

Problematic Sexual Behavior in Children and Youth (PSB-CY)

Ages 2-4 Years



Resources

Bright Futures

https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_HealthySexuality.pdf

Military OneSource

<https://www.militaryonesource.mil/>



Scan for information on PSB-CY.



Learn about healthy sexual behaviors in children.

National Children's Alliance

<https://www.nationalchildrensalliance.org/support-for-military-families/>

National Center on the Sexual Behavior of Youth (NCSBY)

<https://ncsby.org/content/parents>

The National Child Traumatic Stress Network (NCTSN)

<https://www.nctsn.org/resources/sexual-development-and-behavior-children-information-parents-and-caregivers>

Zeiders - Microlearning

<https://ffsp.zeiders.refineddata.com/module/view.php?id=37364>

Zero to Three

<https://www.zerotothree.org/>

Your local FAP
contact information

Family Advocacy Program (FAP) PSB-CY Services

PSB-CY is an expansion of – rather than a change to – FAP's scope in supporting the safety and resiliency of military families.

Note: The response system for PSB-CY is different from how the Family Advocacy Program responds to child abuse and neglect and domestic abuse.

Parents/caregivers of children involved in a PSB situation can experience a range of feelings, such as worry, confusion or even anger. We are here to help.

Most children and youth who demonstrate concerning sexual behaviors respond well to informed parent support, increased guidance, supervision, and evidence-based treatment programs. In fact, after these interventions, there are usually no further incidents.

Per Public Law 115-232, Section 1089, the military is mandated to increase awareness of healthy sexual development in children and youth family members by assisting parents with healthy discussions with their children.

The Family Advocacy Program can provide or connect you to:

- Education for parents about what sexual behaviors are developmentally appropriate.
- Child-focused advocacy and support for parents.
- Safety and supervision planning.
- Clinical assessments, counseling and support.
- Case management.

FAP Process for PSB-CY

Concerning sexual behavior is reported to the FAP.



Parents are notified of the referral.



The FAP engages with the Multidisciplinary Team if the incident is determined to be problematic in order to assess risk and safety needs, and to coordinate service and support for all children/family members involved.



A FAP representative will contact you to offer you and your child guidance and support for the next steps.



The FAP can offer you options for information, support and services to help you and your child access the care you need.

Your FAP representative and members of the Multidisciplinary Team are committed to supporting you and your child throughout this process.

What is Problematic Sexual Behavior in Children and Youth?

PSB-CY includes behaviors initiated by children and youth under the age of 18 that involve sexual body parts (genitals, anus, buttocks or breasts) that are not typical sexual behaviors and are developmentally inappropriate, or potentially harmful to the individual(s) initiating the behaviors, the individual(s) impacted by the behaviors or others.

Children’s sexual behaviors are on a spectrum, as seen below.



Normative (Common) Sexual Behaviors
Sexual behaviors are considered developmentally normative when they occur infrequently and are easily distractible (i.e., the child is responsive to redirection).

Cautionary (Less Common) Sexual Behaviors
Cautionary behaviors are identified as those that are disruptive to others and only moderately responsive to distraction and redirection.

Problematic (Uncommon) Sexual Behaviors
Problematic behaviors are frequently disruptive and persist after distraction/redirection. Redirection may be met with anger from the child. Children exhibiting these behaviors may cause harm to themselves or others.

Sexual Behaviors Guide – Ages 2-4 Years

Normative “Common” Sexual Behaviors

- ☐ Masturbating or touching genitalia in public or private
- ☐ Touching or looking at their own, familiar adults (e.g., parents, caregivers), or children’s (e.g., siblings, peers) genitalia, breasts, or buttocks
- ☐ Enjoys being nude
- ☐ Displaying genitalia area and/or buttocks to others
- ☐ Stands too close or displays poor physical boundaries
- ☐ Has erections
- ☐ Uses elimination words for bathroom and sexual functions (e.g., pee pee, poo poo)
- ☐ Plays doctor or nurse inspecting others’ body parts
- ☐ Explores differences between males and females
- ☐ Interested but does not seek ways to watch people going to the bathroom
- ☐ Wanting to learn about genitals, intercourse, babies

Cautionary “Less Common” Sexual Behaviors

- ☐ Continues to masturbate, in public or private, or touch genitals after adult redirection and beyond developmental expectations
- ☐ Continues to touch adults (e.g., parents, caregivers), or other children’s (e.g., siblings, peers) genitalia, breasts, or buttocks after adult redirection and beyond developmental expectations
- ☐ Rubs their genitalia and/or buttocks against others
- ☐ Attempts to kiss others using tongue
- ☐ Undresses in public after adult redirection and beyond developmental expectations
- ☐ Has frequent erections
- ☐ Asks adults or children to take their clothes off
- ☐ Continues to ask questions related to genital differences and/or sexual content when all questions have been answered
- ☐ Seeks ways to watch people going to the bathroom after adult redirection and beyond developmental expectations

Problematic “Uncommon” Sexual Behaviors

- ☐ Penetration of self or others with an object to genitals or rectum
- ☐ Inserts objects or fingers into genitalia or rectum
- ☐ Touches unfamiliar adults, peers, and/or animal’s genitalia
- ☐ Tries to engage in intercourse with an adult or another child
- ☐ Has mouth to genitalia contact with children or adults
- ☐ Exhibits fear or emotional distress of having an erection
- ☐ Imitates adult sexual behavior
- ☐ Pretends toys are having intercourse or performing sexual acts
- ☐ Asks adults or other children to engage in specific sexual acts
- ☐ Asks unfamiliar adults sexual questions
- ☐ Uses physical force on other children to engage in sexual acts (e.g., restraining the child while engaging in sexual play/games)
- ☐ Has advanced knowledge about sexual acts
- ☐ Engages repeatedly in a variety of sexual acts or behaviors
- ☐ Uses emotional coercion to get others to engage in sexual acts (e.g., will offer the child a bribe such as candy or a toy to take clothes off and play doctor)
- ☐ Asks to watch sexually explicit material on television or the internet
- ☐ Accesses sexual material online or offline (i.e., access is accidental or child is exposed to it deliberately by an adult)

