

## **Determining Treatment Options for Children with Sexual Behavior Problems**

By Diana Garza Louis

Although sexual abuse is considered an epidemic, the incidence of abuse and family violence has actually decreased in the past two decades. This may be due to increased interventions including better education about abuse, laws that protect children and other victims, improved and clearer definitions of abuse and stronger punishment and consequences for perpetrators.

Treatment for adolescents and children with sexual behavior problems (CSBP) has evolved over time. Initially, it followed treatment modalities similar to treatment of adult sex offenders: treatment that was confrontational and focused on relapse prevention. As we've developed and improved programs, we have integrated strategies that are more appropriate for juveniles and younger children. Better and better programs have developed for younger children, 12 and younger, to address the different needs and situations that these children have that are different from adult offenders (ATSA, 2006); primarily the need for more family involvement and psycho-educational components have improved success for children with sexual behavior problems.

When a child is referred for treatment due to sexual behavior problems, we need to determine the level of inappropriate sexual behavior. Due to extreme reactions in schools and other settings and the paranoia about sexual abuse, sometimes a child's "normal" sexual behavior can be viewed as inappropriate and deviant. At times this reaction may be appropriate and required for adequate interventions to correct the child's inappropriate behavior. However, we need to have a good assessment to determine the needs the individual child has to address their behavior.

There are numerous resources available to determine the level of inappropriate sexual behavior, such as "Understanding Children's Sexual Behaviors - What's Natural and Healthy" (Cavanagh-Johnson, 2010), the Child Sexual Behavior Inventory: (Friederich, 1997) and the "Child Sexual Behavior Checklist" (Achenbach, 1991). These materials can assist in making a determination as to the severity of the sexual abuse and the type of therapy that is most appropriate for the presenting problem. Numerous approaches can be used for these children. Cognitive Behavior Therapy is considered the most effective treatment modality for CSBP (ATSA, 2006). It addresses changes in thinking that result in changes in behavior, Individual therapy can address other issues that may be present, or a specialized group therapy program for children with sexual behavior problems may be necessary if the presenting problem is severe.

If the sexual behavior is a result of normative play or sexual curiosity, then psycho-education and redirecting the curiosity may be adequate in dealing with this type of referral. If the sexual behavior problem appears to be more serious, has continued in spite of parental redirection, and other risk factors are present, then cognitive behavioral interventions may be appropriate to help correct thinking and impulsivity to more healthy and appropriate behaviors. Resources such as "Roadmaps" (Kahn, 2007), or "When Children Abuse: Group Treatment Strategies for Children with Impulse Control Problems (McFarlane and Cunningham, 1996) are very helpful. These workbooks provide worksheets that address the identification of feelings as well as sensations and sexual thoughts that are antecedents to sexual behavior. When the sexual behavior is more

severe, and the behavior has been identified as abusive, assaultive or criminal, and the behavior is more deviant and persistent, then a treatment program that is more structured with strict rules regarding contact with younger children, addressing impulse control and sexual thoughts and feelings, and more intense supervision by adults may be necessary. The group treatment involves identifying their sexual misconduct and other behaviors that contribute to that misconduct, written and verbal presentations in group regarding sexual thoughts, identification of appropriate and inappropriate sexual behavior, writing a sexual history, and apologizing to the victim as well as other exercises. Workbooks available include “Pathways” (Khan, 2001) “Beacon” (Carrasco, 2010), or “Interventions for Children With Sexual Behavior Problems Research, Theory, and Treatment” (Grant, and Lundeberg, 2009).

The goals in these treatment groups are to improve self-esteem, develop values and positive concepts that are more pro-social and helping the child feel more in control of himself or herself and their environment. Taking responsibility for their behavior and maintaining safety is paramount.

A very important part of treatment for children with sexual behavior problems is parental involvement in the child’s therapy. It is important that parents receive support and education regarding CSBP and the needs their children have. Helping and educating parents in increasing supervision, learning about normal sexual development for children and establishing rules, boundaries, and teaching pro-social family values can make a huge difference in the success these children have in treatment.

Intervention for children with sexual behavior problems can be very successful when they receive the appropriate help. Recidivism rates are only 2 – 3 % (ATSA, 2006) when this problem is addressed and appropriate interventions take place.

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### **About the Author**

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