



Effective Practices for Working with Children with Problem Sexual Behaviors Part I Assessment & Safety

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**STAY
CALM**

Talking to
kids about
sexual
things

Interesting Things to Know

- Current statistics say that 1 in 3 girls and 1 in 5 boys will be sexually molested by the time they reach 18 years
- Most children who are sexually molested are done so by someone they know. Being molested by a stranger is very rare
- Only 2% of allegations reported are false for younger children ages 3-8 years of age. Only 12% are false for adolescents (Finklore, 1998) National Center for Missing and Exploited Children
- In one study by Araji (1993) 70% of sexual offenders began offensive behaviors at age 7-9 years
- Offenders will "groom" not only the child but the parent as well sometimes the whole family
- Sexual acts, offenses, crimes, behaviors are "crimes of secrecy"
- Even young infants are capable of being sexually aroused and or have erections
- Talking too much about sexual behavior does not "cause" kids to "want to do it." In fact, it decreases the behavior. Not talking about it causes "sneakiness"

More Interesting Things to Know

- ▶ The average girl who experiences sexual abuse is 8 years
- National statistics state 20% of men in the United States are diagnosed with pedophilia -however one can be diagnosed with pedophilia and not be a child molester(J Baker 2010)
- One in 4 children who use the Internet are exposed to unwanted sexual material (Skinner 2005) At any time a child is only "2 clicks away" from accessing hard-core pornography (National Center of Missing and Exploited Children)
- Widely available for free online — whether via Snapchat and Instagram — or by clicking on porn sites, porn is "the public health crisis of the digital age." Culture Reframe
- 90% of pornography consumption is on mobile devices
- In the USA 68% of adolescent report pornography consumption weekly
<https://www.frontiersin.org/journals/child-and-adolescent-psychiatry/9/2025>.

Getting Started Some Typical Cases

Suzie is 5 years old and at daycare while playing pushed another child into her genital area and said "Smell my gina"

Timmy is at school and in the 5th grade. He is sent home for being in the bathroom showing other kids pornography on his phone

Cassie age 8 years old spent the night at her cousin's house. Her cousin's mother called CPS because the cousin told her that Cassie touched her private area and tried to put a barbie doll in it

Sam is on the school bus and pulls his penis out and asked a kindergartener to touch it

Tina has been caught several times posting nudes on her Instagram account

Other Cases That May Require Law Enforcement

- ▶ 11-year-old Tommy has his 6-year-old brother put his penis in his mouth
- ▶ 9-year-old Tracy and their 6-year-old cousin take picture of each other's private areas (child phone)
- ▶ 10-year-old Harold asks his older 12-year-old brother to put his penis in his mouth
- ▶ 12-year-old David puts his penis in 6-year-old cousin's bottom
- ▶ 12-year-old Shawn threatens his younger 9-year-old brother to video their older sister in the shower
- ▶ Cases from anyone else?

❖ Assess the Behaviors Intake Session

- ❖ At intake with the child and parent present get detailed information
- ❖ Important to establish with the child at that time that they are not in trouble, that you are there to help, and that you know about how kids get into "touching trouble" I always make it a point to tell them that I will like them anyway
- ❖ Put on your "Truth Hat" if the child engages in the intake by telling you about what happened
- ❖ "Yes, No, Maybe" rapport-you may have guesses as to what happened so if the child is hesitant on talking ask them to play the "Yes, No, Maybe" game. Give some guesses as to what happened and see what they tell you or what they answer with
- ❖ Again, if working with CAC you may already know the information or have a CPS report
- ❖ Pay close attention to the context of the behavior
- ❖ What are the family's norms and culture

❖ Assessment Intake Continued

- ▶ Specific detail about the sexual behaviors, was this playing a game, what are the ages of the children involved (if is in the instance of touching another child or children) what was the behavior -was this overt adult behavior?
- ❖ Were there tricks involved, games, bribes, threats, coercion?
- ❖ Has this happened before?
- ❖ Is there exposure to sexual stimuli? Pornography, witnessing sexual behaviors? If so, how preoccupied are they with it
- ❖ Is there a history of sexual abuse?
- ❖ Are there other behaviors present-exposure, peeping, animal sexual contact, poor boundaries around physical space, sexual talking a lot, preoccupation with sexual things or acts?
- ❖ Is there any other behaviors that are concerning aggression, conduct disorder, hoarding etc.
- ❖ Is there a history of trauma or anxiety
- ❖ May need to refer and contain symptoms before addressing and work in tandem with another provider
- ❖ Additional Assessment tools including compulsive pornography use

