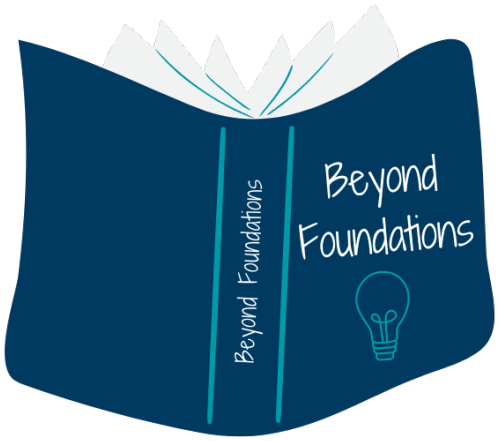

People Who Commit Sexual Violence

Problematic Sexual Behavior (PSB) in Minors

Advocates often encounter situations involving children behaving sexually with another child. Sexual play can be a common and developmentally appropriate behavior, but sometimes sexual play is problematic and has the potential to cause harm. The term for this is problematic sexual behavior (PSB). Recent juvenile justice data suggests that 38-42% of all sexual harm caused to minors is initiated by someone under 18, with 15% of that harm to children under the age of six caused by a child who is under 12. Research also indicates that 65% of preschool children exhibiting sexual behavior problems are girls (Silovsky and Niec, 2002). Mandated reporting is an important consideration for any situation related to problematic sexual behavior as it involves the safety of minors.

PSB Language Considerations

The language used by advocates to describe minors who initiate or cause sexual harm is important. The current clinical terminology is 'youth exhibiting problematic sexual behavior.' A child who caused harm is a more accurate term versus using adult criminal language (like perpetrator or offender) to describe a child who is behaving in a sexually problematic way. A critical part of supporting youth who have engaged in problematic sexual behavior is identifying the behaviors without labeling the child, as such labels are often internalized and create barriers to the child's positive path forward. Refraining from calling children who have been harmed as victims is also best practice.

Often, problematic sexual behavior between minors happens within homes and families. Setting up a victim-offender dynamic through language can be damaging and confusing to family structures, and to the child who was harmed as well as the child who caused the harm.

What are the Causes of PSB in Youth?

It was previously thought that the main cause of PSB was a history of child sexual abuse. Current research shows that there are many risk factors involved in a child engaging in PSB. Lack of supervision between children, unmonitored access to the internet or sexually explicit material, violence or coercion in the home and school environment and multiple traums are all significant risk factors for PSB (Mesman et al., 2019 & Szanto et al., 2012).

Child sexual abuse is still a significant contributing factor, but it is far from the only cause of PSB. Often, when appropriate intervention and treatment happens, PSB is a correctable issue (Silovsky et al., 2002). Treatment that is specifically geared towards minors (not adult sexual offenders) and strongly involves the minor's family system and caregivers is the most successful (Chaffin et al., 2008).

DHHS or Law Enforcement Involvement with PSB: What to Expect?

The additional stressor of systems intervention may also be upsetting for the caregiver. You can let them know that if DHHS becomes involved they will look for the caregiver to show they are helping stabilize the home and providing increased supervision. If these things are shown by a caregiver, it is possible that DHHS will not pursue any further action. But as with many other situations, advocates should not create expectations about what the ultimate outcome might be.

Children's Advocacy Centers (CACs) interview minors under the age of 18 related to disclosures or concerns of sexual harm. Clients are referred to a CAC by law enforcement or through DHHS Child Protective Services. Youth displaying PSB may be reffered to a CAC depending on their age and the allegation. The minor would be interviewed by a trauma-informed forensic interviewer to find the cause of the sexualized behavior, called a "rule-out interview."

Safety Planning

A Home & Family Safety Plan is a good first step in keeping children safe after problematic sexual vontact. Elements of a safety plan might include:

Separate Areas

- Children should immediately have separate and supervised sleeping areas.
- Everyone in the home should have separate spaces where they can dress privately.

Bathroom Usage

- Doors should be closed when people are bathing and using the bathroom.
- Any co-bathing should stop.

Increase Supervision

- Supervision should be constant and children should not be left alone without an adult caregiver.
- Caregivers should monitor internet and device usage closely.

These are boundaries that all individuals in the home should follow and not just the child displaying problematic sexual behavior. It is helpful to focus on improving family and home safety norms instead of punishing or shaming the child displaying problematic sexual behavior. It is also important that advocates encourage caregivers to not 'take sides.'

