

Multidisciplinary Evidence-Based Approaches to Problematic Sexual Behavior in Children

February 19, 2026

OneOp.org/learn/160125/



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Sexual Behavior in Children and Youth

This webinar is a part of the SBCY series, which addresses normal sexual behavior in children in addition to exploring cautionary and problematic sexual behavior that children may display.

OneOp.org/sbcy-series

Learning Objectives

Webinar Overview

Focuses on increasing the knowledge base around problematic sexual behavior (PSB) in children for all multi disciplinary team (MDT) members.

1

Learn about normative, cautionary, and problematic behavior in children and where such behaviors fall on the continuum.

2

Describe the differences between common misconceptions regarding children with PSB and what is supported by research.

3

Dispel myths and provide information on how MDT collaboration best supports family well-being and engagement.

4

Discuss strategies for how to educate and engage professionals across disciplines to better serve children with PSB, their caregivers, and others impacted by the behavior.

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Thanks to the many staff, students, and colleagues who are and have participated and contributed to the PSB Programs at the Center on Child Abuse and Neglect.



Disclaimer

- This presentation focuses on understanding and addressing children with problematic sexual behavior (PSB).
- Child PSB in any form is serious and can negatively impact and/or harm individuals toward whom the behavior is directed, toward their families and toward others.
- The experiences and needs of individuals impacted by PSB must be priority in community response.
- In recognizing the potential impacts of this topic on audience participants, we encourage you to attend to your well-being as needed throughout and after this presentation.



Think About a Child



Photo by Karola G from [Pexels](#)

Acknowledgement to Jimmy Widdifield, LPC



Now, Think About That Child in Trouble



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Offender

Perpetrator





Graphic used for educational purposes, attribution: cartoon by Ryan Hudson.



What Can We All Agree On?



Graphic from Adobe Stock by SarraMagdalena, #373846131



Overview of Typical to Problematic Sexual Behavior in Children



Childhood Sexual Behaviors:

Normative, Cautionary, or Problematic?

Normative



- Voluntary, infrequent, spontaneous
- Easily diverted when adults tell children to stop and explain privacy rules
- Interaction that involves sexual body parts between children of the same general age and physical size
- Occurs among children who know each other
- Not accompanied by strong uncomfortable or upset feelings
- *May not be appropriate for setting/location

Cautionary



- Not suitable for the location (e.g., school, faith community)
- Normative behavior, but more frequent than typical for the child's age
- Not currently harmful or distressing to self or others
- Occurs despite adult intervention
- Typical sexual behavior, but technology is involved, such as taking pictures of private parts

Problematic



- Causes harm or potential harm or distress to any child
- Involves strong, upset feelings, such as anger or anxiety
- Involves force, coercion, or aggression
- Occurs among children of differing ages or functioning
- Continues to occur despite intervention by caregivers or other guiding adults
- Preoccupied with sexual content and topics

Concerned about a child's cautionary or problematic sexual behavior?
Contact your installation Family Advocacy Program for guidance and support.
Visit the National Center on the Sexual Behavior of Youth at www.ncsby.org for additional information and resources



Find this graphic on [NCSBY Military page](#),
under *Additional Resources* (see the last
tab at the bottom of page).



DOW Policy – Establishment of the PSB-CY MDT

“SECTION 4: ESTABLISHMENT OF THE PSB-CY MDT

4.1. INSTALLATION PSB-CY MDT.

The Installation PSB-CY MDT coordinates a comprehensive, multidisciplinary, trauma-informed response to the needs of children, youth, and families involved in incidents of PSB-CY.”



DOD INSTRUCTION 6400.10, Coordinated Community Response to PSB-CY

https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/640010p.PDF?ver=R1X_9tEjUKZszVzoJnR3Gg%3d%3d

DOD MANUAL 6400.01, Volume 1, FAP Standards

www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodm/640001m_vol1.pdf?ver=2019-07-22-100753-203

DOW Policy – Establishment of the PSB-CY MDT Continued

“Installation PSB-CY MDTs will:

a. Promote:

(1) Effective and coordinated case management based on open communication, collaborative decision making and information sharing that is supported by relevant laws, regulations, and statutes.

(2) Constructive parent(s) and family engagement strategies.

b. Provide support services to promote trauma recovery for all involved children, youth, and families.

c. Regularly and systematically review all open cases until closure, to ensure continuity of care.”

DOW Policy – Child-Focused Advocacy for Parents and Legal Guardians

“SECTION 5: CHILD-FOCUSED ADVOCACY FOR PARENTS AND LEGAL GUARDIANS

The Family Advocacy Program (FAP) is the DOW program designated to address domestic abuse, child abuse and neglect, and problematic sexual behavior in children and youth (PSB-CY). The goal of child-focused advocacy is to empower parents and legal guardians to take an active and informed role in establishing safety and stability for their children and family and to participate in recommended services.

FAP personnel providing child-focused advocacy for parents/guardians will:

- Facilitate access to a range of military- and community-based resources.
- Explain services available through FAP.
- Describe the PSB-CY multidisciplinary team (MDT) approach to coordinating a response to referrals of PSB-CY.”

