

Children with Problematic Sexual Behaviors

A Bibliography



January 2020

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**National Children's
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Preferred citation: National Children’s Advocacy Center. (2020). Children with Problematic Sexual Behaviors: A Bibliography. Huntsville, AL: Author.

This project was supported by a grant awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Scope

This bibliography covers a substantial portion of the research literature pertaining to issues related to children with problematic sexual behaviors. Children with problematic sexual behaviors have also been referred to in the literature as children with *sexual behavior problems* and children with *sexually intrusive behaviors*.

The National Center on the Sexual Behavior of Youth at the Center on Child Abuse and Neglect (CCAN) in the Department of Pediatrics of the University of Oklahoma Health Sciences contributed to this project. For more information and resources visit the NCSBY [resource page](#).

Organization

Included in this bibliography are books, book chapters, journal articles, law review articles, and research reports. Publications are listed in date descending order from 2020-1995. Author abstracts are provided unless otherwise noted. Links to unrestricted publications are provided when possible. This bibliography is not comprehensive.

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Children with Problematic Sexual Behaviors

A Bibliography

McInnes, E., & Ey, L. A. (2020). Responding to problematic sexual behaviours of primary school children: supporting care and education staff. *Sex Education, 20*(1), 75-89. <https://doi.org/10.1080/14681811.2019.1621827>

Early childhood and primary educators' and carers' education and support in identifying and responding appropriately to children displaying problematic sexual behaviours has fallen behind the demands currently arising in care and education sites in Australia. This is a key finding of research examining professional educators' and carers' experiences of problematic sexual behaviours in their workplaces, their understanding of problematic sexual behaviours, and their source of training in this area. This paper reports on the professional development, workplace and community support for educators and affected children, which educators and carers wanted to have implemented to more adequately respond to their professional needs and the needs of affected children and their families. The research was conducted using an online survey in 2016 and involved 107 respondents from government, independent and Catholic primary schools, preschools and care organisations.

Balfe, M., Hackett, S., Masson, H., & Phillips, J. (2019). Experiences of young people with harmful sexual behaviors in services: A qualitative study. *Journal of Child Sexual Abuse, 28*(6), 649-666. <https://doi.org/10.1080/10538712.2019.1573390>

Young people are responsible for a significant number of the sexual offenses that are committed every year. These young people are generally referred to specialist services for treatment. This article explores the health characteristics and service experiences of 117 young people with sexual behavior problems, and the issues that services face when working with them. The study is based on analysis of 117 case files, identified from nine specialist services in the UK. The case files were thematically analyzed. Case files provided information on the following topics: the reasons why the young people were referred to harmful sexual behavior services; the young people's personal characteristics; their medical and mental health problems; the young people's interests and aspirations; their attitudes toward services and interventions; continued problematic sexual incidents in services; progress in services; and post-service experiences. Overall, the findings of the study indicate that these young people have a number of strengths, but often have problems

across a range of personal and health domains. A number of them continue to remain sexually and generally violent in services, particularly in residential settings, which has risk management implications for staff.

DeLago, C., Schroeder, C. M., Cooper, B., Deblinger, E., Dudek, E., Yu, R., & Finkel, M. A. (2019). Children who engaged in interpersonal problematic sexual behaviors. *Child Abuse & Neglect*. <https://doi.org/10.1016/j.chiabu.2019.104260>

Over one-third of inappropriate sexual contact experienced by children is initiated by other children. Many studies examined child initiators (CIs) of interpersonal problematic sexual behaviors (IPSBs). This study uniquely links CI information with types of sexual contact as described by children they engaged in IPSBs. Describe CIs' characteristics and types of sexual acts they initiated. Medical charts of CIs and children they engaged in IPSBs. Examinations occurred between 2002 and 2013. Retrospective chart review. Most CIs were male (83%) and related to the child they engaged in IPSBs (75%); mean age was 10 years (range 4–17); 58% reported viewing sexually explicit media; 47% experienced sexual abuse. Most CIs (68%) engaged in multiple types of IPSBs. Children who experienced IPSBs initiated by males reported engagement in greater numbers of invasive acts ($t(216)=2.03$, $p=.043$). Older CIs were more likely than younger CIs to report viewing sexually explicit media ($\chi^2(1)=7.81$, $p=.007$) and those who did were more likely to initiate more invasive acts ($t(169)=2.52$, $p=.013$) compared to CIs who did not. In this study, most CIs were young and experienced multiple adverse events; the most common types of IPSBs were invasive; and over half the CIs had been exposed to sexually explicit media, which was associated with initiating invasive sexual acts. These findings suggest aiming prevention efforts at young children to help them manage exposure to sexually explicit media and redress victimization experiences.

Dillard, R., Maguire-Jack, K., Showalter, K., Wolf, K. G., & Letson, M. M. (2019). Abuse disclosures of youth with problem sexualized behaviors and trauma symptomology. *Child Abuse & Neglect*, 88, 201-211. <https://doi.org/10.1016/j.chiabu.2018.11.019>

The majority of youth with problem sexualized behaviors (PSB) have substantiated experiences of abuse or exposures to violence (Silovsky & Niec, 2002). Little is known about specific abuse experiences that may differentiate youth with PSB from those without. Few studies have examined the types of abuse associated with post-traumatic stress symptomology. The current study explored

two research questions: (1) Do children with PSB differ from children without PSB in terms of their abuse disclosures?; and (2) Are the types of abuse disclosed associated with the child's scores on a post-traumatic stress measure?. Data were analyzed for youth (N=950) ages 3–18 years who completed a clinical assessment at a child advocacy center in the Midwest during the 2015 calendar year. Youth completed assessments that included a forensic interview and either the Trauma Symptom Checklist for Young Children (TSCYC) for children ages 3–10 years, or the Trauma Symptom Checklist for Children (TSCC) for children ages 11–16 years. Bivariate logistic regression was used to answer the research questions. Findings indicated that youths who disclosed offender to victim fondling were less likely to disclose PSB (OR=0.460, p= .026), and children exposed to pornography were more likely to disclose PSB (OR=3.252, p= .001). Additionally, youth who disclosed physical abuse (OR=1.678, p= .001) or victim to offender sexual contact (OR=2.242, p= .003) had higher odds of clinically significant trauma scores. Implications for practitioners and future research directions are discussed.

Dopp, A. R., Munday, P., Silovsky, J. F., Hunter, M., & Slemaker, A. (2019). Economic value of community-based services for problematic sexual behaviors in youth: A mixed-method cost-effectiveness analysis. *Child Abuse & Neglect*.
<https://doi.org/10.1016/j.chiabu.2019.104043>

Problematic sexual behavior in youth represents a significant public health problem in need of evidence-based treatments. Unfortunately, such treatments are not available in most communities. This study used a mixed quantitative-qualitative approach to investigate the economics of the implementation of Problematic Sexual Behavior – Cognitive-Behavioral Therapy (PSBCBT), an evidence-based treatment for problem sexual behaviors in youth. Youth (N=413) participated in PSB-CBT at six program sites in youth service agencies across the United States. We used cost-effectiveness ratios (CERs) to compare the direct and indirect costs of PSBCBT to self- and caregiver-reported youth clinical outcomes (i.e., problem sexual behavior as well as secondary behavioral health problems). CERs represented the cost of achieving one standard unit of change on a measure (i.e., d=1.0). The design and interpretation of those quantitative analyses were informed by qualitative themes about program costs and benefits that were derived from interviews with 59 therapists, administrators, and stakeholders. CERs (i.e., \$ per SD) were \$1,772 per youth for problem sexual behavior and ranged from \$2,867 to \$4,899 per youth for secondary outcomes. These quantitative results, considered alongside the qualitative perspectives of interviewees,

suggested that the implementation of PSBCBT was cost-effective. The results were robust to uncertainty in key parameters under most, but not all, conditions. The results have important implications for decisions made by administrators, policymakers, and therapists regarding use of community-based approaches to address problematic sexual behavior of youth.

Kelley, A., Shawler, P., Shields, J. D., & Silovsky, J. F. (2019). A qualitative investigation of policy for youth with problematic sexual behavior. *Journal of Community Psychology*, 47(6), 1347-1363. <https://doi.org/10.1002/jcop.22187>

Community management of youth with problematic sexual behavior (PSB) is complex. Public policies and service practices have historically utilized adult-focused approaches with limited research outcomes. This descriptive case study aimed to address this gap by documenting current PSB policies and policy reforms for community-based management systems. Semi-structured interviews with 219 professionals from eight urban and rural communities throughout the United States served as the primary data source for the study. The three-stage Framework Method was used to guide the data analysis process. This study covered three areas: context of policy development, attitudes, and perceptions of policy for youth with PSB, and existing policy and policy reform initiatives. Findings support benefits of collaborative multidisciplinary teams that cross agency policies and procedures on management of cases involving youth with PSB. Implications for practitioners, policymakers, and community members are discussed.

Lloyd, J. (2019). Response and interventions into harmful sexual behaviour in schools. *Child Abuse & Neglect*, 94. <https://doi.org/10.1016/j.chiabu.2019.104037>

Internationally young people report experiencing sexual abuse and violence within schools. Developments within the field of adolescent sexual harm are increasingly recognising the need for ecological approaches to harm. Yet, to date, interventions with young people displaying harmful sexual behaviours have prioritised individual behaviours and characteristics over place-based interventions. This article presents empirical evidence from a mixed-methods study aimed at understanding the enablers and barriers to preventing and responding to harmful sexual behaviour in schools. Research was carried out in seven schools and four multi-agency partnerships in England, UK. Using evidence from focus groups, observations, case reviews and policy analysis the article outlines nine components that enable, or are barriers to, effective responses and interventions into harmful sexual behaviour in schools. The paper concludes that responses and

interventions into harmful sexual behaviour must move beyond responding to individual behaviours to intervening within factors within schools themselves.

Lussier, P., Chouinard-Thivierge, S., McCuish, E., Nadeau, D., & Lacerte, D. (2019). Early life adversities and polyvictimization in young persons with sexual behavior problems: A longitudinal study of child protective service referrals. *Child Abuse & Neglect*, 88, 37-50. <https://doi.org/10.1016/j.chiabu.2018.10.017>

There is scarce research on children and youth with sexual behavior problems (SBP) and their developmental antecedents and the research that does exist is mostly retrospective and correlational. While prior research focused on the central role of sexual victimization, recent research suggests that young persons with SBP are exposed to a series of adversities not limited to child sexual victimization and require multifaceted assessment and intervention using a developmental life course perspective. The current study includes an examination of the complete longitudinal sequence of child protective service (CPS) investigations involving young persons with SBP. The study is based on a sample of 957 youth referred to the CPS in Quebec, Canada. The data include their longitudinal sequence of referrals from birth to age 18. Semi-parametric analyses identified four trajectories of referrals with significant differences in terms of onset, frequency, types of life adversity, and polyvictimization. The trajectories suggest that a range of developmental profiles characterize young persons with SBP, with SBP often occurring after CPS contacts for compromising issues other than sexual victimization, especially parental neglect and serious behavior problems. Of importance, polyvictimization was relatively common for this group throughout childhood and adolescence, which highlights the multiintervention needs of this population.

Mesman, G. R., Harper, S. L., Edge, N. A., Brandt, T. W., & Pemberton, J. L. (2019). Problematic sexual behavior in children. *Journal of Pediatric Health Care*, 33(3), 323-331. <https://doi.org/10.1016/j.pedhc.2018.11.002>

It is important for health care professionals to have a strong knowledge base of childhood sexual development, to know how to differentiate between problematic and normative sexual behaviors, and counsel parents accordingly given their assessment of the behaviors. A review of the literature suggests that sexual behaviors are a common occurrence in childhood, though some behaviors are rare regardless of age. Frequency of the behavior, developmental considerations, and the level of

harm may help health care professionals assess whether the sexual behavior is typical or problematic. Research suggests that the development of problematic sexual behavior is related to a variety of child, family, developmental, and social factors. Recommendations for clinical care for this population are offered, and a case study highlights a health care professional's appropriate assessment and decision making.

Miccio-Fonseca, L. C. (2019). Contemporary risk assessment tools: Should we use them for sexually abusive children ages 4 to 12 Years?. *Journal of Child & Adolescent Trauma*, 1-11. <https://doi.org/10.1007/s8-016-0633-8>.

Empirical findings are reported on an age group of sexually abusive youth (4–12 years) not commonly studied. Findings are from major studies employing the ecologically framed MEGA risk assessment tool: MEGA Combined Samples Studies (N = 3901 [1979–2017]) (Miccio-Fonseca *Journal of Child Sexual Abuse: Special Issue on Risk Assessment of Sexually Abusive Youth*, 2018a, *Journal of Child and Adolescent Trauma*, 2018b) and MEGA Combined Cross Validation Studies (N = 2717). Samples consisted of male, female, and transgender-female, ages 4–19 with coarse sexual improprieties and/or sexually abusive youth, including youth with low intellectual functioning. Findings provided normative data, with cut-off scores according to age and gender, establishing four (calibrated) risk levels: Low, Moderate, High, and Very-High. The fourth risk level, Very-High Risk, sets MEGA apart from other risk assessment tools by the ability to assess those few most seriously concerning and/or dangerous youth, whereas other risk tools (with three risk levels) do not make this differentiation.

