

The SMART Model

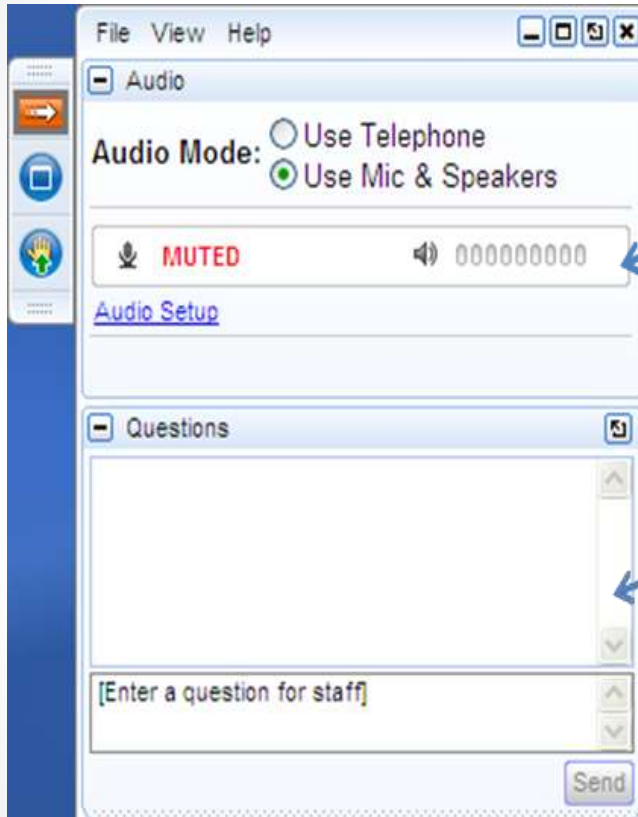
A Promising Practice Aimed at Addressing Sexual Abuse and Problematic Sexual Behavior in Young Children

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Child Sexual Abuse

Incidence Rates

www.darkness2light.org

- About 1 in 10 **children** will be sexually abused before they turn 18
- About 1 in 7 **girls** and 1 in 25 **boys** will be sexually abused before they turn 18
- It is estimated that 7-12% of children are sexually abused

Age Distribution of CSA

US Bureau of Justice, "Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident and Offender Characteristics", July 2010

Victims' Age	All Sexual Assault	Forcible Rape	Forcible Sodomy	Sexual Assault w/ Object	Forcible Fondling
0-5	14.0%	4.3%	24.0%	26.5%	20.2%
6-11	20.1%	8.0%	30.8%	23.2%	29.3%
12-17	32.8%	33.5%	24.0%	25.5%	34.3%

Prevalence Rates of Children Who Have Been Sexually Abused

- The real prevalence of child sexual abuse is not known because so many victims do not disclose or report their abuse.
- Studies suggest an **overall** prevalence rate of 7.5% to 11.7%

The prevalence rate for **girls** is at 10.7% to 17.4%,

The prevalence rate for **boys** is at 3.8% to 4.6%

Risk and Protective Factors

Individual

Risk Factors

- Female
- Early puberty
- Difficult temperament
- Low self-esteem
- Insecure attachment
- Poor social skills
- Poor concentration
- Anxiety and depressive symptoms

Protective Factors

- Positive attachments
- Good coping skills
- Good self-esteem
- Academic success
- Easy temperament
- Good social skills
- Emotional self-regulation

Family

Risk Factors

- Parental depression
- Parent-child conflict
- Poor parenting
- Negative family environment
- Maternal hx of sexual abuse
- Substance abuse
- Lack of organization of daily life
- Poverty

Protective Factors

- Clear structure, limits, and rules
- Supportive relationships
- Strong attachments
- Clear expectations of behavior
- Parental support at disclosure

Community

Risk Factors

- Peer rejection
- Traumatic exposures and experiences
- Stressful community events/traumas
- School violence
- Connections to deviant peers
- Academic difficulties

Protective Factors

- Presence of mentors and support for the development of good social skills
- Positive norms
- Clear expectations for behavior
- Physical and psychological safety

Sexuality

Sexuality

- Most behaviors related to sexuality in young children are natural and expectable
- Your own childhood sexual experiences may have been quite different
- Don't confuse your own adult sexual feelings, fantasies, and behaviors with those of children

Sexuality

- As we have learned more about sexual abuse of children, sexual behavior between children sometimes causes too much concern
- The relationships we have as we grow up are fundamental to our healthy development
- 40-85% of all children will engage in some sexual behaviors before age 13

Did You Know?