DOW Policy – Child-Focused Advocacy for Parents and Legal Guardians Continued

“More than one FAP staff member providing child-focused advocacy can be assigned to complex cases involving siblings, more than one impacted child, or an exhibiting child when requested by the parents/guardians with ongoing support from the primary FAP clinical provider and notification of the MDT.

Domestic abuse victim advocates (DAVA), FAP case managers, or FAP clinicians may provide child-focused advocacy for parents/guardians of children and youth impacted by or exhibiting PSB, in accordance with military department guidance.

If the PSB happened in a Department of Defense Education Activity (DoDEA) school, DoDEA representatives and Child Development Program/Youth Program (CDP/YP) personnel will be part of the MDT.”

Typical Sexual Behavior

- Commonality, frequency, and duration influenced by community and social factors
- What is modeled and taught about behavior, clothes, interactions, etc.



Image from [A Closer Look at Teens & Digital Technology](#) blog post from University of Washington College of Arts & Sciences

Additional Reading – Blog post from Real Red Riding Hoods homeschool enrichment, [6 benefits of wrestling and roughhousing for kids](#)



Photo by [Yan Krukau](#) from Pexels



All resources are linked on the event page!



Is Sexual Development Just About Sex?

- Relationships
- Communication
- Respect
- Boundaries
- Friendship
- Intimacy – level of closeness
- Choices
- Connection with others
- As well as physical and emotional changes that occur through puberty



Sexual Behavior in Preschool and School Age Children

- Involve parts of the body considered to be “private”
- Developmentally expected and across all areas of development
- Most experts do not consider to be problematic



Photo by [Vlada Karpovich](#) from Pexels



Case Scenarios – Pre-School and School Age Children



Photo by [Ron Lach](#) from Pexels

- Two 8-year-olds both agreed to kissed each other on the mouth while playing house.
- 11-year-old is caught watching pornography. Caregiver integrates internet safety measures and youth no longer attempts to access pornography.

Short Discussion



Reflecting on the case story, how would you respond or handle this situation?
Share your response in the chat-pod.



Normative Sexual Behavior

- Curiosity driven normative sex behavior is common (66-80%).
- Much is never known by parents
- Many encounters are with children who know and are around each other
- If it is true sex play, then the encounter is perceived as “positive” or “neutral”
 - Inconsistent results with siblings school-age and older
- **Not** related to adult behavior

(Friedrich et al., 2004; Lamb & Coakley, 1993; Larsson & Svedin, 2001; Leitenberg et al., 1989; Okami et al., 1997; Reynolds et al., 2003).



Problematic Sexual Behaviors (PSB) as Defined by NCSBY

- Youth-initiated behaviors that involve sexual body parts:
 - Genitals, anus, buttocks, and/or breasts
 - Could involve other body parts: mouth, hands, etc.
- Developmentally inappropriate and/or illegal per local and/or national statutes
- Potentially harmful to self or others
- Not a diagnosis, though behaviors are clinically concerning
- Focuses on the behavior(s)
 - Although the term “sexual” is utilized, the intentions and motivations for these behaviors may be unrelated to sexual gratification.

(Silovsky & Bonner, 2003).



Continuum of PSB

Normative “Common” Sexual Behaviors



Cautionary “Less Common” Sexual Behaviors



Problematic “Uncommon” Sexual Behaviors



Case Scenarios – Continuum of PSB



Photo by [RDNE Stock project](#) from Pexels

- 10-year-old told 6-year-old sibling that he would play their favorite game if the 6-year-old touched his private part.
- 7-year-old is touching their own private parts in school during class. The teacher and caregivers have intervened, and the behavior continues to occur.



Guidelines for Determining if Sexual Behaviors are a Problem

Frequency	Developmental Considerations	Harm
High Frequency	Among Youth of Significantly Different Ages/ Developmental Abilities	Intrusive Behaviors
Excludes Normal Childhood Activities	Longer in Duration than Developmentally Expected	Use of Force, Intimidation, and/or Coercion
Unresponsive (i.e., does not decrease) to Typical Parenting Strategies	Interferes with Social Development	Elicits Fear or Anxiety in Other Children

(Bonner, 1995; Davies et al., 2000; Friedrich, 1997; Johnson, 2004; Larsson & Svedin, 2001.)

Characteristics of Children with PSB

- No distinct profiles for youth with PSB or clear pattern of demographic, psychological, or social factors
 - More diverse than adolescents with PSB and adults with illegal sexual behavior
 - Neither children or adolescents share central characteristics of adult sex offenders
- Co-occurring diagnoses
 - Disruptive Behavior Disorders: ADHD, ODD, CD
 - Trauma Related Disorders: PTSD, Adjustment
 - Other Internalizing Disorders: Depression, Anxiety
 - Learning and language delays

(Chaffin et al., 2002; Johnson, 2011; Silovsky & Niece, 2002).



