Overview of the Research on Children and Adolescents Engaging in Problematic Sexual Behavior

The Massachusetts Legislative Task Force on the Prevention of Child Sexual Abuse 2023

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Awknowledgement

The Massachusetts Legislative Task Force on the Prevention of Child Sexual Abuse gratefully acknowledges the work, research, and dedication to the children of the Commonwealth shown by the members of the Problematic Sexual Behavior (PSB) work group who developed this report. Their work will help expand understanding and awareness of the topic of children who exhibit problematic sexual behavior and the implications for the children, families, caregivers, and professionals in Massachusetts.

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Executive Summary:

Children are sexually abused across all socioeconomic levels as well as all racial, ethnic, and cultural groups throughout the Commonwealth. According to national research 1 in 5 girls and 1 in 20 boys will be sexually abused before their 18th birthday (Finkelhor et al., 2014). Over 90% of children and families know the person who harmed them. These are generally accepted facts about this epidemic. However, more recently there has been an increasing awareness as well as a number of research studies about the high number of children (0-18 years) who are sexually abused by other children or adolescents.

Addressing this issue is crucial because most children and adolescents with problematic sexual behavior (PSB) who receive appropriate interventions, will not reoffend. In fact, studies show that 85-95% of children and adolescents with PSB who receive appropriate interventions will not reoffend and they are at no greater risk than the general population to grow up and continue to sexually offend as adults (Caldwell, 2016; Lussier, 2017).

Definition of Problematic Sexual Behavior

Problematic sexual behavior (PSB) in youth is defined as child or youth-initiated behavior that involves sexual body parts (i.e., genitals, anus, buttocks, and/or breasts) in a manner that is developmentally inappropriate and potentially harmful to themselves or others (Chaffin et al., 2006).

Recognizing that children and adolescents with PSB are a very diverse group of children and teens, they will vary dramatically as demonstrated by their very different behaviors, motivations, development, cognitive understanding, trauma history, and the impact of their environment. Therefore, given the diversity in this population, the response and intervention decisions need to be individualized to each child and youth. When there is an intervention tailored to the needs of a child or teen, the long-term prognosis for these youth with PSB, including children and teens with aggressive sexual behavior is very good.

Once an assessment is conducted, the best intervention can be determined for that child and their family. There are a range of interventions that can be matched to the risk, needs and responsivity of each child or teen. There are a number of evidence-based interventions for children and for adolescents with PSB. Many are available in Massachusetts, including:

- Children with Problematic Sexual Behaviors Cognitive-Behavioral Therapy (PSB-CBT) Program: School-Age Group.
- Multisystemic Therapy for Youth with Problem Sexual Behaviors: Ages 10-17 (MST-PSB).
- Trauma-Focused Cognitive-Behavioral Therapy for Children with Problematic Sexual Behavior (TF-CBT-PSB).
- The Sexual Abuse: Family Education and Treatment (SAFE-T) Program.
- Good Lives Model.

Ignoring these behaviors and these children, and not offering them and their families any support or intervention is no longer an option in Massachusetts. When PSB is ignored, the children who have been harmed will not be identified and they will not be able to access the help that they need to heal from this experience and potential trauma.

Studies have shown that children who are harmed by other children or youth may be especially hard to identify and have additional barriers for accessing and receiving the services they need. The potential life-long impact of sexual abuse, whether perpetrated by an adult, adolescent or child is well documented and important to keep in the forefront of this exploration.

Background:

The Massachusetts Legislative Task Force on the Prevention of Child Sexual Abuse is a statewide, multi-agency collaboration established by the Massachusetts Legislature in 2014 (Section 34, Chapter 431). The purpose of this task force was to develop guidelines for child sexual abuse prevention and intervention plans by organizations serving children and youth. The group was also tasked with creating a 5-year plan to increase public awareness about child sexual abuse, including how to recognize signs, minimize risk, and act on suspicions or disclosures of such abuse as a community responsibility.

The Task Force, co-chaired by the Children's Trust (CT) and the Office of the Child Advocate has purposely taken an inclusive approach and through this process, heard again and again about the importance of addressing sexual abuse of children by other children and youth.

