Who are Youth with Problematic Sexual Behaviors?

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- Children's Assessment Center
 - August, 2017
 - TF-CBT certified
 - Affiliate Sex Offender Treatment Provider
 - PSB Program Coordinator
- West Oaks Hospital
 - About 3 years
 - Therapist for children and adolescent units
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DISCLAIMER

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- The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice.

PRIORITIES Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office of Justice Programs, U.S. Department of Justice

- Treating Children as Children
- •Serve Children at Home, with their Families, In their Communities
- Open up Opportunities for Young People Involved in the Justice System





Children have the right to give their opinions freely on issues that affect them. Adults should listen and

take children seriously.



Every child who cannot be looked after by their own family has the right to be looked after properly by people who respect the child's religion, culture, language and other aspects of their life.



Every child who has been placed somewhere away from home - for their care, protection or health – should have their situation checked regularly to see if everything is going well and if this

is still the best place for the child to be.



Children should not be separated from their parents unless they are not being properly looked after – for example, if a parent hurts or does not take care of a child. Children whose parents don't live

together should stay in contact with both parents unless this might harm the child.



Children can join or set up groups or organisations, and they can meet with

others, as long as this does not harm other people.



Every child has the right to privacy.
The law must protect children's privacy, family, home, communications

and reputation (or good name) from any attack.









Close Your Eyes

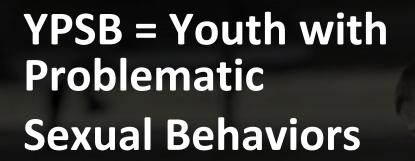
What are you feeling?



Please list two or three words describing how you are feeling.

Nobody has responded yet.

Hang tight! Responses are coming in.



Youth with PSB, sexually acting out (SAO), etc.

Child with PSB = between the ages of 3 and 12 years old

Adolescent with PSB = between the ages of 13 and 17 years old

Children First Language

The Right Words

Child with PSB

Offender

Cilia With 13D Cilchati

Has problems (struggling) Is sick

Defined as a youth Defined by behavior

Exhibits problem Is a predator

behaviors

Fill in the blank the most appropriate answer: Youth who have committed sexually abusive offenses _____ grow up to be adult sexual perpetrators.

A: almost always (i.e., >75%)

0%

B: Sometimes (i.e., about 50%)

0%

C: rarely (i.e., < 25%)

0%

20-25% of CAC cases every year involve a child hurting another child. With treatment at CACs, 98% never repeat it. 79% 14% Ages 18+ Ages 13-17



YPSB vs APs

Lower recidivism rates
Fewer abusive behaviors over shorter periods of time

Less aggressive sexual behavior Treatment shows high success rates

Brain development isn't complete yet

Sexual interests, arousal more fluid More impulsive

Less antisocial personality traits

Greater family and peer influences

Fill in the blank the most appropriate answer: Youth who are sexually abused as children _____ become youth with problematic sexualized behaviors.

(A) A: Often (i.e., >75%)

0%

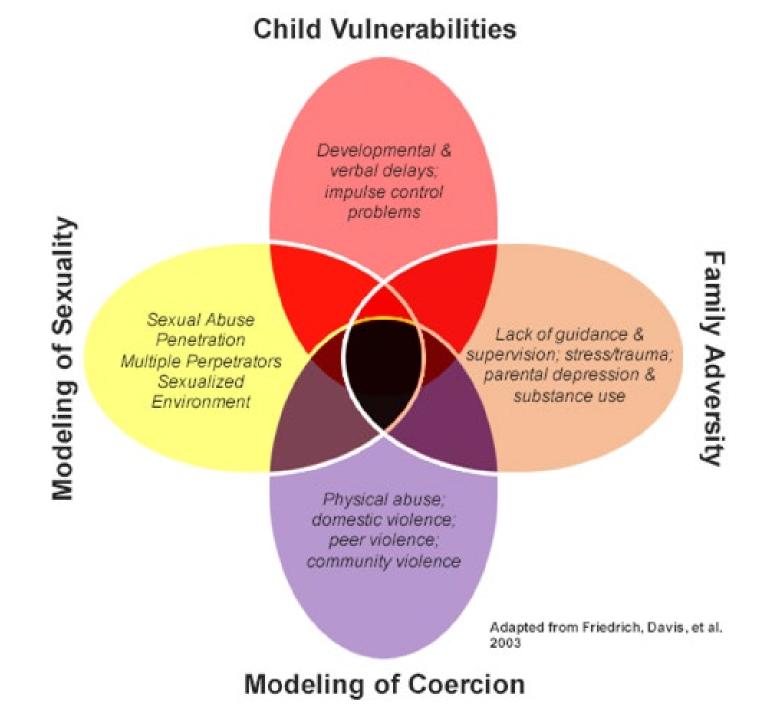
(B) B: Sometimes (i.e., about 50%)

