Through the Eyes of the Child Initiative

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Correcting Misconceptions about Youth with Sexual Behavior Problems

Misconceptions, we all have them. And we likely have the strongest misconceptions about those topics which evoke a strong emotional reaction simply by the topic being named.

During the 34th National Child Welfare, Juvenile, and Family Law Conference, put on by the National Association of Counsel for Children, I was fortunate to attend a session on "Juvenile Sexual Offending: Prevention, Treatment, and the Law." Then, during the Through the Eyes of the Child Initiative's 2011 Regional Conference, one of the breakout sessions was on "Children's Sexual Behavior: What's Common, What's Concerning, and What to Do." These two presentations certainly corrected a few misconceptions that I had regarding youth with sexual behavior problems, beginning with the language that we should use when referring to these youth.

Because the topic of sexual behavior evokes strong emotion and strong reactions, it is important that we use language that is appropriate to the particular circumstances and particular individual with whom we are dealing. We need to use terms that are developmentally sensitive, focus on the behavior(s), and separate the behavior of the children and adolescents from criminal acts of adults.[1] Therefore, we must first define a few terms. "Sexual behavior problems (SBP) are defined as child(ren)-initiated behaviors that involve sexual body parts (i.e. genitals, anus, buttocks, and/or breasts) in a manner that is developmentally inappropriate and potentially harmful to themselves or others."[2] Silovsky and Hedrickson recommend the following terms: children with sexual behavior problems, referring to children 12 years of age and younger; adolescents with illegal sexual behavior, referring to older children/youth whose behaviors rise to the level of illegality; and youth with sexual behavior problems, referring to older children/youth, whose behavior problems do not rise to the level of illegality.[3]

Bross and Ryan recommend differentiating between abusive and illegal sexual behaviors, stating, "[s]ome sexual behaviors are illegal but not abusive; others may be abusive but not defined by law as 'offenses.' Abusive behaviors cause harm even if they are not illegal."[4] Moreover, they define 'sexually abusive behavior' as sexual behavior occurring with: (1) lack of consent; (2) lack of equality; (3) coercion.[5]

Whatever terminology we use, it is clear that we cannot refer to youth with sexual behavior problems as 'perpetrators' or 'sex offenders.' These are youth whose behaviors are more akin to other forms of delinquent behaviors. And while juvenile sexual offenses do cause harm and certainly cannot be ignored, like other juvenile delinquent behaviors, these particular offenses "are not necessarily indicative of long term risk. Some minority of these youth does have deviant sexual interests/ arousal and may continue to be at risk across the life span; however, most are more like other delinquents than like adult sex offenders, and can be helped to stop these behaviors."[6]

So how do we know if sexual behaviors are a problem or are normal development of children? Silovsky and Hendrickson provide guidelines of typical sexual development: exploratory; spontaneous; intermittent; by mutual agreement; with children of similar age, size, and development level; not accompanied by anger, fear, or strong anxiety; and it occurs with children that are already known to them.[7] Sexual behaviors that are a problem, by contrast: are intrusive, rare sexual behaviors; occur with greater frequency or duration than developmentally expected; are coercive or aggressive; are potentially harmful to the child or to others; their frequency excludes normal childhood activities; do not decrease with typically effective parenting strategies; occur between youth of significantly divergent ages or developmental levels; elicit fear and anxiety in other children.[8]

We typically think that if a child is exhibiting sexual behavior problems, then he or she must have been sexually abused, but, in fact, this is not the case. Most children who have been sexually abused do not exhibit these behaviors. However, there are risk factors associated with youth who exhibit sexually abusive behaviors.[9] These risk factors are:

> (1) Exposure: "Things which happen around the child, which may become opportunities for deviant learning through observation."
> (2) Experiential: "Things which happen to the child, through which the child acquires beliefs and/or emotional associations which are accommodated/ assimilated into view of self, others, and the world."
> (3) Deficits: "That which is missing is the exposure, experience, and development of the child which may increase the

risk of dysfunctional coping and behaviors."

(4) Deviance: "That which is different from the norms of most people: family, peers, or community."[10]

Another misconception is that the only way to effectively treat children with sexual behavior problems or who exhibit illegal or abusive sexual behaviors is in a residential treatment facility. However, many of these youth are successfully treated in shorter, less intensive treatment programs.[11] In fact, "[r]esidential and inpatient treatment should be reserved for [the] most severe cases, such as youth with other psychiatric disorder[s] and/or continued problematic sexual behavior that recurs despite appropriate outpatient treatment and supervision."[12] Most of these youth can attend public schools, participate in activities, and remain in the community during their treatment, without jeopardizing the safety of other students, children, and community members.[13] Treatment and safety plans must be individualized to the individual youth, because the sexual behavior problems of the youth, and the children themselves are diverse.[14] The level of risk of the youth is the primary factor to be considered in determining his or her placement. Such a decision should take into account the severity of past and present sexual problems, the degree of self-control and general delinquent problems, and the degree of any other problems such as psychiatric or drug problems.[15]

So, in sum, there is no denying that sexual behavior problems among youth are serious. But equally serious is how we respond to these deviant behaviors. We must treat the behaviors as deviant behaviors, but not treat the youth who have committed those behaviors as sex offenders or perpetrators. We need to recognize that treatment of these youth and their behaviors is effective, and that these youth are not simply lost causes. And we need to remember that locking these youngsters away in residential treatment facilities may not be the best approach, and certainly shouldn't be the first approach, as outpatient treatment and counseling when combined with supervision is more successful with most youth. Correcting misconceptions about youth with sexual behavior problems is important if we are going to protect and heal these youth, as well as ensure the safety of others.

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Resources:

1: Jane F. Silovsky & Paula Hendrickson, Powerpoint Presentation at Through the Eyes of the Child Initiative 2011 Regional Conferences, Children's Sexual Behavior: What's Common, What's Concerning, and What to Do, Slide 3 (Conference Presentation Materials, September 9, 2011) (copy of Powerpoint available from Paula Hendrickson at Paula.Hendrickson@lcbhs.net).
2: Id. at Slide 5.
3: Id. at Slides 3, 6.
4: Donald Bross & Gail Ryan, Powerpoint Presentation at 34th National Child Welfare, Juvenile, and Family Law Conference, Juvenile Sexual Offending: Prevention, Treatment and the Law, Slide 12 (Conference Presentation Materials, August 30, 2011) (copy of Powerpoint available from Donald Bross at bross.donald@tchden.org).
5: Id.
6: Id. at Slide 3 (emphasis in original).
7: Silovsky & Hendrickson, supra at Slides 10-11
8: Id. at Slides 14-15.
9: Id. at Slide 19.
10: Bross & Ryan, supra at Slide 14.
11: Silovsky & Hendrickson, supra at Slide 25.
12: Id.
13: Id. at Slides 22-24
14: Id. at Slide 29.
15: Id. at Slide 37.

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