

# Helping non-clinical staff identify problematic sexual behaviors among children

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Identifying unusual and potentially harmful behaviors in children is vital to providing appropriate interventions, according to Penn State researchers. A Penn State research team partnered with the U.S. Department of Defense (DoD) to develop an easy-to-use tool to help non-clinically trained staff members, such as classroom aids, lunchroom workers and teachers, identify problematic sexual behaviors (PSBs) so that they can be more immediately addressed.

The team [published](#) the details of the non-clinical referral tool (RT) in the *Journal of Child Sexual Abuse*.

PSBs, which can include a broad spectrum of sexual behaviors, are developmentally rare but can be harmful to children involved in incidents, as well as to those who witness them. The harmful effects of PSBs can include anxiety, depression and trauma-related disorders.

"In most cases, concerns regarding child sexual behaviors are first noted by people without [clinical training](#), including parents and staff who work in childcare, daycare and schools," said co-author Daniel Perkins, co-director at the Clearinghouse for Military Family Readiness at Penn State and professor of family and youth resiliency and policy in the College of Agricultural Sciences.

"However, distinguishing between normal child sexual behaviors and concerning or problematic ones is difficult, especially for those who are not clinically trained."

According to corresponding author Jill Schulte, research project manager at the clearinghouse, sexual behaviors are considered normal if

they are developmentally appropriate, occur frequently and do not have negative consequences to the self or others. They are also mutual and absent of coercion.

"PSBs are rare, intrusive, often repetitive, continue despite adult redirection, and those who engage in PSBs may exhibit increasing preoccupation with these behaviors," Schulte said. "We developed this tool to help non-clinical staff members identify occurrences of such PSBs, provide support and referrals, create a framework for supervising professionals to make appropriate well-informed decisions about handling PSBs, and support and encourage consultations with the DoD experts on child behavior."

The researchers developed the RT after reviewing relevant scientific literature, consulting with DoD and non-DoD experts in the field, and obtaining input from non-clinical DoD staff members.

The RT leads users through a series of steps. Step one gathers demographic information, such as sex, age, grade, enrollment in an educational support plan and more, on the children involved in potential incidents of PSB. Users are then prompted to describe the exhibited behaviors, who observed or was made aware of the behavior, whether adult redirection was provided, and any noticeable reactions by the exhibiting or impacted children. The RT includes the sexual behaviors guide, which helps non-clinical staff members make an initial determination of whether the behavior exhibited was considered normal, cautionary or problematic.

In cases where sexual behaviors are classified as cautionary or problematic, the user is directed to complete a second step. Here, the RT guides the user through a series of eight questions—including whether the behavior persisted after redirection and if impacted children displayed emotional distress—that help them determine the severity of

the [behavior](#) and whether the incident should be referred to DoD experts. Using an easy-to-follow scoring and color-coding system, non-clinical staff and their supervisors decide what next steps are needed, such as a safety plan or notification of guardians. A similar process is followed in cases where only one child is involved in PSBs.

A total of 32 [training sessions](#) were provided to more than 1,038 non-clinical staff across the DoD. Of these, 189 were from DoD schools, 348 were from child development centers and youth programs, 289 from the Family Advocacy Program, and 81 were from a diverse group not designated as RT users, such as criminal investigative personnel and school liaisons. Training included an overview of the research on PSBs, how to use the RT and practice cases with professional feedback. In addition, researchers created an RT implementation support website to provide continuing education, case consultations and resources.

The researchers obtained feedback from non-clinical staff six months after training. All trainees reported that the RT was useful, helped them determine severity of behaviors and established a clear path for next steps. Users also said they appreciated that the RT provided an objective framework that removed a lot of "guess work" for them as they identified potential PSBs. Staff reported that the RT was easy to use with a little practice.

Next, researchers plan to investigate the accuracy of the RT in identifying PSBs.

"The first step was to develop a tool that can provide a standardized assessment and help caregivers identify potential PSBs," Schulte said. "Now, we'll work on understanding how well the RT correctly identifies PSBs and how we may be able to improve its accuracy."

**More information:** Jill A. Schulte et al, A Non-Clinical Referral Tool

to Help Identify Problematic Child Sexual Behavior: Development, Training, and Initial User Feedback, *Journal of Child Sexual Abuse* (2023). [DOI: 10.1080/10538712.2023.2276289](https://doi.org/10.1080/10538712.2023.2276289)

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