

CHILDREN WITH SEXUALLY AGGRESSIVE BEHAVIORS

November 9, 2016

Children who are sexually aggressive and have sexual behavior problems need special attention, care, and supervision. These are complex situations that may be challenging for staff and caregivers. Identifying and addressing these issues appropriately will help us make sound decisions that ensure the safety of children in our care.

How are these behaviors different from each other?

Children and youth will demonstrate different forms of sexual behavior during the course of their life. There are essentially three different categories of sexual behavior:

- **Normal Sexual Behavior**—behaviors that include exploration and age appropriate interactions
- **Sexual Behavior problems**—behaviors that are outside the range of developmentally appropriate behavior.
- **Sexually Aggressive Behavior**--behavior in which a child takes advantage of a younger or less powerful child through seduction, coercion, or force.

Details of the Sexually Aggressive Behavior

Definition

Sexually Aggressive Behavior is behavior in which a child takes advantage of a younger or less powerful child through seduction, coercion, or force.

- **Less powerful**: Differences in developmental level, physical stature, cognitive ability, and/or social skills.
- **Seduction**: The use of charm, manipulation, promises, gifts, and flattery to induce a child to engage in sexual behavior.
- **Coercion**: The exploitation of authority or the use of bribes, threats of force, or intimidation to gain cooperation or compliance.
- **Force**: Threat or use of physical or emotional harm towards a child or someone or something a child cares about.

SEXUAL BEHAVIOR CHART

Age	Normal Sexual Development	Sexual Behavior Problem	Sexually Aggressive Behavior
<p>Less than 4 (preschool)</p>	<ul style="list-style-type: none"> • Touches genitals in public and private • Frequent erections • Explores one's body • Enjoys being naked • Tries to touch private parts of others and see others naked 	<ul style="list-style-type: none"> • Curiosity about sexual behavior becomes an obsessive preoccupation • Exploration becomes reenactment of specific adult activity • Behavior involves injury to self or others 	<ul style="list-style-type: none"> • Exploration becomes reenactment of specific adult activity and involves other children • Behavior involves injury to self or others

SEXUAL BEHAVIOR CHART

Age	Normal Sexual Development	Sexual Behavior Problem	Sexually Aggressive Behavior
<p style="text-align: center;">4-6 (young children)</p>	<ul style="list-style-type: none"> • Develops sense of being male and female • Explores own body more purposefully • Knows touching feels good but not necessarily that it should be done in private • Has lots of questions and curiosity • Plays doctor and shows private parts to others • Talks about bodily functions • Touches or tries to view peer/sibling body/genitals 	<ul style="list-style-type: none"> • Discusses specific sexual acts or explicit sexual language 	<ul style="list-style-type: none"> • Sexual touching that involves coercion, threats, secrecy, violence, and aggression <ul style="list-style-type: none"> • anal sex with another child • vaginal sex with another child • oral sex with another child • masturbating another child • forcing another child to watch masturbation

SEXUAL BEHAVIOR CHART

Age	Normal Sexual Development	Sexual Behavior Problem	Sexually Aggressive Behavior
7-12 (school aged)	<ul style="list-style-type: none"> • Purposefully touches own genitals • Plays games (e.g., truth or dare) about/explores sexual behavior with other children • Looks at pictures of naked people • Wants more privacy • Begins sexual attraction to peers • Questions about relationships, sexual behavior and menstruation/pregnancy 	<ul style="list-style-type: none"> • Describes aggressive/violent sexual acts • Sexual penetration • Oral sex • Simulated intercourse • Masturbating in public 	<ul style="list-style-type: none"> • Sexual touching that involves coercion, threats, secrecy, violence, and aggression <ul style="list-style-type: none"> • anal sex with another child • vaginal sex with another child • oral sex with another child • masturbating another child • forcing another child to watch masturbation

