look inherently different from other clinical assessments
 - Structure and process similar to when assessing other child behavioral health areas
- Focus is on sexual behaviors, which can feel more challenging to discuss
- You have the skills

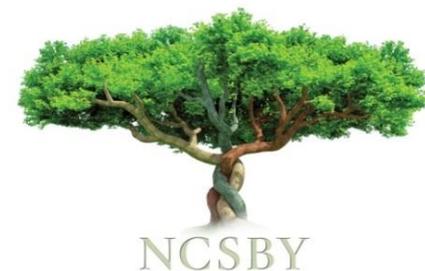


ASSESSMENT STRUCTURE



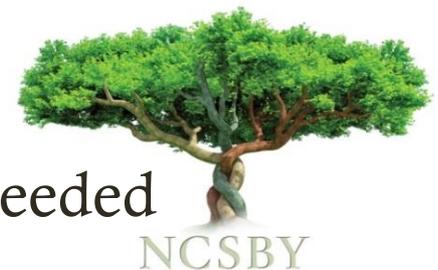
PSB Assessment Outline

- Meet with caregiver(s) and youth together initially
 - Discuss confidentiality and limits to confidentiality
 - Review purpose of appointment
 - Promote honesty and what to do if bothersome emotions are present
- Conduct separate youth and caregiver interviews
- Follow-up and closing with family

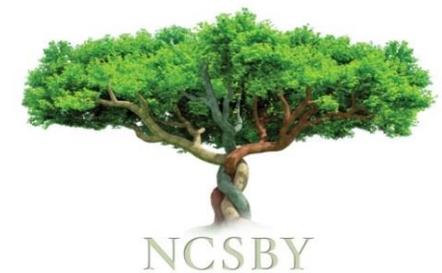


Focused Assessment of Youth with PSB

- History of PSB
 - Caregiver interview, school age child interview, measures, relevant records
- Trauma history and symptoms
 - Caregiver interview, school age child interview, trauma measures
- Social, family, developmental, and school history
 - Caregiver interview, school and medical records as warranted
- Emotional and behavioral functioning
 - Caregiver interview, general measure
- Follow up with more intense assessment as needed

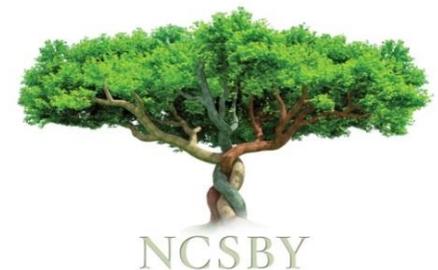


CAREGIVER INTERVIEW

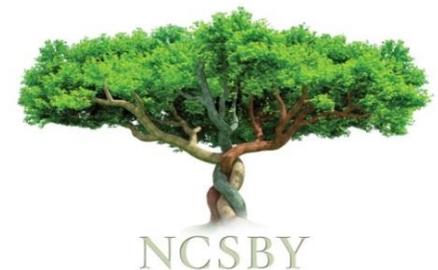
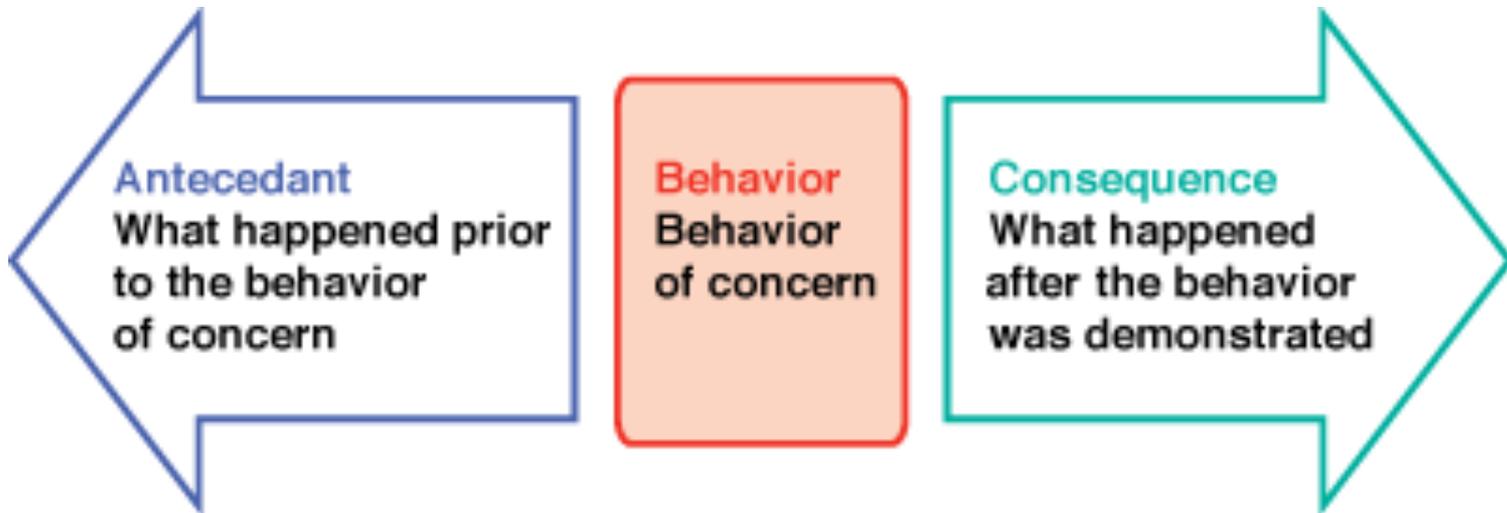


