

# Myths versus Facts: Children and Teens with Problematic Sexual Behavior

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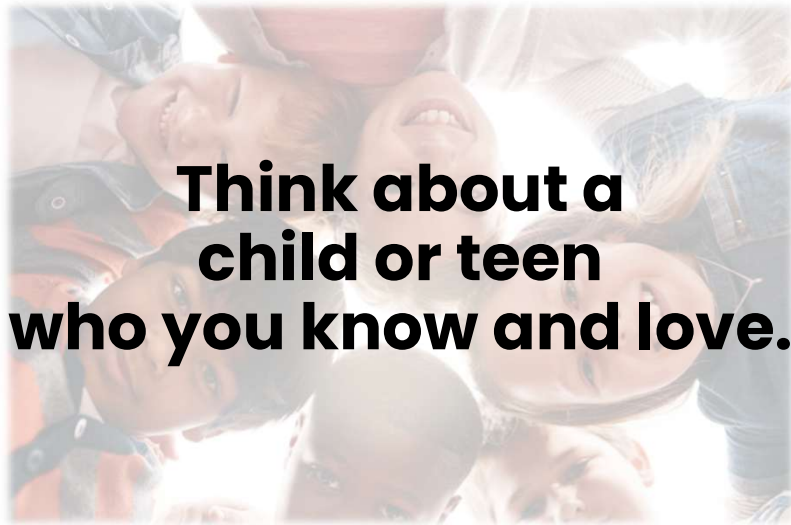


- **Put you first.**
- **Be mindful of your own responses and well-being.**
- **Make decisions to keep yourself mentally, physically, spiritually healthy and your worldview harmonized.**

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**Think about a  
child or teen  
who you know and love.**

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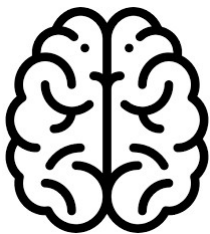
## You Will Be Able to...

1. Summarize common characteristics of children and teens with problematic sexual behaviors.
2. Apply research findings to dispel persistent and adverse myths about children and teens with problematic sexual behaviors.
3. Describe strategies to enhance response to cases of children and teens with problematic sexual behavior.



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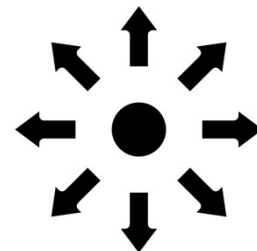
## Context of Normative Sexual Development



