Some sexual play between young children close in age, such as playing doctor or looking at private parts, is considered normal. However, some children display intrusive, aggressive or coercive sexual behaviors, which is inappropriate and potentially harmful to them and their peers.

Both boys and girls can display PSB and sexual abuse isn’t necessarily a factor. In fact, most children who have been sexually abused do not exhibit these problems. However, research suggests that many factors can contribute, including:

- Family sexuality patterns
- Exposure to sexual material
- Exposure to family violence
- Physical abuse
- Other non-sexual behavior problems

In cases of PSB, it is imperative for families and communities to step in and intervene through proper identification, support, treatment and intervention. Examples of problematic behaviors include:

- Repeatedly exposing themselves to others
- Excessive masturbation
- Failure to recognize socially acceptable boundaries
- Aggressive sexual acts

HELP BEGINS WITH A PHONE CALL

Many children who exhibit inappropriate sexual behavior can be helped with outpatient treatment lasting 12 to 32 weeks. They can live at home and attend school and other outside activities without jeopardizing the safety of other children. Most treated children do not continue to have sexual behavior problems into adulthood.

Once a child is referred to the program, an assessment is done to determine if the group treatment program is a good fit for both child and family. If accepted into the program, the child will learn:

- Guidelines for appropriate sexual behavior
- Privacy and boundary rules

continued
Stress management and impulse control
Social skills

Caregivers (parents, foster parents, grandparents) also must participate in the program. They will learn:
- To distinguish normal from problematic sexual behavior in their child
- Appropriate responses to the child’s sexual behaviors
- Ways to prevent sexual behavior problems
- Effective responses to other behavioral problems

The child and his/her caregiver(s) will attend separate meetings once a week in the early evening. Joint sessions occur where the child and caregiver(s) can practice new skills.

Important facts about the treatment program used by the Family Growth Program:
- Cognitive-behavioral and social ecological approach
- Group treatment program with 6 to 8 children in a group (with adaptations for a family based approach available if needed)
- Requires active involvement of parents or other caregivers
- Short term outpatient community based program
- Programs for school-age children
- Referrals to the program often come from a variety of community partners (children protective services, juvenile justice, schools, other health providers and families themselves)
- Low recidivism (2%) found in 10-year follow-up of youth

PSB: COGNITIVE BEHAVIOR TREATMENT SCHOOL-AGED MODEL

Consists of 18 sessions for children age 7 to 12 years — boys and girls attend group together.

60- to 90-minute weekly concurrent child and caregiver group sessions address:

- Supervision and safety
- Parenting strategies
- Rules about sexual behavior and boundaries
- Affective and cognitive coping skills
- Self-control strategies
- Social skills
- Abuse prevention
- Sexual education
- Empathy and impact of behavior on others

Graduation from the program is based on progress of youth and caregivers in terms of improved behavior and skills.

TO LEARN MORE

To learn more about the research base of this model, visit the California Evidence Based Clearing House at:

- cebc4cw.org

For more information on PSB, visit:

- ncsby.org
- icctc.org
- NCTSN.org
- oumedicine.com/csbpprogram

For more information about treatment approaches for PSB, contact Catholic Charities’ Family Growth Program at 732-747-9660.

To make a referral, call 1-800-360-7711.

CatholicCharitiesTrenton.org