Caregiver Interview

- Caregiver interview pertaining to youth
 - Demographic information
 - Detailed history of youth's sexual behavior
 - Trauma history
 - Social history
 - School/academic history
 - Medical/developmental
 - Emotional and behavioral functioning
 - Mental health and psychiatric treatment history
 - Strengths and goals
- Review sexual behavior rules

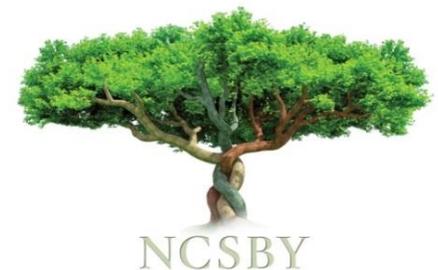


History of PSB: Getting Details



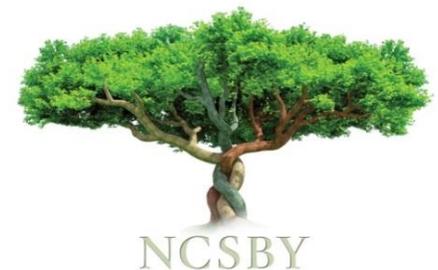
History of PSB: Getting Details

- What happened
- Where did the behavior(s) happen
- Who was involved
- When did the event(s) happen
 - Duration – when was first and last incident
 - Frequency – how often in a day, week, month
- Was force, coercion, and/or aggression used?



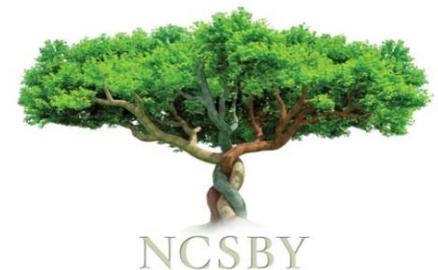
History of PSB: Getting Details

- Who's idea was the behavior and where did the idea come
- How did the other child respond/react
- How did adults learn of the sexual behavior
- Caregiver's response/reaction



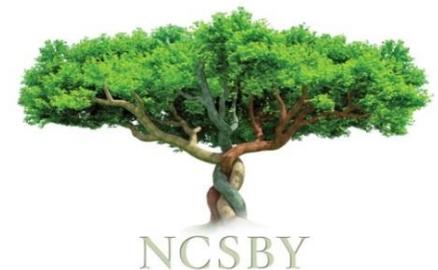
Caregiver Interview – Sexual Behavior

- Caregiver's response then and thoughts now
 - Providing education and hope
- Was behavior reported to authorities? [also collect at referral]
 - Investigated and, if so, results
 - Systems involved, requirements
- Who else knows and/or should know (e.g., alternate caregiver)?
- Change in residency for any youth involved
 - What is permanency plan?
 - Visitation among children

