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Sexually Transgressing Children: Practical Approaches and their Empirical Foundations

An expert report for the Informationcentre Child Abuse and Neglect (IzKK) , German Youth Institute, Munich

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Wissenschaftliche Texte

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Abstract

Over the past years, sexual transgressions among children have drawn attention initially in the practical fields of work and finally with some delay also in research. The first and foremost goal is to protect children from sexual transgression by other children because such transgression can harm the affected children seriously which is equivalent to the consequences of sexual abuse committed by juveniles and adults. Secondly, children with sexualized behavior run the risk of becoming transgressors themselves because of their increased vulnerability for dysfunctional interpersonal experience. Thirdly, pronounced sexual abnormalities indicate a general psycho-pathological burden which may further develop through the various developmental phases.

Children who show sexualized behavior can be supported effectively within the framework of temporary treatment programs. In addition, the significance of working with attachment figures is evident and sufficiently empirically validated. However, significant conditioning factors, which are presumed necessary for sexually prominent behavior to develop, must be assumed to exist exactly within the systems which must be activated for cooperation. Therefore, successful intervention strategies need suitable cooperation agreements between the various players of child welfare who are aware of this conflict intrinsic to the topic because the previously practical experiences reported in Germany indicate high dropout rates primarily of children below the age of criminal responsibility.

The task of taking into account the specifics of sexually transgressing children compared to adolescent sex offenders presents a great challenge. In this connection, this expertise should make a contribution to incite a qualified debate.

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1 Introduction

Over the past years, sexual transgressions among children have drawn attention initially in the practical fields of work and finally with some delay also in research.

Analogous to the development in the United States, the problem of sexual abuse was also discussed and treated primarily based on the paradigm of the adult male offender, who is sexually violent toward girls, in Germany. A discursive and empirical differentiation of the phenomenon was carried out by focusing increasingly on the crime constellation seen as atypical. Through this, both female offenders and male victims of sexual violence became the focus of practitioners and researchers. It seemed to contradict an intuitive approach to the problem that children themselves can become the cause for sexual violence. Current observations of the practical discussion and the research environment in Germany allow the conclusion that a new form of observing the problem seems to begin. After increasing attention was focused on juveniles as sex offenders, currently a new level of differentiation can be seen. It allows differentiating the specifics of children (not criminally responsible) who behave in a sexually transgressing manner from those characteristic of adolescent sex offenders. However, this development is still in the early stages. Too often, the term "sexually transgressing children and juveniles" is used, running the risk that the respective developmental psychology correlates are not fully considered. That much upfront: children who behave as sexually transgressors cannot be subsumed under "sexually transgressing children and juveniles." They are naturally not even a developmental psychological entity as "children" because the sexual behavior of preschool-age children happens under totally different developmental conditions than the sexual activities of children during prepuberty or puberty. Despite the described delays in awareness of the problem, we now have a series of developmental sensitive research studies (particularly from the United States and Scandinavia) and practical contributions and we now also have reviews from Germany as sources of information.

2 Are there more and more children with sexually transgressing behavior? - Comments about the extent of the problem

Detailed current discussions of how prevalence figures are developing with regard to children who are noticed through sexual transgressions are in König (2011) and Allroggen et al. (2011). In summary, it can be said that the 2010 criminal statistics of the police for the Federal Republic of Germany shows a relevant share of children (4%, and in absolute figures: 1252) of the total of the recorded crimes against sexual self-determination. A better comparability of various age cohorts is offered by the so-called "Tatverdächtigenbelastungszahlen", (TVBZ), figures concerning officially registered allegations of sexual abuse. These define the number of German suspects determined by the police, calculated by 100,000 inhabitants of the respective share of population during a calendar year. Based on this size, the result is twofold: (1) since 1993, an increase in the crime of "sexual abuse of children" (§ 176 of the German Criminal Code (StGB)) is not only seen in the group of juveniles and adolescents but also in children below the age of 14. (2) Compared to the adult population, the TVBZ of children between the age of 8 and 14 years are twice as high in this crime segment. Particularly noticeable are the TVBZs in the age-group of the 12- to 14-year olds.

In principal, these data allow one to determine from the pool of reported cases that sexual transgressing behavior of children occurs to a significant extent and it is reported increasingly more often to law enforcement over the past years. The significance of these data is subject to numerous limitations which among others deal with the fact that the reported crimes were committed by children who are not criminally responsible. Therefore, the recording of criminal complaints should be of little significance for this age group. The operationalization of sexual acts which are reported is a second severe problem. Based on the figures, it cannot be determined to what degree these sexual acts between children were aggressive, transgressions or by mutual consent. However, such determinations are of great significance because from a criminal perspective the age criterion as classification instrument is not available in sexual acts between children compared to the sexual abuse of children by adults or juveniles according to § 176 (detailed discussions to the interpretation of data from the pool of reported cases are found in König, 2011; Elz, 2010).

In addition to the data from the police crime statistics, some current research findings suggest that the extent of sexual transgressions among children is increasing. In the institutional survey of Helming et al. (2011), (suspected) cases of sexual violence perpetrated by children and adolescents are reported about five times more frequently than sexual violence perpetrated by adults in the respective institutions. In this context, it was determined that a large portion of children below the age of 14 was among the sexually

transgressing minors (depending on the type of institution between 30 and 65%). Similar proportions are found in studies during which therapeutic treatments of sexually transgressing minors were evaluated. Approximately 40% of registrations in the examined treatment facilities referred to children below the age of 14 (Nowara & Pierschke, 2005; Priebe, 2008). Clear indications of the relevance of the problem can be derived from reports from the professional practice such as the frequency of registrations at professional counseling offices against sexualized violence, which deal with sexual transgressions on children perpetrated by other children (Enders, 2012; Freund & Riedel-Breidenstein, 2004). As response to the increase shown in such reports, the "Deutsche Gesellschaft für Prävention und Intervention bei Kindesmisshandlung und –vernachlässigung (German Society for the Prevention and Intervention of Child Abuse and Neglect/DGfPI) e.V." had organized a national series of congresses dealing with the topic of "Sexual transgressions among children" in 2010. Therefore, based on various observations, it can be concluded that the information on the relevance of this topic is intensifying. Systematic studies of unreported cases, which could provide information about the extent to which children are affected by sexual transgressions by other children (compared to the sexual abuse by adolescents and adults) are not available.

In addition, the international status of research into the distribution of sexual violence by children, allows barely a conclusion with regard to the actual extent of the problem. The main issue may be the difficulty to differentiate transgression from age-appropriate sexual activities among children. In the meantime, however, there are some studies that provide information about the occurrence of certain types of sexual behavior and therefore, provide direct information about (1) what acts are to be classified as "sexually prominent" and (2) how often can such acts be observed (Friedrich, 2003; Friedrich et al., 2001; Larsson & Svedin, 2002; Sandnabba et al., 2003; Lindblad et al., 1995). In general, an overview of current publications allows at least the appraisal that sexually prominent behaviors in children are a problem that is obviously observed in an increasing degree due to the rise in readiness to become aware through (professional) publications and to which an increasing relevance is ascribed both from the scientific side as well as from the political side. Data which confirm this are available among others in the United States (Chaffin et al., 2008; 2006; Araji, 1997), in Canada (Crooks et al., cited Bange, 2012) and in England (Erooga & Masson, 2006).

3 Of whom do we speak when we talk about "conspicuous sexual behavior" in children? - Definition of the Problem Area

In the area of sexual conspicuous behavior of children, the definition of terms poses an unusually complex undertaking. Neither established terminologies, which characterize the discussion in the field of sexual abuse nor the standard (child) psychiatric nomenclature offer clear notional orientations. In this field, definitions do not only serve academic agreements but they develop significant effects primarily in the practical treatment of the problem. Terminology sets significant foundations for direct interventions, for diagnostic assessments and for planning long term actions such as child protection procedures or therapies.

Initially, the attempts to capture the phenomenon with language concern certain behavioral manifestations of a child. Depending on whether such types of behaviors can be classified as "normal," "questionable," "reactive," "psychopathological" or “criminal," suggests highly different approaches in dealing with these manifestation. For this reasons, there are numerous efforts found in literature to find clarifying terms for this phenomenon. In the meantime, these attempts are as a whole rather extremely diverse. Three work areas, which approximate the problem in different ways, can be identified:

1) dealing with the question of what is normal sexuality in childhood
2) development of classifications of sexual behaviors of or rather among children
3) development of classifications for children who show warning signs of sexual behavior

3.1 Sexual behavior during childhood: What is normal?

To approach the question of how does the sexual behavior of children manifest, it seems helpful to introduce into the discussion various dimensions of normality as background slide. Araji (1997) suggests differentiating between the terms "normal" and "normative / appropriate." In this context, the term "normal" refers to the field of medicine, psychology and specifically to developmental psychology. Any respective deviations are defined as "pathological" or "abnormal." Disturbances of the natural or normal childhood developmental process are expressed in such deviations. In comparison, "normative" or "appropriate" are terms, which are to be allocated to the fields of sociology, social work and justice. It defines a standard within a society, culture or group. Any deviations within these contexts are termed "deviant" or "criminal."

Lamb & Coakley (1993) define two meanings of the term "normal." On the one hand, this terminus must be understood in terms of "typical" which describes a frequent occurrence in the average society. The other meaning is rather a value judgment: In this context, normality means a behavior which is in any way beneficial to health or at least which does not have a negative effect on the wellbeing of a person. A similar direction is seen in the classification of "statistical standards," "social standards," "functional standards" and "ideal standards" (Schuhrke, 2002a).

In light of the differentiations, which were implemented here, it is not a surprise that (adult) evaluations of infantile sexual behaviors are susceptible for mixing up "normal" with "normative." They include a health-related as well as a moral dimension whereby the first refers rather to the acting child and the latter rather to the possibility that another child could be harmed by the behavior of this child. In more precise terms, discussions of normality should always consider the question whether it deals with an "inappropriate behavior" in the sense of an infringement of a legal rule or an "abnormal" behavior is the sense of deviation from the health standard.

Sigmund Freud was the first one who developed theoretical foundations to understand the infantile sexual development in among others the "Three Essays on the Theory of Sexuality or "Drei Abhandlungen zur Sexualtheorie" (1905). In his famous lecture "Aetiology of Hysteria" or "Zur Ätiologie der Hysterie" (Freud, 1896, citation according to Masson, 1995), he justified the development of psychological illnesses consequently as consequence of pathogenic "infantile sexual experiences" already in 1896. At several passages, Freud pointed out that such traumatic experiences may not only be connected to the sexual abuse by adults but to sexual interactions between children.

Ryan (2000) mentions individual studies from the 1930s, '40s and '50s, which concluded that sexual arousal can already be observed prior to birth. In the process of discovering one's own genital organization, children show already during the first months of their lives behavioral patterns that were termed "autoerotic"(cp. also Schuhrke, 2002b). In this context, it is self-stimulation, arousal and orgasmic relief of tension. Some early studies dealt with the masturbatory behavior of infants and preschool children. These activities were rather described as "genital" and less as "sexual;" however, it was suggested that these observations of behavior were caused by underlying psychological or motivational correlates such as self-calming and the relief of tension (when children are tired or something is troubling them) or stimulation and positive excitement (when children are bored or happy). Adults frequently do not ascribe a sexual dimension to touching one's own genitals in early childhood. At the same time, this behavior is generally seen as "normal" (Friedrich, 2003). This changes as children get older; in particular, when they enter the so-called "latency phase" which was first described by Freud (Freud, 1905). Accordingly, research that dealt with the sexuality of school-age children focused less on their behavioral manifestations than on the thought and assumptions that children develop with regard to sexuality. Sex education directed at children during this age period is rather traditionally understood as providing information. It centers on the physiology

of reproduction, the development of secondary sexual characteristics and - during puberty - menarche or menstruation and pollution. Ryan (2000) recapitulates there were no empirically founded, orientating descriptions of a normal sexual development, particularly for the period of pre-puberty, available until the late 1980s. In this context, the term "normal" describes the marking of a behavioral spectrum that can be expected under developmental psychology aspects.

In light of these facts, the first studies for understanding a "normative" infantile sexuality were initiated. Ryan, Miyoshi & Krugman (1988, zit. n. Ryan, 2000) summarized the results of a retrospective survey of adult women and men about their sexual experiences during childhood as follows: (1) there is more sexual activity by and among pre-puberty children than the concept of latency would presume. (2) Children practice a large bandwidth of sexual behavior. (3) Manifestations of sexuality, experiences of one's own sexual arousal, early exploration of one's own body and interpersonal physical relations take place mainly outside the family and therefore, they are rather experienced together with peers. (4) Children behave sexually mainly in a climate of secrecy. Parents have little opportunities to observe or intervene. (5) Children make their own value judgments about early sexual experiences. These are connected with their emotions and assumptions in reference to their sexual behavior.

In an early attempt to delineate "normal" sexual behavior from “conspicuous" sexual behavior, Johnson & Feldmeth (1993) developed a criteria catalog based on which classification dimension can be derived. These include not only the sexual behavior that can be observed but also the following aspects: intensity of behavior, motivation of children, affect of children in connection with the sexual activities, responses of children when "caught," planning of sexual interaction, (foregoing) the use of force or violence, relationship of participating children, age difference, family aspects and etiological considerations. This pattern shows clearly that when assessing "normality" of sexual behavior manifestations of and among children one cannot resort only back to the type of the observed behavior. Normality is constituted from a multitude of additional criteria. Sexual interactions among children are therefore significantly more difficult to establish normatively than sexual acts in which adults/juveniles and children are participating because the latter case is always to be qualified as sexual abuse.

An additional research area which approximated the question of normal sexual behavior of children, developed from the effort to identify diagnostically sexually abused children based on behavior manifestations. It was based on the assumption that such children can be recognized by showing certain sexual behaviors which would not be demonstrated by children that were not abused (Friedrich, 2003). These research studies resulted in the development of the CSBI (Child Sexual Behavior Inventory; Friedrich, 1997). This provided a diagnostic instrument allowing the capturing of the sexual behavior of children systematically (Friedrich et al., 2001). Using the CSBI in various interview contexts allowed an approximation to the question of how frequently certain sexual behaviors are observed in children between the ages of two to twelve. Such frequency estimates allows one in

turn to draw conclusions about which behaviors can be classified with a trend to the normal (in the sense of frequently to be observed) and which can be considered conspicuous(in the sense of very rarely to be observed) (Friedrich et al., 1998).

Following this development, Scandinavian countries conducted a series of studies concerning the sexual behavior of particularly preschool age children. These offer important orientations about which sexual manifestations are observed how often and therefore are to be classified as trend in categories of "normal" versus "conspicuous". The results of these studies provide also much insight because they differentiate sexual behaviors according to age and gender and therefore allow recognition of important variations among subsamples.

In a Finish study (Sandnabba et al., 2003); kindergarten teachers at child daycare centers have documented the sexual behavior of children with the "Day-Care Sexuality Questionnaire" over a period of 3 months. It revealed that certain patterns of behavior increase significantly over various age periods (e.g. become interested in the other sex, speak negatively about the other sex, sexuality/love affairs as part of infantile play, etc.), while others decreased markedly (e.g. boys want to hug girls, ...) (For respective changes during primary school-age cp. Friedrich et al., 1998). In addition, significant gender differences are shown over various age periods: Girls play significantly more often "doctor" or "hospital" while boys for example observe more frequently other children when they are using the bathroom. The authors interpret the gender differences they discovered with the ascertainment that girls display a rather "homely" behavior and experiment with the gender roles while boys display rather an exploratory behavior and search for information.