The effects of pornography exposure

► For Boys:

- have attitudes that support sexual harassment and violence against women
- believe "rape myths" that justify or defend rape
- demonstrate decreased academic performance
- have decreased empathy for rape victims
- have increasingly aggressive behavioral tendencies
- pressure their partners to engage in porn-style sex (harmful, painful, degrading, aggressive, etc.)
- experience difficulty in developing intimate relationships
- develop sexual preoccupation and compulsive internet use
- have increased levels of erectile dysfunction
- experience anxiety, depression, low self-esteem and loss of intimacy

The effects of Pornography Exposure

► For Girls:

- have increased levels of anxiety and depression
- suffer from low self-esteem
- have an increased tendency to develop eating disorders and engage in self-harm
- engage in risky sexual behavior
- develop negative body image and self objectify
- have an increased likelihood of drug and alcohol abuse
- be at greater risk for sexting and to be sexually victimized
- Become used to overt sexuality and aggressive sexual talk and behaviors

❖ Assessment Intake Continued

- ❖ Has this been reported to CPS and or law enforcement? If at CAC, they already have
- ❖ Are there younger children in the home?
- ❖ How were they caught or how was it discovered?
- ❖ What was their reaction to being discovered?
- ❖ Prior mental health issues and or diagnosis -pay particular attention to learning disabilities and or spectrum issues -these kinds of cases tend to be more preoccupied
- ❖ How did the parent respond?
- ❖ How sneaky was the behavior?
- ❖ Most of the time families want to know where it came from and why their child is engaging in sexual behavior

❖ Categorizing the Behaviors 'Normal Sex Play'

- ❖ Normal Sex -Play-playing doctor, "show me yours Ill show you mine" Normal sex play most usually occurs with children the same age, is in the spirit of true curiosity, spontaneous, and is voluntary and unplanned
- ❖ Behaviors Include: touching, initiating gender roles, self exploration, kissing, hugging, peeking, exposing self to others
- ❖ It is playful and curious rather than private, erotic, or passionate as is the case with adult sexual behavior. When the behavior is discovered, the reaction is embarrassment, shyness, may go run and hide. The intensity of the sexual behavior is balanced meaning it can start and stop at will. The child feels silly, giggly, and lighthearted-not preoccupied
- ❖ It is behavior that most usually involved siblings and friends and is mutual.
- ❖ With education and talking to about sexuality and private areas and boundaries the behavior is most usually not reoccurring

❖ "Sexually Reactive" Behaviors

- ❖ Sexual behaviors are in wider range than the first group, they may be totally focused on their own bodies with masturbation, insertion of objects, and the behavior is repetitive and compulsive
- ❖ The focus of sexual behavior is out of balance-not easily stopped, preoccupation is evidenced, highly secretive and sneaky may involve children that are younger
- ❖ Motivation behind the behavior is anxiety reduction and or possible trauma response
- ❖ The response of children who are discovered in this category is most usually anxiety, upset, surprised
- ❖ The behavior is still spontaneous but also impulsive and repetitive and their feelings regarding sexuality are confusion, anxiety, fear, overwhelmed
- ❖ Children in this category may or may have been abused but may also have been exposed to sexual material and are repeating what they have experienced
- ❖ The behavior may involve other children, accessible children that may be younger, and they might even approach adults

❖ "Sexually Reactive" Behaviors Continued

- ❖ Children in this category engage in adult like behaviors from oral to vaginal intercourse
- ❖ The intensity of the behavior is a need for reassurance through sexual acts
- ❖ Behaviors are a lot of times a coping for isolation and loneliness or neediness. Feelings about sexuality are needy, confused, sneaking, "what's the big deal attitude"
- ❖ Their response to being discovered is denial, blame of the other child, or confusion and doesn't see a problem with it
- ❖ The sexual behavior is planned a lot of times
- ❖ Although not coercive the behavior is often agreed upon
- ❖ The behavior is often with a sibling younger, other willing children, sex may become a stable part of their relationship

❖ "Sexually Reactive" Teen Girls

- ❖ Behaviors are seductive in dress and action
- ❖ Engages in sexual acts out of needs for love and attention or abandonment, power, or nurturance
- ❖ Most behaviors are engaged with same age or older sometimes much older
- ❖ Can engage in high-risk behaviors including being victimized
- ❖ Usually, strong history of sexual abuse
- ❖ High need for male validation
- ❖ Highly competitive with other girls-often doesn't have female friends or mistrusts them
- ❖ Complacent with often risky, dangerous, or deviant sexual acts
- ❖ Often feel obligated to reciprocate in a sexual way -many times to please or just do what the other person wants

