

## Understanding and Responding to the Sexual Behaviors of Youth

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## The Agenda

- What is normal vs. abnormal sexual behavior for pre-adolescents?
- What is normal vs. abnormal sexual behavior for adolescents and teens?
- What do you do when you see abnormal behavior?
  - Practice scenarios



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## A great resource



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## Another great resource

NCTSN The National Child Traumatic Stress Network In partnership with: **NCSBY**

### Sexual Development and Behavior in Children



Information for Parents and Caregivers

Your five-year-old daughter is playing in her room with a couple of friends. You hear a lot of giggling and squealing. When you open the door to check on the kids, you find them sitting on the floor with their pants off, pointing at and touching each other's genitals. What do you do?

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## What is normal for young children?



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## Sexual behaviors (Johnson 2014)

- 40-85% of children 12 and younger engage in some sexual behaviors
- Most of this behavior is “informational gathering” as children explore each other’s bodies by looking and touching (i.e. playing doctor) or exploring gender roles (i.e. playing house)
- Most sexual behaviors are limited, voluntary, between children of similar ages, size and developmental status

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### Normal behavior (AAP)

- Children 2-6 commonly engage in:
  - self-touching
  - showing their genitals, looking at the genitals or others, trying to see an adult in the nude
  - talking about body functions, etc.




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### NCTSN pre-school children (less than 4)

- Explore/touch private parts (in private or public)
- Rub private parts with hand or against objects
- Showing private parts to others
- Trying to touch mother’s or other women’s breast
- Removing clothes and wanting to be naked
- Attempting to see others undressing
- Talking to same aged children about “poop” and “pee”




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### NCTSN 4-6 year olds

- Purposely touch genitals (masturbation)—sometimes in the presence of others
- Attempting to see others naked or undressing
- Mimicking dating behavior (kissing, holding hands)
- Talking about private parts, using “naughty” words they often don’t understand
- Explore private parts with children their own age (playing doctor, “show me yours, I’ll show you mine”)




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### Case scenario (NTSN)

- Three girls, all five years old, are playing together in a room and when someone checks on them finds their panties are off, they are giggling and pointing to and touching each other’s genitals
- Normal or abnormal?




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### What do you say?

- “It looks like you’re touching each other’s private parts. This is not a good idea. You can touch your own private parts, but not other people. Other people are not allowed to touch your private parts either.”  
– Johnson (2014)




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### NCTSN 7-12 year olds

- Masturbation but usually in private
- Playing games with children their own age (truth or dare, playing family, playing boyfriend/girlfriend)
- Looking at pictures of naked people
- Viewing/listening to sexual content in media (TV, movies, games, the Internet, music)
- Wanting more privacy (when undressing, etc)
- Beginnings of sexual attraction to peers




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### What do you say?

- Two pre-teens exploring each other’s bodies
- “There are a lot of responsibilities that go along with sexual looking and touching. Do you both understand how babies are made? Please go over this with your parents. You are too young to be making babies or putting your private parts together. Do you have any questions?”  
– Johnson (2014)




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### Abnormal Sexual Behavior (Friedrich CSBI)

- Placing child’s mouth on sex part
- asking to engage in sex acts
- masturbating with object
- inserting objects in vagina/anus
- imitating intercourse
- making sexual sounds
- french kissing




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- undressing other people
- asking to watch sexually explicit television
- imitating sexual behavior with dolls




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## Normal or abnormal? (NCSBY)

Mr. and Mrs. Cornelison's four sons ranged in age from 5 to 10 years old. All the boys loved sports. Every evening and weekend was filled with practices, games, and other activities. One Saturday morning, Mrs. Cornelison told her sons to get in their uniforms for their games. As the children dressed, it was unusually quiet in the bedroom, so Mrs. Cornelison went to see what was happening. She found two of her sons, ages 7 and 9, undressed and touching each other's private parts. She was shocked. She told her husband what she saw. Mr. Cornelison had the boys get dressed, and he talked to each of them separately. The boys seemed embarrassed. They reported that they were just getting dressed and were wondering what it would be like to touch each other




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## Normal or abnormal? (NCSBY)

Ms. Blackwood is worried about her grandchildren, Summer, age 7, and Darren, age 5. Their father sexually abused them a year ago. Summer and Darren were sent to live with Ms. Blackwood after her daughter (the children's mother) left to be with her husband. Since being in her home, her grandchildren seem to have no boundaries. No one is a stranger to them. They try to hug or kiss everyone. Summer especially likes to talk with men, even at the grocery store. Recently, Ms. Blackwood found Summer with her mouth on Darren's privates while they were taking a bath together. Ms. Blackwood didn't know what to do; she just froze watching them. After the initial state of shock, she told the children that they had better stop that. Summer wasn't upset about the behavior or about how it might impact Darren.