According to Larsson & Svedin (2002), who researched the sexual behavior of 3 – 6-year old children in daycare centers and in the family setting, boys show overall more of a sexual behavior than girls. However, this observation is only limited to the context of daycare and cannot be verified in the family environment. To interpret the data presented here, it is important to keep the term "sexual behavior" as broad as possible. Information about bed-wetting, problems with bowel control or various forms of verbal expressions are included in the results. The observation that children show a large bandwidth of sexual behaviors does not imply *per se* that these are activities with physical or especially genital participation. In addition, sexual behavior includes for example behaviors, which refer to the display of gender roles or the practice of personal hygiene. Despite this, it is part of preschool children's normal behavioral repertoire to look for physical contact and respond to physical contact (Lindblad et al., 1995). The observation that sexual behavior manifestations change already significantly during preschool and the early years of school is well supported by evidence. This means that a high degree of developmental sensitivity is necessary for the evaluation of sexual behavior.

Besides an orientation of what sexual behaviors of children are to be classified as developmental, the mentioned studies offer also information how the deviations from the norm can be expressed. Lindblad et al. (1995)

found that the rare occurrence of certain behaviors indicates that in the individual case special clinical attention is required. Which means: children that display sexual behaviors that are to be classified as rare, based on empirical findings, deserve more attention on part of their adult caregivers (Davies, Glaser & Kossoff, 2000). However, Lagerberg (2001) warns to draw conclusions that a possible sexual victimization of the child took place based on the mere identification of sexually conspicuous behavior.

The following data provides some direction of what is to be classified as conspicuous: As conspicuous behavioral patterns (namely such that were displayed "sometimes" or "often/daily" by less than 2% of observed) Lindblad et al. (1995) describes among others pointing to one's own genitals, the initiation of games, which are similar to adult sexuality or the attempt to touch female breasts. These findings may be surprising initially because such behaviors could be seen intuitively as having a normal tendency. However, these findings emphasize an additional aspect, which is significant for the assessment of sexual behaviors, namely the individual frequency of occurrence in a certain child (Davies et al., 2000). Initially, this is of little relevance concerning the general question of what can be judged normal sexual behavior. It rather plays a large role in the diagnostic assessment of a certain child.

To decide between normal and conspicuous sexual behavior, it is however informative to identify what behaviors were not at all observed in empirical studies. In Larsson & Svedin (2002), the following behaviors are found among girls and boys under this category (related to the area of daycare centers): The attempt to touch the genitals of a woman; the attempt to touch genitals of a man; the attempt to get an adult to touch his or her own genitals. In addition, the category "attempt to touch the genitals of a child" could not be demonstrated in girls and in boys "masturbating with objects." In the family environment, at least a portion of these behaviors was observed to a minor degree. In general, Larsson & Svedin (2002) conclude that observations from child daycare centers underestimate the extent of sexual activities of children. Families and child daycare centers offer different surroundings and incentives for sexual activities. Therefore, observations from child daycare centers cannot automatically lead to the conclusion of how children behave at home in their families (Larsson & Svedin, 2002; Friedrich & Trane, 2002).

To interpret the results discovered here, it seems that two additional important issues need to be added: First, it is conceivable that certain behaviors remain undiscovered in the institutional and the family environment and therefore, do not become part of the results. However, the sexual behavior in the age levels (preschool age) examined here are more accessible to the observation of adults than it would be during school age. Second, it should be considered that the comparatively frequent occurrence of certain behaviors do not define a norm. For example, if the study conducted by Sandnabba et al. (2003) found that 22.8% of the observed boys show other children their genitals then it allows the initial conclusion that this is not a worrisome behavior in and of itself. However, the circumstance that more than three fourths of boys do not show such behavior must be considered

in the interpretation of such results. If one approximates the complicated question of what is normal in relation of sexual behavior of children, then the described findings can be generally summarized as follows: Children show a large range of sexual behaviors. However, there is some evidence in favor of the assumption that most of these behaviors are not displayed by the majority of children.

For the typology of the bandwidth of normal sexual play, Lamb & Coakley (1993) formulated the following six categories based on a retrospective survey of 300 female students: (1) playing doctor, (2) showing the own body, (3) stimulation experiments (during physical contact children explore sensory feelings ("tickling") on their own body and specifically in the area of the genitals). (4) Kissing games, (5) sexual fantasy games (during which the roles of parents, lovers or even prostitutes were played. Some children imitate also sexual intercourse during these games). (6) Other interactions, which could not be integrated in (1)-(5).

In this sample, 85% of all surveyed stated that they were involved in sexual games during childhood. 44% of the surveyed described games with the other sex. A large portion of the surveyed stated that it was not necessary to convince or apply force; however, it was reported that when the other gender was involved the probability of the use of force or convincing increased significantly. In this context, the retrospective reinterpretation of what has happened showed that even those types of sexual interactions, which were remembered as harmful, were classified very high on the normality scale. The authors interpret their finding with the determination that a gender relationship is expressed in which persuasion and force are understood as normal components of heterosexual interactions.

Ryan, Miyoshi & Krugman (1988, citation acc. to Ryan, 2000) found, that in the reinterpretation of infantile sexual interactions, adults may tend to judge their experiences as more normal than they would have done as children: Nearly 80% of the surveyed estimate their infantile sexual experiences *a posteriori* as normal while only about 30% stated that they also had the feeling as a child that what they did was "normal." The overwhelming majority reported of guild feelings, curiosity, and confusion in connection with their sexual interactions. It is also interesting that only approx. 17% of the surveyed stated that these activities were sexually motivated.

Lamb & Coakley questioned how sexual are the games of which adults report retrospectively. They summarize their findings in this context as follows: Most persons who report of sexual interactions state that they only went as far as to kiss one another or to show oneself before another child. One third stated genital touching; only a few report of oral genital contact or of attempts to have sexual intercourse. 19 of the 128 persons who were surveyed described their remembered subjective feeling in connection with the sexual activities as "aroused," "stimulated," "excited" or "pleasurable." Sexual components (in terms of a sexually experienced physical and/or emotional sensation) can also be part of the interactions evaluated as sexually. However, it does not have to be the case.

The research efforts to document normal sexual behavior in children as shown in literature do not lead to an overall unified picture. The following

factors may be crucial for the different results:

- Research design: Retrospective surveys of adults lead to other results than the behavior as observed by caregivers. Both approaches carry significant problems. Retrospective reports are hampered by the effects of memory and the cognitive reinterpretation of what has happened. However, such processes can also document interactions, which have taken place in secrecy. If one however asks parents or educators or teaching staff about the sexual behavior of children then it is just natural that all behaviors which children hide from their caregivers remain unconsidered. From these different experimental approaches, opposing findings can be derived with regard to age-dependence of sexual behavior of children. While some studies conclude that sexual behaviors decrease during the latency stage (e.g. Friedrich et al., 1998), some retrospective reports show the exact opposite, which is no surprise given the memory effects. In addition, it can be assumed that older children become increasingly aware of the "private" and "shameful" character of sexual acts and they find increasing opportunity during the course of their autonomy development to hide such behaviors from adult caregivers (Bancroft, Herbenick & Reynolds, 2003).
- Random sample: In reference of the behavior observation of children, various results are achieved depending whether the parents or child daycare staff serve as informants (Larsson & Svedin, 2002; Elkovitch et al., 2009).
- Measuring tool: Sexual behavior of children can be documented either by using behavior inventories or by evaluating narrative reports. Both processes have the known strengths and weaknesses of quantitative and qualitative data collection methods. It seems desirable to use a combination of such processes; however, it this is rarely the case in practice (Lamb & Coakley, 1993).
- Cultural differences: Systematic studies with regard to normal sexual behavior of children are primarily available from the United States and the Scandinavian countries. They suggest that sexual behavior of children is quite cultural-sensitive. Therefore, findings can rarely be generalized. Culture comparison studies are only available in a small number; however, they confirm this thesis of relevant differences (Friedrich et al., 2000; Larsson, Svedin & Friedrich, 2000; Schoentjes, Deboutte & Friedrich, 1999). In Germany, there is so far no systematic, age and gender differentiated study about normal sexual behavior of children available.
- Measuring time: It can be assumed that the sexual behavior of children changes during the "historic" course. Studies conducted 20 years ago may be of limited significance in terms of current developments in this field (Reynolds, Herbenick & Bancroft, 2003).

In summary, it can be said that the attempt to define normal infantile sexual activity is subject to numerous limitations. On the one hand, this has to do with the described methodological variability; on the other hand, also with the fact that "normality" can generally be seen as construct, which must *per se* give leeway to interpretation and change processes. Constructions of

normality offer important but first only rudimentary orientation frameworks to estimate infantile types of behaviors. The goal is not to differentiate between "normal" and "not normal" children but the question of which interventions are necessary in an individual case. For such considerations, a differentiation toward which types of behavior are termed frequent versus rare do not offer a sufficient basis for decisions (Lagerberg, 2001).

3.2 What is sexually conspicuous behavior?

Evaluations of sexual behaviors of children and the appropriate interventions are prone to polarizations, which can manifest themselves in an underestimation of the problem or in overreactions (Okami, 1992; Freund & Riedel-Breidenstein, 2004). Since the mid-1980s, in an attempt to generate objective foundations for the decision on appropriate interventions in sexually conspicuous behaviors, various taxonomies have been developed to define the questionable behavioral manifestations by terminology and therefore, be better able to assess them diagnostically. It is apparent that at times there are uncertainties with regard to the question whether certain behaviors should be subsumed under the suggested categories or certain types of children demonstrate these behaviors. Therefore, it seems necessary to explicate and to work out the uncertainties of which concepts are more behavior-related and which are child-related.

3.2.1 Descriptive definitions

Freund & Riedel-Breidenstein define sexual offenses among children as follows: "Sexual acts in sexual transgressions among children are carried out involuntarily, i.e. by pressure through promises, appreciation, etc. or physical violence. For this to happen there needs to be a power gradient among the participating transgressing and affected children." (Strohhalm e.V., 2004, S. 21) Romer (2002) uses the term of sexual impulsiveness in childhood. For him, the term includes "all forms of sexually tinted acts of one child on another child, which are carried out against his or her will" (p. 270). De Jong (1989) differentiates between mutual and abusive sexual interactions among siblings. The latter are present if the age difference between the participants is at least five years, if violence, coercion, or threat were used, if penetration was attempted or if any form of injury on the victim is documented. Another also accepted American definition describes conspicuous behavior as follows: "Sexual conspicuous behavior during childhood (< 12 years) includes the initiation of behaviors directed toward the sex organs (genitals, anus, testicles, or breast), which either does not correspond with age-appropriate development or potentially harmful for the child himself or herself or for others" (Chaffin et al., 2008, p. 200). A definition by Ryan & Lane (1997) which is generally accepted among the research landscape (Hall, 2006) refers to sexual abuse perpetrated by minors (whereby, there is no clear differentiation between juveniles and children):

A minor is sexually abusive if he or she "commits a sexual act with a person of any age against the will of the victim, without the victim's consent, and in an aggressive, exploitative and threatening manner" (Ryan & Lane, 1997, p. 3).

These definitions, which are standard among experts, offer the advantage that they make a sufficiently concise contribution to the nomenclature and therefore to the possible identification of sexual conspicuous behavior. They specify a series of criteria which serve as differentiation characteristics between normal and sexual behavior of children in need of intervention. Therefore, they are relatively well suited as usable discussion instruments primarily for the first practice intervention in pertinent (pedagogic) fields of action. At the same time, the limits of such definitions should be considered: The referenced definition criteria for sexually transgressing behavior are not defined sufficiently precise nor are they complete. For example, "voluntary" or "informed consent" are in no way self-explanatory categories in connection with sexual behavior of children. The aim of each of the above-cited definition is based on partially different basic criteria such as exercising coercion at Freund & Riedel-Breidenstein (2004) and potential harmfulness at Chaffin et al. (2008). The main problem arising from such definition attempts is in the determination of a type of cut-off condition, which defines the presence or non-presence of the described behavior. However, specifically the sexual behavior manifestation of children cannot be classified by an either-or process. They rather must be assessed at least in their context, their interaction dynamic and the course of events.

For this reason, a notional approximation to such behaviors was attempted early on using comprehensive criteria catalogs and the development of category systems. The assumption that sexual behaviors of children are to be located on a continuum, which develops between normal, harmless sexual activities and decidedly sexual aggressive behavior functions as joint foundation for these attempts.

An additional problem is the linguistic determination of that what essentially needs to be captured: While Freund & Riedel-Breidenstein (2004) speak of a "sexual transgression" (and therefore of an act), the definition of Romer (2002) speaks of sexual impulsiveness (in the sense of a behavioral disposition or even a personality trait of the child), whereby the definition criteria are not person-related but act-related. Whereas, Chaffin et al. (2008) speak of sexually conspicuous behavior or rather sexual problem behavior. The discussion of sexual violence is generally characterized by a pronounced multiplicity of terminology and blurry definitions. This problem becomes also clear in discussions about infantile sexually distinctive behaviors. A current collection of different terms can be found at Allroggen et al. (2011), which includes also problematic sexual behaviors of juveniles. The term child with sexual behavior problems (SBP) has been established in the American literature (Johnson & Doonan, 2005). This terminology seems to make sense because it includes both the children and the behavior in question. At the same time, it should be considered that the behavior (tends) here to be assigned to an outlasting character. Not all children with an observed distinctive sexual behavior do necessarily demonstrate problematic

sexual behaviors. In the end, it is not the goal to find a binding key term, but to be able to deal with a proper linguistic diligence in both scientific discussions and practical work areas. The primary purpose of this undertaking is to avoid stigmatization of children by reducing them to certain behaviors (Freund & Riedel-Breidenstein, 2004). On the other hand, it should be avoided to use wording that could perhaps minimize and deny the problem.

3.2.2 Categorizations of sexual behavioral patterns

Berliner, Manaois & Monastersky (1986) were one of the first ones to attempt to capture inadequate sexual behavior in conceptual categories. The authors differentiate between "inappropriate sexual behavior," "premature development" and "aggressive sexual contact." It is a series of contextual factors specified which should allow assessment of the behavior as precisely as possible. A "premature development" differs from episodes of sexually inappropriate behavior among others by the initiation of imitated or consummated sexual intercourse. Behaviors in this category are explicit and goal-oriented; however, they include no recognizable acts of coercion compared to the category "aggressive sexual contact."