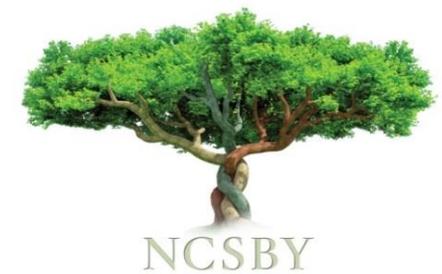


Caregiver Interview – Supervision

- Assessing Supervision
 - What does supervision mean to the caregiver?
 - What does visual supervision look like?
 - Are there particularly risky times or situations the youth may face?
 - What situations will make it difficult for a caregiver to provide visual supervise?
 - How has the youth responded to supervision?

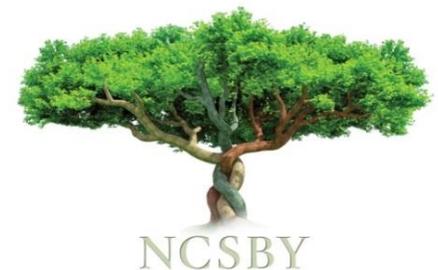


YOUTH INTERVIEW



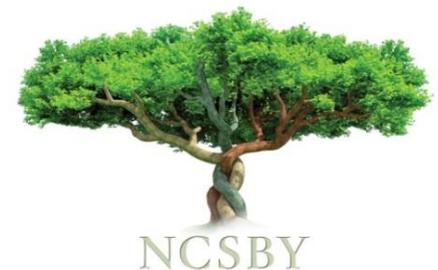
Youth Interview

- Review purpose and structure of appointment
- Discuss types of responses
 - “I don’t know”
 - “I don’t want to answer / or talk about it”
 - “I don’t understand”
 - No response
- Review clinic purpose

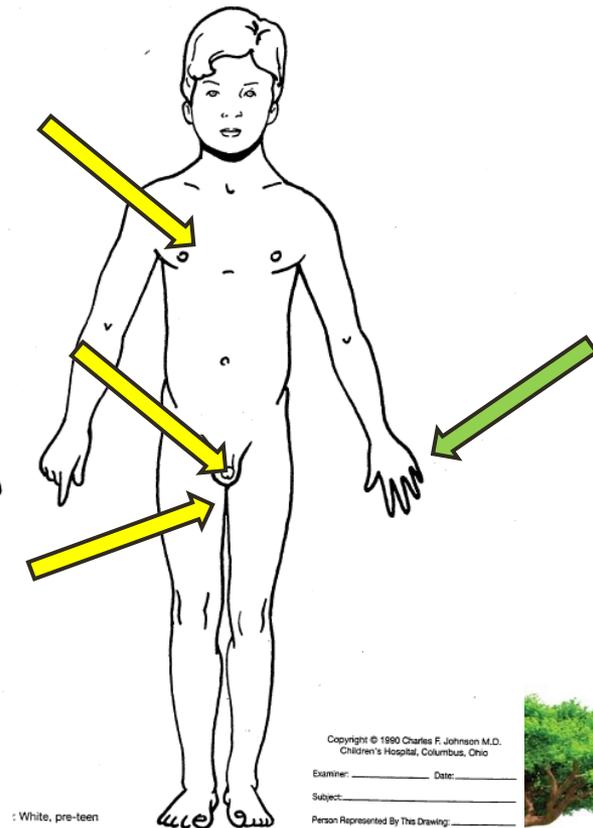
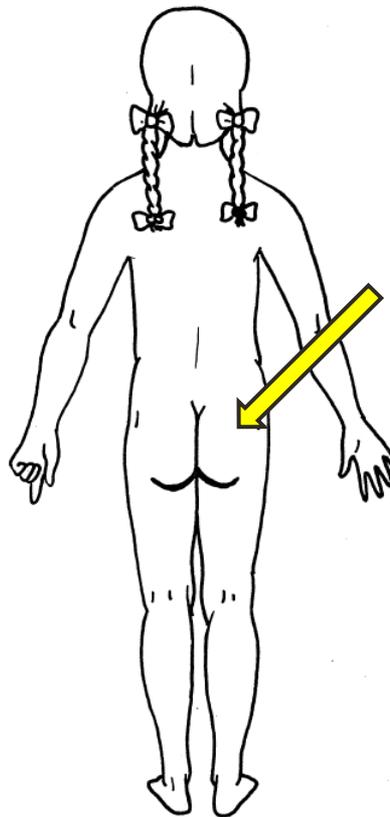
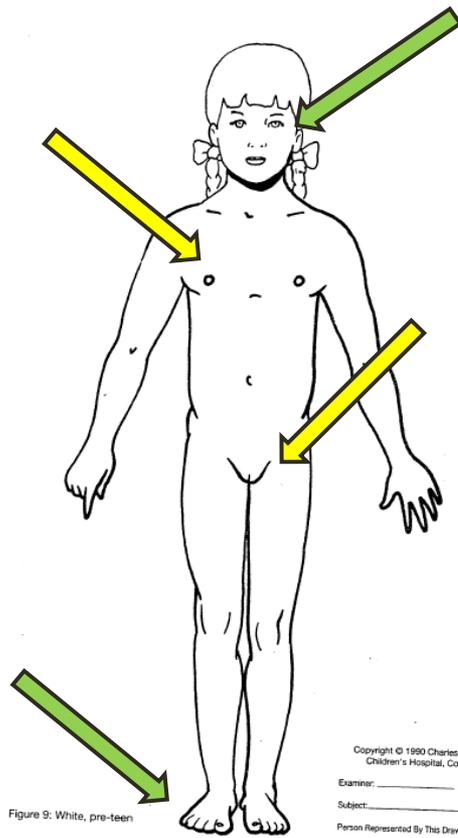


