



Safety Planning for Children and Adolescents with Problematic or Illegal Sexual Behavior

Jimmy Widdifield, Jr., LPC (he/him)
Project Director, Training/Technical Assistance for Child Abuse Professionals
National Children's Advocacy Center

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

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**Sibling sexual abuse is the
most common form of
intrafamilial sexual abuse.**

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Juvenile Justice and child abuse professionals are ideally situated to contribute to family healing via support, when indicated, for visitation and reunification.

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Learning Objectives – Participants Will...

1. Define problematic sexual behavior in children and teens and summarize common characteristics of these populations.
2. Identify four components of a basic family safety plan.
3. Identify three factors that indicate when to allow visitation and/or reunification of children and adolescents with problematic sexual behavior with other children and their families.

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Professional Resources and Safety Planning

National Center on the Sexual Behavior of Youth
www.ncsby.org

- National Children's Alliance
learn.nationalchildrensalliance.org/psb
- National Child Traumatic Stress Network
www.nctsn.org
- Association for the Treatment and Prevention of Sexual Abuse
www.atsa.com
- Child Abuse Library Online™ (CALiO™)
calio.org

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Sibling relationships are

**Significant
+
Enduring**

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Sexual Behavior Between Siblings

- Minimal research on sibling sexual experiences
- Common form of intrafamilial sexual experience
- Retrospectively viewed as “neutral” or “positive” (less likely)
- Initiators more likely to be male and older
- Typically, not reported and when reported, not investigated

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Problematic Sexual Behaviors in Children and Teens

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Sexual Behavior in Childhood



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

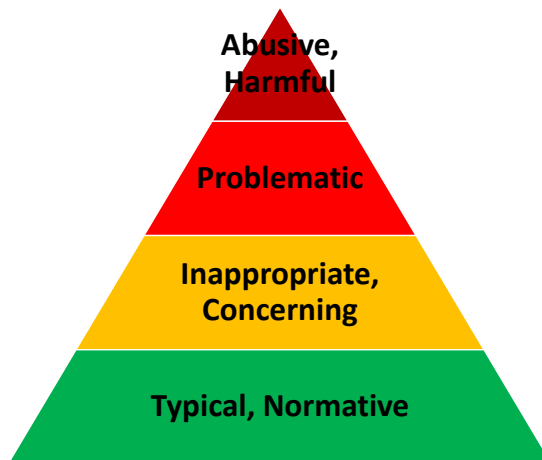
- Disparity in age, size, and/or development
- Preoccupying
- Planned
- Coerced, forced
- Does not respond to caregiver intervention

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Problematic Sexual Behavior (PSB)

- Behavior
 - Solo and/or with others
 - In-person and/or digital
- Typically involves genitals
- Developmentally inappropriate
- Potential/actual harmful, physically and/or emotionally
- Diverse range of motives, origins
- Legality



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Children/Teens with PSB

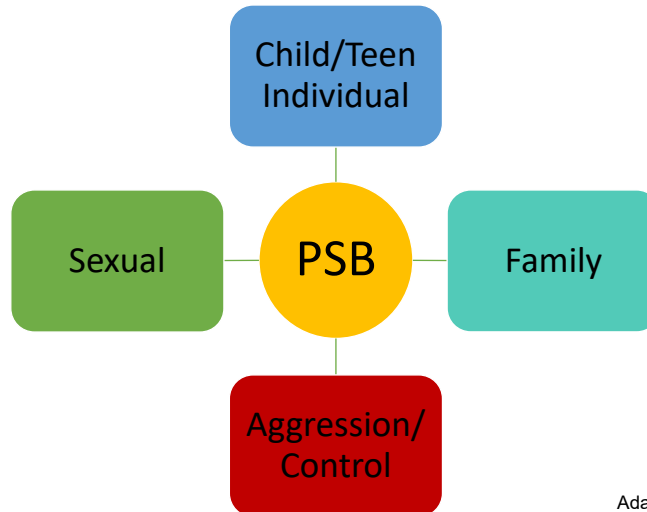
- Age groups
 - 3-6: Preschool children
 - 7-12: School-age children
 - 13-18: Teens
 - TX – Juvenile: At least 10 but not yet 16
- Potential impacting factors
 - Developmental delay
 - Social immaturity
- Developmentally sensitive
- Behavior oriented
- No inference of origin or goal
- Not diagnostic, no “profile”