Cognitive



Communication/Language

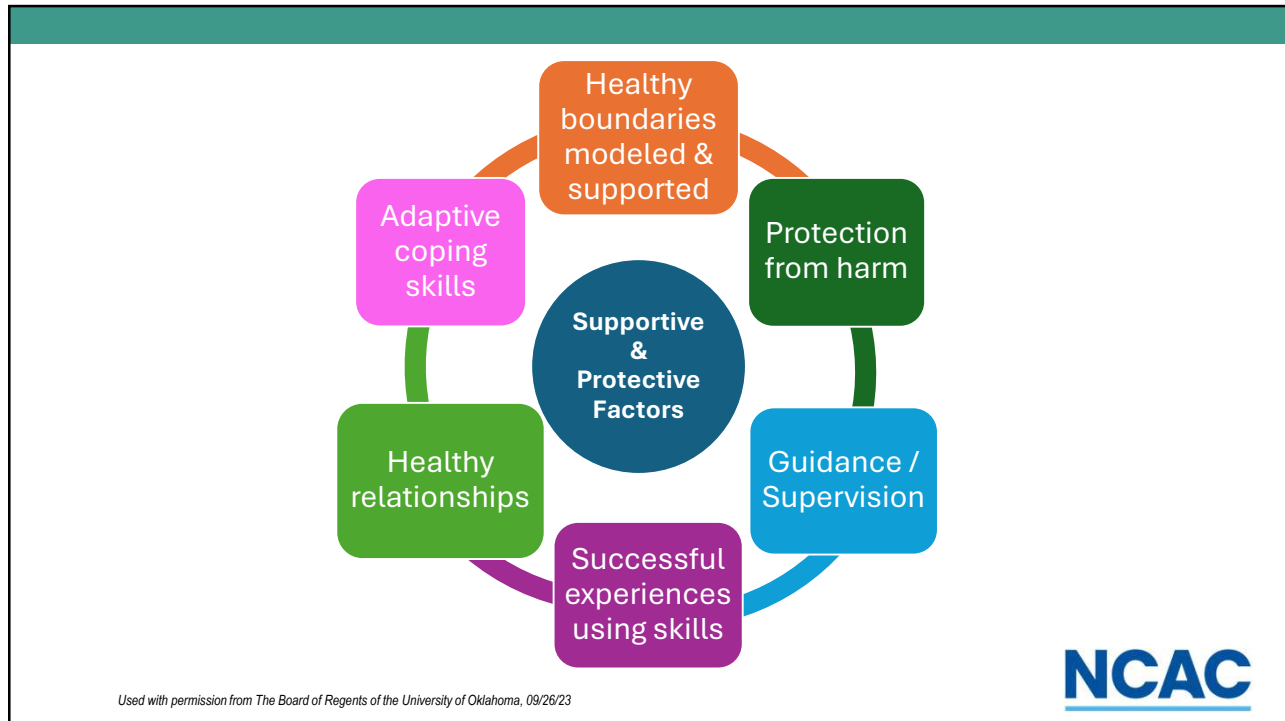


Motor Skills

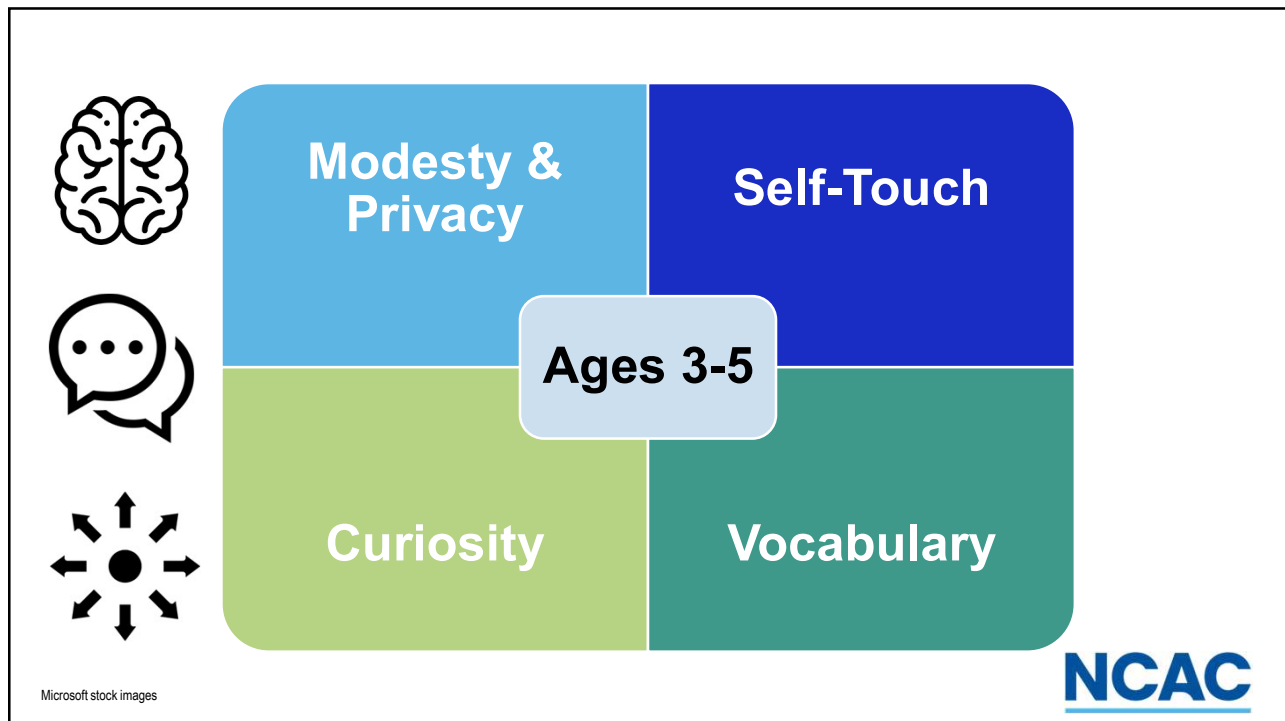
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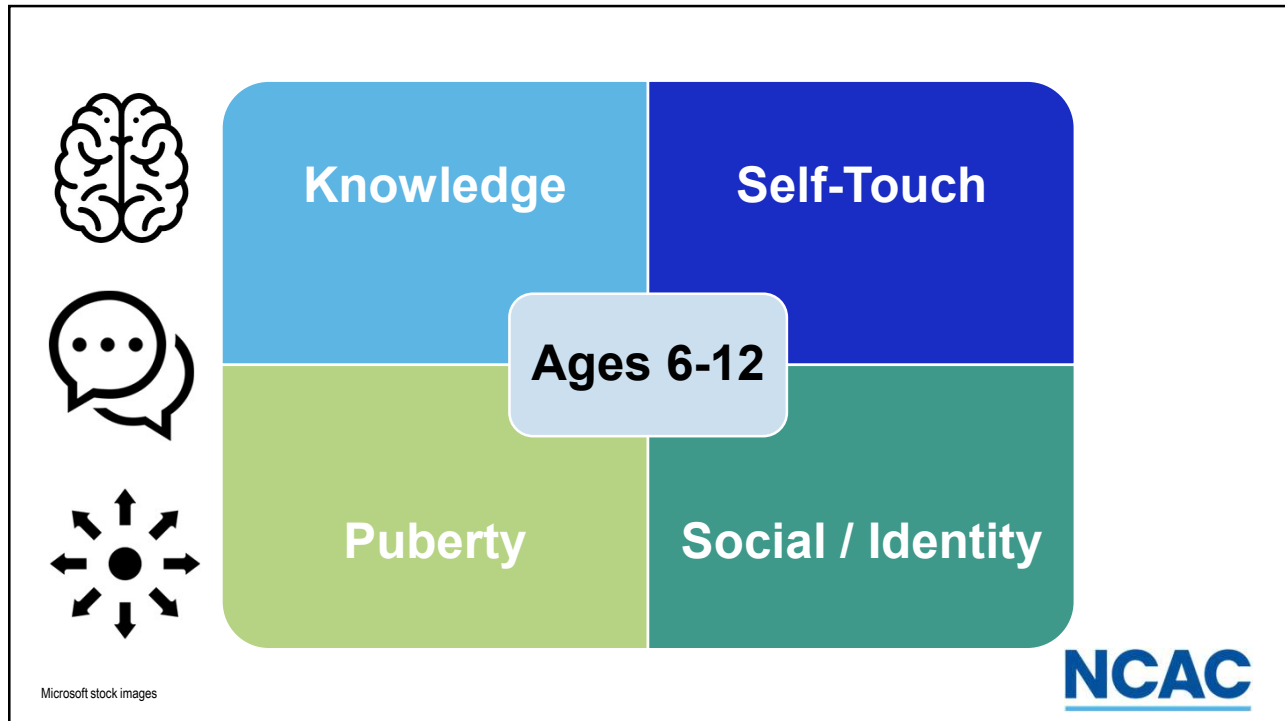
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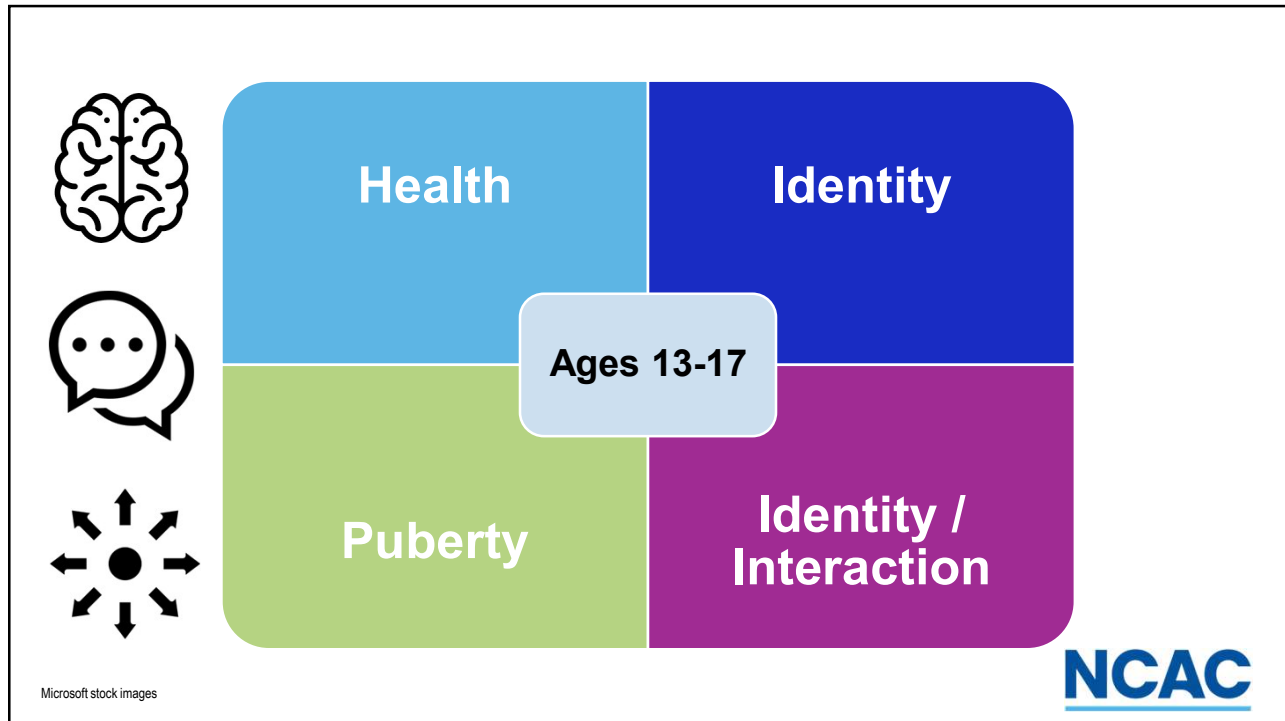
## Children's "Normative" Sex Play