Youth Interview – Sexual Behavior

- Define private parts and identify youth's labels for private parts (use of anatomical pictures)

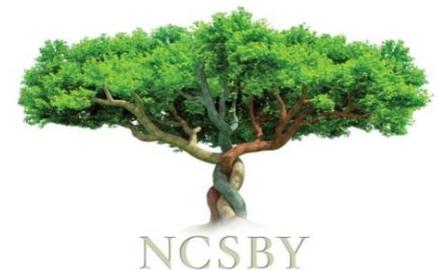


Identify Labels for Private Parts



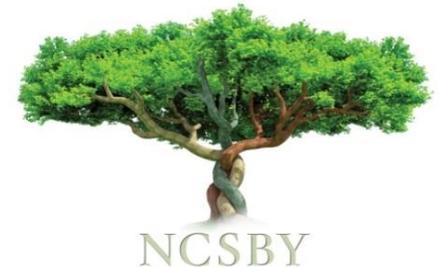
Youth Interview – Sexual Behavior

- Review/teach sexual behavior rules



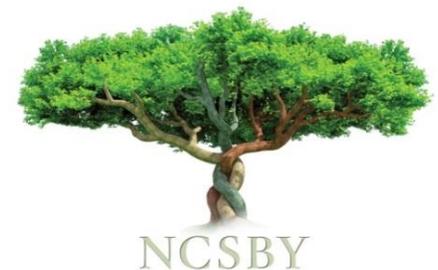
Sexual Behavior Rules

- It is not okay to touch other people's private parts.
- It is not okay to look at other people's private parts.
- It is not okay to show your private parts to other people.
- It is okay to touch your own private parts as long as you are in private and it does not take too much time.
- It is not okay to use sexual language.
- It is not okay to make other people uncomfortable with your sexual behavior.



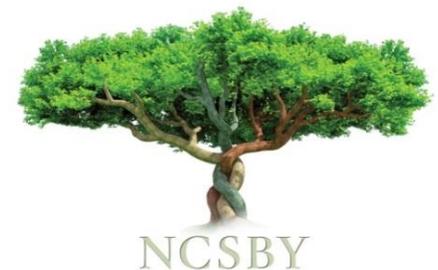
Youth Interview – Sexual Behavior

- Interview youth regarding
 - Sexual behavior rules broken by youth
 - “What rules have you broken?”
 - “Have you broken any of these rules?”
 - After you gather details about each incident
 - “Was there any other time you broke that rule?”
 - “What about the other rules?”



