

Responding to youth engaged in problematic sexual behavior

When a child or teen has engaged in problematic sexual behavior (PSB) the first instinct might be to reach for the harshest tools—such as invasive assessments, criminal charges and sex offender registration. However, research shows that children and teens are still developing and treating them like criminals does far more harm than good. Instead, responses should be grounded in developmentally appropriate and evidence-based interventions—not solely adaptations of systems designed for adult offenders—that emphasize accountability and the opportunity for rehabilitation.

Problematic sexual behavior is often defined as: “a behavior displayed by children or youth that involves sexual body parts or acts, is outside their expected developmental stage and causes harm to self or others.”¹

Why this matters

While PSB in minors is serious and must be addressed, research demonstrates that early-age interventions can stop these problematic behaviors, while helping youth to develop healthy relationships and live safely within their communities.^{2,3} Children and teens who have engaged in PSB may themselves also have been exposed to violence within their homes or communities.^{4,5} The use of invasive and harsh assessment, treatment and management tools designed for adult sex offenders risks compounding trauma and can even increase vulnerability to future harm.⁶ Systems must be better equipped to respond with a more balanced approach to ensure accountability, address the often complex experiences and needs of the young people involved and provide opportunities for positive growth and development.

Improve the response to youth who have engaged in PSB by:

- Prohibiting the use of harmful assessment and management approaches—including the use of polygraph tests
- Promoting evidence-based, trauma-informed treatment programs designed for youth who have engaged in PSB
- Eliminating sex offender registration in all cases of children adjudicated delinquent, without exception

Mapping the policy landscape

Build developmentally-appropriate systems

Systems responding to youth who have engaged in PSB should be guided by an understanding of their age, developmental stage and capacity for change. Yet many states continue to extend the use of assessment, treatment and management approaches designed for adult offenders to teens and even younger children. Even within the youth population itself, experts emphasize the need to move beyond a standardized response. Jenny Coleman, Director of Stop It Now!, explains, “We can no longer treat all kids with a one size fits all approach. We know that the understanding of a five-year-old is very different from that of a 12-year-old or 15-year-old. Our policies need to reflect this developmental approach to all of our children and youth. They deserve this.”

Some states have already begun moving in this direction. For example, a number have adopted protocols establishing that children below a certain age (eg, 14) who are alleged to have engaged in PSB should receive an assessment and be connected to services—such as those provided at children’s advocacy centers (CACs)—rather than pushing every child through the juvenile court system. Others have adopted specific policies and standards for assessment, treatment and interventions with adolescents who have engaged in sexually abusive behavior and maintain lists of qualified treatment providers for juvenile populations. Diversion programs can also be an important pathway to promote accountability while also prioritizing supportive interventions and rehabilitation over punishment.

Avoid invasive tools and assessments

All approaches used with children and adolescents should be grounded in the best available evidence of what is effective and appropriate. In this regard, some states have relied on the recommendations developed by The Association for Treatment of Sexual Abusers (ATSA), an organization that produced evidence-based guidelines for responding to individuals who have sexually abused.

ATSA clearly recommends against the use of invasive methods—including polygraph and penile plethysmographyⁱ—with youth under age 18.⁷ Despite these recommendations, many states have not prohibited the use of such practices with youth who have engaged in PSB. In particular, the use of polygraphs, commonly known as lie detectors, continue to be used widely: some estimates suggest they are used by half of juvenile sex offender treatment programs across the US.⁸

The use of polygraphs remains highly controversial, with serious questions raised about their reliability and ethical implications when used with minors. Critically, there is a lack of evidence supporting their effectiveness in reducing recidivism or improving treatment outcomes among adolescents.⁹ Other significant concerns have been raised about their potential to coerce false confessions or cause harmful reactions, such as feelings of shame or fear.¹⁰ Only six states have standards or guidelines that limit or recommend against the use of polygraphs with at least some youth who have engaged in PSB (eg, those below age 12). No state has standards or guidelines that explicitly prohibit the use of polygraphs with all minors below the age of 18.

ⁱ Penile plethysmography is an invasive method used to assess sexual interest. In addition to the limited empirical evidence supporting its effectiveness, ATSA raises ethical concerns about exposing adolescents to sexual material that is not developmentally appropriate.

How states did it: good practices in eliminating the use of polygraphs with children

The California Sex Offender Management Board's *Guidelines for Treating and Supervising Youth Who Have Committed a Sexual Offense* specify that "Polygraphs should not be used with any youth under the age of 16. In rare cases, a polygraph exam may be conducted with a youth age 16 or 17, if recommended by the youth's [Case Management Team (CMT)]...The CMT should consider factors such as age, trauma background cognitive development, treatment issues (eg, denial), and potential harm to the youth prior to determining if use of polygraph would be appropriate in a particular case."¹¹

Invest in treatment

Addressing youth who have engaged in PSB through evidence-based treatment and family support can help change their life trajectory towards a healthy and safe adult life. Interventions such as trauma focused cognitive-behavioral therapies and multi-systemic approaches can help target the root causes of behavior while involving families and communities in the healing process.^{12,13} Programs that teach accountability and healthy relationships have demonstrated effectiveness in reducing recidivism, while those that focus on empathy, boundaries and emotional regulation may help protect against future harm.¹⁴

Importantly, interventions should account for the distinct needs of diverse populations and the various reasons that children and youth may act out, including those with experiences of trauma. States should invest in trauma-focused treatment and tailored approaches to ensure youth are matched to the most appropriate services and treatments.¹⁵



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