Using label/term “*Juvenile Sexual Offender*” = harsher responses compared to using person first terms (Harris & Socia, 2016; Willis & Letourneau, 2018).

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Contributing Factors to PSB Manifestation



Adapted from Silovsky (2015)

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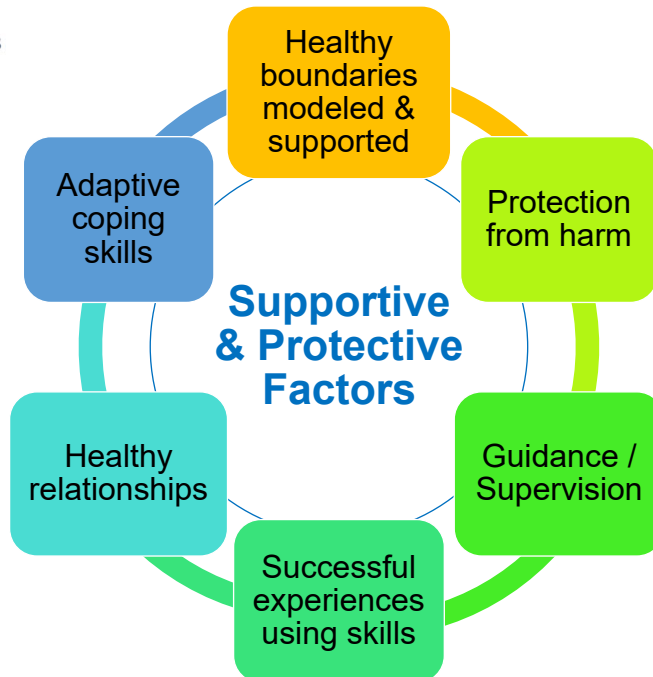


Potential Contributing Factors for Teens

- Sexual curiosity + opportunity + lack of self-control and/or problem-solving skills
- Developmental immaturity (socially awkward/isolated, impulsivity)
- Antisocial personality characteristics (general pattern of delinquency includes sexual behaviors)
- Sexual disorder (e.g., pedophilic interests) = RARE

Adapted from Prescott (2007)

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Adapted from Silovsky (2015)

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Characteristics of Children/Teens with PSB

- No distinct profiles
- Do not share central characteristics of adult sex offenders (next slide)
- Many do not meet DSM criteria for any mental health disorder
- Co-occurring concerns: Learning, behavioral; rarely paraphilia (i.e., pedophilia)
- Teens who engage in PSB with children vs. peer sexual assault are less delinquent, often immature

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Cis-Male Teens PSB vs. Adults w/Illegal Sexual Behavior

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

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“Typical” Cis-Female Teen PSB

Teen Initiator

- Not aggressive
- PSB initiated during caregiving activity
- Increased likelihood
 - Extensive, severe physical and sexual abuse
 - Abused at younger age
 - Abuse by multiple perpetrators

Child Recipient

- Preschool age
- Both male and female
- Usually, a relative or acquaintance of teen

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Treatment Success (w/Caregiver Involvement)

Children

89% - 98%

Teens

97%

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Treatment for Children/Teens PSB

Custodial caregiver(s) actively involved

- Outpatient, community-based
- Short-term
 - Children: 4-6 months
 - Teens: 6 months to 1 year
- Directly addresses PSB
- Include behavior management in natural ecologies
- Plan for safety and preventing future PSB
- Positive peer interactions and friendships, prosocial activities
- Very small sub-group with deviant sexual arousal need specialized protocols

