TEXAS
Department of Family and Protective Services

Child Protective Services

Child Sexual Aggression Resource Guide

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INTRODUCTION & PURPOSE

Children who exhibit sexually aggressive behavior need special attention, care, and supervision. These are complex situations which may be challenging to deal with. This guide is a practical approach to identifying the differences between appropriate developmental behavior, and sexually aggressive behavior. *In addition, this guide helps you recognize, understand, and work with any children on your caseload who exhibit sexual behavior problems, have witnessed sexual abuse or been sexually abused.*

If sexually aggressive behavior is identified, it must be indicated in the child's case record by the Conservatorship Program Administrator and reflected in the child's placement summary form, and common application.

Note: In Foster Care Redesign (FCR) catchment areas, caseworkers must follow the placement process outlined in the relevant FCR Operations Manual. The placement referral and placement summary forms are not used in FCR areas, as the SSCC has their own forms used for referral and communication with placements.

This guide is ***not*** to be used to determine interventions and supports for children and youth who have been the victim of sexual abuse. While there might be some situations where a child who is the victim of sexual abuse displays sexually aggressive behavior, do not assume there is a relationship between those two situations, unless the child's behavior indicates that sexual aggression is a current behavior. Also, while children who demonstrated sexually aggressive behavior in the past will always have history of such behavior, they may not *currently* display the behavior—especially once intervention occurs and the child demonstrates changed behavior. It is important to acknowledge the difference between a *history* of behavior and a *current* behavior.

This guide focuses on how to:

- identify current behavior:
- document and communicate that behavior with caregivers and others: and
- differentiate between appropriate and aggressive behaviors.

Finally, this guide provides Program Administrators with the information needed to identify a child with sexually aggressive behavior in IMPACT.

IDENTIFIYING & ASSESSING SEXUALLY AGGRESSIVE BEHAVIOR

A CVS Program Administrator (PA) is the only individual who can ultimately determine if a child's behavior meets the definition of sexually aggressive behavior. When circumstances require the PA to determine if a child demonstrates sexually aggressive behaviors, the CVS PA must follow the protocols in this resource guide. Caseworkers must obtain as much information as possible to help inform this decision.

If a caseworker suspects that a child has sexually aggressive behavior, the caseworker MUST notify the CVS PA immediately. The notification can be done by email with a copy to the supervisor and program director.

The PA should gather the following information to determine if the child's behavior meets the definition of sexually aggressive behavior:

- Age of all children at time of incident(s) as well as any developmental delays present;
- The date and location of where the incident(s) occurred;
- A description of the incident;
- Any documented history of sexually aggressive behavior, as defined in this document; and
- Any CAC forensic interviews of the child in question or any alleged child victims.

DEFINITIONS & TERMS

CHILD

Child means a child in DFPS conservatorship.

SEXUAL BEHAVIOR PROBLEM

A sexual behavior problem is when a child exhibits sexual behavior that is outside the range of developmentally appropriate behavior. This behavior may indicate that the child should be referred for services, but will not require the Program Administrator to check the sexually aggressive behavior box in IMPACT. The next section provides information on normal sexual development, sexual behavior problems, and sexually aggressive behavior.

Mark the ***sexual behavior problem*** characteristic on the person detail if a child meets the criteria outlined in the sexual behavior chart. Once you identify this characteristic, do not end-date it as a child will always have a history of this behavior.

SEXUALLY AGGRESSIVE BEHAVIOR:

Sexual behavior in which a child takes advantage of a younger or less powerful child through seduction, coercion, or force.

- Less powerful: Differences in developmental level, physical stature, cognitive ability, and/or social skills.
- Seduction: The use of charm, manipulation, promises, gifts, and flattery to induce a child to engage in sexual behavior.

- Coercion: The exploitation of authority or the use of bribes, threats of force, or intimidation to gain cooperation or compliance.
- Force: Threat or use of physical or emotional harm towards a child or someone or something a child cares about.

The CVS PA marks ***child sexual aggression*** characteristic on the person detail page if he or she determines that a child has this characteristic.

Sexual orientation or gender identity are not indicators of sexual behavior problems or sexually aggressive behavior.

KINSHIP HOME

A placement where a child resides with a relative or fictive kinship caregiver. The caregiver has undergone a background check and a home assessment but is not a licensed foster home.

KINSHIP FOSTER HOME

A placement where a child resides with a relative or fictive kinship caregiver and the caregiver is a licensed foster home.

CONTRACTED PLACEMENT

A placement that is under a contract with DFPS through Residential Child Care Contracts.