Cunningham & McFarlane (1996) and Ryan & Blum (1994) or Ryan et al. (1993, cp. also Ryan, 2000) made a significant contribution for contextual advancement. In their differentiations, these authors emphasize both the type of relationship among the involved children and also the type of the specific interactions. In general, they assume -- like many other authors – that sexually abusive behaviors include elements of coercion, threat, aggression, secrecy and / or power gradient among those involved. In this context, the question of how (in) voluntariness of the participation in sexual interactions can be operationalized is particularly important. According to Cunningham & McFarlane (1996), voluntariness would presuppose the child gives informed consent to the sexual activities. Informed consent includes the following aspects (cp. also Ryan et al., 1993; Gil, 1993a):

- comprehending the suggestion
- knowledge of societal standards in connection with that what is suggested
- an assessment of possible consequences and alternatives
- the assumption that consent and refusal are respected equally
- voluntary decision
- sufficient cognitive competence.

In addition, the authors refer to the possibility of passive participation without open compliance regardless of emotions, which would really reflect an opposing behavior. Therefore, it would not require (an outward or inner) consent to participate in sexual acts contrary to one's own emotions.

These complex but highly relevant conceptualizations of (in)voluntariness necessitate careful assessments of the motivations and affective side effects of the children who were involved. It shows that the questions

about voluntariness are not easily explained with reference that a child has "participated." The concept of informed consent clarifies that consenting to a sexual interactions (just like in adolescence and adulthood) is connected to high expectations. The identification of power gradients, convincing and subtle manipulations is accordingly difficult.

Ryan (2000) defines categories in reference to the extent of the necessity of an adult intervention. The author differentiates sexual behavior of children by whether (1) it is behavior in accordance with the development, i.e. normal sexual behavior, whether (2) an adult response to the behavior seems necessary, whether (3) a correction of the infantile behavior is recommended and finally, whether (4) it is a behavior that must principally be seen as problematic and accordingly necessitates regular interventions. For example, Ryan assigns the first category to "playing doctor." A "sexually explicit" language is among others part of the second category. A correction of the child's behavior (category 3) seems necessitated if the child e.g. touches the genitals of other people without permission. It seems generally problematic and in need of intervention (category 4) if children penetrate oral, anal, or vaginal other children but also animals or dolls. The strength of this categorization is primarily in that it does not only deliver foundations for the assessment of child sexual behavior but it also offers directions for the appropriate adult response in these circumstances. Such suggestions have a high practical relevance both in the context of family and in the institutional context.

Johnson & Feldmeth (1993) presented a very detailed taxonomy. They differentiate between (a) normal sexual play, (b) sexual reactive behavior, (c) widespread reciprocal sexual behavior and (d) children who abuse sexually. The unclear differentiation between behavior categories on the one hand and child-related categories on the other hand seem problematic in this system which is reflected specifically in the description of category (d). However, the strength of the suggestions by Johnson & Feldmeth are in their multi-dimensionality: In addition to the type of sexual behavior, the following aspects contribute to the allocation into the corresponding category: intensity of behavior, motivation, affect, reaction upon discovery, planning of behavior, extent of coercion / force, relationship of the ones involved, age difference, possible etiological factors and intervention. On the behavior continuum that is illustrated with this system children carry out "normal sexual game" (category a), if they are about the same age then they begin this behavior out of curiosity; they are involved in the game with carefree emotion; they can control the sexual behavior; they participate reciprocally in the game and they react to discovery with a certain degree of shame and embarrassment. In this category, the activities are limited to touching each other's genitals, looking at each other's genitals, perhaps kissing and embracing. At the opposite end of the continuum, i.e. in category (d), children are so strongly engaged in the sexual thought and they initiate sexual acts based on loneliness or anxieties. Their sexual activities may include all methods of adult sexuality. There is often a great age difference between the involved children. The modes by which other children are involved in these sexual acts are threats, bribery, deception, manipulation, or coercion.

The affective participation is characterized by fear, anger, or confusion. If these children are caught in their sexual activity, they respond with anger, accuse other children, and deny their behavior. A series of presuppositions are assumed at an etiologic level.

Johnson (1997) chose another access to characterize sexual aggressive behavior. The author formulates twenty characteristics, based on which sexual behavior of children in need of intervention can supposedly be recognized. The systems of categories and the list of characteristics do both offer the advantage that they make use of a series of parameters to identify problematic behavior as such. However, compared to the systems of categories, lists are not suitable for illustrating sexually distinctive behavior and for documenting gradual differences in the degree of severity of the correspondingly presented behavior (Araji, 1997).

Pithers et al. (1993) formulated five key questions based on which sexual behavioral problems can be assessed: (1) is this type of presented sexual behavior usually expected in this particular age group? (2) Is there any imbalance in terms of power gradient among the involved children? (3) Are the sexual acts reciprocally or are they forced by one child? (4) To what extent do we have an element of secrecy? (5) To what extent does the behavior seem compulsive or obsessive?

These key questions form a suitable framework for an initial diagnostic assessment of the behavior in question; however, in this form they do not offer any indications for the determination of gradual differences between various behavior manifestations.

In their totality, the described systems of categories offer a suitable foundation for initial assessments and proper responses therefrom to the sexual behavior manifestations of children. Therefore, intervention requirements are no longer subject to personal discretion of the adult caregiver who is present. They rather generate themselves from the understanding that sexual behavior of children is located on a continuum, which can be localized between behavior in accordance with development and sexually aggressive activities. The purpose of category systems is to reduce the complexity of parameters that constitute this continuum so that adult caregivers are enabled to respond properly depending on the degree of severity of this behavior (Ryan 2000). However, no diagnostic decisions concerning the need for support of the affected children can be made based on the systems, which were introduced here. Child-related category systems seem more helpful in this context.

3.2.3 Categories of sexually conspicuous children

Rasmussen, Burton & Christopherson (1992) developed a first person-related category system, which is primarily referring to juvenile sex offenders. They also differentiate between (a) victim-perpetrator, (b) delinquent offender and (c) family offender in younger children (between the ages of 9 – 12). In addition to the problematic utilization of the term perpetrator, primarily a differentiation between sexually reactive and sexually aggressive behavior remains largely vague. The authors are mainly concerned with the

basis for the legal assessment of sexually distinctive behavior. Psychodiagnostic considerations play rather a subordinated role here. In this concept, the introduction of the category "family offender" seems primarily important but it remains largely not considered by the other typologies.

The works of Pithers et al. (1998a) and Hall, Mathews & Pierce (1998, 2002) are decisive steps forward in the development of categories. The systems of Pithers et al. and Hall et al. are derived empirically compared to the attempts of categorizations which have been presented thus far and which are largely based on collections of clinical observations. Hall et al. (1998) made their first categorization based on an investigation of 100 sexually abused girls and boys between the ages of 3 and 7. Based on their results, the authors developed a classification into three groups: (1) children who demonstrate sexual behavior in accordance with their development; (2) children who demonstrate problematic sexual behavior, which is only directed toward them and (3) children with problematic interpersonal sexual behavior (this may also be paired with self-directed sexual behavior). The significance of this work is less in the rather general identification of various categories than in the identification of aspects, which contributed to the assignment into these categories. The strongest predictive factor in reference to belonging to one category had the sexual arousal of the child during the sexual abuse perpetrated on him or her. Only such children who report of their own sexual response during the abuse showed subsequently conspicuous sexual behavioral patterns (were assigned to categories 2 and 3). Other important predictors for group membership were the perpetrators sadism, physical abuse in past history, emotional abuse in past history, and the style of attribution of the child in connection with the sexual abuse (i.e. to the extent he or she blames himself or herself for what has happened).

Pithers et al. (1998a) summarize the categorization attempts available until that time by stating that there is no single variable that is suitable to differentiate significantly between sexual behavior as expected or conspicuous. As possible differentiation criteria (a) the age of the child, (b) the abuse story of the child, (c) differences in competence of the involved children, which imply differences in terms of power, (d) the infantile responsiveness to adult intervention and supervision, (e) the practiced sexual behaviors, (f) the infantile affect during the performance of the sexual activities, (g) the extent of compulsiveness and (h) the use of force to achieve the participation or subordination of the other child would be discussed.

Pithers et al. examined 127 children between the ages of 6 and 12 and derived at the following typology:

1) sexually aggressive children
2) asymptomatic children
3) severely traumatized children
4) rule breaker
5) sexual reactive children (responding to self-experienced sexual abuse)

The authors emphasize that the differentiation of types is not based on the type of sexual behavior but rather those variables which predict belonging

to a group best are of non-sexual nature. These are the values on the CBCL delinquency scale, a diagnosis of "oppositional behavior" and the number of perpetrators by whom the child has been sexually abused. Instead of isolating sexual behavior, this taxonomy rather subsumes several aspects of the child development and the mental health of the child. In conclusion, of these results, the authors remind us that "we as clinicians do not treat behaviors but children." Accordingly, it should be important not only to focus on the sexual behavior but rather see the child's personality, his or her past history and living circumstances as a holistic whole. The differentiation by Pithers et al. (1998a) offer highly relevant orientations for the practice. Among others, it points out that children respond very differently to self-experienced victimizations. Sexual conspicuous behaviors may be phenomenologically, similar (e.g. in sexually aggressive and sexually reactive children); however, the underlying dynamics and the children's living circumstances differ significantly depending on their group membership. This allows the conclusion that the description of sexual behavior itself does not allow a sufficient understanding of the child's problematic.

Even Hall et al. (2002) justify their typology with a series of variables, which are not directly connected to the type of sexual behavior of the children. Based on their random sampling of 100 sexually victimized children (Hall et al., 1998), they developed their categorization further and they differentiated between

(1) sexual behavior in line with the development
(2) interpersonal, unplanned
(3) self-directed
(4) interpersonal, planned (without coercion)
(5) interpersonal, planned sexual behavior (with coercion)

The categories reflect differences in the type of sexual behavior; however, the predictors for the allocation into the respective categories are more varied in nature. These are primarily

(1) characteristics of the self-experienced sexual abuse (cp. Hall et al., 1998),
(2) opportunities to learn and express problematic sexual behavior,
(3) family variables (e.g. sexual attitudes and interaction styles, appropriateness of the parent-child roles, etc.).

In the following, categories (2) and (5) are described to give an impression of the characterization of the individual types:

- Children who are assigned to type (2) are noticed by their unplanned interpersonal sexual activities. This is a spontaneous, episodic but not "rooted" behavior (compared to subtypes 3 - 5). These children were actively involved in the sexual abuse committed toward them but this abuse was less complex than with children in the other groups and it did not lead to sexual arousal in the affected children. During the sexual

abuse, these children experienced pain and discomfort; however, the violence directed toward them did not include any sadistic elements. These children are usually abused sexually by a single perpetrator. In the normal case, siblings were not sexually abused at the same time. The affected child and other children rarely had sexually activities while he or she was involved in the sexual abuse. If it was the case, then the respective children did not play the role of the "perpetrator." A posteriori, these children tend to accuse their perpetrators. The supervision by the parents works well. The access to other children is restricted. Families of these children do not show any problematic sexual attitudes or interactions. Limits are placed on the problematic sexual behavior of the child. There is nearly no role diffusion between parents and children. The parents do not apply punishing of forceful upbringing practices. The children are normally not affected by several types of abuses. Violence and crime are a comparably rare occurrence in these families. The treatment success is largely outstanding both with regard to the self-experienced abuse and with regard to the sexually problematic behavior.

- Children who are assigned to type (5) ("interpersonal sexual behavior with the use of coercion") combine the use of coercion with a goal-oriented planning process in their extensive, adult-like sexual acts. This behavior seems to be resistant to setting boundaries. These children show consistently a high degree of problematic masturbation. They seem to be strongly involved with the topic of sexuality and they often show sexual gestures. These children experienced discomfort during the sexual abuse perpetrated on them and they showed a high degree of self-stimulation, arousal, and active participation. Nearly all of them were sexually abused by several perpetrators. In addition, there were several victims. Sexual activities with other children referred mainly to siblings and the index child was instructed to act as "perpetrator." Sadistic elements characterize the sexual abuse. The parents' supervision is inappropriate. These children have an easy access to other children inside and outside the family. There are role diffusions between parents and children on an emotional and an instrumental level pushing the child often into the substitute partner role. These families have problematic sexual attitudes and sexualized interactions. Sex and violence are often associated. Family violence is ubiquitous, just like crime and multiple abuses in the past histories. The treatment success is mostly very poor because only few caregivers are able to take advantage of counseling. Most times, the caregivers do not set any boundaries to the problematic sexual behavior of the child because they tend to minimize and deny this behavior.

Without a doubt, the strength of this categorization is that it allows comprehensive characterization of the affected children, their history, their living circumstances, and specifically their family environment. Because these variable complexes are justified empirically, they have a certain diagnostic relevance. Hall et al. (2002) derive at detailed treatment recommendation from their findings. The authors point out critically that no category-

specific pre-selection is made in the assignment to treatment programs. Therefore, the children who belong to various categories find themselves again in one and the same program. This is a problem because the only relevant common denominator such children demonstrate is the sexual conspicuous behavior. However, it was demonstrated that often times there are significant differences between the extent of the psycho-pathologic burden of the past abuse histories and the actual living situation. Therefore, it does not seem to be goal-oriented to integrate children with problematic sexual behaviors without differentiations into one and the same treatment program.

One limitation in the categorizations of Pithers et al. (1998a) and Hall et al. (2002) must be pointed out; namely that these were developed primarily based on children who had experienced sexual victimizations (at Hall et al. 100%, at Pithers et al., 86%). Therefore, applying these to all children who show sexually conspicuous behaviors seems problematic. Despite of it, both systems provide important impulses for an appropriate assessment of the problematic of children who demonstrate such behavioral problems: There are two aspects of why sexually conspicuous children are not just sexually conspicuous children: First, because they demonstrate many other stress factors in addition to this special problematic. Therefore, these children must be seen in their totality. Second, because the group of sexually conspicuous children seem to be very heterogeneous in reference to the multitude of variables. This knowledge leads to the necessity to consider etiology and the diagnostic assessment as well as treatment decisions must be made with great diligence.

4 Are sexually conspicuous children sexually abused children? – Etiological Factors

Answers to the question of what factors contribute to the sexual conspicuous behavior of children are of great practical relevance. The assessments of whether sexual behavior manifestations are an expression of current or earlier risks of the affected children play an initial role. If such behavior triggers the assumption that a child was or still is being sexually abused then it will not only put a significant emotional burden on the adult caregiver dealing with the child but it also implies an immediate necessity for action. In the interest of proper professional intervention, it is therefore imperative to have a differentiated knowledge of etiological factors of sexually conspicuous behavior. However, such considerations are not in and of itself reduced solely to the question whether sexually conspicuous children were abused sexually but rather a multitude of risk factors that contributed to the development of such behavior must be considered.

Before these risk factors are discussed, the question of what are the connections between sexual distinctive behavior of children on the one hand and of being affected by sexual abuse on the other hand is debated first. Currently, there is a comprehensive inventory of research available to clarify this question.

4.1 Does sexual abuse cause sexual behavioral problems?

In 1896, Sigmund Freud postulated a compulsory correlation between sexual trauma and sexualized behavior of children: "therefore, I tend to assume that children cannot find the way to acts of sexual aggression without prior seduction. Hence, the reason for neurosis in childhood would always be found on part of the adults and children themselves transfer one another this disposition to fall ill from hysteria later in life." (Freud, 1896, cit. acc. to Masson, 1995, p. 62).

