

Interrupting the Cycle of Sexual Violence

Prevention and Intervention for Problematic Sexual Behavior in Youth

Author: Amal Kasim

Discipline: Social Sciences

ABSTRACT: Alberta's service landscape for sexual violence intervention in relation to youth exhibiting problem sexual behaviour (PSB) is noticeably lacking. "Current theories emphasize that the origins and maintenance of childhood [PSB] include sexual abuse as well as familial, social, economic, and developmental factors" (Friedrich et al., 2001; Friedrich, Davies, Feher, & Wright, 2003). Early intervention is critical and yet there are no services for these individuals to turn to. The current service landscape essentially requires youth to formally interact with the criminal justice system before they can be redirected to the necessary settings to address their behaviours. This paper highlights the need for non-punitive and judgement-free forms of preventative measures in order to disrupt the cycle of sexual violence.

KEYWORDS: Criminology, Sexual Violence, Youth Services, Non-profit Organization, Counselling, Public Education

For my criminology field placement, I had the opportunity to work with the Saffron Sexual Assault Centre, which is based in Sherwood Park serving the Strathcona County region. This non-profit organization delivers three main services: Counseling, Police and Court Support, and Public Education. The Counseling program is offered to anyone ages four and up who is a survivor of sexual violence. The Police and Court Support program offers clients support throughout the legal process of disclosing sexual violence crimes, if that is the path they so choose. Center advocates offer support to clients through reporting information, reporting support, documentation support, court preparation, court support, and advocacy with the police and the court (Saffron Centre Ltd., n.d.). The Public Education Program offered by Saffron currently includes presentations for youth, Kindergarten through grade 12, and parents. Professional development workshops are also available to businesses and organizations.

Throughout the course of my placement, I was exposed to various aspects of the Saffron Centre's programming. Through my own observations as well as through discussions with various members within the organization, I developed a clear understanding of the gaps in the service landscape of sexual violence intervention. Currently, the Saffron Centre does not provide services to perpetrators of sexual violence, due to potential overlap with survivors seeking aid. Though this is a justified action taken for the sake of protecting survivors, this means that perpetrators, who are usually survivors themselves, have nowhere to turn to (Tyson, 2019, p. 180). One of the tasks I was assigned during my placement was the creation of a resource document which compiled information on service providers within the Edmonton area. Through this project, it was made abundantly clear that there are no explicit services equipped to handle the topic of prevention and intervention for youths presenting problematic sexual behavior. This highlights a severe gap in services for individuals exhibiting these behaviors. Oftentimes, these individuals recognize that their behavior is problematic and want to address it, or they have family members that notice their behaviors but there are no services to look to for help. In this paper, I will be highlighting the lack of and subsequent need for prevention and intervention services that take place before an act of sexual violence occurs.

Definitions

It is well known in the field of criminology that "early childhood victimization has demonstrable long-term consequences for delinquency, adult criminality, and violent criminal behavior" according to Cathy Spatz Widom's 1989 research, where she utilized the term "cycle of violence" in reference to sexual violence. She sought to answer the question of whether or not violence begets violence. Through her findings, she noted that "child abuse or neglect may not directly cause delinquency or violent criminal behavior" (Widom, 1989, p. 165). She further notes that "rather, these outcomes may be an indirect by-product of these early abusive experiences" (Widom, 1989, p. 165). Within the field, it is understood that this idea exists across all races, ethnic backgrounds, genders, sexualities and so on. However, we know that individuals from more marginalized backgrounds are at greater risk of being victimized and therefore are disproportionately represented in crime statistics (Conward, 2004, p. 36).

Sexual violence crimes are not separate from this, and "sexual violence against children remains a prominent predictor of a multigenerational cycle of sexual violence" (Tyson, 2019, p. 180). Though it is not a certainty that survivors of sexual abuse will go on to become perpetrators themselves, it is understood that there are "multigenerational dynamics of sexual assault, where children of childhood sexual abuse survivors are at higher risk of being abused and neglected themselves" (Tyson, 2019, p. 180). In line with this cycle of sexual violence, past research has shown that problematic sexual behavior is often, but not always, present in youth who have histories of sexual abuse (Allen, 2022; Bergeron et al., 2022, p. 5).

