







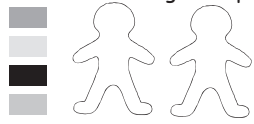





FORM 4.1 Assessment of Sexual Behavior Problems in Children (ASBPC): An Overview

PARENT INVOLVEMENT		
	<p>INTAKE — PARENT REPORT MEASURES</p> <ul style="list-style-type: none"> a. Child Sexual Behavior Inventory (CSBI) b. Child Behavior Checklist (CBCL) c. Trauma Symptom Checklist for Children (TSCC/TSCYC) 	<p>SAFETY PLANNING WITH PARENT PRIOR TO SESSION ONE</p> <ul style="list-style-type: none"> a. Review and sign "Guidelines for Parents of Children with Sexual Behavior Problems" b. Review current family, community, or school safety plan
FOUR TO SIX SESSIONS WITH CHILD		
<p>SESSION 1 TASK: SETTING THE CONTEXT</p> <div style="text-align: center;">  </div> <p style="text-align: center;">Drawing Task A. Free Drawing</p> <p style="text-align: center;">Nondirective Playtime</p> <div style="text-align: center;">  </div>	<p>SESSION 2 TASK: SAND THERAPY</p> <div style="text-align: center; border: 1px solid gray; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Build A World In The Sand</p> </div> <p style="text-align: center;">Drawing Task B. Kinetic Family Drawing</p> <p style="text-align: center;">Nondirective Playtime</p> <div style="text-align: center;">  </div>	<p>SESSION 3 TASK: PLAY GENOGRAM</p> <div style="text-align: center;">  </div> <p style="text-align: center;">Drawing Task C. Self-Portrait</p> <p style="text-align: center;">Nondirective Playtime</p> <div style="text-align: center;">  </div>
<p>SESSION 4 TASK: RECONSTRUCTIVE TASK (addressing referring problem specifically)</p> <div style="text-align: center;">  </div> <p style="text-align: center;">Nondirective Playtime</p> <div style="text-align: center;">  </div>	<p>SESSION 5 TASK: COLOR YOUR FEELINGS (e.g., "talking about the touching idea/problem," "when I have the touching idea/problem.")</p> <div style="text-align: center;">  </div> <p style="text-align: center;">Nondirective Playtime</p> <div style="text-align: center;">  </div>	<p>SESSION 6 TASK: CLOSURE / SAYING GOODBYE (conveying recommendations to caregiver)</p> <div style="text-align: center;">  </div> <p style="text-align: center;">Nondirective Playtime</p> <div style="text-align: center;">  </div>