Munday, P., Slemaker, A., Dopp, A. R., Beasley, L. O., & Silovsky, J. F. (2019). Qualitative analysis of administrator, provider, and stakeholder views on the costs and benefits of a treatment for problematic sexual behavior of youth. *Administration and Policy in Mental Health and Mental Health Services Research*, 1-12. <https://doi.org/10.1007/s10488-019-00978-3>

Evidence-based treatment for youth with problematic sexual behavior (PSB) has the potential for a broad range of costs and benefits, raising the importance of querying its public health impact. This qualitative study examined the impact of treatment for youth with PSB through content analysis of interviews (N = 57) with service agency administrators, treatment providers, and professional stakeholders in communities where recent implementation of interventions for youth with PSB had occurred. Interviewees emphasized multi-level impacts of the program on families

(e.g., knowledge, well-being), communities (e.g., public safety, education), and public agencies (e.g., caseloads, stress). Implications for comprehensively evaluating the impact of PSB interventions are discussed.

Shawler, P., Silvis, V. G., Taylor, E. K., Shields, J., Beasley, L., & Silovsky, J. F. (2019). Early identification of youth with problematic sexual behavior: A qualitative study. *Child Abuse & Neglect*. <https://doi.org/10.1016/j.chiabu.2019.104317>

Early intervention efforts designed for youth with problematic sexual behavior (PSB) have strong promise. Prompt identification of youth with PSB is critical to ensuring early intervention and effective response. The current study explored the complexities of how PSB of youth is identified in the community. A qualitative semi-structured interview approach was utilized to explore the perceptions and experiences of community members involved in cases of youth with PSB. Participants included 100 community members from eight geographically diverse locations in the United States. Themes involving identification of PSB were classified by qualitative analyses, beginning with thematic analysis followed by focused coding. Results indicated multiple pathways for the identification of youth with PSB involving a variety of professionals and agencies. Victim disclosure and witnessing the PSB were the most common identification pathways, with caregivers and school personnel the most common initial identifiers. Once identified, cases were reported to child welfare, law enforcement, and/or behavioral health agencies. Complications due to unclear response pathways and fears held by caregivers were notable. Developmentally appropriate, evidence-informed policies and procedures for the identification of and response to PSB in youth within and across professions would facilitate a public health response to for prevention and early responses to PSB of youth.

Silovsky, J. F., Hunter, M. D., & Taylor, E. K. (2019). Impact of early intervention for youth with problematic sexual behaviors and their caregivers. *Journal of Sexual Aggression*, 25(1), 4-15. <https://doi.org/10.1080/13552600.2018.1507487>

Targeting broad implementation of early intervention services has a high potential for impact given the prevalence of child sexual abuse committed by youth and the low recidivism rate following effective interventions. This multisite quasi-experimental study examined the outcomes for 320 youth ages 10–14 years and their caregivers who participated in community based problematic sexual behavior – cognitive behavior therapy (PSBCBT). Significant reductions in PSB with a

large effect size (e.g. $t(126) = 11.69$, $p < .001$, $d = 2.08$) were found. No site differences were found, despite racial and regional diversity. Nonsexual behaviour problems, emotional problems, and trauma symptoms also significantly improved. Positive outcomes extended to caregivers. Recommended next steps include rigorous strategies for examining the impact of widespread implementation of evidence-based early intervention programmes on the prevention of sexual abuse, complemented with thoughtful efforts to develop and implement policies and procedures that improve the safety and well-being of all children in the community.

Smith, T. J., Lindsey, R. A., Bohora, S., & Silovsky, J. F. (2019). Predictors of intrusive sexual behaviors in preschool-aged children. *The Journal of Sex Research*, 56(2), 229-238.
<https://doi.org/10.1080/00224499.2018.1447639>

Intrusive sexual behaviors (ISBs) are a specific type of problematic sexual behavior characterized by the invasive nature of the acts (e.g., touching others' private parts, attempting intercourse; Friedrich, 1997). The limited amount of research on ISBs has focused on sexual abuse history as the primary predictor. However, Friedrich, Davies, Feher, and Wright (2003) found that ISBs in children up to age 12 were related to four broad conceptual factors: (a) exposure to sexual content, (b) exposure to violent behavior, (c) family adversity, and (d) child vulnerabilities. The current study sought to replicate Friedrich's study using a clinical sample of 217 preschool-aged children (ages two to six). Results supported variables from within the child vulnerabilities construct (externalizing behaviors, $\beta_{EXT} = 0.032$, $p = 0.001$), post-traumatic stress disorder (PTSD) criteria met ($\beta_{PTSD} = 0.177$, $p = 0.02$), and an inverse relationship with age ($\beta_{AGE} = -0.206$, $p = 0.024$). These results highlight the importance of considering childhood behavioral patterns and reactivity to traumatic events as correlates of ISBs in young children.

Wamser-Nanney, R., & Campbell, C. L. (2019). Childhood sexual abuse characteristics, abuse stress, and PTSS: Ties to sexual behavior problems. *Child Abuse & Neglect*.
<https://doi.org/10.1016/j.chiabu.2019.104290>

Sexual behavior problems (SBPs) are present in a subset of sexually abused children and are associated with more severe childhood sexual abuse (CSA) experiences; however, few studies have investigated abuse characteristics and SBPs. Children's reports of abuse stressors have not been previously examined and may provide novel information. Posttraumatic stress symptoms (PTSS) have also been linked with SBPs but have not been consistently accounted for in prior

studies, which may obscure the true relationships between abuse characteristics and stressors with SBPs. Moreover, the term SBP consists of a range of behaviors, including interpersonally- focused SBPs (ISBPs), and the relationships between abuse characteristics and stressors may differ in the context of ISBPs. The present study determined whether caregiver-reported abuse characteristics, child reported abuse stressors, and PTSS, were associated with both SBPs and ISBPs. Two-hundred and fifty-four sexually abused children (ages 2–12; M=7.69, SD=2.67; 58.7 % female; 52.8 % white) participated in the study. Child- and caregiver-reported level of PTSS were related to SBPs, and trends were noted for greater caregiver-reported abuse severity and child-reported abuse-related stressors. When ISBPs were examined, boys, younger children, greater CSA severity, and higher levels of PTSS were associated with higher levels of ISBPs. Level of PTSS may be important in identifying children at risk for SBPs and ISBPs, and CSA severity may be more relevant in the development or maintenance of ISBPs specifically.

Wamser-Nanney, R., & Campbell, C. L. (2019). Children's sexual behavior problems: An ecological model using the LONGSCAN data. *Child Abuse & Neglect, 96*.
<https://doi.org/10.1016/j.chiabu.2019.104085>

Although prior research has indicated that sexual behavior problems (SBPs) are present among maltreated and non-maltreated children, risk factors for SBPs remain understudied. Further, few studies have examined multiple forms of trauma such as exposure to community violence and several likely important familial and environmental factors have yet to be investigated in the context of SBPs. The use of a more comprehensive ecological model of child, trauma-related, family, and environmental risk factors may help to further delineate the factors that contribute to the development of SBPs. The aim of the current study was to build upon previous research by utilizing an ecological model that includes child, trauma-related, caregiver and familial, and environmental factors as potential predictors of SBPs. The present study was conducted with 1,112 8-year-old children (51.6% female; 48.9% Black) and their primary caregivers from the Longitudinal Studies in Child Abuse and Neglect (LONGSCAN) study. Several child, caregiver, and familial factors, as well as sexual and physical abuse demonstrated bivariate associations with SBPs. A number of these factors remained significant in a regression model, such as child's living arrangement, child's aggressive behaviors and posttraumatic stress symptoms (PTSS), sexual and physical abuse, caregiver's psychological difficulties, and children's perceptions of family health.

The findings highlight the role of select child, trauma-related, caregiver and familial, and environmental factors in the context of SBPs and also demonstrate the need to examine multiple levels of children's environments when investigating SBPs.

Wamser-Nanney, R., Sager, J. C., & Campbell, C. L. (2019). Maternal support as a predictor of children's sexualized behaviors following childhood sexual abuse. *Child Maltreatment*, 24(1), 36-44. <https://doi.org/10.1177/1077559518786821>

Although previous studies have concluded that maternal support following children's sexual abuse disclosures is an important predictor of children's symptoms, the empirical data to support this is limited. Much of the small prior literature has used measures of maternal support without adequately reported psychometric properties, which may obscure the true relationship between support and children's sexual behaviors. Further, it is unclear whether maternal support is related to children's sexual acting out in the context of known predictors of sexual behaviors. The purposes of the current study were to (1) examine the relationships between support and children's sexual behaviors and (2) determine whether support is related to sexual behaviors after controlling for known predictors among 161 treatment-seeking children (6–12 years old; $M = 8.70$, $SD = 2.69$) and their nonoffending mothers. In the bivariate analyses, emotional support was negatively related to children's sexual behaviors, whereas maternal blame/doubt was positively correlated with sexual behaviors. Nonetheless, after controlling for other predictors, emotional support predicted developmentally related sexual behaviors but not sexual abuse-specific sexual behaviors. Levels of emotional support and blame/doubt predicted children's total sexual behaviors, after accounting for identified predictors, suggesting that support may play a small role in understanding children's sexual behaviors.

Anderson, M., & Parkinson, K. (2018). Balancing justice and welfare needs in family group conferences for children with harmful sexual behavior: The HSB-FGC Framework. *Journal of Child Sexual Abuse*, 25(7), 490-509. <https://doi.org/10.1080/10538712.2018.1477217>

In England and Wales, family group conferences (FGCs) are most often found either in the field of youth justice or in the field of child protection, and consequently often have priorities in line with either one of the two systems. On the one hand, FGCs are a restorative justice tool to address offending behavior and hold young perpetrators to account, while giving victims the possibility of contributing to the justice process. On the other hand, FGCs address safeguarding concerns and

are used to plan for child safety and protection. In cases where a young person has sexually harmed another young person, that is, has perpetrated harmful sexual behavior (HSB), all young people involved will have both justice and welfare needs. FGCs are emerging as promising mechanisms in such cases, not only because of their ability to deal with both sets of needs for both young people but also because of their potential to address more holistic needs. However, HSB cases are often complex and sensitive, and are not without risk. Drawing on their experiences in research and practice, the authors explore how the holistic needs of both the harmed and harming individual can be balanced within a risk managed HSB-FGC framework.

Blasingame, G. D. (2018). Risk assessment of adolescents with intellectual disabilities who exhibit sexual behavior problems or sexual offending behavior. *Journal of Child Sexual Abuse*, 27(8), 955-971. <https://doi.org/10.1080/10538712.2018.1452324>

Adolescents with intellectual disabilities are known to engage in various sexual behavior problems or sexual offending behaviors. This article provides a review of important aspects of risk assessment within the context of a broader, more comprehensive and holistic assessment of these individuals. Pertinent risk and sexual interest assessment tools are identified along with their strengths and limitations. Issues that are often unattended to are addressed, including consideration of the behavioral implications of the young person's diagnosis and level of cognitive functioning, need for sexual knowledge and sexual interest assessment, and issues related to making a mental health diagnosis. Recommendations for future research are also offered.

Campbell, F., Booth, A., Hackett, S., & Sutton, A. (2018). [Young people who display harmful sexual behaviors and their families: A qualitative systematic review of their experiences of professional interventions](https://doi.org/10.1177/1524838018770414). *Trauma, Violence, & Abuse*. <https://doi.org/10.1177/1524838018770414>

It is estimated that 30–50% of all childhood sexual abuse involves other young people as perpetrators. The treatment of harmful sexual behavior (HSB) in young people has evolved from interventions developed for use with adult perpetrators of sexual offenses. Increasingly, these approaches were not seen as appropriate for use with young people. The purpose of this qualitative systematic review was to establish what intervention components are viewed as acceptable or useful by young people and their families in order to inform the development of interventions for young people with HSB. We conducted searches across 14 electronic databases as well as

contacting experts to identify relevant studies. Thirteen qualitative studies were included in the analysis, reporting findings from intervention studies from the United Kingdom, United States, New Zealand, Australia, and Ireland. Thematic analysis was used to combine findings from the studies of young people and parent/carers views. Five key themes were identified as critical components of successful interventions for young people with HSB. These included the key role of the relationship between the young person and practitioner, the significance of the role of parents and carers, the importance of considering the wider context in which the abuse has occurred, the role of disclosure in interventions, and the need to equip young people with skills as well as knowledge. The evidence was limited by the small number of studies that were mainly from the perspectives of adolescent males.

Ensink, K., Godbout, N., Bigras, N., Lampron, J., Sabourin, S., & Normandin, L. (2018). Persistent and transitory sexualized behavior problems in children. *Child Psychiatry & Human Development*, 49(4), 621-631. <https://doi.org/10.1007/s10578-017-0778-0>

The aim of this longitudinal study was to examine the course of sexualized behavior problems (SBP) over 2 years in a sample comprised of 104 children aged 2–12, including 62 children with histories of child sexual abuse (CSA). Parents completed questionnaires assessing SBP, internalizing and externalizing difficulties at baseline, as well as 2 years later. In more than half (56.7%) of children with clinically significant SBP at baseline, sexualized behaviors persisted and remained at a clinically significant level over time. In children with CSA, 48.4% presented persistent SBP, 27.4% presented transitory SBP, while 19.4% did not present clinically significant SBP at either time. CSA increased the relative risk of persistent SBP 3.29 times, and for each one-unit increase in scores of externalizing difficulties, the odds of persistent SBP increased by 21%. The findings suggest that SBP consequent to CSA, especially when it co-occurs with externalizing difficulties, is likely to remain at levels warranting clinical intervention.