❖ Children Who Sexually Offend

- ❖ Children in this category have thoughts and actions that are pervasively sexual in nature, and they participate in a wide range of behaviors that are overt and adult like
- ❖ They are sexually preoccupied, can sexualize contact with another child, behaves aggressively and compulsively
- ❖ Motivations behind the behavior often include anger, abandonment, fear, revenge
- ❖ Feelings about sexuality can include anxiety, anger, rage, and or confusion
- ❖ Can respond with aggression, anger, blame of the other child or the person who catches them
- ❖ Behaviors are often planned and exploitive
- ❖ There is use of bribes, tricks, manipulation
- ❖ Can engage younger vulnerable children, engage in forced sibling incest

❖ Safety, Safety, Safety Plan!

- ❖ Second appointment make a client safety and supervision plan
- ❖ Have parents and other kids there if possible (no more secrets and the other children can help with keeping others safe)
- ❖ Can they be home alone, can they go on community outings, can they use the regular restroom at school, can they go on field trips, participate in sports, what access do they have to inter-net, do they need line of sight supervision (where an adult is always present) can they share a room, do they need door alarms-do they sneak out at night? Can they talk on the phone? Do they need line of sight supervision around all children or just children who are younger-depends on your assessment of the situation
- ❖ See included sample plan -copies go to all members working with the team including CAC, CPS, WISE, etc. Discussion about two children in the same home

❖ Safety and Supervision Specifics

Make sure if the family wants other adults (not older children in the family) to supervise that the other adults know about the behaviors

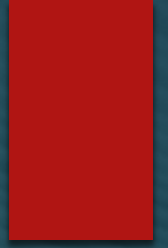
Under "OTHER" rules for safety list no tickling, no wrestling, at times no unsupervised contact with animals, whatever is case specific

Make sure all parties involved know who can make exceptions to the safety plan and how this will be communicated to all involved

The use of "safe play" in the family. Encourage parents to use this word with the child when around peers supervised and or siblings safe play does not involve private parts

Ensure to the child that the safety plan can expand or get bigger based on their choices and actions -review as needed

❖ Interventions for "Normal Sex Play"



Talking to the child about how parts of their bodies are private (nobody gets to see or touch them) and that touching other people in the private parts is for adults or grown ups not kids, naming off the parts, giggling about this, teaching boundaries "UH OH" feelings and what is "private" and what is "public"

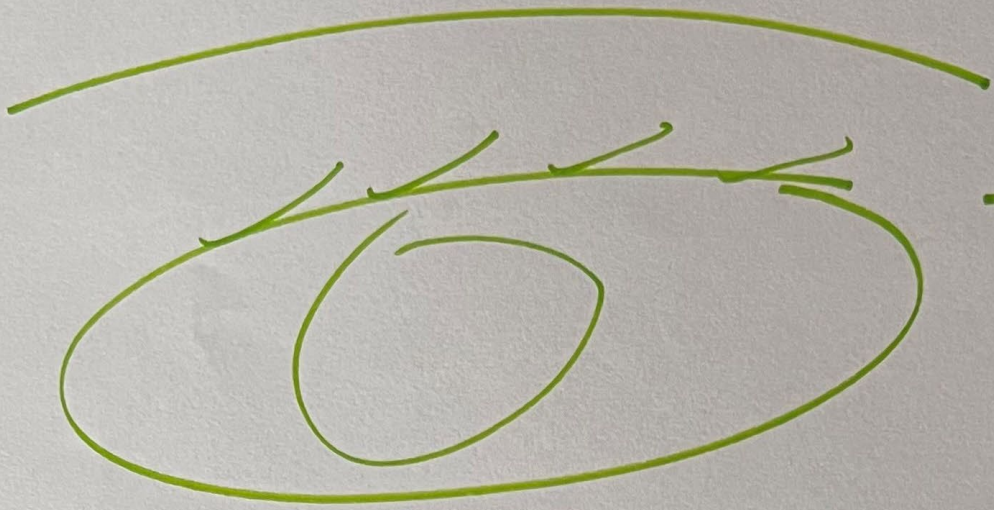
Give the parents education on how to talk to their child about sexual topics and "safe play" only- give the child information when they ask "educational moments" no more waiting for the talk