In the mid-1980s, it was widely believed that sexual abuse is by far the most important etiological factor for the development of sexual behavioral problems in children. Two reasons were decisive for the origin of this assumption. First, there was some research, which showed a high percentage of men among adult sexual perpetrators, who reported retrospectively of their own sexual abuse experiences and stated that these experiences led early on to sexual behavioral problems (Longo & Groth, 1983; Abel, Osborne & Twigg, 1993). Second, the first studies about infantile sexual conspicuous behaviors focused on the segment of the most severely affected children who showed the most pronounced forms of sexual transgressions. There was a very high percentage of sexually victimized among these chil-

dren (Friedrich & Luecke, 1988; Johnson, 1988; Johnson, 1989; Cantwell, 1988). However, there were indications already in the early period of researching the connection between one's own victimization and sexually transgressing behavior that obviously not all children who behaved sexually conspicuous were abused sexually.

In the following years, while empirical indications increased that the experience of sexual abuse constitutes a risk factor in the development of sexual behavioral problems during childhood; the presence of an own sexual victimization is however not a necessary prerequisite for such a behavior. In a current overview, Bange (2012) lists six studies, which collected in samples the ratio of sexually abused children among children with a sexually conspicuous behavior. The corresponding values varied between 38% (Silovsky & Niec, 2002) and 95% (Gray et al., 1997).

This finding is relatively well founded. The percentage of children with sexually conspicuous behavior is higher in the group of sexually abused children than among children who were not victimized or among children with psychiatric conspicuous behaviors without a known past history of sexual abuse (Friedrich et al., 1997; Cosentino et al., 1995). As an example, reference is made to the work of Friedrich et al. (2001), which compares the occurrence of sexual behavior problems in a normal population with a sample of sexually abused children and a group of children who show psychiatric conspicuous behaviors. The CSBI was utilized as survey instrument. The most significant results of the study are the following: All 38 sexual types of behaviors surveyed with the CSBI were shown significantly more frequently by sexually victimized children than by children in both of the other groups. Seven types of behaviors were shown more frequently by the group with psychiatric conspicuous behavior than the random sample of the normal population. Both the CSBI total score (number of shown behaviors) than the item mean values (intensity of sexual behavior) were significantly increased in the sexually victimized group. Despite it, the children with psychiatric conspicuous behaviors showed a significant number of sexualized types of behaviors. Therefore, the CSBI did not prove suitable to discriminate between sexually abused and not sexually abused children. Hence, sexual behavior problems are not specifically for sexually abused children because they obviously are shown to a great extent also in other subgroups. In addition, the authors come to the conclusion that the probability that sexual abnormalities are reported more frequently together with other behavioral problems is greater -- and this regardless whether sexual abuse is in the past history or not. This allows the conclusion that sexually conspicuous behavior is likely an expression of a more complex burden of the child which is not necessarily caused by sexual abuse.

In addition, research works dealing with the effects of sexual abuse came repeatedly to the conclusion that sexual conspicuous behaviors can be an important consequence of sexual victimization. In their frequently cited research overview over 45 studies, Kendall-Tackett et al. (1993) who studied the consequences of sexual abuse they concluded that only two symptoms occur in sexually abused children significantly more frequent than in other clinical groups, which are namely the symptoms of a posttraumatic stress

disorder (PTSD) und sexually conspicuous behavior. Hence, sexualized behavior and PTSD symptoms would lend themselves as "key manifestation of sexual trauma." However, Kendall-Tackett et al. (1993) note that the frequency of the occurrence of sexualized behavior in sexually abused children is subject to enormous variations. From their analyses they conclude that approximately half of all sexually abused children show sexualized behavior. At the same time, the concept of sexually conspicuous behavior is defined very vague in these various studies. Therefore, sexual behavior cannot be equated with sexual transgression or sexual aggression. In a study on 247 children, Drach, Wientzen & Ricci (2001) found no significant correlation between sexual abuse in the case history and striking sexual behavioral patterns; however, analogous to the results of Friedrich et al. (2001), they found a significant correlation between sexual behavioral problems and other behavioral and emotional problems. In agreement with Kendall-Tackett et al. (1993), the authors conclude while some sexually abused children show a high degree of sexually conspicuous behaviors, other affected children show in these aspects unremarkable behaviors. At the same time, some children who were not sexually abused demonstrate strongly sexualized behaviors.

Essentially, we can differentiate between three research directions, all of which study the connection between sexual conspicuous behavior in children and the effect of sexual abuse: (1) studies about the consequences of sexual abuse, (2) retrospective studies about the origin of sexual delinquency, and (3) studies about sexually conspicuous children,, which document the share of the children affected by sexual abuse. Despite a relatively large variation with regard to the characterization of this connection, the current state of research can be summarized as follows:

- A relevant share of children, who suffered sexual abuse, develops sexually conspicuous behavior.
- A relevant share of children who show sexually conspicuous behavior suffered from sexual abuse.
- In many children who show sexually conspicuous behavior it was impossible to prove sexual abuse in their past history.
- There is a strong correlation between sexually conspicuous behavior and other signs of stresses.

Based on these results, there are two questions, the answers of which can contribute significantly to the etiological understanding of sexually conspicuous behavior in childhood:

1) Which risk and protective factors contribute to the sexual problematic behavior to develop / not develop as consequence of sexual victimization?
2) Aside from sexual abuse, what are the factors that contribute to the development of sexual behavioral problems?

4.2 Development of sexual behavioral problems as a result of sexual abuse: Protection and risk factors

Factors that contribute to the development of sexually conspicuous behavior in sexually abused children can initially be founded in the characteristics of the sexual abuse itself. Similar to the above illustrated typologies of Hall et al. (1998; 2002), Cosentino et al. (1995) and Friedrich et al. (2001; 2003) also found that significantly massive practices of sexual abuse (suspected oral, anal, vaginal penetration) increase the probability that the affected children develop a sexually conspicuous behavior. This correlation is obviously also presented in the closeness of the relationship between the child and the perpetrator. Sexual abuse perpetrated by the father, stepfather or another family member leads to a greater probability that a child develops problematic sexual behaviors in addition to other psycho-pathological manifestations. In addition, the age of the child at the beginning of the sexual abuse and the duration of the abuse seem to influence the development of sexualized behavior; whereby, however, it is not yet understood to what extent these variables are confounded by the relationship to the perpetrator. However, overall it can be said that severe, long lasting forms of inner-family sexual violence increase the risk for a child to show problematic sexual behaviors.

As referenced above, the style of attribution of the child seems to be significant: If children blame foremost themselves for the sexual abuse they suffered then it is associated with an increase in the likelihood of the occurrence of sexual behavioral problems (Hall et al., 2002).

The age of the child at the beginning of the sexual abuse was identified in some studies as a significant variable (Bonner, Walker & Berliner, 1999; Silovsky & Niec, 2002). However, it should be considered that evidence shows children at the preschool age manifest sexual behaviors generally more often (both normal and conspicuous) than older children because these have more strategies to hide their sexual behavior before the eyes of adults.

Grabell & Knight (2009) have researched the extent and the manner by which the age at the time of sexual abuse influences the later sexual behaviors. Even though the study focuses mostly on the sexual transgression in adolescents, it delivers important suggestions to understand the developmental psychological correlation between the age at the time of sexual victimization and sexual manifestation on part of the victim. The authors compared juveniles who were sexually victimized at the age of 0-3, 3 – 7, 7 - 11 or 11 – 17. Alone in each group of children between the ages of 3 and 7 who experienced sexual violence, there was a significant correlation between sexual abuse and the development of deviant sexual fantasies during adolescence. The authors conclude that this age period is particularly susceptible for the development of certain risk constellations in the later life of the victims. The ages between 3 and 7 years would represent a critical

lifespan, during which children make particularly rapid progress with regard to the development of mental representations and a mental flexibility. Parallel to these cognitive abilities, the capacity would develop to impede impulses to act depending on the requirement and to learn effective appropriate control over their own behavior whereby this would go hand-in-hand with an increased skill to regulate emotions. In addition, it will be learned how to retain information in the brain and how to control these consciously. Based on these descriptions, the types of manifestations of the pathological effects of being exposed to sexual violence become more comprehensible. Grabell & Knight postulate that a link of this increased cortical activity leads together with aversive environmental influences (sexual abuse) that the design of the synaptic architecture is in agreement with these aversive conditions so that the foundations for respective function deficits are laid for later in life. A traumatic sexualization (Finkelhor & Browne, 1995) which goes hand-in-hand with a reduced ability to regulate emotions and behaviors suggest the development of problematic sexual behavior. At the same time, these explanations make clear that the stresses of such burdened children do not express themselves only in sexual behaviors but also appear in many varied forms.

The extent to which the child's gender is connected to the sexual abuse and presents conspicuous sexual behavior is largely not researched. There are indications that girls' response to sexual violence is more an internalization of problems while boys rather apply externalized coping strategies. Still, the state of research on gender-specific consequences of sexual abuse do not provide any profound indications that boys are more likely than girls to develop sexually conspicuous behavior during childhood as a consequence of sexual abuse (for an overview, see Zimmermann et al., 2011). Araji (1997) notices that it would be important for the development of the theory to identify the age range when the gender begins to make a significant contribution to explain the differences between girls and boys with regard to their sexually aggressive thoughts and acts.

In addition to examining the abuse and child-related factors, the extent to which the family environment contributes to the development of problematic sexual behaviors from a sexual victimization of a child was also studied. The above-cited works of Hall et al. (2002) provide important information about these questions. It seems obvious that various influences from the family home contribute to the different presentations at the behavioral level. These influences are connected with the general functional level of the family, the parents' style of raising the children, with the socioeconomic status of the family, with the psychological/emotional situation of the mother and the extent of inner-family violence. For example Hall et al. (2002) demonstrated that the functional level of the family of those sexually abused children who did not show any sexually conspicuous behavior was significantly higher than in children with sexually conspicuous behavior. The higher functional level revealed itself in a higher stability, a higher degree of support for the child, and in a higher competence to solve problems. Moreover, stable parent-child relationships, less psychologically burdened caregivers and a less sexualized home environment help so that sex-

ually victimized children do not express their stresses sexually. In particular, if the children are younger and most dependent on the availability of the primary caregiver, the quality of the parents' support seems to have more profound effects. In contrast, the socio-economic status seems to affect the coping mechanisms more in older children (Friedrich et al., 2001).

Therefore, there is some evidence that family variables have a relevant effect on how children cope with the sexual abuse perpetrated on them. These findings are of great significance for diagnostic assessments and planning of interventional strategies. The sexual victimization in and of itself is not alone the decisive factor for the development of sexual behavioral problems but the family circumstances (and here primarily the parents' support and coping competence) can contribute in a significant manner to break through this developmental course or - in the worst case - they can even promote it. In addition to the above referenced findings concerning the relevance of the perpetrator-victim relationship, it seems likely that sexual abuse within the family carries an increased risk for the occurrence of sexual behavioral problems in the child; particularly, if there is no one available within the family who will support the child in coping and who provides clear orientations with regard to sexual behavior.

Gil (1993b) developed an expanded concept to understand the family influence on the consequences of sexual victimizations and the development of sexual behavioral problems. The author differentiates between two types of problematic family dynamics; namely the "overt abusive" and the "covert abusive." Particularly interesting seems the concept of "covert abuse" with regard to the etiology of sexual behavioral problems in children. Gil describes with it the creation of a sexualized family atmosphere. Abusive attitudes are communicated within this atmosphere; however, the family members do not act out explicit acts of abuse. These families create a climate that conveys the message that an abuse may be happening at any time. One form of the covert abuse could be that one parent annoys a child consistently with sexualized eye contact or makes correlating comments. Gil describes one case in which the father reminded his minor son repeatedly of the sexual attractiveness of the daughter. This transfer of the incestuous desires of the father eventually brought the covert abuse system into an overt one because the son finally raped his sister. Covert abuse systems seem to be an acceptable explanatory model for the sexual expression of children (and juveniles) in non-substantiated sexual abuse. By performing the sexualization in a latent manner, it presents itself not as sexual abuse but yet it promotes the occurrence of sexually tinted stress manifestations on part of the affected children. This concept provides first indications of how sexually conspicuous behavior can develop even without sexual abuse in the past history.

4.3 Risk factors for the development of sexual behavior problems beyond sexual abuse

Essentially two types of studies can be used to examine the factors that influence the development of problematic sexual behavior; namely (1) examinations of children who were referred to treatment because of their sexual behavior and (2) examinations of problematic sexual behaviors in heterogeneous random samples among the normal population.

4.3.1 Abuse

During a large long term study about the effects of child abuse, Merrick et al. (2008) examined which types of abuse contribute to the development of sexually conspicuous behavior.

The results of this examination are especially significant because it considered only children with no sexual abuse in their previous history. The authors reported as key results that in addition to sexual abuse obviously also other types of abuse can have a severe impact on the development of sexual behavioral conspicuousness during childhood. Moreover, they found that not only the type of abuse but also the time of its occurrence is highly relevant. Physical abuse in early childhood (age < 4 years) and later (age 4 - 8 years) as well as later emotional abuse can consistently increase the probability for sexual behavior problems to occur. In particular, reports of physical abuse are an indicator of highly predictive nature with regard to the development of sexual conspicuous behavior. This referred primarily to three factors which can be collected with the CSBI, namely to (1) problems with boundaries, (2) showing their own genitals and (3) sexual obtrusiveness. Both girls and boys show these behavioral manifestations as a consequence of physical violence; however, gender differences were found in the presented sexual behavior, namely sexual obtrusiveness and showing of genitals was mostly observed in boys, while more problems with interpersonal boundaries were reported in girls.

Initially it is intuitively little understood how non-sexual victimizations can lead to sexually connoted stress manifestations. Therefore, the explanations Merrick et al. (2008) provide for their findings are of great interest. The authors believe that physical abuse increase anxieties and emotional dysregulation of the child. This would create the child's motivations to develop self-calming or self-comforting behaviors whereby these can be tinted sexually. These behaviors can represent also the efforts of the child to create physical closeness and intimacy. Sexual behaviors are for such children in a certain manner therefore functional in nature because they help them to deal with the trauma of physical abuse. In light of these facts, sexualized behaviors can be interpreted as "time out" from the subjectively experienced stress of the affective dysregulation. In addition, physical abuse should be seen as a symptom of a general dysfunctional family context. Within such context, within which the use of physical violence can be seen as legitimate, an increased offer of sexuality could be presumed. Family

chaos is associated with a problematic handling of boundaries, which in turn expresses itself in a sexual practice in which parent-child boundaries are not sufficiently considered and in which the experience with sexuality is not coupled with the experience of intimacy. Given these socialization conditions, it is difficult for children to internalize social rules and to organize their own behavior accordingly. The sexual aspect in the behavior manifestation of the child is therefore not directly derived from the victimization experience but from socialization in the family environment to which such victimizations are inherent and which are characterized by a dysfunctional dealing with boundaries. Such conditions seem to make the acquisition of social (and therefore, also sexual) rules more difficult.