Ey, L. A., & McInnes, E. (2018). Educators' observations of children's display of problematic sexual behaviors in educational settings. *Journal of Child Sexual Abuse*, 27(1), 88-105. <https://doi.org/10.1080/10538712.2017.1349855>

It is widely recognized that children are sexual beings and their sexual development begins at an early age. Recently, there has been some concern about children's sexual behavior in educational

settings (Knowles 2014). Obtaining a better understanding of what behaviors children are displaying in these settings provides valuable information to inform teacher education in this area as well as support systems for children. One hundred and seven Australian educators from care organizations, preschools, and government, independent, and Catholic primary schools participated in an extensive online questionnaire in relation to their understanding of and experiences with children's problematic sexual behaviors and their management strategies. Results found that 40.8% of educators had observed children displaying problematic sexual behavior in their educational setting. Educators' descriptions of their observations variously involved children physically acting out sexually with other children, sexually harassing other children, verbally attempting to coerce other children to participate in sexual behavior, and individual displays of sexual behavior. A minority described behaviors that are considered developmentally typical but are not socially acceptable in an educational setting. These results indicate that there is a need for educator training, child education, and support services to enable an early intervention and prevention strategy to support the well-being of children.

Shawler, P. M., Bard, M. E., Taylor, E. K., Wilsie, C., Funderburk, B., & Silovsky, J. F. (2018). Parent-Child Interaction Therapy and young children with Problematic Sexual Behavior: A conceptual overview and treatment considerations. *Children and Youth Services Review, 84*, 206-214. <https://doi.org/10.1016/j.chilyouth.2017.12.006>

Problematic Sexual Behavior (PSB) can be conceptualized as a distinct subset of externalizing behavior problems. Preschool children with PSB commonly have co-occurring nonsexual behavior problems, including disruptive behavior disorders (DBD). Behavioral parent training is the core component of effective treatments for DBD (Kaminski, Valle, Filene, & Boyle, 2008) and for PSB (St. Amand, Bard, & Silovsky, 2008). Parent-Child Interaction Therapy (PCIT) is an empirically supported evidence-based behavioral parent treatment program for young children ages 2 to 7 with disruptive behavior problems (California Evidence-Based Clearinghouse, 2017; Eyberg & Funderburk, 2011; Funderburk & Eyberg, 2011). However, due to the taboo nature of the topic and the potential impact and harm to other children, unique clinical issues can arise when behaviors are classified as "sexual." Adaptations to PCIT are recommended to address safety, physical boundaries, commonly held myths about the population, and other related issues. Conceptual background of PSB and the fit of behavioral parent training as a core intervention is provided, followed by details regarding augmentations to embed approaches to address PSB within PCIT.

Allen, B. (2017). Implementing Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) with preteen children displaying problematic sexual behavior. *Cognitive and Behavioral Practice*, 25(2), 240-249. <https://doi.org/10.1016/j.cbpra.2017.07.001>

Problematic sexual behavior (PSB) is a fairly common presenting concern among preteen children with histories of trauma. Unfortunately, relatively little information about these concerns are provided in training programs and clinicians often report lacking the skills and confidence to intervene when PSB is present. Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), on the other hand, is a well-known and well-validated intervention for children who experienced maltreatment and trauma. Current evidence-based treatment techniques for PSB are primarily cognitive-behavioral in nature and easily delivered within the standard TF-CBT protocol. This paper reviews the empirical and theoretical premises of evidence-based treatment techniques for PSB and discusses how the clinician can implement them within the context of TF-CBT, while maintaining fidelity to the TF-CBT protocol. Conducting an assessment to determine the appropriateness of this form of treatment is examined as well as recommendations on addressing safety issues that may be identified during assessment.

Allen, B. (2017). Children with sexual behavior problems: Clinical characteristics and relationship to child maltreatment. *Child Psychiatry & Human Development*, 48(2), 189-199. <https://doi.org/10.1007/s10578-016-0633-8>

Research examining children with sexual behavior problems (SBP) almost exclusively relies on caregiver reports. The current study, involving a sample of 1112 children drawn from a prospective study, utilizes child self-reports and teacher reports, as well caregiver-reports. First, analyses examined children displaying any SBP; a second set of analyses specifically examined children displaying interpersonal forms of SBP. Caregivers reported greater internalizing, externalizing, and social problems for children with general SBP and/or interpersonal SBP when compared to children without SBP. Caregiver concerns were rarely corroborated by teacher and child reports. Protective services records indicated that SBP was linked to childhood sexual abuse, but sexual abuse occurred in the minority of these cases. Physical abuse was more common among children with interpersonal forms of SBP. The data in the current study suggest the need for multiple reporters when assessing children presenting with SBP and that conventional views of these children may be misleading.

Calleja, N. G. (2017). Treating adolescents with sexual behavior problems--The Forward-Focused Model. *Juvenile Justice Update*, 23(2), 15.

This article introduces the forward focused model (FFM), an empirically guided model designed to treat adolescents with sexual behavioral problems. Designed to address the unique developmental needs of adolescents, the FFM integrates cognitive behavioral and motivational interventions in a family-focused and strengths-based manner. Intentionally deemphasizing the past, and with a particular emphasis on the youth's future and success, treatment stresses the achievement of long-term life outcomes.

Marriage, N. D., Blackley, A. S., Panagiotaros, K., Seklaoui, S. A., van den Bergh, J., & Hawkins, R. (2017). Assessing parental understanding of sexualized behavior in children and adolescents. *Child Abuse & Neglect*, 72, 196-205.
<https://doi.org/10.1016/j.chiabu.2017.08.009>

The current study assessed parents' ability to identify normal, concerning and harmful sexualized behaviors in children and adolescents, as well as the parents' ability to identify and select an appropriate level of intervention. The influence of a parent's relationship with the victim or the perpetrator on the level of action taken was also examined. A cross-sectional survey incorporating a randomized experimental vignette condition determined that parents (N=244) were not able to consistently identify sexualized behaviors accurately, and they provided lower than- recommended levels of intervention responses. Parents were best able to identify and respond to behaviors considered normal and age-appropriate, but had greater difficulty with behaviors considered concerning or harmful. Parents were significantly less able to accurately identify and respond to behaviors exhibited by very young children (in the 0–4 year-old age bracket). In three vignette comparisons, no significant difference in the level of intervention responses was found between parents who viewed the victim as their own child and parents who viewed the perpetrator as their child; while parents who viewed both the victim and perpetrator as being their children (siblings) reported lower intervention response levels. Because a lack of accurate knowledge around risks and indicators of child sexual abuse negatively affects the ability to prevent and detect abuse, the results have implications for a shift from a forensic model of child protection towards a public health model, which emphasizes parent and community education.

Grossi, L. M., Lee, A. F., Schuler, A., Ryan, J. L., & Prentky, R. A. (2016). Sexualized behaviors in cohorts of children in the child welfare system. *Child Abuse & Neglect*, 52, 49-61. <https://doi.org/10.1016/j.chiabu.2015.12.014>

The current retrospective archival study investigated the patterns of normative sexualized behavior (NSB), problematic sexualized behavior (PSB), and sexual perpetration for three age cohorts of boys and girls in a high-risk child welfare sample. All children in the present sample had exhibited some form of PSB in the past. We hypothesized that the incidence rates (IR) of NSBs would increase linearly from the early childhood cohort (Ages 2/3–7) to the middle childhood cohort (Ages 8–11) to the preadolescence/adolescence cohort (Ages 12–17), for girls and boys. Although the base rate of sexual behaviors generally increases as children age, children tend to hide sexual behaviors starting at an early age. We therefore hypothesized that a concave quadratic trend would be evident for most PSBs. We further predicted that older children would have a greater incidence of PSB, as well as more victims, compared with younger children. We found the predicted upward linear trend for NSB for both girls and boys, with minimal IR differences between the early childhood and middle childhood cohorts. IRs were remarkably high and comparable across age groups for both boys and girls, with respect to the same three PSBs. For the two perpetration history variables, there was a concave effect, with girls and boys in the middle childhood cohort exhibiting the lowest IR. Results are explained in the context of previously established patterns of sexualized behavior, as well as the reporting of such behaviors.

Louis, D. G. (2016). Playful cognitive-behavioral therapy for children with sexual behavior problems. In A. A. Drewes & C. E. Schaefer (Eds.), *Play therapy in middle childhood* (pp. 99-113). Washington, DC: American Psychological Association.

The National Center on Sexual Behavior of Youth (2003) defined children with sexual behavior problems (SBPs) as “children 12 years old or younger who demonstrate developmentally inappropriate or aggressive sexual behavior” (p. 1). Examples of inappropriate sexual behavior include self-focused excessive masturbation and coercion or force toward others (Friedrich, 2007). Research has increasingly confirmed that SBPs in young and school-age children can be successfully treated with short-term interventions. Psychoeducation, cognitive behavior therapy (CBT), and a family-focused model that involves the caregivers and helps correct misinformation for both the caregivers and the child can be very effective (Gil & Shaw, 2014). Playful CBT is a

developmentally sensitive adaptation of CBT that addresses symptom reduction and modification of attitudes, beliefs, and expectations. Playful CBT can be used to direct and educate the child in making more positive choices and challenging inappropriate thoughts and behaviors using puppets, figures, art materials, toys, and games in the playroom. Integrating empirically supported CBT techniques with play therapy can help children improve their coping skills, improve emotional regulation, and reduce behaviors that are creating dysfunction in their normal sexual development. Because of the age range of this population (preschool through 12 years), interventions can be adapted to the developmental, social, and cognitive skill level of the child. In this chapter, we review normal versus problematic sexual behavior, describe precipitating factors that contribute to problematic sexual behaviors, discuss developmental issues, and suggest play therapy interventions that can be used with children with SBPs. (PsycINFO Database Record © 2016 APA, all rights reserved)

Tougas, A. M., Boisvert, I., Tourigny, M., Lemieux, A., Tremblay, C., & Gagnon, M. M. (2016). Psychosocial profile of children having participated in an intervention program for their sexual behavior problems: The predictor role of maltreatment. *Journal of Child Sexual Abuse, 25*(2), 127-141. <https://doi.org/10.1080/10538712.2016.1120258>

This study sought to verify if a history of maltreatment may predict the psychosocial profile of children who participated in an intervention program aiming at reducing sexual behavior problems. Data were collected at both the beginning and the end of the intervention program using a clinical protocol and standardized tests selected on the basis of the intervention targets. In general, the results indicate that children who had experienced maltreatment display a psychosocial profile that is similar to that of children who had not experienced maltreatment. However, children who had experienced psychological abuse or neglect may display greater externalized or sexualized behaviors, whereas children who have a parent who had been a victim of sexual abuse may display fewer sexualized behaviors.

Allen, B., Thorn, B. L., & Gully, K. J. (2015). A comparison of self-reported emotional and trauma-related concerns among sexually abused children with and without sexual behavior problems. *Child Maltreatment, 20*(2), 136-140. <https://doi.org/10.1177/1077559514566864>

Numerous studies document concomitant features of sexual behavior problems (SBPs) among children 12 years of age or younger, but rarely does research involve child self-report assessments. This study provides the most comprehensive examination to date of self-reported concerns among children with SBP, using a large sample (N = 392) of clinically referred participants who reported sexual abuse histories. Children between the ages of 8 and 12 were categorized as demonstrating SBP (n = 203) or not demonstrating SBP (n = 189) as determined by scores on the Child Sexual Behavior Inventory. Children completed the Trauma Symptom Checklist for Children, and caregivers completed the Child Behavior Checklist. Self-reports of children showed that those with SBP reported significantly greater concerns in all areas, including sexual preoccupation and sexual distress, than their peers not demonstrating SBP. Caregivers of children in the SBP group reported greater concerns of internalizing and externalizing problems than the caregivers of children who did not have SBP. Implications for clinical practice and future research are discussed. Specifically, it is recommended that future research improve on the manner in which sexual abuse and SBPs were defined and assessed.

Latzman, N. E., & Latzman, R. D. (2015). Exploring the link between child sexual abuse and sexually intrusive behaviors: The moderating role of caregiver discipline strategy. *Journal of Child and Family Studies, 24*(2), 480-490. <https://doi.org/10.1007/s10826-013-9860-9>

Although it has been well documented that children who experience child sexual abuse (CSA) are at increased risk for developing sexually intrusive behaviors (SIB), there is considerable heterogeneity in symptom presentation. With the aim of elucidating potential moderating factors that both exacerbate and attenuate outcomes following CSA, the current study investigated caregiver discipline strategy as one potential factor that may moderate the relationship between CSA and SIB. Participants included 986 eight-year-old children (51.4 % female) drawn from the Longitudinal Studies of Child Abuse and Neglect consortium. Child maltreatment histories were collected every 2 years starting at age 4, and caregiver discipline strategies and SIB were assessed at age 8. Results confirm the lack of a simple pathway between CSA and SIB and indicate that

caregiver discipline strategy may represent a unique moderator for both exacerbating and attenuating risk for SIB following CSA. Specifically, for girls with a history of CSA, caregiver use of adaptive discipline resulted in lower levels of SIB, whereas caregiver use of physical discipline resulted in higher levels of SIB. The present study contributes to the ongoing discourse regarding the treatment of children who have experienced CSA and etiological pathways associated with the development of SIB.

