

Youth Sexual Development: What Is Typical and When Behavior Can Be Problematic

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Good morning!

- ▶ **Our Agenda:**
- ▶ Typical sexual development in youth
- ▶ When behavior can be come problematic (PSB)
- ▶ ‘Causes’ of PSB
- ▶ What do we do with this info?
 - ▶ Treatment and Resources
- ▶ Questions/Discussion

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light to dark, creating a modern and professional aesthetic.

Problematic Sexual Behavior (PSB) Sexualized Behaviors “Sexually Acting Out”

Before we can address these ‘abnormal’
or problematic behaviors...

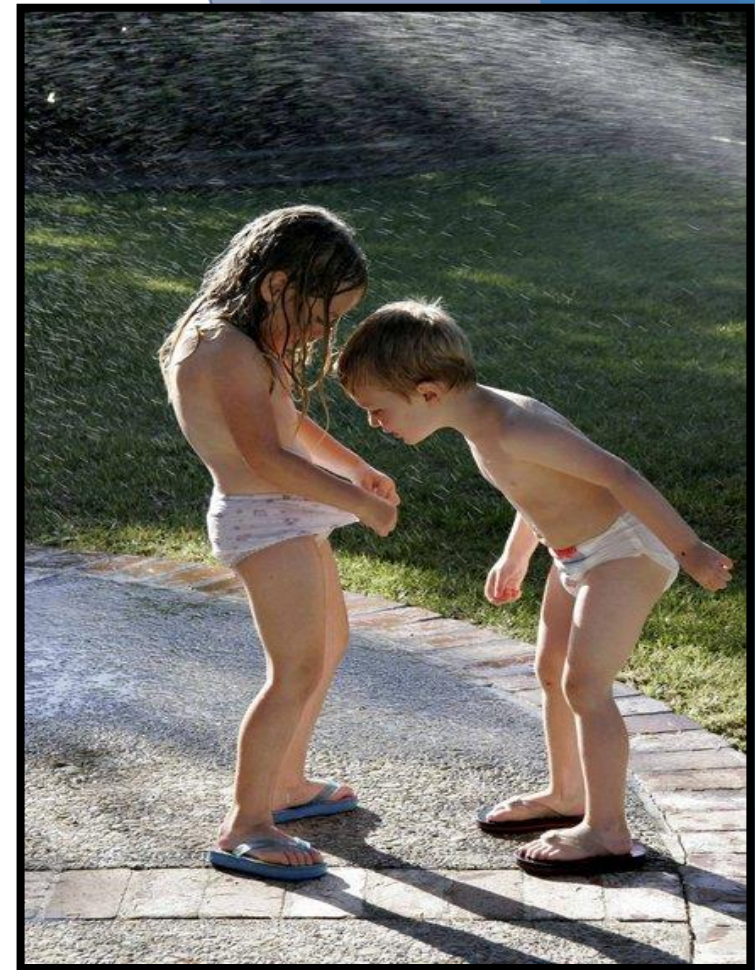
Typical Sexual Development/Play

Part of overall development and involves:

- Curiosity
- Learning about the world
- Language
- Mimicking
- Relationships

Typical sexual play is:

- ✓ Exploratory
- ✓ Spontaneous
- ✓ Intermittent
- ✓ By mutual agreement
- ✓ **With child of similar age, size, and development**
- ✓ Not accompanied by anger, fear, and/or strong anxiety



Typical Sexual Development and Behavior

Preschool Children (less than 4)

- Touching and showing private parts
- Removing clothes and wanting to be naked
- Attempting to see other people when they are naked or undressing
- Asking questions about bodies
- Talking to children their own age about bodily functions such as “poop” and “pee”