Characteristics of Youth with PSB

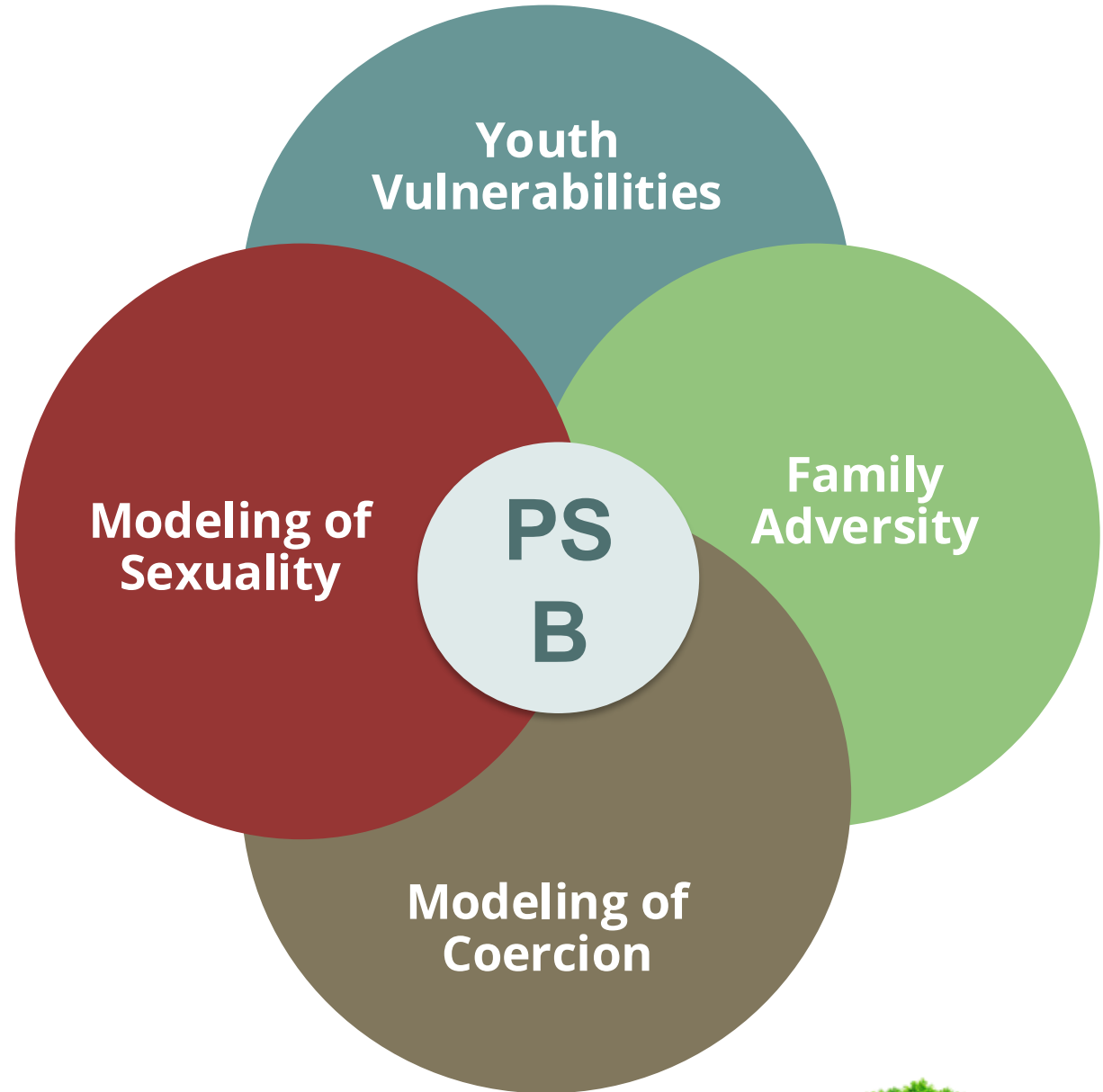
- Relationship issues
 - Parenting/caregiver stress
 - Parent perception of child
 - Peer relationship problems
- Younger children with PSB...
 - More likely to be female
 - More likely to present with co-morbid problems



Photo by Pavel Danilyuk from [Pexels](#)



