Children with Problematic Sexual Behavior: Who are they and how can we help?

Jane F. Silovsky, PhD

April 16, 2015
2015 Annual Tarrant County Sexual Abuse Advisory Council Conference
Fort Worth, TX

Contact Information and Acknowledgements

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Lorena Burris, Ph.D.
Debra Hecht, Ph.D.
Keri Pierce, M.S.W.

C. Eugene Walker, Ph.D.
Lucy Berliner, M.S.W.
Lisa Swisher, Ph.D.
William Friedrich, Ph.D.
Lisa Swisher, Ph.D.

What do you think of when you hear the terms?

• Offender
• Perpetrator
• Predator
• Mini pedophile
How about.....

Children with Problematic Sexual Behavior (PSB)
Adolescents with Illegal Sexual Behavior

- Developmentally sensitive
- Focuses on the behavior(s)
- Separates behavior of children and adolescents from criminal acts of adults

Typical Sexual Behavior

- Behaviors that involve parts of the body considered to be “private” or “sexual” (e.g., genitals, breasts, buttocks, etc.) and that are normally part of growing up for many children and which most experts would not consider to be harmful.
- Influenced by cultural and social factors
  - Research by Friedrich and with the CSBI

General Definition

Problematic sexual behavior problems (PSB) are defined as child(ren)-initiated behaviors that involve sexual body parts (i.e., genitals, anus, buttocks, and/or breasts) in a manner that is developmentally inappropriate and potentially harmful to themselves or others.

~Silovsky & Bonner (2013)
General Definition, cont’d
- Children with PSB are defined as youth 12 years of age and younger
- Although the term “sexual” is utilized, the intentions and motivations for these behaviors may be unrelated to sexual gratification
- This is a definition, not diagnostic criteria

Problematic Sexual Behavior
- Not a diagnosis
  - Clinically concerning behaviors
  - Disruptive behaviors
  - Trauma symptoms
  - Single focus of concern
- Continuum of normal sexual development to sexual behavior problems

What Do We Know About Typical Sexual Development?
- What behaviors are typical/normative and which are not?
- How do we know the behavior is a PSB and not “playing doctor”?
- Influences of cultural and societal factors.
**Sexual Play**

- Exploratory
- Spontaneous
- Intermittent
- By mutual agreement
- Between children of similar age, size, and developmental level
- Not accompanied by anger, fear, strong anxiety, etc.

Bonner (1999)

**Sexual Play**

- Occurs across childhood and not only in preschool children
- Becomes more concealed/covert in school-age children
- Occurs with children that are known already, including siblings and children of the same sex

Rutter (1971); Lamb & Coakley (1993); Larsson (2001); Reynolds, Herbenick, & Bancroft (2003)

**Long-Term Implications of Sex Play: Retrospective Research**

- Sex play is common (66%-80%)
- Mostly is never known by parents
- Many encounters are between children of the same sex
- If it is true sex play, then the encounter is perceived as "positive" or "neutral"
  - Inconsistent results with siblings
- Not related to adult sexual orientation

Lamb & Coakley (1993); Larsson (2001); Reynolds, Herbenick, & Bancroft (2003); Friedrich, Whiteside, & Talley (2004); Greenwald & Leitenberg (1989); Okami, Olmstead, Abramson (1997)
Are the Sexual Behaviors a Problem?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Developmental Considerations</th>
<th>Harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Frequency</td>
<td>Occurs between youth of significantly divergent ages/developmental abilities</td>
<td>Intrusive behaviors</td>
</tr>
<tr>
<td>Excludes Normal Childhood Activities</td>
<td>Behaviors are longer in duration than developmentally expected</td>
<td>Includes force, intimidation, and/or coercion</td>
</tr>
<tr>
<td>Unresponsive (i.e., does not decrease) to Typical Parenting Strategies</td>
<td>Behavior interferes with social development</td>
<td>Elicits fear &amp; anxiety in other children</td>
</tr>
</tbody>
</table>

Bonner, 1995; Davies, Glaser, & Kossoff, 2000; Friedrich, 1997; Johnson, 2004; Larsson & Svedin, 2001

Use of technology

- When typical becomes problematic….
- Texting
- IPad and other tablets
- Game systems

Prevalence & Incidence: How many youth with PSB are there?