Educate the child that the touching may have felt good, but it is still only for grown ups to do and only when you get a lot older

Leave the door open for families to return if needed "episodic care"

Educate the parents on internet and other sources that their children may have access to and help them find resources for parental blocks and or gatekeeping. How to ask about other children at school exposing them to sexual stimuli

In all behavior categories involve the parents by giving homework and or "practices"



Public

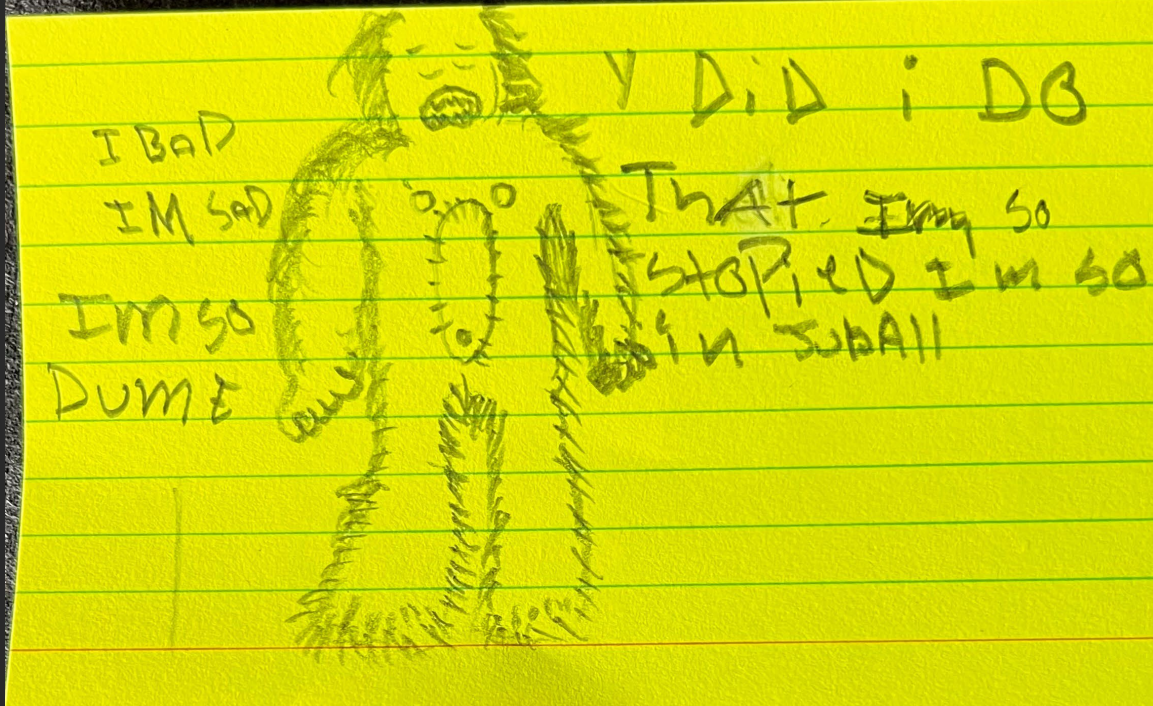


Private

Private and
Public, Teaching
Boundaries,
Airplanes and
Chicken Arms

❖ "Truth Hats" and "Shame Monsters"
Let's do some therapy!
Beginning

- ❖ The "Truth Hat" is a simple way to help children tell the truth about what happened. In treatment for sexualized behaviors accountability -the ability to say yes that is what I did-is essential for real change-help kids know that it is safe to tell the truth -imagine when you come into the office putting on a truth hat!
- ❖ The dreaded "Shame Monster" helping children understand the difference between the feelings of guilt (associated with some behavior that they feel was bad) and shame (the feeling that says they are bad) Have children draw their "Shame Monster" and then list out what shame is saying to them about what they did and then decide where to put the "Shame Monster" when they come to see you (i.e., lock it up, throw in a drawer, rip it, etc.)