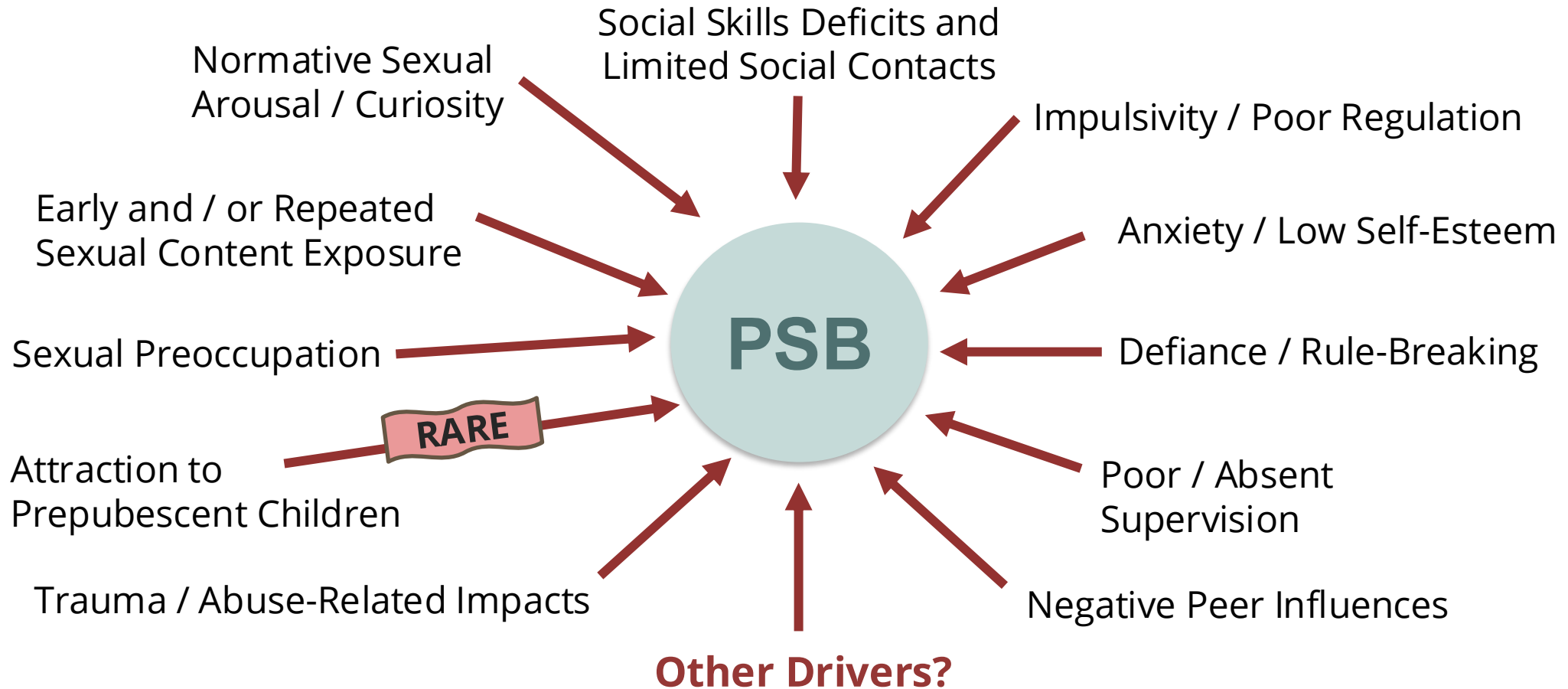
**Pathways to
Youth
Problematic
Sexual Behavior
are Varied and
Often Complex**



Origins of PSB in Children



Possible Drivers for Youth PSB



Adapted from Friedrich et.al, 2003.



Impact of Technology on Status of Sexual Behaviors

- Increased access to Internet and recording devices.
- Using technology for a range communication and interaction with others, learning, and entertainment.
- Online character is being shaped and is shaping sexual knowledge and identity in ways that are not yet researched or fully understood.
- Need to distinguish child pornography vs. youth produced images.



Photo by [Mikhail Nilov](#) from Pexels



Photo by [Gustavo Fring](#) from Pexels

Use of Technology: When Typical Becomes Problematic

- Devices (most of which have digital cameras)
 - Smart phones, music players, personal/portable video game players, video game systems, miscellaneous items (pens, eyeglass frames, etc.)
- Modalities
 - Texting/chatting/instant messaging (text, image, video, audio)
 - Social networking
 - Email
 - Blogging
- “Child pornography” vs. youth-produced images
 - Who is creating and distributing and what is the intent?