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Factors that Impact Other Children and Families



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

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Impact of PSB on Recipient Child

- Not all have identifiable adverse impact from the PSB
- Some will experience a negative stress response, emotional and behavioral (e.g., trauma symptoms)
- At increased risk of future victimization and demonstrating PSB

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Treatment for Recipient Child

- Caregiver involvement
- Outpatient, community-based
- Short-term for most (8-16 sessions)
- Enhance protective/supportive factors
- Psychoeducation
- Coping skills
- In-vivo desensitization
- Cognitive processing
- Safety planning

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Impacts on Caregivers and Family

- Range of cognitive, emotional, and behavior reactions
- Difficulty with supporting both children
- Family and relationship disruptions
- Systems involvement

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Professional Intervention

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Misconceptions that Impact Case Decisions

- Child/Teen who initiated PSB
 - Has psychopathology
 - “Lifelong abuser”
 - Requires intensive, long-term out-of-home treatment
 - Can never live with other children
- Recipient child “broken,” will need long-term treatment
- Children involved can never have contact with the initiating child/teen

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Initial Intervention

- Evidence-based, trauma-informed response
- Systems involvement
 - Child Protective Services
 - Advocate
 - Law enforcement, if needed
 - Prosecution, if needed
 - Juvenile Justice, if needed
- Investigation of allegation
- Assess
 - Recipient child's needs for protection and services
 - Initiating child
 - Parents/caregivers, initiating child's social ecologies
- Integrated treatment plan for all children involved and collaboration among partners

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Considerations for Professionals

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

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Placement & Reunification

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Placement Decision Making & Considerations

Overall extent, impact of the PSB

Potential adverse impacts of removal

Recipient Child

- Impact of PSB
- Strengths, needs

Initiating Child/Teen

- Self-control
- Responsive to intervention
- Some acknowledgement of and responsibility of PSB and impact

Caregivers

- Capacity for supervision, safety, support
- Participation in services

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Removal of a Child in Cases of PSB

- Who? Child/Teen who initiated PSB (typical and ideal) or recipient child and other children
- Where to? Placement to least restrictive environment as indicated for safety and treatment
- Begin planning reunification as tentative goal or non-reunification long-term placement
- Coordination and collaboration of systems

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Considerations for In-patient, Residential

- Recurring PSB despite intervention (i.e., treatment, supervision, safety planning)
- Child/Teen has additional significant negative and/or severe behaviors, symptoms that interfere with functioning in typical settings
- Lack of placement options that can provide high level of supervision and participation in treatment

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Implications of In-patient, Residential

- Ability of caregiver, family to participant in treatment
- Impact on natural supports, family attachments
- Inherent challenges of being aggregated with other children/teens with significant emotional, behavioral symptoms
- Comprehensive cost to family

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Planning Reunification – Initial Considerations

- Collaborate with partners, court
- Determine if appropriate
- Identify who should be involved and roles, responsibilities
- Timeline

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Contraindications for Reunification

- Extreme or severe PSB
- Evidence of pressure, coercion to reunify
- Recipient child
 - Has intense adverse reaction to reunification
 - Persistent significant trauma and/or other symptoms

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Contraindications for Reunification

- Child/Teen who initiated PSB has ongoing or recent
 - PSB
 - Aggressive behavior
 - Non-compliance with rules
 - Denial of PSB
- Caregiver
 - Denies PSB
 - Blames child recipient
 - Demonstrating trauma and/or symptoms in response to PSB
 - Inability to provide supervision and safety

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Characteristics of Reunification Protocol

- Collaborative, consent-based, intentional, goal-based
- Slow, steady step model
- On-going assessment
- Transparency, communication among partners and family

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Reunification Protocol in Cases of PSB