Problematic sexual behavior (PSB) has been defined as "children ages 12 and younger who initiate behaviors involving sexual body parts (i.e., genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves or others" (Chaffin et al., 2008, p. 200). The developmentally inappropriate prong of this definition relates to the frequency in which the individual engages in problematic behavior, as well as the specific kind of behaviors (Allen, 2022). The second prong, regarding potential harm to himself or others, relates to behaviors that "may be self-focused (e.g., inserting objects, masturbating to the point of injury) or involve another individual, whether the other party agreed to such behaviors or not" (Allen, 2022). I will be utilizing these definitions to illustrate the need for support for youth exhibiting PSB, by highlighting case studies and making recommendations to disrupt the cycle of sexual violence.



Problematic Sexual Behavior in Children

According to Friedrich et al., “Current theories emphasize that the origins and maintenance of childhood [PSB] include sexual abuse as well as familial, social, economic, and developmental factors” (Friedrich et al., 2001; Friedrich, Davies, Feher, & Wright, 2003). Contributing factors include maltreatment, substandard parenting practices, exposure to sexually explicit media, living in a highly sexualized environment, and exposure to family violence (Friedrich, Davies, Feher, & Wright, 2003 as quoted in Chaffin et al., 2008, p. 201). Levenson and Grady (2016, p. 95) further highlight how “abused and neglected children are socialized within relationships characterized by betrayal and invalidation, which can then produce distorted cognitive schema, boundary violations, disorganized attachment patterns, and emotional dysregulation.” Moreover, they draw a connection between sexually abusive behaviors and early attachment disruptions, emphasizing that “attempts are made [by these individuals] to satisfy unmet emotional needs and to connect with others through sexual or aggressive means” (Levenson & Grady, 2016, p. 95).

Additionally, individuals who have experienced abuse are more likely to have insecure attachment styles which indicate intimacy deficits. This deficit has the potential to lead some to “attempt to connect with others through coercive, violent, or deviant sexual behavior” (Levenson & Grady, 2016, p. 95). These behaviors can be dangerous if not addressed, as research suggests that “a positive correlation between measures of insecure attachment and the number and severity of risk factors associated with criminal behavior, including sexual crimes” (Levenson & Grady, 2016, p. 95).

When analyzing PSB across categories, there are a few things that need to be understood. First, there is a general consensus that younger children, in comparison to older children, are more likely to present with PSB (Allen, 2022, p. 52). However, Allen (2022, p. 52) notes “that PSB is practically universally assessed by caregiver report and older children may be more adept at concealing PSB from caregivers.” While gender, race, and ethnicity do not seem to directly influence PSB, “PSB may in some instances be related to factors endemic in lower socioeconomic strata (e.g., parental stress, less frequent supervision)” (Allen, 2022, p. 52). It is also known that “the rates of early trauma in poor, disadvantaged, clinical, and criminal populations are even higher” (Levenson & Grady, 2016, p. 94). Further, there is the added effect of “pathogenic parenting and deprivational environments” which can “impede family

functioning and model maladaptive coping” and is “often exacerbated by impoverished socioeconomic conditions” (Levenson & Grady, 2016, p. 95). All of these factors can lend themselves to the development of PSB, making it so that individuals in lower socioeconomic classes have a disproportionately higher likelihood of exhibiting such behaviors.

Barriers to Accessing Services

While “early intervention with children who exhibit PSB is essential to ensure a positive development” (Bergeron et al., 2022, p. 11), there are a wide multitude of barriers to accessing services that provide safe and effective intervention. When youth present with PSB, there are often challenges to accessing proper services in order to address these behaviors. First, it must be noted that “problematic sexual behavior among preteen children is an understudied and poorly understood clinical phenomenon” (Allen, 2022, p. 61). Therefore, there are many service gaps that leave vulnerable individuals with no legitimate place to turn to when in need. Further, there are many “challenges at the individual, family, agency, service system, and policy levels” (Slemaker et al., 2021). Access to adequate services is critical for victims of child sexual abuse as well as youth who display PSB, in order to disrupt the cycle of sexual violence.

One of the key challenges to accessing care is that many survivors of child sexual abuse do not report or disclose their abuse, and some of these individuals “may not characterize their experiences as abusive” (Slemaker et al., 2021, p. 3). Furthermore, victims of child sexual abuse may choose not to formally report due to factors such as stigma, revictimization, emotional distress, “fear of not being believed or supported”, concerns over offender retaliation, or fear of “negative repercussions for the offender” (Winters et al., 2020, p. 600). Therefore, these individuals are unable to “receive appropriate, trauma-informed services” (Slemaker et al., 2021, p. 3). Slemaker et al. (2021, p. 3) further highlights a number of other crucial instances related to environment, culture and family models which create challenges in providing adequate services.

