



# Children with Problematic Sexual Behavior

*Who are they and how can we help?*

---

Benjamin Sigel, Ph.D.

University of Arkansas for Medical Sciences

May 5, 2025

# Applied Research Center



**Daniel F. Perkins, Ph.D.**  
**Principal Scientist & Founder**



**Keith R. Aronson, Ph.D.**  
**Co-Director**



**Deb Johnson, M.B.A.**  
**Associate Director**



**Applied Research**



**Program Selection**



**Program Evaluation**



**Program Implementation**



**Learning Solutions**



**Curriculum Development**

**CLEARINGHOUSE**  
**FOR MILITARY FAMILY READINESS**

<https://militaryfamilies.psu.edu>

# The Thrive Initiative



Terri L. Rudy, MPA  
Thrive Portfolio Manager

**[thrive.psu.edu](https://thrive.psu.edu)**

 **Positive Parenting  
Practices**

 **Parent and Child  
Stress Management**

 **Promoting Healthy  
Lifestyles**

# Universal Programming



## Thrive Initiative Program Areas

### Universal Parenting Programs

Take Root	Sprout	Grow	Branch Out
Infants (0 to 6 months)	Preschool (3 to 5 years)	Grades K-5 (5 to 10 years)	Grades 6-12 (10 to 18 years)
Infants (6 to 12 months)			
Infants and Toddlers (1 to 3 years)			

### Parenting Programs for High-Needs Populations

Take Root Home Visitation	Grow Safe and Secure
Infants and Toddlers (0 to 3 years)	Grades K-5 (5 to 10 years)







Today's presenter



**Dr. Benjamin Sigel**

**University of Arkansas for  
Medical Sciences**



# General Child Development

---

- Areas of human development
  - Cognitive (learning/memory)
  - Speech/Language (expressive/receptive)
  - Motor (gross/fine)
  - Social



# Is Sexual Development Just About Sex?

---

- Relationships
- Communication
- Respect
- Boundaries
- Friendship
- Intimacy – level of closeness
- Choices
- Identity
- Connection with others
- Physical and emotional changes that occur through puberty



# Typical Sexual Development: Preschool Children

---

- Sexual and genital curiosity increased.
- May explore body differences.
- Exhibit sex play with peers and siblings.
  - Playing doctor, caregiver interactions, exploring private parts
- May play or dress up as people of similar and different gender.



# Typical Sexual Development: Preschool Children

---

- Can experience physical sexual reactions.
- Self-touch behavior happens...
  - Babies as young as 7 months touch their own genitalia.
  - Experience pleasure from touching their genitals, and touch self, even in public.
  - Self-touch of preschoolers is not same as adolescent or adult masturbation.



# Typical Sexual Development: Preschool Children

- Understand adult/caregiver role behaviors.
  - Observed by age 1 and well delineated by age 3 or 4.
- Identify differences in peers and adults.
- Vague and concrete understanding of pregnancy and birth.





# Typical Sexual Development: Preschool Children

---

- Do not have a strong sense of modesty.
- Enjoy their own nudity.
- May appear to not care about how other people feel because they don't fully understand the impact of their behavior on others.
- Whether or how often a child repeats sexual behavior is often related to how caregivers respond to the child's initial sexual behavior.
- Children's typical sexual behavior (such as curiously looking at another child) is unplanned.
  - The behavior is impulsive, without much thought.



# Typical Sexual Development: Preschool Children



- Knows labels for sexual body parts, but uses slang.
- Uses elimination functions for sexual parts.
- Interested in toileting functions.
- Use elimination words with peers.

# Typical Sexual Development: Children 7 to 12 Years Old

---



- Reluctant to talk to adults about sexual issues.
- Interested in sex in media/ technology/pornography/music.
- Aware of sexual and other aspects of pregnancy.
  - Basic understanding but often inaccurate changing to fairly realistic.
- Increasing knowledge of sexual behavior.
  - Self-touch/masturbation
  - Sex
  - Basic understanding but often inaccurate
- Knowledge of pubertal changes.



# Typical Sexual Development: Children 7 to 12 Years Old

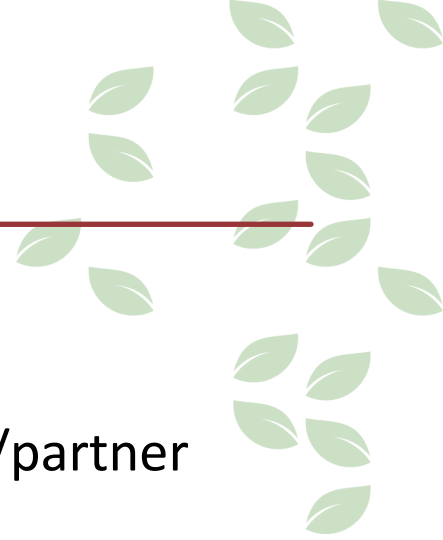
---

- Show modesty and embarrassment of showing body.
- Increase in self-touch/masturbation – usually in private.
- Attempting to see other people naked, undressing, engaging in sexual activities.
- Hide sex games from adults.



# Typical Sexual Development: Children 7 to 12 Years Old

---



- Sex games with same age peers and/or siblings.
  - Truth or dare, playing family, boyfriend/girlfriend/partner
- Use sexual language with peers.
- Increased interest, attraction, and attempts at partner relationships.
- May fantasize or dream about sex.



# Typical Sexual Behavior

---

Behaviors that involve parts of the body considered to be “private” or “sexual” (e.g., genitals, breasts, buttocks, etc.) and that are normally part of growing up for many children and which most experts would not consider to be harmful.