- Occurs in context of overall development
- Learning, exploring
- In the moment, spontaneous
- Doesn't happen often
- Mutual agreement
- Familiarity, "like-ness"
- Not harmful, emotionally or physically
- Changes as children get older
- Respond appropriately to intervention

Image source: Microsoft online images  
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## CDC Youth Risk Behavior Survey 2013–2023

The Percentage of High School Students Who: <sup>a</sup>	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	2023 Total	Trend (All Years Available)	2-Year Change (2021-2023)
Ever had sex	47	41	40	38	30	32		
Had four or more lifetime sexual partners	15	11	10	9	6	6		
Were currently sexually active	34	30	29	27	21	21		
Used a condom during last sexual intercourse <sup>b</sup>	59	57	54	54	52	52		
Used effective hormonal birth control <sup>b</sup>	–	–	–	–	33	33	–	
Were ever tested for HIV	13	10	9	9	6	7		
Were tested for STDs during the past year <sup>b</sup>	–	–	–	9	5	6		

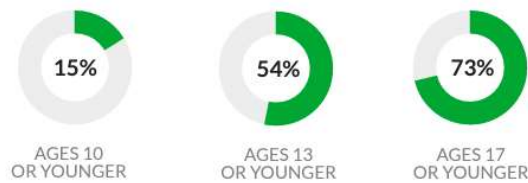
Image source: CDC

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# Intersection: Development and Pornography

Percent of teen respondents who have seen online pornography, by age:



**12** is the average age when children first consumed pornography.



Image source: commonsensemedia.org

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# Intersection: Development and Pornography

More than half of teens encountered online pornography accidentally.