- No national figures are available on the number of youth with PSBs
- No government agency oversees all of these youth
- Difficult to determine in U.S. related to how the children are identified and inconsistencies in policies and procedures of government agencies.
- If other jurisdictions in the country were assumed to be the same as the NIBRS jurisdictions, one would extrapolate approximately 89,000 juvenile sex offenders were known to police throughout the United States in 2004.

Finkelhor, Ormrod, & Delicato, 2008 OJJDP report from data of the National Incidence-Based Reporting System
How are our youth doing?

- Over the last decade….Worse, better, about the same?
- Sexual behavior
- Breaking the law
- Aggressive violent behavior?

CDC Youth Risk Behavior Survey
Grades 8+

<table>
<thead>
<tr>
<th>Year</th>
<th>Ever had sexual intercourse</th>
<th>Had sexual intercourse with ≥ 4 persons during their life</th>
<th>Were currently sexually active (sexual intercourse ≥ 1 person during the 3 months preceding the survey)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>54.1 (±3.5)</td>
<td>18.7 (±2.1)</td>
<td>37.5 (±3.1)</td>
</tr>
<tr>
<td>1993</td>
<td>53.0 (±2.7)</td>
<td>18.7 (±2.0)</td>
<td>37.5 (±2.1)</td>
</tr>
<tr>
<td>1995</td>
<td>53.1 (±4.5)</td>
<td>17.8 (±2.7)</td>
<td>37.9 (±3.5)</td>
</tr>
<tr>
<td>1997</td>
<td>48.4 (±3.1)</td>
<td>16.0 (±1.4)</td>
<td>34.8 (±2.2)</td>
</tr>
<tr>
<td>1999</td>
<td>49.9 (±3.7)</td>
<td>16.2 (±2.6)</td>
<td>36.3 (±3.5)</td>
</tr>
<tr>
<td>2001</td>
<td>45.6 (±2.3)</td>
<td>14.2 (±1.2)</td>
<td>33.4 (±2.0)</td>
</tr>
<tr>
<td>2003</td>
<td>46.7 (±2.6)</td>
<td>14.4 (±1.6)</td>
<td>34.3 (±2.1)</td>
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<tr>
<td>2005</td>
<td>46.8 (±3.3)</td>
<td>14.3 (±1.5)</td>
<td>33.9 (±2.5)</td>
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<tr>
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<td>47.8 (±5.5)</td>
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<td>13.8 (±3.0)</td>
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<td>2011</td>
<td>47.4 (±4.9)</td>
<td>15.3 (±2.2)</td>
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Arrest Rates in US – All Crimes

The juvenile arrest rate for all offenses reached its highest level in the last two decades in 1996, and then declined 54% by 2011.
Summary of Children with PSB:

- Boys and girls have PSB
- Cultural and societal factors impact PSB
- Co-occurring diagnoses
  - Disruptive Behavior Disorders: ADD/ADHD, ODD, CD, etc.
  - Trauma-Related Disorders: PTSD, Adjustment, etc.
  - Other internalizing disorders (e.g., depression)
  - Learning and language delay
- Relationship issues
  - Parenting/caregiver stress
  - Parent perception of youth
  - Peer relationship problems
How Do Youth Develop PSB?

What Factors Increase the Likelihood of Youth Developing PSB?

Origins of PSB: Sexual Abuse?

- Historical assumption: “All children with PSB have been [sexually] abused”
- Bases of early research of sexual behavior in children
- Percentage of sexual abuse (SA) history in PSB samples vary
  - 4%-98%, depending on sample and how sexual abuse history was assessed
  - Maybe more likely in females

Adapted from Friedrich, Davis, et al., 2003
Healthy boundaries supported & modeled

Parental guidance & supervision

Open communication about feelings with trusted adult

Adaptive coping skills

Protection from harm & trauma

Supportive & Protective Factors

What Triggers the Behavior? How Maintains over time?

- Deviant sexual arousal?
- Very, very rare
- Normal sexual arousal?
- Age of child, impact of puberty
- Trauma?
- Re-experiencing symptom
- Curiosity?
- Attention seeking?
- Self-soothing?
- Defiance?
- Impulsiveness?
- Preoccupation?