- Sexualized behavior is more frequent in sexually abused children than in other clinical populations.
- Reports range from in 7 – 41% of all sexually abused children display sexually inappropriate behaviors.

Sexual Development in Children: What is Expected?



What is Healthy Sexuality?

Children's natural and healthy sexual exploration is an information gathering process. Children use their bodies as a map. There is a natural curiosity to explore and children will often compare their bodies to others which can be in the form of looking or touching.

Natural and Healthy

- Healthy sexual curiosity and exploration is between children of a similar age, size, and developmental status
- Is voluntary
- Is balanced by curiosity about other aspects of life

Natural and Healthy (continued)

- Sexual exploration may cause some embarrassment, but does not cause the child to feel angry, ashamed, fearful, or anxious
- Healthy exploration is spontaneous
- Intermittent

Sexuality Take Away Message

- Most behaviors related to sexuality in young children are natural and expectable
- Your own childhood sexual experiences may have been quite different
- Don't confuse your own adult sexual feelings, fantasies, and behaviors with those of children

Preschoolers

- Touches/rubs genitals when diapers are changed, when going to sleep when tense, anxious or afraid
- Touching or rubbing genitals produces pleasurable sensations and children touch themselves randomly
- Curiosity about other children's genitals
- Likes to be nude and may want to observe others nude

Preschoolers (continued)

- Out of curiosity touches the private parts of familiar adults and children
- Plays house, acts out roles of Mom or Dad and likes playing “doctor” games
- Uses “dirty” words for bathroom functions or for sexual behavior
- In their own play, children often repeat what they have seen

Elementary School Age

- Children may have more contact with peers and may touch each other through activities such as licking and wrestling.
- Children may like to touch themselves in a less random way and more frequently; they have learned not to touch their genitals in public.
- “Dirty jokes” are common among children, but they may not be fully understood.

Elementary School Age (continued)

- Children begin to talk about sexual touching and sexual behaviors with their friends.
- Children begin to experience feelings of sexual arousal when masturbating and may want to produce those feelings again.
- Children ask questions such as, “Where did I come from?”

Middle School Age

- Masturbation continues
- Begin seeking new information about sex
- Puberty-boys develop pubic hair and the ability to masturbate to ejaculation; girls may develop pubic hair, breasts, and begin their menses
- Boys and girls develop locker-room behavior
- Many pre-adolescents “fall in love” and engage in sexual activity with peers

High School Age

- Increased interest in potential partners
- Firmer sense of sexual identity/orientation
- Possible concerns about attractiveness
- Interest in erotica
- Feelings of love and passion and romance
- Solitary masturbation
- Sexually explicit conversations with peers
- Sexual activity including intercourse

Problematic Sexual Behavior

Common Labels

- Sexually Reactive
- Sexually Aggressive
- Young Perpetrators
- Abuse Reactive
- Children Who Molest

What We Know

- Sexually reactive children act out in sexual ways because they themselves have been sexually abused in the past.
- Sexually reactive children relate to others in sexual ways because these are behaviors with which they are familiar.
- This is **LEARNED** behavior

Problematic Sexual Behaviors (PSB) in Children

- Has a knowledge of sex that is beyond their age level.
- Appears to have little or no age-appropriate fear of strangers.
- Has no sense of boundaries, modesty, or privacy where their personal physical space is concerned.
- Often acts in a flirtatious or promiscuous ways that are not age-appropriate.