Teens who have seen online pornography on purpose or accidentally

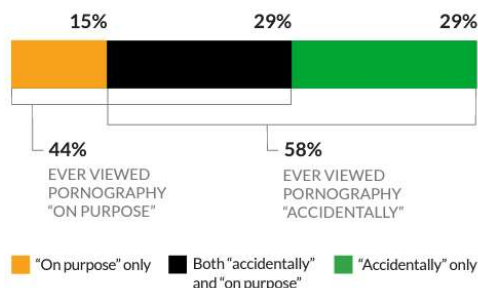


Image source: commonsensemedia.org



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# Intersection: Development and Self-Generated (Child Sexual Abuse) Media

Fig 1 | Experiences with initial shares and perceptions of normalcy

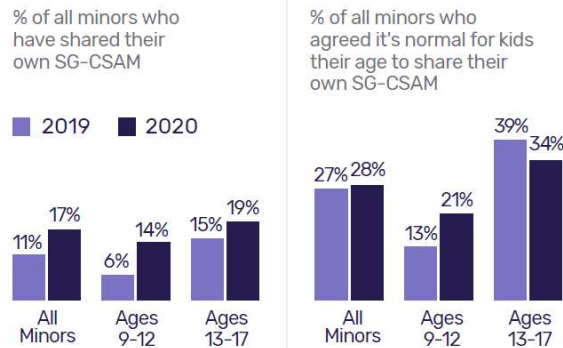


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## Continuum of Sexual Behavior



- Exploratory
- Mutual agreement
- Close in age, size, and/or development
- Intermittent
- Responds positively to caregiver intervention

- Disparity in age, size, and/or development
- Preoccupying
- Planned
- Coerced, forced
- Does not respond to caregiver intervention



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## Problematic Sexual Behavior (PSB)

- Behavior
- Typically involves genitals
- Developmentally inappropriate

- Potential/actual harm, physically and/or emotionally
- Diverse range of motives, origins
- Legality

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## Children and Teens with PSB

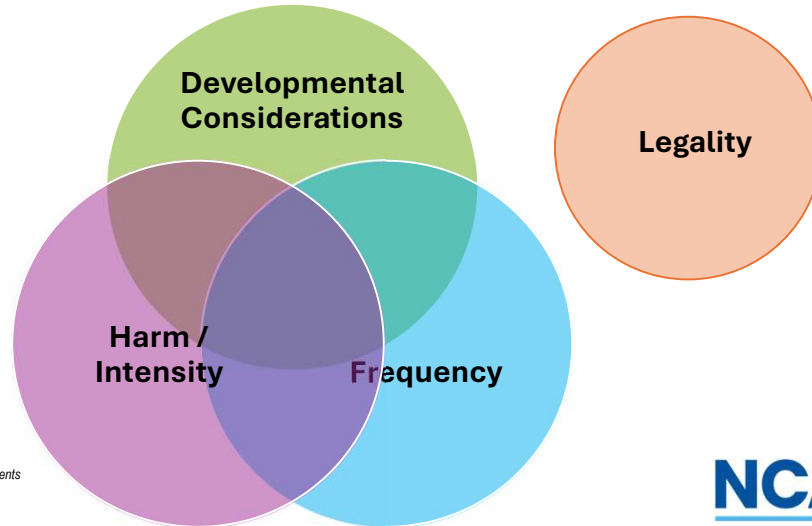
- Person first language reduces risk of harsher responses
- Age groups
  - 3-6: Preschool children
  - 7-12: School-age children
  - 13-18: Teens
- Developmentally sensitive
- Behavior oriented
- No inference of origin or goal
- Not diagnostic, no "profile"

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## Determining if Behavior Is Problematic

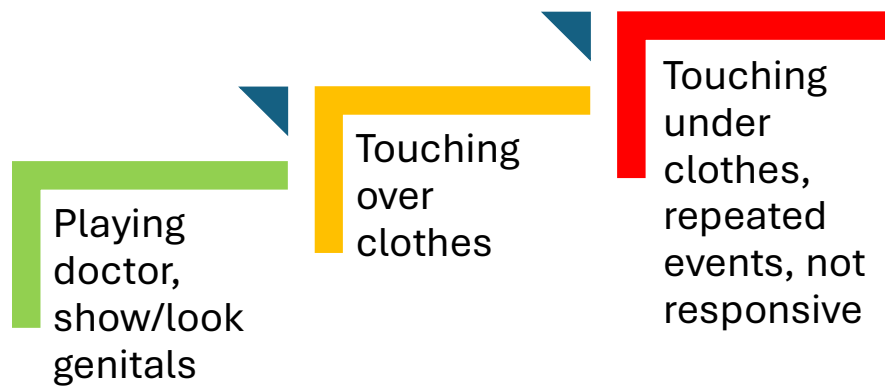


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## Determining If Behavior Is Problematic




Adapted from Barbara Bonner (2012)

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# Potential Contributing Factors: Children

- Sexual victimization
- Physical abuse
- Other traumatic or adverse experiences
- Socio-ecological influences related to sexual
- General behavior problems
- Emotional dysregulation
- Individual characteristics, developmental adversity



From ATSA CSBP (2023)

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# Understanding Impact of ACEs

**Original Article:**  
 Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults  
 The Adverse Childhood Experiences (ACE) Study  
 Vincent J. Felitti, MD, MSc, Robert F. Anda, MD, MS, Dale N. Nordenberg, MD, Daniel F. Williamson, MD, PhD, James N. Spitz, MD, MPH, Vincent Edwards, Sr., Mary F. Koenig, PhD, James S. Hirsch, MD, MPH