Over the last few years, a small, dedicated Task Force working group has met to discuss the challenges and gaps that MA faces in trying to create a more comprehensive approach to working with children and teens with problematic sexual behaviors (PSB). During this same time period, there have also been some significant shifts that encourage this deeper focus on children and youth with PSB:

- Relatively new legislation decriminalized sexual behaviors by children under the age of 12 which allows for families to reach out for help without the fear of prosecution (An Act Relative to Criminal Justice Reform, 2018: Bill S.2371).
- The Task Force has supported a Massachusetts Children's Alliance (MACA) initiative which was funded to train six Child Advocacy Centers by the National Center on the Sexual Behavior of Youth (NCSBY) with an evidence-based program for working with children with PSB from ages 5 through 11 years old.
- The decision to conduct an environmental scan in MA to outline the gaps and challenges as well as the unique strengths and opportunities in MA for developing a comprehensive, evidence-based approach to preventing and responding to children and adolescents with PSB.

The Task Force has engaged in the process of creating an in-depth environmental scan of the processes and resources in MA regarding how we respond to children and adolescents with PSB. This report is the first portion of this scan, a **review and summary of the research about children and adolescents with problematic sexual behavior.**

Note on Language:

The language used for this topic should emphasize person-first language, reflecting the importance of the whole child over any single behavior of the child or teen. Terms such as children or adolescents with problematic sexual behavior reduces assumptions, stigma, bias, and generalizations. Other terms that are used are adolescents with harmful sexual behavior, adolescents with illegal sexual behavior, and youth who have committed sexual offenses (NCMEC, 2020).

Overview of the Problem:

It would be difficult to explore the issue of children or adolescents with PSB without first identifying the values behind this issue. The task force has identified PSB as critical to the safety of children in the Commonwealth because of how common this form of abuse can be. In recent years, there has been an increasing awareness as well as a number of research studies about the high number of children (0-18 years) who are sexually abused by other children or adolescents. Among the reported cases of sexual abuse against children and adolescents, over one third (35.6%) are committed by other children or teens (Finkelhor et al., 2009). And more recently, survey studies of older adolescents and parents of younger children found that as many as **70-77% of the sexual assault and sexual abuse experienced by children and teens were committed by other children or teens** (Gewirtz-Meydan & Finkelhor, 2020).

Addressing this issue is crucial because most children and adolescents with PSB and highly individualized interventions will not reoffend and not grow up to sexually offend as adults. In fact, studies show that 85-95% of children and adolescents with PSB who receive well matched interventions will not reoffend and they are at no greater risk than the general population to grow up and continue to sexually offend as adults (Caldwell, 2016; Lussier, 2017). Ignoring these behaviors and these children, and not offering them and their families the support and interventions they need, means that more children are now at risk for being harmed. Furthermore, when PSB is ignored, the children who have been harmed will not be identified and they will not be able to access the help that they need to heal from this trauma. Studies have shown that children who are harmed by other children or youth may be especially hard to identify and have additional barriers for accessing and receiving the services they need (Slemaker et al., 2021). The life-long impact of sexual abuse, whether perpetrated by an adult, adolescent or child is well documented and important to keep in the forefront of this exploration (Chen et al., 2010; Edwards, 2018; Paras et al., 2009).

At the core of this work is an essential shift in how we look at these children and adolescents. Until quite recently, families as well as the children or youth with PSB had access to very few resources and instead faced social stigma, rejection, and isolation (Bailey & Klein, 2018; Comartin et al., 2010). This stigma and labeling are an enormous barrier to families who might be willing to reach out for help. If our communities offer support to these families, caregivers and professionals can address the emotional responses of fear, shock, denial, and self-blame that can in turn negatively impact the child or teen with PSB.

Identifying and offering services for these children and teens with PSB, their families, as well as the children they harmed (and their families) has the power of taking this issue out of the shadows. It allows us to consider how to get help for these families, how to ensure accountability, and how to emphasize the critical goal of living safely in their community.

The stigma may also affect a professional's ability to treat the "whole" child or teen with PSB. Research has shown that for interventions to be effective, professionals must address the risks and needs, as well as the strengths and other characteristics in both the child or youth and their family (Offerman et al., 2008; Sheerin et al., 2021; ter Beek et al., 2017). While these children and teens need to be held accountable for what they have done and learn to control their behaviors, they also need to know they have strengths which can help them change their developmental trajectory.

Most importantly, the Task Force recognizes that first and foremost, these are our children and adolescents who need help and, in some cases, serious interventions. Over the years, there has been a great deal of misinformation and fear that nothing can be done. Until recently, the few responses available, when they are used, have been more punitive such as placing a teen on the sex offender registry or in a residential placement. Children and teens can learn to live safely in their community – especially if given the right intervention.