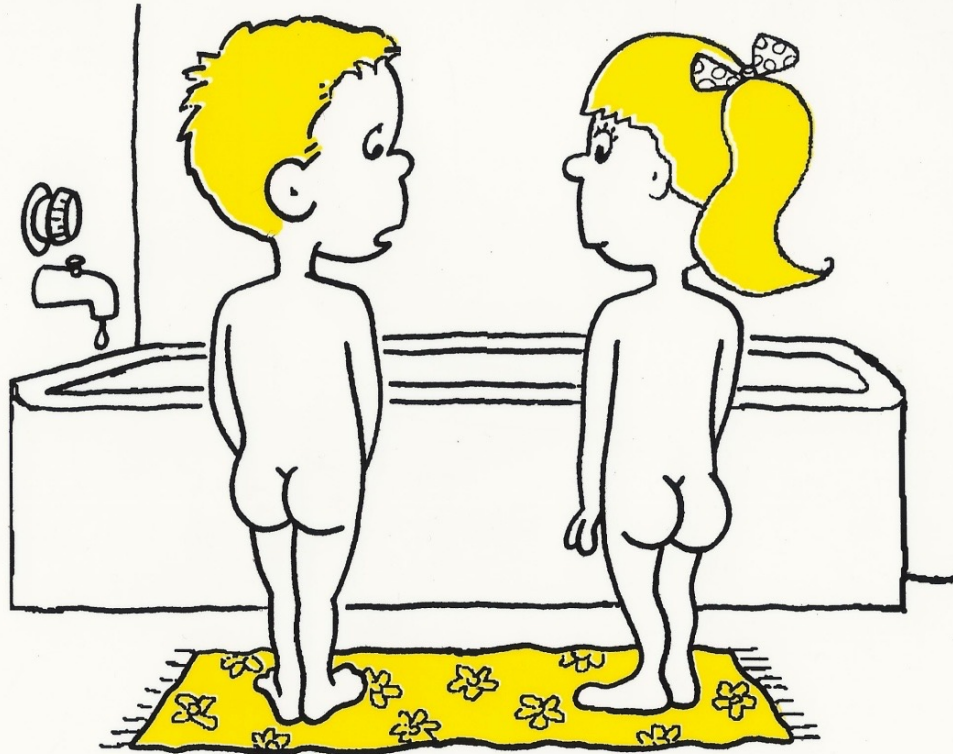
# Sexual Play Is...

---

- Exploratory
- Spontaneous
- Intermittent
- By mutual agreement
- With child of similar age, size, and developmental level.
- Not accompanied by anger, fear, and/or strong anxiety.

Bonner, 1999, Chaffin et al., 2006; Silovsky, 2009, Silovsky & Bonner, 2003





“No you can’t touch it.  
You already broke yours off !!”

## 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 panties off, pointing at and touching each other's genitals.*

#### **What do you do?**

Every day, parents around the world are faced with situations like this. Being caught off-guard by young children's self-exploration and curiosity about body parts and sexual issues is one of the uncomfortable realities of parenting, and can raise a host of troubling questions, such as, "Is my child normal?" "Should I be worried?" "What should I say?"



# How Would You Respond to Typical Sexual Behavior?

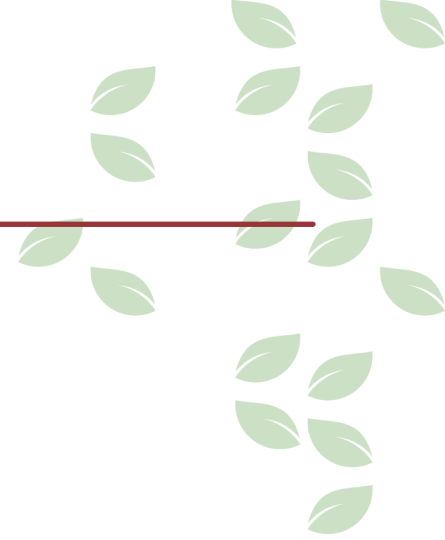
---

- Remember that some sexual behaviors are typical, but also need an intervention.
  - **Stay or get calm.**
  - **Stop the behavior.**



# How Would You Respond to Typical Sexual Behavior?

---



## Provide Education

- Social rules of behavior and privacy/modesty.
- Developmentally appropriate sex education (i.e., family/cultural values around sex, boundaries, consent, healthy sexual behaviors and dynamics, etc.).
- Friendships and relationships with others.
- Respecting their own bodies.
- Increase supervision/monitoring





# Supporting Children

---

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

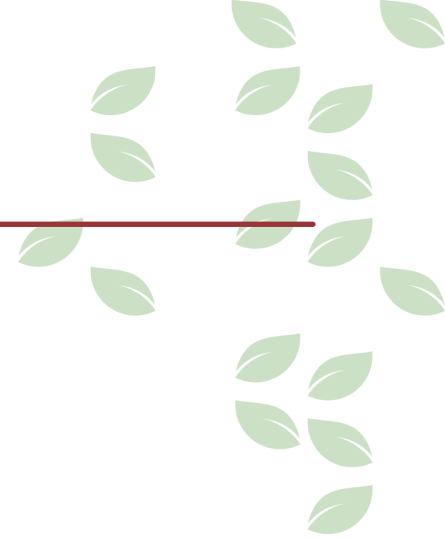
Some children are in need of extra support through the process.