- Planning sessions with caregivers, partners
- Planning sessions with child/teen who initiated PSB and recipient child
- Planned first and subsequent contact between child/teen who initiated PSB and the recipient children (and other family members, if appropriate)
- Informed decisions for increasing frequency and duration of contacts
- Reunification and follow-up

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Safety Planning

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Safety Planning

- Purpose: Quickly implement clear strategies to enhance safety when children involved in PSB have contact
- Can be facilitated by Victim Advocate, mental health, Child Protective Services, and/or Juvenile Justice, but should always be collaborative
- Collaborative process with caregivers and family, partners, and possibly others

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Components of Family Safety Plan

- Establish supervision and privacy to promote compliance and healthy behaviors
- Clarifies what is expected of child/teen who initiated PSB
- Identifies what the children can do together, and what family agrees to do
- Identifies what the caregivers will do to ensure
- Clear instruction for what to do when plan is threatened or not followed
- Guidance for adapting from high level requirements to “new normal” level

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Sexual Behavior Rules: It Is..

1. Not OK to look at other people's private parts.
2. Not OK to show your private parts to other people.
3. Not OK to touch other people's private parts.
4. Not OK to use sexual language.
5. Not OK to make other people uncomfortable with your sexual behavior.

*OK to touch your own private parts as long as you are in private and do not take too much time

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Rules for < YOUTH > (who initiated the PSB)

1. < YOUTH > will not babysit or supervise other children for any amount of time or provide any discipline.
2. < YOUTH > will not go into their siblings' bedrooms without adult supervision. If they are invited into one of their bedrooms, then they will say, "No."
3. < YOUTH > will not have their siblings come into their bedroom without adult supervision.

Adapted from NCSBY.org

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Rules for < YOUTH > (who initiated the PSB)

4. < YOUTH > will not be in the bathroom if one of their siblings is in there.
5. < YOUTH > will keep the bathroom door closed when they are in there alone.
6. < YOUTH > will not engage in any "horseplay", wrestling, or tickling with their siblings or any other young children.

Adapted from NCSBY.org

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Rules for < YOUTH > (who initiated the PSB)

7. < YOUTH > agrees not to watch any movies or video, TV shows, social media, other Internet material, or listen to music that their caregivers have not approved.
8. < YOUTH > agrees that they won't talk about sexual things or make any sexual comments or sexual jokes around their siblings or other children.

Adapted from NCSBY.org

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Rules for < YOUTH > (who initiated the PSB)

9. < YOUTH > will not be alone with a child.
10. < YOUTH > will refer other children to an adult if they ask them questions about sexual matters.
11. If < YOUTH > thinks about breaking a sexual behavior rule or engaging in an illegal behavior, then they will first talk with a caregiver.

Adapted from NCSBY.org

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Some things < YOUTH > can do at home, if OK with siblings and caregivers, and while supervised by a responsible adult:

1. Watch TV, read, listen to music, play sports or play games with siblings.
2. Talk and joke politely with siblings.
3. Be part of family activities and outings.
4. Ride in the car with their family.
5. Eat meals or go to restaurants with their family.
6. Show appropriate affection to siblings if the sibling initiates it and if a caregiver is there to watch. <<Hugs are OK. No kisses.>>*

Adapted from NCSBY.org

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Some things < YOUTH > caregivers will do

1. Supervise interactions between < YOUTH > and all children, including their siblings, and not ask < YOUTH > to babysit.
2. If caregivers are not around to supervise interactions between < YOUTH > and other children, then they will make sure that there is another informed, responsible adult who will take on this responsibility.
3. Make informed choices about and supervise use of TV shows, movies, videos, print materials, music, phone and other electronic devices, and Internet material and activity.

