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WHAT WE CAN DO

Understanding Children and Youth with Problematic Sexual Behaviors

The process of identifying and responding to problematic sexual behaviors (PSBs) among youth and children is often fragmented and inconsistent across the country. Children's Advocacy Centers (CACs) are leaders in supporting families impacted by child abuse through coordinated multidisciplinary response and care. This uniquely qualifies CACs to coordinate effective interventions for this population.

Who are children and youth with problematic sexual behaviors?

First and foremost they are children. Unfortunately, due to misinformation and fear, professionals and the public often view these children quite negatively and have little hope for change. The reality is that they are children, boys and girls, from all walks of life (race, ethnicity, religion, socioeconomic status, etc.). While most commonly adolescents, younger children may engage in these behaviors. During the preschool years, there are somewhat more girls than boys; whereas, most teenagers with PSBs are boys. Children with PSB may present with other concerns, such as problems following rules and defiant behaviors, trauma history and symptoms, social concerns, and struggles with learning.

What sexual behaviors are considered problematic in children youth?

While many parents may wish it isn't true, sexual development does begin in infancy. Some sexual behaviors and knowledge are typical for children as they grow up.

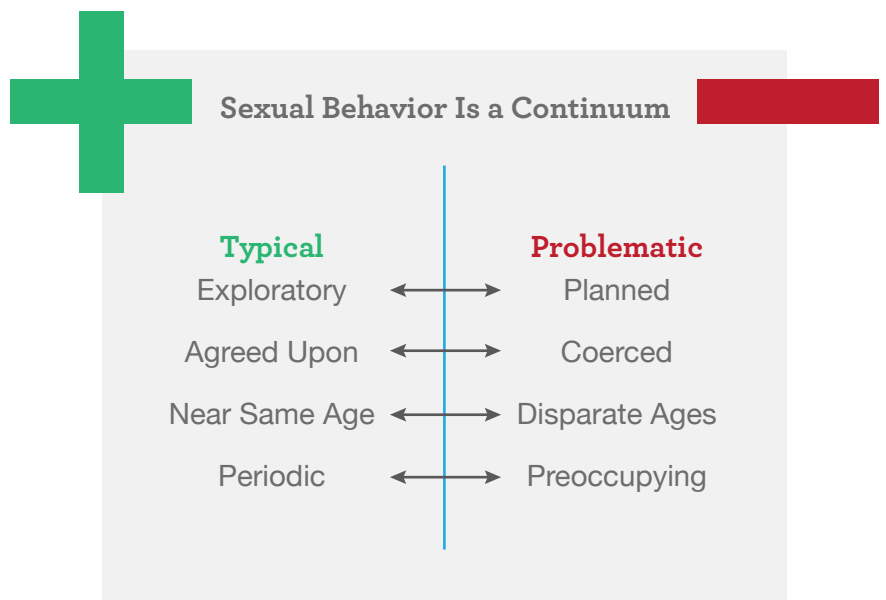
Preschool children are naturally curious and learn through exploring. They may look, show, and touch other children and even adult private parts out of curiosity. Preschool children are not naturally modest and will take off their clothes for comfort and attention. Curiosity and attention-seeking continues into the school-age years.

However, during school years, children tend to be more private, and behaviors may be hidden.

Situations that cause confusion about whether the behavior is typical or concerning are when children are together looking, showing, or touching private parts. Developmentally appropriate sexual play would be characterized by:

- Curiosity;
- Exploratory behavior;
- Children all agreed (no coercion or force);

- Among children of around the same age and ability;
- Periodic (not frequent), and;
- Responds to parental intervention and rules.



Technology complicates the assessment. It is typical for children to be curious. Today's children have omnipresent access to smartphones and pictures are taken of everything. However, when children take pictures of private parts to share with other children, there is cause for concern, including legally, and this behavior should be discouraged and monitored. However, most youth-produced images are not intended to be harmful. Unfortunately, because of a lack of policies regarding youth-produced images, jurisdictions may utilize child pornography laws in these cases. This is often ill-advised and may have devastating and unnecessary consequences, as the intent, use, and impact of youth-produced images is usually quite distinct from child pornography produced by adult exploiters.¹ In such cases, the careful use of prosecutorial discretion is important.

How prevalent are problematic sexual behaviors among children and youth?

