

# 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