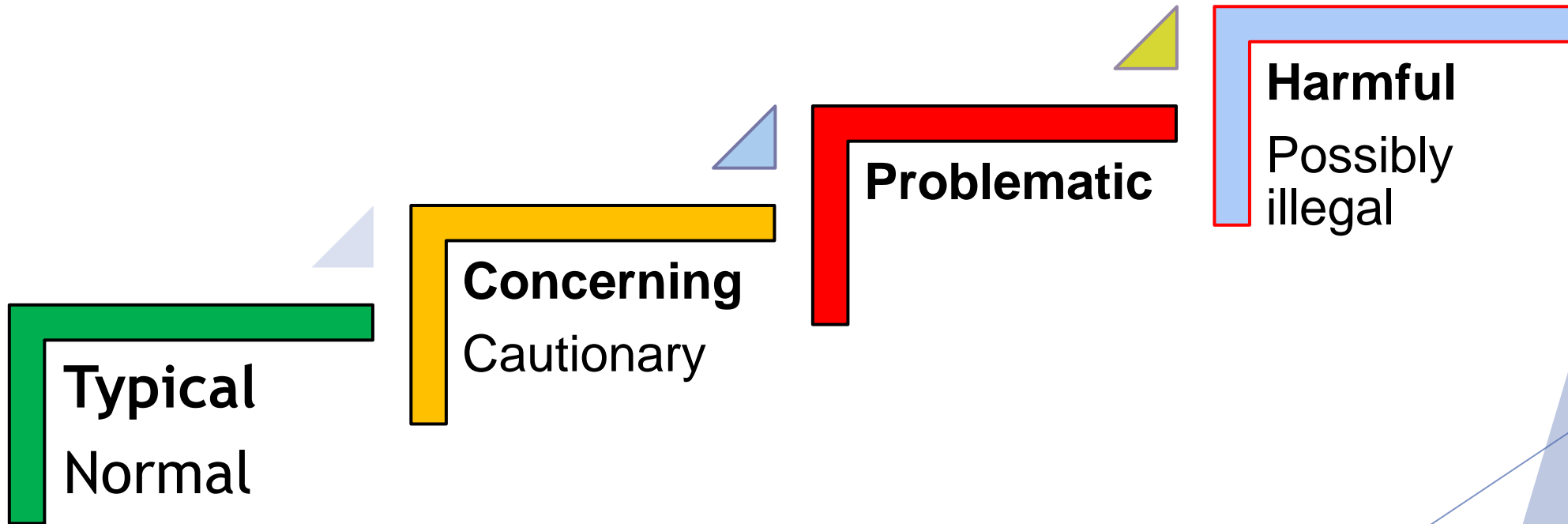
Young Children (4-6)

- Purposefully touching private parts, sometimes in front of others
- Attempting to see other people when they are naked or undressing
- Mimicking dating behavior (such as kissing, or holding hands)
- Talking about private parts and using “naughty” words
- Exploring private parts with same-age peers

School-age Children (7-12)

- Purposefully touching private parts, usually in private
- Playing games with children their own age that involve sexual behavior
- Attempting to see other people naked or undressing
- Looking at pictures of naked or partially naked people
- Viewing sexual content in media
- Wanting more privacy
- Reluctance to talk to adults about sexual issues
- Beginnings of sexual attraction to/interest in peers

Youth Sexual Behavior Continuum



Problematic Sexual Behavior (PSB)

Behavior involving private or other body parts as in typical sexual play (e.g., mouth, hand, genitals, etc.)

AND are:

- ▶ Developmentally inappropriate
 - ▶ Potentially harmful to self /others
 - ▶ Could be illegal
 - ▶ Have a range of motives and origins
- ▶ Types sometimes described as Non-intrusive PSB (NPSB) and Intrusive PSB (IPSB)
 - ▶ William Friedrich, PhD one of the first to research and publish on PSB. 2007: **Children with Sexual Behavior Problems: Family-Based, Attachment-Focused Therapy**

When can behavior become problematic?