SEXUAL BEHAVIOR CHART

Age	Normal Sexual Development	Sexual Behavior Problem	Sexually Aggressive Behavior
13-17 (teens)	<ul style="list-style-type: none"> • Has markedly more sexual interest in others • Sexual activity/experimentation with children of the same age • Expresses sexual orientation and sexual identity • Sexual interaction through technology and social media • Masturbation in private 	<ul style="list-style-type: none"> • Sexual contact with animals • Sexual interest directed towards much younger children • Chronic preoccupation with sex/pornography 	<ul style="list-style-type: none"> • Sexual touching that involves coercion, threats, secrecy, violence, and aggression <ul style="list-style-type: none"> • anal sex with another child • vaginal sex with another child • oral sex with another child • masturbating another child • forcing another child to watch masturbation

Behind the Behaviors

- Exposure to traumatic experiences: abuse, natural disasters, accidents, and/or violence, including domestic violence;
- Excessive exposure to adult sexual activity and/or nudity in the home (including media exposure through television or the Internet);
- Inadequate or inappropriate rules about modesty or privacy in the home;
- Inadequate or inappropriate supervision in the home, often as a result of parental factors such as depression, substance abuse, or frequent absences.

Understanding and Coping with Sexual Behavior Problems in Children. (2015). Retrieved June 16, 2016, from http://nctsn.org/nctsn_assets/pdfs/caring/sexualbehaviorproblems.pdf

Additional Behaviors You Might See

- Impulsiveness and a tendency to act before thinking
- Difficulties following rules and listening to authority figures at home, in school, and in the community
- Problems making friends their own age and a tendency to play with much younger children
- A limited ability to self soothe (calm themselves down), so they may touch their own genitals (masturbate) as a way to release stress.

Who Makes the Decision?

A CVS Program Administrator (PA) is the only individual who can ultimately determine if a child's behavior meets the definition of sexually aggressive behavior.

- Age of all children at time of incident(s) as well as any developmental delays present
- The date and location of where the incident(s) occurred;
- A description of the incident
- Any documented history of sexually aggressive behavior, as defined in this document
- Any CAC forensic interviews of the child in question or any alleged child victims

Practice Changes

- **Child New to Conservatorship Protocols**
 - Immediate notification to CVS PA
- **Kinship Protocols**
 - Kinship Referral and Home Assessment
 - Incident occurs while a child is in a Kinship Placement
- **Placement Protocols**
 - Common Application
 - Placement Summary Form
- **RCCL/CPS Protocols**

IMMEDIATE INTERVENTION & RESPONSE

SERVICES & SUPPORTS FOR CHILDREN WITH SEXUAL BEHAVIOR PROBLEMS AND/OR SEXUALLY AGGRESSIVE BEHAVIOR

- Services and supports for children with sexual behavior problems and/or sexually aggressive behavior must be two-fold, to address both the sexual behavior problems (and potential accompanying sexually aggressive behavior) and possible abuse or trauma the child may have experienced before or after the incident.

TREATMENT FOR CHILDREN WITH SEXUALLY AGGRESSIVE BEHAVIOR

IMMEDIATE GOALS

- Be sure the child is not being sexually abused or abusing others.
- Report any/all incidents of sexual abuse to all parties involved.
- Provide “sight and sound supervision” at all times.
- Involve relatives, parents and caregivers when appropriate in the child’s therapy to participate and support the child.
- Follow a written safety plan at all times.
- Refer for psychiatric and/or medical evaluations when needed.
- Collaborate with school, daycare, or after school care personnel.

APPROPRIATE TREATMENT GOALS

- Decrease the child's sexually aggressive behaviors. These may include: persistent, intrusive and recurrent sexual thoughts; sibling incest; impulse control; aggression; and power and control issues.
- Increase the child's understanding of his or her unhealthy associations and beliefs regarding sex and sexuality. For example, sex equals secrecy; sex equals dirtiness, filth, shame, guilt; sex is "nasty"; sex equals love and caring; where and how to get nurturing.
- Teach the child about the differences between "Ok touch, not Ok touch, and secret touch.
- Provide support and teach the child's caregiver behavior management techniques for sexual behaviors and other problematic or disruptive behaviors which can involve rewarding "sex-free" days and using "time-out". This also helps channel energies that might have gone into sexual behavior into more age-appropriate activities by having a caretaker monitor the child, interrupt any sexual acting out, and provide opportunities for positive alternative behaviors.