SEXUAL BEHAVIOR CHART

Age	Normal Sexual Development	Sexual Behavior Problem	Sexually Aggressive Behavior
Less than 4 (preschool)	• Touches genitals in public and private • Frequent erections • Explores one's body • Enjoys being naked • Tries to touch private parts of others and see others naked	• Curiosity about sexual behavior becomes an obsessive preoccupation • Exploration becomes reenactment of specific adult activity • Behavior involves injury to self or others	• Exploration becomes reenactment of specific adult activity and involves other children • Behavior involves injury to self or others

4-6 (young children)	• Develops sense of being male and female
	• Explores own body more purposefully
	• Knows touching feels good but not necessarily that it should be done in private
	• Has lots of questions and curiosity
	• Plays doctor and shows private parts to others
	• Talks about bodily functions
	• Touches or tries to view peer/sibling body/genitals
		• Discusses specific sexual acts or explicit sexual language	• Sexual touching that involves coercion, threats, secrecy, violence, and aggression
			  • anal sex with another child
			  • vaginal sex with another child
			  • oral sex with another child
			  • masturbating another child
			  • forcing another child to watch masturbation

SEXUAL BEHAVIOR CHART			
Age	**Normal Sexual Development**	**Sexual Behavior Problem**	**Sexually Aggressive Behavior**

7-12 (school aged)	• Purposefully touches own genitals
	• Plays games (e.g., truth or dare) about/explores sexual behavior with other children
	• Looks at pictures of naked people
	• Wants more privacy
	• Begins sexual attraction to peers
	• Questions about relationships, sexual behavior and menstruation/pregnancy
		• Describes aggressive/violent sexual acts
		• Sexual penetration
		• Oral sex
		• Simulated intercourse
		• Masturbating in public
			• Sexual touching that involves coercion, threats, secrecy, violence, and aggression
			  • anal sex with another child
			  • vaginal sex with another child
			  • oral sex with another child
			  • masturbating another child
			  • forcing another child to watch masturbation

13-17 (teens)	• Has markedly more sexual interest in others
	• Sexual activity/experimentation with children of the same age
	• Expresses sexual orientation and sexual identity
	• Sexual interaction through technology and social media
	• Masturbation in private
		• Sexual contact with animals
		• Sexual interest directed towards much younger children
		• Chronic preoccupation with sex/pornography
			• Sexual touching that involves coercion, threats, secrecy, violence, and aggression
			  • anal sex with another child
			  • vaginal sex with another child
			  • oral sex with another child
			  • masturbating another child
			• forcing another child to watch masturbation

DYNAMICS OF A CHILD WITH SEXUAL AGGRESSION.

There are many possible reasons why children exhibit sexually aggressive behaviors. In general, children's sexual behavior problems are rarely about sexual pleasure. In fact, these behaviors are much more likely to be related to the factors below:

- Exposure to traumatic experiences: abuse, natural disasters, accidents, and/or violence, including domestic violence;
- Excessive exposure to adult sexual activity and/or nudity in the home (including media exposure through television or the Internet);
- Inadequate or inappropriate rules about modesty or privacy in the home;
- Inadequate or inappropriate supervision in the home, often as a result of parental factors such as depression, substance abuse, or frequent absences[1].

While the following behaviors do not necessarily indicate sexually aggressive behavior, they are examples of behavioral and social difficulties that children with sexually aggressive behavior may also exhibit:

- Impulsiveness and a tendency to act before thinking;
- Difficulties following rules and listening to authority figures at home, in school, and in the community;
- Problems making friends their own age and a tendency to play with much younger children;
- A limited ability to self soothe (calm themselves down), so they may touch their own genitals (masturbate) as a way to release stress[2].

Note: Children who receive treatment for their sexual behavior problems rarely commit sexual offenses or abuse as adults.[3]

[1] Understanding and Coping with Sexual Behavior Problems in Children. (2015). Retrieved June 16, 2016, from http://nctsn.org/nctsn_assets/pdfs/caring/sexualbehaviorproblems.pdf

[2] Ibd.

[3] Ibd.

CPS PROTOCOLS WHEN A CHILD HAS SEXUALLY AGGRESSIVE BEHAVIORS

CHILD WITH SEXUALLY AGGRESSIVE BEHAVIOR COMES INTO CONSERVATORSHIP		
REMOVAL SUPERVISOR	**REMOVAL CASEWORKER**	**CVS PROGRAM ADMINISTRATOR**
If the Removal Supervisor identifies sexually aggressive behaviors, the Removal Supervisor immediately refers the case via email to the CVS Program Administrator and copies the CVS PD, CVS Supervisor, and CVS Caseworker.		The CVS PA reviews the investigation and the Child Sexual Aggression Guidelines to determine if the child's behavior meets the definition of sexually aggressive behavior.