Adapted from NCSBY.org

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Some things < YOUTH's > caregivers will do

4. Monitor < YOUTH > activities, such as school, homework, type of friends, whereabouts, and so forth, and help them make good choices.
5. Help < YOUTH > follow her/his rules by reminding her/him if needed.
6. Make sure that all the children are clothed unless they are in their own room with the door closed, in the bathroom with the door closed, or in bed.
7. Be open and accepting about talking with < YOUTH > about any sexual questions or thoughts.

Adapted from NCSBY.org

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The family agrees to

1. Treat each other with respect.
2. Respect the caregivers' authority and follow their house rules.
3. Listen to each other.
4. Be kind to each other.
5. Dress respectfully/appropriately.
6. Have fun activities with each other.
7. Have time so the children and teens in the home can talk privately with their caregivers about important matters, including questions about sex and relationships.
8. Help each other be successful and follow the rules of the family.
9. <<Other rules?>>

Adapted from NCSBY.org

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Addressing Challenges with Implementation

- If < YOUTH > is thinking about breaking sexual behavior rules or the rules of the family safety plan, then they will first talk to their caregiver.
- If someone did not follow the family safety plan, then tell an adult as quick as possible.
- If a caregiver needs help with the family safety plan, then they will ask another adult for help.

Adapted from NCSBY.org

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Placement Considerations and Decision Making

- Impact on and strengths/needs of recipient child
- Child/Teen with PSB generally in control of self, responsive to intervention, some acknowledgement of impact and responsibility
- Extent, impact of the PSB

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Placement Decision Making and Considerations

- Caregiver capacity for supervision, safety, support
- Participation in treatment services
- What are potential adverse impacts of removal?

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Jimmy Widdifield, Jr., LPC jwiddifield@nationalcac.org

- Mark Chaffin: “Reintegrating Juvenile Offenders into the Family” (n.d.)
- ATSA.com: “Family Reunification Following Adolescent Sexual Abuse: A Step-by-Step Guide” (June 2019)
- NCSBY.org: “Family Safety Plan”
- Joan Tabachnick & Peter Pollard: “Considering Family Reconnection and Reunification After Child Sexual Abuse” (NSVRC, 2016)
- National Children’s Alliance
learn.nationalchildrensalliance.org/psb

Children and Adolescents with Problematic Sexual Behavior Professional Resources

Comprehensive

National Center on the Sexual Behavior of Youth

The mission of NCSBY is to promote better lives, through better choices by youth, caregivers, and professionals for healthier responses to and prevention of problematic sexual behavior of youth. NCSBY provides national training and technical assistance to improve the accuracy, accessibility, and strategic use of accurate information about the nature, incidence, prevalence, prevention, treatment, and management of children and adolescents with problematic sexual behavior.



NCA developed a video training series, fact sheets, webinars, and best practices to support CACs addressing this issue and serving youth with problematic sexual behaviors, their victims, and families. The three fact sheets were developed for use by CACs to educate themselves, their partners, caregivers, and communities on addressing youth and families with PSBs.

Access the [training series](#) using code **15462** for the organizational ID.

Access the [Engagement Webinar](#) using code **15462** for the organizational ID.



learn.nationalchildrensalliance.org/psb



Addressing PSB in CACs



CALiO™

<http://www.calio.org>

The [Child Abuse Library Online™ \(CALiO™\)](#) is one of the largest professional child maltreatment resource collections available and which provides access to published knowledge, educational materials, and resources. Resources include several thousand full text peer reviewed publications, including close to 50 [publications concerning youth with problematic sexual behaviors](#). Other resources include statistical reports, audio and video presentations, and much more.



The white paper on [Children with Problematic Sexual Behavior: Recommendations for the Multidisciplinary Team and Children's Advocacy Center Response](#) developed by the Southern Regional Children's Advocacy Center and Oklahoma Commission on Children and Youth will focus on how cases of children ages 12 and younger who initiate PSB, the child victim(s), and their families could be successfully served by CACs and MDTs.

Visit [The SRCAC Exchange: A Podcast Series for Child Abuse Professionals](#) for more information.