Curwen, T., Jenkins, J. M., & Worling, J. R. (2014). Differentiating children with and without a history of repeated problematic sexual behavior. *Journal of Child Sexual Abuse, 23*(4), 462-480. <https://doi.org/10.1080/10538712.2014.906529>

Many adolescents who sexually offend commenced problematic sexual behaviors as children. There is little evidence to indicate which children may be at risk to continue problematic sexual behaviors and which children will desist once identified. The goal of this study was to determine variables that differentiate children who repeated problematic sexual behaviors following adult reprimand from those who did not. Predictive accuracy of 33 risk variables was investigated using 62 children assessed for problematic sexual behaviors. Eight individual variables were related to group membership, and a total score based on the combination of these variables was predictive of group membership. The results indicate variables that may assist in identifying children requiring intervention versus those likely to discontinue problematic sexual behaviors once they are identified and reprimanded.

Russell, A. (2014). [Multidisciplinary response to youth with sexual behavior problems](#). *William Mitchell Law Review, 40*(3), 1058-1082.

Allardyce, S., & Yates, P. M. (2013). [Assessing risk of victim crossover with children and young people who display harmful sexual behaviours](#). *Child Abuse Review, 22*(4), 255-267. <https://doi.org/10.1002/car.2277>

Assessments of children and young people who display harmful sexual behaviours need to consider – at a broad level – the safety of other children at home, in the community and in the wider family. To date, issues of victim selection have been marginalised in the relevant literature. Drawing on our experience of working with this client group, this article uses four composite case studies that reflect the heterogeneity of children and young people who sexually abuse and applies

recent research findings about intra- and extra-familial sexual abuse to make suggestions for good practice in assessment and intervention with young people who display harmful sexual behaviours in different settings. Copyright © 2013 John Wiley & Sons, Ltd.

Reicher, B. (2013). Denying denial in children with sexual behavior problems. *Journal of Child Sexual Abuse*, 22(1), 32-51. <https://doi.org/10.1080/10538712.2013.735356>

Denial in some form is almost always present in the assessment and therapy of children with sexual behavior problems. Although it can be a major element in the therapeutic interaction, denial has received scant attention, both in teaching programs and professional literature. It is as if the clinical community is “denying denial.” Despite its seemingly resistant nature, denial can be used to produce impressive inroads in data collection and in developing insight. This article offers an in-depth look at the construct of denial, especially its expression among children with sexual behavior problems. It will be argued that a more informed understanding of denial dynamics can creatively inform and direct treatment of children and adolescents with sexual behavior problems and considerably improve treatment outcome.

Everson, M. D., & Faller, K. C. (2012). Base rates, multiple indicators, and comprehensive forensic evaluations: Why sexualized behavior still counts in assessments of child sexual abuse allegations. *Journal of Child Sexual Abuse*, 21(1), 45-71. <https://doi.org/10.1080/10538712.2012.642470>

Developmentally inappropriate sexual behavior has long been viewed as a possible indicator of child sexual abuse. In recent years, however, the utility of sexualized behavior in forensic assessments of alleged child sexual abuse has been seriously challenged. This article addresses a number of the concerns that have been raised about the diagnostic value of sexualized behavior, including the claim that when population base rates for abuse are properly taken into account, the diagnostic value of sexualized behavior is insignificant. This article also identifies a best practice comprehensive evaluation model with a methodology that is effective in mitigating such concerns.

Lévesque, M., Bigras, M., & Pauzé, R. (2012). [Persistence of problematic sexual behaviors in children](https://doi.org/10.1080/15374416.2012.651991). *Journal of Clinical Child & Adolescent Psychology*, *41*(2), 239-245.
<https://doi.org/10.1080/15374416.2012.651991>

The purpose of this study was to identify personal and family predictors and correlates of persistence of problematic sexual behaviors (PSB) in children. Participants were the families of 49 children (ages 4–11 years) referred by Child Protective Services in 4 administrative districts of Quebec. Caregivers completed interviews and questionnaires twice at a 1-year interval. Results showed that 43% of children persisted with PSB. When age was controlled, greater exposure to sexualized behaviors in the family proved both a correlate and a predictor of PSB persistence in children 12 months later. Externalizing problems and somatic complaints emerged as correlates of PSB as well. Maltreatment subtypes did not predict PSB persistence.

Szanto, L., & Lyons, J. S. (2012). Childhood trauma experience and the expression of problematic sexual behavior in children and adolescents in state custody. *Residential Treatment for Children & Youth*, *29*(3), 231-249.
<https://doi.org/10.1080/0886571X.2012.702519>

The present study is designed to identify which types of trauma experiences interact with later development of normal and abnormal sexual behavior in children and adolescents. More specifically, our goal is to determine which types of trauma exposure are related to issues of sexuality, sexually reactive behavior, sexually aggressive behavior, and the combination of both sexually reactive and sexually aggressive behavior. A sample of 5,976 children ages 5 to 18 who were wards of the State of Illinois were studied. All children were assessed with the Child and Adolescent Needs and Strengths (CANS) at entry into care. These data were used to understand the relationship between prior trauma experiences and the expression of problematic sexual behavior. Child sexual abuse was the most common form of maltreatment found in children and adolescents with problematic sexual behaviors. However, other types of trauma experiences, especially exposure to violence, were also related. Sexual abuse and multiple trauma experiences both appear to have important possible etiological roles in the development of sexually problematic behaviors.

Hershkowitz, I. (2011). The effects of abuse history on sexually intrusive behavior by children: An analysis of child justice records. *Child Abuse & Neglect*, 35(1), 40-49.
<https://doi.org/10.1016/j.chiabu.2010.09.002>

A commonly cited risk factor for sexually intrusive behavior (SIB) among children and adolescents is a history of abuse. Based on a large and non-clinical nationwide sample of children who were investigated as abuse victims and suspects of SIBs in Israel over a decade, the present study examines the rate of abuse history among child suspects who have admitted SIBs. In addition, this study compares some personal and family characteristics as well as selected aspects of SIBs reported by children with and without a history of abuse. Abuse history is then used to predict the nature of SIBs after controlling for other predictors. National data files of the investigation of alleged child victims and child suspects aged 14 or under were electronically merged, allowing the identification of a sub-group of suspects, out of all suspects, who had a record of child abuse. Using only confirmed cases of boys with SIBs, child suspects with a record of abuse were compared to the larger group of child suspects with no record of abuse. Of 3,554 child suspects of SIBs, 345 or 9.7% had a formal record of abuse. Boys with a record of abuse engaged in SIBs at a younger age; were more likely to display mental disabilities; more often belonged to large size, single-parent, low SES, and immigrant families and were more likely to be removed from home to alternative care than boys with no record of abuse. The nature of SIBs varied across the groups, with victim-suspects more likely than their counterparts to act repeatedly, and to do so alone rather than in the presence of others. Victim-suspects were more likely to involve in SIBs with younger children, with siblings, and with unrelated children. Most aspects of SIBs were predicted by abuse history after controlling for other predictors, with some differences between age groups being evident. Although abuse history is uncommon among children displaying SIBs in this sample, it seems to affect the involvement of children at a younger age in more severe SIBs, posing a higher risk to other children. The low rate of abuse history among boys with SIBs suggests that clinical assessors of SIBs in children should not assume that these children have been victims of abuse or that abuse is a necessary component in the development of SIBs. This implies that the exploration of past abuse in the assessment of children with SIBs is not always relevant and that trauma-related components in the treatment of these children should be selective. As past-abuse is less related to SIB's for older children, the clinical focus on abuse is even less relevant for older children. However, when boys with SIBs have been past-victims, they seem to

be in greater need for treatment than other boys with SIBs. Moreover, the dynamics of SIBs by past victims should raise more concern for older than for younger children.

Wurtele, S. K., & Kenny, M. C. (2011). Normative sexuality development in childhood: Implications for developmental guidance and prevention of childhood sexual abuse. *Counseling and Human Development, 43*(9), 1-24.

Our primary goal in this article is to review what is known about normative and nonnormative sexual behavior and knowledge among children 12 years and younger. Second, we review what is known about contextual influences on children's sexual behaviors. What is deemed "normal" sexual behavior is determined by social, cultural, and familial contexts (Elkovitch, Latzman, Hansen, & Flood, 2009; Frayser, 1994; Friedrich, Sandfort, Oostveen, & Cohen-Kettens, 2000; Heiman et al., 1998; Pithers, Gray, Busconi, & Houchens, 1998). Third, we use these findings to offer suggestions for how parents and other adults can provide sexual abuse prevention education while simultaneously promoting children's healthy sexual development. Children who do not know about these two topics--sexuality and body safely--are more vulnerable to sexual abuse (Wurtele & Berkower, 2010). Finally, we will offer guidelines for parents, childcare providers, teachers, and counselors about how to respond to normal and problematic sexual behaviors. Parents and professionals working with children frequently ask questions about the normality of children's sexual behaviors. They often want to know whether the behaviors are typical and to be expected, or are an indication that the child has been sexually abused. More important, they want to know how to address children's sexual behaviors. We will provide guidance on responding to sexual behaviors and suggest ways adults can help children grow into happy, healthy sexual adults.

Elkovitch, N., Latzman, R. D., Hansen, D. J., & Flood, M. F. (2009). [Understanding child sexual behavior problems: A developmental psychopathology framework](https://doi.org/10.1016/j.cpr.2009.06.006). *Clinical Psychology Review, 29*(7), 586-598. <https://doi.org/10.1016/j.cpr.2009.06.006>

Children exhibiting sexual behavior have increasingly gained the attention of child welfare and mental health systems, as well as the scientific community. While a heterogeneous group, children with sexual behavior problems consistently demonstrate a number of problems related to adjustment and overall development. In order to appropriately intervene with these children, a comprehensive understanding of etiology is imperative. The overarching goal of the present paper is to review the extant research on mechanisms associated with the development of problematic

sexual behavior in childhood within a developmental psychopathology framework. What is known about normative and nonnormative sexual behavior in childhood is reviewed, highlighting definitional challenges and age-related developmental differences. Further, the relationship between child sexual abuse and child sexual behavior problems is discussed, drawing attention to factors impacting this relationship. Risk factors for child sexual behavior problems, beyond that of sexual abuse, are also reviewed utilizing a transactional-ecological framework. Finally, we conclude with a discussion of implications of a developmental psychopathology perspective on problematic child sexual behaviors to inform future research and intervention efforts. Such implications include the need for attention to normative childhood sexual behavior, developmental sensitivity, and examinations of ecological domain in concert.

Grant, R., & Lundeberg, L. H. (2009). *Interventions for children with sexual behavior problems: Research, theory, and treatment*. Kingston, NJ: Civic Research Institute.

Kellogg, N. D. (2009). Clinical Report – The evaluation of sexual behaviors in children. *American Academy of Pediatrics, 124*(3), 992-998.

Most children will engage in sexual behaviors at some time during childhood. These behaviors may be normal but can be confusing and concerning to parents or disruptive or intrusive to others. Knowledge of age-appropriate sexual behaviors that vary with situational and environmental factors can assist the clinician in differentiating normal sexual behaviors from sexual behavior problems. Most situations that involve sexual behaviors in young children do not require child protective services intervention; for behaviors that are age-appropriate and transient, the pediatrician may provide guidance in supervision and monitoring of the behavior. If the behavior is intrusive, hurtful, and/or age-inappropriate, a more comprehensive assessment is warranted. Some children with sexual behavior problems may reside or have resided in homes characterized by inconsistent parenting, violence, abuse, or neglect and may require more immediate intervention and referrals.

Kisiel, C., Fehrenbach, T., Small, L., & Lyons, J. S. (2009). Assessment of complex trauma exposure, responses, and service needs among children and adolescents in child welfare. *Journal of Child and Adolescent Trauma*, 2(3), 143-160. <https://doi.org/10.1080/19361520903120467>

Exposure to multiple, chronic interpersonal traumas, often referred to as complex trauma exposure, can impact several areas of mental health need and functioning. A comprehensive assessment of needs and strengths is essential to making appropriate service recommendations. This study assessed 4,272 youth within the Illinois child welfare system using the Child and Adolescent Needs and Strengths (CANS). A significant proportion of this sample had multiple/chronic caregiver-related trauma. Children with this complex trauma exposure exhibited more traumatic stress and mental health symptoms, risk behaviors, and day-to-day functioning difficulties, and fewer strengths compared to other children. Implications for these findings are discussed in terms of appropriate treatment/service planning and improved diagnostic classification to better capture the complex trauma needs among youth in child welfare.

Thigpen, J. W., & Fortenberry, J. D. (2009). Understanding variation in normative childhood sexual behavior: The significance of family context. *Social Service Review*, 83(4), 611-631. <https://doi.org/10.1086/650401>

The sexual behavior of children is understudied and not well understood. Applying a social constructionist perspective to childhood sexual behavior, researchers in the present study investigate familial factors that influence the normal expression of such behavior. Analysis of data from primary caregivers of preadolescent African American children shows that childhood sexual behavior varies in accordance with the sexual beliefs and customs of the family. The family structure and the educational status of the primary caregiver also are found to be correlated with childhood sexual behavior. The authors suggest that although the findings must be interpreted cautiously, they provide evidence for the usefulness of a social constructionist perspective, thus illustrating the importance of considering the familial context in assessing childhood sexual behavior. Modified Author Abstract.