On-Demand Webinar: Always Available

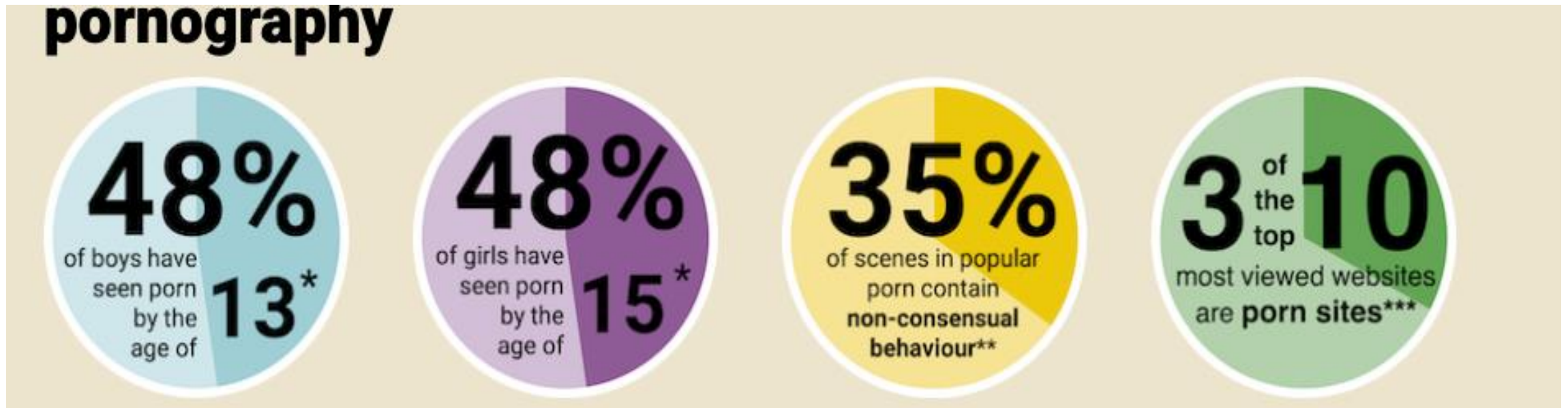


From Clicks to Consequences: Understanding Youth Online Sexual Behavior

- Reviews how youth (ages 8–18) encounter and interpret sexual content online
- Examines social and emotional impacts, including considerations for military-connected youth
- Introduces therapeutic strategies to address problematic online sexual behavior

OneOp.org/learn/160103/

When normal and typical behavior becomes dangerous.



Resource: This graphic, as well as additional resources on the influences of porn, can be found on the [It's Time We Talked](#) website.



Technology and Sexual Development

- Youth have increased unsupervised access to technology in varied forms.
- Sexual media is more prevalent and widely accepted.
- Youth more likely to view online Sexually Explicit Media (SEM).
- Rates of SEM use in youth increase with age and peak in early adulthood.
- Child sexual abuse images vs. youth produced/initiated images vs. sexualized images.



Dispelling Myths



Can Children with PSB Live with Other Children?

- Do the caregivers have the parental capacity to provide supervision and safety?
- Does the child with PSB respond to adult supervision and guidance?
- Who are the other children in the home?
 - Vulnerabilities, strengths, and wishes/goals



Graphic from AdobeStock by barkarola, file #168900308



Can Children with PSB Attend School Safely?

- Student's risky behavior and strengths
 - Responsiveness to supervision and adult guidance
 - Impulsive behaviors
- School and teachers' vulnerabilities and strengths
- What do they need to know to be protective?



Graphic from AdobeStock by focus_bell, file #1778743634



Do Children with PSB Need Intensive Residential Treatment or to Be Incarcerated?

- Inpatient treatment should be for the most severe cases (i.e., severe psychiatric disorders and/or highly aggressive sexual behavior that recurs despite appropriate outpatient treatment and close supervision).
- Focus of juvenile justice involvement should be rehabilitative, not punishment.
 - Highly effective outpatient treatment programs
 - Very low recidivism rates (~2%)

(Silovsky et al., 2001)



Will Children with PSB Grow Up to Be Adult Sexual Offenders?

- Outpatient treatment is effective.
- No current research indicates a clear link between PSB in childhood or adolescence and illegal sexual behavior in adulthood.

(Silovsky et al., 2001)



What Clinical Elements Effectively Treat PSB?

- Meta-analysis of Treatment for Child Sexual Behavior Problems by St. Amand, A., Bard, D.E., & Silovsky, J.F. (2008)
- Caregiver: Behavior parent training
 - Rules about sexual behavior and boundaries
 - Abuse prevention
 - Sexual education
- Child: Impulse-control skills
- Ineffective: Practice elements evolved from treatments for adult sex offenders



Adobe Stock by Jordi P D/peopleimages.com, file #542909901

(St. Amand et al., 2008)



Characteristics of Evidence-Based Treatments for Youth with PSB

- Directly involves caregivers
 - Behavior parent training
- Plan for safety and preventing future PSB
- Prosocial peers and positive peer interactions
- Youth with deviant sexual arousal require specialized individualized treatment (no current EBTs known)

www.helpwantedprevention.org



Adobe Stock by Jordi P D/peopleimages.com, file #542909901



Social Connections



Photo by [Ivan S](#) from Pexels

- Friendship, relationships, communication, nurturance and intimacy are challenging to manage well.

- Some children are in need of extra support through the process of developing these skills.