NCTSN

The National Child Traumatic Stress Network
nctsn.org

The mission of NCTSN is to raise the standard of care and improve access to services for children, their families, and communities throughout the United States.

Publications and other information for parents and caregivers, as well as professionals on trauma. [Fact sheets](#) on children with PSB collaboratively developed with NCSBY.

Fact Sheets



Stop It Now! prevents the sexual abuse of children by mobilizing adults, families, and communities to take actions that protect children before they are harmed by providing support, information, and resources.

For resources on children and adolescents with problematic sexual behavior, visit "[Help & Guidance - Children's Behaviors](#)" and available webinars.

Questions? OU-NCSBY@ouhsc.edu

Task Force Report & Practice

The Association for the Treatment of Sexual Abusers is an international, multi-disciplinary organization dedicated to making society safer by preventing sexual abuse. ATSA promotes sound research, effective evidence-based practice, informed public policy, and collaborative community strategies that lead to the effective assessment, treatment, and management of individuals who have sexually abused or are at risk to abuse.



FREE [Task Force Report](#) on Children with Sexual Behavior Problems

[Practice Guidelines](#) for Assessment, Treatment, and Intervention with Adolescents Who Have Engaged in Sexually Abusive Behavior - **Members FREE, Non-Members \$40.00**



Webinars

MASOC's mission is to ensure that children and adolescents with problematic or abusive sexual behaviors live healthy, safe, and productive lives. We strive to prevent sexually abusive behaviors in these youth by training professionals and educate the community about developmentally appropriate interventions, evidence-based treatment, and effective public policies.



[Clinical Assessment of Children with PSB: An Overview](#)

[Assessment of PSB in Children: What, When and How](#)

[Clinical Decision Making in Cases of Children with PSB](#)

[YPSB: Practical Resources and Activities for Therapists Working with Youth and Their Families](#)

[Girls with Problematic and Illegal Sexual Behaviors](#)

[Supporting Families of Children and Adolescents with PSB](#)

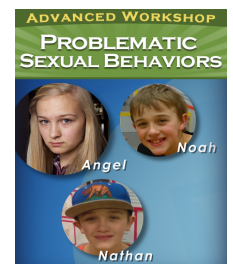


[The Sexual Behavior in Children and Youth \(SBCY\) Series](#) addresses normal sexual behavior in children in addition to exploring concerning and problematic sexual behavior that children may display. Various factors associated with children's sexual behavior are identified in order to assist clinicians in understanding appropriate assessment and disclosure processes involved when problematic symptoms are present.



Advanced Workshops

Foster Parent College's [Advanced Parenting Workshop, Problematic Sexual Behaviors](#) is a 6-credit-hour course designed for foster, adoptive, and kinship parents. This workshop begins by explaining sexual development in children and exploring the continuum of sexual behaviors, from typical to concerning to problematic. Then the course explores how resource parents can respond to children's sexual behaviors. **\$30 per person**



<https://www.virtuallabschool.org/news/sexual-development-behavior-released>

fosterparentcollege.com

In coordination with the U.S. Department of Defense Education Activity (DoDEA), a new course, [Sexual Development and Behavior in K-12 Students](#) which is aimed at K-12 educators and youth program staff is now available.

A nine-course training for Daycare Personnel on sexual development and youth with PSB is also available.



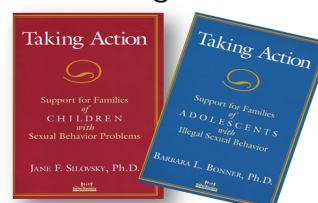
Books

Safer Society Press

Parents and families play a significant role in the successful treatment of their children and adolescents. Written by two of the leading experts in the field, each Taking Action booklet provides concise and practical information families and caregivers need to prepare for the important challenges ahead.



Available in English and Spanish, as well as downloadable PDF.



Questions? OU-NCSBY@ouhsc.edu