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## MDT responses to concerning sexual behaviors (children below 12)

- The younger the child, the more likely they are mimicking behaviors seen or repeating behaviors they have experienced
- An initial step for the MDT is to screen for the possibility of child abuse
- Consider applying for a child protection petition
  - Ratnayake (2013)




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### Normal vs. abnormal adolescent/teen sexual behavior



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### Normal adolescent/teen sexual behavior (Salter)

- Sexually explicit talk with peers
- Obscenity/jokes within cultural norm
- Sexual innuendo, flirting, courtship
- Interest in erotica
- Solitary or mutual masturbation
- Hugging, kissing, holding hands
- Foreplay, even intercourse with consenting partner

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### Deviant level one (Salter)

- High degree of preoccupation/anxiety
- Frequent use of porn/sex shows
- Indiscriminate sexual acts w/ multiple partners
- Sexually aggressive remarks, obscenities, graffiti
- Embarrassing others with sexual remarks
- Pulling skirts up, pants down
- Violating others space

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**Deviant level one MDT responses  
(Salter)**

- **May be a red flag of sexually aggressive impulses**
- **Some intervention might be helpful (voluntary services, child protection petition, etc)**




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**Deviant level two (Salter)**

- **Compulsive masturbation**
- **Degradation/humiliation of self or others with sexual overtones**
- **Attempting to expose genitals of others**
- **Chronic preoccupation with sexually aggressive porn**
- **Sexually explicit conversation w/ young children**
- **Sexually explicit threats**
- **Obscene phone calls**




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**Deviant level two (Salter)**

- **Indicates a high degree of sexual preoccupation and/or deviant sexual interests**
- **Requires intervention (voluntary services, child protection petition, delinquency charges, etc)**




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**Deviant level three (Salter)**

- Genital touching without permission
- Sexual contact with significant age difference
- Forced sexual contact or penetration (vaginal/anal)
- Sexual contact with animals
- Causing genital injury to others




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**Deviant level three (Salter)**

- **Victim-involved sexual assaults require intervention**
- **Delinquency petition**




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**What would you do with this case?**

*"I am six years old and my brother is 12. My brother persuaded me to lie down on the bathroom floor. There were some neighbor boys in the house. He promised not to let them in. He got me on the floor with my pants down and then opened the door. He laughed about it."*




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**What would you do with this case?**

***A 16 year old youth in a position of leadership in a youth serving organization isolates a 12 year old youth and invites him/her to play Truth or Dare. The younger child chooses "dare" and the 16 year old "dares" the 12 year old to touch the older youth's genitals.***

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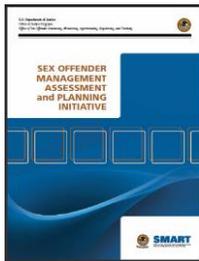
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**SOMAPI**



- More than 50 national experts
- Criminal justice professionals, treatment providers, researchers, medical and mental health professionals

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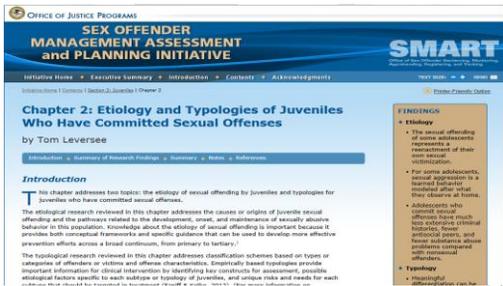
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**Why do juveniles offend?**




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### Sexual victimization (Leversee 2014)

- Children who were sexually abused at younger ages, had a greater number of incidents, a longer period of waiting to report the abuse, lower level of perceived family support, are more likely to engage in sexual offenses.
- More likely to have personality traits of forcefulness (deriving pleasure from inflicting pain) or submissiveness (close relationships necessary to feel comfortable and socially confident).




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### Physical abuse (Widom & Massey 2015)

Although individuals with a history of abuse and neglect were at increased risk to being arrested for a sex crime, “individuals with histories of physical abuse and neglect were at significantly increased risk for arrest for sex offenses” but those with histories of sexual abuse “did not reach significance.”




