

My Kid Did What?!?! The Essential Information about Children and Teens with Problematic Sexual Behaviors

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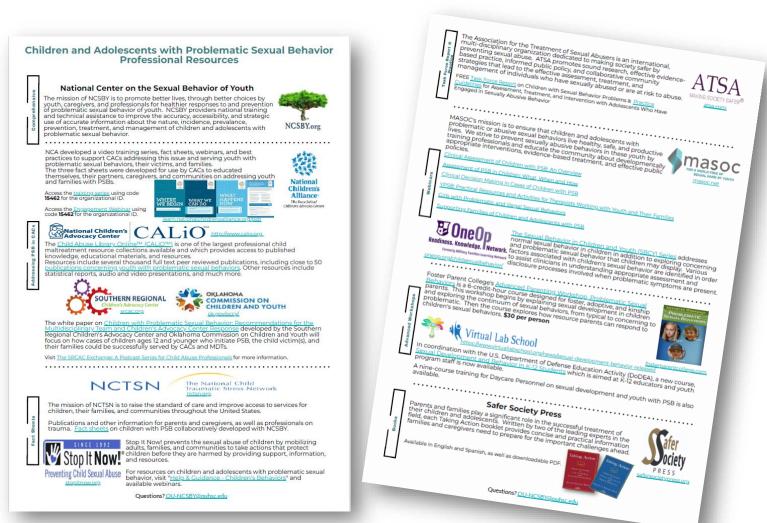




- Put you first.
- Be mindful of your own responses and well-being.
- Make decisions to keep yourself mentally, physically, spiritually (if applicable) healthy and your worldview harmonized.



PSB Professional Resources









Children's "Normative" Sex Play

- Occurs in context of overall development
- Learning, exploring
- In the moment, spontaneous
- Doesn't happen often
- Mutual agreement



- Familiarity, "like-ness"
- Not harmful, emotionally or physically
- Changes as children get older
- Respond appropriately to intervention

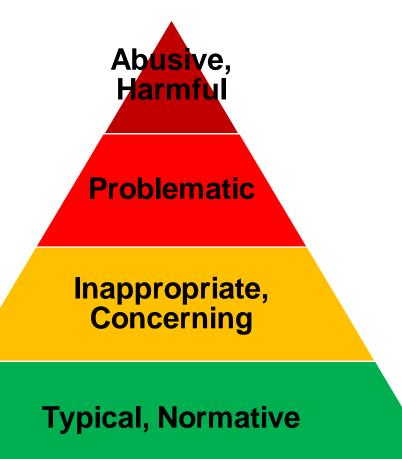


Problematic Sexual Behavior (PSB)

Behavior

Typically involves genitals

Developmentally inappropriate



 Potential/actual harm, physically and/or emotionally

 Diverse range of motives, origins

Legality



Characteristics of Children and Teens with PSB

- No distinct profiles
- Do not share central characteristics of adult sex offenders

 Many do not meet DSM criteria for any mental health disorder

- Co-occurring concerns (i.e., learning, behavioral, etc.)
- Teens who engage in PSB with children vs. peer sexual assault are less delinquent, often immature

 Rarely a paraphilia (e.g., pedophilia)



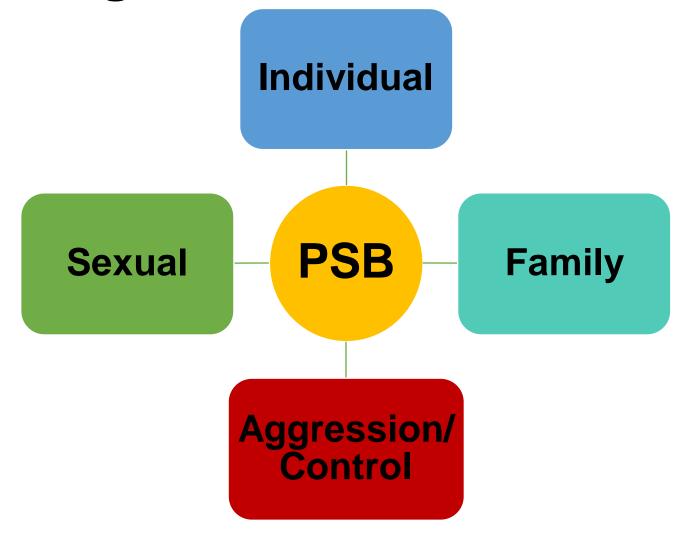
True or False?

"Children and teens with PSB have been sexually abused."





Contributing Factors to PSB Manifestation



Adapted from Silovsky (2015)



Understanding Impact of ACES

 Association with "impairment in emotion processing, behavioral inhibition, and attention."

 "Understand how child's experiences may have affected their learning and problemsolving abilities, self-regulation, and social interactions."

 Professionals should adjust and adapt approaches accordingly.

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD. FACP, Robert F. Anda, MD. MS. Dale Nordenberg, MD. David F. Williamson, MS. PhD. Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

Background: The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood has not previously been described.