I BAD
I M SAD
I M SO
DUMB

Y DID I DO
THAT I M SO
STOPPED I M SO
IN SUBALL

❖ Shame Fighters

- ❖ Help the child understand that there are ways to fight that shame monster if they creep back in by noting what they have done right
- ❖ Telling the truth about things
- ❖ Talking to someone about how they feel
- ❖ Following a safety plan
- ❖ Learning how to be safe
- ❖ Making a mistake
- ❖ Asking for help (builds trust)

❖ Defining All the Ways Kids Get into Touching Trouble and Sexual Feelings

- ❖ Sexual Feelings define these and have them define how it feels to them -Sexual Touching
- ❖ 9 ways in which kids get into trouble-touching other kids without permission, showing others their private parts, touching their private parts where others can see them, talking to younger kids sexually, spying on others when they are naked, touching animals in the private parts, touching someone you are related to or family member, and taking naked pictures of yourself and or others and sending them -and or watching movies that have naked people in them (pornography)
- ❖ Begin talking about all the reasons why someone should stop having touching trouble
- ❖ Define what is good and right touching (holding hands, with permission hugs, etc.) and what is wrong touching (punching, kicking, hitting, etc.) and what sexual touching is use specific terms
- ❖ Begin with small test to see if they know the differences (pop quizzes!)
- ❖ Teach that the 9 behaviors can be illegal (against the law) and if older kids can go to jail
- ❖ Define what it is to groom or "talk someone into" sexual touching

❖ The Normal Box of Behaviors

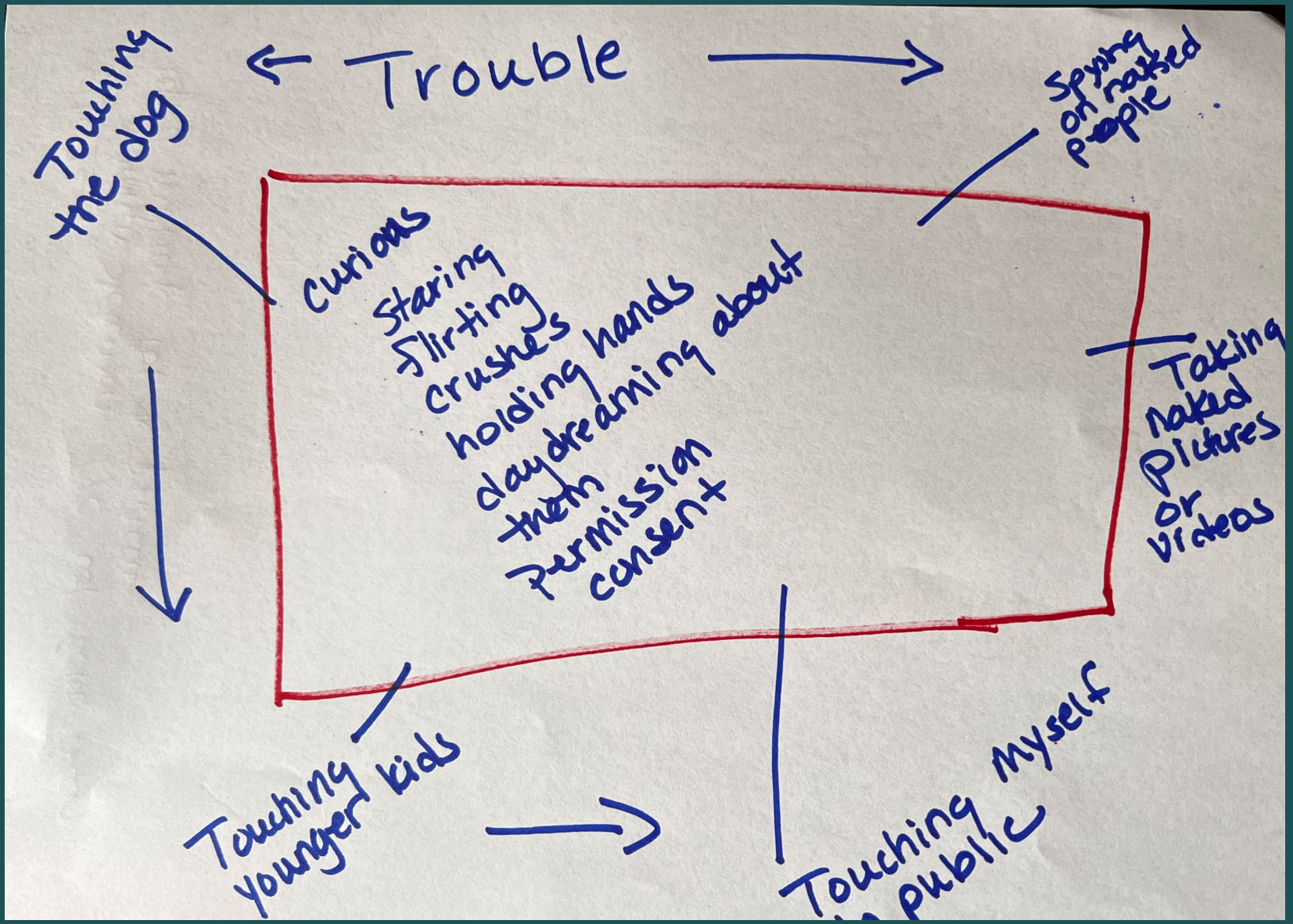
For older children, the "Normal Box" works well to begin to teach normal sexual behaviors and or feelings for their age group. Normal Box is a box that contains all the 'normal' what is healthy, what is not illegal behaviors