**Background:** The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood has not previously been described.

**Methods:** A representative adult cohort of 17,334 individuals who had completed a standardized medical questionnaire in a large HMO's 1996 (19-25) completed a questionnaire about childhood experiences and health risk behaviors. Childhood experiences were defined as physical or sexual abuse, violence against mother, or living with household members who were substance abusers, mentally ill or disabled, or ever employed. The number of categories of these adverse childhood experiences was then compared to measures of adult risk behaviors, health status, self-rated health, and depression. Further exploration was used to define the effect of developmental periods on the association between the cumulative number of categories of childhood experiences (range 0-7) and risk factors for the leading causes of death in adults.

**Results:** More than half of respondents reported at least one, and one-fourth reported ≥2 categories of childhood exposures. We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied ( $P < .001$ ). People who had experienced four or more categories of childhood exposure reported a three-fold higher risk of current cigarette smoking, 1.5-fold increased health risk for alcoholism, drug abuse, depression, and suicide attempt, 1.2- to 1.4-fold increase in missing, poor self-rated health, 50% social interaction deficit, and greater likelihood to be present at adult diagnosis including mental health disease, cancer, chronic lung disease, skeletal fractures, and liver disease. The more categories of adverse childhood experiences were strongly associated and people with multiple categories of childhood exposure were likely to have multiple health risk factors later in life.


**Conclusions:** We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.

**Medical History Rating (MHR):** Child abuse, sexual, domestic violence, spouse abuse, children of impaired parents, substance abuse, alcoholism, smoking, obesity, physical activity, depression, suicide, social behavior, health insurance/employment, chronic health conditions, cancer, fracture, liver disease. (Am J Prev Med 1998;13(2):170-176)

Am J Prev Med 1998;13(2):170-176  
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Journal: *American Journal of Preventive Medicine*, Volume 13, Number 2, February 1998  
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From / Based on ATSA CSBP (2023)



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## Contributing Factors for Teens

(Adapted from David Prescott, 2007)

- Sexual curiosity + opportunity + lack of self-control and/or problem-solving skills
- Developmental immaturity (socially awkward/isolated, impulsivity)
- Antisocial personality characteristics (general pattern of delinquency; includes sexual behaviors)
- RARE for teens to have a sexual disorder or deviant sexual interest in children (e.g., pedophilia)



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## Characteristics of Children/Teens with PSB

- No distinct profiles
- Many do not meet criteria for any mental health disorder
- Co-occurring concerns: Learning, behavioral
- Rare for children or teens to have deviant sexual interest in children (e.g., pedophilia)
- Teens who engage in PSB with children vs. peer sexual assault are less delinquent, often immature


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## Male Teens PSB vs. Adults Sex Offenders

Teens		Adults
Fewer	←	# Behaviors → More
Fewer	←	# Victims → More
Shorter	←	Duration → Longer
Fewer	←	Penetration → More
Experimental, curiosity	←	Motivation → Self sexual gratification
Less specific	←	Specificity → More specific
Less potential	←	"Cycles" → More potential





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## "Typical" Female Teen PSB

- Teen Initiator
- Not aggressive
- PSB initiated during caregiving activity
- Increased likelihood
  - Extensive, severe physical and sexual abuse
  - Abused at younger age
  - Abuse by multiple perpetrators
- Child Recipient
- Preschool age
- Both male and female
- Usually, a relative or acquaintance of teen



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## Factors that Impact Other Children and Families



- Intensity
- Behavior
- History
- Power differential
- Functioning
- Available support

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## Assessment: Characteristics and Purpose

- Treatment focused, not forensic or investigative
- Wholistic, ecological psycho-social clinical assessment; psychosexual evaluations rarely needed for children
- Identify treatment needs, recommendations to support child/teen who initiated PSB, recipient child(ren), and their families
- Considerations for referral source and/or partners
  - Safety planning
  - Visitation and placement decisions
  - Court requested
  - Case management

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## PSB Specific Treatment Characteristics

- Custodial caregivers as primary agents of change, actively involved
- Out-patient, community-based
- Typical duration is 3-6 months
- Support and advocacy for child(ren), caregivers, families
- Communication with team and partners, and collaboration with other providers
- Culturally informed