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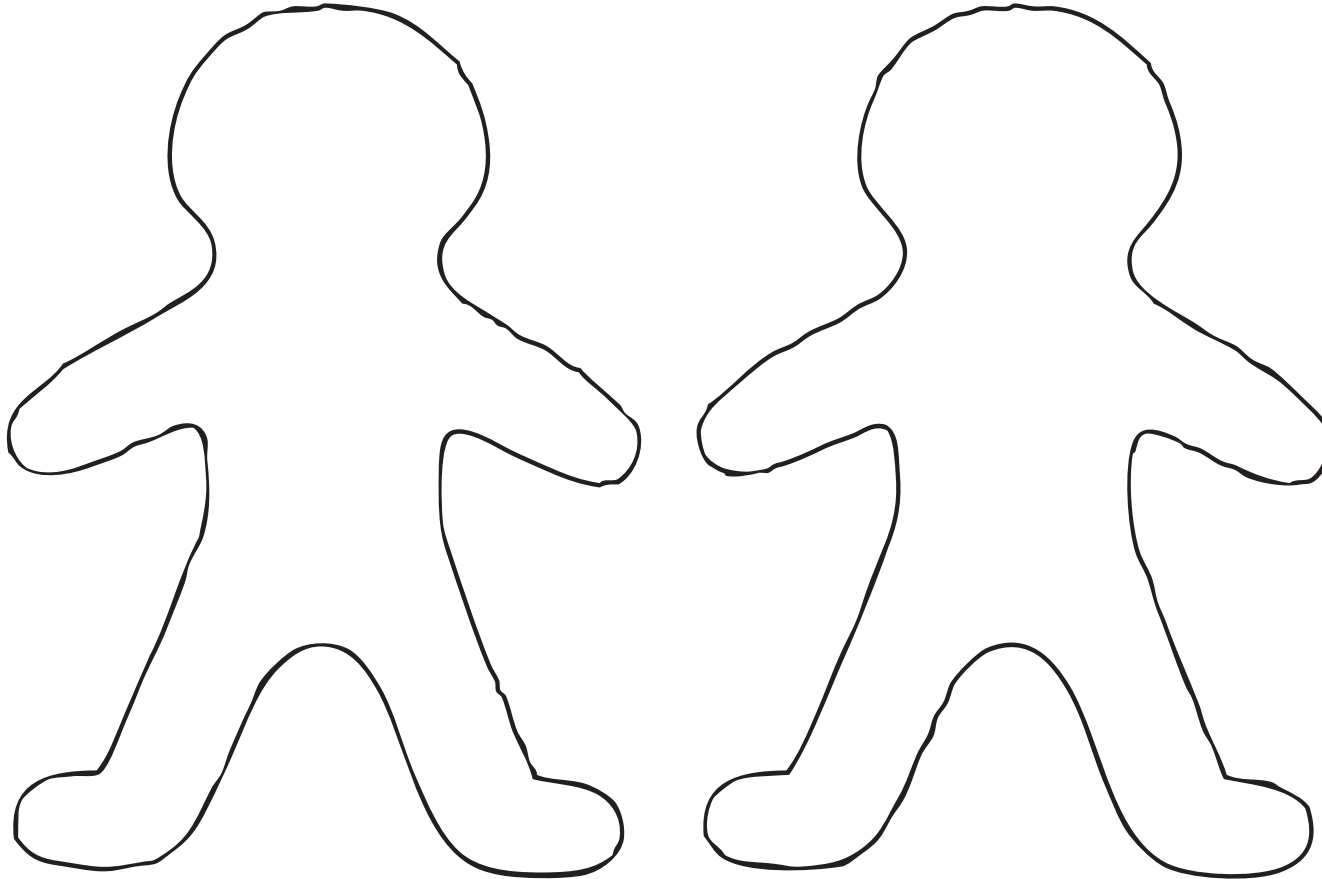
FORM 4.2 Color Your Feelings

My list of feelings most of the time . . . and their color.

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Form 4.2. (page 2 of 2)

This is where my feelings are in my body when . . .



FORM 5.1

Guidelines for Responding to Sexual Behavior Problems in Children

WHAT ARE SEXUAL BEHAVIOR PROBLEMS?

Sexual behavior problems vary among children. Some children may touch themselves or rub their genitals in front of others and in public places; others may show their private parts to others. Some children develop problems with language (such as talking frequently about explicit sexual acts). Some children paint inappropriate drawings of naked people, representing sexual activity in great detail. Other children convince others to take off their clothes, invite them to hide under covers, and explore their bodies. Children can even behave aggressively or in a manipulative way with other children, or give them gifts or money to let them see or touch their genitals. Some children learn to dance in a sensual or provocative way to call others' attention to them or show interest in special kinds of dances or sexy clothes. Any or all of those behaviors can occur one or more times. If these become persistent or appear to replace other, more common interests, they may be more serious sexual behavior problems.

WHAT ARE GOOD WAYS TO RESPOND TO SEXUAL BEHAVIOR PROBLEMS?

Sexual behavior problems need prompt and consistent responses by all parents and other caregivers! They also require caregivers to provide constant

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Form 5.1. (page 2 of 7)

supervision, correction, and redirection. Responses to children's sexual behavior problems are best when they are calm and firm, sending the message that these behaviors are not appropriate and will not be ignored. The following guidelines may be helpful for parents/caregivers of children with sexual behavior problems. All caregivers are encouraged to be patient, persistent, and consistent.