However, Merrick et al. (2008) emphasize that it must be considered that children are also affected by sexual violence particularly in the high risk groups they examined. The circumstance that there is no documented sexual abuse in the previous history still leaves the possibility that some of these investigated children suffered from this form of abuse. Still, the results deliver clear evidence that sexual abuse is not necessarily a precondition for the development of sexually conspicuous behaviors. This finding is substantiated by a series of research work in which various abuses has been seen in the past history of sexually conspicuous children (Bonner et al., 1999; Gray et al., 1997; for an overview see Bange, 2012; Elkovitch et al., 2009). In addition to physical and emotional abuse, domestic violence (witnessing violence between parents) plays a significant role (Friedrich et al., 2003; Silovsky & Niec, 2002). Numerous times, reference is made to the fact that children are often exposed to various forms of abuse (Zimmermann et al., 2011; Gray et al., 1997). Therefore, it becomes difficult to isolate which form of abuse contributes to what extent to the development of sexual behavioral problems. Early interventions are necessary if abuse is suspected and this not only for the reason that the affected children could develop sexual behaviors. There are some indications that the risk for sexual stress manifestations accumulates with an increasing exposure time to violence (Bonner et al., 1999; Tarren-Sweeney, 2008).

4.3.2 Life events

In addition to abuse, other stressful life experiences could contribute to an increased risk for children showing sexual behaviors. The underlying mode of action seems to correspond to the efforts of affected children to balance the affective dysregulations with self-comforting behavior as described by Merrick et al. (2008). Bonner et al. (1999) found that sexually conspicuous children show an increased probability to be affected by their parents' divorce or a death of a direct family member. Similar findings are described by Friedrich et al. (2001) and by Santtila et al. (2005).

4.3.3 Family situation

Analogous to the connection with sexual abuse and sexually conspicuous behavior, the extent by which the family environment can contribute to the

development of sexualized behaviors in children independently of explicit violence was examined. In addition to the family dynamics described further above, Gil (1993b) also examined various family systems which could contribute to the development of sexual behavioral problems namely (1) families possessed by sexuality in an intensive manner, (2) sociopathic families that among others are characterized by crime and neglect, (3) oppressing families that generally do not tolerate sexuality and (4) emotionally starved families in which parents transfer their emotional desires to their children.

Johnson (1993b) formulated a continuum of family environments which could be more or less likely to contribute to the development of sexual conspicuousness on the part of the children. Overall, the author describes therein eleven family contexts (among others "natural and healthy home environment", "sexually neutral home environment", "sexually oppressive home environment", "sexually and emotionally starved home environment", "multigenerational sexually abusive home environment", etc.). The conditions which are most likely to lead to a healthy sexual development of children are at the beginning of the continuum. Further along on the continuum one finds descriptions of family circumstances that would rather lead to sexually reactive behaviors while at the end of the continuum there are the families with an increased risk for children to develop sexually aggressive behaviors.

The categorizations mentioned have a highly descriptive value because they sketch certain risk constellations and therefore, they also offer a conceptual framework for risk assessments. The negative aspect is that they are not empirically founded and that their application runs the risk of stigmatizing prejudices.

Bonner et al. (1999) and Friedrich et al. (2001; 2003) come to the conclusion that sexually conspicuous behavior in children is regularly associated with an early exposure to age-inappropriate sexual behavior within the family. Parents who approve of an open sexual behavior within the family (nudity; the opportunity to watch sexual intercourse; availability of pornographic materials; to bath / sleep together with the children) report of an increased degree of sexualized behavior on part of their children. Friedrich et al. (2003) identify the dealing with sexuality within the family as a significant predictor for sexually conspicuous behavior of children. In this context, it is a particular problem that the sexually conspicuous behaviors in children seem to burden the relationship between parents and child even more. Pithers et al. (1998b) concluded that parents experience their sexually conspicuous children as extremely demanding and that they feel emotionally further removed from their child and that they experience their interaction with the child as less rewarding than parents of children who do not demonstrate any sexual conspicuousness. This results in increased parent-child conflicts and a reduction in parental supervision and support.

4.3.4 Gender and age

In her research overview, Araji (1997) differentiates clearly in the gender distribution between sexually conspicuous children, juveniles and adult sex offenders. In the corresponding children cohorts, the proportion of girls is significantly higher than among juveniles and adults. It was possible to replicate this observation multiple times in current studies (Silovsky & Niec, 2002; Tarren-Sweeney, 2008). It may not be possible to interpret the gender distributions as representative; however, a continuous trend is noticeable whereby random samples of children with sexually conspicuous behavior include a relevant proportion of girls. This proportion is in a study conducted by Bonner et al. (1999) 37%, by Pithers et al. (1998a) 35% and in the institutional survey by Helming et al. (2011) 19% respectively 24% of the cases reported from schools, girls were reported as the initiators of sexual transgressions. In institutions, this proportion was with 33% even higher. Although the study fell short of differentiating between juveniles and children with regard to the above stated figures; however, there is some evidence that indicates the proportion of girls would increase if one would only consider younger age groups. Bonner et al. (1999) concluded that the proportion of boys increases in the group of sexually conspicuous children with an increase in age. The survey of Silovsky & Niec (2002) points in a similar direction; their sample of sexually conspicuous preschool-aged children consisted of 65% of girls.

However, not only the high proportion of girls may contradict the intuitive gender stereotypes about sexual behavior problems but also with regard to the type and extent of the demonstrated behaviors, these findings do at least not confirm that boys act out sexually more extensively and more aggressively than girls. In their large random sample of 2311 children between the ages of two and twelve years, Friedrich et al. (2003) were not able to find a significant gender difference with regard to the extent of sexually conspicuous behavior (operationalized through 3 CSBI items). Merrick et al. (2008) came to similar conclusions in their study about consequences of abuse: Girls and boys do not differentiate themselves in the extent of the sexual behavior they demonstrate but solely in the type of this behavior: While girls had primarily problems with boundaries, boys were noticed for offering of their own genitals and for their sexually intrusive behavior. In an Australian study about foster children, Tarren-Sweeney (2008) found that girls showed significantly more sexually conspicuous behaviors than boys. The interpretation that this is caused by the circumstance that girls are more affected by sexual abuse with physical contact could not be substantiated because the gender differences were present even after the sexual abuse was controlled statistically. Tarren-Sweeney found that in addition to sexual conspicuousness, girls developed primarily a controlling, pseudo-mature attachment behavior while boys were emotionally rather introverted, showed an inhibited attachment behavior and abnormal response to pain. As possible explanations for the unexpected gender differences with regard to sexual behavior, the author used possible selective effects which are said to be a consequence of the used measuring tools: The ACC would docu-

ment sexual problem behavior that would perhaps be more specific for girls while the possible boy-specific sexual manifestations (such as decidedly aggressive sexual behavior) would not be documented sufficiently.

The results of Gray et al. (1999) speak against these interpretations. They also found a clear gender effect whereby the investigated girls showed significantly more sexually conspicuous behaviors than the boys documented in the sample. However, in this study the CSBI was used which at least can be seen as an indication that the gender differences are not the result of artifacts which are in connection with the measuring instrument. Pithers et al. (1998a), who developed a typology of sexually conspicuous children based on random samples of 127 children between the ages of 6 and 12 years, offer a specifically interesting analysis about the gender-dependent manifestation of sexual behavior problems. Within the discovered categories, there were noticeable gender differences. While a disproportional number of boys were allocated to the category "sexually aggressive children", girls were overrepresented not only in the group of asymptomatic children but also in the group of the so-called "rule breakers." Contrary to the assumption that girls show a "more harmless" sexual conspicuousness, when compared to the other four types, the group of "rule breakers" designed by Pithers et al. was characterized by practicing sexual behaviors most often, showing a high degree of aggression in their sexual behavior, and having the highest total score of all categories on the CBCL as a result of the disproportional occurrence of externalized behaviors. This group cannot be seen as representative because it describes one segment of children that is profoundly affected by abuse and that was socialized under extremely unfavorable family conditions. Despite all of it, these results contribute to the fact that the gender role stereotype according to which aggressive sexual manifestations are automatically assigned to boys must at least be called into question.

Unfortunately, there are only few examinations available, which compare systematically sexually conspicuous girls and boys. One of these is the work of Ray & English (1995) which compared 237 male with 34 female children with sexually conspicuous behaviors. The findings, whereby the girls documented by the random sample were significantly younger (M = 11.6 years) than the boys (M = 13.2 years), is in line with the above reported results which indicate that the proportion of boys among children with sexually conspicuous behavior increases with an increase in age. In addition, the following commonalities and differences could be identified:

- Boys and girls do not differ in the number of victims toward whom they have behaved sexually transgressive.
- Both genders are sexually transgressive toward both girls and boys.
- The probability is higher in girls that transgressions / harassments were reported compared to rape, masturbation in public, exposing oneself or other inappropriate sexual behaviors.
- Girls may take a less differentiated ("sophisticated") approach. However, it may be the case that the adult environment is less likely to consider that girls act out an especially manipulative form of sexual transgressions.

The finding by which the response of the support system seems to be char-

acterized by gender bias is of particular interest. Girls were portrayed significantly more often as victims of (sexual) violence in the support system and they were significantly more often treated as victims than boys within the support system. These findings could be confounded with the lower age of the girls collected in this sample but they do fit with the generally lower preparedness to accept boys as victims of sexual violence (Holmes, Offen & Waller, 1996; Mosser, 2009; Bange, 2007). Based on their results, English & Ray (1995) appeal to adult aides that they must be aware of the effect associated with gender stereotypes when interpreting sexual transgression. The authors believe it would be negligent toward actual and potential victims of female children if their seriously disturbed behavior would be trivialized or ignored. It should also be noted that the report is about a non-representative segment of sexually aggressive girls and therefore, one must warn of a possible stigmatization of all sexually conspicuous girls and boys.

The current state of research gives rise to the assumption that the proportion of girls in the group of sexually conspicuous children correlates negatively with the age of the children, i.e.: The younger the children the greater the probability that it concerns girls. Conversely, this implies that with increasing age the sexually conspicuous girls "disappear" which is a trend that finally continues in the gender distribution of adolescent and adult sex offenders. Based on these observations, Araji (1997) poses questions which to this day have not lost their relevance and which give rise to additional research efforts:

- What happens to the young female "perpetrators" who "disappear" in the statistics about older age cohorts?
- Do gender role stereotypes prevent us from noticing them as female perpetrators? Do girls / women stop their sexually aggressive behavior on their own accord?
- Do they stop their role as perpetrators and fall into the abuse constellation in which they are only victims -- namely victims of rape, domestic violence, pornography or prostitution because of the gender socialization?
- As consequence of the gender socialization, do they direct their aggressions increasingly toward themselves and fall victim to depression, eating disorders, drug addiction and suicide?
- Are sexual transgressions by women a greater taboo and therefore reported more rarely, primarily if the victims are male and feel ashamed to talk about it?

These questions carry implicitly the assumption that the problem of sexually conspicuous behavior in girls "does not solve itself" but that it transcends to a "more socially acceptable" level. This results in the necessity to identify sexual conspicuousness in both boys and girls as early as possible, to take it seriously and to intervene accordingly.

4.3.5 Media

In the meantime, there are some indications that sexually conspicuous minors consume a large amount of pornographic illustrations. However, it is unclear how these differentiate themselves significantly from juveniles who do not commit sexual transgressions. In addition, this observation does not allow the conclusion that the consumption of pornography works as causal parameter for the development of sexual conspicuousness. In their study, Nowara & Pierschke (2005) concluded that a significant portion (51%) of minors who were treated in specialized institutions for sexually transgressive behavior consume to a large extent extreme pornographic illustrations. A Hamburg study about sexually transgressive minors came to a similar conclusion. 26% of the surveyed children / juveniles stated that they used regularly pornographic films for masturbation; 59% reported that they also watched so-called "Gangbangs" (Spehr, Driemeyer & Briken, 2010).

An indirect indication for the contribution of early pornographic consumption to the development of sexually conspicuous behavior is provided by Wieckowski et al. (1998). They were able to provide proof that during the course of the development of sexually transgressive children and juveniles, there was both a high degree of pornographic consumption and at least a coincidence in time between the first pornographic consumption (at the average age of 7) and the development of sexual aggressive fantasies and finally the occurrence of sexually transgressive behavior (at an average age of 9 years). In addition, the qualitative work of Klees (2008) could prove the correlation between early pornographic consumption and the development of sexually aggressive behavior. The reported case vignettes show that retrospectively minors contribute the sexual abuse they committed to the highly relevant trigger function of consuming pornographic media. They report that pornographic illustration gave them "the idea" to apply certain practices when using sexual violence. However, Klees warns us against seeing the consumption of pornography as an isolated parameter; it instead contributes in connection with other risk factors such as a sexualized family climate, a lack of sex education and an early experience of victimization experiences to a risk constellation which increases the probability of the occurrence of (massive) sexual transgression.

Allroggen et al. (2011) discuss some modes of action, which could result in the consumption of pornographic materials to present themselves in sexually transgressing behavior. They report priming processes, the development and solidification of arousal patterns and impulses for imitating according to the observational learning. In addition, desensitization and habituation processes are probably contributing to the long term lowering of inhibition thresholds with regard to the assertion of sexual transgressions. The mentioned modes of actions are partially empirically well founded. However, it seems to be largely unclear in which manner they correspond to the developmental phases, which the consumers are in. Although, the interaction with social and biological factors are discussed but we know little about the different effects pornographic illustrations have on children (in the various age levels) and juveniles (Quayle & Taylor, 2006).

In their overview over the user behavior of minors on the Internet, Allroggen et al. (2011) suggest the idea that a clear differentiation must be made between juveniles and children. While (particularly male) adolescents voluntarily visit to a great extent pornographic pages on the Internet and often are involuntarily confronted with such contents (the latter happens especiallyto female users), it does not even apply at all to children. The authors report of an American study which concluded that only 1% of boys between the ages of 10 and 11 years and 2% of girls consumed pornography (Wolak, Mitchell & Finkelhor, 2007; citation according to Allroggen et al., 2011). Two conclusions can be drawn from these findings: Pornography consumption among children is very rare and could therefore be assessed as an indication for the presentation of a risk constellation with regard to the development of sexual behavioral problems. Second, this phenomenon is not rare enough to judge it as irrelevant. It should be investigated to what extent there is an overlapping between the -- relative small -- group of those children who commit extensive sexual transgressions and the group, which already consumes pornographic illustrations on the Internet during childhood. The high proportion of girls found in both groups is remarkable.

Quayle & Taylor (2006) balance their research overview with the conclusion that the effect pornography has on children and juveniles raises significantly more questions than there are available answers. Among others, the following problems, which give rise to additional research efforts are identified:

- In addition to the habits and the interests of young users of media, the supervisory practices parents contribute should be called into question. To what extent do they contribute knowingly or unknowingly so that their children have access to potentially harmful media contents? This question becomes even more relevant the younger the children.
- The problem of sexually conspicuous children and juveniles cannot be seen in isolation of significant societal trends, which transport offensively the confrontation with violence-enhanced sexual motives and stimulations. The sheer extent by which pornography is displayed on the Internet must be discussed in its function as a "mirror reflecting society."
- The easy access to pornography explains at least in part that the development of sexual aggressions does not necessarily require early (sexual) victimizations.
- To what extent does learning of sexuality differ from learning of aggression particularly with regard to observation and imitation? This raises the question about what are the different effects explicitly violent and non-overtly violent pornographic illustrations have on children and juveniles during the various developmental stages.
- The effect of sexual contents in media must be understood as multi-dimensional. It refers to sexual violence, sexual attitudes, moral values and sexual activities.
- Definitions of normality must be renegotiated anew in the face of rapidly developing technological options and the accordingly changed user behavior. In an increasingly sexualized society, children are more and more

exposed to sexual stimuli. Does this mean that the infantile confrontation with pornographic material can be accepted as normality (as a highly occurring phenomenon)?