In some contexts, abusive sexual behaviors between youths may be perceived as a normal part of youth culture rather than something to be disclosed, reported, or challenged. Similarly, caregivers and institutional authorities may also be unable to accurately assess sexual behaviors to determine where they may fall on a continuum of healthy, typical, concerning, problematic, and harmful sexual activities in youth, thus repeatedly failing to recognize that abuse has occurred.

Finally, [child sexual abuse] among siblings is often minimized or ignored by caregivers who want to protect the privacy of their family, keep their home intact, and/or shield their child with PSB from being placed in the criminal justice system. (Slemaker et al., 2021)

Aside from these challenges, there is also the fact that involvement in treatment facilities is completely voluntary, and due to the youth of the individuals, caregivers must first be convinced of their need for services (Slemaker et al., 2021, p. 7). There are instances in which parents or guardians do not feel as though the victim is in need of services. When it comes to PSB within the family unit, often “caregivers [want] to minimize the victimization of one child in order to protect the child with PSB from being labeled a ‘perpetrator,’ which [leads] them to be unsupportive of treatment for either child” (Slemaker et al., 2021, p. 7).

At the system level there are also many challenges. Slemaker et al., (2021, p. 3) notes that “misconceptions and stigma have led to ignored, resisted, or underfunded public health efforts to ameliorate [child sexual abuse].” Additionally, policymakers often react emotionally when it comes to implementing legislations and public policy rather than accurately and impartially considering the evidence available to them (Slemaker et al., 2021, p. 3). A policy concern that arises due to these challenges relates to “cases in which no agency was designated as responsible to respond to youth-initiated [child sexual abuse]” (Slemaker et al., 2021, p. 5). Furthermore, even if these cases of abuse are reported, they often never end up being investigated because “law enforcement did not have mandated protocols for investigating reports of youths with PSB and their victim(s), which often led to PSB cases being ignored” (Slemaker et al., 2021, p. 5). Additionally, there is a noted reluctance in law enforcement to investigate or intervene due to the age of the youths with PSB and their “being too young to be formally charged, which indirectly [leads] to the minimization of the needs of the victim” (Slemaker et al., 2021, p. 5).

Due to these issues, if the child is not over 12 years old and formally charged with a criminal act, law enforcement is not generally involved. This creates a situation where no one system is involved. Moreover, this sets the precedent that youths presenting PSB need to formally interact with the criminal justice system before they can receive services to address their behavior. This does not allow space for any preventive measures and essentially deems individuals with PSB ‘lost causes’ who will inevitably fall into the criminal justice system and can be dealt with at

that time. Beyond this, if child sexual abuse is reported and measures need to be taken accordingly, “multiple agencies may [become] involved with the family” and if this effort is “not well-coordinated, the multiagency response could result in an overwhelming and emotionally stressful situation that [hinders], rather than [helps], the family’s healing” (Slemaker et al., 2021, p. 7). Preemptive intervention services that create space for these individuals to seek and receive the help they need before potentially having a criminal record and harming others is paramount, yet severely lacking.

Other issues arise out of policies of confidentiality which often “[restrict] the process of access to services by victims and their caregivers” (Slemaker et al., 2021, p. 5). Slemaker et al. (2021) interviewed many stakeholders and highlighted that securing permission in order to “share information about the victims with the PSB treatment agencies was a significant challenge [...] especially when the victim was not related to the youth with PSB” (Slemaker et al., 2021, p. 5). These challenges also extend to receiving victim referrals because “other agencies (e.g., child welfare, juvenile justice) were prevented from releasing victim information due to confidentiality laws” (Slemaker et al., 2021, p. 5).

Poor-interagency communication and collaboration also plays a role in impeding individuals from accessing services (Slemaker et al., 2021, p. 5). Some agencies have good relationships with law enforcement, but other agencies do not. Oftentimes, law enforcement is the first point of contact for individuals when they have been victimized. In the event that law enforcement agencies are not willing to refer to or collaborate with service providers, treatment for those individuals can never even begin without the victims explicitly seeking out said providers. Even communication between different community partners can be strained, as mustering the financial means to collaborate with other agencies is simply not feasible.