Problematic Sexual Behaviors in Children (continued)

- Lack of normal play relationships.
- Behavior exists between children of varying ages and developmental levels.
- Preoccupation with sexual themes.
- Behavior that continues despite knowledge that it is inappropriate and problematic.
- Behavior that makes adults and children feel uncomfortable in child's presence.

Problematic Sexual Behaviors in Children (continued)

- Behavior that increases and/or becomes more intense.
- Behavior that leads to feelings of shame, guilt and anxiety.
- Sexualizing none sexual things.
- Behavior that causes emotional or physical pain to self or others.
- May justify behavior with distorted logic.
- Behaviors may include bribery manipulation or threats.

Self Perception and PSB

- Young children develop their self-concept based on the explicit and implicit messages they receive from caregivers and others in their environment.

Motivators for Sexualized Children **with** a History of Sexual Abuse

- Mastery
- Control
- Corrective Experience
- Safety
- Attachment

Motivators (continued)

- Rage, Shame, Guilt
- Indiscriminate quality
- Impulsivity
- Response to Triggers

Incidence and Prevalence

- For some children, PSB may be one part of an overall pattern of disruptive behavior problems
- Children with more intense PSB tend to have more co-morbid mental health, social, and family problems

Why do kids develop sexual behavior problems?

- Children who have been sexually abused do engage in a higher frequency of sexual behaviors than children who have not been sexually abused (Friedrich, 1993; Friedrich, Trane & Gully, 2005), and sexual abuse histories have been found in high percentages of children with SBP (Johnson, 1988,1989; Friedrich, 1988)
- The last decade of research suggests that many children with broadly defined sexual behavior problems have no known history of sexual abuse (Bonner, Walker, & Berliner, 1999; ; Silovsky & Niec, 2002).

Why do kids develop sexual behavior problems?

- Contributing factors appear to include sexual abuse but also physical abuse, neglect, substandard parenting practices, exposure to sexually explicit media, living in a highly sexualized environment, and exposure to family violence
- For some children, SBP may be one part of an overall pattern of disruptive behavior problems, rather than an isolated or specialized behavioral disturbance.

(Friedrich, Davies, Feher, & Wright, 2003).

What are the factors that drive sexually inappropriate behavior?

- Curiosity & Experimentation- may have seen things and want to try them too.
- Impulsivity
- Mental health issues
- Developmental delays
- Poor boundaries
- Not reading social cues appropriately, responds inappropriately to flirtation and sex talk.

Treatment

Core Concepts

- Engagement
- Stabilization and Safety
- Body awareness/Boundaries
- Coping skills (self-regulation, feeling identification, awareness of and managing triggers, cognitive restructuring)

Core Concepts (continued)

- Trauma narration, resolution and integration
- Positive attachments and community support

SMART Treatment Model

SMART is a structured, phased- based approach to treatment for sexually abused children who are exhibiting problematic sexual behaviors (PSB). It integrates trauma sensitive interventions with cognitive behavioral strategies.

Key Advantages/Features

- Child centered and Family focused
- Structured but *flexible*
- Components based
- Trauma Focused
- **Integrated Parallel Trauma Narrative**
- **Family Narrative**
- Integration of Cultural Values

Phase I Safety and Stabilization

- Trauma Assessment
- Family & Community Engagement
- Risk Reduction Plan

Phase II Triggers & Integration

- Affect Regulation
- Impulse Control
- Trauma Triggers
- Trauma Narrative
- Cognitive Processing
- Sharing the Narrative
- Apology Letter

Phase III Re-socialization

- Formation of Positive Relationships
- Improved Self-esteem and self confidence
- Relapse Prevention

Important Take Away Messages

Safety

Sometimes this is all that a
compromised family can do!



Common Language

- Creates a non-threatening vocabulary for the work
- Incorporates the cultural values of the family
- Decreases anxiety and discomfort with the content
- Helps to externalize the experiences

Family Treatment

- Critical to the success of the treatment
- Yields more positive outcomes
- Creates the context for change

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Q & A