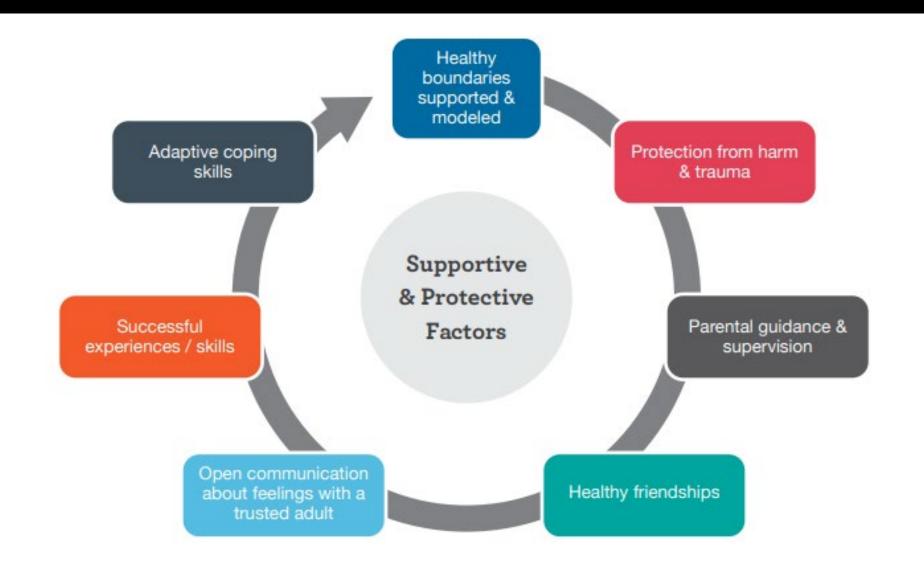
0%

(C) C: rarely (i.e., < 25%)

0%

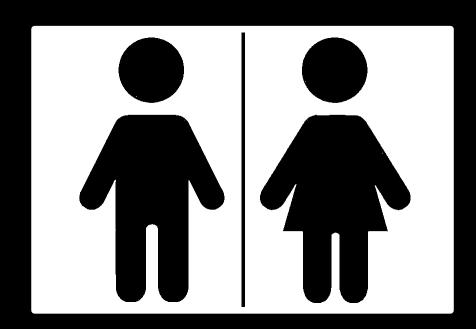
Factors Contributing to PSB





Demographics

- Range from all types of race, ethnicity, religion, socioeconomic statue, gender, and ages.
- Child: Girls are more common to have PSB
- Adolescent: Boys are more common to have PSB
- YPSB are more common to have:
 - problems following rules
 - defiance
 - Trauma history and symptoms
 - Social concerns
 - Struggles with learning



Fill in the blank the most appropriate answer: Youth with problematic sexualized behaviors ____ need to be removed from their homes and have long term residential treatment.

A: Usually (i.e., >75%)

0%

B: Sometimes (i.e., about 50%)

0%

C: rarely (i.e., < 25%)

0%

Treatment Needs:

- 1) least restrictive treatment possible
- 2) Family involvement
- 3) Safety planning
- 4) Sexual Behavior Rules
- 5) Impulsivity treatment
- 6) Media education (Porn)
- 7) Trauma treatment
- 8) Self-esteem work



Guidelines for Determining if Sexual Behaviors are a Problem

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





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

Normative Sexual Behaviors





- Curiosity
- Exploratory versus planned
- All youths agree (no coercion or force)
- Youths are around the same age
- Periodic
- Responsive to parental intervention and rules

Building Appropriate Sexual Education B.A.S.E.

A majority of all our YPSB clients are referred solely through our District Attorney's Office



The CAC and HCDAO offers a diversion program for youth who have engaged in Problematic Sexual Behaviors that could result in criminal charges.





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Program Director



Anita Jaffer, Psy.D.

Director of Therapy & Psychological Services



Referrals

Harris Country District Attorney Juvenile Sexual Assault Intake Panel

- meets every Friday morning via Zoom
- Law enforcement is to contact: Administrative Assistant Tory VanValkenburn to schedule a time to present (<u>vanvalkenburg_tory@dao.hctx.net</u>)
- Panel will make one of the following decisions regarding each case:
 - Decline Charges
 - File Charges
 - Request additional information from officer
 - Refer to the BASE Program for treatment

BASE Referral Criteria

Problematic Harmful **Normative** (adverse effects) (biologically, Concerning assess for frequency, socially, duration, intensity, impact and for culturally) developmental appropriateness (OU-YPSB, 2023)