Additional issues at the organizational and societal levels make it increasingly difficult for individuals and families to “[access] or [receive] high-quality services” (Slemaker et al., 2021, p. 7). Even if people are able to find therapists or other services that can address their needs, there are additional barriers such as long waitlists, low financial means, unreliable transportation, and so on, which make it very difficult for victims and their caregivers to engage with these services (Slemaker et al., 2021, p. 7). Financial barriers can also lead to increased “caregiver stress” which can “[impede] regular attendance at treatment” (Slemaker et al., 2021, p. 7).

Beyond this, “in the event that victims could successfully get to the treatment facility, the services offered may not [be] enough to meet their needs” (Slemaker et al., 2021, p. 7), due to the fact that not all treatment facilities are multifaceted and equipped for the specific cases that may arise.

Finally, there is a considerably low level of knowledge about youth with PSB (Slemaker et al., 2021, p. 5). There is also a false belief that these children are ‘mini adult sex offenders.’ It is important to understand that youth with PSB “are no more a risk to the community than the community is to them” (Gomez, 2022). All the data shown on PSB depicts how “youth who sexually act out are as different from pedophiles as you are from a pedophile” and that “these are still, fundamentally, children” (Gomez, 2022). In his writing, Gomez (2022) describes the issue of homogeneity with a patient case study:

Here’s what my patient did. He was watching TV with his sister, and he put his hand on her vagina, over her clothes and engaged in that activity for approximately 10 minutes according to his sister. Mom walked in and then immediately called child welfare who called the cops. He was 13. His sister was nine. She told us that she did not want her brother to go to jail, she just didn’t want him to do that again. However, the court threw the book at him. This is a classic example of the homogeneity error; the court saw him as the same as every other sex offender. He was put on a registry and everything.

Parents, caregivers, and families have a limited understanding of sexualized behaviors, sexual health, and the development of children. Due to this, there is often a fear-based response, which leads parents and caregivers to be unwilling to come forward and ask for help, further leading them to taking extreme measures which can impact a youth’s entire life. There is a “systemic failure to grasp the severity of youth-initiated [child sexual assault] or an avoidance of the issue altogether (Slemaker et al., 2021, p. 6). This cannot be the case if we want to ensure that survivors get the care they need, as well as the individuals with PSB. Gomez (2022) emphasizes that “a PSB is not a problematic SEXUAL behavior, it is a problematic sexual BEHAVIOR,” highlighting that these individuals have treatable behavior problems and should not be denigrated to the same level as persistent violent sexual offenders.

Possible Solutions

To address barriers to accessing services and gaps within the service landscape, there must be non-punitive and judgment-free forms of intervention implemented in

order to genuinely aid people seeking these services. Lee et al. (2007, p. 15) describe three different classifications of sexual violence prevention and intervention: primary prevention which occurs before sexual violence has taken place; secondary prevention which consists of immediate responses after sexual violence has occurred; and tertiary prevention embodied by long-term responses after sexual violence has occurred. Currently, research indicates “most anti-sexual violence efforts have been secondary and tertiary prevention” and in order “to address sexual violence prevention in a truly comprehensive manner, strategies to prevent its initial perpetration and victimization (primary prevention) must reach the same level of efficacy and adoption as programs that respond to its consequences” (Lee et al., 2007, p. 15).

Therefore, there must be policy implementation that promotes and centers primary prevention. This can look like the “implementation of education and activities [which change social norms], and other pieces of a comprehensive strategy against sexual violence among youth” (Lee et al., 2007, p. 19). These strategies require the backing of public policy makers as well as community members. It is critical to this work to maintain a trauma-informed lens and to understand that when clinics and other service providers are well funded and supported, trauma-informed support can help victims of child sexual abuse as well as individuals with PSB (Levenson & Grady, 2016, p. 100). Levenson and Grady (2016) argue that “we need to provide victims of all forms of child maltreatment with immediate and appropriate therapeutic services” and that we need “to intervene early with at-risk parents to help them develop skills that foster attachments and healthy family functioning” (p. 100).

Some of the most commonly recognized forms of sexual violence prevention work are education trainings and workshops (Lee et al., 2007, p. 16), such as those I experienced and engaged in with the Saffron Centre. Attitudes that reinforce “societal norms supportive of sexual violence, male superiority, and male sexual entitlement” (Lee et al., 2007, p. 15) must be addressed as well as “how those attitudes interact with interpersonal influence, and the manner in which norms, policies, and institutions shape the environment in which it all occurs” (Lee et al., 2007, p. 16). Therefore, communities must invest in programs that are multifaceted, well-funded, and equipped with clearly outlined policies (Levenson & Grady, 2016, p. 100), as without “dedicated funding for primary prevention programs, there is little chance for sustained and progressive efforts to interrupt the cycle of sexual violence” (Lee et al., 2007, p. 19).