Common Sexual Play Behavior	Problematic Sexual Behavior
Involves sexual body parts	Involves sexual body parts
Not planned - spontaneous	May be planned
Does not happen often	Happens often and is repetitive
Agreed on by children of similar sizes, ages, and abilities	Involves children of different ages, sizes, and abilities
Does not make the other child feel anxious or unsafe	Causes fear/anxiety in other children
Happens with children who know each other very well	Interferes with social development and developing friendships
Stops when corrected	Does not stop when corrected
Curiosity-based	Imitating learned sexual behavior

PSB Treatment & Outcomes

The National Children's Alliance identifies the main components of effective treatment for PSB as being age appropriate, involving entire families, evidence-based, and trauma-informed. If evidence based and developmentally appropriate treatment interventions are utilized, PSB often stops without persisting.

Caregiver involvement in treatment, home supervision, and safety planning are key in helping a minor refrain from PSB. A minor displaying PSB may be referred to Multisystemic Treatment-PSB (MST-PSB). This treatment model, which is only for children over 10 years of age, is utilized in Maine to provide treatment in multiple setting and which are impactful in the minor's day to day life that a minor interacts with. For example, MST-PSB would likely involve school staff and any caregivers in the minor's life. The goal of MST-PSB is to involve everyone to support the youth in making positive behavioral changes and to help caregivers increase their skills to respond to various situations. It also utilizes components of Cognitive Behavioral Therapy (CBT) to adjust thoughts and habits.

Since the development of PSB is strongly correlated to family adversity, a trauma focused treatment model is important. Trauma Focused CBT or TF-CBT is also indicated for the treatment of PSB and other trauma reactive behavior in minors. Trauma-informed practitioners that are able to safely acknowledge any harm caused to the minor displaying PSB are also a key component for effective, safe, and healthy treatment options. TF-CBT is available in Maine and is even reimbursed at higher rates due to its effectiveness. There is also the option of TF-CBT PSB, but this evidence-based program is not widely available here in Maine.

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People Who Commit Acts of Sexual Violence

Just as acts of sexual violence exist on a continuum, so do the people who commit them. However, there are some general facts about people committing sexual violence:

- Approximately 96% percent of people who commit sexual offenses are male (Robinson, 2009).
- Females account for approximately 10% of sex crimes reported to police (Federal Bureau of Investigation [FBI], 2005).
- The majority of female and male victims know who committed the violence against them (Black et al., 2011).

People are often shocked to learn that a person has committed sexual violence, especially when the person appears to be a respected individual in the community. There is no "profile" of a person who uses sexual violence, and there are no reliable tests or assessments that can predict if a person has or will be sexually violent.

People who have committed sexual offenses frequently minimize their sexually abusive behaviors, make excuses for their behaviors, and/or deny any wrongdoing. Regardless, a sex offense is "…the weed that appears above the surface; it is supported by a vast network of roots – thinking errors, deviant arousal patterns, seemingly unimportant decisions, planning and grooming activities, target selection, techniques for maintaining secrecy – all of which assure that other weeds will pop up, regardless, in other places" (Salter, 1995). These unhealthy thoughts and actions can sometimes be controlled by accountability through individual and group therapy (Aos, Miller & Drake, 2006).

Young People Who Commit Sexual Violence

Though the impact on survivors should not be minimized, it's important that advocates understand that juveniles who commit sex offenses are different than adults. This includes their offenses, and their responses to treatment and rates of recidivism.

- "Adolescents do not typically commit sex offenses against adults, although the risk of offending against adults increases slightly after an adolescent reaches age 16" (Ibid).
- "Approximately one-third of sexual offenses against children are committed by teenagers. Sexual offenses against young children are typically committed by boys between the ages of 12 and 15" (Snyder & Sickmund, as cited in Chaffin, Bonner & Pierce, 2003).
- Across a number of treatment research studies, the overall rate that adolescents re-offend is low, generally under 11% (Alexander, as cited in Chaffin, Bonner & Pierce, 2003).
- Adolescent rates for sexual re-offending (5-14%) are substantially lower than their rates of re-offending for other criminal behavior (8-58%) (Worling & Curwin, as cited in Chaffin, Bonner & Pierce, 2003).