- ▶ Not suitable for location
- ▶ Not typical for age (oral-genital contact, insertion of objects, toys engaging in sexual acts during play)
- ▶ Involves anger, force, fear, or coercion
- ▶ Unable to be re-directed
- ▶ High frequency
- ▶ Age/developmental difference

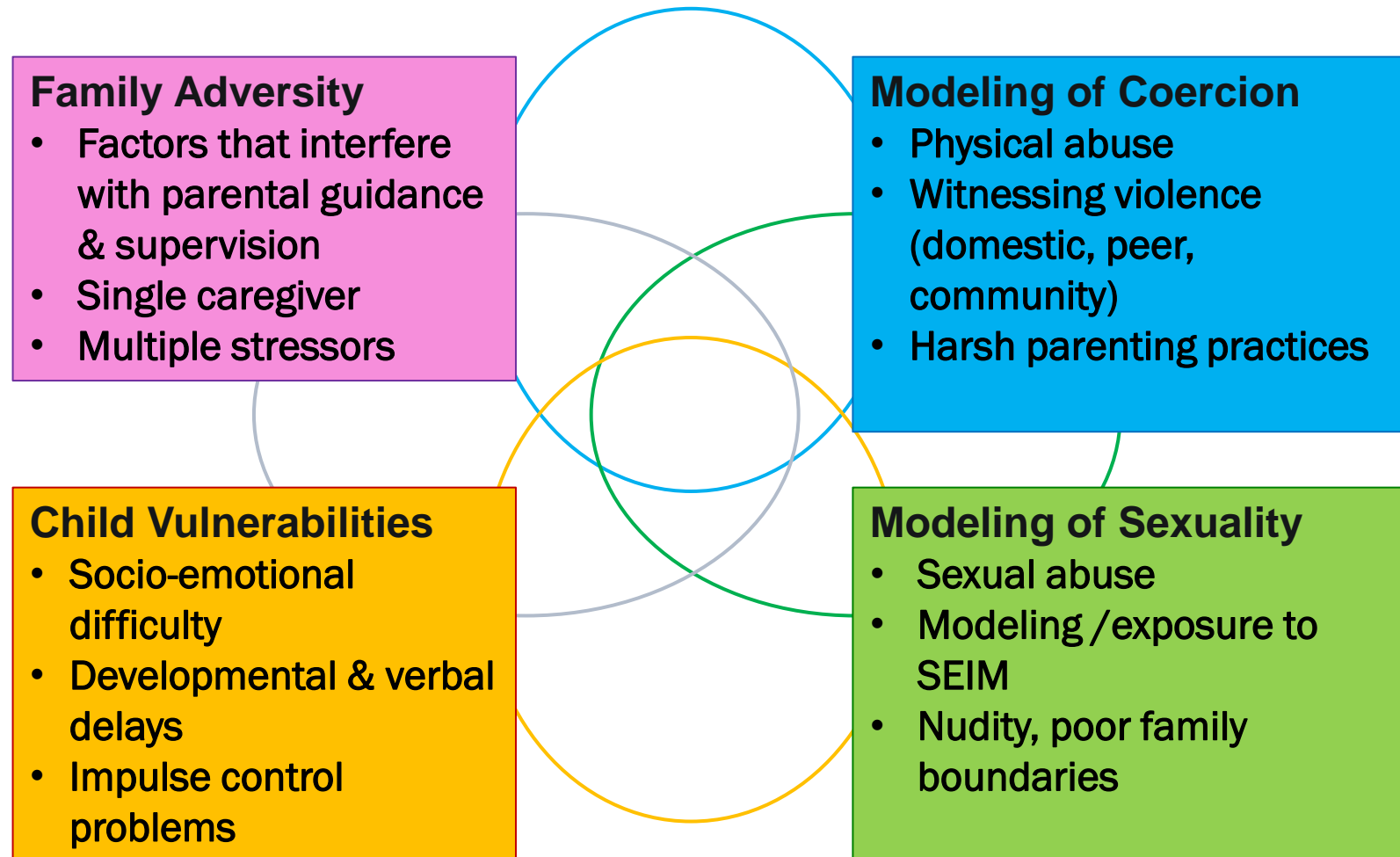
When can behavior become problematic?