Problematic Sexual Behavior:

To clearly determine what is problematic, one must first recognize that sexual behaviors in children and youth are common. To determine what is problematic, one must also understand what is developmentally expected and normative for each developmental stage. Sexual behaviors in children and youth are common, beginning in infancy and occurring throughout their lives (Friedrich et al., 2001; Allen, 2017; Kellogg, 2010; Volbert & Zanden, 2011). In young children, developmentally appropriate behaviors could be characterized by:

- curiosity,
- exploration,
- agreement between the children (e.g., no coercion or force),
- occurring between children of the same age and abilities,
- occurs infrequently, and
- the child will respond to caregiver interventions and rules (Campbell et al., 2013).

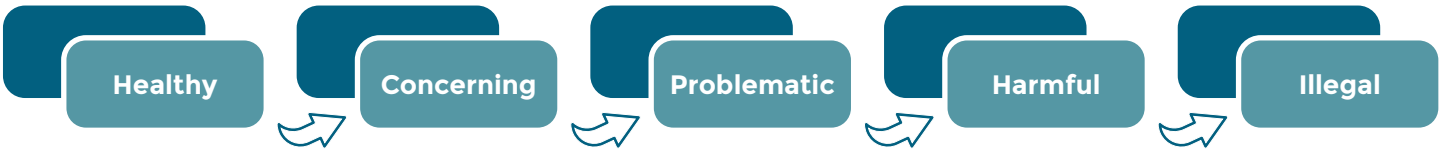
From ages 0-12 years, there are multiple resources available, describing what is healthy, what is concerning and what is considered problematic and/or abusive. See the SafeKidsThrive.org website for a listing of resources.

When a child grows into adolescence, there is a wider range of sexual behaviors and what is "normative" will depend upon the attitudes, beliefs, values and culture of the youth, their family and their community. The behaviors for this age group (13-18) can also be found on the SafeKidsThrive.org website.

Impact of Technology

Children and adolescents are inundated with sexual messages and content – whether they seek it out or not. For example, intentional exposure to pornography begins early in adolescence, typically between the ages of 12-14 (Ybarra & Mitchell, 2005; Davis et al., 2018; Massey, 2021). Persistent exposure to age-inappropriate sexual behaviors or materials is one of the many factors that may prompt sexual behaviors among children (Kellogg, 2010; Latzman & Latzman, 2015).

As these charts demonstrate, there is a range of sexual behaviors that changes over time and with the developmental stage of each child. This range of behaviors is easily conceptualized in this continuum which emphasizes the importance of both understanding what is healthy and developmentally appropriate as well as learning to address behaviors that are further down this continuum, especially if one wants to prevent sexual abuse before any child is harmed:



Adapted from Toni Cavanagh Johnson (2009)

While there is no widely agreed upon definition of problematic sexual behaviors in children and youth, for the purposes of this paper, the definition of PSB in children and youth will be defined as: **"child or youth-initiated behavior that involves sexual body parts (i.e., genitals, anus, buttocks, and/or breasts) in a manner that is developmentally inappropriate and potentially harmful to themselves or others (Chaffin et al., 2006)."**

When determining whether a sexual behavior is problematic, one must consider if it is common or rare for the child's/youth's developmental stage and culture, the extent of preoccupation, whether they respond to external corrections and whether it has the potential for harm. For that determination, one must consider the age and developmental differences between the children or youth, any use of force or coercion, if it interferes with the child's development and whether it is causing harm to the child or others. Depending upon a number of these factors and the jurisdiction in which it occurred, some PSB may also be considered a sex crime and illegal (Chaffin et al., 2006).

What is Known About Children and Adolescents with PSB:

This is a very diverse group of children and teens – **a one size fits all approach or understanding will simply not effectively help these youth.**

Children and teens with PSB will vary dramatically as demonstrated by their very different behaviors, motivations, development, cognitive understanding, trauma history, and the impact of their environment (Malvaso, 2020).

Although some features are common, there is no universal characteristic, consistent profile, or constellation of risk factors that characterize these children and teens. As a child develops, PSB may appear more frequently in each gender. While both males and females exhibit PSB, more girls than boys will exhibit these behaviors before the age of 5 and more boys than girls will exhibit PSB by age 10 (Friedrich et al., 2001; Allen, 2017; Kellogg, 2010; Volbert & Zanden, 2011). Looking at the larger context for these behaviors, there is no evidence to suggest that PSB are impacted by socio-economic factors.

