# Problematic Sexual Behavior in Children and Youth: Vulnerability and Protective Factors

Establishing a plan for safety is a priority of the Multidisciplinary Team when problematic sexual behavior in children and youth (PSB-CY) occurs. Detailed plans for clinical safety and supervision involve assessment of multiple levels of vulnerability and protective factors relevant to PSB. Assessing for vulnerability factors helps identify areas where the child or teen needs additional structure, resources, support, and supervision. Assessing for protective factors identifies areas of strength and support that can facilitate progress and healthy decision-making. Remember, vulnerability and protective factors may change over the course of a child's or teen's development, so it's important to tailor the clinical safety and supervision plan to meet the family's current needs, reassess over time, and modify the plan accordingly. Below are examples of vulnerability and protective factors associated with PSB-CY.

### **VULNERABILITY FACTORS**

reflect characteristics, situations, and activities or behaviors that may increase the risk of PSB

### The Child/Teen

- Has a pattern of PSB and factors that may be triggering the behavior
- Harbors a strong sense of shame about PSB, belief that the behavior cannot change or improve
- Demonstrates emotional or behavioral problems, particularly impulsivity and aggression
- Has a history of traumatic experiences
- Has difficulty making good decisions during free time (e.g., after school, at night, over the weekend, during summer)
- Has a history of delinquent behavior that may include juvenile justice involvement
- Shows a lack of respect for others' boundaries and wishes
- Needs developmental, language, social skills, or intellectual support
- Has experiences of racism, discrimination, or other marginalization
- Sexual development impacted by experiences of rejection, dysphoria, bullying, or other negative factors

### **Family**

- Negative or infrequent family interactions or involvement
- Child-care responsibilities by teen in the home
- Isolation from family
- Has a history of family violence

### **Parents/Caregivers**

- Are overwhelmed and stretched thin to manage all responsibilities
- Struggles to believe PSB occurred and not wanting to participate in services (or not seeing need to supervise more carefully)
- Has a history of limited monitoring and supervising of the children
- Lacks knowledge on how to monitor and control access to electronic devices and social media accounts
- Have personal vulnerabilities, such as mental health, substance abuse, or medical diagnoses
- Lacks support from family, friends, faith community, or others
- Have a history of harsh parenting practices or child maltreatment

### Sibling(s)\*

- Siblings or other children in the home were impacted by the PSB or are at risk for being impacted \*\*
- Have a history of conflict or negative relationship among siblings
- Young or otherwise vulnerable children in the home

\* Siblings refers to all sibling relationships, including informal relationships of other children raised in the home together.

\*\* The needs of impacted children should also be addressed and prioritized when creating a clinical safety and supervision plan.

### **Peer and Social Factors**

- Is isolated, lacks friends
- Has peers who are negative, break rules at school and in the community

### **School and Community Factors**

- Lacks a response to academic and social needs of youth
- Has a lack of activities (or lack of interest in providing them) at school or in the community

### Media Interactions

- Demonstrated PSB online or with electronic devices
- Posses regular access to sexually explicit material (pornography) on electronic devices
- Has unsupervised or unmonitored access to and use of social media





NCTSN The National Child Traumatic Stress Network

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## **PROTECTIVE FACTORS**

reflect characteristics, situations, activities, and competencies (strengths) that may decrease the risk of PSB

### The Child/Teen

- Acknowledges the problematic behavior and motivation to prevent in future
- Expresses motivation to make healthy choices on sexual behavior
- Employs adaptive coping repertoire (e.g., ability to calm down and make good decisions even when feeling strong emotions)
- Expresses emotions in a healthy manner
- Shows developmentally appropriate empathy, understanding of right and wrong, and appropriate guilt or remorse for wrongdoing
- Engage in self-touch and masturbatory behavior that remains private and is developmentally appropriate
- Has a sturdy and supported cultural identity, including race, ethnicity, gender, faith, and core values and beliefs
- Posses a positive self-concept

### Family

- Includes good monitoring and supervision
- Engages in open and healthy communication among family members about sensitive topics, including sexual behavior and healthy relationships
- Has regular enjoyable family interactions and activities
- Has a positive sense of culture and identity



### **Parents/Caregivers**

- Understand and use positive parenting practices to promote prosocial behavior, good boundaries, and healthy friendships
- Use supervision and monitoring skills
- Practice accepting and affirming approaches to parenting
- Engage in open communication about sexual development, sexual and gender identity, relationships, and other sexual education and healthy relationship topics
- Advocate for child and family's well-being
- Encourage positive and healthy coping skills, including managing impulses and calming down when feeling strong emotions
- Has access to support from family or friends with whom they can talk about the PSB of their child(ren)

### Sibling(s)\*

- Engage in positive communication
- Use conflict resolution skills
- Have enjoyable interactions
- Care about each other's well-being
- Express and receive support from each other
- Respect room, items, space, and boundaries

### **Peer and Social Factors**

- Has positive friendships with peers who make good decisions
- Engages with prosocial peers at school and in the community
- Participates in prosocial activities (e.g., scouts, sports, band, hobbies)
- Has social media connections that are healthy and give positive messages
- Demonstrates respect of others' boundaries
- Understands consent
- Demonstrates good decisions and self-control with friendships and sexual behaviors
- Possess friends who support healthy hobbies and activities that build confidence
- Has friends that help them to achieve academic and personal goals

#### **School and Community Factors**

- · Supports both academic and social growth
- Provides the study and teaching supports needed for successful academic experiences
- Promotes and supports participation in prosocial activities (e.g., sports, clubs, games, volunteer activities, employment)
- Supports students' identity development
- Promotes positive interactions and actively prevents and responds to bullying and intimidation
- Encourages and allows connection with healthy, trusted adults
- Includes spaces for social involvement with peers are accessible, available, safe, and monitored (e.g., courts and fields for sports, skate parks, community centers, art centers)
- Has messaging that promotes positive self-concept and behavior of youth in community

### **Media Interactions**

- Engages in online activities that are prosocial and negative influences are effectively avoided and managed
- Has appropriate and positive interactions on media (e.g., online, social media, games, and calls) with peers
- Cooperates with restrictions on websites, music, and social media platforms to reduce exposure to pornography and other concerning content
- Self-monitors media for sexualized content, avoids access, and alerts adults about concerns
- Alerts a parent or identified trusted adult when receiving messages, images, or content that trigger thoughts or actions linked to PSB