Consistent and Constant Supervision

Children must be supervised at all times. Until sexual preoccupations and behavior problems decrease, children's peer play must be supervised *by adults* at all times. In addition, it is prudent to avoid sleepovers at friends' houses, and supervision must be 24/7 until children's internal controls are once again working. It's important that children know that this extra supervision is intended to help them stay safe and to help them learn to stop their behavior problems.

Friends

When children have sexual behavior problems, it is important to monitor which peers they are spending time with, because some friends might get them excited, agitated, and less likely to exhibit self-control. It is best to limit children's contact with friends with whom sexual behavior problems have already occurred.

Bathroom Use

Children need to go to the bathroom by themselves both in school and at home. It is important for them to know that personal hygiene and bathroom use are private activities and must occur in private. Any opportunity to reinforce the "privacy message" is helpful (such as when parents and children use public restrooms).

Nudity

If and when children appear nude, they must be taken to their rooms and helped to clothe themselves. Adults need to monitor children as they are coming in and out of showers or baths; sometimes children use these opportunities to "flash" others. Although this kind of family exposure can be normative, it's

important to respond firmly while children are learning to use good boundaries and maintain physical privacy.

Television

Watching television is a common activity for children. However, it's important for parents and other caregivers to monitor what their children are watching. There are far too many sexually explicit or provocative shows on television. Music videos, prime-time television, soap operas, and other TV shows may contain sexually suggestive material. Since sexually aggressive children are already feeling overstimulated, this is a good time to limit their TV watching or to supervise what they watch. *Special caution:* Some parents forget that watching scary or violent movies can also get kids overly stimulated and/or agitated. It's best if children don't watch horror or violence on TV either. Needless to say, going to the movies and finding movies without sex or violence can be challenging!

Computers, Periodicals, and Other Media

If children are old enough to use computers, adults need to make sure that they are not getting into websites that have pictures of sex and violence. Parents/caregivers should try to supervise children's computer use and should be aware of the particular dangers inherent in chat rooms and social networking sites. Comic books and magazines should be examined as well. Sometimes it's surprising what children can get their hands on. Again, some of these are normative childhood activities, and children's reading and use of the Internet should be supported as long as they are not accessing inappropriate or overstimulating sexual and violent material.

Correction of Sexual Behavior Problems

It is important to address children's sexual behavior problems *each and every time* adults see them occur. When children touch themselves in public, touch or rub up against other children, use inappropriate language, make rude gestures or "sexy" movements, reenact sexual behaviors with dolls, or do anything else that seems related to sexual behavior problems, parents/caregivers should do the following:

Form 5.1. (page 4 of 7)

- Stop them.
- Ask to speak to them in private (if they're old enough). If they are younger, correct their behavior the way you would any other behavior problem: Stop it, set limits, and give them something else to do.
- Repeat the same message: "Touching private parts is not OK. It's not OK for anyone to touch your private parts, and it's not OK for you to touch anyone else's. What you did just now [describe the behavior—for example, "asking Jimmy to suck your pee-pee"] is not okay. These behaviors have to stop." The younger the child, the fewer words you use.
- Set the consequence (something you've already spoken about).
- Keep this simple. Speak in a calm voice. You might want to take a little time so you can calm down. (If you do take time, have the child wait in a safe place.)

Redirection

After parents/caregivers correct the sexual behavior problems and set consequences, they should be sure to talk to children about what the children *can* do. They might want to make a list of behaviors that children can engage in with friends or siblings, under supervision. They might also want to practice or role-play appropriate greetings or other expressions of affection or playfulness.

Family Talks

It's important to recognize that most children who have sexual behavior problems are trying to show thoughts or feelings that might be worrisome or confusing to them. Some children who develop sexual behavior problems have been physically or sexually abused themselves; in these cases, they have difficulty with unwanted thoughts and feelings regarding their abuse. Sometimes their sexual behavior problems seem to "pop up" out of nowhere. At other times, certain situations or people may remind these children of their abuse, and this remembering can cause problematic thoughts, feelings, or sensations. In order to be helpful to such children, as well as to children with sexual behavior problems who have no abuse history, parents and other caregivers are encouraged to be consistent and clear in setting firm and immediate limits and consequences. Parents/caregivers also need to redirect their

Form 5.1. (page 5 of 7)

children to other fun activities, and they need to teach them how to express difficult feelings.