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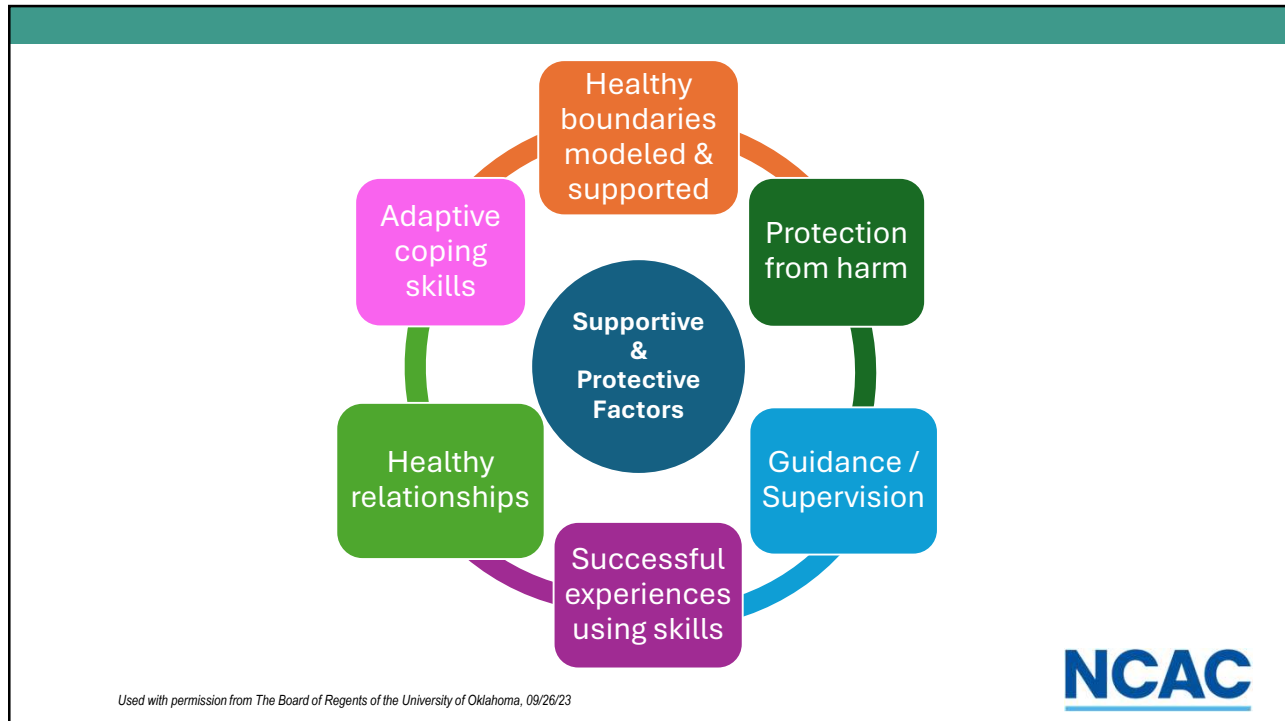
## Characteristics of Evidence-Based Treatments

- **Actively involve custodial caregiver(s)**
- Include behavior management in child's natural ecologies
- Plan for safety and preventing future problematic and illegal behavior
- Positive peer interactions and friendships, prosocial activities
- Cognitive-Behavioral Therapy (CBT)
- Very small sub-group with deviant sexual interest need specialized protocols

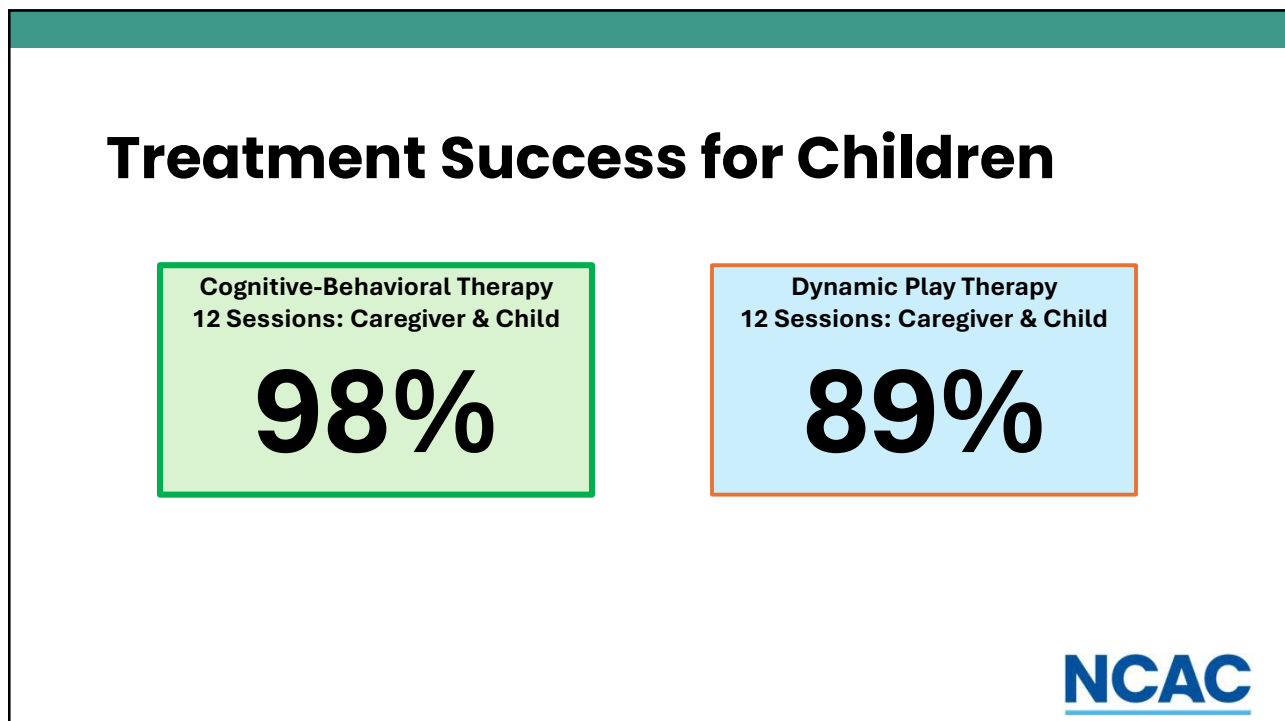
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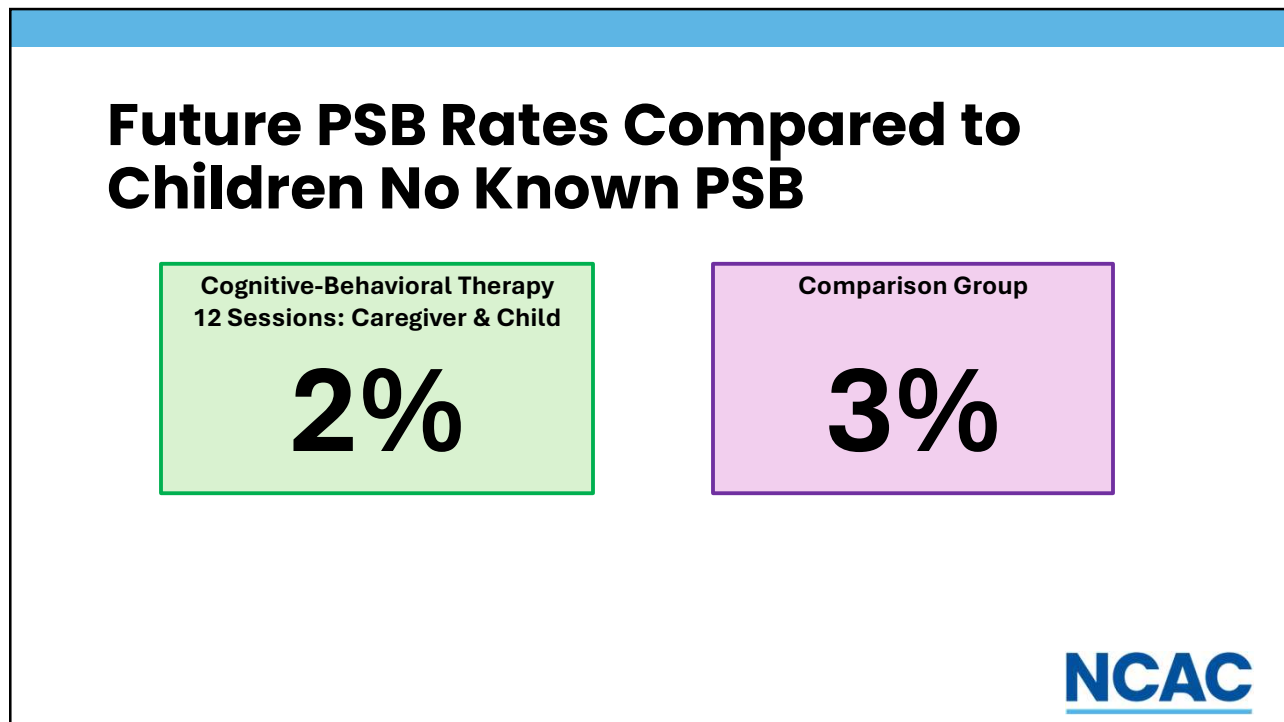


