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Sexual Behaviour Problems and Mental Health of Children and Adolescents in Youth Welfare Services

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What I want to talk about …

- What is problematic sexual behaviour in young people
- Description of a study which deals with residential and partially residential educational support services
  - EVAS-Studie, in collaboration with the Institut für Kinder- und Jugendhilfe, Mainz, Dipl.-Psych. Jens Arnold (Schuhrke & Arnold, 2009)
- Results from this study
- Some conclusions particularly for the education of staff working in these kinds of services, e.g. social workers

Minors with Sexual Behaviour Problems

- Problematic sexual behaviour in young people can be defined from a psychopathological and a judicial perspective.
- In the late 1980s sexual problems are seen as a possible sequelae and indicator of child sexual abuse.
- In the 1990s and the 21st century the focus shifted increasingly to minors abusing other children.
- And evidence grew that children/youth with sexual problems may pose a particular problem to welfare services.

Problematic Sexual Behaviour

- There was some effort to classify sexual behaviour problems theoretically and empirically (e.g. Hall et al., 2002; Pithers et al., 1998).
- **Autoerotic** behaviour, e.g. masturbation in public, is usually estimated as least problematic.
- **Interpersonal** sexual behaviour, particularly if it goes along with **force**, is seen as the most problematic type.
- Most authors do not discuss normal sexual behaviour in any detail.

Research Questions

1. Investigate the degree to which the system of child/youth welfare in Germany is confronted with clients demonstrating different kinds of sexual behaviour problems.
2. Assess the level of psychopathology in children with sexual behaviour problems.

EVAS (Evaluation Study of Educational Support)

- We tried to answer research questions by a **secondary analysis** of data from a **questionnaire-based evaluation system** for youth care providers.
- Questionnaires are filled in at the point of admission and discharge and every six months inbetween for each child.
- They are completed by trained staff.
- We analyzed about 5,000 cases from 125 service providers from 10 different states of Germany gained 2004 to 2006.
- Included are all cases who received care/education in
  - day groups/also special needs education (according to §32 KJHG, partially residential)
  - institutions/group homes (according to §34 KJHG, residential)

Most important question in the admission questionnaire

- „Psychic/psychosocial problems that require intervention – symptoms“

- followed by a list of 24 problems + category „other“,
- derived from ICD 10
- rated for degree of severity (1-3)

The category on sexual symptoms was used for dividing the sample in two groups.

Sample

Group	over all	NoSBP	SBP		
Number and % of children and adolescents	5119 100	4110 86.6	685 13.4		
Gender (in %) male female	 64.7 35.3	 67.4 32.6	 55.4 44.6		
Age (in years) Mean SD	 12.81 4.03	 12.78 3.92	 13.16 3.81		

NoSBP No Sexual Behavior Problems (but other problems)
SBP Sexual Behaviour Problems

Epidemiology

- The percentage of children with sexual behaviour problems is comparable with data from the US

  (Baker et al. 2001).

- EVAS does not allow for more differentiation concerning sexual problems at the symptom or diagnosis level.

- Abuse is recognized as a reason for admission, but cannot be differenciated in physical or sexual abuse.
  - In the NoSBP-Group in 6.1% of cases abuse was recognized as one reason for admission, in the SBP-Group in 15.1%.
  - 29,3% of the abused children/adolescents, but only 13.1% of the non-abused show sexually problematic behaviour.

Characteristic Symptoms

**p≤ .001, *p≤ .05

Symptoms requiring intervention (in %) **(list of 24, derived from ICD 10)**	**NoSBP** n=4110	**SBP** n=685
antisocial behaviour (e.g. lying, truancy)	43.3**	61.3
lack of/undifferenciated attachment behaviour	29.4**	57.5
aggressive behaviour	46.5**	55.7
social insecurity	52.4	54.4
attention deficit/impulsivity/motorical restlessness	47.6**	53.4
academic weakness in school	44.8*	49.0
...		
selfinjuring/selfharming	9.9**	19.3

Symptoms

- 19 symptoms are tendentially or significantly more frequent in SBP-group.
- The largest differences exist for
  - antisocial behaviour
  - problems in attachment behaviour.
- There are significant differences between groups on aggregated measures of mental morbidity, e.g. the number of symptoms
  - $mean_{NoSBP}=5.26$ $mean_{SBP}=7.75$

Characteristic Diagnoses

**p≤ .001, *p≤ .05

Diagnoses requiring intervention (in %) **(list of 17, derived from ICD 10)**	**NoSBP** n=3102	**SBP** n=531
Conduct Disorders (F91)	24.4**	34.8
Hyperkinetic Disorders (F90)	27.3	26.9
Emotional Disorders (F93)	15.6**	21.7
Attachment Disorders (F94.1/F94.2)	7.4**	18.6
Other	12.6**	17.5
Intelligence Below Average (IQ < 85)	9.0**	15.1
Specific Developmental Disorders (F80-F83)	14.2	13.9
…		
Drug/Substance Abuse (F10-F19/F55)	5.7	4.9
…		
Phobic and Other Anxiety Disorders (F40/F41)	2.2	2.6

Diagnoses

- 11 symptoms are significantly more frequent in SBP-group.
- The largest differences exist for
  - conduct disorders
  - attachment disorders
- There are significant differences between groups on aggregated measures of mental morbidity, e.g. number of diagnoses
  - $mean_{NoSBP}=1.07$ $mean_{SBP}=1.69$

Resources

all differences sign. at p≤ .001 level

Resources (mean) **(7-point rating scales)**	**SBP**	**NoSBP**	**No Psycho-pathology**
physical health	4.24	4.41	4.85
special compet./achievements	3.71	3.94	4.67
interests/activities/hobbies	3.58	3.78	4.64
autonomy	3.53	3.78	4.72
social attractivity	3.51	3.80	4.83
social-commun. competencies	3.28	3.54	4.60
social integration	3.21	3.55	4.71
function in family/group	3.16	3.55	4.55
beliefs/coping strategies	2.91	3.18	4.46
self concept/-confidence	2.88	3.21	4.42

Youth Welfare „Career“

**p≤ .001, *p≤ .05

Measures of Educational Support (in %) (list of 15 measures, as defined by law)	NoSBP n=3389	SBP n=601
institutional care/group home (§ 34)	29.7**	38.6
psychiatry (inpatient)	27.3**	33.8
professional family support (§ 31)	24.6	23.0
day-group (also special needs education; §32)	17.6*	22.0
take in charge to protect child (§ 42)	14.5	16.1
full time care/foster family (§ 33)	11.2**	15.6
...		
professional educational support (§ 30)	11.5	9.8
...		

Youth Welfare „Career“

- 4 kinds of educational support are significantly more frequent in SBP-group
  - institutional care, psychiatry, foster family and day group

- There are significant difference between groups on an aggregated welfare „career“ index
  - $mean_{NoSBP}$=6.96 $mean_{SBP}$=8.09

- SBP group: coincidence of unstable personal relationships and attachment problems

Conclusion and Perspective

- Minors with sexual symptoms in residential or partially residential youth care are a particularly troubled group who also disposes of few personal resources.
- Because many social workers don’t feel prepared there is a necessity of advanced education
  - Lack of attachment and close relationships, meaning for staff
  - Behaviour model for other minors, victimization of other minors
  - Preparation of foster parents in terms of family relations, role of foster families for reduction of symptoms