Multiple Pathways to PSB

Consider impact of...
- Sexual abuse
- Other maltreatment
- Parental capacity
- Child vulnerabilities and strengths
Common Misconceptions about Youth with PSB

There are currently numerous misconceptions about youth with PSB regarding:

- Safety in the home, community, and school
- Need for restrictive placement
- Utilization of adult sex offender treatment approaches
- Recurrence of PSB

Can Children with PSB Live with Other Children?

- With appropriate treatment and careful supervision, most children with PSB can live safely with other children.
- Children with highly aggressive or intrusive sexual behavior, despite treatment and close supervision, should not live with other young children until this behavior is resolved.
- If PSB occurred with other children in the home, then the other child/ren's reactions must be considered.

Can Children with PSB Attend School Safely?

- Most children with PSB can attend public schools and participate in school activities without jeopardizing the safety of other students.
- Children with serious, aggressive sexual behaviors that are unresponsive to outpatient treatment and supervision may need a more restrictive environment.
- In some cases, school personnel may need to know information for safety and protection issues.
Do Children with PSB Need Intensive Residential Treatment?

• Most children with PSB can be treated on an outpatient basis while living at home or in the community.
• Residential and inpatient treatment should be reserved for the most severe cases, such as for children with other psychiatric disorders and/or highly aggressive sexual behavior which recurs despite appropriate outpatient treatment and close supervision.

—Brown, Silovsky & Hecht (2001)

Will Children with PSB Grow Up to Be Adult Sexual Offenders?

• Research has demonstrated that most children show significantly lower PSB after short-term outpatient treatment.
• There is no current research that shows a clear link between PSB in childhood and illegal sexual behavior in adolescents or adulthood.

Subtypes of Sexual Behavior

• Gender role behavior
• Physical boundaries
• Sexual interest and knowledge
• Sexual Anxiety
• Self-stimulation
• Showing sex parts to others
• Looking at other's sex parts
• Sexual intrusiveness
  • Aggression Coercion

Types of Sexual Behavior

- Developmentally expected
- Sexually inappropriate
  - Towards Others (show and look)
  - Self-Focused (harmful, public)
- Sexually intrusive behaviors
  - Impulsive touch
- Prolonged sexual contact
- Sexually aggressive/coercive

Hall, Mathews, & Pearce (2002); Bonner, Walker, & Berliner (1999); Johnson (1991)*

Typology Research

- PSB Only Group
  - Last decade of research suggests that many children with PSB have no known history of CSA
  - Contributing factors may include lack of social skills, poor supervision/monitoring, exposure to sexually explicit media, and/or highly sexualized environment.

Bonner, Walker, & Berliner, 1999; Friedrich et al., 2003; Pithers et al., 1998; Silovsky & Niec, 2002

<table>
<thead>
<tr>
<th>Presenting PSB Symptoms</th>
<th>Presenting Other Problems</th>
<th>Origins and Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher frequency of &quot;typical&quot;; not aggressive</td>
<td>Minimal; maybe some social problems</td>
<td>Exposure to sexual media and biological risks; may start as &quot;sex play&quot;</td>
</tr>
</tbody>
</table>

Typology Research

- Trauma-Related Group
  - Children who have been sexually abused do engage in a higher frequency of sexual behaviors
  - Child sexual abuse (CSA) histories have been found in high percentages of PSB-S

Friedrich, 1988, 1993; Friedrich, Trace & Gully, 2001; Hall, Mathews, & Pearce, 2002; Johnson, 1988, 1989; Pithers, Gray, Racicot, & Hinchkera, 1994

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<td>PSB may mimic the abusive experience</td>
<td>Post-traumatic symptoms; Separation Anxiety Disorder</td>
<td>Sexual trauma</td>
</tr>
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</table>
Typology Research

- Disruptive Behavior Problems Group
  - Contributing factors may include physical abuse, harsh parenting practices, neglect, and/or exposure to family violence
  - For some children, PSB may be one part of an overall pattern of disruptive behavior problems