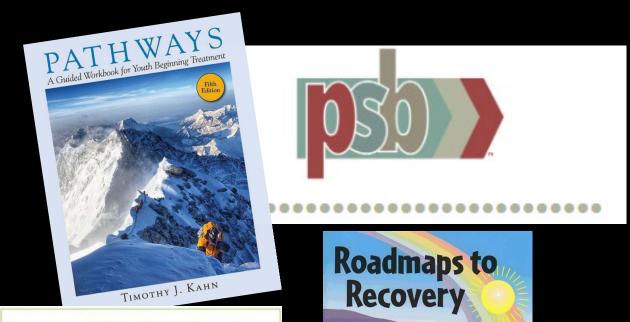
B.A.S.E. Treatment Goals

- Enhance Empathy for Victim
- Recognize Offense Cycle
- Develop Coping Strategies
- Create a safety plan to decrease likelihood of re-offending
- Receive evidence based therapy for youth's victimization history (if applicable)

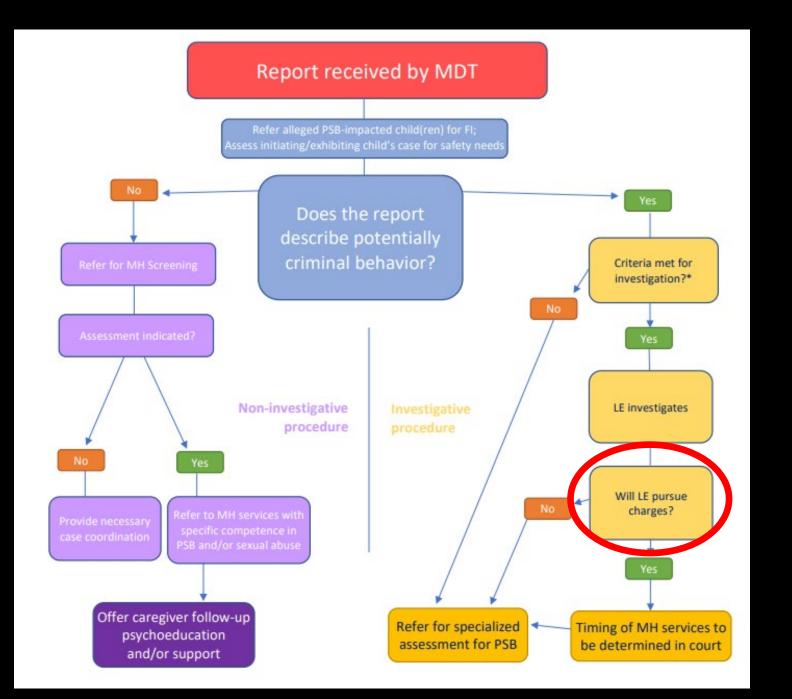


B.A.S.E. Services

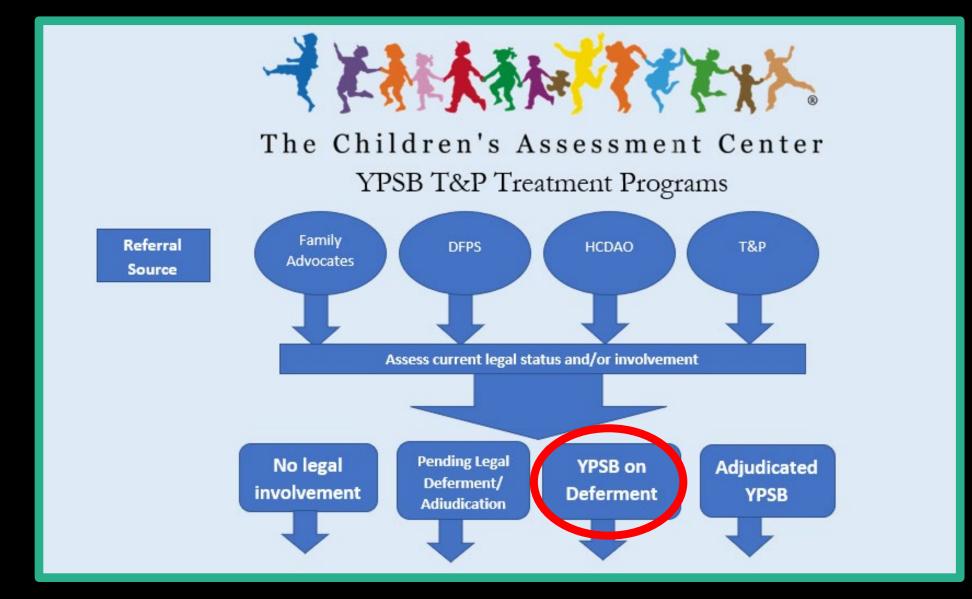
- Group Therapy
- Individual Therapy
- Family Therapy
- Psychological Evaluations
- Psychiatric Services







Our Possible Future...



Contact Information

Please contact Sherry Elder, LPC-S, NCC, ASOTP or Dr. Anita Jaffer at anytime if you have more questions about our BASE program and/or YPSB services at The CAC



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