Vosmer, S., Hackett, S., & Callanan, M. (2009). “Normal” and “inappropriate” childhood sexual behaviours: Findings from a Delphi study of professionals in the United Kingdom. *Journal of Sexual Aggression*, 15(3), 275-288.
<https://doi.org/10.1080/13552600902915984>

This paper presents the results of a three-stage Delphi study examining the current level of consensus among 24 professionals in the United Kingdom regarding definitions of and distinctions between normal, inappropriate and sexually abusive behaviours in children under 10 years, as well as factors influencing their views. Although firm conclusions cannot be drawn, findings indicate high consensus that children should not be called “sex offenders/abusers” and that behaviours which use force or resemble adult sexual behaviours are concerning. Watching pornography was rated similarly. A high consensus regarding acceptable sexual behaviours was obtained on a couple of items. Divergent views existed regarding various sexual behaviours, and no consensus was reached on what terminology should be used. Professionals agreed that their views were influenced to some extent by professional and personal experiences, and values. Implications for clinical work and research are discussed.

Chaffin, M. (2008). Our minds are made up—Don't confuse us with the facts: Commentary on policies concerning children with sexual behavior problems and juvenile sex offenders. *Child Maltreatment*, 13(2), 110-121.
<https://doi.org/10.1177/1077559508314510>

This commentary examines four common policy-relevant perceptions of teen and preteen sex offenders—high risk, “specialness,” homogeneity, and intransigence. Each perception is contrasted with long-standing as well as more current scientific facts. It is argued that public policies for these youth have been fundamentally driven by misperceptions, resulting in a set of well-intentioned but ultimately flawed policies and practices that are unlikely to deliver either child protection or juvenile justice benefits. These include federal and state policies pertaining to public registration and notification, community management, institutional placement, treatment approaches, and treatment standards. The research evidence about these juveniles is considerably more positive than current policies or clinical practices might suggest, and reflects a sharp disconnect between popular policy-relevant perceptions and the facts as we know them about these diverse cases.

Chaffin, M., Berliner, L., Block, R., Johnson, T., Friedrich, W., Louis, D., Lyon, T.D., Page, I. J., Prescott, D., Silovsky, J. F., & Madden, C. (2008). Report of the ATSA task force on children with sexual behavior problems. *Child Maltreatment, 13*(2), 199-218.
<https://doi.org/10.1177/1077559507306718>

The Association for the Treatment of Sexual Abusers (ATSA) Task Force on Children With Sexual Behavior Problems was formed by the ATSA Board of Directors as part of ATSA's overall mission of promoting effective intervention and management practices for individuals who have engaged in abusive sexual behavior. The task force was charged to produce a report intended to guide professional practices with children, ages 12 and younger. Specifically, the task force was asked to address how assessment should be linked to intervention activities, what intervention models or components are most effective, and the role of family involvement in intervention. The task force also addressed a number of scientific and public policy issues concerning children with sexual behavior problems (SBP). The task force report begins with an introductory section that offers a working definition of children with SBP, reviews existing theory models about the etiology of SBP, and reviews the overlap of SBP with other problems. Research on population subtypes and the relationship of SBP to early sexual abuse and other risk factors is reviewed.

Letourneau, E. J., Chapman, J. E., & Schoenwald, S. K. (2008). [Treatment outcome and criminal offending by youth with sexual behavior problems](https://doi.org/10.1177/1077559507306717). *Child Maltreatment, 13*(2), 133-144.
<https://doi.org/10.1177/1077559507306717>

Children and adolescents treated for general delinquency problems and rated by caregivers as having sexual behavior problems (SBP; N = 696) were compared with youth from the same sample with no sexual behavior problems (NSBP; N = 1,185). Treatment outcome through 12-months posttreatment and criminal offending through an average 48-month posttreatment were compared for both groups. It was hypothesized that both groups would improve over time; however, the SBP group would evidence greater psychopathology at follow-up, and these hypotheses were supported. It was further hypothesized that youth with SBP would not differ from youth with NSBP in rates of future sexual or nonsexual offenses. These hypotheses were also supported. SBP group membership was not a significant predictive factor in analyses modeling future offending (any) or future person offenses. Few youth in either group had sexual offenses. The importance of these findings for clinical and policy decision making is discussed.

Merrick, M. T., Litrownik, A. J., Everson, M. E., & Cox, C. E. (2008). Beyond sexual abuse: The impact of other maltreatment experiences on sexualized behaviors. *Child Maltreatment, 13*(2), 122-132. <https://doi.org/10.1177/1077559507306715>

This study sought to broaden research findings linking maltreatment to sexualized behaviors by investigating whether maltreatment experiences other than sexual abuse predict such behaviors. The sample included 690 children without reported sexual abuse histories who are participants in the LONGSCAN Consortium, a prospective multisite investigation of childhood maltreatment. Child Protective Service reports before age 8 years and caregiver reports on the Child Sexual Behavior Inventory-II at age 8 years were used to examine the relationship between maltreatment timing and type, and sexualized behaviors. Logistic regression analyses suggested that early (< 4) and late (4-8) reports of physical abuse were associated with more sexualized behaviors (odds ratios = 1.9-2.6). The pattern differed by gender, with physical abuse predicting sexual intrusiveness and displaying private parts in boys, and boundary problems in girls. Findings suggest that maltreatment other than sexual abuse, and the developmental periods in which it occurs, may be linked to the development of sexualized behaviors.

Offermann, B. J., Johnson, E., Johnson-Brooks, S. T., & Belcher, H. E. (2008). Get SMART: Effective treatment for sexually abused children with problematic sexual behavior. *Journal of Child & Adolescent Trauma, 1*(3), 179-191. <https://doi.org/10.1177/1077559507306715>

Nearly 20% of children with a history of sexual abuse develop problematic sexual behaviors (PSBs). Effective mental health treatments for this specialized population are limited. This article presents outcome data on 62 children enrolled in the preliminary trial of the Safety, Mentoring, Advocacy, Recovery, and Treatment (SMART) model. SMART integrates individual, family, and group therapy in a strengths-based, problem-focused treatment model targeting PSB. Significant improvements were found in measures of functional impairment and PSB after participating in SMART. This preliminary study supports the effectiveness of the SMART model in ameliorating the PSB symptoms of young, sexually abused children.

Silovsky, J. F., & Swisher, L. M. (2008). Sexual development and sexual behavior problems. In M. L. Wolraich, P. Dworkin, D. Drotar, & Perrin, E. (Eds.), *Developmental and Behavioral Pediatrics: Evidence and Practice* (pp.805-824). Philadelphia: Elsevier.

St. Amand, A., Silovsky, J. F., & Bard, D. (2008). [Meta-analysis of treatment for child sexual behavior problems: Practice elements and outcomes](https://doi.org/10.1177/1077559508315353). *Child Maltreatment*, 13(2), 145-166. <https://doi.org/10.1177/1077559508315353>

This meta-analysis of 11 treatment outcome studies evaluated 18 specific treatments of sexual behavior problems (SBP) as a primary or secondary target. Specifically, it examines relations among child characteristics, treatment characteristics (including practice elements), and short-term outcome (including sexual and general behavior problems). Utilizing pre- and postintervention results, the overall degree of change over the course of treatment was estimated at a 0.46 and 0.49 standard deviation decline in SBP and general behavior problems, respectively. As hypothesized, the caregiver practice element Parenting/Behavior Management Skills (BPT) predicted the Child Sexual Behavior Inventory (and the Child Behavior Checklist when BPT was combined with caregiver Rules about Sexual Behaviors). In contrast, practice elements that evolved from Adult Sex Offender (ASO) treatments were not significant predictors. BPT and preschool age group provided the best model fit and more strongly predicted outcome than broad treatment type classifications (e.g., Play Therapy or Cognitive Behavior Therapy). Results question current treatments for children with SBP that are based on ASO models of treatment without caregiver involvement.

Swisher, L. M., Silovsky, J. F., Stuart, J. R. H., & Pierce, K. (2008). Children with sexual behavior problems. *Juvenile and Family Court Journal*, 59(4), 49-69. <https://doi.org/10.1111/j.1755-6988.2008.00021.x>

Judges are encountering more cases (both dependent and delinquent) involving juveniles under the age of 12 who have acted out sexually. The youth's own trauma history and protection issues often complicate the cases. This article reviews the research about treatment for children with sexual behavior problems (SBP) and discusses guidelines for making placement decisions in order to assist judges to determine an appropriate level of response in cases of children with SBP. To this end, information about typical sexual development with strategies for determining whether a sexual behavior is problematic or developmentally appropriate is provided. Children with SBP are contrasted with adolescent and adult sexual offenders. Assessment and treatment guidelines based

on the current state of clinical research are provided, noting that a number of treatments have demonstrated efficacy with SBP in children. Information to facilitate decision making regarding residential placement, school participation, and family reunification is provided. Public policy should be based on scientific results and reflect the very low risk posed by children with SBP when making decisions about application of the Adam Walsh Act and national lifetime registries in general.

Tarren-Sweeney, M. (2008). [Predictors of problematic sexual behavior among children with complex maltreatment histories](https://doi.org/10.1177/1077559508316043). *Child Maltreatment*, 13(2), 182-198.
<https://doi.org/10.1177/1077559508316043>

Exploratory analyses of sexual behavior problems (SBP) were conducted within a larger epidemiological study of 347 preadolescent children in foster and kinship care. SBP was estimated from caregiver-reported scores on the Assessment Checklist for Children. The study simultaneously examined a large number of discrete and cumulative influences on the development of children at high risk for SBP. Most children with SBP had corresponding psychopathology, most notably conduct problems, inattention, and interpersonal behavior problems suggestive of attachment disturbances. Several correlates identified in previous studies were not associated with SBP. High concordance of SBP was found among 52 sibling dyads. Independent predictors of SBP were older age at entry into care, female gender, placement instability, and contact sexual abuse. The findings emphasize the significance of cumulative risk among children exposed to multiple adversities. The findings generated several hypothesized mechanisms involving attachment disturbances.

Friedrich, W. N. (2007). *Children with sexual behavior problems: Family-based, attachment-focused therapy*. New York: W.W. Norton & Company.

Silovsky, J. F., Niec, L., Bard, D., & Hecht, D. B. (2007). Treatment for preschool children with interpersonal sexual behavior problems: A pilot study. *Journal of Clinical Child and Adolescent Psychology*, 36(3), 378-391. <https://doi.org/10.1080/15374410701444330>

This pilot study evaluated a 12-week group treatment program for preschool children with interpersonal sexual behavior problems (SBP; $N = 85$; 53 completed at least 8 sessions). Many children presented with co-occurring trauma symptoms and disruptive behaviors. In intent-to-treat

analysis, a significant linear reduction in SBP due to number of treatment sessions attended was found, an effect that was independent of linear reductions affiliated with elapsed time. Under the assumption that treatment can have an incremental impact, more than one third of the variance was accounted for by treatment effects, with female and older children most favorably impacted. Caregivers reported increase in knowledge, satisfaction, and usefulness of treatment. In addition to replication, future research is needed to examine (a) effects of environment change and time on SBP, (b) stability of treatment effects, and (c) best practices to integrate evidence-based treatments for comorbid conditions.

Carpentier, M. Y., Silovsky, J. F., & Chaffin, M. (2006). Randomized trial of treatment for children with sexual behavior problems: Ten-year follow-up. *Journal of Consulting and Clinical Psychology, 74*(3), 482-488. <https://doi.org/10.1037/0022-006X.74.3.482>

This study prospectively follows 135 children 5-12 years of age with sexual behavior problems from a randomized trial comparing a 12-session group cognitive-behavioral therapy (CBT) with group play therapy and follows 156 general clinic children with nonsexual behavior problems. Ten-year follow-up data on future juvenile and adult arrests and child welfare perpetration reports were collected. The CBT group had significantly fewer future sex offenses than the play therapy group (2% vs. 10%) and did not differ from the general clinic comparison (3%), supporting the use of short-term CBT. There were no group differences in nonsexual offenses (21%). The findings do not support assumptions about persistent or difficult to modify risk and raise questions about policies and practices founded on this assumption. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Carpentier, M., Silovsky, J. F., & Chaffin, M. (2006). 10 year follow-up supports cognitive-behavioral treatment for children with sexual behavior problems: Implications for services, treatment implementation, and future directions. *ATSA Forum*, 1-21.

Chaffin, M., Berliner, L., Block, R., Johnson, T., Friedrich, W., Louis, D., Lyon, T.D., Page, J., Prescott, D., & Silovsky, J. F. (2006). [Report of the task force on children with sexual behavior problems](#). Beaverton, OR: Association for the Treatment of Sexual Abusers.

The Association for the Treatment of Sexual Abusers (ATSA) Task Force on Children with Sexual Behavior Problems was formed by the ATSA Board of Directors as part of ATSA's overall mission of promoting effective intervention and management practices for individuals who have engaged

in abusive sexual behavior. The Task Force was charged to produce a report intended to guide professional practices with children, ages 12 and under. Specifically, the Task Force was asked to address how assessment should be linked to intervention activities, what intervention models or components are most effective, and the role of family involvement in intervention. The Task Force also addressed a number of scientific and public policy issues concerning children with sexual behavior problems (SBP).