- ▶ Children seem to have too much knowledge about sexuality, and **behave in ways more consistent with adult sexual expression** (e.g., obsessive interest in pornography)
- ▶ Sexual behaviors are significantly different from those of other children
- ▶ Sexual behaviors or activities continue **in spite of consistent and clear requests to stop**
- ▶ Sexual behaviors or activities **elicit complaints from other children** and/or adversely affect other children (e.g., sexually explicit conversations with peers, sexual teasing)
- ▶ Sexual behaviors are directed to adults
- ▶ Children do not understand their rights or the rights of others in relation to sexual contact
- ▶ **Coercion, bribery or manipulation** is used
- ▶ Sexual behaviors and activities progress in frequency, intensity, or intrusiveness
- ▶ Fear, anxiety, shame, or guilt are associated with the sexual behaviors
- ▶ Children engage in extensive and persistent adult-type sexual behaviors with other children
- ▶ Children manually stimulate, have oral, or genital contact with animals
- ▶ Children sexualize nonsexual things or interactions with others
- ▶ Sexual behaviors cause physical or emotional pain and discomfort to self or others (e.g., peeping, exposing, frottage)
- ▶ Children use sex to hurt others
- ▶ Verbal and/or physical expressions of anger precede, follow, or accompany the sexual behavior