A questionnaire about adverse childhood experiences was mailed to 13,494 adults who had completed a standardized medical evaluation at a large HMO; 9,508 (70.5%) responded Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult risk behavior, health status, and disease. Logistic regression was used to adjust for effects of demographic factors on the association between the cumulative number of categories of childhood exposures (range: 0-7) and risk factors for the leading causes of death in adult

More than half of respondents reported at least one, and one-fourth reported ≥2 categories of childhood exposures. We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied (P < .001). Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ≥50 sexual intercourse partners, and sexually transmitted disease; and a 1.4 to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. The seven categories of adverse childhood experiences were strongly interrelated and persons with multiple categories of childhood exposure were likely to have multiple health risk factors

Conclusions: We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.

> Medical Subject Headings (MeSH): child abuse, sexual, domestic violence, spouse abuse. children of impaired parents, substance abuse, alcoholism, smoking, obesity, physical activity, depression, suicide, sexual behavior, sexually transmitted diseases, chronic obstruc tive pulmonary disease, ischemic heart disease. (Am I Prev Med 1998;14;245-258) © 1998 American Journal of Preventive Medicine

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Am J Prev Med 1998;14(4) © 1998 American Journal of Preventive Medicine 0749-3797/98/\$19.00 245



FACT

"Children and teens with PSB have been sexually abused."

Many children with PSB have no history of sexual abuse.



Healthy boundaries modeled & supported Adaptive Protection coping from harm skills **Supportive** & Protective **Factors** Guidance / Healthy relationships Supervision Successful experiences using skills



Factors that Impact Response of Other Children and Families

None, minimal Severe, problematic

Intensity

Power differential

Behavior

Functioning

History

Available support



True or False?

"Children and teens with PSB are life-long abusers."





Treatment Success (w/Caregiver Involvement)

Children 89% - 98%

(outpatient, group)

Teens 97%



FACT

"Children and teens with PSB are life-long abusers."

2-11% of children and 3% of teens with PSB who receive evidence-based treatment – which is predominately outpatient and community-based – that includes their caregiver(s) re-engage in another PSB.



True or False?

"Children and teens with PSB should be placed in-patient or in similar intensive treatment facilities."



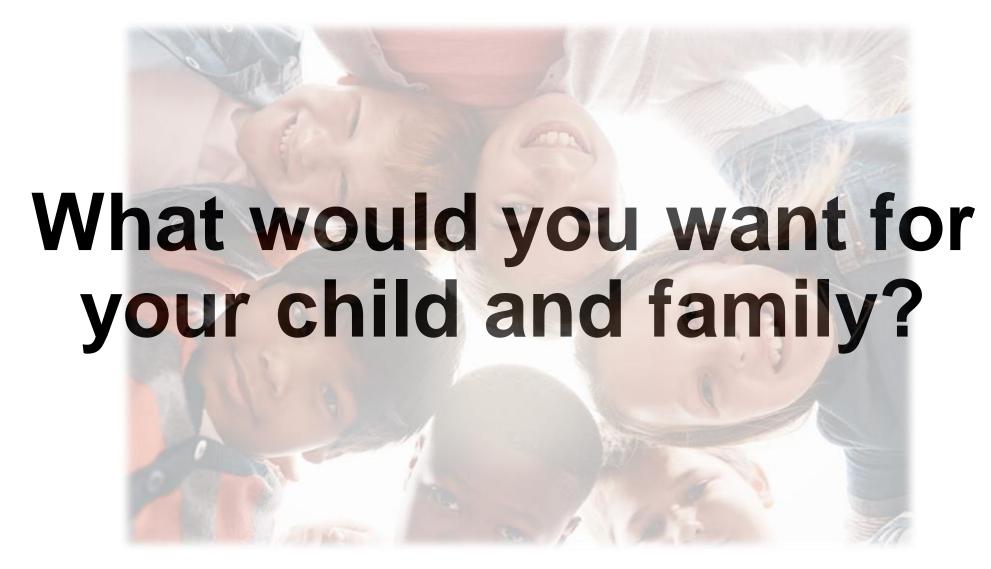


FACT

"Children and teens with PSB should be placed in-patient or in similar intensive treatment facilities."

Most children with PSB can be treated while living at home or in the community with appropriate supports (e.g., supervision, intervention)







Selected PSB Professional Resources

National Center on the Sexual Behavior of Youth*
www.ncsby.org

- National Children's Alliance*: <u>learn.nationalchildrensalliance.org/psb</u>
- National Child Traumatic Stress Network*: www.nctsn.org
- Child Abuse Library Online (CALiO) (calio.org)
- OneOp*: https://oneop.org/series/sexual-behavior-in-children-and-youth-sbcy-series/



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- 1. Are you able to define problematic sexual behaviors in children?
- 2. Can you apply research-based information to dispel four persistent and adverse myths about children with problematic sexual behaviors?

3. Did you learn at least two strategies to enhance professional response to cases of children with problematic sexual behavior?