Children can also benefit from hearing positive messages from parents and other caregivers about sexuality. Adults might want to develop some statements that are comfortable for them to say with conviction—for example, “Sex is something that grownups do to show their love for each other.” If children who have been abused are older and seem to be having confusion about their sexuality, adults can help them differentiate between sexual abuse and making love.

In addition, there are some basic messages that most families provide to young children:

- “Your body belongs to you. Your body has lots of parts, including your private parts.” (It can be fun to have kids list their body parts and then define which ones are *private*. For example, “Private parts are the ones we cover up with our bathing suits when we go swimming.”)
- “Private parts are called private because you keep them private. You don’t show them to other people, and you don’t touch other peoples’ privates.”
- “It’s not OK for anyone to touch children’s private parts unless parents are trying to keep their children clean when they are babies, or when nurses or doctors are trying to keep children healthy. Doctors and nurses might need to look at private parts or put medicine on them.”
- Parents/other caregivers may feel more or less comfortable talking about children touching their own privates. Most caregivers feel comfortable saying that it’s OK for children to touch their privates as long as they do it in private. Caregivers must develop the messages and values they want to transmit to their children.

Finally, and *most importantly*:

- Sometimes when children are touched on their private parts, they are told to keep it secret. Keeping such secrets can make children feel worried, guilty, ashamed, confused, angry, or sad. Children should be reminded that if someone tells them to keep a secret from their parents or caregivers, that’s a good sign that the secret must be told.
-

WHAT ARE OTHER WAYS PARENTS/CAREGIVERS CAN HELP THEIR CHILDREN?

Children need to be told what they do well, and they need small rewards for accomplishing goals. Sometimes parents/caregivers get distracted by supervising children and making sure they don't do something wrong or inappropriate. It's important to *catch them being good or doing well*.

Building self-esteem is a slow process. It's almost like using building blocks to make a tall structure: The stronger (wider, sturdier) the foundation, the easier the structure will stay up. Parents and other caregivers can make a big contribution to children's self-esteem by finding positive things to say to the children each day.

Trust also builds slowly. Children will trust adults as soon as they can. This cannot be rushed. The best advice for parents and other caregivers is to take every opportunity to show that they are trustworthy (that is, that they will follow through on their promises to children).

Children should be encouraged to play well with others. When children play, they hardly notice that they are being supervised.

Role modeling is very important as well. The old adage "Do as I do, not as I say," is mostly true. Most children learn from the adults around them. Parents/caregivers need to take opportunities to teach children some important lessons through their own behavior, such as how to express emotions safely and calmly, how to be respectful of others, and how to ask others for things. Adults also have many opportunities to model behaviors relating to privacy, boundaries, physical affection, and so forth.

If children are in therapy for their behavioral problems, parents/caregivers must be sure to stay in close contact with the children's therapists, jot down any questions, and make sure that they feel comfortable asking the therapists whatever they need to ask.

CHILDREN'S SUPERVISION IN SCHOOL

Finally, parents/caregivers of children with sexual behavior problems have to decide how to inform the school about their children's problems. This could be of benefit to avoid problems if such a child is without supervision in the company of other children. Many schools have rules that children should go in pairs to the bathroom. This practice could pose a risk if a child has sexual

Form 5.1. (page 7 of 7)

behavior problems. The parents/caregivers need to decide how much information they are going to share. Sometimes they can only say that a child is having problems with limits in personal space and needs supervision when he or she is with others.

Thank you so much for reading this, and please feel free to ask questions if something is not clear or if something needs to be added. Your thoughts and questions are always welcome.

I, _____, have read and discussed this information, and I have had the opportunity to ask questions, determine the plan of action, and obtain orientation. I agree to work on the sexual behavior problems with my child.

Name

Date

Name

Date

FORM 5.2

Affective Scaling Worksheet

Choose one or more feelings, and then circle the size of each feeling.