Conclusion

In this paper I attempt to bring attention to noticeable service gaps present for youth with problematic sexual behavior. Currently, service providers in Alberta, while crucial in helping adult victims of sexual abuse, lack the means and services to properly address sexual violence before it has the possibility of occurring. Addressing this issue in advance requires adequate services, which can intervene in the cycle of violence by providing resources and services for youth who have been sexually abused and individuals who have PSB. Primary prevention policies are necessary to address the current lack of services available to these individuals and their families. Public policy needs to make space for greater education and awareness, take steps to effectively facilitate coordination and collaboration between service agencies, and bridge the gap between existing barriers that prevent individuals and families from seeking aid.



Work Cited

Allen, B. (2022). Etiological Perspectives on Problematic Sexual Behavior of Preteen Children: Implications for Treatment. *Clinical Child and Family Psychology Review*, 26(1), 50-64. <https://doi.org/10.1007/s10567-022-00412-5>

Bergeron, A., Deslauriers-Varin, N., Daignault, I., & Lussier, P. (2022). The disclosure of children who exhibit problematic sexual behaviors. *Child Abuse & Neglect*, 134. <https://doi.org/10.1016/j.chiabu.2022.105923>

Chaffin, M., Berliner, L., Block, R., Johnson, T. C., Friedrich, W. N., Louis, D. G., Lyon, T. D., Page, I. J., Prescott, D. S., & Silovsky, J. F. (2008). Report of the ATSA task force on children with sexual behavior problems. *Child Maltreatment*, 13(2), 199–218. <https://doi.org/10.1177/1077559507306718>

Conward, C. (2004). There is No Justice, There is Just Us: Look at Overrepresentation of Minority Youth in the Juvenile and Criminal Justice System. *Whittier Journal of Child and Family Advocacy*, 4(1), 35-64.

Gomez, M. (2022). 'your child is not a pedophile': Effectively addressing problematic sexual behaviors in children and adolescents. *The Brown University Child and Adolescent Behavior Letter*, 38(7), 1–5. <https://doi.org/10.1002/cbl.30638>

Lee, D. S., Guy, L., Perry, B., Sniffen, C. K., & Mixson, S. A. (2007). Sexual violence prevention. *The Prevention Researcher*, 14(2), 5-20. <https://doi.org/10.1037/e610472007-004>

Levenson, J. S., & Grady, M. D. (2016). The influence of childhood trauma on sexual violence and sexual deviance in adulthood. *Traumatology*, 22(2), 94–103. <https://doi.org/10.1037/trm0000067>

Mesman, G. R., Harper, S. L., Edge, N. A., Brandt, T. W., & Pemberton, J. L. (2019). Problematic sexual behavior in children. *Journal of Pediatric Health Care*, 33(3), 323–331. <https://doi.org/10.1016/j.pedhc.2018.11.002>

Saffron Centre Ltd. (n.d.). Services. Retrieved December 8, 2022, from <https://www.saffroncentre.com/>

Slemaker, A., Munday, P., Taylor, E. K., Beasley, L. O., & Silovsky, J. F. (2021). Barriers to accessing treatment services: Child victims of Youths With Problematic Sexual Behavior. *International Journal of Environmental Research and Public Health*, 18(10). <https://doi.org/10.3390/ijerph18105302>

Vanessa Tyson (2019) Understanding the Personal Impact of Sexual Violence and Assault, *Journal of Women, Politics & Policy*, 40(1), 174-183, DOI: 10.1080/1554477X.2019.1565456

Widom, C. S. (1989). The cycle of violence. *Science*, 244(4901), 160–166. <https://doi.org/10.1126/science.2704995>

Winters, G. M., Colombino, N., Schaaf, S., Laake, A. L. W., Jeglic, E. L., & Calkins, C. (2020). Why do child sexual abuse victims not tell anyone about their abuse? An exploration of factors that prevent and promote disclosure. *Behavioral Sciences & the Law*, 38(6), 586–611. <https://doi.org/10.1002/bsl.2492>



Artist: Peilin Wu