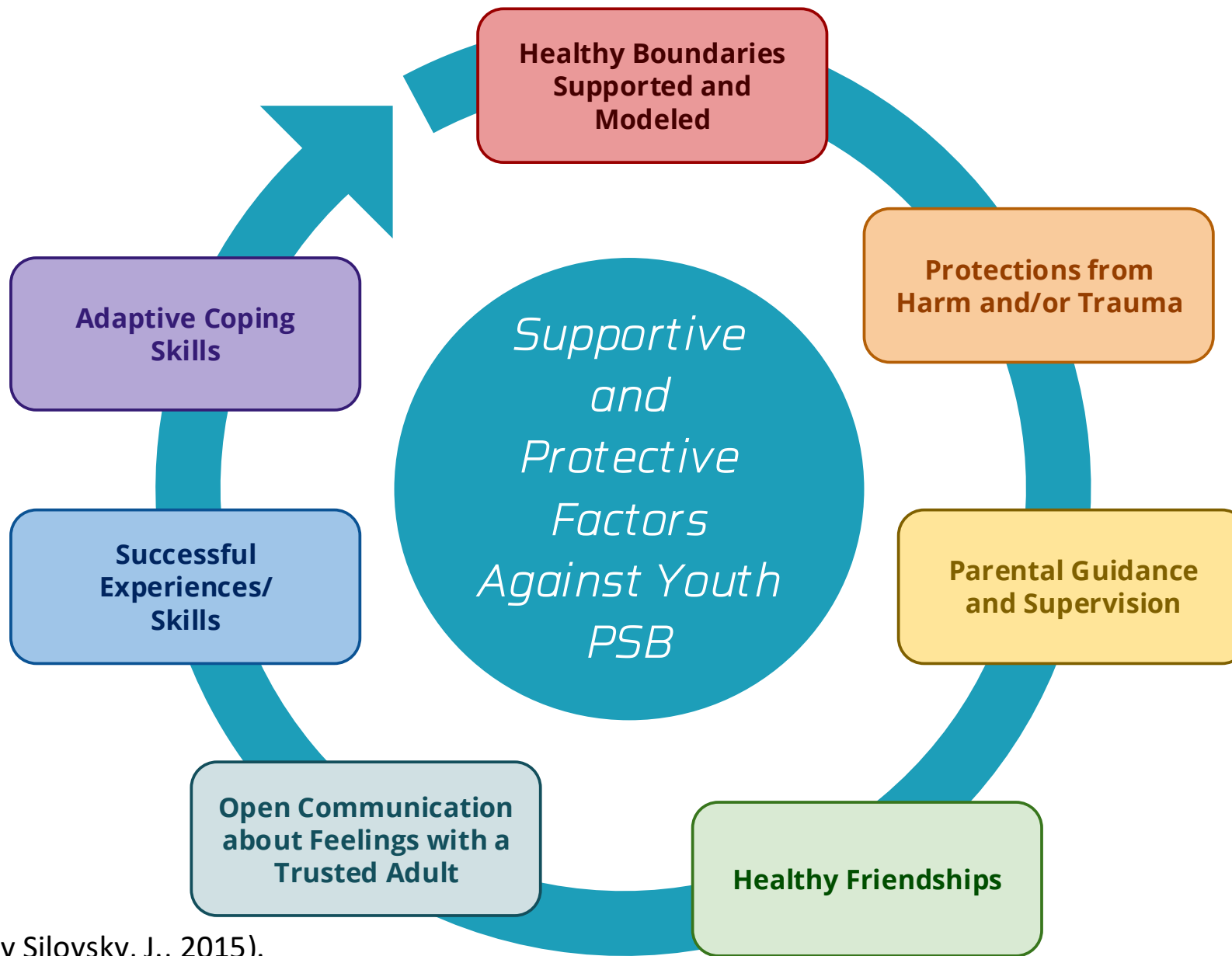
Photo by [Ron Lach](#) from Pexels



Photo by [Yan Krukau](#) from Pexels

OneOp Resources | Blog post,
[*Friendships That Build Belonging for Every Child*](#)





(Graphic created by Silovsky, J., 2015).



Does Therapy Work with Children with PSB?



Randomized Clinical Trial – Comparing CBT to Play Therapy

Children with PSB who were
randomized to

Cognitive-Behavioral Therapy

12 Sessions:
Caregiver & Child

98%

Children with PSB who
were randomized to

Play Therapy

12 Sessions:
Caregiver & Child

89%

(Carpentier et al., 2006).



Type of Treatment Matters.

Children randomized to PSB specific cognitive-behavior treatment with active caregiver involvement had a much better success rate 10 years later than children randomized to play therapy.

“This program helped me and my family because it taught me how to make the right choices.”

(Carpentier et al., 2006).



10 Year Follow Up – Success Rates

Percentage of children with no PSB across 10 years in Child Welfare and Juvenile Justice databases:

Children with PSB who were
randomized to
Cognitive-Behavioral Therapy

12 Sessions:
Caregiver & Child

98%

Children with **NO**
history of PSB

97%

(Carpentier et al., 2006).



Key Take-Away

10 years after treatment, youth with PSB were **not different** from children who never had a history of PSB.



Photo by [Kindel Media](#) from Pexels

(Carpentier et al., 2006).

Impact on the Family



PSB of Children is a Family Problem that Needs a Family Solution

- Children often “act out” with children in their social network, especially siblings, cousins, and other family members.
- The exhibited PSB, system’s responses, and caregivers’ reactions impact range of reaction from and to children in the home and social network(s).



Challenges when Engaging Families in Mental Health

- Most children with mental health difficulties do not receive any type of mental health care (McKay & Bannon, 2004).
 - Approximately 75% of children with mental health needs do not have contact with any services (McKay & Bannon, 2004).
- Less than 50% of families attend the first appointment (Harrison et al., 2004).
- Among children, treatment dropout ranges from 47-70% (Chasson et al., 2008).

Resource: UAMS Psychiatric Research Institute – Family Treatment Program

<https://medicine.uams.edu/pediatrics/specialties/sections/children-at-risk/family-treatment-program/>

(McKay & Bannon, 2004; Harrison et al., 2004; Chasson et al., 2008).



Impact on Families

Caregivers react in, and feel, a variety of ways.

