

I. Children's Sexual Behavior



General Assumptions:

- Children are sexual beings from infancy.
- Intervention with children displaying sexual behaviors requires differentiating behaviors that are problematic from those that are developmentally expected.
- A child's sexual behavior is influenced by multiple developmental and environmental factors.
- A child may be displaying sexual behavior, but the behavior may or may not be sexual in *intent*.
- The sensitive nature of this issue means extra care should be given to privacy and confidentiality.
- Sexual abuse (involving touching) is only one of many possible causes of problematic sexual behavior. Additional factors that may influence a child's sexual behavior include:
 - Observing adult / adolescent sexual activity;
 - Viewing sexual media materials inappropriate for children
 - Living in a highly sexualized environment;
 - Chronic exposure to family violence;
 - Over-reliance on self-touching as a source of comfort or self-calming;
 - Lack of understanding of social norms;
 - Poor impulse control.
- Sexual behavior that occurs between children *may* constitute abuse and/or neglect and necessitate a report to DCF.
- A child engaging in concerning sexual behaviors should have access to medical care.
- Some children may need a specialized clinical evaluation.
- Children with concerning sexual behavior problems need mental health treatment with a specialized provider.

Understanding the Sexual Behavior:

Careful understanding of the child's sexual behavior is necessary to determine if there is reason for concern and to plan effective intervention. With consideration of the child's safety, additional information from parents and other caregivers is often helpful in gauging concern. When multiple children are involved, the ability to share pertinent facts with all caregivers can lead to better understanding and intervention.

The following information is helpful to guide intervention. The information may be available from parents and other caregivers or acquired in conversation with the child(ren) involved.

- When did the behavior begin?
- Under what circumstances does the behavior occur?
- How often has it occurred?
- Has the behavior progressed or changed over time?
- Does the behavior interfere with other developmentally expected activities?
- Have there been attempts to intervene and if so, what is the child's response to intervention?
- What do the child's parents/caregivers think may be the cause?
- If the behavior involves other children:
 - Is the sexual behavior mutual or is one child the primary initiator?
 - Is force or coercion used?
 - Is there a significant age or developmental difference between the children?
 - Does the sexual behavior include inappropriate talk, notes, or pictures?
 - What emotions accompany the behavior: silly? anger? embarrassment?

Factors suggesting reason for concern:

- The sexual behavior is directed at adults.
- There are substantial age or developmental inequities between the children involved.
- The type of sexual behavior is significantly advanced for the child's age and development.
- The child is initiating behavior that causes physical injury.
- The behavior involves aggression, force or coercion (including manipulation).

II. Information Gathering

In order to respond effectively to sexual behavior concerns, professionals must have enough information to 1.) Assess risk and ensure safety 2.) Support the child and caregivers and 3.) File an effective report, when needed. These guidelines for gathering information are NOT intended to substitute for an in depth investigative interview.

General Guidelines

- Obtain information from any adult reporter(s) or other observer(s) separately.
- If you need to speak to a child, speak with each child privately.
- Be curious – even casual. Be supportive, but neutral. Be aware of your own bias or assumptions.
- Document both the statements and the circumstances under which they were made.
- Children who are reluctant to talk should not be pressured. Under pressure, a child's report may be inaccurate.
- Use developmentally appropriate language.
- Ask open-ended questions to encourage a narrative account in the child's own words.
- Use phrases beginning with "tell me" to encourage elaboration.
- Use the child's language for critical details rather than substituting your own words.
- Ask the child to clarify anything you do not understand.
- Limit yes or no questions which provide limited information and may elicit inaccurate responses.
- Whenever appropriate, inform the child and caregiver of next steps.

Information to Obtain (from children involved and/or child/adult observers)

- WHAT happened?
 - "Tell me what happened on the bus today?" "I heard there was a problem with some touching at the babysitter's house, tell me about it."
 - Determine if there are any injuries. Document and refer for medical attention.
- WHERE? Location of the incident(s).
 - "Where were you when Daniel touched you?" "Did the touching happen any place else?"
- WHEN?
 - Timing of most recent incident?
 - Single or multiple incidents? Frequency?

May ask, "Did this happen one time or more than one time" rather than "how many times". Younger children may not be expected to provide time frame.
- WHO? Identify the people involved.
 - Name(s), age(s), relationship(s), and role(s) child's life. The goal is to identify and respond to the needs of all children involved.
- OBSERVERS?
 - "Who else was around?" "Where was your teacher? Father? Babysitter?" "Does anyone else know?"
 - Any risk to observers or others?

Next step(s)

- Decide if 51A and/or other reports must be made.
- Communicate with caregiver(s), whenever appropriate, to obtain and share information.
- Assess risk and plan for safety.
- Discuss next steps with child and/or caregiver(s) – including recommendations/referrals for services.