		The CVS PA documents the rationale for the indicator in the special handling box in IMPACT for both the child with sexual aggression and the victim child.
		
		• For the sexually aggressive child document in special handling
		  ○ the victim's name and PID,
		  ○ the IMPACT case number, and
		  ○ a description of the behavior
		• For the victim child document in special handling:
		  ○ The name and PID of the child who was sexually aggressive
		  ○ Description of the incident

CHILD WITH SEXUALLY AGGRESSIVE BEHAVIOR COMES INTO CONSERVATORSHIP		
REMOVAL SUPERVISOR	**REMOVAL CASEWORKER**	**CVS PROGRAM ADMINISTRATOR**
		○ Relationship to the victim, and ○ The date of the incident On the person detail page of the child who was sexually aggressive mark the • child sexual aggression characteristic, and • the sexual behavior problem indicator, with a start date as the date the incident happened or the closest estimated date.
		The CVS PA notifies the following of the decision, including the rational for the decision made: • Removal Supervisor, • CVS PD, • CVS Supervisor, • CVS CW, and • SSCC staff member assigned (if applicable)
	If the child has not been placed, the removal caseworker updates the following documents before submission to CPU/RTPC:	

CHILD WITH SEXUALLY AGGRESSIVE BEHAVIOR COMES INTO CONSERVATORSHIP		
REMOVAL SUPERVISOR	**REMOVAL CASEWORKER**	**CVS PROGRAM ADMINISTRATOR**
	• abbreviated version of the common application (form 2087EX) • placement summary form (Form 2279) * in Foster Care Redesign(FCR) areas, follow the placement process in the relevant FCR Operations Manual	
	If the child has already been placed, and the placement is not aware of the child's behavior, the removal worker IMMEDIATELY notifies the placement about the child's behavior and documents the notification in IMPACT.	
Before case transfer, the removal supervisor ensures the following information is in IMPACT: • the staffing contact is entered • the child sexual aggression characteristic is only checked for children for whom the PA rendered the decision.		

RCCL INVESTIGATION OF A CHILD PLACED IN A CONTRACTED PLACEMENT	
CPS Protocols	**RCCL Protocols**
Caseworker (CW) is notified of the RCCL investigation.	Residential Childcare Licensing (RCCL) notifies CW of the RCCL intake.
CW reviews RCCL intake in CLASS system.	
CW notifies the supervisor of investigation immediately.	
	RCCL notifies CW when initial face-to-face (FTF) interview with child is completed.
CW notifies parents and parties according to CPS Policy 6150.	
CW visits the child to see if supportive services are necessary and then arranges services immediately. (*CW does not interview the child about the allegations and does not inform the caregiver of the investigation*).	
CW maintains contact with the RCCL investigator during INV to maintain assessment of child safety.	
CW works with RCCL to refer the child to the Children's Advocacy Center (CAC) for a forensic interview, if necessary.	RCCL works with the CPS CW to refer the child to CAC for a forensic interview, if necessary.
	RCCL keeps CPS informed throughout the investigation. RCCL notifies CW of conclusion of the case.
CW notifies supervisor and PD about investigation findings.	
CW reviews the investigation in CLASS and places a copy of the completed investigation in the child's case file.	
If the findings include the discovery of sexually aggressive behavior, the CW **IMMEDIATELY** notifies the PA and copies the supervisor and PD. The CW includes the	If the findings include the discovery of sexually aggressive behavior, the RCCL CW **IMMEDIATELY** notifies the RCCL PA, who: • reviews the investigation and the High Risk Behavior Guidelines to determine if

RCCL INVESTIGATION OF A CHILD PLACED IN A CONTRACTED PLACEMENT	
CPS Protocols	**RCCL Protocols**
child's name, the CLASS case ID; the child's PID, and the child's DOB.	the child's behavior meets the definition of sexually aggressive behavior.
The CPS PA notifies the RCCL PA of the case and findings unless already contacted by the RCCL PA.	The RCCL PA notifies the CPS PA of the case and findings. and includes the child's name, the CLASS case ID; the child's PID, and the child's DOB.
The CVS PA: • reviews the investigation and the Child Sexual Aggression Resource Guide to determine if the child's behavior meets the definition of sexually aggressive behavior, and • confers with the RCCL PA on RCCL investigations to ensure that the two agencies agree that the definition was met.	The RCCL PA confers with the CPS PA on RCCL investigations to ensure that the two programs agree that the definition was met. If agreed, the RCCL PA marks the indicator in CLASS.
If the RCCL PA and the CVS PA do not agree that the behavior meets the definition of sexually aggressive behavior, the CVS PA must elevate the decision to the RD to review with the RCCL District Director. If no agreement can be made at the regional level, staff elevates the decision to the RCCL and CPS Associate Commissioners.	If the RCCL PA and the CVS PA do not agree that the behavior meets the definition of sexually aggressive behavior, the RCCL PA must elevate the decision to review with the RCCL District Director. If no agreement can be made at the regional level, staff elevates the decision to the RCCL and CPS Associate Commissioners.
The CVS PA documents the rationale for the indicator in the special handling box in IMPACT for both the child with sexual aggression and the victim child. • For the sexually aggressive child document in special handling o the victim's name and PID, o the IMPACT case number, and o a description of the behavior • For the victim child document in special handling: o The name and PID of the child who was sexually aggressive	

