NICE National Institute for Health and Care Excellence

Expert testimony to inform NICE guideline development

Section A: Developer to complete	
Name:	Jane Silovsky
Role:	Professor
Institution/Organisation (where applicable): **Contact information:**	Centre on Child Abuse and Neglect Department of Paediatrics, OUHSC
Guideline title:	Harmful Sexual Behaviour
Guideline Committee:	Public Health Advisory Committee F
Subject of expert testimony:	Harmful Sexual Behaviour – evidence of effective interventions for children 10 and under
Evidence gaps or uncertainties:	[Research questions or evidence uncertainties that the testimony should address are summarised below]

1. Evidence of effective identification and assessment tools for children 10 and under.
2. Evidence of effective interventions for children 10 and under.
3. Potential harms associated with early identification of harmful sexual behaviour such as labelling/stigmatisation. Impact of legislation on this age group and potential association with sex offender status. The effectiveness of interventions developed to address problematic sexual behaviour compared to generic focussed interventions for children displaying harmful sexual behaviour.
4. Cross cutting themes that may be relevant to this area and of interest to the committee:
    - Minority populations
    - Young women/gender issues
    - Learning difficulties
    - Autism
    - Parents and carers

Section B: Expert to complete

Summary testimony:	[Please use the space below to summarise your testimony in 250–1000 words. Continue over page if necessary]

Abstract:

Problematic sexual behaviors are child initiated behaviors typically involving sexual body parts that are developmentally inappropriate and potentially harmful to self or others. Sexual behaviors fall on a continuum of typical, concerning, problematic, and harmful sexual behaviors. Interpersonal and even aggressive sexual behavior have been found in children 10 and under, even as young as 3 years of age. Harmful sexual behavior do not represent a medical/psychological syndrome or even a specific diagnosis, but rather a set of behaviors considered unacceptable by society and that cause impairment in functioning. Although these behaviors may mimic adult sexual behaviors, clinicians are strongly cautioned against conceptualizing children's behavior within frameworks for adult or adolescent sexual offending behaviors, or even adult intimacy. Origins and maintenance of problematic sexual behaviors, and responsiveness to interventions of children with harmful sexual behavior are quite distinct from adults with illegal sexual behavior. Origins of harmful sexual behaviors are complex, with multiple potential pathways. Contributing factors include child maltreatment, coercive or neglectful parenting practices, exposure to sexually explicit media, living in a highly sexualized environment, exposure to family violence, as well as individual factors. Treatment outcome research demonstrates that caregiver direct involvement in treatment is key to reducing problematic sexual behaviors of children. A meta-analysis of treatment outcome studies found effective components were caregiver treatment addressing managing child behavior, sexual behavior rules, sex education, and abuse prevention (St. Amand, Bard, & Silovsky, 2008). A ten-year follow-up to a randomized clinical trial of a cognitive-behavioral group treatment program with these treatment components for children with problematic sexual behavior and their parents was conducted. Results indicated recidivism rates comparable to children with no history of problematic sexual behavior (2-3%), and significantly lower than the randomized comparison play therapy group (11%; Carpentier, Silovsky, & Chaffin, 2006). Community based treatment directly addressing problematic sexual behavior with the children and caregivers can effectively address treatment needs. Results of the research question the prominent use of inpatient treatment, treatment without caregiver involvement, and treatments designed for adult sexual offenders.

References to other work or publications to support your testimony' (if applicable):

Expert testimony papers are posted on the NICE website with other sources of evidence when the draft guideline is published. Any content that is academic in confidence should be highlighted and will be removed before publication if the status remains at this point in time.