# Impact of Labels

---



***Offender***

***Perpetrator***

***Predator***

***Pedophile***

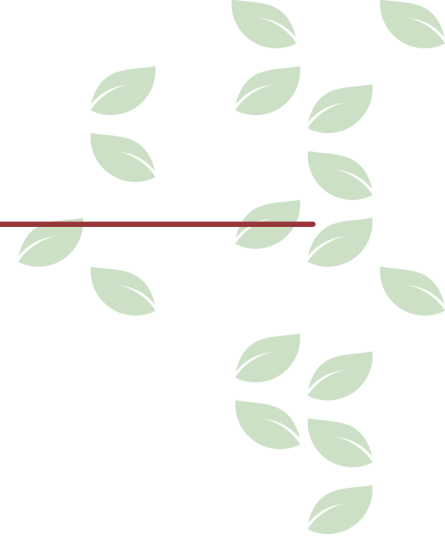


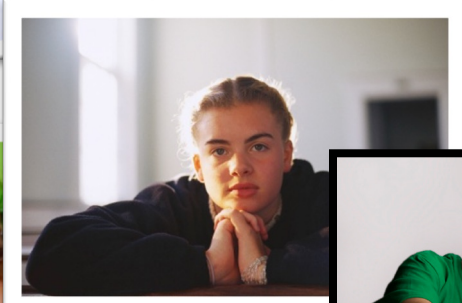
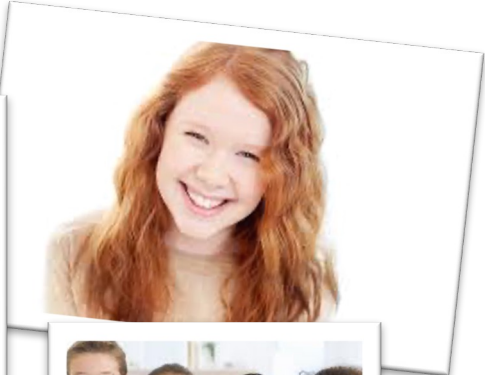
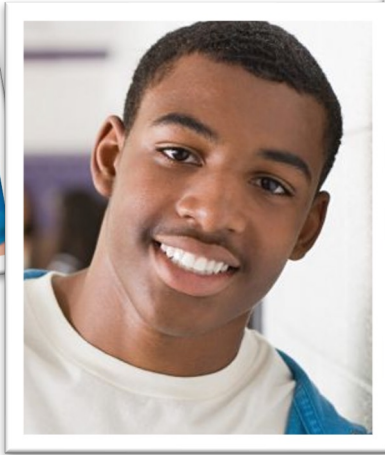
YOU LOOK LIKE  
A SEX OFFENDER.



# Impact of Labels

---





# A Child with Problematic Sexual Behavior



**Behavior**

**Development**

**Malleable**

**Not  
Criminal  
Foci**

**Treatable**

**Reduce  
Assumption**



# Continuum of Sexual Behavior

---

Normative “**Common**” Sexual Behaviors



Cautionary “**Less Common**” Sexual Behaviors



Problematic “**Uncommon**” Sexual Behaviors





# Children with Concerning/Cautionary Sexual Behavior

---

- PSB prevention
- 2-6 sessions
- Address additional concerns (e.g., trauma symptoms, inattention/hyperactivity, social skills deficits, non-sexual disruptive behavior)
- Caregiver involvement and may cover some/all of the following:

- Psychoeducation on sexual development and **typical | concerning/cautionary | problematic** sexual behavior.
- Supervision and behavior management.
- Rules around private parts.
- Boundaries/safety
- Sex education
- Impulse control/problem solving



# Problematic Sexual Behavior (PSB)

---

- Child(ren) initiated behaviors that involve body parts considered sexual or private.
  - Genitals, chest, hands, mouth, etc.
- Potentially harmful to self and/or others.
  - Physical and/or emotional
- Developmentally inappropriate.
- PSB is **not** a diagnosis.
  - Represents clinically concerning behaviors.
  - The behavior is a single focus of concern.
  - Could be a symptom/criterion of a diagnosis (e.g., ADHD, PTSD, ODD, etc.)



# When Are Sexual Behaviors Problematic?


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 and/or Anxiety in Other Children



# Resources

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

## Understanding and Coping with Sexual Behavior Problems in Children



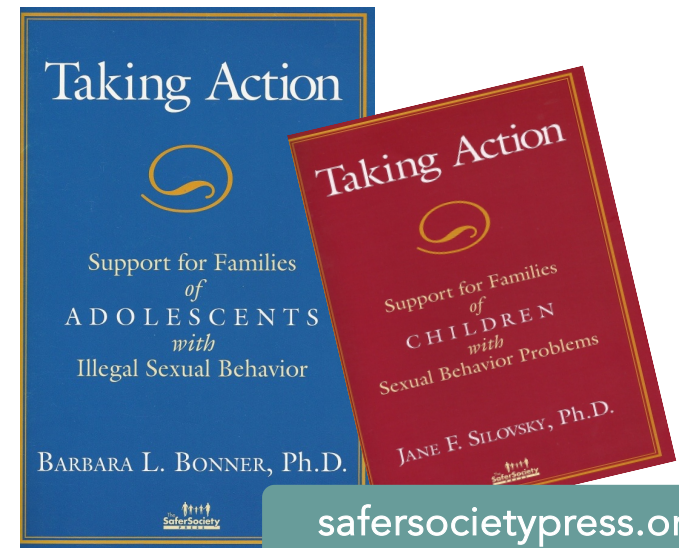
Information for Parents and Caregivers

Sexual exploration and play are a natural part of childhood sexual development, and help children not only to learn about their own bodies, but about the social and cultural rules that govern sexual behavior. (For more on this topic, see the National Child Traumatic Stress Network's factsheet, *Sexual Development and Behavior in Children: Information for Parents and Caregivers* at [http://nctsn.org/nctsn\\_assets/pdfs/caring/sexualdevelopmentandbehavior.pdf](http://nctsn.org/nctsn_assets/pdfs/caring/sexualdevelopmentandbehavior.pdf).)