RCCL INVESTIGATION OF A CHILD PLACED IN A CONTRACTED PLACEMENT	
CPS Protocols	**RCCL Protocols**
○ Description of the incident ○ Relationship to the victim, and ○ The date of the incident On the person detail page of the child who was sexually aggressive mark the • child sexual aggression characteristic, and • the sexual behavior problem indicator, with a start date as the date the incident happened or the closest estimated date.	
The CVS PA notifies the PD, Supervisor, SSCC staff (if applicable), and CW of the decision, including the rational for the decision made.	
The CVS CW documents the decision to include or exclude the characteristic, and the rationale, in their narrative, entering it as a case staffing.	
If the child meets the definition of 'sexually aggressive behavior' the CVS CW or SSCC staff (if applicable) • launches a new common application and describes the behavior in Section 2 of the common application using the exact language found in the special handling window; and • documents the designation on the placement summary form (Form 2279) when a change of placement is needed. • Updates CPOS for both the sexually aggressive child and the victim to include services and supports. • Note: In Foster Care Redesign (FCR) catchment areas, the placement summary is not required.	

CPS INVESTIGATION OF A KINSHIP HOME	
INV Protocols	**CVS Protocols**
The INV notifies CVS CW, KIN CW, of intake.	CW is notified of investigation.
	CW reviews intake in IMPACT.
	CW immediately notifies supervisor of the investigation.
	CW notifies parents and parties according to CPS Policy 6150.
INV notifies CW when the initial FTF interview with child is completed.	
	CW visits the child to see if supportive services are necessary and then arranges services immediately. (*CW does not interview the child about the allegations and does not inform the caregiver of the investigation.*)
	CW maintains contact with investigator during INV to maintain assessment of child safety.
INV works with CVS CW to refer the child to CAC for a forensic interview, if necessary.	CW works with INV to refer the child to CAC for a forensic interview, if necessary.
INV notifies CVS CW and KIN CW of case conclusion.	
	CW notifies supervisor and PD about investigation findings.
	CW reviews the investigation in IMPACT.
	If the findings include the discovery of sexually aggressive behavior, the CW notifies the PA by email within 24 hours and copies the supervisor

CPS INVESTIGATION OF A KINSHIP HOME	
INV Protocols	**CVS Protocols**
	and PD. The CW includes the child's name, the child's PID, and the child's DOB.
	CVS PA reviews the investigation and the Child Sexual Aggression Guidelines to determine if child's behavior meets the definition of sexually aggressive behavior.

	The CVS PA documents the rationale for the indicator in the special handling box in IMPACT for both the child with sexual aggression and the victim child.
	
	• For the sexually aggressive child document in special handling
	  ○ the victim's name and PID,
	  ○ the IMPACT case number, and
	  ○ a description of the behavior
	• For the victim child document in special handling:
	  ○ The name and PID of the child who was sexually aggressive
	  ○ Description of the incident
	  ○ Relationship to the victim, and
	  ○ The date of the incident
	
	On the person detail page of the child who was sexually aggressive mark the
	  • child sexual aggression characteristic, and
	  • the sexual behavior problem indicator, with a start date as the date the incident happened or the closest estimated date.

	The CVS PA notifies the following of the decision, including the rationale for the decision made: • Investigation Supervisor, • CVS PD,

CPS INVESTIGATION OF A KINSHIP HOME	
INV Protocols	**CVS Protocols**
	• CVS Supervisor, and • CVS CW
	CW documents the decision to include or exclude the characteristic and the rationale in their narrative, entering it as a case staffing.
	If the child meets the definition of sexually aggressive behavior' the CW documents the designation on the following documents when updates are made: • placement summary form (Form 2279) • CPOS