Children in lower socio-economic families may be more likely to be identified because they are over-represented in social services, but there is no evidence that it occurs in these communities more frequently. Less is known about the impact of culture, but the cultural context of a child's or teen's community can significantly impact a child's knowledge of sexuality and sexual behavior (Beasley et al., 2014). Each of these factors needs to be considered because of the influence they may have on a child's or adolescent's behavior.

To better understand these youth, it is helpful to understand the risk factors for sexually problematic behaviors. These include child maltreatment (physical, emotional or sexual abuse as well as neglect or abandonment), coercive or neglectful parenting practices, being exposed to sexually explicit media, especially at a young age, living in a highly sexualized environment, and exposure to family and community violence or trauma (Allen, 2016). There are also some individual characteristics in a child or teen that may increase their vulnerability to trauma and the development of a variety of disruptive behaviors. These can include attention-deficit hyperactivity disorder, learning disabilities, developmental delays, and autism spectrum disorder. There are also emerging studies that show how community factors can be a risk factor and/or a protective factor for PSB and these may differ in their impact depending upon the gender of the child or teen (Yeo et al., 2021). Many children with PSB will have a history of trauma, violence, or exposure to sexually explicit materials, and yet many do not. One cannot assume that trauma or exposure to violence are the reasons for their problematic

Special Populations

Youth with some disabilities (e.g., intellectual disability and autism spectrum disorder) are particularly vulnerable to engaging in sexually problematic behaviors (Blasingame, 2018). They often will have their own histories of trauma and abuse, a risk factor for PSB. They also may not understand social rules and view much younger children as their peers, each a factor that may contribute to their engaging in PSB.

Most children who experience these adverse childhood experiences (ACEs) do not develop PSB. Any one of the risk factors (including being sexually abused) will not predict the development of any PSB. And many of these risk factors can be balanced by protective factors that support healthy sexual development and behavior.

These protective factors include: healthy adult guidance throughout development, understanding of healthy boundaries, supportive relationships with peers making healthy decisions, experiences of competency and success, and the ability to have open communications with an adult about relationships and sexual experiences (Silvosky, 2009).

Overview of Intervention Practices:

Given the diversity in this population, the response and intervention decisions need to be individualized to each child and youth. When there is an intervention tailored to the needs of a child or teen, the long-term prognosis for these youth with PSB, including children and teens with aggressive sexual behavior is very good (Chaffin et al., 2006; Carpentier et al., 2006; Borduin et al., 2021). For adolescents, the vast majority will not continue their sexually problematic behaviors into adulthood, and those who are at highest risk to continue a pattern of PSB are responsive to evidence-based, well-matched interventions. Ultimately, children and adolescents with PSB need to be supported to take responsibility for their behavior, address the factors that contributed to their PSB and choose to engage in more socially constructive behaviors (Creeden, 2017).

The assessment can serve as the foundation for all intervention decisions including the type of intervention needed, recommendations for intervention priorities, and insights into child placement, family reunification or removal. The Risk-Needs-Responsivity Principles (RNR) is the evidence-based framework that supports this individualized approach to assessment and treatment (Andrews & Bonta, 2010). An RNR assessment provides information that facilitates risk reduction as well as the child or teens' pro-social development. Thoughtful clinicians also appreciate that the RNR model includes not only attention to Risks and Needs, but also identification of protective and resilience factors to help individualize responses to PSBs (or other misconduct) and can ordinarily be included as part of the Responsivity analysis for children and youth.

Risk-Needs-Responsivity Principles (RNR).

The risk principle focuses on factors in the child/teen and their environment associated with problematic sexual behaviors. The needs principle focuses on contributing factors that can be changed and directly contribute to abuse, such as family instability. The responsivity principle holds that professionals must tailor interventions in a way that a child or youth can respond to them fully. This includes consideration of learning style, presence of mental health conditions requiring attention before treatment can begin, and the effects of trauma.

Key to a successful assessment is the opportunity to look at the "whole child", their risk and protective factors, co-occurring issues, the support or needs of the caregiver, the family and the child or youth's environment. Children and youth are profoundly affected by the environment surrounding them. Family and caregiver involvement is key to a safe and successful outcome.

The focus on the environment and family engagement may include, but is not limited to: parenting strategies to build positive relationships with their child or teen, clarifying family values and establishing clear family boundaries, skills to support their child's use of self-control strategies, and participating in the development of a family and community/school safety plan. Furthermore, understanding the context of each young person's life provides a foundation for the intervention that is specific to that child or teen's life while addressing the public safety needs.