CHECK IT OUT



[learn.nationalchildrensalliance.org/](http://learn.nationalchildrensalliance.org/)



[saferpress.org](http://saferpress.org)



# Impact of Technology on Status of Sexual Behaviors

---

- Increased access to devices with recording capabilities and Internet.
- Using technology for a range of communication and interactions with others, learning, and entertainment.
- Online identity is being shaped and is shaping sexual knowledge and identity in new, faster, and poorly misunderstood ways.
- Need to distinguish sexually exploitive/abusive images of youth vs. youth-produced images.



# Question

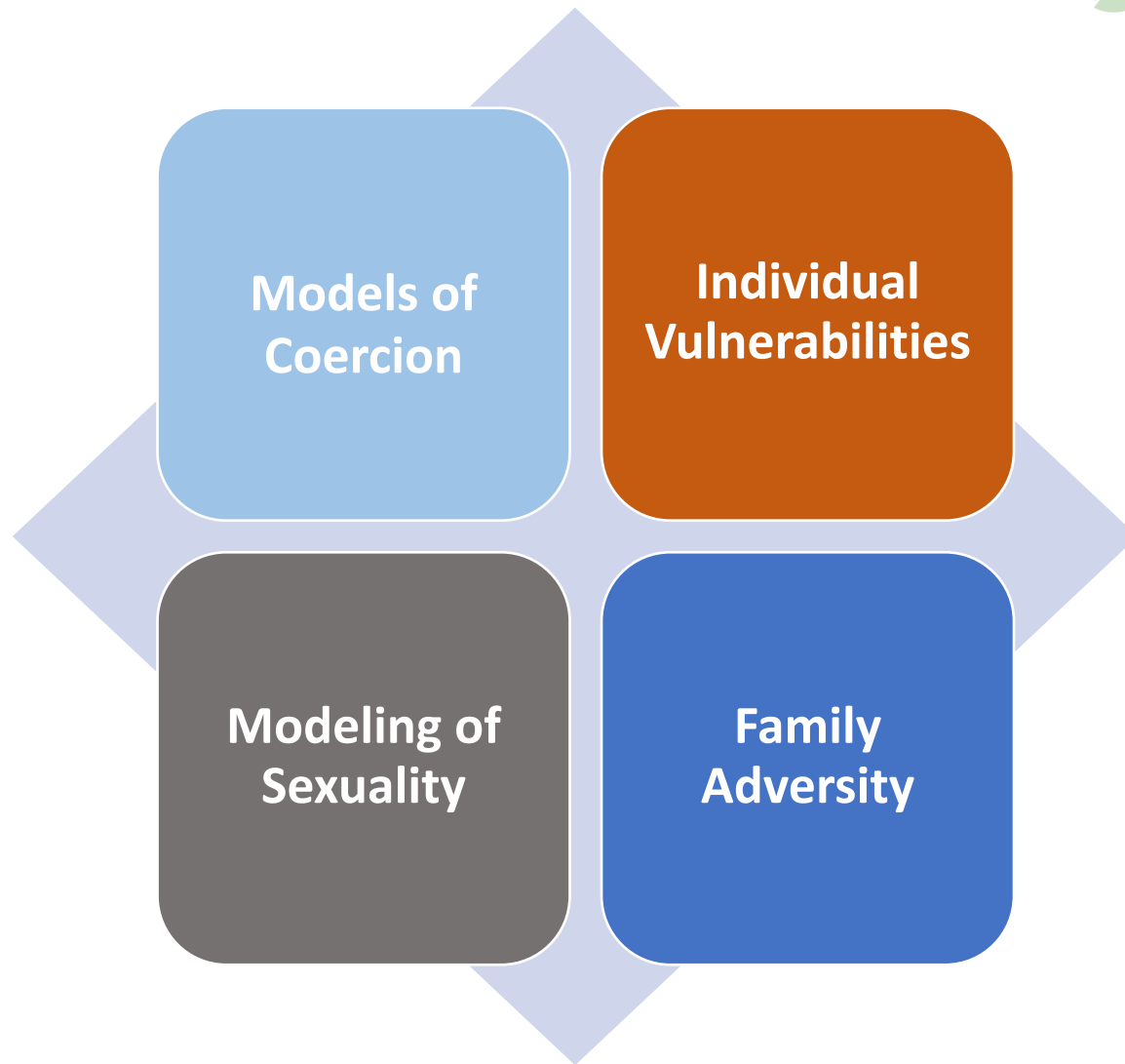
---

- How Do Youth Develop PSB?
- What Factors Increase the Likelihood of Youth Developing PSB?