CAREGIVER AND ADULT RESPONSES TO CHILDREN WITH SEXUALLY AGGRESSIVE BEHAVIOR

When first dealing with sexually aggressive children, caregivers, parents and adults should:

- Attempt to remain calm in the presence of the children.
- Phone a specialist or mental health professional immediately.
- Talk to the child, without expressing anger, and inquire about where the child learned the behavior.
- Do not punish or hit the child, as the child may not have known what he or she was doing was wrong. This would only result in an intense level of shame, which will carry over for years.

SPECIFIC HOUSE RULES FOR A CHILD WITH SEXUALLY AGGRESSIVE BEHAVIORS

- No sharing of bedrooms. If children must share bedrooms, get permission from their therapist.
- Talk to the other children in the house: what to do if this happens and how not to become involved. Children need to be told that it is important to tell adults so adults can help with feelings and behaviors. Ensure there is proper safety planning in place.
- Teach children specific skills to reduce anxiety or arousal. A time out, to repeat a phrase in his or her head, to engage in physical activity other than sex, or to draw or write out his or her feelings. The child must be given the tools to channel anxiety, frustration, anger or fear into appropriate, non-abusive activities.
- Talk openly about rules about touching and what is appropriate. Talk openly and often about appropriate touch safety and boundaries with all the children in the family. Abuse happens in secrecy, so make sure everything is open and everything can be talked about. The more open you can be about sexuality and communication, the more likely a child is able to integrate what you are trying to tell him or her. Talking openly about the rules lets everyone know that sexual touching will not be kept a secret.

SPECIFIC HOUSE RULES FOR A CHILD WITH SEXUALLY AGGRESSIVE BEHAVIORS

- Work closely with the therapist to avoid misunderstandings and to reinforce therapy work at home.
- Have a plan to address behaviors when they happen. Don't ignore, don't punish, and don't shame. Address it calmly, assertively and immediately. Help the child to act appropriately.
- Encourage self-esteem and age appropriate activities. When children feel less anxious, more in control and are exposed to more age appropriate activities and peers, the sexually acting out behaviors will usually decrease in frequency.
- Use motion sensors for increased supervision.
- Intervene when a child is sexually acting out or inappropriate by using the following four steps:
 - Stop the behavior.
 - Define the behavior.
 - State the house rule.
 - Enforce consequences or redirect the child.

TREATMENT FOR CHILDREN VICTIMIZED BY A CHILD WITH SEXUALLY AGGRESSIVE BEHAVIOR

- Treatment options range from basic psycho-education to cognitive-behavioral therapy (CBT) to in-patient licensed sex offender treatment.
- It is important to initially evaluate with a therapist the length of the services or treatment program needed and communicate those expectations to the child and caregivers.
- It is also necessary for a treatment provider to re-assess the child to determine whether the chosen form of treatment is making a positive impact and whether additional services and supports are necessary.
- CACs provide trauma-focused cognitive-behavioral therapy (TF-CBT) at the CAC, off-site with a CAC provider, or via a community provider. If a CAC is involved, the CAC can assist in assessing and providing appropriate clinical services, as necessary. Note: Local CAC working protocol, case acceptance criteria, and/or capacity may dictate whether these services are available at your local CAC.

Training and Practice Changes

On November 1, 2016, a CBT will be released and all caseworkers, supervisors, program directors, service program administrators, program administrators, and regional directors must take it.

Beginning December 1, 2016, any suspicion of sexual aggression must be elevated to the CVS Program Administrator immediately.

A Resource Guide will be published on December 1, 2016 to include the definitions and outline the practice changes.

Questions

If you have any questions, please contact:

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