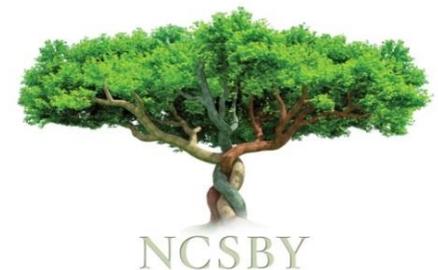
Gathering Details of the Incident

- What private parts?
- If touching involved, what was used to touch?
- Whose idea was it?
- What was the intention of the behavior?
- How covert was the behavior?
- Status of clothing
- Penetration
- Use of electronics



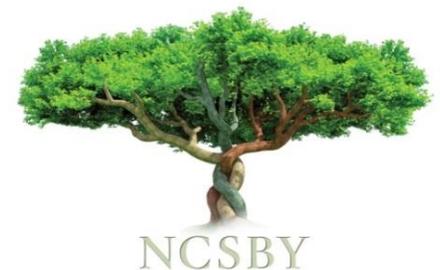
Youth Interview – Sexual Behavior

- After inquiring about youth's sexual behaviors, also ask about
 - Sexual abuse of youth
 - “Has anyone broken these rules with you?”
 - Other concerns, symptoms, and/or behaviors
- Thoughts about participating in treatment and their goals
- Follow-up with caregiver

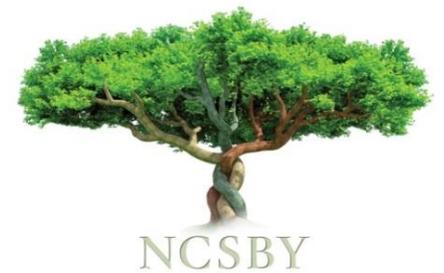


Youth Interview - Challenges

- Denial or incomplete admission
- Blame of others
- Emotional reactivity
- Discusses self as responsible person for own sexual abuse



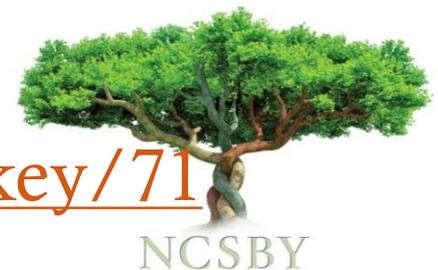
MEASURES



Child Sexual Behavior Inventory (CSBI)

- 38-item measure assessing frequency of sexual behavior as compared to other children of the same gender and age
- Caregiver report
- Scores can indicate if child is exhibiting clinically significant rates of sexual behavior, which may suggest need for treatment

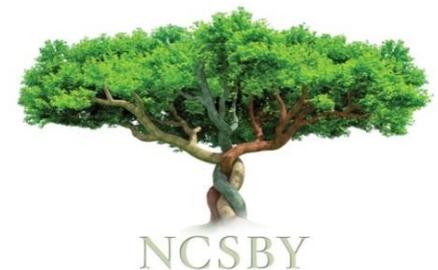
- <https://www.parinc.com/Products/Pkey/71>



CSBI – Additional Items

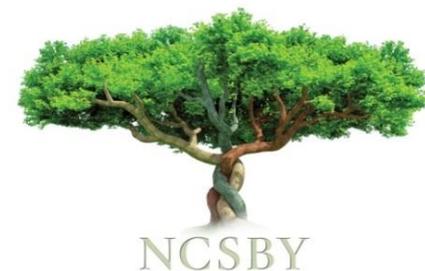
- Items not part of the formal measure and that address sexually aggressive behaviors
 - Touches other children's private parts after being told not to
 - Plans how to sexually touch other children
 - Forces other children to do sexual acts
 - Puts finger or object in other child's vagina or rectum

~Friedrich (2002, 2007)