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## PSB Treatment for Children: Caregivers




- **Enhancing parenting and behavior management skills**
  - Sexual behavior rules
  - Safety planning (i.e., abuse prevention)
- Child sexual development and communicating with children about sex education topics
- Support

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## PSB Treatment for Children: Child

- Sexual behavior rules
- **Impulse-control skills**
  - Adaptive coping skills
  - Critical thinking
- Apology (includes activity with parents/caregivers)
- Support

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## PSB Treatment for Teens and Caregivers

- Sex laws
- Cognitive-Behavioral based processing, critical thinking / problem-solving
- Enhanced processing
- Caregiver-Teen communication
- Sexual education
- Apology (includes activity with parents/caregivers)
- Support (teens and caregivers)

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## Sex Offense Recidivism Rates for Teens

**3%**

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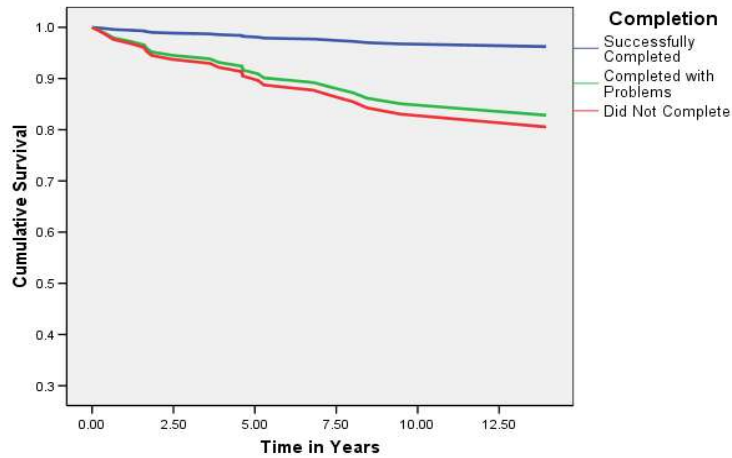
## Success Rates for Teens

**97%**

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## Teen Sex Offense Recidivism (Oklahoma)