A solid assessment strategy is based on developing a "whole child" understanding of the child or teen, the family, and other domains of the social ecology (e.g., peers, school, community) in which the child or teen is developing. Specific PSBs are best understood within the context of this "whole child" perspective (e.g., onset, course, dynamics of the PSB, functions that they serve, responses to them when detected.) However, there are only a limited number of assessment tools that are specific to PSBs designed for children and adolescents.

Validated or "best-practices" tools are guided by research and provide the clinician with the information needed to help determine if a specialized intervention is warranted and, if it is, the best intervention for each child and family. Practitioners should only use tools designed for the age and developmental stage of the child with whom they are working. Importantly, practitioners should be fully informed about the research bases upon which each tool is founded, the limitations of any tools, and the statistical properties of any "scores" reported on tools.

If a specialized treatment intervention developed to address PSBs is recommended, the treatment should be specified and information offered regarding nature, focus, method and prognosis with treatment. This information should include the scope of family and caregiver involvement, recommendations to address any co-occurring issues, and an overall safety plan to cover the initial phases of the recommended course of intervention.

To be effective, a clinical assessment and subsequent interventions, including specialized treatment if warranted, should be conducted by a licensed mental health provider who has been trained to work with this population. Research has shown that the practitioner has a significant impact on the responsivity of the child or teen and that low levels of empathy can be harmful to the child (Moyers & Miller, 2013). The impact of the child or teen's family, the influence of their peer group, and the impact of the community and environment cannot be understated. Family/caregiver engagement in the intervention or specialized treatment process is a powerful element in the success of a child or teen, their safe maintenance or integration back into their school, peer activities and the larger community (Amand, 2008; Shields et al., 2018; Shields et al., 2020).

Evidence-Based Intervention Practices:

According to the California Evidence-Based Clearinghouse there are only a few interventions that have undergone the rigorous evaluation to reach this threshold. These include:

Children with Sexual Behavior Problems Cognitive-Behavioral Treatment Program: School-Age Group (PSB-CBT).

This is a family-oriented, cognitive-behavioral, psychoeducational, and supportive treatment group designed to target a child's (6-12 years) sexual behavior problems. The children acknowledge the previous breaking of sexual behavior rules, learn coping and self-control strategies, and develop a plan on how they are going to keep these rules in the future. Caregivers are taught how to supervise the children, teach and implement rules in the home, communicate about sex education, and reduce behavior problems utilizing behavior parent training strategies.

https://www.cebc4cw.org/program/children-with-sexual-behavior-problems-cognitive-behavioral-treatment-program-school-age-group-2/

Multisystemic Therapy for Youth with Problem Sexual Behaviors: Ages 10-17 (MST-PSB).

To date, the most effective evidence-based treatment for adolescents and their families has been multi-systemic therapy for problem sexual behavior (Fonagy et al., 2015). MST-PSB is delivered in the community, with a high level of intensity and frequency, incorporates treatment interventions from MST, and places a high premium on approaching each client and family as unique entities. Treatment incorporates intensive family therapy, parent training, cognitive-behavioral therapy, skills building, school and other community system interventions, and clarification work.

https://www.cebc4cw.org/program/multisystemic-therapy-for-youth-with-problem-sexual-behaviors/

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT-PSB) for Children with Problematic Sexual Behavior.

TF-CBT combines child and parent psychotherapy models for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles and more recently has been applying these principles to PSB.

https://www.cebc4cw.org/program/trauma-focused-cognitive-behavioral-therapy/

The Sexual Abuse: Family Education and Treatment (SAFE-T) Program.

SAFE-T Program, listed as a promising practice, consists of both assessment and treatment services that focus on specific strengths and challenges so that adolescents and their families can make the necessary changes for a healthy future. Used with both children and adolescents, the clinician is guided by an in-depth assessment to guide the treatment needs for the youth as well as their families. Individual, group and family therapy may be recommended.

https://www.cebc4cw.org/program/sexual-abuse-family-education-and-treatment-program/detailed#:~:text=Program%20Overview&text=The%20SAFE%2DT%20Program%20is,their%20unique%20strengths%20and%20resources.

Good Lives Model.