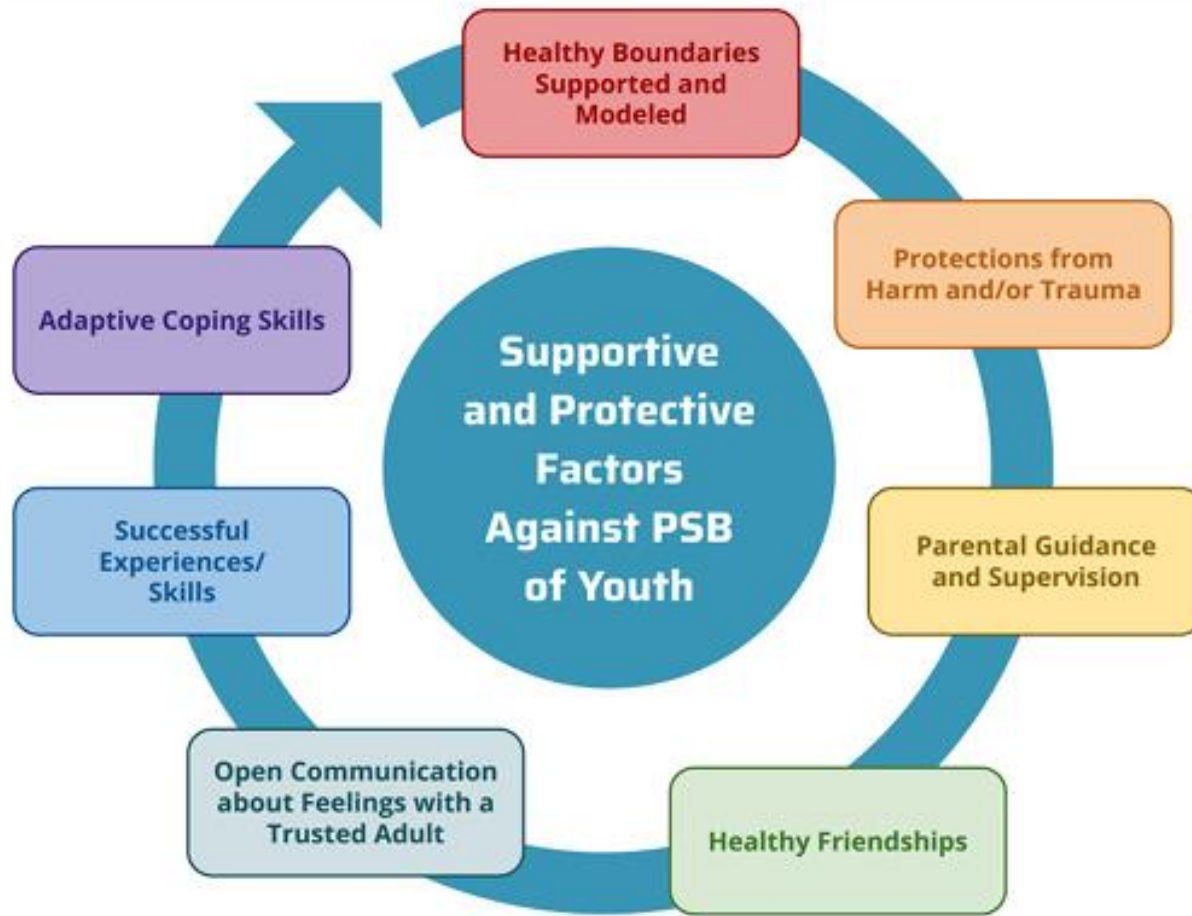
PSB Guidelines

Frequency	Developmental Considerations	Harm
High Frequency	Occurs between Youth of Significantly Divergent Ages/Developmental Abilities	Intrusive Behaviors
Preoccupation Blocks 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

What 'causes' PSB?



Protective and Supportive Factors



Silovsky, 2015.

Language Matters

Why won't you hear me (or other PSB professionals) use these words when discussing youth who exhibit PSB?

- ▶ Perpetrator, mini-perp, juvenile/future sex offender,
- ▶ Deviant, molester, etc.

- ▶ Instead? **Child who initiated behavior**
- ▶ How does that change the use of the word “victim?” → **Impacted child**

- ▶ This is a behavior, not a characteristic
- ▶ PSB is a definition, a description of clinically concerning behavior... **NOT a diagnosis**
 - ▶ CAN be a symptom/criterion of existing diagnosis (ADHD, ASD, PTSD, ODD, etc.)
 - ▶ These youth are more similar to youth who exhibit other disruptive behaviors.

Goal is to consciously shift language and educate/model for others to do so

Child Traumatic Stress and PSB

Because youth are in their formative/developmental years, it is important to understand **context** of sexual behaviors in guiding a therapeutic response, e.g.,

Clinical interview and family assessment is crucial

- ▶ Are behaviors part of typical sexual development /curiosity?
- ▶ Are behaviors in context of a cognitive / intellectual disability?
- ▶ Are behaviors re-enactments of witnessing adult sexual acts?
- ▶ Could behaviors have developed to soothe distress and tension?
- ▶ Are behaviors reenactments of child sexual play or...
- ▶ Reenactments of experiences of abuse?

Problematic Sexual Behavior of Children is a Family Problem

- ▶ Children often act out with children in their social network, especially siblings, cousins, and other family members
- ▶ The PSB, system's responses, and caregivers' reactions impact range of children in the home and social network



Treatment Findings [Meta Analysis]

11 studies and 18 different treatments evaluated*

- **What worked?**
 - ▶ Parenting/Behavior Parent Training (BPT) was the strongest predictor of reductions in PSB
 - ▶ BPT occurred with rules about sexual behavior/boundaries, abuse prevention, and sex health education
- **What did NOT work?**
 - ▶ Practice elements / approaches that evolved from adolescent and adult sex offender treatments were not significant predictors
- **PSB specific CBT (PSB-CBT) and TF-CBT treatments effective in reductions in PSB**

*St. Armand, A., Bard, D., & Silovsky, J. F. (2008)

PSB Myths

- ▶ A youth with PSB will become an adult sex offender
- ▶ Youth who exhibit PSB cannot be around other children
- ▶ The child exhibiting PSB must have been sexually abused
- ▶ Assumptions/connections re: sexuality

PSB Myths

- ▶ A youth with PSB will become an adult sex offender
 - ▶ There is zero evidence or research that supports this. In fact, with treatment, the rate of engaging in PSB again is 2-3% (Carpentier,Silovsky,Chaffin(2006). Michael Caldwell (2022).
- ▶ Youth who exhibit PSB cannot be around other children
 - ▶ This depends on several factors, but generally not true. Youth who exhibit PSB can (and should) remain in the home an and can engage in school and recreational activities *with appropriate supervision.
- ▶ The child exhibiting PSB must have been sexually abused
 - ▶ 1/3 (33%) of kids with preschool aged kids with PSB have history of CSA
(Silovsky, 2015)
- ▶ Assumptions/connections re: sexuality
 - ▶ Generally about who is around and accessibility, not the assigned gender/gender identity of others