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### Multiple types of child maltreatment (Leversee 2014)

- A study of 667 boys and 155 girls found that nearly all had “highly dysfunctional” families and high degrees of physical abuse, sexual abuse, emotional abuse and neglect (Cavanaugh, et al 2008).




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### Most children abused in one way are abused in multiple ways

- Exposure to multiple forms of victimization is common
- Almost 66% of the sample was exposed to more than one type of victimization, 30% experienced five or more types, and 10% experienced 11 or more different forms of victimization in their lifetimes.
- Poly-victims comprise a substantial portion of the children who would be identified by screening for an individual victimization type, such as sexual assault or witnessing parental violence.
- Poly-victimization is more highly related to trauma symptoms than experiencing repeated victimizations of a single type and explains a large part of the associations between individual forms of victimization and symptom levels.
  - (Turner, Finkelhor, et al, 2010)




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### Fewer protective factors

- **Juveniles who offend sexually have fewer protective factors such as emotional support and social competency skills to buffer against early abuse experiences.**
  - Grabell & Knight (2009)




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### Characteristics of those who offend against younger children vs. peers/adults (Hunter, et al 2003)

Children	Peers/adults
• Use less aggression	• Employ more force
• More likely to abuse relatives	• More likely to use weapon
• Greater deficits in psychosocial functioning	• Less likely to be related to victim
• More likely to meet criteria for clinical depression and anxiety	• Less likely to commit offense in victim's home
	• Demonstrate less anxiety and depression




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## But this isn't always true

There appears to be a sub-group of adolescents who offend against younger children that are not submissive, dependent, socially isolated, and less aggressive in their sexual offenses.

– Daversa, et al (2007)



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## Peer pressure?

- Nearly one fourth of all juvenile sex offenses involve multiple offenders (23.9%) as opposed to adult offenses (13.5%)
  - This suggests the possibility of peer pressure in some cases.
- Finkelhor (2009)



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## Research on recidivism



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## Bottom line

- According to meta-analysis, juveniles have lower recidivism rates (7-13%) than adult offenders (14-24%) (SMART office)
- Juveniles who commit sexual offenses have higher rates of general recidivism than sexual recidivism (SMART office)




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## What do we know about treatment?




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## Treatment lowers recidivism

(Worling, et al, 2000, 2010)

Table 1. Recidivism Rates for Treatment vs. Comparison Groups

Recidivism Measure	10-Year Recidivism Rate (%)		20-Year Recidivism Rate (%)	
	Treatment Group (n=58)	Comparison Group (n=90)	Treatment Group (n=58)	Comparison Group (n=90)
Sexual charge	5*	18	9*	21
Nonsexual violent charge	19*	32	22*	39
Any charge	35**	54	38*	57




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### What type of treatment?

- According to an analysis of 9 studies, cognitive-behavioral, relapse prevention, sexual trauma therapy and psychosocial education have lowered recidivism rates (Carbonell 2006)
- Multisystemic Therapy (MST) works on the premise that individual, family, and environmental factors (e.g. school) all play a role has proved effective (Letourneau 2009)




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### Recidivism factors (Ratnayake 2013)

- Deviant sexual fantasies with an interest in prepubescent children and/or sexual violence
- Committing sex crimes despite prior charges or convictions
- Multiple victims
- Targeting strangers
- Social isolation/unwillingness or inability to form peer relationships
- Unwillingness/inability to participate in treatment




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### Factors not predictive of recidivism

- JV's own history of sexual victimization (may play a role in initial conduct)
- Degree of sexual contact (e.g. penetration)
- Denial of sexual crimes (unless this means unwillingness to participate in treatment)
  - Ratnayake (2013)




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### Factors associated with lower recidivism

- Positive family functioning
- Positive peer social groups
- Availability of supportive adults
- Commitment to school
- Pro-social, non-criminal attitudes
- Spirituality
  - ATSA (2013); Walker (2009)




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### When do we reunite siblings?




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### Reunification/safety plan (Bonner 2009)

- Meaningful progress in treatment
- Close supervision
- No babysitting or supervisory authority
- Not involved in bathing or dressing children
- Be fully dressed in public areas of home
- No access to sexualized materials
- Not share room with younger children
- Not go into other children's rooms
- No hugs or kisses with victim
- No horseplay, wrestling or tickling with children




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