Another research informed model that has been adapted for adults and adolescents who have sexually abused is the Good Lives Model (Prescott, 2018; Yates et al., 2010). This is based upon the research that has shown how adults and adolescents are more motivated by goals, accomplishments, and achieving these goals and outcomes (Yates et al., 2010). Based upon this concept, the Good Lives Model focuses on helping achieve the twin goals of preventing re-offense simultaneously with achieving a more fulfilling life. In doing so, it focuses on identifying client strengths and changing unacceptable and harmful behaviors.

What is common to all of these models and approaches is that they:

- Are individualized for the child or youth,
- Consider the individual as well as their caregivers, family, peers (if older), community, and
- Offer access to other social services as needed.

Family/Caregiver engagement in the process is considered key to success and developing an effective safety plan that can be implemented in practice for the child/teen to have the best chance for success.

https://www.cebc4cw.org/program/the-good-lives-model-of-offender-rehabilitation/

Implications for Massachusetts:

It is essential that professionals, families, and caregivers recognize that children and adolescents do engage in a range of exploratory sexual behaviors beginning as early as infancy. Childhood is a time of growth, learning and exploration and this same curiosity can also apply to their developing bodies. Some childhood sexual exploration is normal and expected and it is helpful to know what is typical for each child's age and development. However, some behaviors are not typical and if serious and/or persistent, they need to be directly addressed. Understanding what is normal and expected for a child at each age and developmental stage is an essential first step for any parent, caregiver, and professional.

When PSBs are identified in a child it can be a shock to the family system, to the parent/caregiver, and to the adults surrounding that child. This research in this report offers some basic information that can be helpful to any family or system surrounding that family when this issue emerges.

- Children or adolescents with engaged and supportive families/adults, willing to offer guidance and supervision, gives the child or teen their greatest chance to live safely in their community.
- Given the importance of supportive engagement, families and professionals are encouraged to immediately seek support for the child/youth, for the caregiver and for the professionals involved. No one should confront these issues alone.
- Learning that a child has exhibited PSB is not a life sentence. With the appropriate intervention, children and teenagers with PSB can learn to understand their behaviors, make better choices about their behaviors and live healthy, safe lives in their community.
- If the behaviors warrant a treatment intervention, a clinical assessment by someone with specialized training and experience to work with a child or teen helps to create a picture of the whole person as well as to identify their unique risks and needs. The assessment is an essential step for matching a child to the treatment intervention best for a child.

As mentioned earlier, when PSB is ignored, the children who have been harmed will not be identified and they will not be able to access the help that they need to heal from this experience and potential trauma. Getting each of these children the help and support they need is critical to the health and safety of our communities and to the prevention of child sexual abuse within our Commonwealth. Other elements of the environmental scan will offer insights into the resources and initiatives in Massachusetts to address many of these issues.

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Appendixes

Appendix 1: Healthy, Concerning and Problematic Behaviors in Children 0-12

Sexual Development and Behavior. National Child Traumatic Stress Network.

https://www.nctsn.org/sites/default/files/resources/sexual_development_and_behavior_in_children.pdf

Problematic Sexual Behavior among Children and Youth: Considerations for Reporting, Assessment and Treatment. Military REACH.

https://militaryreach.auburn.edu/dr?id=24e05882-fd26-4057-a5e0-da22912f8ad8&rt=rs

Understanding and Coping with Sexual Behavior Problems in Children. The National Child Traumatic Stress Network in partnership with NCSBY

https://www.ncsby.org/sites/default/files/resources/Understanding%20and%20Coping%20with%20SBP%20in%20Children%20--%20NCTSN%20NCSBY.pdf

Appendix 2: Healthy, Concerning and Problematic Behaviors in Adolescents 13-17

The Teen Years Explained: A Guide to Healthy Adolescent Development: Johns Hopkins University, Bloomberg School of Public Health. (Chapter 5)

https://www.jhsph.edu/research/centers-and-institutes/center-for-adolescent-health/_docs/TTYE-Guide.pdf

Responding to Problem Sexual Behavior in Children and Young People: Guidelines for Staff in Education and Care Settings.

https://www.education.sa.gov.au/sites/default/files/policies/pdf/sexual-behaviour-in-children-and-young-people-guideline.pdf

Resource for Teens created by Teens with information about boundaries, consent, safety planning, etc.

https://www.advocatesforyouth.org/

Appendix 1 & 2: Healthy, Concerning and Problematic Behaviors in Children and Adolescents 0-17

Child Development and Trauma Guide. Government of Western Australia.

https://www.wa.gov.au/system/files/2021-11/Child-Development-And-Trauma-Guide.pdf