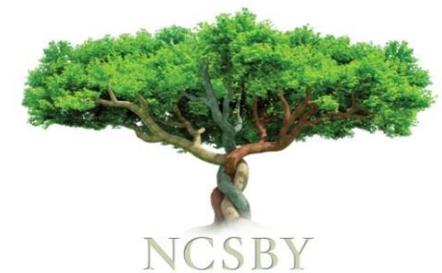


Other Measures

- Broadband behavioral measures
 - Behavior Assessment System for Children (BASC)
 - Child Behavior Checklist (CBCL)
- Trauma measures
 - Trauma Symptom Checklist for Children/Trauma Symptom Checklist for Young Children (TSCC/TSCYC)
 - Child and Adolescent Trauma Screen (CATS)
 - UCLA Child/Adolescent PTSD Reaction Index for DSM-5

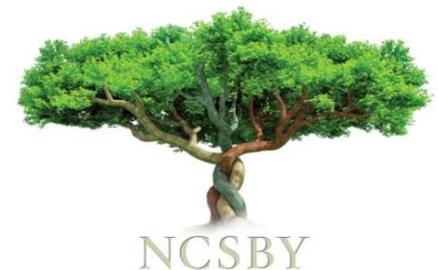


COMPLETING THE INTAKE



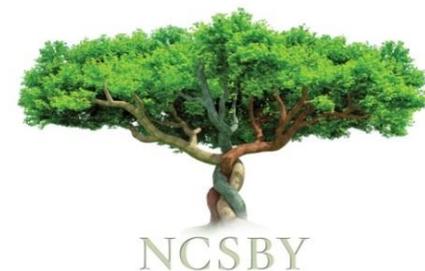
Completing the Assessment

- Follow-up with caregiver about information child shared
- Review next steps
 - Team to obtain additional information, if needed, and develop treatment recommendations
 - Will contact caregiver within specific time frame to discuss recommendation(s)
- Provide handouts
 - Recommendations for safety and monitoring
 - NCSBY and/or NCTSN Fact Sheets and Websites
- Begin safety planning, if indicated
 - Home, school, other relevant settings
 - Remember to praise positive steps



Does a report need to be made?

- Information revealed in the child and/or caregiver interview may result in the need for a report to be made
 - Child protective services
 - Law enforcement
- Want to consider
 - State statutes regarding reporting
 - If and how best to include the family



After the Assessment

- Contacting collateral sources

- Multiple potential sources

Referral source

Child Protection Services

Law enforcement

Juvenile justice / probation

School, daycare

Other providers

Advocates

Other family members

- Maintaining confidentiality



NCSBY

Conclusions

- Goal is to obtain information to inform clinical decision making
- Assessment is first in-person contact with family
 - Providing families with hope for the future
 - Addressing myths and providing education
- Important to supplement clinical interview information with structured assessments

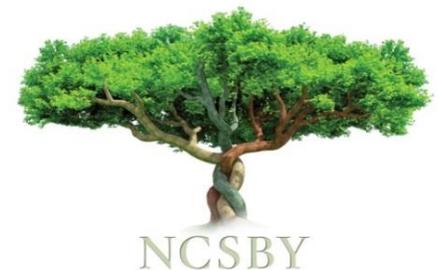


NEARI Press Webinars

April 10: Clinical Decision Making in Children with Problematic Sexual Behavior

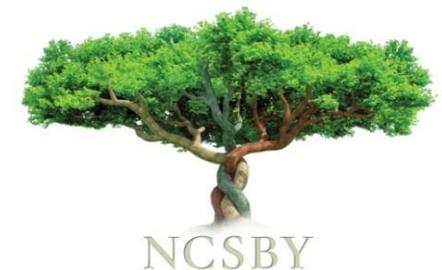
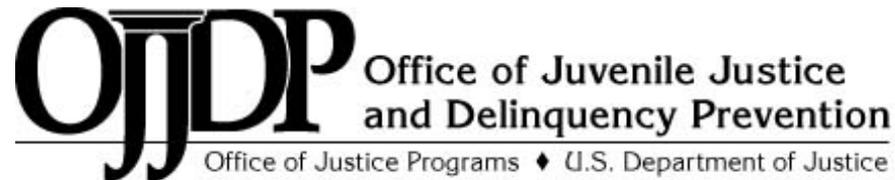
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Amanda Mitten, MA, LPC



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THANK YOU! QUESTIONS?