- Feelings of disbelief, shame, guilt, embarrassment
- Anger toward child, affected children/victim and their family, systems involved
- Believing the myths
 - Little to no hope for the future
 - Problem is the child, parenting program can't help
- Not understanding seriousness of situation
- Impact of own history and experiences
- “Divided loyalties”



Family Advocacy Interface



Initial Visit

- Discuss how time at FAP will be spent
- Separate self from command, Military Criminal Investigative Organizations (MCIOs), and Child Protective Services (CPS)
- How the child ended up here...
 - Gather information from caregiver regarding their understanding
 - Continue to monitor language used to represent the child and any myths held by the caregiver



Photo by [Anna Shvets](#) from Pexels



Initial Visit Continued

- Identify symptoms
 - Identify PSB – **normative** vs. **cautionary** vs. **problematic**
 - **Resource:** [The Problematic Sexual Behavior in Children and Youth Non-Clinical Referral Tool \(PSB-CY NCRT\)](#)
- Behavior problems in general
- Communicate **hope** and **connection**

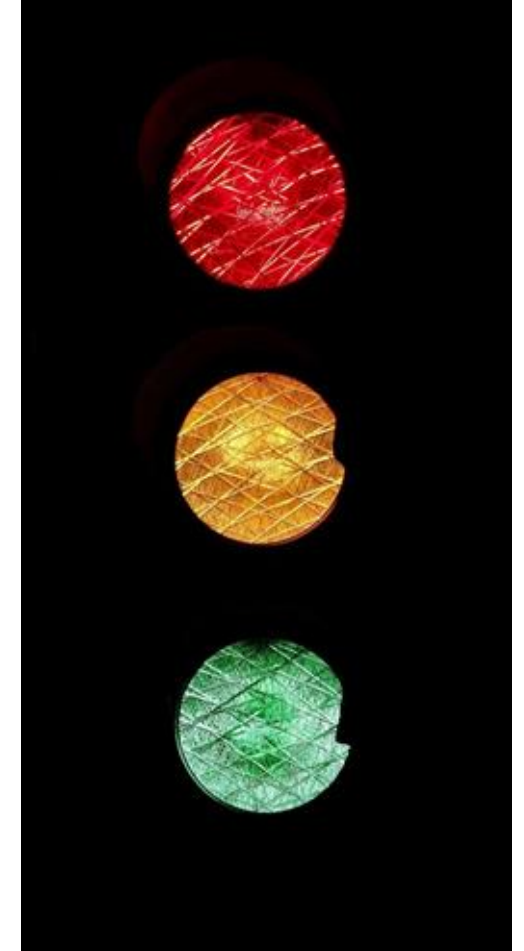


Photo from Pexels by [Pixabay](#)



Communicating ✨ Hope ✨

- Evidence-based program outcomes
- Awareness of treatment delay
 - Management of ongoing investigation
- Sharing anecdotes/success stories



Case Example 1



Photo by [cottonbro studio](#) from Pexels

- 6-year-old female
- Child living with single Active-Duty mother and three siblings. No reported maltreatment history.
- At daycare, child looked at the private parts of a male child (age 5) on one occasion approximately one month prior to the time of the scheduled interview.



Case Example 2



- 12-year-old male
- School found the child had looked up pornographic videos on school grounds.

Photo by [cottonbro studio](#) from Pexels



Case Example 3



Photo by [Obi Onyedor](#) from Pexels

- Child experienced sexual abuse for a period of time starting at four years of age.
- Child acted out with two younger siblings (attempted penetration). The child has masturbated in public spaces on multiple occasions despite being told to stop.
- Caregiver reports maintaining high levels of supervision including installing cameras and alarms in the home.



Case Example 4



Photo by [Curtis Adams](#) from Pexels

- 8-year-old female
- Child experienced significant sexual, physical, and emotional abuse while living with her biological mother until moving to her Active-Duty biological father's and civilian stepmother's house at age 2.5 years old. Such abuse resulted in the death of her oldest sibling (age 5). Child was removed with 2 other siblings and placed in foster care for a few weeks until she moved in with her biological father and stepmother.
- Stepmother reported that she thinks, "The child is a rapist." She reported that problematic sexual behavior with children in the neighborhood has been occurring since the child has been in the home. The stepmother reported that the child has participated in multiple treatments in the past three years. She has two children under the age of 3 and is concerned about their safety.



Decision-Making

- Considerations for PSB-focused programs:
 - Safety issues
 - Responsive to parental interventions
 - Aggressive, coercive, force
 - Impact on others
 - Boundary issues
 - Interfering with functioning
- ★ What are the factors being considered as triggers for the child breaking sexual behavior rules?
- ★ What protective, safety, and support factors need bolstering?
- ★ Other factors: Family and system preferences and priorities



Clinical Services Interface



Service Linkage

- Supervision recommendations
- Sexual behavior
 - Private part rules
- Treatment buy-in
- Multidisciplinary Team (MDT) Training



Photo by Vitaly Gariev from [Pexels](#)



Sexual Behavior Rules for School-Age Children

- ❑ It is not okay to look at other people's' private parts.
- ❑ It is not okay to show your private parts to other people.
- ❑ It is not okay to touch other people's' private parts.
- ❑ It is ok to touch your private parts as long as you are in private and do not take too much time.
- ❑ It is not okay to use sexual language.
- ❑ It is not okay to make other people uncomfortable with your sexual behavior.