  Friedrich, Davies, Pelher, & Wright, 2003; Pithers et al., 1998

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<tr>
<td>Variety; can be intrusive; aggressive; coercive</td>
<td>ADHD; Conduct Disorder; ODD; learning problems</td>
<td>Physical abuse, domestic violence; neglect; coercive parenting</td>
</tr>
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Typology Research

- Complex or Poly-Trauma Group
  - Origins and maintenance of childhood PSB include familial, social, economic, and developmental factors
  - Children with more intense PSB tend to have more co-morbid mental, social, and family problems

  Bonner et al., 2005; Friedrich, 1991, 2003; Hall et al., 1996

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<tr>
<td>Variety; can be intrusive; aggressive; coercive</td>
<td>Mix of externalizing and internalizing symptoms, learning problems, social problems, relationship issues</td>
<td>Complex abuse and neglect, caregivers with complex maltreatment history, risk factors that interfere with parental supervision and guidance</td>
</tr>
</tbody>
</table>

Impact of Correlates and Typology on Clinical Decisions?

- PSB ≠ SA history
  - However, PSB warrants some level of assessment for sexual abuse
  - Sexualized environment addressed
  - Coercive environment addressed
  - Co-morbid conditions can impact treatment planning
  - All PSB are not the same
How can we help?

#1 Do no harm.

- harmful treatments
- harmful policies
- harmful messages

Are policies and practices designed to reduce or increase crime?

- "Crime is more likely to occur when bonds with mainstream society are weakened— that is, when individuals lose or fail to develop social anchors such as:
  - School involvement
  - Stable residence
  - Engagement in prosocial institution
  - Prosocial friendship networks
  - Committed relationships"

- Are current practices "...doing more harm than good when it comes to community protection."
  
  Chaffin (2008)

Barriers and Problems in Communities

- Identifying and responding to youth, victims, families
  - Myths prevalent among professionals and community members
  - Fragmented response
  - Unsure who is responsible for what
- Implementation of Evidence-based Practices
  - Lack of ERP
  - Fragmented care and treatment
  - Poor engagement of caregivers
  - Sustainability issues
- Community safety and support
  - Fragmented
Appropriate & Helpful System Messages for Families

- Convey that the situation is serious
- Without doom and gloom
- Give action steps for
  - Safety
  - Additional supports
  - Communication during process
  - Hope

What does treatment works?

Meta-Analysis Examining Practice Elements/Components

- Combine the results of the previous studies
- Distillation and Matching Model
  - Chorpita, Daleiden, & Weisz, 2005
  - Distil treatments into practice elements/components
- What are practice components?
  - “Discrete clinical technique(s) or strategy(ies)…used as part of a larger intervention plan”
Meta-Analysis of Treatments of PSB

- Primary or Secondary target of treatment (PSB or SA)
- 11 treatment studies evaluated in 18 treatments
- Examined pre- and post-treatment data
- Examined relations among:
  - Child characteristics,
  - Treatment characteristics, including practice elements
  - Short-term outcomes (post treatment)
    - Sexual behavior (CSBI)
    - General behavior problems (CBCL)

Treatment Characteristics

- Modality (individual, family, and/or group),
- Type of treatment (e.g., CBT, Play Therapy)
- Direct coaching of parents with child
- Directiveness
- Use of limit setting with child
- Use of modeling and practice
- Practice elements

Coded Practice Elements: Child and Parent/Caregiver

- PSB focused child
  - Rules (PSB, abuse prevention), boundaries, risk factors, acknowledge, understand impact/amends
  - PSB from adult theory/practice
    - Cycles of abuse/PSB, sexual urges, reconditioning
  - General therapy
    - Introduction, emotional regulation, relaxation, cognitive coping, social skills, self-control, loos
  - Sex abuse/trauma
    - Sex education, trauma narrative, education on sex abuse
  - Family
    - Behavior Parent Training, attachment

St. Amand, Bard, & Silovsky, 2008
Effective Practice Elements

- Parent practice elements
  - Behavior Parent Training (BPT)
  - Rules about sexual behavior, boundaries
  - Sexual education
  - Abuse prevention skills
- Child practice elements
  - Self-control skills
- Additional factors
  - Family involvement
  - Preschool-aged children

