



This Mining Report summarizes the current findings and articles of relevant interest to Play Therapists as they work with children who exhibit clinical concerning sexual behavioral symptoms. It discusses research related to etiology and treatment needs for those who work with child clients manifesting sexually aggressive behaviors. *Dale-Elizabeth Pehrsson, EdD, LCPC, RPT-S, Clinical Editor*

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Sexual Behavior Problems

By Paris Goodyear-Brown, LCSW, RPT-S

Children under age 12 who exhibit sexual behavior problems (SBP) constitute a unique population with treatment implications significantly different from adult sexual offenders. Moreover, there is no clearly defined etiology for SBP. A higher frequency of sexual abuse histories is found in children with SBP than in the general population (Johnson, 1998; 1989) and sexually abused children engage more often in increased sexual behaviors (Friedrich, 1993). However, such a history is not relevant with many other children (Silvosky & Niec, 2002), suggesting that several etiological routes exist for the development of SBP.

According to the report of the Association for the Treatment of Sexual Abuser's Task Force on Children with Sexual Behavior Problems, the first step in effective treatment is accurate ecologically-driven assessment. Current empirically validated measures specific to SBP include: The Child Sexual Behavior Inventory-III (Freidrich, 1997), The Child Sexual Behavior Checklist-2nd Revision (Johnson & Friend, 1995), and the Weekly Behavior Report (WBR-Cohen & Mannarino, 1996a). There is a small but fairly rigorous body of research on treatment protocols that demonstrate a reduction in SBP in children, both with and without clear sexual abuse history (Pithers et al., 1998; Cohen & Mannarino, 1997; Stauffer & Deblinger, 1996). While most of these studies involved variations of a CBT protocol, the use of expressive therapy was integrated into at least one protocol.

The components involved in SBP focused treatment include developmentally appropriate sex education, learning and practicing appropriate physical boundaries and clear, simple rules for what constitutes appropriate and inappropriate sexual behavior. Moreover, self-control strategies such as "stop and think" practice and coping enhancement such as relaxation training are critical pieces. Social skills training and basic sexual abuse prevention information should also be included. Parents should be involved in treatment and play a unique role in monitoring and supervision, establishing and implementing safety plans, providing consistent and appropriate consequences for inappropriate behavior, providing positive peer relationships, providing a warm, nurturing environment and supporting other therapeutic learning that occurs in the course of treatment for SBP.

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- The Report of the Task Force on Children with Sexual Behavior Problems can be downloaded in its entirety from the website for The Association for the Treatment of Sexual Abusers: www.atsa.com.

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