Problematic Sexual Behavior-Cognitive Behavioral Therapy (PSB-CBT)

- ▶ Brief evidence-based treatment (~16 sessions) out of the University of Oklahoma College of Health Sciences, Department of Pediatrics
- ▶ Family/caregiver participation is *critical*
- ▶ Group or family model



- ▶ Preschool Model: Ages 3-6. Influenced by PCIT.
- ▶ School-age Model: Ages 7-12
 - ▶ Added an addendum for ages 13-14 (or any youth who may be impacted by state laws due to PSB. In PA- Age 10)
- ▶ Adolescent Model: Ages 13-17

PSB Treatment in Philadelphia

- ▶ Philadelphia Children's Alliance
 - ▶ Family Model
 - ▶ Ages 3-13*
 - ▶ No insurance necessary/private insurance ok.
- ▶ Joseph J. Peters Institute
 - ▶ Family and Group Model
 - ▶ Ages 7-17
 - ▶ Sometimes insurance barriers (can refer to PCA)

Percentage of youth who engaged in PSB again after successfully completing treatment: 2-3%

Treatment works!

TF-CBT

- ▶ Psychoeducation and Parenting Skills
- ▶ Relaxation
- ▶ Affective Modulation
- ▶ Cognitive Coping
- ▶ Trauma Narration/Cognitive Processing
- ▶ In Vivo Desensitization
- ▶ Conjoint Parent-Child Sessions
- ▶ Enhancing Future Safety and Development

PSB-CBT

- ▶ Psychoeducation about PSB
- ▶ Sexual Behavior Rules & Boundaries
- ▶ Safety Planning for PSB
- ▶ Behavior Parent Training
- ▶ Feelings
- ▶ Relaxation
- ▶ Self-Control
- ▶ Social Skills
- ▶ Abuse Prevention
- ▶ Sexual Education
- ▶ Impact on Others

Foundational Rules in PSB-CBT

▶ Private Part Rules (3-6)

1. No touching other people's private parts (includes hitting, punching, kicking, etc.)
2. No other people touching your private parts
3. No showing private parts to other people
4. No looking at other people's private parts
5. Touching your private parts when you are alone is okay

▶ Sexual Behavior Rules (7-12)

1. It is NOT OK to look at other people's private parts
2. It is NOT OK to show your private parts to other people
3. It is NOT OK to touch other people's private parts
4. It is OK to touch your own private parts, as long as you are in private and it does not take too much time*
5. It is NOT OK to use sexual language
6. It is NOT OK to make others uncomfortable with your sexual behavior

Key points:

- Sexual play is a normal part of child development; be mindful of pathologizing it
- PSB is NOT a diagnosis and is NOT hopeless. Appropriate treatment works.
- Language matters
- For clinicians- consider adding into your assessment the function/context of the presenting/reported behavior. The more information we have, the better.
- Share the sexual behavior rules and private part rules
- PSB treatment is abuse prevention
- When in doubt, reach out to someone who is trained in/specializes in PSB to consult. There are many resources available.
- “This is serious. There is hope.” - Jane Silovsky

Resources

- ▶ National Center on the Sexual Behavior of Youth

<https://www.ncsby.org/>

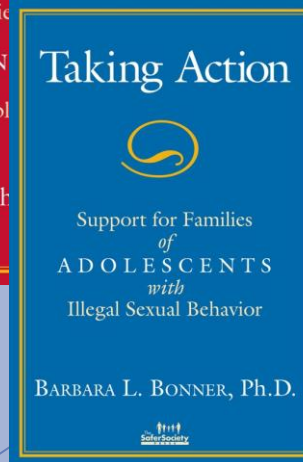
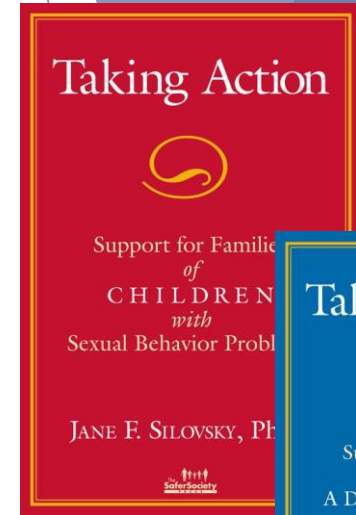
part of the Center on Child Abuse and Neglect (CCAN) in the Department of Pediatrics of the University of Oklahoma Health Sciences.