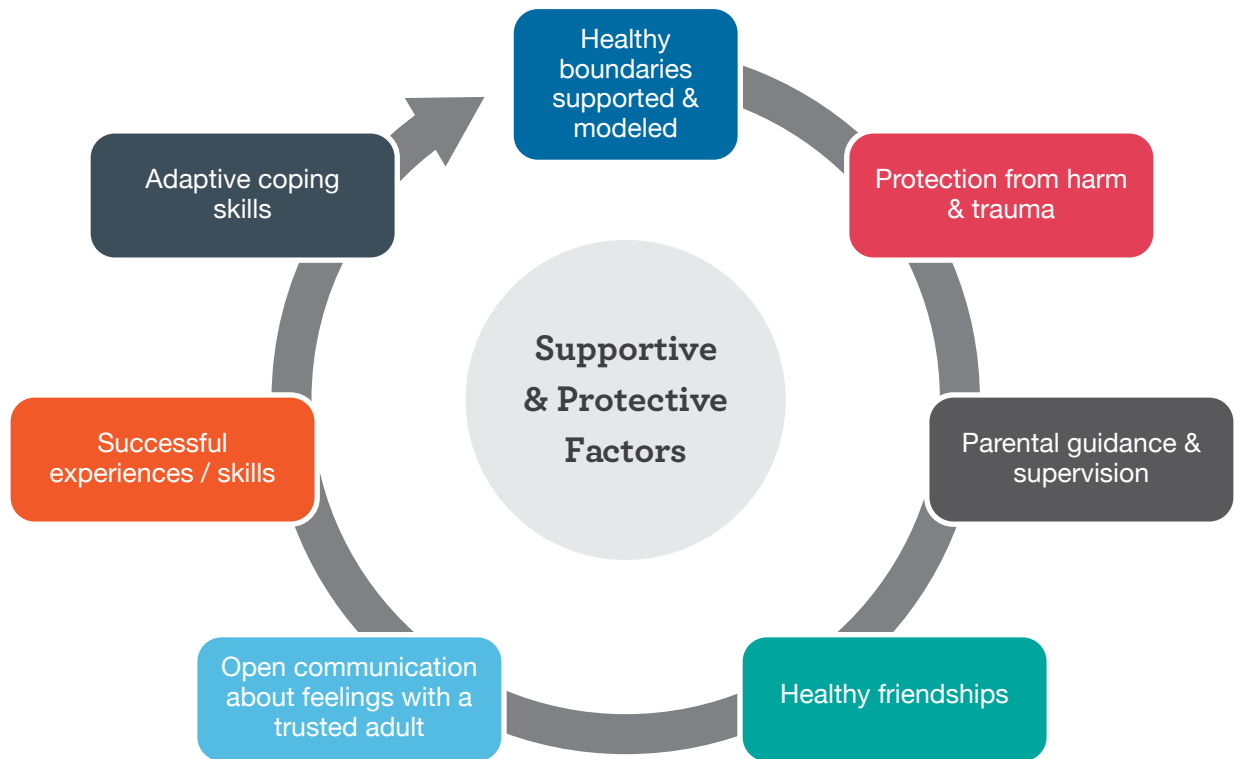
In 20-25% of cases handled by Children's Advocacy Centers, youth or children under age 18 have acted out against another child.² Research also shows that a similar proportion (23.2%) of sexual assaults are committed by juveniles.³ Therefore, a significant proportion of child sexual abuse cases encountered by CACs are likely to be committed by another child.

PARENTS SHOULD BE CONCERNED WHEN SEXUAL BEHAVIORS OR ACTS HAVE ONE OR MORE OF THE FOLLOWING CHARACTERISTICS⁴

- **Occur frequently (they happen a lot, not just every once in a while)**
- **Take place between children of widely differing ages (such as a 12-year-old who acts out with a 4-year-old) or between children of different developmental levels.**
- **Are initiated with strong, upset feelings, such as anger or anxiety**
- **Cause harm or potential harm (physical or emotional) to any child**
- **Do not respond to typical parenting strategies (such as discipline)**
- **Involve coercion, force, or aggression of any kind**

What are risk factors and protective factors to consider?

Risk and protective factors for children with PSB are found at the individual, family, and community levels. Children develop PSB through a variety of pathways. At the individual level, risk factors are those that hinder children's ability to respect others boundaries, to control impulses, and to make good decisions. Some of these could be attention deficit disorder, learning delays, and reactions to traumatic events. At the family level, provision of guidance, close supervision, accurate information about their bodies and respectful behavior, protection from exposure to trauma and violence facilitate good decisions and behaviors. Family risk factors can include parental depression, substance abuse, family violence, and harsh parenting practices. Schools, neighborhoods, and the broader community (e.g., messages from the media and technology) can provide similar protective and risk factors.



What are some facts I can use to dispel the misconceptions about these children?

Professionals and the public hold many misconceptions about these youth. Here are some important facts.

There are multiple causes and pathways to PSB. While **some children with PSBs have a history of being sexually abused themselves, many have not been sexually abused.**

Outpatient treatment with active involvement of the caregivers is highly effective in reducing or eliminating PSB (see below for more information). Recidivism rates are quite low with evidence-based treatment.⁵

Safety and protection plans must be individualized for the child, family, school, and others involved. With the protections in place, most children with PSBs can attend school and live in the community.