Santtila, P., Sandnabba, N. K., Wannas, M., & Krook, K. (2005). Multivariate structure of sexual behaviors in children: Associations with age, social competence, life stressors and behavioral disorders. *Early Child Development and Care, 175*(1), 3-21.
<https://doi.org/10.1080/0300443042000206246>

The purpose of the present research was to explore the sexual behavior of children in Finnish daycare centers in order to identify subsets of homogeneous behaviors. The aim was also to explore effects of moderating factors, such as negative life events and behavioral disturbances, on the presence of variables within these subsets. A representative sample of 364 Finnish children not screened for developmental delay, sexual abuse history or psychiatric problems (181 girls and 183 boys) in 190 daycare centers were studied using the ‘Day-Care Sexuality Questionnaire’ using members from the personnel as informants. For boys 37 sexual behavior items and for girls 31 sexual behavior items were selected for analyses in the present study. The results of the principal components analyses were clear and logical. For boys, four factors (masturbatory/genital self-touch, sexual swearing/exhibitionism, closeness seeking/gender confusion, intrusive/defensive sexual behavior) and for girls three factors (closeness seeking/gender confusion, masturbatory/genital self-touch, closeness aversion) were identified. Several moderating factors affecting the occurrence of sexual behaviors on the different scales were identified. Generally speaking, negative life events and behavioral disturbances as well as positive personnel attitudes towards sexuality were associated with increased scale scores. In conclusion, sexual behaviors of children form clear clusters that are affected by a number of factors related to both the experiences of the children and the attitudes held by important adults and organizations surrounding them.

Friedrich, W. N., Lysne, M., Sim, L., & Shamos, S. (2004). Assessing sexual behavior in high-risk adolescents with the Adolescent Clinical Sexual Behavior Inventory (ACSBI). *Child Maltreatment, 9*(3), 239-250. <https://doi.org/10.1177/1077559504266907>

This study examined the reliability and validity of the Adolescent Clinical Sexual Behavior Inventory (ACSBI), a new 45-item measure, designed to elicit parent-and self-report regarding a range of sexual behaviors in high-risk adolescents. Using this measure, this study also investigated predictors of adolescent sexual behavior. Participants were 174 adolescents and their parents consecutively admitted to one of three clinical settings (i.e., inpatient treatment, partial hospital program, and outpatient clinic). Parent-and self-reports of adolescent sexual behavior were moderately correlated, and there was a strong relationship between high-risk sexual behavior and adolescent emotional and behavioral problems, as well as sexual concerns, distress, and preoccupation. In addition to sexual abuse, physical abuse, life stress, and impaired family relationships also significantly predicted sexual behavior in adolescents.

Honor, G. (2004). Sexual behavior in children: Normal or not?. *Journal of Pediatric Health Care, 18*(2), 57-64. [https://doi.org/10.1016/S0891-5245\(03\)00154-8](https://doi.org/10.1016/S0891-5245(03)00154-8)

Sexual abuse is a problem of epidemic proportions in the United States. Given the scope of the problem of sexual abuse and the amount of media attention it receives, it is not unusual for parents or caretakers who witness a child exhibiting sexual behavior to become alarmed. Primary care providers, including pediatric nurse practitioners, may be the first professional parents contact with concerns regarding a child's sexual behavior. It is imperative that primary care providers understand childhood sexuality and respond appropriately when confronted with child sexual behaviors in their practice. Although the literature includes little research on the subject of normal child sexual development, certain guidelines have been identified to describe normal child sexual behaviors and those of concern. Case studies illustrate the response of two primary care providers when they are confronted with sexual behaviors in their patients. Implications for practice are discussed, with examples and guidelines provided for primary care providers to use when evaluating sexual behavior in their pediatric patients.

Letourneau, E. J., Schoenwald, S. K., & Sheidow, A. J. (2004). Children and adolescents with sexual behavior problems. *Child Maltreatment*, 9(1), 49-61.
<https://doi.org/10.1177/1077559503260308>

Youth with substantial sexual behavior problems (n = 166) were compared with youth from the same sample with few sexual behavior problems (n = 413) and with no sexual behavior problems (n = 943). It was hypothesized that youth with significant sexual behavior problems would be characterized by higher rates of sexual and physical abuse and higher rates of internalizing problems relative to youth without sexual behavior problems and that all youth would evidence a positive treatment response to multisystemic therapy. Relative to youth with no sexual behavior problems, youth with significant sexual behavior problems were more likely to have been sexually or physically abused and had higher rates of internalizing and externalizing behavior problems. These youth were also more likely to include girls, were younger, and had more social problems than youth with no sexual behavior problems. Youth in all groups responded with clinically relevant and statistically significant reductions in problem behaviors at posttreatment.

Longo, R. E. (2004). Using experiential exercises in treating adolescents with sexual behavior problems. *Sexual Addiction & Compulsivity*, 11(4), 249-263.
<https://doi.org/10.1080/10720160490900623>

This article promotes the use of experiential exercises in treating adolescents with sexual behavior problems. Even when exploring compulsive, impulsive, and addictive behaviors, experiential and expressive therapies can open up thinking and emotions in ways that may not occur with traditional talk therapies. Adolescents have a variety of learning styles, and some may not be easily engaged in treatment through traditional sit down, talk therapy. The use of experiential exercises in treating adolescents with sexual behavior problems provides the clinician with an opportunity to use a variety of learning styles in doing meaningful clinical work. The use of experiential exercises takes into account that (a) adolescents are resilient, (b) adolescents learn in a variety of ways, (c) adolescents can be motivated to explore personal issues when they are engaged in experiential exercises, and (d) the use of experiential treatments can have a positive and profound impact in treating adolescents with sexual behavior problems.

Price, D. (2004). Youth with problem sexual behaviors: Integrating diverse models of treatment. *Sexual Addiction & Compulsivity, 11*(4), 183-186.
<https://doi.org/10.1080/10720160490900542>

Rasmussen, L. A. (2004). Differentiating youth who sexually abuse: Applying a multidimensional framework when assessing and treating subtypes. *Journal of Child Sexual Abuse, 13*(3), 57-82. https://doi.org/10.1300/J070v13n03_04

Recent empirical research has shown that children with sexual behavior problems and adolescents who offend sexually are diverse populations consisting of several subtypes (Hall, Mathews, & Pearce, 2002; Pithers, Gray, Busconi, & Houchens, 1998; Worling, 2001). This article reviews the descriptive and empirical research related to identifying subtypes of children with sexual behavior problems and adolescents who offend sexually. Examples of clinically and empirically derived typologies are presented. The author discusses how data from the empirically derived typologies can be incorporated within a multidimensional assessment framework based on the Trauma Outcome Process model (Burton, Rasmussen, Bradshaw, Christopherson, & Huke, 1998; Rasmussen, Burton, & Christopherson, 1992; Rasmussen, 1999, 2001, 2002). The application of this framework in assessing and treating children with sexual behavior problems and adolescents who offend sexually is described.

Thanasiu, P. L. (2004). Childhood sexuality: Discerning healthy from abnormal sexual behaviors. *Journal of Mental Health Counseling, 26*(4), 309-319.
<https://doi.org/10.17744/mehc.26.4.y0ndah5y1hkm18cf>

Empirically determined characteristics that mental health counselors can use as a reference when assessing the normalcy of sexual behaviors in preadolescent children are summarized. Once sexual behaviors have been determined to be problematic, mental health counselors need to be aware of and address factors that will affect children's sexual attitudes and behaviors.

Friedrich, W. N., Davies, W., Feher, E., & Wright, J. (2003). Sexual behavior problems in preteen children. *Annals of the New York Academy of Sciences, 989*(1), 95-104.
<https://doi.org/10.1111/j.1749-6632.2003.tb07296.x>

A large sample of 2–12 year old children ($N= 2311$) was studied to determine the relationship between three sexually intrusive behavior items (SIBs) measured by the Child Sexual Behavior Inventory (CSBI) and a range of developmental, ecological, and behavioral correlates. The

variables studied included age, gender, race, family income, single parent status, maternal education, family sexual behaviors, physical abuse, sexual abuse, domestic violence, social competence of the child, and three scales from the CBCL (Internalizing, Externalizing, and PTSD). Sexual abuse was not the primary predictor of SIB, but a model incorporating family adversity, modeling of coercive behavior, child behavior, and modeling of sexuality predicted a significant amount of variance.

Salter, D. M., D., Richards, M., Talbot, T., Hodges, J., Bentovim, A., et al. (2003). Development of sexually abusive behavior in sexually victimized males: A longitudinal study. *Lancet*, 361(9356), 471-476. [https://doi.org/10.1016/S0140-6736\(03\)12466-X](https://doi.org/10.1016/S0140-6736(03)12466-X)

Sexual maltreatment is one of the most common forms of child abuse. To identify risk factors for sexually abusive behaviour by adults, we prospectively assessed childhood experiences and personal characteristics of male child victims who became abusers in later life. In a longitudinal study (7–19 years duration), we included 224 former male victims of sexual abuse. Risk factors contemporaneous with the abuse, and putative protective influences, were identified from social service and clinical records. Evidence of later criminal acts was obtained from a nationwide search of official records. Of the 224 former victims, 26 had subsequently committed sexual offences (victim-abusers), in almost all cases with children, mainly outside their families. Risk factors during childhood for later offending included material neglect (odds ratio 3·4, 95% CI 1·2–9·7), lack of supervision (3·0, 1·1–8·3), and sexual abuse by a female person (3·0, 1·1–8·7). Victim-abusers had more frequently witnessed serious intrafamilial violence (3·1, 1·0–10·0). Six (29%) of 21 victim-abusers on whom we had relevant data had been cruel to animals (7·9, 2·0–31·4). No single putative protective factor, nor a composite protective index, significantly reduced the risk of paedophilic behaviour. Most male victims of child sexual abuse do not become paedophiles, but particular experiences and patterns of childhood behaviour are associated with an increased risk of victims becoming abusers in later life. Our findings have implications for the design of selective interventions with a vulnerable subgroup of male victims, aimed at reducing the risk of paedophilic behaviour in later life.

Thigpen, J. W., Pinkston, E. M., & Mayefsky, J. (2003). Normative sexual behavior of African American children: Preliminary finding. In J. Bancroft (Ed.), *Sexual development in childhood* (pp. 241-254). Bloomington: Indiana University Press.

Bonner, B. L., Walker, C. E., Berliner, L., & Center, S. A. (2002). [Treatment manual for cognitive-behavioral group therapy for children with sexual behavior problems](#). Center on Child Abuse and Neglect.

This manual presents an outline of each of the 12 group sessions for the children and is accompanied by a separate manual for the parents. The session outlines include the objectives for each session, the materials needed, the topics to be covered, suggested content for covering the topics, and questions for the children's weekly assessment. An appendix is attached that has copies of the handouts used in each session.

Friedrich, W. N., & Trane, S. T. (2002). Sexual behavior in children across multiple settings. *Child Abuse & Neglect*, 26(3), 243-245.

Hall, D. K., Mathews, F., & Pearce, J. (2002). Sexual behavior problems in sexually abused children: A preliminary typology. *Child Abuse & Neglect*, 26(3), 289-312.
[https://doi.org/10.1016/S0145-2134\(01\)00326-X](https://doi.org/10.1016/S0145-2134(01)00326-X)

The goal was to develop an empirically derived typology for sexually abused children exhibiting sexual behavior problems to assist practitioners in differential assessment, treatment, and case planning. Data were systematically gathered from the clinical records of 100 sexually abused children, aged 3 years to 7 years, enrolled in two treatment programs. Twelve indexes were created corresponding to major areas of child and family history, functioning, and treatment response. After initial sorting into subgroups based on the presence or absence of interpersonal sexual behavior problems, further subdivision was based on hierarchical cluster analysis. Five distinctive sexual behavior profiles emerged: (1) developmentally expected; and developmentally problematic (2) interpersonal, unplanned, (3) self-focused, (4) interpersonal, planned (noncoercive), and (5) interpersonal, planned (coercive). Elements of the child's sexual abuse experience, opportunities to learn/practice problematic sexual behavior, and familial variables best differentiated between the types. The five types differed not only in child sexual behavior but in most areas of child and family functioning, including treatment outcome. The findings offer support for the development of an empirically-based typology for children with sexual behavior

problems utilizing a range of variables which go beyond typical classification systems based on offender and victim characteristics.

Johnson, T. C. (2002). Some considerations about sexual abuse and children with sexual behavior problems. *Journal of Trauma & Dissociation*, 3(4), 83-105.
https://doi.org/10.1300/J229v03n04_05

In the mid-1980s treatment programs for children twelve years and younger who molested other children began to appear. There was little known about these children and there were numerous misconceptions about this population. It was believed that the primary etiological factor in the development of this behavior was previous hands-on sexual abuse to the child. It was also believed that a majority of sexually abused children would engage in problematic sexual behaviors and that it was quite likely that they would go on to molest others. In the intervening years a great deal has been learned about children who molest. The diversity of reasons for the development of problematic sexual behavior has been researched. Another important finding is that there is a range of disturbed sexual behaviors in children. This is important as there has been an overidentification of children who engage in problematic sexual behaviors as children who are molesting. A continuum of sexual behaviors in children is described which delineates three groups of children who engage in problematic sexual behavior, only one of which is molesting other children. With this understanding professionals can distinguish between children who engage in natural and healthy sexual behaviors, sexually-reactive behaviors, extensive but mutual sexual behaviors, and children who molest. This assists in more accurate assessment and treatment planning in an era in which children can be placed on sex offender registries and potentially be subject to community notification.