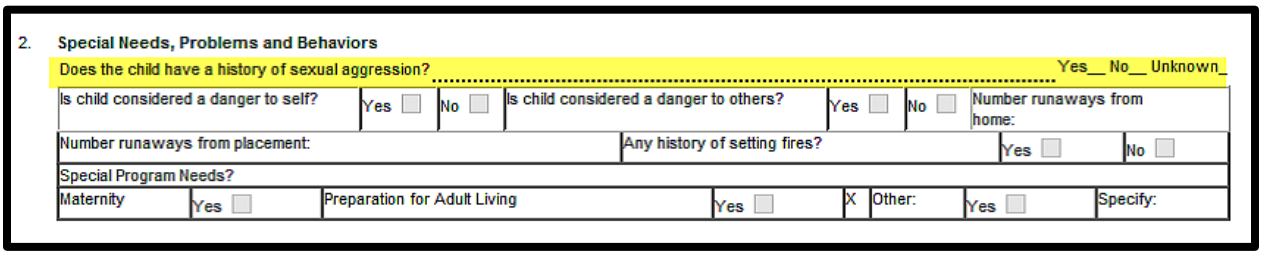
CPS PLACEMENT PROTOCOLS FOR ALL PLACEMENTS *Note: In Foster Care Redesign (FCR) catchment areas, the Single Source Continuum Contract (SSCC) staff will review the applicable forms and IMPACT documentation to determine the best placement for the child. The caseworker will follow the placement process as outlined in the relevant FCR Operations Manual.	
CPU and RTPC	**Caseworker**
	CW receives a discharge notice or requests discharge.
	CW reviews the child characteristics page on the child's person detail to see if the *child sexual aggression* characteristic and the sexual behavior problem characteristic are selected.
	CW reviews the special handling window to see if there is any information about the child being a Child with Sexually Aggressive Behaviors or the victim of sexual aggression.
	If there is documentation in special handling but no child characteristic selected, or If there is an indicator but no documentation in special handling, the CW notifies the CVS PA and copies the Supervisor. The CVS PA reviews the case and follows the appropriate protocol.
	CW launches a new Common Application and updates accordingly.
	CW submits placement packet.
Receives common application (Form 2087 or 2087ex), psychological evaluation and CANS, if applicable.	
Reviews common application to see if the CW completed the sexual aggression field. • If yes, looks to see if CVS PA approved, date of approval, and description of behavior	
Reviews IMPACT child characteristics under the child's SUB stage to see if the child sexually aggression box is checked and to verify the date matches the date on the common application.	
Reviews the special handling box of all children regardless if the child characteristic	

CPS PLACEMENT PROTOCOLS FOR ALL PLACEMENTS *Note: In Foster Care Redesign (FCR) catchment areas, the Single Source Continuum Contract (SSCC) staff will review the applicable forms and IMPACT documentation to determine the best placement for the child. The caseworker will follow the placement process as outlined in the relevant FCR Operations Manual.	
CPU and RTPC	**Caseworker**
indicator is marked to review documentation regarding sexually aggressive behavior and children who have been victims of sexually aggressive behavior to ensure appropriate placement decisions are made for both a child who has been sexually aggressive as well as a child who has been a victim of sexually aggressive behavior.	
Provides information to CW	After the CW selects the most appropriate placement, the caseworker: • Ensures the 2279 is updated • Provides the 2279 to the caregiver at the time of placement • Discusses supervision and services for the child while in placement • Documents the plan for supervision in the Child Plan of Service (CPOS)

WHEN A CHILD WITH SEXUAL AGGRESSION RESIDES IN A KINSHIP HOME	
Caseworker	**Kinship Development Worker**
Prior to Placement	
Caseworker completes the appropriate section of the Kinship Assessment Referral form (form 6581) and provides specific information about the child's behaviors and need for supervision.	
Supervisor reviews the completed home assessment to ensure the caregiver can meet the child's need for supervision and therapeutic interventions. If there are any concerns but the placement is approved, the Supervisor outlines concerns on the home assessment and forwards it to the Kinship Development Worker (KDW).	
	KDW reviews the home assessment and includes any identified concerns in the Kinship Development Plan.
At the time of placement, the CW reviews the 2279 with the caregiver, discusses supervision and needs, and develops a plan.	
During Placement	
CW follows the protocol outlined in the above section titled: CPS INV of a Kinship Home.	KDW discusses supervision and needs with caregiver to ensure the caregiver is aware of the child's behaviors and has the support necessary to ensure safety and success in the placement.