What are some of the perceptions people may have of these children? Are they true?

Children with PSBs have been considered to be dangerous, deviant, perpetrators who must be sent away to protect the community. The reality is that most respond well to increased supervision and safety and the family participation in evidence-based treatment. A few children, often due to more extensive trauma or psychiatric issues, require more intensive supports.

What language should those working on these cases use to prevent misconceptions and ensure children get the help they need?

“Children-first” language is recommended. Children with PSBs are children. Their behavior does not fully define who they are. While these behaviors are serious, using labels such as “offender” or “perpetrator”, negatively impact how we think about and respond to the children. Research has demonstrated that the response from authorities is often more punitive and negative when terms such as “offender” are used.⁶

The Right Words	The Wrong Words
Child with PSB	Offender
Has problems	Is sick
Defined as a child	Defined by behavior
Exhibits problem behaviors	Is a "predator"

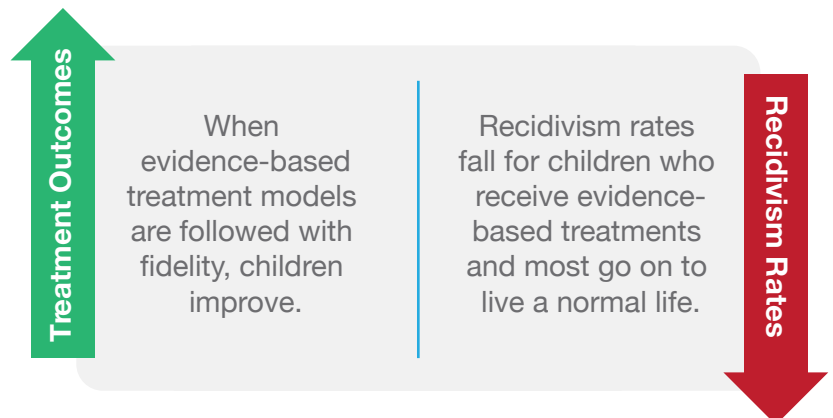


“When I first found out about my child’s problematic sexual behavior, I was looking for answers and looking for someone to blame. Was he abused by somebody else? Was it my fault? How did I fail? Why didn’t I see it? I was scared. What was going to be the outcome? Was he going to turn into a monster? Was he a monster? But he wasn’t a monster. He just made a poor choice.”

—A caregiver of a child with problematic sexual behaviors

What makes treatments effective for children with problematic sexual behaviors?

The evidence-based treatment known as Problematic Sexual Behavior – Cognitive Behavior Therapy (PSB-CBT) has been found to have long-term positive results for children with PSBs. When the child has Post-Traumatic Stress Disorder in response to trauma, particularly sexual abuse and has PSB, Trauma-Focused Cognitive Behavior Therapy (TF-CBT) may be particularly beneficial.⁷



- Outpatient treatment (where the child stays in the home and community);
- Active and full participation in the treatment by parents and caregivers;
- Short-term treatment of approximately three to six months. Short-term treatment is possible if the family attends sessions regularly, actively participates in available services, and practices skills between sessions; and
- Education for caregivers about how to:
 - Apply rules about sexual behaviors;
 - Improve the quality of their relationship with their children;
 - Use parenting strategies that prevent and reduce behavior problems in general;
 - Address sexual education topics with their children; and
 - Support abuse-prevention strategies and skills.

For next steps on addressing PSBs at your center, see the new video training series from NCA and Midwest Regional CAC at nationalchildrensalliance.org/psb



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2. National Children's Alliance 2015 statistical data submitted by Children's Advocacy Center members.
3. Howard N. Snyder, "Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics" (Washington: Bureau of Justice Statistics, 2000), p. 8, retrieved December 8, 2016 from <https://www.bjs.gov/content/pub/pdf/saycrle.pdf>
4. More at www.ncsby.com
5. Carpentier, M, Silovsky, J, & Chaffin, M. (2006). Randomized trial of treatment for children with sexual behavior problems: Ten year follow-up. *Journal of Consulting and Clinical Psychology*, 74, 482-488.
Caldwell, M. F. (2016). Quantifying the Decline in Juvenile Sexual Recidivism Rates. Psychology, Public Policy, and Law. Advance online publication. <http://dx.doi.org/10.1037/law0000094>
6. Harris, A. J., & Socia, K. M. (2014). Whats in a Name? Evaluating the Effects of the "Sex Offender" Label on Public Opinions and Beliefs. *Sexual Abuse: A Journal of Research and Treatment*, 28(7), 660-678. doi:10.1177/1079063214564391
7. For more resources, go to National Center on the Sexual Behavior of Youth at www.ncsby.com and California Evidence-Based Clearinghouse for Child Welfare at www.cebc4cw.org.

American Legion
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