Kools, S., & Kennedy, C. (2002). Child sexual abuse treatment: Misinterpretation and mismanagement of child sexual behavior. *Child: Care, Health & Development*, 28(3), 211-218. <https://doi.org/10.1046/j.1365-2214.2002.00264.x>

The purpose of the study was to examine caregiver understanding of the impact of child sexual abuse and the management of abused children in residential treatment. A purposive sample of 20 registered nurses and child care workers were interviewed about their experiences working in residential treatment and their knowledge about child development and child sexual abuse and its application to practice. Data from interviews and field notes were analysed using dimensional

analysis. Caregivers had limited knowledge of the sequelae of child sexual abuse. Developmentally appropriate behaviour of sexually abused children, as well as behavioural manifestations of child sexual abuse, were often misinterpreted and mismanaged. Residential care of sexually abused children should be based on sound developmental principles and caregiver sensitivity.

Silovsky, J. F., & Niec, L. (2002). Characteristics of young children with sexual behavior problems: A pilot study. *Child Maltreatment*, 7(3), 187-197.
<https://doi.org/10.1177/1077559502007003002>

Sexual behavior problems (SBP) have been increasingly recognized in young children. Despite rising awareness, previous research has focused on school-age children with SBP and adolescent sex offenders. The purpose of the current study was to investigate the history, adjustment, and social environment of preschool children with SBP. Thirty-seven young children with SBP were evaluated. As expected, significant emotional and behavior problems were evident, and caregivers reported high levels of stress related to parenting. Contrary to findings among school-age samples, more of the children were female (65%) than male (35%). Many (62%) did not have substantiated histories of sexual abuse. Many children had experienced physical abuse (47%) and/or witnessed interparental violence (58%). Only four (11%) had no known history of sexual abuse, physical abuse, or witnessing domestic violence. Although further research is necessary, results supported the need to consider the developmentally unique presentation of young children with SBP.

Baker, A. J. L., Schmeiderman, M., & Parker, R. (2001). A survey of problematic sexualized behaviors of children in the New York City child welfare system: Estimates of problem, impact on services, and need for training. *Journal of Child Sexual Abuse*, 10(4), 67-80.
https://doi.org/10.1300/J070v10n04_05

Forty-eight of 52 (92%) agencies contracted with the New York City Administration for Children's Services (ACS) responded to a survey about problematic sexualized behaviors (PSB) of children in different levels of care within the child welfare system. Results revealed that almost all agencies reported PSB within their foster boarding home and residential treatment centers. A majority of agencies perceived PSB to be a significant problem for which staff and families were not sufficiently trained. These findings highlight many avenues for advocacy, clinical intervention, and staff development.

Bonner, B. L., Walker, C. E., & Berliner, L. (2001). *Children with sexual behavior problems: Assessment and treatment*. National Clearinghouse on Child Abuse and Neglect Information.

Drach, K. M., Wientzen, J., & Ricci, L. R. (2001). The diagnostic utility of sexual behavior problems in diagnosing sexual abuse in a forensic child abuse evaluation clinic. *Child Abuse & Neglect*, 25(4), 489-503. [https://doi.org/10.1016/S0145-2134\(01\)00222-8](https://doi.org/10.1016/S0145-2134(01)00222-8)

This study examined the utility of sexual behavior problems as a diagnostic indicator of sexual abuse. The hypothesis was that sexual behavior problems are multiply determined and consequently are variably related to sexual abuse in a clinical sample. A sample of 247 children evaluated for sexual abuse at a multidisciplinary forensic child abuse evaluation clinic were included. Results from the Child Behavior Checklist (CBCL) and the Child Sexual Behavior Inventory (CSBI) were analyzed and compared to the results of a structured abuse assessment performed independent of these scores. The forensic team assessment found evidence of sexual abuse in 25% of cases, and no evidence in 61%. Children in this sample exhibited an elevated level of both sexual and nonsexual behavior problems. However, considerable variability was noted in sexual behavior problem scores. Thus, in this study a high score or a low score had no relationship to the diagnosis of sexual abuse. Indeed, nonsexually abused children were just as likely to have high CSBI scores as sexually abused children. This study found no significant relationship between a diagnosis of sexual abuse and the presence or absence of sexual behavior problems in a sample of children referred for sexual abuse evaluation. The finding suggests that community professionals should use caution in relying on sexual behavior problems as a diagnostic indicator of abuse.

Friedrich, W. N., Fisher, J. L., Dittner, C. A., Acton, R., Berliner, L., Butler, J., ... & Wright, J. (2001). Child Sexual Behavior Inventory: Normative, psychiatric, and sexual abuse comparisons. *Child Maltreatment*, 6(1), 37-49. <https://doi.org/10.1177/1077559501006001004>

A normative sample of 1,114 children was contrasted with a sample of 620 sexually abused children and 577 psychiatric outpatients on the Child Sexual Behavior Inventory (CSBI), a 38-item behavior checklist assessing sexual behavior in children 2 to 12 years old. The CSBI total score and each individual item differed significantly between the three groups after controlling for age, sex, maternal education, and family income. Sexually abused children exhibited a greater

frequency of sexual behaviors than either the normative or psychiatric outpatient samples. Test-retest reliability and interitem correlation were satisfactory. Sexual behavior problems were related to other generic behavior problems. This contributed to the reduced discrimination between psychiatric outpatients and sexually abused children when compared to the normative/sexually abused discrimination.

Miranda, A. O., Biegler, B. N., Davis, K., Frevert, V. S., & Taylor, J. (2001). Treating sexually aggressive children. *Journal of Offender Rehabilitation*, 33(2), 15-32.

https://doi.org/10.1300/J076v33n02_02

Many of the perpetrators of sexual abuse are children. Frequently, mental health counselors provide evaluation and clinical services to children who sexually abuse others. Although clinical and empirical data have been offered about sexually aggressive children, few have suggested the necessary components of clinical treatment protocols for them. This article reviews the plausible etiologies and the correlates of sexual aggression by children to delineate the necessary treatment elements for them and their families.

Burton, D. L. (2000). [Were adolescent sexual offenders children with sexual behavior problems?](https://doi.org/10.1023/A:1009511804302) *Sexual Abuse: A Journal of Research and Treatment*, 12(1), 37-48.

<https://doi.org/10.1023/A:1009511804302>

This article compares responses of three groups of incarcerated adolescents who admitted to sexual offending in an anonymous survey project on measures of trauma, sexual offending, the relationship between trauma and perpetration, and adjudication status. The first group admitted to sexual offending before the age of 12 only (n = 48), the second after the age of 12 only (n = 130), and the third before and after the age of 12 (n = 65). More than 46% of the sexually aggressive adolescents began their deviant behaviors before the age of 12. Level and complexity of perpetration acts were more severe for the continuous offenders than for the other groups. Victimization and perpetration were significantly correlated for all three groups. This study supports a social learning hypothesis for the development of sexual offending by adolescents. Implications for research and clinical practice are drawn.

Friedrich, W. N., Sandfort, T. G., M., Oostveen, J., & Cohen-Kettenis, P. T. (2000). Cultural differences in sexual behavior: 2-6 year old Dutch and American children. *Journal of Psychology and Human Sexuality*, 12(1-2), 117-129. https://doi.org/10.1300/J056v12n01_08

Three samples, one American (N = 500) and two from the Netherlands (N = 460, N = 297) of 2-6 year old children, screened for the absence of sexual abuse, were assessed with 25 items derived from the Child Sexual Behavior Inventory (Friedrich et al. 1992). Considerable differences existed between the three groups across a number of the behaviors rated, with a persisting tendency for the parents of the children from the Netherlands to report higher rates of sexual behavior. Family nudity was related to sexual behavior in all three samples. Although the studies used an equivalent questionnaire and all three of the samples are predominantly middle class, the observed differences can be explained by methodological factors such as sample composition and the way data have been collected. The observed differences might, however, also reflect actual differences, and can be understood as resulting from cultural differences in sexual socialization. More rigorous research is needed to assess which explanation is most valid.

Larsson, I., Svedin, C. G., & Friedrich, W. N. (2000). Differences and similarities in sexual behaviour among pre-schoolers in Sweden and USA. *Nordic Journal of Psychiatry*, 54(4), 251-257. <https://doi.org/10.1080/080394800448110>

Studies of childhood sexual behaviour in a cross-cultural perspective are important in that they increase our knowledge of normative behaviour in general and enhance our understanding of cultural influences on child sexual development. Two studies, one from Sweden ($n=185$) and one from Minnesota, USA ($n=467$) of 3-6 year old children, were assessed with a 25-item scale derived from the Child Sexual Behaviour Inventory. Both studies were screened for the absence of sexual abuse. The Swedish parents completed the questionnaire about their child's behaviour at home and the US parents typically completed the questionnaire in the waiting room of a paediatric clinic. Pre-school children in Sweden exhibited more sexual behaviour than American children of the same age according to parental reports. These differences were most pronounced in boys. In both studies exhibitionistic or voyeuristic behaviour and touching behaviour was most frequent. Both intrusive and sexually explicit behaviour was very unusual. The results reflect how cultural context influences which behaviour is permitted in young children, and consequently what adults think

constitutes normal and problematic childhood sexual behaviour.

Gray, A., Pithers, W. D., Busconi, A., & Houchens, P. (1999). Developmental and etiological characteristics of children with sexual behavior problems: Treatment implications. *Child Abuse & Neglect*, 23(6), 601-621. [https://doi.org/10.1016/S0145-2134\(99\)00027-7](https://doi.org/10.1016/S0145-2134(99)00027-7)

Baseline data are reported on the demographics, psychological adjustment, victimization, and perpetration histories of 127 6- to 12-year-old children who have engaged in developmentally unexpected sexual behaviors. Information regarding the children's caregivers, and their extended families, is also presented. Data were collected during intake of the families into a longitudinal treatment outcome study. A comprehensive battery of psychometric devices and a structured interview were completed with 127 children with sexual behavior problems and their primary caregivers at intake to a treatment outcome study. More than half of the children engaging in developmentally unexpected sexual behaviors had been abused both sexually and physically by more than two different perpetrators. One-third of the people who had maltreated these children were less than 18 years old. These children had acted out against an average of two other children. High levels of distress in the children and their caregivers were evident across a number of psychometric and historical variables. Children with sexual behavior problems exhibited a number of functional impairments commonly associated with maltreatment, including learning and psychiatric disorders. Their caregivers and families manifested several characteristics that deter children's recovery from maltreatment, including an impaired attachment between parent and child. The scope of the children's problems requires that treatment extend beyond the therapist's office to include schools and other agencies or individuals with whom the child and families have regular contact.

McNichol, S., & McGregor, K. J. (1999). Exploring the link between sexualized behaviour and sexual abuse in a clinical setting. *Child Abuse Review*, 8(5), 339-348. [https://doi.org/10.1002/\(SICI\)1099-0852\(199909/10\)8:5<339::AID-CAR565>3.0.CO;2-7](https://doi.org/10.1002/(SICI)1099-0852(199909/10)8:5<339::AID-CAR565>3.0.CO;2-7)

This study examined the issue of sexualized behaviour in children as an indicator of sexual abuse. The purpose was to develop alternative explanations for sexualized behaviour if sexual abuse was not confirmed or suspected. Other possible explanations explored were the presence of frequent disruptions to family life, previous unresolved exposure to sexual abuse or contact with a sexualized child. Data were collected on 81 cases of sexualized behaviour referred to a specialist

child protection assessment unit over a 7-year period. It was found that in very few cases was sexual abuse considered an explanation for the sexualized behaviour. Of the remaining cases, a substantial number showed evidence of family disruption, which could lead to sexualized behaviour developing as a comforting response for the child. Furthermore, a number of children also had experienced sexual abuse in the past, which might have been unresolved for the child, or had contact with another sexualized child, and this might have accounted for their behaviour. It would appear that many of the children were facing difficulties in their lives and might require therapeutic intervention, even if concerns about recent sexual abuse had been allayed. Copyright © 1999 John Wiley & Sons, Ltd.

Burton, J., & Rasmussen, L. (1998). *Treating children with sexually abusive behavior problems*. NY: Hayworth Press.

Chaffin, M., & Bonner, B. L. (1998). "Don't shoot, we're your children": Have we gone too far in our response to adolescent sexual abusers and children with sexual behavior problems? *Child Maltreatment*, 3(4), 314-316.

Friedrich, W. N., Fisher, J., Broughton, D., Houston, M., & Shafran, C. R. (1998). [Normative sexual behavior in children: A contemporary sample](https://doi.org/10.1542/peds.101.4.e9). *Pediatrics*, 101(4), e9-. <https://doi.org/10.1542/peds.101.4.e9>

Sexual behavior in children can cause uncertainty in the clinician because of the relationship between sexual abuse and sexual behavior. Consequently, it is important to understand normative childhood sexual behavior. Sexual behavior in 1114 2- to 12-year-old children was rated by primary female caregivers. These children were screened for the absence of sexual abuse. A 38-item scale assessing a broad range of sexual behavior (Child Sexual Behavior Inventory, Third Version) was administered along with the Child Behavior Checklist and a questionnaire assessing family stress, family sexuality, social maturity of the child, maternal attitudes regarding child sexuality, and hours in day care. Sexual behavior was related to the child's age, maternal education, family sexuality, family stress, family violence, and hours/week in day care. Frequencies of sexual behaviors for 2- to 5-, 6- to 9-, and 10- to 12-year-old boys and girls are presented. A broad range of sexual behaviors are exhibited by children who there is no reason to believe have been sexually abused. Their relative frequency is similar to two earlier studies, and this reinforces the validity of these results.