Adolescents who commit sexual offenses are significantly different from adult offenders in several ways. They:

- "[A]re considered to be more responsive to treatment than adult offenders and do not appear to continue re-offending into adulthood, especially when provided with appropriate treatment" (Chaffin, Bonner & Pierce, 2003).
- "[H]ave fewer numbers of victims than adult offenders and, on average, engage in less serious and aggressive behaviors" (Miranda & Corcoran, as cited in Chaffin, Bonner & Pierce, 2003).
- "Most do not have the deviant (abnormal) sexual arousal and/or deviant sexual fantasies that many adult sex offenders exhibit" (Hunter, Goodwin & Becker, as cited in Chaffin, Bonner & Pierce, 2003).
- "[Rarely] appear to have the same long-term tendencies to commit sexual offenses as some adult offenders" (Chaffin, Bonner & Pierce, 2003).

The characteristics of adolescents who commit sexual offenses are also very diverse. Characteristics range from

> otherwise well-functioning youth with limited behavioral or psychological problems and some are youth with major psychiatric disorders. Some are youth with multiple non-sexual behavior problems or prior non-sexual juvenile offenses. Some come from well-functioning families; others come from chaotic or abusive backgrounds (Chaffin, Letourneau & Silovsky, as cited in Chaffin, Bonner & Pierce, 2003).

Adults Who Commit Sexual Violence

The reasons an individual commits sexual violence will vary based on the individual. There is not a singular profile or playbook, but we can look at the same variables that make someone vulnerable to sexual violence, including: resources, opportunity, individual values, and community values and accountability.

Possible Red Flag Behaviors

- Attitudes of ownership and entitlement.
- Dismissal of boundaries.
- Consistent pushing of personal boundaries.
- Engaging in other criminal, possibly non-sexual crimes.

- History of committing sexual violence, sexual harassment, or gender-based bullying behaviors.
- Isolating their relationships from others.

Possible Red Flag Behaviors Towards Children

- "Too" charming or helpful.
- Having age-inappropriate relationships with children, such as turning to children for emotional or physical comfort.
- Not displaying appropriate/clear boundaries with children, either physical or emotional, and refusing to let children set their own boundaries.
- Wanting to take a child on special outings too frequently or planning activities that would include being alone with a child, or sharing private secrets, frequent text messages, phone calls, or other private contact with children.
- Centering all of their time and relationships on children.
- Not seeming to have many relationships with people from their own peer group.
- Using professional or volunteer opportunities and adult relationships to gain access to children.

(Salter, 1995)

Females Who Commit Sexual Violence

People are socialized to believe that women are sexually passive and men are sexual initiators. Most people who commit sexual assault and other forms of sexual violence against females are male and the majority of male sexual assault survivors experience sexual assault committed by other males.

However one study using BJS National Crime Victim Survey household data found that 46% of male survivors reported a female perpetrator (Weiss, 2010). Furthermore, research looking at incarcerated juveniles' experiences of staff sexual misconduct, 89% of reports were from boys reporting abuse by female staff (Beck, et al., 2012).

A research study of arrest data in the U.S. from 2010 to 2015 for sex trafficking of minors, revealed a lot about the characteristics and behaviors of traffickers. Over the 6 years of the analysis, the percentage of female sex traffickers increased from 13.4% in 2010 to 24.2% 2015. Researchers indicated that the role of female sex traffickers was most likely as part of a group, with more than half of the women fitting into the role of a 'bottom' (i.e., a trafficked person or trusted confidant to the male sex trafficker, which includes recruiting other victims, teaching the rules of sex work, and sometimes participating in the punishment and abuse of victims). These women were also more likely to be involved in cases where a caregiver or guardian trafficked the victim. Cases involving female sex traffickers targeted the most vulnerable victims: those who were unhoused, had run away, or experiencing substance use challenges (Arizona State University, 2017).

Grooming Behaviors

Grooming involves the process of attempting to set up or stage individuals for sexual abuse by using a variety of methods to promote trust.

Grooming will often build trust between the person who will commit violence and other people (the survivor, caretakers of the survivor, etc.), break down defenses, and give them easier access to others. Grooming is generally discussed when talking about child sexual abuse, although anyone who experiences sexual violence can be, groomed prior to the assault or abuse. People will often target children and adults with vulnerabilities such as people who are isolated, individuals with disabilities, older adults, and children and adolescents with family problems or who receive minimal supervision.

Examples of grooming methods include:

- Displaying appropriate affection that leads into inappropriate affection.
- Using a pet/animal to draw a person in.
- Acting as an authority figure.
- Bribing through gifts or presents.
- Misrepresenting themselves as a scout or agent, and attracting a person with the lure of fame.
- Manipulating through threats and/or weapons.
- Using sexualized physical contact including games such as wrestling or tickling, that leads to inappropriate touching.
- "Accidentally" exposing self.