- Transgressions of sexual boundaries by children against other children can also be carried on through technological innovations (distribution of photos, sending pornographic illustrations via mobile phone, etc.)
- There are clear indications that sexual transgressions on the Internet against children and juveniles are not only committed by older male persons. A high proportion of perpetrators are juveniles and a relevant proportion is female.

4.3.6 Multifinality, equifinality, macro-, exo- and micro-systems: Heuristic concepts to document etiologically influential factors on the development of sexual behavior problems during childhood

In light of the complexity of the etiology of sexual behavior problems in children illustrated here in kind of an overview, it seems necessary to introduce categorizing terminology to allow making adequate diagnostic assessments in an individual case and to be able to tailor interventions to individual needs. As it was demonstrated, a clarification that focuses only on the question whether a sexually conspicuous child is affected in its past history or currently by sexual abuse falls obviously short. The dynamics which are possibly at the heart of the matter are multiple and they do not allow reducing them to a mono-causal explanatory pattern.

An important contribution to the structuring of etiological considerations is provided by Elkovitch et al. (2009). To understand the character of the process of the development of sexual behavior problems, the authors suggest applying the concepts of multifinality and equifinality, which are among others widely used in the psychopathology of childhood.

Multifinality describes the processes by which various developmental strings branch out from a specific point of origin but lead finally to very different results. One example for this would be the consequences from acts of sexual abuse. As already illustrated, these consequences cannot be reduced to a specific symptom, not even to a symptom complex, which is to be expected with a high probability. Even if Kendall-Tackett et al. (1993) have identified an increased incident of PTSD symptoms and sexually conspicuous behavior, it should be considered that the effects of sexual violence involve a difficult-to-understand bandwidth including asymptomatic processes (Zimmermann et al., 2011; Tyler, 2005). Sexual behavior problems in childhood are a possible consequence of sexual abuse. However, the concept of multifinality suggests that such behavioral manifestations could be only one of many consequences and that there is a significant probability that sexual behavior problems may not occur.

In contrast, equifinality refers to a developmental result that occurs relatively frequently even if the starting points are different. In this present case, it means: Many different factors and processes lead to the observable final result of "sexual behavior problems in childhood." Sexual abuse is only

one of many possible events, which can contribute to this result.

To structure these possible factors and to define them, Elkovitch et al. make use of the differentiation between macrosystem, exosystem and microsystem developed by Bronfenbrenner (1979). In addition, they speak of the ontogenetic characteristics of children. These systems represent areas of influence that occur simultaneously and that contribute to the development of sexual problem behavior. This terminology seems to make sense to describe and to categorize the multiplicity of the above described risk- (but also protection-) factors for the occurrence of sexual behavior problems in childhood. As examples for ontogenetic characteristics of the child, Elkovitch et al. state the age and temperament of the child. The microsystem refers primarily to family factors such as the parental style of upbringing. The exosystem refers to the area which could be described as close social space e.g. neighborhood or institutions. The macrosystem finally represents cultural convictions or the gender stereotypes, which are so important in the topic discussed here.

The above reported findings make it clear that sexually conspicuous behavior during childhood is mostly the result of a complex interaction of various parameters. In most cases, these factors may be located in the system configuration described by Bronfenbrenner. This insight has significant implications particular for planning of an intervention and treatments, which must satisfy the complexity of the developmental correlations.

5 Theoretic models concerning the development of sexually conspicuous behavior of children

In addition to the identification of etiologically significant effects, there are efforts to develop theoretical concepts of models based on which or by which mechanisms of the sexual behavioral problems develop during childhood. Primarily two basic concepts are discussed in the literature. These are based on learning theoretical and attachment theoretical assumptions. It is important not to evaluate these models exclusively or isolated from other psychological concepts. Therefore, the approaches introduced here must be understood for example in connection with trauma theories (Araji, 1997).

5.1 Explanations based on learning theory

Beginning with the observation that a large number of sexually conspicuous children were themselves victims of sexual victimization, etiological theories have focused early on the hypotheses of the social learning theory. In this context, Howells (1981) developed the term of "sexual learning theory" that reminds us of the term "traumatic sexualization" by Finkelhor & Browne (1995). The latter manifests itself, among others, in the positive and negative strengthening of sexualized behavior on part of the victim of sexual violence (e.g. by the victim getting more attention from the perpetrator with this behavior or that based on this behavior he or she distances himself or herself from punishments). The arguments of Yates (1982), whereby sexually abused children become "eroticized" points in a similar direction. Children discover a sense of sexual pleasure through sexual abuse. Sexual arousal or even orgasms can occur during acts of violence (Hall et al., 1998). Because affected children have often experienced other stresses, such as forms of neglect, sexual contacts can be experienced as rewards in an otherwise hostile environment (Johnson & Doonan, 2005). Therefore, these children would have little reason to erase this behavior according to Yates. The same position also takes the finding that masturbation, sexual fantasies and sexual pleasure along with suffered sexual abuse are important predictors for the development of sexual deviance according to the victim-to-offender cycle (Thomas & Freemouw, 2009).

Burton, Nesmith & Badten (1997) refer back in their approach to earlier works of Bandura, which also showed relationships to sexual conspicuousness in children: "Deviant sexual responses seem sometimes the result of parental encouragement and a strengthening of inappropriate sexual behavior." (Bandura & Walters, 1963, cit. acc. to Burton et al., 1997, p. 160). Bandura's learning theory concept emphasized the reciprocal interaction of three variables: Behavior, cognitive and other personality factors as well as

the environment would influence each other reciprocally. Now, if an inappropriate infantile sexual behavior is positively reinforced then the child learns that this behavior is appropriate, normal and rewarding. The subjectively sensed rewards can be of physiological and also social or psychological nature. Burton et al. (1997) have applied the model of Bandura to sexually aggressive children. Environmental factors include primarily family variables, which influence the child's learning processes. The behavioral level is represented by the sexually aggressive behavior of the child and according to Burton et al. it can also be operationalized by the number of victims of the child. The cognitive and personality factors are concerned with the extent by which the child evaluates his or her sexual behavior as normal. Starting with this model, the authors hypothesized that the probability that a child will behave sexually aggressive is high if it has experienced a great extent of sexual aggression and experienced it as normal or even rewarding. Burton et al. (1997) were able to find empirical proof for these learning theory considerations; in addition, Burton (2000) proved the significant connections between victimizations in childhood and later sexually transgressing behavior during various developmental stages.

In their comment on the work of Larsson & Svedin (2002) about the sexual behavior of children in child daycare centers, Friedrich & Trane (2002) substantiate the important role of learning processes. They refer to cultural studies according to which children learn early on to internalize social and cultural roles and rules. These rules refer also to sexuality. Therefore, children learn at an early age that certain behaviors if they are allowed to be practiced at all are restricted to private settings. Children learn these rules through social molding, through the responses of adults and other persons they are dealing with. Language plays an important role in this context because it describes whether certain behaviors are OK or not. Such children who learn how to control their behavior and their emotions can expand this ability to include also sexual behavior. However, children, who have problems with self-regulation, tend to develop externalized behaviors whereby sexualized behavior is one version.

In light of these facts, the results of Hall et al. (2002) seems plausible, whereby the availability of opportunities to learn and act out problematic sexual behavior is one of those variables which best discriminates between the various categories of sexually conspicuous children. The importance of the lack of parental supervision proven in various studies seems to allow self-strengthening learning processes during the course of which sexually aggressive children may draw the conclusion that their behavior must be seen as normal.

However, if one considers the concept of multifinality then the assumption is close at hand that dynamics founded in learning theory are not in and of themselves suitable for the development of sexually conspicuous behavior of children. The combination of aversive living conditions (e.g. family violence) with the development of an affirmative attitude to these dysfunctional circumstances may play an important role in the development and in maintaining inappropriate sexual behavior. But for example, the question of why this behavior presents itself sexually if the "models" do not

present themselves as sexually but "only" violent, neglectful or mentally abusing remains unanswered (Merrick et al., 2008). Particularly, based on the numerous findings which agree that acting out sexually cannot only be seen as a consequence of a sexual victimization, learning theory explanations do not seem sufficient to be able to develop a comprehensive understanding of such behavioral manifestations.

5.2 Explanations based on attachment theory

There is such a wide variety of references in the literature with regard to attachment theory aspects about sexual deviance in general and sexually problematic behavior of children in particular (Silovsky & Niec, 2002; Basile et al., 2009, Wieckowski et al., 1998). A differentiation must be made between numerous findings, which identify attachment problems as psychopathological correlates and such works, which argue that the development and continuation of sexually conspicuous behavior is based on attachment theory. In turn, based on these research activities approaches were developed which refer back to the relevance of attachment theory during the treatment of problematic sexual behavior (Friedrich, 2007).

The terminology used in the literature is not always clear with regard to the etiologic meaning of attachment problems. At times there is just the general talk about a "lesser" attachment between sexually conspicuous children and their parents compared to such children that do not demonstrate a problematic sexual behavior (e.g. Hall et al., 2002). Schuhrke & Arnold (2009) believe that a lack and undifferentiated attachment behavior is one of the most important symptoms demonstrated by sexually conspicuous children in an inpatient juvenile assistance context and they conclude: "Attachment disorders are probably the most significant and in numbers the most consequential difference between (sexually conspicuous vs. sexually inconspicuous; comment by P.M.) groups" (p. 200). Wunsch (2010) came to a similar conclusion during his research of psychopathological concomitant phenomena in sexually conspicuous children during their transition from preschool to school age. The attachment disorder alone proved itself as a significant psychopathological correlate to sexually conspicuous behaviors.

Pithers et al. (1998b) interpreted significantly increased scores on the affective subscale of the PSI (Parenting Stress Index) as expression of an insecure attachment which parents have toward their sexually conspicuous children. From this observation, the authors come to the following conclusion to explain the persistence of sexually conspicuous behavior: Parents of sexually conspicuous children seem to feel a high degree disappointment with regard to their children and they tend to have unrealistic expectations of their children. This often leads to the parents rejecting the child or at least having an insecure attachment toward the child, which increases the risk of the child having difficulties to identify him or herself with parental (and even societal) values. Because there are basically no dependable orientations available from the outside it results in a impaired internal behavior

control. Moreover, the absence of dependable family attachment increases the vulnerability toward antisocial peer influences. In addition, high scores in the PSI attachment subscale would reflect little parental supervision of the child's behavior according to Pithers et al. (1998b). The combination of a lack of supervision and little positive parent-child contact increases the risk for children to develop antisocial behaviors. The significance of more parental supervision as intervention measure in infantile sexual behavior problems has been evidenced multiple times. It can be expected that this intervention instrument is not sufficiently available in an insufficient parent-child attachment so that the risk to maintain this behavior is increased (Gray et al., 1999; Hall et al., 2002).

Tarren-Sweeney (2008) also finds clear indications for an attachment-specific concomitant symptomatic in his research about sexually conspicuous children in care. The author interprets as indicators for attachment disorders increased scores in certain subscales of the ACC (see above). These subscales measure pseudomature, non-reciprocal and indiscriminate interpersonal behaviors. Tarren-Sweeney concedes that the extent to which these subscales are suitable to represent an insecure attachment or an attachment disorder is not proven. Still, he develops some conclusions from his results which are mainly significant because of the differentiation of various manifestations of attachment problems:

(1) The subscale "non-reciprocal behavior" measures an avoiding, unrelated and non-empathetic attachment style. High scores in this scale can represent the "inhibited form of attachment disorder" according to DSM-IV. It could possibly be a severe form of a disorganized attachment pattern: A low degree of empathy in light of an attachment disorder could contribute to the development of sexual behavior problems particularly in high-risk groups.
(2) The subscale "indiscriminate interpersonal behavior" measures the excessive familiarity of the child as a result of the lack of discrimination and personal attachment. Such behavior can often be seen in emotionally deprived children. High scores can represent the "disinhibited form of reactive attachment disorder" according to DSM-IV. If meaningful attachments are absent, it could allow for a type of sexual indifference to develop in children, which is expressed by the inability of such children to differentiate between sexual and non-sexual affection. This can be especially the case if they were sexually abused. The developmental risks resulting therefrom are evident.
(3) The subscale "pseudomature behavior" represents a pattern that is characterized by prematurity and controlling behavior. It reflects elements of a parent-child role reversal. A pseudomature, adult-like behavior pattern in these children is also expressed by an obtrusive sexual behavior. (Compared to the other two behavior styles, this subscale has not independently predicted the occurrence of sexually conspicuous behavior. Therefore, it is presumably confounded with other variables).

The sample examined by Tarren-Sweeney shows complex syndromes which

he believes are not sufficiently conceptualized with regard to terminology and which cannot be explained with comorbidities. Sexually conspicuous behaviors form only one of many pathological areas which in turn form these spectrum disorders. The various appearances of attachment disorders in his analysis are particularly interesting. They have obviously a high predictive nature with regard to the development of sexually conspicuous behavior. However, little is said in this illustration about the dynamics which form the foundation of this connection.

Smallbone & Dadds (2000) provide a profound discussion of these dynamics, which deal with the connection between attachment problems in infancy and the development of sexual delinquency during adulthood. In general, the authors found in a study with 162 male students a partial confirmation of their assumption based on which an insecure attachment in infancy could predict both an antisocial behavior as well as aggression and sexual transgression (whereby the attachment toward the father has proven a better predictor for the adult style of attachment than the attachment toward the mother). A significant finding is that an insecure attachment in infancy can predict sexual transgression in adulthood independent of antisocial behavior and aggression. With reference to Bowlby (1969), the authors interpret this result as indication that basal behavior systems such as "attachment" and "sexuality" are relevantly correlated. In particular, an avoiding fatherly attachment behavior seems to have a destructive influence on the development of male sexual behavior. To explain this observation, Smallbone & Dadds (2000) integrate attachment and learning theory assumptions. They believe that boys -- as part of their learning processes -- will accept a series of behaviors of the father among others certain behavioral patterns toward women and children. In this manner, negative attitudes toward women (who are often identified as causal factors for sexual aggression) could be repeatedly modeled due to a present but rejecting father. The experience of fatherly rejection can lead to dysfunctional, coercive force and contradictory strategies to achieve emotional regulation. An avoiding relationship to the father and a fearful attachment to the mother (as evidenced by Smallbone & Dadds as meaningful predictors) can lead to vulnerable attachment models of the boy toward disorganization, which in turn leads to the formation of little dependable strategies to satisfy the attachment needs.

The considerations of Berner (2010) point in a similar direction whereby two different behavior strategies may develop from the pathogenic attachment experiences: Then, deviant sexual behaviors would either result from an active avoidance of attachment (as in rapes) or from a conscious panic of the loss of a love object (which is rather associated with a pedosexual orientation). Based on these theories, sexually transgressive behavior can be generally conceptualized as dysfunctional response to various forms of attachment problems.