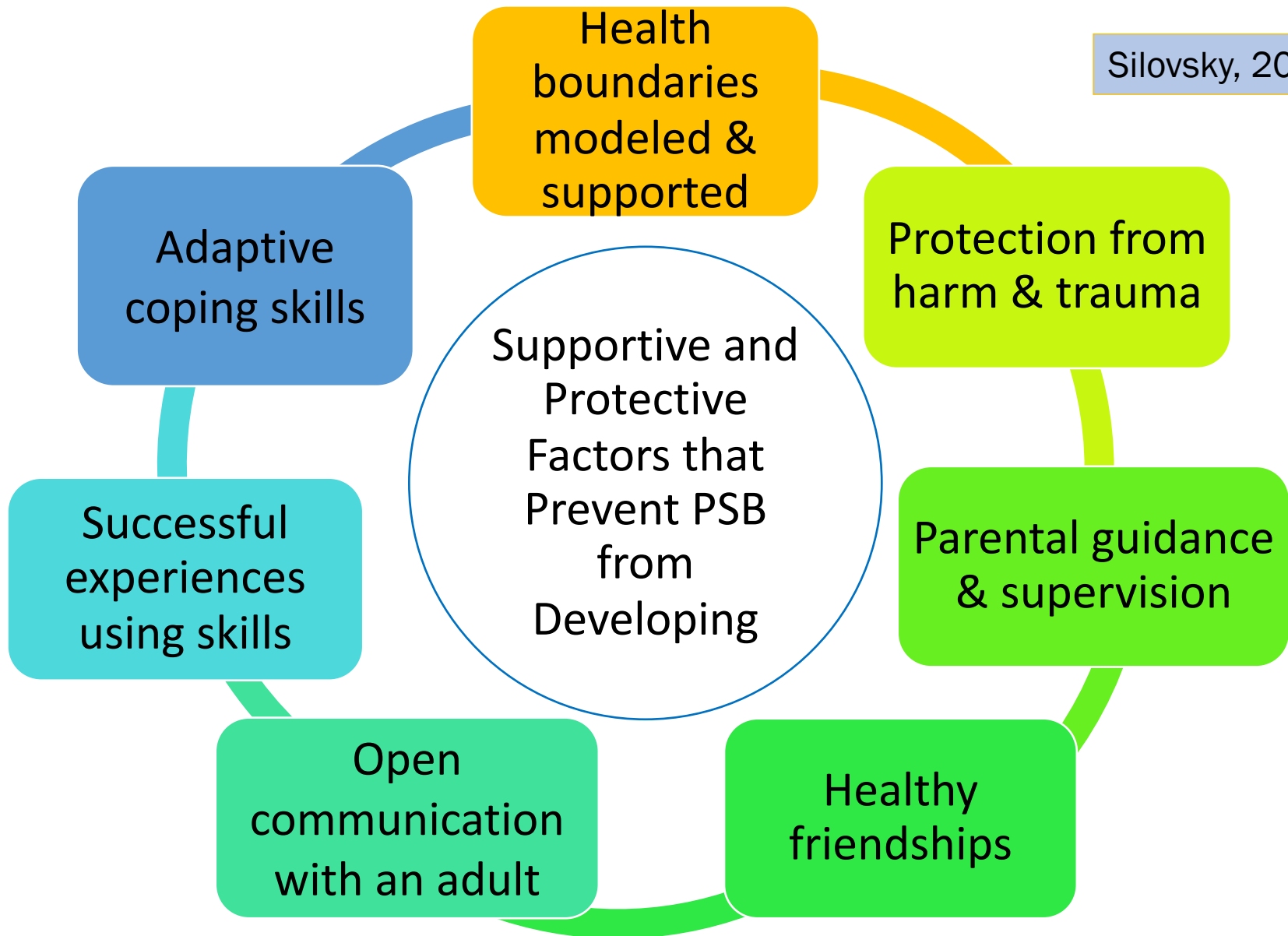


# Contributing Factors

---







# Impact on Parents/Caregivers

Shame Guilt

Anger

No hope

Believe  
Myths

Child the  
problem

No  
problem

Divided

Triggered

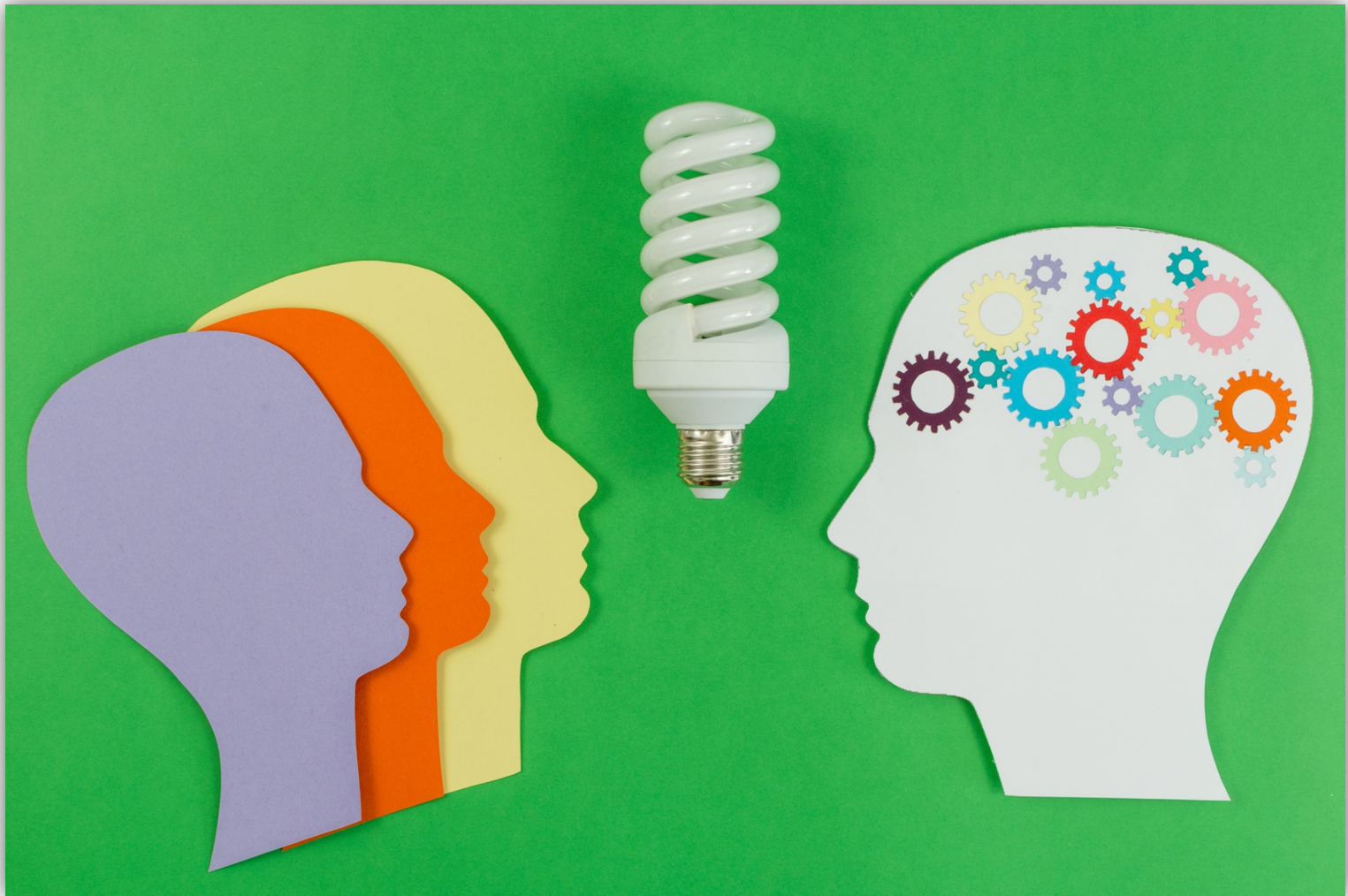


# Appropriate and Helpful System Messages for Families

---

- Convey that the situation is serious
- Skip the doom and gloom
- Give action steps for
  - Safety
  - Additional supports
  - Communication during process
  - Hope





**What treatment approaches and characteristics are most effective in addressing problematic sexual behavior in children?**

# Effective Practice Elements



## What worked?

- Work with the parent/caregivers.
- **Parenting/Behavior Parent Training (BPT)** was the strongest prediction of reductions in PSB.
- **Teaching Parenting occurred with parents learning about:**
  - Rules about sexual behavior/boundaries
  - Abuse prevention
  - And sex education
- **Child component effective:**
  - Self-control skills

St. Amand, A., Bard, D., & Silovsky, J.F. (2008). Meta analysis of child sexual behavior problems: Practice elements and outcomes. *Child Maltreatment*, 13(2), 145-166.



# Ineffective Practice Elements

---

What  
did  
NOT  
work?

- Practice elements that evolved from adolescent and adult sex offender treatments (i.e., relapse preventions, cycles of abuse, arousal reconditioning) were not significant predictors.

St. Amand, A., Bard, D., & Silovsky, J.F. (2008)



# Does Therapy Work?

---

## Rates of Future PSB Compared to Children with No Known PSB

Cognitive-Behavioral Therapy  
12 Sessions: Caregiver &  
Child

98%

Comparison group

97%

10 Year Follow-Up Data: Carpentier, Silovsky, & Chaffin (2006)



# Other Areas of Change

---



# Common Misconceptions about Children with PSB

---

- Safety in the home, community, and school
- Need for restrictive placement
- Individual treatment
- Utilization of adolescent/adult sex offender treatment approaches.
- Recurrence of PSB and pervasive deviant sexual arousal.