Results of Meta Analysis

- BPT and preschool-age group provided best model fit; more strongly predicted outcome than broad treatment type classifications (e.g., Play therapy or CBT)
- BPT co-occurred with
  - Rules about sexual behavior
  - Sex education
  - Abuse prevention skills
- PSB specific CBT treatments and TF-CBT treatments found to be effective

Results of Meta-Analysis

- Overall, degree of change estimated at 0.46 and 0.49 standard deviation decline in PSB and general behavior problems, respectively
- Parenting/Behavior Parent Training predicted reductions in PSB and on CBCL
- Practice elements evolved from ASO treatments were not significant predictors
Get out of the child’s head

Behavioral Parent Training (BPT): Evidence-Based BPT Programs
- Primarily work with caregiver and have the caregiver practice skills with the child during and/or between sessions
- Addresses:
  - Positive relationship building skills
  - Contingency reinforcement programs
  - Natural and logical consequences
  - Time-out procedures
  - School-home programs
- Parent-Child Interaction Therapy, Incredible Years, Parent Management Training, Multidimensional Treatment Foster Care

Clinical and Research Avenues
- Question current practices of treating children as the primary problem in inpatient or residential care facilities without significant caregiver involvement
- Question current typical clinical approach of treatment programs for PSB (found in Safer Society 2002 Survey) that includes practice elements originally designed for adolescent or adult sexual offenders
PSB-CBT
Treatment Program

Child PSB Group: Treatment Format

- Highly structured and interactive
- Directly addresses sexual behavior
- Rule-based learning experiences
- Directive therapists
- Psycho-educational, cognitive-behavioral Format
- Practice time with parents/caregivers

Caregivers' Group Format

- Psycho-educational
- Directive
- Mutual support
  - Considerations need to be made for
    - Parents who are divorced
    - Foster Parents and Biological Parents
- Group important
  - Learn from each other
  - Social support
Child PSB Group: Presentation-Similarities

- Respect
  - Respect for self
  - Respect for parents and caregivers
  - Respect for adults
  - Respect for other children
- Honor our children
  - They are our future

CLINICAL DECISION MAKING WHEN CHILDREN PRESENT WITH MULTIPLE NEEDS

CHILDREN WITH PROBLEMATIC SEXUAL BEHAVIOR

And Trauma
• Problematic Sexual Behavior-Cognitive Behavior Treatment

- Trauma Focused – Cognitive Behavior Treatment

Comparison of TF-CBT & PSB-CBT

<table>
<thead>
<tr>
<th>Treatment Component</th>
<th>PSB-CBT Unique</th>
<th>PSB-CBT &amp; TF-CBT Common</th>
<th>TF-CBT Unique</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductions to treatment</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Rules about sexual behavior</td>
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<tr>
<td>Emotional regulation skills</td>
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<tr>
<td>Boundaries</td>
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<td>Cognitive coping skills</td>
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<td>Relaxation</td>
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<tr>
<td>Self-control skills</td>
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<tr>
<td>Sex education</td>
<td></td>
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<tr>
<td>Social skills</td>
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Acknowledging PSB

- Understanding impact of PSB and making amends
- Identifying risky situations and safety factors for PSB
- Abuse prevention skills
- Education about the impact of sexual abuse and trauma
- Trauma narrative

Behavior Parent Training

- Parent-child relationship and attachment
- Self-concept/self-esteem

Parent Training Emphasized more
Clinical Decision Making

- PSB symptoms
  - How responsive to parental interventions
  - Aggressive, coercive, force
  - Impact on others
  - Boundary issues
  - Interfering with functioning
- Other factors: Family preferences and priorities

- Posttraumatic stress symptoms
  - Re-experiencing symptoms
  - Interfering with functioning
  - Trauma history/background


Decision Making

- Behavior Problems
  - Primarily sexual behavior problems
  - Primarily other behavior problems

- Trauma Symptoms
  - Re-experiencing symptoms
  - Separation issues
  - Reaction to reminders

Will Children with PSB Grow Up to Be Adult Sexual Offenders?
10 Year Follow-up Data: Carpentier, Silovsky, & Chaffin (2006)