The most elaborate theory to develop sexual deviance from disturbed attachment experiences comes from Burk & Burkhart (2003). The authors demand that a theory about juvenile and adult sex offenders must consider the following well empirically validated observations: (1) Family relation-

ships characterized by break-ups, violence and / or drug abuse (2) Frequently experienced sexual or physical abuse in childhood (3) Early use of sexualized coping strategies.

To control the long term consequences of disorganized attachment, sexual transgressing people would have to develop a self-regulatory system that is organized around negative enforcement. It concerns the control of the interpersonal behavior through conditioned avoidance. This serves the purpose of coping with highly aversive, internal emotional conditions. Each behavior whether it is appropriate or inappropriate can serve this self-regulatory intention and it can help the individual to re-achieve internal control. Empirical studies show that sexual offenders often resort to inappropriate strategies for self-regulation (drug abuse, interpersonal violence, sexual deviance, property offenses, impulsive behavior). Based on the fact that these strategies are deeply rooted in their environment there is an increased probability that they will be accepted by them. (Here, too, reference is made to learning theoretical assumptions). Accordingly, this complex attachment system works as disposition that interacts with certain stressors (previous sexual victimization, exposure to misogynistic cultures or medial stimuli, deviance in the peer group) to lead to an exponentiation of sexually controlling / abusive behavior. (Here one will find parallels to the conceptualization of the macro-, exo-, and microsystem, Elkovitch et al., 2009).

In this model, sexual behavior is seen as an external interpersonally based self-regulatory strategy for self-deficits to appear better and for defending against emotional and cognitive disorganization, which were caused by inadequate early attachment relationships.

Burk & Burkhart (2003) draw a connection between sexualized coping strategies during adolescence and adulthood with the earlier availability of sexual experiences and the "powerful biological consequences" innate to such experiences. These took place in an environment where there was a lack of positive reinforcements and models for positive coping. The destructive nature and pseudo-intimacy inherent to sexual violence is reflected by a strategy which focuses on controlling the Self by controlling others. Primary emotional needs (fighting fear and angst) overshadow current interpersonal correlations and social pressures. Based on compromised regulatory competencies and a lack of cognitive emotional resources, persons who use interpersonal control strategies seem to tend to accept cultural stereotypical identities because they depend on externally founded information about the Self. According to Burk and Burkhart (2003), it is difficult to be introspective when internal experiences present themselves as chaotic and frightening. All of this contributes to the deviant identity of sexually transgressive persons.

Even if the approach of Burk und Burkhart (2003) refers to juvenile and adult sex offenders, it still has a high explanatory value for the origin of infantile sexual conspicuousness. Sexual acts as an attempt to compensate insufficient interpersonal attachments is a motive that can be verified also in childhood - particularly if it meets an educational environment, which suggests this form of behavior manifestation.

In summary, it can be said that an integration of attachment and learning

theory considerations has a high explanatory value when it comes to the development of sexually conspicuous behaviors during childhood; in particular, when the modes of actions on which these are based are seen as embedded into various system areas (macrosystem, exosystem and microsystem).

6 Are sexually conspicuous children the "perpetrators of tomorrow"?

During the early stages of practice and research, largely preventive considerations tended to be the motivation for focusing on sexually conspicuous children. Ryan (2000) reported on the development of a curriculum for educators in 1986. The main goal of this program was described as "primary offender prevention." It was meant to be an "early identification and intervention in connection with the development of sexual abuse behavior" (Ryan, 2000, p. 35). The used terminology demonstrates that these measures were not really intended to minimize the probability of the occurrence of violating sexual boundaries in an institutional context but to prevent children from becoming perpetrators. They are talking literally about the "necessity to prevent children from becoming the next generation of abusers" (p.41).

Attempts were taken to understand the work with sexually conspicuous children under the main aspect of secondary prevention point in a similar direction. This perspective interprets sexually conspicuous behavior as a risk symptom for the development of "offender careers" that continue into youth and adulthood. The approach is based on a series of research findings, which show that juvenile and adult sex offenders have demonstrated conspicuousness in childhood (Longo & Groth, 1983; Abel, Osborne & Twigg, 1993). An important contribution to understanding the development of sexual behavioral problems during childhood and adolescence was provided by Wieckowski et al. (1998). The reconstruction of the sexual development of a sample of 12 to 15-year-old boys demonstrated that these (pre)adolescent boys showed sexually transgressive behavior during childhood, namely at the age of 9 (without physical contact) or 10 (with physical contact). On average, these children were exposed to pornographic material at the age of 7 and at 9 they began developing deviant sexual fantasies. Until the time of the survey, these adolescents had committed on average nearly 70 sexual offenses on 16.5 victims. It was noted that the age of 7 seems to characterize an especially sensitive developmental phase in terms of a "vulnerability window" during which the examined children were exposed to pornographic material for the first time and experienced physical sexual violence for the first time (Grabbell & Knight, 2009). It is interesting that the victims of these adolescents were also on average 7 years old. These results can be interpreted as indications for a linear development of sexually conspicuous behavior during childhood toward a pronounced sexual delinquency during adolescence. However, Wieckowski et al. (1998) qualify that this sample represents only one segment of particularly severely disturbed boys. Therefore, one cannot make generalizations based on the collected data. The research overview victim-to-offender-cycle by Thomas & Freemouw (2009; cp. also Bange, 2010) points in a similar direction. There were indications that sexual victimization during childhood constitutes a risk factor for sexual delinquency during adolescence and adulthood; however, this correlation is subject to a number of variables. The observation

that sexual victimizations lead with an increased probability to conspicuous sexual behavior manifestations, does not allow the generalizing conclusion that it results in the development of a persistent sexual delinquency. Concerning the interpretation of such results, König (2011) had noted that no conclusions may be drawn from retrospective probabilities to prospective probabilities. This means that the circumstance of taking samples from adult sex offenders showed an increased degree of sexual victimizations and sexual conspicuousness in childhood cannot be interpreted as proof for an increased likelihood that sexually abused and / or sexually conspicuous children become adult sex offenders.

Sustainable findings to this question can only be expected in prospective long term investigations of sexually victimized and sexually conspicuous children. Currently, only two such studies are known. During an observational term of six years, Simon & Feiring (2008) examined the correlation between initial responses to violent sexual experiences and sexual activity during adolescence. Sexual arousal and being occupied by sexual thoughts as a direct result of sexual victimizations lead to an increased sexual activity during adolescence. In turn, sexual abuse experiences, which were not connected to the side effects of eroticism lead to sexual fears and therefore a reduced sexual activity during adolescence. This finding suggests that initial responses to sexual abuse seem to determine to a certain extent the sexual behavior during adolescence; however, it does not allow drawing conclusions with regard to later violent sexual behavior.

Carpentier, Silovsky & Chaffin (2006) deliver the thus far most meaningful data with regard to this question. The survey of a 10-year follow-up after the treatment of sexually conspicuous children allowed a comprehensive reconstruction of the (sexual) development of the examined children who were between the ages of 5 and 12 during the initial survey (Bonner et al., 1999). The follow-up survey included reports of crimes furnished by youth welfare offices and information about juvenile arrests or detentions during adulthood either as a result of sexual delinquencies or other forms of crimes. In addition, the long-term effects of two different treatment programs were to be examined. It showed that the behavior-oriented therapy program lead to significantly better results than the program focusing on play therapy. With regard to these sexually conspicuous children who participated in the behavior-oriented therapy, Carpentier et al. discovered that the extent of later crimes (1) is very low in absolute numbers and (2) cannot be differentiated from related rates found in the comparison group that showed clinical (but not sexual) conspicuousness in childhood. The authors emphasize that their results contradict the assumption that a large number of sexually conspicuous children matures to be sex offenders during adolescence and adulthood (Letourneau, Chapman & Schoenwald, 2008). As limitation, it should also be mentioned that only persons were examined who participated in outpatient treatment programs during childhood. Children with unusually severe sexual conspicuousness or severe clinical disorders are under-represented in this study.

In addition, Silovsky & Niec (2002) who examined sexually conspicuous preschool children, interpret their results that sexually conspicuous behav-

ior in childhood does not remain this way. Because this sample of very young children differed in some variables significantly from samples of older children from other studies, the authors concluded that various age groups are obviously subject to various developmental paths. Silovsky & Niec identified the gender of the examined children as the main characteristic of difference. The proportion of 65% girls found in this study could not be found in any other study. If sexually conspicuous behavior would persist cumulative, then there should be a similar gender distribution in the other age cohorts as well.

Based on the current state of the research, the general opinion prevails that it would be unconscionable to see sexually conspicuous children as risk group for later sexual offenses (Johnson & Doonan, 2005; Chaffin et al., 2008; Bange, 2012; Letourneau et al., 2008). There is a lot of evidence that careful differentiations must be made in these questions, whereby two aspects are particularly of fundamental importance: (1) there is one segment of children whose sexual behavior must be classified as particularly problematic (Hall et al., 2002, Pithers et al., 1998a; Wieckowski et al., 1998; Johnson, 1988; Friedrich & Luecke, 1988; Ray & English, 1995). If children are socialized for a long term under very stressful living conditions, if they are not treated or if they stop initiated treatment measures then there is an increased risk for problematic sexual behaviors to persist (Friedrich et al., 2005). The path toward a possible sexual delinquency is tied to a series of conditions and therefore, it can never be generalized for all children who have shown sexual conspicuousness during any phase of their development. (2) Sexual conspicuous behavior is in most cases not an isolated symptom. Often there are numerous psychopathological stresses in addition to sexual behavior representations (Friedrich et al., 2001; Gray et al., 1999; Silovsky & Niec, 2002; Tarren-Sweeney, 2008; Baker et al., 2008). Therefore, it would not be fair to these children if prognostic considerations would mainly focus on the question of a future sexual delinquency. It seems rather necessary to include the entire spectrum of psychopathological stress of these children as starting point for corrective intervention (Gray et al., 1999).

7 Risk contexts

7.1 Institutions

Johnson & Doonan (2005) explain in a case study the development of extensive, reciprocal, sexual behavior of children in the inpatient context of youth welfare. Because such children often times have no close supporting relationships to adults, they instrumentalize sexual behavior as strategy to gain contact with other children. They use their sexual activity to cope with their feelings of abandonment, pain, sorrow, fear and hopelessness. Such children do not force other children for sexual acts. They rather find other similarly lonely children who are prepared to engage in sexual activities with them. As an example, Johnson & Doonan (2005) describe the case of "John"(10) and "Jim“"(11): Both boys became friends in an inpatient institution. Both were emotionally needy and they were described as "confused." One night, the caregiver caught them in the bathroom when Jim put a lubricant on his penis while standing behind John. Jim was one year older than John, a lot taller and more aggressive and he stood behind John to insert his penis in John's rectum. For this reason, one concluded that Jim was a perpetrator and John the victim.

John lived with his mother and his stepfather before he came to the institution. John's mother was physically, emotionally and sexually abused as a child and gave birth to her son as a single mother at the age of 17. She tried very much to keep John and his sister with her and to watch the children but she married a man who had a physically and emotionally transgressive behavior.

The Youth Welfare Authority removed John and his sister from the family because the children acted out together sexually. Social workers were unable to prove any emotional, sexual or physical abuse of the children when they removed them from the home. The children were brought to different institutions because of the fear that they would continue to act out together sexually. John was very depressed and scared when he came to the institution. He missed his sister and asked frequently to see her. His requests were not granted. However, he never asked for his mother or his stepfather. He was not aggressive toward staff or other children. Despite the fact that he seemed cooperative on the surface, he was mostly suspicious and he could not be reached emotionally.

Jim was brought to the institution after he was clinically treated for severe depression and suicidal thoughts. He was either physically aggressive toward his peers or completely introverted. He was neglected as a child from his mother and father and he has lived for many years in various foster homes. He was continuously brought back to his mother only to be removed again because she could not get a handle on her alcohol and drug problems. Jim was emotionally and physically neglected by his mother and he was left alone for longer periods of time, while his mother attended her drinking sprees or drug excesses. In the past four foster institutions, Jim

was noticed for his sexually reactive behaviors with other children. When they were caught, they were punished. In one institution, Jim's hands were tied to the edge of the bed to prevent him from masturbation before going to sleep.

When both boys were questioned about the incident with the lubricant in the bathroom, they both said it was the idea of the other. They admitted that they both wanted it and that they were not forced. Both said that the sexual acts made them feel better. No one believed the 11-year-old Jim and it seemed that John was forced not to open his mouth. Jim was admitted to a program for sexually transgressive children. It was found out that the only relationship he found subjectively as the most comforting he ever had was between an adult neighbor who had abused him sexually while he was once again at a foster home.

This case story unites many aspects based on which the special difficulty in the context of the inpatient youth welfare in dealing with sexualized behaviors of children is demonstrated. These are among others part of the extremely stressful past histories of the children, the complex function of sexual behavior, with the risk of re-victimization, the difficulties of differentiating between mutual and harmful acts (whereby it cannot be assumed that mutual acts do not result in harm) and the legal framework conditions within which these activities take place. Sexual violence in institutions has lately come more into public and scientific focus also in Germany (UBSKM[1], 2011). The discussion in connection therewith, focused mainly on sexual abuse by adult employees of institutions perpetrated on children and juveniles for whom they cared (Bundschuh, 2011). The broadly designed institutional survey conducted by Helming et al. (2011) delivered clear indications that children in an institutional setting are more at risk to be harmed by other children and juveniles than by adults. "The extent by which the surveyed institutions were confronted with sexual violence perpetrated by children or juveniles on other children and juveniles exceeded by far the suspicion of abuse by staff. Over the past years, every sixth school, every forth boarding school and more than every third care facility had at least one such case of suspicion." (Helming et al., p. 74).

A differentiation by age group concluded that the proportion of children below the age of criminal responsibility was significant: 65% or 49% in schools and 30% in residential care. In sexual violence perpetrated by children and juveniles, boys were consistently more frequently stated as victims than when abused by adults. It is also interesting that the share girls have in transgressive children and juveniles is relatively high with 19% or 24% in schools and 33% in an institutional setting. Another difference was the reported massive use of physical force compared with the sexual abuse by adults. Moreover, in sexual transgressions by children and juveniles most cases of suspicion could be solved whereby it is assumed that such transgressions take place less in secret and transgressing children and juveniles are more likely to admit to the transgression of sexual boundaries than

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adults. Even if the results are not consistently differentiated by age groups, they still suggest that sexual transgressions by children are not a fringe phenomenon of society but occur principally in all institutional contexts. In agreement with other studies (e.g. Baker et al., 2008), a significantly higher risk of the occurrence of sexual violence by children and juveniles was primarily identified in institutions of inpatient children and youth welfare. A significant positive correlation between the share of children with abuse experiences who are cared for in a residential setting and the likelihood of suspected cases of sexual violence refers moreover to the increased revictimization risk in institutions of inpatient child and youth welfare (Kindler & Unterstaller, 2007).