- Others?



# Honoring Children and their Families

---

- Honor our children; they are our future.
- Intervention about respect
- Honor the family and their values
- Children learn to honor and respect their bodies and those around them
- Caregivers strengthen their skills to support and honor their children



# Evidence-Based Treatments for **PSB** in Children

---



## Characteristics:

- Primary treatment focus: PSB
- 15-20 weekly sessions (4-6 months)
- 60-90 minute sessions
- Family or group treatment
- Caregivers required



# Treatment Modules

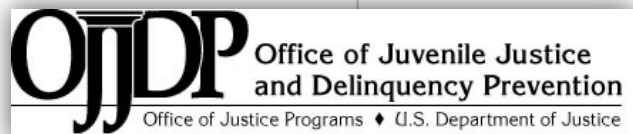
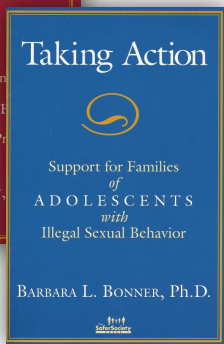
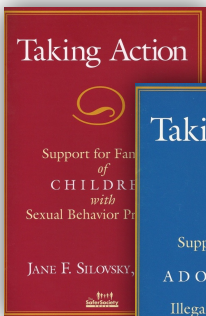
---

- Sexual development and PSB, supervision and monitoring
- Sexual behavior rules
- Feelings identification and expression; relaxation
- Self-control strategies
- Behavior parent training
- Social skills
- Sex education and electronic and online sexual behaviors
- Abuse prevention
- Empathy and apology





# Training and Technical Assistance



[www.NCSBY.org](http://www.NCSBY.org)



# Training and Technical Assistance

Virtual Lab School




Focused Topics

Sexual Development & Behavior in Children and Youth

**FPC** FosterParentCollege.com  
Online Training for Caregivers, Parents, and Agency Staff



NATIONAL  
CHILDREN'S  
ALLIANCE®



**OneOp**  
Readiness. Knowledge. Network.  
Formerly Military Families Learning Network



WHERE  
WE BEGIN

CACs and Youth with Problematic Sexual Behaviors



WHAT WE  
CAN DO

Understanding Children and Youth with Problematic Sexual Behaviors

The process of identifying and responding to problematic sexual behaviors (PSB) among youth and children is often fragmented and inconsistent across the country. National Children's Alliance (NCA) is leading in supporting families impacted by child abuse through coordinated multidisciplinary response and care. This capacity brief outlines NCA's coordinated efforts to support these families.