- Long-term follow up
  - ATSA funded student research
  - 10 year follow up on children with PSB
    - Control Group: Children with Disruptive Behavior Disorders seen at same time at same location
    - Administrative records from Child Welfare, Juvenile Court, and Oklahoma State Bureau of Investigations
- Subjects
  - 59 CBT Group Therapy
  - 64 Dynamic Play Therapy Group
  - 156 Comparison – Disruptive Behavior Disorders
- Similar age and race
- Comparison group more likely to be male
National Efforts

- Office of Juvenile Justice and Delinquency Prevention (OJJDP)
  - Systems change
  - Evidence base treatment

- National Child Traumatic Stress Network (NCTSN)
  - Training in PSB-CBT

OJJDP Program for Youth with PSB: 10-14 year olds

- Targeting youth around peak age of sexual offenses
- Targeting interfamilial and/or co-residential child victims
- Select youth before extensive legal involvement
Early adolescence is a high-risk, and to some extent transitory, developmental period for committing illegal sexual behaviors.

- Address the needs of all the family members
  - Siblings and other child victims
  - Engage the parent/primary caregiver
- Support evidence-based treatment and community supervision
- Active multidisciplinary team involvement

OJJDP Program for Youth with SBP: 10-14 year olds

- Evidence based practices
  - Best Evidence: Treatment for trauma victims
    - Trauma Focused-Cognitive Behavior Therapy (TF-CBT)
    - Treatment for Youth with Problematic Sexual Behaviors
- Safety planning
  - Visitation planning
  - Sibling sessions
  - Reunification if separation occurred
- Active engagement of caregivers and other adults identified as needed, such as relatives and school personnel
“Children are like sponges,” writes Johnson (2009). They absorb the behavior, values, attitudes, and feelings of those around them. The youth who have learned these behaviors, attitudes, and feelings can learn new, more beneficial behaviors. It’s crucial to remember, Johnson points out, that these worrisome sexual behaviors are just developing. No deeply rooted patterns have been set. And children change rapidly as they grow up. They are malleable and can absorb healthy attitudes, behaviors, and feelings about sex and sexuality…

Providing a sexually healthy and safe environment is essential for the future development.

With treatment and community-based supervision and monitoring, recidivism can be reduced, victims can heal, and parents/caregivers can be empowered to help continue this shift toward health and wholeness, working on the front lines with their children and families."

Toni Cavanaugh Johnson
National Center on the Sexual Behavior of Youth

- Established in 2001 by OJJDP
- Develop and disseminate information and curricula on adolescent sex offenders and children with sexual behavior problems for multiple disciplines and the public
- Publications page – Fact Sheets on:
  - Child Sexual Development and PSB
  - Myths and Facts
  www.NCSBY.org

The National Child Traumatic Stress Network

- Mission: to raise the standard of care and improve access to services for children, their families, and communities throughout the United States.
- Funded by SAMHSA
- Publications and other information for parents and caregivers as well as professionals on trauma
- Fact sheets on children with PSB collaboratively developed with NCSBY
  www.nctsn.org
California Clearinghouse of Evidence-Based Treatment for Child Welfare

www.cebc4cw.org/

- Provides child welfare professionals with easy access to vital information about selected child welfare related programs.

Indian Country Child Trauma Center (ICCTC)

The mission of the ICCTC is to improve treatment and services for Native children and adolescents in Indian Country who have experienced traumatic events. Originally, a member of the National Child Traumatic Stress Network funded by SAMHSA

- Honoring Children, Respectful Ways
- A treatment program for American Indian/Alaska Native children with PTSD
- Adapted with Lorena Burrus, Ph.D.
- NCSB’s fact sheets modified for parents

www.icctc.org

Feelings Faces Boy Doll

Order from doll maker:
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Lisahopalong@comcast.net
Feelings
Faces
Boy Doll

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Association for the Treatment of Sexual Abusers

- ATSA was founded to foster research, facilitate information exchange, further professional education and provide for the advancement of professional standards and practices in the field of sex offender evaluation and treatment.
- Taskforce Report on Children with Sexual Behavior Problems – Downloadable at:

Stop It Now! ®

- Prevents the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed.

  http://www.stopitnow.org/pubs.html
Safer Society Booklets

Taking Action

http://www.saferociety.org/allbks/wp136-wp137.php

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