CHILD CHARACTERISTICS AND THE COMMON APPLICATION

If a CVS PA determines that a child demonstrates sexually aggressive behaviors, staff checks the sexually aggressive behavior characteristic on the child's person detail page. Once that characteristic is selected, the common application automatically pre-fills with the responding question marked "yes." This happens only when a new common application is launched; therefore, staff must launch a new common application after a decision about Child Sexual Aggression is rendered. The caseworker describes the behavior in Section 2 of the common application using the exact language found in the special handling window. Below is an example of the change to the common application:



2. **Special Needs, Problems and Behaviors**

Does the child have a history of sexual aggression? Yes__ No__ Unknown_								
Is child considered a danger to self?	Yes ☐	No ☐	Is child considered a danger to others?	Yes ☐	No ☐	Number runaways from home:		
Number runaways from placement:			Any history of setting fires?			Yes ☐	No ☐	
Special Program Needs?								
Maternity	Yes ☐		Preparation for Adult Living	Yes ☐	X	Other:	Yes ☐	Specify:

CHILD IS A VICTIM OF SEXUAL AGGRESSION

A child in CPS conservatorship who is a victim Sexual Aggression should have this indicated in the special handling box in IMPACT, along with the name and PID of the individual who victimized the child or youth.

ROLE OF THE LOCAL CHILDRENS ADVOCACY CENTER

1. A local children's advocacy center (CAC) forensic interview may be appropriate to assist CPS and/or law enforcement in identifying whether an alleged child has been abused or neglected prior to the identified sexual aggression.
2. The CAC forensic interview of the child victim should be used to inform the CVS PA and CPS/RCCL caseworker's evaluation of what occurred in cases with a potential child with sexual aggression.
3. The local CAC facilitates regular case review meetings during which CPS can discuss their cases and share information with law enforcement and other CAC multidisciplinary partners, per Texas Family Code 264.408.
4. A CAC may be able to help CPS determine whether there are any immediate safety concerns related to self-harm or suicidal ideation via appropriate assessment.

Note: Local CAC working protocol, case acceptance criteria, and/or capacity may dictate whether these services may be available at your local CAC.

IMMEDIATE INTERVENTION & RESPONSE

SERVICES & SUPPORTS FOR CHILDREN WITH SEXUAL BEHAVIOR PROBLEMS AND/OR SEXUALLY AGGRESSIVE BEHAVIOR

Services and supports for children with sexual behavior problems and/or sexually aggressive behavior must be two-fold, to address both the sexual behavior problems (and potential accompanying sexually aggressive behavior) and possible abuse or trauma the child may have experienced before or after the incident.

TREATMENT FOR CHILDREN WITH SEXUALLY AGGRESSIVE BEHAVIOR

Studies support the belief that most sexually abusive youth are amenable to, and can benefit from, treatment. Sexually acting out children, despite their acts, need to be viewed compassionately and with a hopeful attitude toward recovery. These children are often victims of maltreatment themselves and deserve a chance to heal and live a healthy life.

One of the reasons treatment of sexualized behavior is so essential is because of a recently recognized phenomenon called the victim to offender cycle. Both male and female victims are at risk for this problem. Many offenders begin as victims, whose response to sexual abuse is to identify with the aggressor and to sexually act out in order to cope with their own sense of vulnerability and trauma. Professionals must recognize the potential danger of allowing sexualized behavior to go untreated-- the child then is at risk for becoming first an adolescent offender and at risk to eventually become an adult offender. The child not only damages him or herself, but also may cause grave harm to other children over the course of time and perpetuate the cycle of sexual abuse.

IMMEDIATE GOALS

1. Be sure the child is not being sexually abused or abusing others.
2. Report any/all incidents of sexual abuse to all parties involved.
3. Provide “sight and sound supervision” at all times.
4. Involve relatives, parents and caregivers when appropriate in the child’s therapy to participate and support the child.
5. Follow a written safety plan at all times.
6. Refer for psychiatric and/or medical evaluations when needed.
7. Collaborate with school, daycare, or after school care personnel.

APPROPRIATE TREATMENT GOALS

Below are some examples of appropriate treatment goals for children with sexually aggressive behaviors. The goals vary based on age and development, as does the level of involvement by the caregiver. Generally, the younger the child, the more critical it is for the caregiver to be involved in the treatment goals. The caseworker should work with the child's therapist to develop the treatment goals and ensure those goals are outlined in both the child's treatment plan and the child's plan of service. If the child does not have a therapist, the caseworker must arrange for one immediately.