Hall, D. K., Mathews, F., & Pearce, J. (1998). Factors associated with sexual behavior problems in young sexually abused children. *Child Abuse & Neglect*, 22(10), 1045-1063.
[https://doi.org/10.1016/S0145-2134\(98\)00078-7](https://doi.org/10.1016/S0145-2134(98)00078-7)

The study objective was to identify variables associated with the presence of sexual behavior problems in young sexually abused children. Data were gathered from the clinical records of 100 sexually abused boys and girls ages 3–7 years enrolled in two treatment programs. Information was coded systematically on approximately 350 areas related to the child and family’s history and functioning, the sexual abuse experience, and treatment outcome. The children were grouped and compared according to their presenting sexual behavior into three categories: (1) developmentally “expected”; (2) “sexualized/self-focused”; and (3) problematic “interpersonal” sexual behavior. Bivariate and multivariate analyses highlighted five variables which were predictive of sexual behavior problems among sexually abused children. Sexual arousal of the child during his/her sexual abuse, the perpetrator’s use of sadism, and a history of physical and emotional abuse differentiated between those children with and without “interpersonal” sexual behavior problems. Who the child blamed for his/her sexual abuse further contributed to the distinction between children whose sexual behavior was exclusively “self-focused” (sexualized) versus “interpersonal.” The five major predictor variables, as well as other variables identified in this study, have potential utility in assessing child risk for negative outcomes and determining referral priorities for sexual abuse treatment. Given that sexual arousal and who the child blames for the abuse are prominent variables associated with sexual problems and self-blame, clinicians will need to ensure that sexually abused children and their caregivers are given specific opportunities to deal with these areas in the supportive context of treatment. Children with sexual behavior problems differ not only in the type and level of sexual behavior they exhibit but in most other areas as well, suggesting a need for differential assessment and individualized treatment approaches.

Pithers, W. D., & Gray, A. (1998). The other half of the story: Children with sexual behavior problems. *Psychology, Public Policy, and Law*, 4(1-2), 200-217.

Child abuse has reached epidemic proportions in America. Rather than invoking health promotion strategies to protect children, the social priority appears to be extreme punishment of adult sex offenders. Although incarceration of the most severely entrenched adult sex offenders is a necessary element of a comprehensive prevention strategy, it is highly questionable whether it should receive the current emphasis. In developing prevention strategies, it may be important to

note that nearly 40% of all child sexual abuse is performed by youth less than 20 years old, with 6- to 12-year-old children being the source of 13-18% of all substantiated child sexual maltreatment. Despite these findings, children and adolescents have received remarkably little attention in the research and clinical literature, and existing social policy has impeded an effective response. (PsycINFO Database Record © 2012 APA, all rights reserved).

Pithers, W. D., Gray, A., Busconi, A., & Houchens, P. (1998). Children with sexual behavior problems: Identification of five distinct child types and related treatment considerations. *Child Maltreatment*, 3(4), 384-406.
<https://doi.org/10.1177/1077559598003004010>

This research was conducted to define empirically derived and clinically relevant types of children with sexual behavior problems. A theory-driven hierarchical cluster analysis was performed using Ward's method. Five distinct types of children with sexual behavior problems emerged. Significant differences were found among the five child types on a large number of historical, diagnostic, behavioral, and demographic variables, including number of victims, degree of aggression employed during sexual acting out, sexual penetration, psychiatric diagnosis, internalizing, and externalizing. Clinical relevance of the child types was examined by analyzing change scores on an objective measure of sexualized behaviors in children who had earlier been assigned randomly to one of two treatment conditions. The analysis of treatment efficacy revealed a significant main effect of child type and a significant child type by treatment type interaction. After a short time in treatment, the highly traumatized child type derived significantly more benefit from a cognitive behavioral intervention than from an expressive therapy. This study demonstrates that distinct types of children with sexual behavior problems exist, that they can be distinguished on a wide range of clinically relevant variables, and that identification of child type may be relevant to choice of treatment modalities and outcome.

Pithers, W. D., Gray, A., Busconi, A., & Houchens, P. (1998). Caregivers of children with sexual behavior problems: Psychological and familial functioning. *Child Abuse & Neglect*, 22(2), 129-141. [https://doi.org/10.1016/S0145-2134\(97\)00123-3](https://doi.org/10.1016/S0145-2134(97)00123-3)

This research examined demographic and functional characteristics of parents of children with sexual behavior problems. Families of 72 children with sexual behavior problems completed a structured interview and several psychometric devices at intake into a treatment outcome study.

As a group, caregivers manifested signs of a high level of life stress across a wide array of variables, including income, criminal arrest, family violence, sexual abuse, social support, modulation of emotion, and attachment to their child. Foster parents consistently reported significantly lower levels of stress than biological parents. Parents and families of children with sexual behavior problems appear multiply entrapped. They are highly distressed and somewhat isolated. The data convincingly demonstrate that in order to maximize the efficacy of treatment for children with sexual behavior problems, parents must be centrally involved and receive services coordinated with those of their child. Group treatment may be advisable to foster formation of a network of peer support for caregivers of children with sexual behavior problems.

Araji, S. K., (1997). *Sexually aggressive children: Coming to understand them*. Thousand Oaks, CA: Sage Publications.

Burton, D. L., Nesmith, A. A., & Badten, L. (1997). Clinician's views on sexually aggressive children and their families: A theoretical exploration. *Child Abuse & Neglect*, 21(2), 157-170. [https://doi.org/10.1016/S0145-2134\(96\)00141-X](https://doi.org/10.1016/S0145-2134(96)00141-X)

Behavioral and family characteristics of sexually aggressive children were obtained from a national convenience sample of treatment providers to gain descriptive data and to investigate the tentative use of a social learning theory model of sexual aggression of children. One hundred fifty-five professionals responded to a questionnaire of their work with a total of 287 sexually aggressive children aged 12 and under. A number of family variables may have impacted the children's sexual behavior. The average child resided in a two-parent home, and in most of these families (70%), at least one caretaker was chemically dependent; 48% have at least one parent known to have been sexually abused; and 72% of the children were sexually abused themselves (60% by a caretaker). The children with known sexual abuse histories were younger at the first sign of sexual aggression than those without known sexual abuse histories. Children under 6 years of age were more likely to perceive their sexually aggressive behavior as normal than were older children. Differences based on gender of the children were not found for sexual aggression. These results suggest the potential for use of a social learning theory with sexual aggression in children. Implications for practice and suggestions for further research are discussed.

Gray, A., Busconi, A., Houchens, P., & Pithers, W. D. (1997). Children with sexual behavior problems and their caregivers: Demographics, functioning, and clinical patterns. *Sexual Abuse: A Journal of Research and Treatment*, 9(4), 267-290.
<https://doi.org/10.1177/107906329700900402>

This article is the first report from a 5-year demonstration project examining the comparative efficacy of specialized and traditional treatments with children who have exhibited sexual behavior problems. Baseline data concerning the demographics, psychological adjustment, and victimization and perpetration histories of 72 6 to 12-year-old children who have engaged in sexual misbehavior are reported in this article. Information regarding the caregivers and extended families of these children is also presented. The data clearly demonstrate that families of children with sexual behavior problems are marked by an array of characteristics indicative of parental and familial distress, including high rates of (1) violence between parents; (2) sexual victimization and perpetration with the extended family; (3) physical abuse of the children who have exhibited sexual behavior problems; (4) children who have witnessed violence between their parents; (5) parental arrest; (6) denial of responsibility for perpetration of sexual abuse by members of the extended family; (7) poverty; (8) special educational services; (9) prior therapy for children; and (10) clinical scores on behavioral rating instruments. In particular, several significant differences emerged between younger children (6–9 years) and older children (10–12). Younger children had (1) been sexually and physically abused at an earlier age; (2) been more likely to have witnessed physical violence between parents; (3) performed problematic sexual behaviors at an earlier age; (4) a higher annual rate of problematic sexual behaviors; (5) had a higher percentage of hands-on sexual behaviors; and (6) had higher scores on measures indicative of sexual behavior problems (e.g., Child Sexual Behavior Inventory, Child Behavior Checklist—Sexual Problems Subscale). Based on these data, treatment recommendations are made for families containing children with sexual behavior problems. Given the extensive data suggesting parental characteristics that could serve as mediating variables in the sexual behavior problems of their children, effective intervention requires the involvement of the children's caregivers. The comparative efficacy of specialized and traditional treatments for these families will be reported in subsequent articles.

McClellan, J., McCurry, C., Ronnei, M., Adams, J., Eisner, A., & Storck, M. (1996). Age of onset of sexual abuse: Relationship to sexually inappropriate behaviors. *Journal of the American Academy of Child & Adolescent Psychiatry*, 35(10), 1375-1383. <https://doi.org/10.1097/00004583-199610000-00025>

The objective was to examine how the age of onset of sexual abuse predicted inappropriate sexual behaviors in a sample of seriously mentally ill youths. A retrospective chart review was completed for all youths treated from 1987 through 1992 at a tertiary care public sector psychiatric hospital (n = 499). Subjects were grouped according to the age at which they were first sexually abused: no sexual abuse (n = 226), 0 through 3 years (n = 78), 4 through 6 years (n = 105), 7 through 12 years (n = 71), and 13 through 17 years (n = 19). The rates of sexually inappropriate behaviors in subjects with sexual abuse histories were quite substantial, ranging from 79.5% of the 0– through 3-year group to 42.1% of the 13– through 17-year group. Subjects first abused during early childhood, especially during the ages 0 through 3 years, had significantly elevated rates of hypersexual, exposing, and victimizing sexual behaviors. They also were significantly younger at the time of admission, came from more disrupted family settings, and had significantly higher rates of physical abuse, neglect, chronic sexual abuse, sexual abuse by either parent/stepparent and a higher total number of victimizers. When logistic regression analyses were done to examine the predictive power of potential risk factors, early age of onset of sexual abuse was the most significant predictor of all three types of inappropriate sexual behaviors. Onset of sexual abuse prior to 7 years of age was significantly associated with hypersexual, exposing, and victimizing sexual behaviors. Early sexual abuse is also associated with a number of other poor prognostic factors, and further research is needed to define how these variables interact.

Adams, J., McClellan, J., Douglass, D., McCurry, C., & Storck, M. (1995). [Sexually inappropriate behaviors in seriously mentally ill children and adolescents](https://doi.org/10.1016/0145-2134(95)00015-Z). *Child Abuse and Neglect*, 19(5), 555-568. [https://doi.org/10.1016/0145-2134\(95\)00015-Z](https://doi.org/10.1016/0145-2134(95)00015-Z)

This study examined the prevalence and clinical correlates of sexually inappropriate behaviors in all youth treated at a tertiary care public sector psychiatric hospital over a 5-year period. A retrospective chart review was completed on 499 subjects. Subjects were grouped in four mutually exclusive categories: no inappropriate sexual behaviors (n = 296), hypersexual (n = 82), exposing (n = 39) and victimizing (n = 82) behaviors. Those with histories of sexually inappropriate behaviors had much higher rates of being sexually abused (82 vs. 36%), and also had higher rates

of physical abuse and neglect, behavior disorders, developmental problems, and family histories of antisocial behavior. They were less likely to have affective disorders. The hypersexual group had a higher proportion of females, and was associated in part with variables relating to sexual abuse and posttraumatic stress disorder. The more severe offending groups (exposing and victimizing) were associated with variables related to sexual abuse, developmental delays, lower IQ's, peer problems, and other acting-out behavior problems. These findings underscore the importance of evaluating for sexually inappropriate behaviors in seriously mentally ill youth, especially in those with histories of sexual abuse.

Cosentino, C. E., Meyer-Bahlburg, H. F., Alpert, J. L., Weinberg, S. L., & Gaines, R. (1995). Sexual behavior problems and psychopathology symptoms in sexually abused girls. *Journal of the American Academy of Child & Adolescent Psychiatry*, 34(8), 1033-1042. <https://doi.org/10.1097/00004583-199508000-00013>

This study contrasted a group of sexually abused girls, aged 6 to 12 years, with two demographically comparable control groups, girls from a child psychiatry outpatient department, and girls from a general pediatric clinic to determine whether differences in sexual behavior and psychopathology symptoms could be demonstrated. All girls and their mothers underwent an evaluation protocol composed of two parent-report inventories, the Child Behavior Checklist and the Child Sexual Behavior Inventory. Sexually abused girls and psychiatric controls manifested more psychopathology symptoms, including internalizing and externalizing behaviors, than the nonpsychiatric controls. Relative to both control groups, sexually abused girls manifested more sexual behavior problems: masturbating openly and excessively, exposing their genitals, indiscriminately hugging and kissing strange adults and children, and attempting to insert objects into their genitals. Abuse by fathers or stepfathers involving intercourse was associated with particularly marked sexual behavior disturbances. There was a subgroup of sexually abused girls who tended to force sexual activities on siblings and peers. All of these girls had experienced prolonged sexual abuse (more than 2 years) involving physical force which was perpetrated by a parent. Findings suggest that sexual abuse in preadolescent girls is associated with sexual behavior problems.

Johnson, T.C. (1995). *Treatment exercises for child abuse victims and children with sexual behavior problems*. Pasadena, CA: Toni Johnson.