Treatment

Treatment programs can contribute to community safety, because those who attend and cooperate with program conditions are less likely to reoffend than those who reject intervention (Aos, Miller & Drake, 2006).

For many years, studies of the effectiveness of treatment were inconclusive, or even stated that nothing worked. A more recent review of the literature shows that current treatment methods show real promise. One major study found that there is a significant difference between "treated" and "untreated" individuals and that "treated" individuals

have better outcomes and reoffend less often. This is particularly true when treatment programs use current best-practices.

A Note About the Term Pedophiles

Pedophile is a clinical diagnosis used to describe a person with persistent feelings of attraction towards pre- pubescent (at the age before puberty) children. Not all adults who commit sexual offenses are clinically considered pedophiles. There is no typical description and no defined method of detecting a person who commits sexual violence against children. Because this term requires a diagnosis and can contribute to stereotypes or generalizations about people who commit sexual violence, it is rarely used by advocates.

Sex Offender Registry

Maine's sex offender registration refers to the obligation of a person who is convicted of specific sex offenses in Maine to register with the State Bureau of Identification. The registrations are compiled and entered into a database maintained by the Maine State Police and are intended to provide the public with information concerning the location of registered sex offenders.

Registry Requirements

Qualifying convicted and sentenced individuals are required to register with the Maine Sex Offender Registry (SOR) and must verify at certain time periods each place they reside, are employed, or go to school. Maine has two active registration laws: the Sex Offender Registration and Notification Act (SORNA) of 1999 and the Sex Offender Registration and Notification Act of 2013. Depending on when the person was sentenced for the qualifying sexual offense determines which Act controls.

Initial registration is completed when the offender is not incarcerated or institutionalized, including at the time of sentence if no punishment alternative involving imprisonment is imposed for the offender or when the offender is placed on probation or conditional or administrative release. If a registrant works in one city, lives in another, and is a student in yet another, the person must notify all three local law enforcement agencies and provide the three addresses to the SOR.

There are two levels of registration requirements under the SORNA of 1999:

- Ten-year registrant is a person who is an adult convicted and sentenced or a juvenile convicted and sentenced as an adult of a sex offense. The person must register for ten years (Maine Revised Statutes, Title 34-A §11203, sub-§5 and §11225-A, sub-§§1 and 2).
- Lifetime registrant is a person who is an adult convicted and sentenced or a juvenile convicted and sentenced as an adult of a sexually violent offense or a sex offense when the person has another conviction for, or an attempt to commit, an offense that includes the essential elements of a sex offense or sexually violent offense. The person must register for their lifetime (Maine Revised Statutes, Title 34-A §11203, sub-§8 and §11225-A, sub-§§3 and 4).

There are three levels of registration requirements under the SORNA of 2013:

- Tier I registrant is a person who is an adult convicted and sentenced or a juvenile convicted and sentenced as an adult for a Tier I offense. The person must register for ten years (Maine Revised Statutes, Title 34-A §11273, sub-§17 and §11285, sub-§§1 and 2).
- Tier II registrant is a person who is an adult convicted and sentenced or a juvenile convicted and sentenced as an adult for a Tier II offense. The person must register for twenty-five years (Maine Revised Statutes, Title 34-A §11273, sub-§18 and §11285, sub-§§3 and 4).
- Tier III registrant is a person who is an adult convicted and sentenced or a juvenile convicted and sentenced as an adult for a Tier III offense or a person who has been convicted and sentenced at any time for two or more offenses each of which is a Tier I offense or Tier II offense or includes the essential elements of a Tier I offense or Tier II offense. The person must register for their lifetime (Maine Revised Statutes, Title 34-A, §11273, sub-§19 and §11285, sub-§5-7).

Failure to comply with the duties and requirements imposed in the SORNA laws is a strict liability crime, which means it does not include a culpable mental state. The State only has to prove that the offender committed the crime and does not need to prove anything else (intent). The first offense is a Class D crime, the second offense a Class C crime, and the third offense a Class B crime. If you have questions, you can reach the Sex Offender Registry by phone at 624-7270 or by email at maine_SOR.help@maine.gov.

Maine's sex offender registry is accessible online at https://sor.informe.org/. In addition to the names and addresses of registrants in any one geographic area, a person searching the registry can also learn the nature of the offenses and more specific data by following the prompts. The offender registry only identifies a small portion of sex offenders and cannot be relied on as a tool to distinguish between safe and unsafe communities or safe and unsafe community members as the vast majority of sex crimes are not reported to law enforcement and far fewer result in convictions for registrable offenses.

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