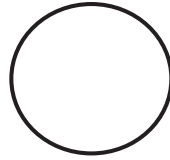
	1	2	3	4	5
HAPPY					
ANGRY					
CALM					
WORRIED					
SAD					

name		pre-	
date		post-	

FORM 5.3 Body Thermometer



1. This is how I am feeling right now.



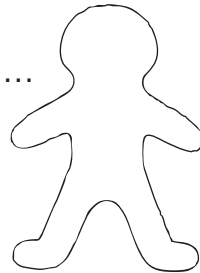
2. The name for my feeling is ...



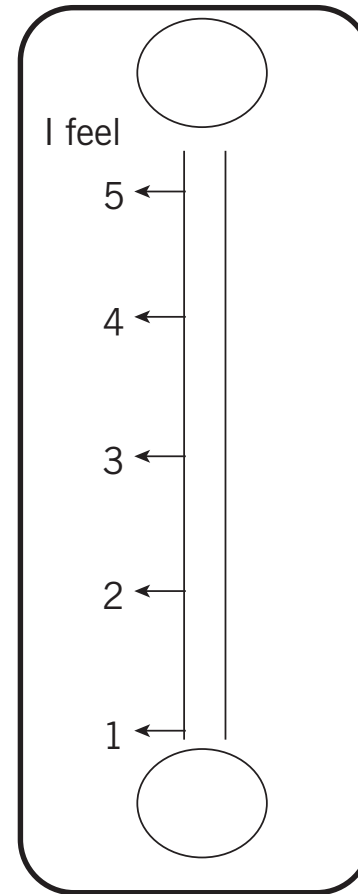
3. The color of this feeling is ...











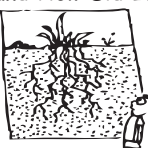
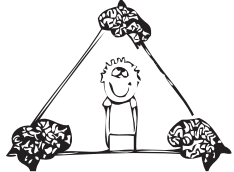






4. This is where the feeling is in my body ...



5. See my body thermometer to know how big my feeling is right now.



FORM 6.1 Boundary Project Treatment: 12-Session Treatment Objectives for Children and Caregivers

<p>My parent and I meet separately, yet we do four things the same each session...</p>			
<p>Point to how I feel...</p>  <p>(or choose my very own feeling!)</p>	<p>then... choose a size for my feeling.</p>  <p>(to show how BIG or small it feels)</p>	<p>Relax my body and focus my mind</p> 	<p>Show my parent what I learned...</p>  <p>(and see what my parent learned!)</p>
<p>My parent and I will learn and practice new skills together</p>			
<p>1. Introductions and Safety</p>  <p>Safety review, session structure, and getting to know each other</p>	<p>2. What Is a Boundary?</p>  <p>Defining physical and emotional boundaries and how they make us feel</p>	<p>3. Coping with Tension</p>  <p>Rating our feelings... and safe expression of BIG feelings</p>	<p>4. Three Kinds of Touches</p>  <p>Learn and discuss loving, "ouch," and "uh-oh" touches</p>
<p>5. Why Did the Problem Start and How Did It Grow?</p>  <p>Looking at the Roots of the Problem</p>	<p>6. Learning the CBT Triangle</p>  <p>Thoughts - Feelings - Actions</p>	<p>7. Impulse Control</p>  <p>My Brain and the Touching Problem</p>	<p>8. Taking a Look Inside</p>  <p>Externalizing and shrinking the problem as a family</p>
<p>9. Personal Mastery</p>  <p>Self-esteem building: Identifying my superhero powers!</p>	<p>10. Identifying My Resources</p>  <p>Supports and asking for help</p>	<p>11. Lesson Review</p>  <p>Review and family safety planning</p>	<p>12. Safety Review</p>  <p>Goodbye celebration and graduation</p>

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FORM 10.1

Sexual Contact between Siblings: Normal Sex Play or Problem Behaviors?