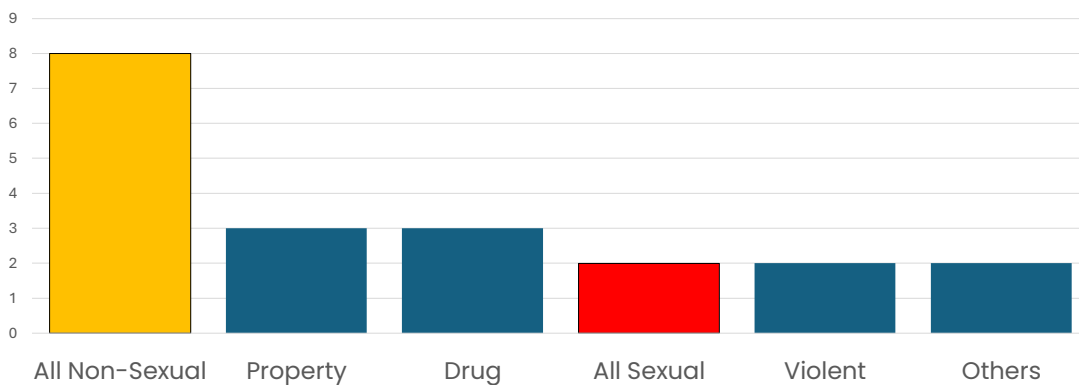


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## Offense Outcomes for Teens with PSB (Oklahoma)



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## Foundations of Safety Planning

- Safety plans address vulnerabilities and matching safety measures, as well as implement basic common-sense rules
- Should not keep children or teens from engaging in most typical childhood and teen activities, nor should it pose a heavy burden on the caregivers

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## Core Safety Planning Components

- Identify available caregivers and their ability to provide high level of visual (eyes-on) supervision when child/teen who initiated the PSB is with other children
- Identify play/social, sleeping, and bathing arrangements
- Identify child/teen access to electronics and internet

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## Supervision and Privacy for Caregivers

- Establish supervision and privacy rules and expectations to promote compliance and healthy behaviors
- Caregiver should be an adult with appropriate level of knowledge of PSB and children involved, and fully informed of safety plan
- Caregiver should have continuous visual (eyes-on) supervision when child/teen is with other children
- Plan for times when caregiver needs privacy or time away from child/teen
- Caregiver and other adults reinforce rules and expectations through modeling
- Guidance for adapting from high level requirements to “new normal” level

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A decorative vertical grid on the left side of the slide, composed of a 10x4 grid of squares in shades of blue, green, and yellow.

## Response Goals

- Provide accurate information, dispel myths
- Acknowledge behavior is serious
- Cultivate hope
- Coordinated care and support
- Assess needs, identify resources
  - All family members
  - Recognize needs are dynamic, assess changes over time
  - Connect to services
  - Give action steps
- Individualized plan for safety and services



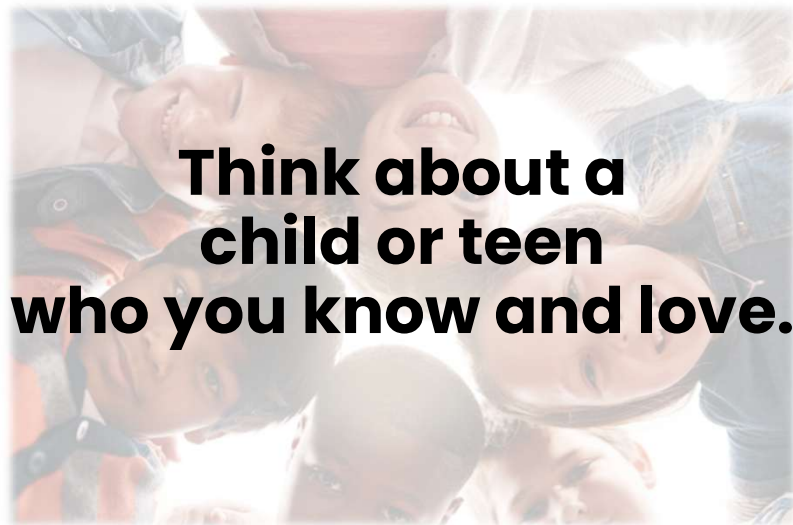
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## Additional Considerations

- Use of mental health provider as “expert” consultants
- Training on children and teens with PSB for adults
- Provide specialized support for caregivers



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**Think about a  
child or teen  
who you know and love.**

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## You Will Make a Difference!

1. What are some common characteristics of children and teens with problematic sexual behaviors?
2. What are some research findings that dispel persistent and adverse myths about children and teens with problematic sexual behaviors?
3. What are one or two strategies that could enhance your response to cases of children and teens with problematic sexual behavior?



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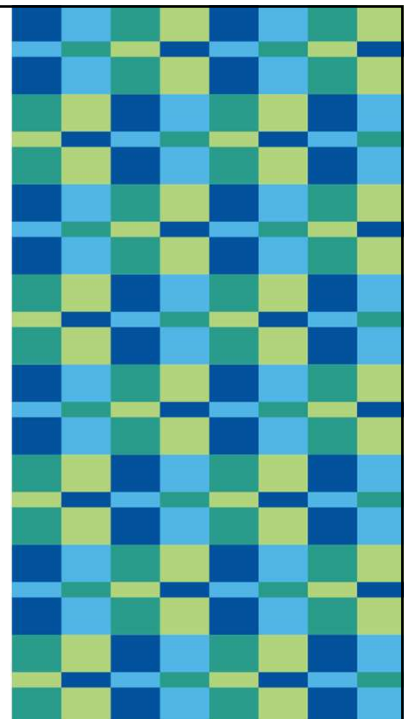
### Contact Information



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