NCSBY

- ▶ Taking Action: Support for Families of Children with Sexual Behavior Problems by Jane Silovsky

- ▶ AJ's Story



2022 Volume 1, Number 1

NOW WHAT?

A CAREGIVER'S SURVIVAL GUIDE

AFTER DISCOVERING A PROBLEMATIC SEXUAL BEHAVIOR HAS OCCURRED

Your world has been turned upside down. How are you feeling?

"I was all over the place. I was stressed, scared, and messy. It is okay to feel that way, and know that somebody else felt that way."

When a family learns their child has engaged in a problematic or illegal sexual behavior, they experience a large range of emotions. It is normal to feel confused, angry, guilty, ashamed, afraid, disappointed, or in denial about your child's behaviors. Your child's behavior could have occurred with a school-mate, a friend, or even within your family. The outcomes and the impact are different in each situation. When you have a relationship with the child victim, your response is particularly complex and you may struggle with how you respond. While it's expected that you're having lots of different emotions right now, basing all responses to your child's behavior on fear or anger can make it difficult to move forward. Managing your own stress is essential. We've been there too! In this moment, we want to make sure you hear: "This is not your fault." What your child has done does not define who they are or make you a 'bad' caregiver. While it may not feel like it right now, your family will get through this.

When a family se entera de que su hijo ha estado involucrado en una conducta sexual problemática o ilegal, experimenta una amplia variedad de emociones. Es normal sentirse confundido, enojado, culpable, avergonzado, asustado, decepcionado o en negación debido a su conducta. Puede que haya mostrado dicha conducta ante un compañero de escuela, un amigo o incluso dentro de su familia. Toda situación tiene resultados e impacto de formas diferentes. Cuando tiene una relación con el niño que fue la víctima, su respuesta es particularmente compleja y es posible que tenga dificultades sobre la manera en la que debe responder. Aunque es de esperarse que en este momento usted experimente muchas emociones diferentes, si todas las respuestas ante la conducta de

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AHORA, ¿QUÉ SIGUE?

QUÍA DE SUPERVIVENCIA PARA CUIDADORES

TRAS DESCUBRIR QUE OCURRIÓ UNA CONDUCTA SEXUAL PROBLEMÁTICA

Su mundo se ha puesto de cabeza. ¿Cómo se siente?

"Estaba disperso. Me sentía estresado, asustado e inquieto. No hay problema en sentirse de esa manera y saber que otras personas sintieron lo mismo en este momento. Mantener su propio estrés bajo control es esencial. Nosotros también pasamos por la misma situación. En este momento, necesitamos asegurarnos de que entienda que esto no es su culpa. La acción de su hijo no define la persona que es ni lo convierte a usted en un 'mal' cuidador. A pesar de que en este momento no lo parezca, su familia superará esta situación."

When a family se entera de que su hijo ha estado involucrado en una conducta sexual problemática o ilegal, experimenta una amplia variedad de emociones. Es normal sentirse confundido, enojado, culpable, avergonzado, asustado, decepcionado o en negación debido a su conducta. Puede que haya mostrado dicha conducta ante un compañero de escuela, un amigo o incluso dentro de su familia. Toda situación tiene resultados e impacto de formas diferentes. Cuando tiene una relación con el niño que fue la víctima, su respuesta es particularmente compleja y es posible que tenga dificultades sobre la manera en la que debe responder. Aunque es de esperarse que en este momento usted experimente muchas emociones diferentes, si todas las respuestas ante la conducta de

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AJ'S Story About Not OK Touches

Questions/Discussion and thank you!

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