The research is clear: Children have a broad range of sexual behaviors, and this range increases gradually as they grow. The research also clearly indicates that a certain amount of normative sexual curiosity or experimentation can occur, especially in families with more than one child (siblings). Because of these findings, we are now in a better position to determine what is or is not normative sexual behavior in children.

All situations involving sexual contact between siblings are unique and must be assessed individually. Rather than using a purely subjective approach, it is important for assessment approaches to be comprehensive and to consider the following important questions:

1. **What is the age difference between the children involved in sexual contact?** Usually, normative sex play can occur between children within a 2-year age range. This means that sex play between children who are no more than 2 years apart is more typical. Large age differences (more than 3 or 4 years) suggest that children are not within the same developmental stages and will usually not have the same level of information or interest in sexual issues.
2. **What is the developmental difference between the children involved?** Children can be similar in chronological age and yet have a significant gap in developmental maturity. Thus assessments

Form 10.1. (page 2 of 3)

should always consider developmental differences between children (such as the presence of developmental or social delays in one child).

3. **What is the size or status difference between the children involved?** In addition to chronological age and developmental issues, the issues of size and status must be considered. Even when two children are exactly the same age, one child can tower over the other, creating a perception that the larger child has greater power and control. Since sexual abuse usually includes an element of power and control, this issue is relevant. Similarly, a child who is given increased status (for example, a child who is told to take care of another in a parent's absence) also benefits from a perception of unequal power.
 4. **Is the type of sexual activity expectable for the children's developmental stage?** Another assessment question involves the type of sexual activity that children initiate. Research states that sexual curiosity, interest, experimentation, and activity gradually increase with age and life experience. For example, it is not expectable that a 4-year-old would know about oral or anal sex, or would initiate this behavior with others. When these behaviors occur out of developmental context, it may suggest that a child has been exposed to explicit sexual information, through either direct experience or viewing of overstimulating materials (such as pornography). Thus it is always important to gauge the sexual activity against the backdrop of what is normative for children of different ages and developmental stages.
 5. **Are there elements of coercion, threat, or bribery?** Most common to normative sexual experimentation is the presence of laughter, disinhibition, play, and a sense of doing something a little underhanded. However, in cases of sexual abuse, one child may appear tense, angry, forceful, or manipulative. Sometimes a child obtains compliance from another child by using subtle coercion, withdrawal of friendship, threats to tell others, threats of other negative outcomes, and/or financial or emotional rewards. Sometimes children can be quite forceful or convincing in obtaining other children's compliance, and this may be indicative of non-normative interests that are experienced as compelling.
-

6. **What are the children's motivations?** As mentioned above, sometimes situations that appear "mutual" may not be. Usually one child initiates behaviors, and this child may have any of a broad range of motivations. For some children, the initiation of sex may be completely based on curiosity and may be fulfilled quickly. For other children, the initiation of sexual activity may emerge from a rich fantasy life and extreme curiosity about sexual matters. Two children can engage in similar acts that can have unique effects on each. It is important, therefore, to gain a clear understanding of the underlying motivations of sexual activities initiated by one child with another.
7. **Is one child isolating another child from others?** When one child initiates sexual activity by isolating another child from others, this could indicate more serious underlying concerns. It is important to be aware of the idiosyncratic nature of motivation and participation in sexual activities in the context of the child's developing sexual maturity, emotional makeup, and other social interactions. For example, sometimes children are angry, have poor emotional regulation, and are generally lacking in social friendships. If these factors are coupled with a focused interest in isolating others for sexual activity, this combination can be a red flag that abusive patterns may be in place.

As mentioned earlier, two children engaged in sexual activity can have completely different experiences of the shared event. It is critical to gauge these unique responses. Some children who are approached for sexual contact may comply out of curiosity, fear, or a need to be seen as "fun" or "cool," or they may simply feel that they have limited options to say no. Whether or not children are outwardly compliant, it is important to look deeper into whether their compliance was experienced as painful, compromising, embarrassing, or otherwise difficult. There are instances when a child appears to be participating, and may even subsequently appear to initiate sexual contact, when in fact the child is asking for attention, for affection, or for the emotional rewards that the activity provides.