WHAT  
HAPPENS  
NOW

Facing Sexual Behavior Problems With Your Child

Discovering that your child has a problematic sexual behavior can be overwhelming. You may have a host of questions, from "what's wrong?" to "how do I respond?" to "how do I support my child?" This brief provides information to help you understand what happens now and what you can do to support your child.



“Children are like sponges,” writes Johnson (2009). “They absorb the behavior, values, attitudes, and feelings of those around them. The youth who have learned these behaviors, attitudes, and feelings can learn new, more beneficial behaviors. It’s crucial to remember that these worrisome sexual behaviors are just developing.

No deeply rooted patterns have been set. And children change rapidly as they grow up. They are malleable and can absorb healthy attitudes, behaviors, and feelings about sex and sexuality.

Providing a sexually healthy and safe environment is essential for their future development. With treatment and community-based supervision and monitoring, recidivism can be reduced, victims can heal, and parents/caregivers can be empowered to help continue this shift toward health and wholeness, working on the front lines with their children and families.”

~Toni Cavanaugh Johnson

# Contact Dr. Sigel

---

[benjamin-sigel@ouhsc.edu](mailto:benjamin-sigel@ouhsc.edu)

**Center on Child Abuse and Neglect  
University of Oklahoma Health Sciences Center  
940 NE 13 Street, 4N 4900 - Oklahoma City, OK, 73104  
(405) 271-8858; OU-NCSBY@ouhsc.edu**

<u>Acknowledgments</u>		
M. Elizabeth Bard, PhD	Mark Chaffin, PhD.	Lisa Swisher, PhD
Lucy Berliner, MSW	William Friedrich, PhD	Eugene Walker, PhD
Barbara Bonner, PhD	Jane F. Silovsky, PhD.	Jimmy Widdifield, Jr., MA

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.



***Upcoming  
Event***

## **Problematic Sexual Behaviors (Part 2: Adolescents and Teens)**

**Date: June 17, 2025**

**Time: 4 pm (ET)**

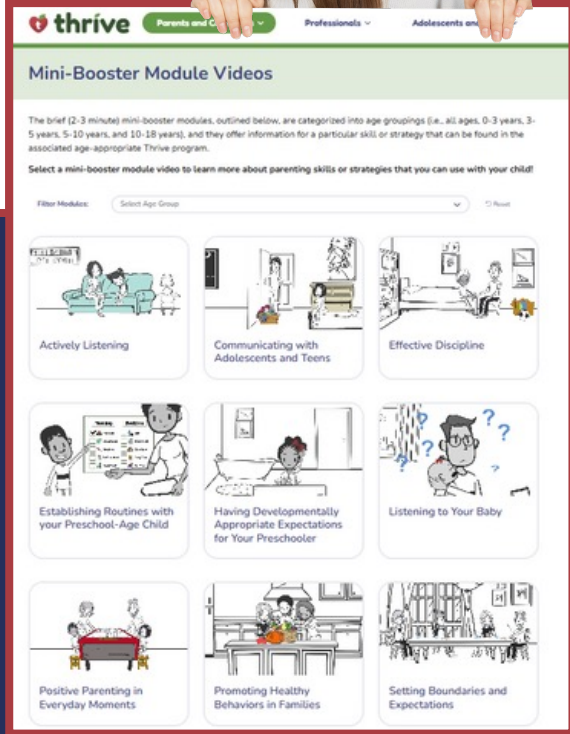
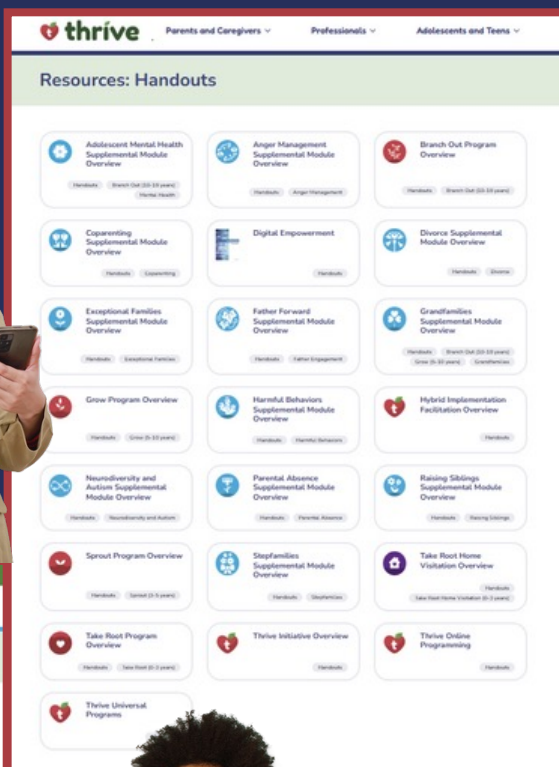
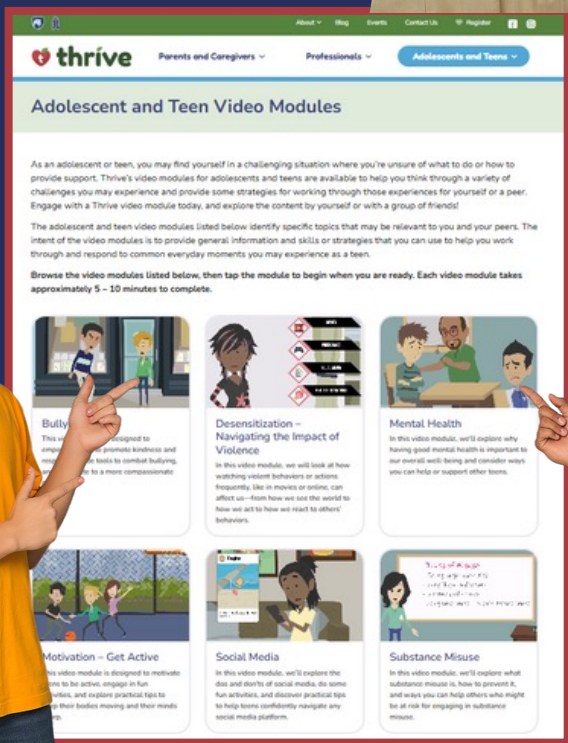