Normal Box usually contains crush feelings, curiosity, daydreaming about somebody, wanting to be friends. For older kids it could be holding hands, hugging with permission, sometimes kissing on the cheek etc.



List out the out of the "normal box" behaviors -all 9 of the things that get kids into touching trouble specify that some things are a little out of the box some are way out of the box and people can go to jail



❖ Cognitive Distortions or "Stink 'in Think 'in"

Cognitive Distortions or Stink 'in Think 'in are all the ways in which people think in order to not be responsible for their actions or behavior

Some of the most common for children are lying, blame, denial, playing dumb, not remembering, I'm not like that now, I don't remember, and anger

Help the child learn what is good thinking, telling the truth, owning what they do, talking about feelings and worries, staying safe, following their safety plan, sharing their toys, taking turns, etc.

Help kids identify all the stink 'in think 'in they said to themselves that allowed them to do sexual touching (i.e., No one will know, its ok, I won't get in trouble, they won't tell)



Feelings about
talking
about
touching

❖ Building a Strong Wall to keep from Touching

- ❖ Help children understand that in therapy and by being on a safety plan they can build a strong wall to help keep them from getting into touching trouble. But...they must always use good thinking to keep that wall strong
- ❖ Help them list out the parts of the wall, a safety plan, knowing what will get them in trouble, asking questions when they need to or help when they need it, telling the truth about what they do, staying away from things that are uh oh or risky
- ❖ Make sure they know all the things that could bust the wall down (anger, not caring, other kids, pornography, what they tell themselves)
- ❖ List out all the things that could happen if they don't stop touching trouble
- ❖ Define what empathy is (Empathy Empathy put yourself in the place of me) Adventure Time

❖ What if sexual touching also happened to this child?

- ❖ Very common for disclosures of possible sexual touching and or abuse occurring during this work especially for sexually reactive and or offensive children
- ❖ Help the child understand that what happened to them was not their fault and taught them something that was not appropriate and that they were not ready for -they then gave it to someone else
- ❖ Sometimes children don't really know what is sexual abuse and or what happened
- ❖ MUST of sexual abuse M-makes me feel U-uncomfortable S-secret T-trick, treat or threat
- ❖ Triangle Victim, Abuser, Helpers

❖ Clarification Work: Writing a letter to the Person I touched

Clarification in treatment means to “make clear” what happened, and it is aimed at taking accountability and helping the other child that was touched. Sometimes these letters are given to that person and sometimes not

5 main components to clarification letters -take responsibility for what they did in detail, empathize or guess how it made the other child feel, tell why this happened, what they have learned about it, and how they plan to be safe in the future

Letters can be given to the other child if able and the other child can write back if able. If it is in a family, it is very possible to have a clarification meeting with the two and then have the parents join

❖ Maintaining with Safety Plan

- ❖ Maintain the safety plan and review when changes need to be made
- ❖ Give the child small “tests” to see how they manage their behaviors if they are making good progress -(i.e., letting them have a play date with visual checks, letting them go on outings with supervision with other children and adult supervision, letting them have limited access to internet that is parental controlled, for older kids letting them have a phone with monitoring apps on it)
- ❖ Sessions may begin to stretch out for longer periods in between from weekly to bi-monthly depending on the circumstances

Triangle

- ▶ Victim
- ▶ Offender
- ▶ Helper



Common Assessment Tools

- ▶ Screen for Child Anxiety Related Disorders (SCARED)
- ▶ Child and Adolescent Trauma Screen (CATS) - Caregiver Report (Ages 7-17 years)
- ▶ The Child Sexual Behavior Checklist (CSBCL) Second Revision
- ▶ SHARC Assessment Dr. James Worling 2025
- ▶ ASB-C Assessment The University of Oklahoma, The University of Washington, The University of Pittsburgh, The University of Missouri. All rights reserved. (2025)