(Adapted from Bonner et al., 1999.)



Private Parts Rules for Preschoolers

- ❑ No showing private parts to other people.
- ❑ No looking at other people's private parts.
- ❑ No touching other people's private parts.
- ❑ No other people touching your private parts.
- ❑ No touching your own private parts when others are there.
 - ❑ Touching your own private parts when you are alone is okay.

(Silovsky & Niece, 1998).



Prevention of and Response to PSB in Children

- How to teach and maintain rules about respect for others, privacy, and dress.
- Encourage safe, appropriate physical affection.
- Monitoring the environment around your child:
 - Home
 - School
 - Community
 - TV, movies, video games
 - Music
 - Media, including online
- Family rules
- Redirection and distraction
 - Activities that use up energy
 - Activities that take attention away
 - Activities to avoid
- Cues and reminders
- Reinforcing following the rules
- SUPERVISION

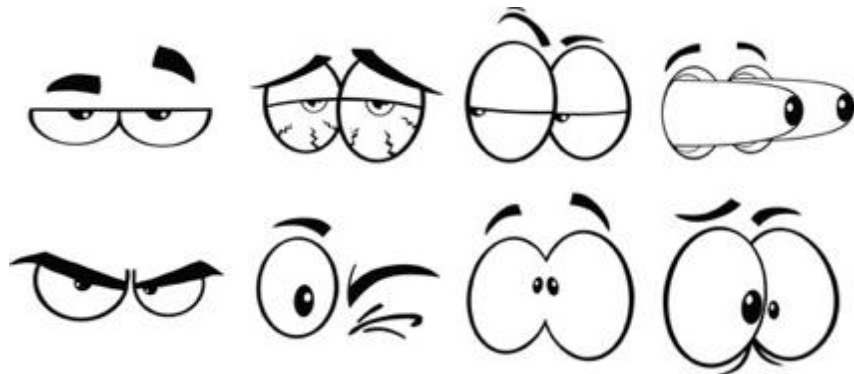


Supervision and Safety Planning



Supervision of Children with PSB

- Appropriate supervisors
- Visual vs. non-visual supervision
- Increasing social supports system(s)
- Challenges
 - Sleep/nighttime
 - Bathing
 - Multiple children, solo caregiver
 - Out-of-home situations



- Creative supervision
 - Use of available space
 - Room dividers
 - Electronic monitors
 - Scheduling



Components of Safety Planning

- Eyes on supervision
- Not allowed in other children's rooms
- Must leave if child comes in to his/her room
- Never involved in bathing, hygiene of other children
- Uses separate bathroom, if possible
- Fully clothed at all times
- No horseplay, wrestling, tickling
- No co-sleeping or co-bathing
- No sexual materials in the home*
- Other adults told on a “need-to-know” basis



A printable *PSB Family Safety Plan* is linked on the *Additional Resources* page!



Developing Safety Plan with Caregivers

- ❑ Identify and include all relevant caregivers and other professionals
- ❑ Prevention planning
- ❑ Develop safety plan
 - ❑ Identify problematic activities
 - ❑ Identify appropriate sibling activities
 - ❑ What caregivers/family will do
- ❑ Monitoring the safety plan
 - ❑ Caregivers' responsibility
 - ❑ Teaching children what to do if someone doesn't follow the plan



Key Takeaways



Take Home Points

- These are children and there is hope.
- Sexual behavior in all children occurs on a continuum from normative to cautionary to problematic.
- There are no distinct profiles for children/youth with problematic sexual behavior.
- Caregivers and others involved react and feel a variety of ways about youth with problematic sexual behavior.



Take Home Points Continued

- Often, myths are held regarding PSB in children that inform thoughts about such children.
- The family is not alone.
- There is effective treatment available.
- FAP personnel can dispel myths, offer safety planning, including supervision recommendations, and assist with service linkage to help families.



Questions?

References (1)

The following references informed this presentation and are provided to support continued learning and deeper exploration of the topics discussed.

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Resource for Working with Military Families

On military installations, the Family Advocacy Program (FAP) is responsible for supporting families whose children have exhibited or been impacted by PSB by providing them with information, supportive counseling, and specialized resources.

To find your local FAP, go to: www.militaryonesource.mil/leaders-service-providers/child-abuse-and-domestic-abuse/victim-advocate-locator

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Military

U.S. Military Coordinated Community Response to Problematic Sexual Behavior of Children and Youth (PSB-CY)

Department of Defense Instruction (DoDI) 6400.10 establishes policy, assigns responsibilities, and prescribes procedures for the DoD coordinated community response (CCR) for preventing and responding to problematic sexual behavior in children and youth (PSB-CY), as defined in DoDI 6400.01. This instruction also specifically provides policies for establishing the PSB-CY Multidisciplinary Teams and the roles of Family Advocate Programs

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