**<https://bit.ly/41BtYzd>**



**Renee Roman**









PennState

**CLEARINGHOUSE**  
FOR MILITARY FAMILY READINESS

# Open Office Hours

Open Office Hours will be held the last Wednesday of every month from February through October from 2-3 p.m.

## Summer 2025 Open Office Hour Dates

**Wednesday,  
May 28**  
from 2-3 p.m.

**Wednesday,  
June 25**  
from 2-3 p.m.

**Wednesday,  
July 30**  
from 2-3 p.m.



**Sign up here:**

<https://militaryfamilies.psu.edu/open-office-hours/>

- ✓ Open to anyone supporting military families, attend one or all of these monthly 30-to-45 minute microlearning sessions over Teams.
- ✓ Learn how to tackle real-world problems and challenges through monthly collaborative learning sessions.
- ✓ Get real-time guidance and resources from researchers and implementation specialists at the Clearinghouse for Military Family Readiness for free.

**For more information contact us:**



[clearinghouse@psu.edu](mailto:clearinghouse@psu.edu)

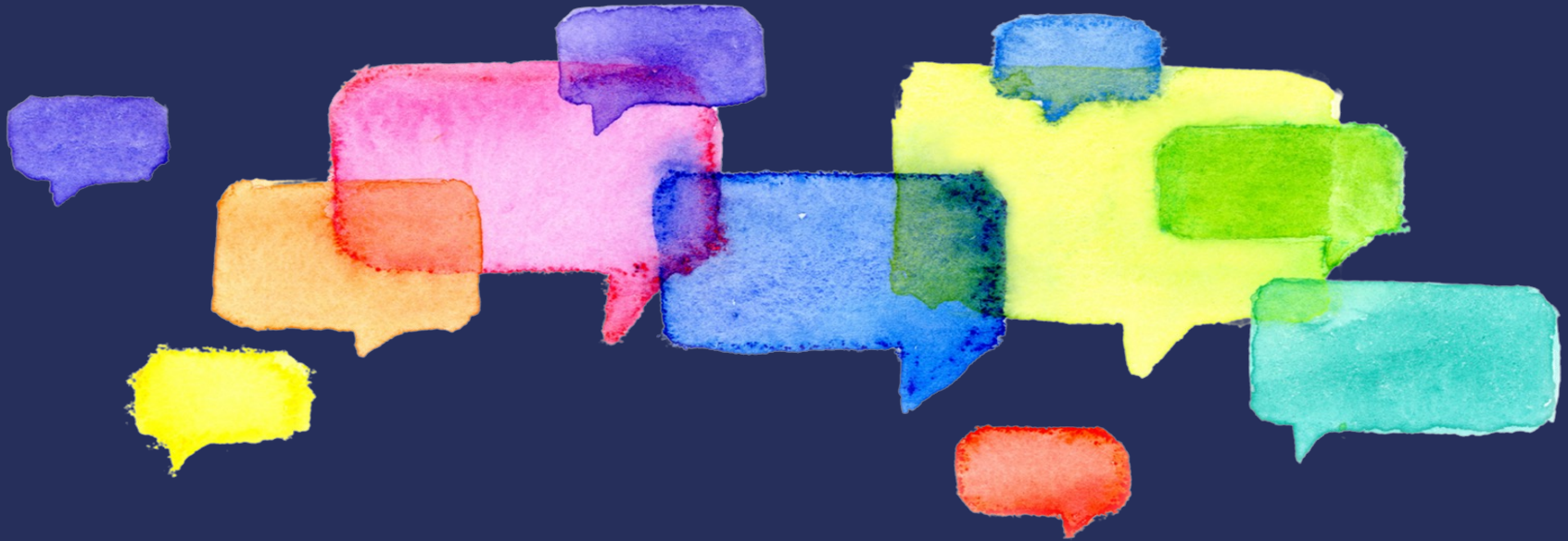


1-877-382-9185

**Meet with our research  
team to get support  
with:**

- Data collection & evaluation
- Finding effective programs or trainings
- Implementation questions
- Connect with others supporting Service members, Veterans, and military-connected families.

**Need a different time?  
Request a 1-on-1 session!**



# Presentation survey

<https://bit.ly/3YeCeEu>

*\* Slide deck and recorded presentation will be available on the Thrive website.*



PennState

**CLEARINGHOUSE**  
FOR MILITARY FAMILY READINESS

# Thank You

---

## Contact Us



[thrive.psu.edu](https://thrive.psu.edu)



[thrive@psu.edu](mailto:thrive@psu.edu)



1.814.865.7412