1. Decrease the child's sexually aggressive behaviors. These may include: persistent, intrusive and recurrent sexual thoughts; sibling incest; impulse control; aggression; and power and control issues.
2. Increase the child's understanding of his or her unhealthy associations and beliefs regarding sex and sexuality. For example, sex equals secrecy; sex equals dirtiness, filth, shame, guilt; sex is "nasty"; sex equals love and caring; where and how to get nurturing.
3. Teach the child about the differences between "Ok touch, not Ok touch, and secret touch.
4. Increase the child's awareness of his or her own and family patterns that precipitate, sustain, or increase sexually abusive and other non-adaptive behaviors. For example: physical battery in the family; alcohol and drug abuse; role definition in the family; role reversals; parentified children; family scapegoats; family favorites; sibling rivalry; sociopathic tendencies of the family; consequences of actions.
5. Provide support and teach the child's caregiver behavior management techniques for sexual behaviors and other problematic or disruptive behaviors which can involve rewarding "sex-free" days and using "time-out". This also helps channel energies that might have gone into sexual behavior into more age-appropriate activities by having a caretaker monitor the child, interrupt any sexual acting out, and provide opportunities for positive alternative behaviors.
6. Help the child understand and regulate his or her feelings and thoughts connected with prior victimization including physical, sexual, and emotional abuse; abandonment; neglect; family breakups; and deaths. Areas to focus on may include: secrets; nightmares; safety; responsibility for abuse; abuse reminders; PTSD symptoms; dissociation; boundaries: emotional, physical, and sexual; feelings about offenders; and damaged feelings. Provide support to the caregiver to assist the child with managing his or her feelings and thoughts.
7. Help the child make appropriate choices and decisions including practicing behaviors in every day issues. Provide support and teach the child's caregiver strategies to help the child with these choices and behaviors.
8. Develop with the caregiver and the child a detailed and specific long and short term safety plan. This includes recognizing that it is normal that there may be times of inappropriate thoughts/impulses etc., and that it is acceptable to talk about and not be afraid or ashamed to ask for help in coping. Emphasize that this shows good decision making /choices (a life preserver) and paradoxically a sign of real strength. Caregivers and other supportive adults should be involved in developing the safety plan.
9. Help the child learn and demonstrate skills to calm and reduce stress. Integrate these behaviors into everyday situations. Identifying and participating in some outside social/athletic/educational activity which matches the youths interests/abilities should be a requirement before treatment completion.
10. Help the child observe and assess his or her own behaviors, be aware of the circumstances preceding those behaviors, and think of the consequences of those behaviors before he or she acts.
11. Increase the child's ability to observe and appreciate other people's feelings, needs, and rights, with exercises related to victim empathy and moral development

12. Help the child understand his or her needs and values and develop his or her own goals and internal resources.
13. Increase the child's ability to meet his or her needs in socially appropriate ways.

CAREGIVER AND ADULT RESPONSES TO CHILDREN WITH SEXUALLY AGGRESSIVE BEHAVIOR

It is extremely important to note that much of the shame and psychological damage that occurs--not only with child victims of sexual abuse, but also with sexually reactive children--stems from the reactionary behaviors of adults.

When first dealing with sexually aggressive children, caregivers, parents and adults should:

1. Attempt to remain calm in the presence of the children.
2. Phone a specialist or mental health professional immediately.
3. Talk to the child, without expressing anger, and inquire about where the child learned the behavior.
4. Do not punish or hit the child, as the child may not have known what he or she was doing was wrong. This would only result in an intense level of shame, which will carry over for years.

SPECIFIC HOUSE RULES FOR A CHILD WITH SEXUALLY AGGRESSIVE BEHAVIORS

These house rules can be shared with the caregiver and potentially used in service planning with the child and caregiver.

1. No sharing of bedrooms. If children must share bedrooms, get permission from their therapist.
2. Talk to the other children in the house: what to do if this happens and how not to become involved. Children need to be told that it is important to tell adults so adults can help with feelings and behaviors. Ensure there is proper safety planning in place.
3. Teach children specific skills to reduce anxiety or arousal. A time out, to repeat a phrase in his or her head, to engage in physical activity other than sex, or to draw or write out his or her feelings. The child must be given the tools to channel anxiety, frustration, anger or fear into appropriate, non-abusive activities.
4. Talk openly about rules about touching and what is appropriate. Talk openly and often about appropriate touch safety and boundaries with all the children in the family. Abuse happens in secrecy, so make sure everything is open and everything can be talked about. The more open you can be about sexuality and communication, the more likely a child is able to integrate what you are trying to tell him or her. Talking openly about the rules lets everyone know that sexual touching will not be kept a secret.
5. Work closely with the therapist to avoid misunderstandings and to reinforce therapy work at home.
6. Have a plan to address behaviors when they happen. Don't ignore, don't punish, and don't shame. Address it calmly, assertively and immediately. Help the child to act appropriately.

7. Encourage self-esteem and age appropriate activities. When children feel less anxious, more in control and are exposed to more age appropriate activities and peers, the sexually acting out behaviors will usually decrease in frequency.
8. Use motion sensors for increased supervision.
9. Intervene when a child is sexually acting out or inappropriate by using the following four steps:
    - Stop the behavior.
    - Define the behavior.
    - State the house rule.
    - Enforce consequences or redirect the child.

TREATMENT FOR CHILDREN VICTIMIZED BY A CHILD WITH SEXUALLY AGGRESSIVE BEHAVIOR

Any child who has ever shown or been a victim of inappropriate sexual behavior needs some form of treatment. Even victimized children who are currently asymptomatic should be seen by a therapist with caregivers in attendance to address prevention skills, clarify any inaccurate thoughts about who was responsible for the behavior, and identify what to look for if there are any difficulties in the future (post trauma).

Treatment Options:

- Treatment options range from basic psycho-education to cognitive-behavioral therapy (CBT) to in-patient licensed sex offender treatment.
- It is important to initially evaluate with a therapist the length of the services or treatment program needed and communicate those expectations to the child and caregivers.
- It is also necessary for a treatment provider to re-assess the child to determine whether the chosen form of treatment is making a positive impact and whether additional services and supports are necessary.
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- CACs provide trauma-focused cognitive-behavioral therapy (TF-CBT) at the CAC, off-site with a CAC provider, or via a community provider. If a CAC is involved, the CAC can assist in assessing and providing appropriate clinical services, as necessary. Note: Local CAC working protocol, case acceptance criteria, and/or capacity may dictate whether these services are available at your local CAC.

It is important for the caregiver(s) to be involved in any services and supports provided, as appropriate. It may also be beneficial for the caregiver(s) to be involved in related clinical sessions, both independent of the child and with the child as determined by the clinician. This will ensure that everyone understands their role and the plans for the children and will establish common expectations of all involved. This will also facilitate healing for everyone involved.

SERVICES & SUPPORTS FOR THE CHILD VICTIM(S)

It is critical that the child victim(s) receive services and supports. The child victim has experienced a traumatic event that must be addressed through supports and services in order

to facilitate the healing process. Without appropriate or adequate intervention, child victims of sexual abuse are more likely to experience long-term negative consequences. Local CACs are able to provide these child victims with TF-CBT and other appropriate treatment methods to start the child victim's path to healing.

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[1] National Child Traumatic Stress Network. Sexual Development and Behavior in Children; US Department of Health and Human Services. Office of Adolescent Health.; American Academy of Pediatrics. "Preventing Sexual Violence: An Educational Toolkit;" Timmons, Troy. 2009. "Family Advocate Training." *Australian Institute of Family Studies*.; http://www.stopitnow.org/sites/default/files/documents/files/do_children_sexually_abuse_other_children.pdf

http://childonchildsexualabusepreventiontaskforce.homestead.com/Sexually_Reactive_Children_-_Parent_Handbook.pdf

QUESTIONS FOR CAREGIVERS REGARDING SEXUAL BEHAVIORS IN CHILDREN

What to ask	Why to ask
When did someone first notice the behavior? Have there been any recent changes or stressors in your family? Have there been any new relationships or access to new individuals?	The behavior may be related to a recent stressor, such as a new sibling or parent separation.
Does the behavior involve other persons?	Most sexual behavior problems involve other persons.
How often have you seen the behavior? Is the frequency or nature of the behavior changing?	Escalation in the number or frequency of behaviors may indicate increased anxiety or stressors contributing to the behavior.
Can the child be easily distracted from the behavior? How do you (the caretaker) respond to the behavior?	Normative behavior is usually easy to divert; caretaker distress may escalate the behavior.
Does behavior occur at home, school/day care, or both?	If occurring only at home, the behavior may be related to stressors, supervision, or changes at home, or the behavior may be related to differences in observer perception.
If the behavior involves another person, how old is the person?	Behaviors involving persons four or more years apart in age are age-inappropriate.
Is the activity disruptive, intrusive, coercive, or forceful?	Disruptive, intrusive, coercive, or forceful behaviors are abnormal.

Does the child become anxious or fearful during the behavior? Has the child been diagnosed with emotional or behavior problems?	Sexual behavior problems in children have been associated with conduct and other behavior disorders.
Is there any violence among persons living in the home?	Intimate partner violence has been associated with sexual behaviors in children.
Does the child have or has the child had access to sexual material, acts, or information, including pornographic movies or images, nudity, Internet chat rooms, and texting that includes sexual language?	Children may mimic what they see or hear.
Has anyone ever spoken to the child about possible abuse?	Sexual behaviors in children are associated with physical abuse, sexual abuse, and neglect.

http://www.secasa.com.au/pages/age-appropriate-sexual-behaviour-guide/classify-the-behaviour/

http://hopehealgrow.org/children-with-sexual-behavior-problems-what-is-normal-and-what-is-not/