Aside from the institutional survey by Helming et al. (2011), there are no data available on the extent of sexual transgressive behavior of children in schools. Even in light of prevention efforts, there seems to be little awareness of this topic while sexual abuse by adults becomes an increasing focus of prevention concepts in schools (KMK, 2010). By contrast, in Anglo-American countries, dealing with sexually conspicuous children in school settings has become part of the scientific and practice-oriented discussion for quite some time (Carson, 2006; Horton, 1996). When planning prevention and intervention, it must be considered that sexualized violence among children does often not occur in isolation but in combination with other forms of violence such as physical force, bullying or mobbing. This is also likely for the reason that the motivation to act out different forms of violence seems to be based on similar conditioning factors (Basile et al., 2009). Therefore, the path from non-sexualized transgressions to the sexualized forms of violence does often not seem far apart.

A special form of sexual violence that often occurs in an institutional context but which is not necessarily associated with institutions are rituals in boys' groups that, dressed up as "tests of courage," "initiation rituals," or "hierarchy declarations," are really explicit sexual transgressions (Enders, 2012). There is the risk of trivializing such actions based on their "cultural embedding" and based on the assumption that participating boys would basically find self-organized forms of dealing with these "games." It would be a fatal error to believe that sexual violence could be functionalized in terms of "boyish pranks" as means to be integrated in groups. The contrary must be assumed, namely that especially sexualized rituals transport an enormous message of exclusion, whereby this exclusion may not refer to certain peer groups but overall to being part of the male gender (Schlingmann, 2011).

A study by Farmer & Pollock (1998) dealt with the special risks associated with children who are cared for in an institution. Sexual abuse in the past history and / or sexual transgressive behavior could be proven in 38% of the sample of children who were cared for outside the home. This share increased to 47% in children above 10-years of age. In reference to psychopathologic side effects, the authors found that sexually victimized and sexually conspicuous children are subject to a higher burden than other institutionalized children. A reconstruction of the care process showed that sexually victimized and sexually conspicuous children were more likely to be institutionalized prior to the indexed measure, that they were overall longer

cared for in the institution than the comparison group of non-sexually conspicuous children and that they had significantly more changes in caregivers during the first six months of their institutionalization (e.g. also between institutions and care). In addition, they have more massive problems in school. With regard to the dysfunction of the family setting to which these children were exposed these insights were confirmed by other studies. Farmer & Pollock identify sexually victimized and sexually conspicuous children also as special risk population in the area of inpatient child and youth welfare. They were able to prove that many of these children again showed sexually transgressive behavior during the time of observation and follow-up period.

That a large portion of results reported in the English study by Farmer & Pollock (1998) seem to be transferable to German conditions is shown in the findings reported by Schuhrke & Arnold (2009) during the analysis of EVAS data. Data on sexual conspicuousness were collected in isolation from a sample of 5,119 children and juveniles who received care in a (partially) residential setting. The authors were able to show at least a slightly sexual symptom in 13.4% of the total sample population. In 109 cases (2.2%), the diagnosis was "dysfunctional sexual behavior." Analogous to other studies it was found that the gender ratio in children and juveniles with sexual symptoms was nearly even. However, if one only examines the cases with a diagnosed disorder of sexual behavior and / or with a criminal conviction for an offense against the sexual self-determination then boys are represented disproportionately high. The significantly higher general psychopathically burden of sexually conspicuous children reported by Farmer & Pollock (1998) is impressively confirmed by Schuhrke & Arnold (in this context, see Baker et al., 2008). These findings weigh heavily because the available comparison population of children and juveniles were also institutionalized so that even these children have a greater biographical burden and respective consequential psychological symptoms. Sexually conspicuous children show significantly higher manifestations with respect to attention deficit / impulsiveness / restlessness, dissocial behavior (lies, school truancies, etc.) as well as a lack of / indiscriminate interpersonal attachment behavior. Interestingly enough, sexually conspicuous children without reports about their own sexual victimizations show a greater burden of symptoms than sexually conspicuous children who were sexually victimized.

Analogous to Farmer & Pollock (1998), Schuhrke & Arnold (2009) also found a clear indication of problematic "careers concerning youth welfare interventions" in sexually conspicuous children. Compared to other children who were cared for outside their family, these have undergone intensive care measures more frequently and overall, they show higher scores in the “career” index concerning youth welfare interventions than children who are not sexually conspicuous.

Problematic courses of assistance and a significantly greater psychopathological burden were also evidenced in Australian foster children investigations by Tarren-Sweeney (2008). While the results of Schuhrke & Arnold were not illustrated differentiated by age and therefore, juveniles must

be considered in the interpretation of the presented data, Tarren-Sweeney has only surveyed pre-adolescent children.

Overall, a high agreement can be found over several studies on sexually conspicuous children in an institutional context. In particular, it is evident that the described problematic appear in a similar manner in various countries, in various age cohorts and in various aid settings even if there are indications that the manifestations are greater in an in-care setting compared to foster families (Baker et al., 2008). The reported results may be based on two fundamental similarities, namely on the (1) biographic predisposition of the affected children and (2) a pronounced multitude and severity of problems by which these children confront the respective assistance systems.

The cumulative being exposed to aversive living conditions postulated by Tarren-Sweeney (2008) can be used as explanation for the special problematic of sexually conspicuous children in the youth assistance context. That their complex psychopathological burden manifests itself additionally in form of a sexual symptom seems to increase the pressure of the problem in the in-care setting significantly. Baker et al. (2008) described that children with sexual conspicuousness run the risk to trigger negative feelings in adults. These are in the way for a positive parent-child relationship to develop. So there is the risk that these children are confronted with an adult response pattern made up of rejection and refusal -- an experience which they possibly are familiar with from their own family and which probably contributed not insignificantly to the origin of the currently presented behavior manifestation. Baker et al. (2008) conclude that the children do not get from child and youth welfare exactly what they would need the most because of their burdened past history. Therefore, sexually conspicuous behavior must be seen as significant risk factor for break-ups of care relationships (Baker, Schneiderman & Parker, 2001; see also the above illustrated problematic of discontinuous careers concerning youth welfare interventions of these children). Sexual problem behavior and break-ups of relationships condition one another and prevent building stable and stabilizing relationships (Silovsky & Niec, 2002). In light of this fact, re-victimizations within an in-care setting contribute to an increase of the problematic and to a worsening of the complex psychopathology of these children.

7.2 Sexual behavior in the context of family and institution

To understand sexual behavior manifestations in children better, it seems important to consider the underlying contextual conditions. In so far, it is interesting to compare the occurrence of such behaviors in the institutional and family context.

Based on the Scandinavian findings (Lindblad et al., 1995; Larsson & Svedin, 2002), according to which parents of preschool children reported significantly more sexual behaviors of their children than educators in day-care centers, Friedrich & Trane (2002) formed the hypothesis that such dif-

ferences are mainly attributable to the different requirements to which children are exposed on the one hand in the family and on the other hand during their stay at the daycare center. Larsson & Svedin (2002) have pointed out that in an institutional context mainly stimuli are activated which activate in turn a high degree of interpersonal responses. In contrast, at home rather intimate activities are evoked: bathing, personal hygiene, sleeping; all these are more likely to offer a stimulating environment for behaviors that can be associated with sex.

Friedrich (1997) has identified the number of hours children spent in daycare as possible relevant correlation for the occurrence of sexually conspicuous behavior. (The total correlation was highly significant; however, based on the large sample it must be interpreted with caution). Initially, these findings were explained by the fact that daycare centers offer children a place where they can find out more about sexuality through the multifaceted contact with other children. This way, they would expand their sexual knowledge. A detailed analysis of these data shows, however, a different picture: The extent of time that children spend in daycare centers is not correlated to the CSBI items, which collect sexual knowledge or sexual interests. The strongest correlation is between self-stimulating behavior and sexual behaviors, which refers to a problematic dealing with boundaries. In addition, positive correlations were found with voyeuristic behaviors and exhibitionism. Even if these findings must be interpreted with caution, they lead to the considerations whereby intimacy in the context of the family contributes significantly to learning boundaries of shame, internalization of communal rules and an improved regulation of sexual impulses. Additional considerations lead to the question to what extent the various conditions for the development of safe attachments are reflected by the different extent of daycare periods mainly during infancy.

7.3 Sibling incest

"I kindly ask you to remain for a moment with your thoughts on the topic of special frequency of sexual relationships during childhood particularly among siblings and cousins based on the opportunity that they are often together." Besides this plea of Freud (1896, cited according to Masson, 1995, p. 62), an overview over the research work concerning children with sexual behavior problems gives rise to the impression of obscuring the problem of sibling incest. There are numerous references to age and gender distribution of victims but these are rarely differentiated by the extent that these victims of sexually transgressing children are siblings. In addition, there is little known about how the dynamic of sibling incest is different from sexual transgressions by persons outside the family.

Klees (2008), who identifies clear research gaps in the field of sibling incest, reports based on an overview of American literature that 2-17% of surveyed adults in the samples stated retrospectively that they had sexual activities with siblings during their childhood. As Klees shows, sexual con-

tacts between siblings seem to be especially susceptible to trivializations (in the sense of "normal doctor plays"). This is one of the reasons, why the actual scope of transgression of sexual boundaries is in a sibling context probably highly underestimated. Also, Araji (1997) came to the belief that sibling incest is a widespread phenomenon. The reason for this assertion is that (1) a large number of children experience (first) sexual violence in the family and (2) often times their own siblings are the "closest" targets of their own sexual acting out especially because these siblings are also affected by the sexual abuse within the family (Hall et al., 2002).

The problem in distinguishing between sexual play appropriate for the developmental phase and sexual transgressions is the same in sexual interactions between siblings as it is in the context outside the family. However, it can be assumed that there is a lack of "critical public" (e.g. educators, teachers, etc.) within the family who could intervene in a corrective manner in the event of transgressions. Within the family, only the parents are available as corrective authority. Because it can be assumed that within the incest systems there is neither sufficient ability nor the willingness to reflect sexual interactions between siblings critically. Therefore, it suggests that (1) these sexual interactions cannot be controlled and stopped and (2) they will be kept a secret from the outside. Thus, the number of unreported cases is likely to be significantly higher than of sexual transgressions in an institutional context.

It is undisputed that sexual activities among siblings do not limit themselves to mutual activities in the sense of "doctor plays." In a large of samples of sexually transgressing children and juveniles (n = 324), who were assigned to specific treatment measures, Nowara & Pierschke (2005) found for example that the proportion of those who had become sexually transgressing toward another family member was 30%. This proportion was just as high as the share of children and juveniles who abused their victims in a school or juvenile aid setting.

Nowara & Pierschke (2005) identified as family risk constellations primarily patchwork families where jealousy seems to play a significant role as motivation for sexual transgressions of the children toward their "new" siblings (cp. also Araji, 1997). Klees (2008) also found an accumulation of the patchwork family background in her qualitative study about 13 sexually transgressing children and juveniles, most of which had committed their first sexual transgressions prior to their 10th birthday. With regard to the adverse family factors, the children who sexually abuse their siblings do not seem to differ from other sexually conspicuous children (absence of parents, hostile family atmosphere, and multiple experiences with physical and mental abuse). The long time period during which the abusive actions take place and the increasing intensity of the sexual acts seem characteristic for sibling incest. A certain group of children without available corrective means within the family, which organizes sexual behavior in an appropriate manner (and therefore, prevents sibling incest), seems to represent the type of the most severely affected children with sexual behavior problems. These children have the worst expected prognosis with regard to the effectiveness of interventions and psychotherapy because of the lack of family under-

standing and the willingness to cooperate (Pithers et al., 1998a).

In terms of family dynamics, it seems likely to think in sibling incest about a mechanism of intergenerational transmission (Noll et al., 2009). Children experience sexual violence by their parents and in turn, they develop a coping pattern that again takes on the form of acting out sexually. In this context, Araji (1997) points to a differentiation between "power-oriented incest" and "nurturing-oriented incest." Certain motivations and coping strategies are allowed to be acted out sexually even if they have no primary sexual connotation because the family context suggests such mode of behavior following trans-generational dynamics (Noll et al., 2009).

In summary it can be said that there are at least three reasons for which the family must be seen as the place of risk for sexual transgressions by children: (1) Sexual abuse within the family increases the risk for coping patterns that are acted out sexually (Friedrich et al., 2001). (2) If there are several siblings, there is an increased availability of potential victims within the opportunity structure of the incest system (Klees, 2008). (3) Uncovering crossing lines sexually within family systems is difficult. Parents do not allow such problems to reach the outside provided they have even identified the problematic character of the behavior. If external correctives are not utilized it increases the risk of a persistent incest dynamic (Araji, 1997).

8 And what is with the victims?

As shown further above, the affectedness of sexual violence poses a relevant risk factor for the development of sexual behavior problems during childhood (Friedrich et al., 2001). In this context, many investigations suggest more or less implicitly the assumption that even suffering sexual transgressions through other children may trigger a dynamic, which can lead to sexual behavior conspicuousness in the so affected child (Shaw et al., 2000).

Otherwise, there is little known about the effects such sexual transgressions through children have on the victims of such acts. However, this question makes up a significant part of the relevance the issue of "sexual transgressions among children" bears and also because it can offer important criteria with regard to the differentiation between normal sexual play and the violation of sexual boundaries. The question whether the behavior of a transgressing child is normal leads perhaps to other assessments and evaluations than the question whether the affected child could be damaged by this behavior. It is interesting to note that the discussion about intervention and prevention of sexual transgressions among children is nearly exclusively "related to the perpetrator" i.e. they deal with the proper assessment of backgrounds, motivations and the psychopathology on which these are based. The treatment goals are mainly defined to prevent recidivisms; risk assessments should provide information about how likely it is to expect in the future boundary violations or sexual offenses from this child.

All these questions make sense. However, it gives rise to the impression that with the effort to document sexual conspicuousness of children theoretically and to treat them in practice, sight was lost of those children who are hurt by this type of behavior. This corresponds to such a pattern of perception that is often seen in the context of sexual abuse and by which practitioners and researchers focus either on "the perpetrator" or "the victim" and therefore, do not sufficiently consider certain aspects of the overall problematic. Based on the insufficient status of research about the consequences for the victims of sexual transgressions perpetrated by children, it could pave the way for a reasoning by which such acts are perhaps "not as bad" for the victims, particularly given the fact that sexual abuse perpetrated by an adult against a helpless child is used as comparison. The viewpoint that intervention in sexually transgressing children should focus mainly on the intention of preventing sexual offenses during adolescence and in adults uses just such a pattern of perception. Bad is not what happens but what could happen as a result in the future. If one integrates both perspectives, namely the future-oriented and the presence-oriented one, then it seems necessary to consider the consequences for the victims as well in order to understand the overall problematic fully. Freud on this topic (1896, quoted according to Masson, 1995): "The psychological consequences of such a child relationship are extraordinarily profound. Both persons remain tied together for their lifetime like through an invisible band." (p. 68).

On the one hand, there is quite a lot known about the characteristics of victims of children (e.g. age and gender distribution), but on the other hand,

there is nearly nothing known about the consequential effects of these acts in the affected children. One of the few investigations was carried out by Sperry & Gilbert (2005). The authors have documented victimization data on a sample of 707 students and they found that 8% of the surveyed students have experienced sexual abuse by adults or adolescents during their childhood (whereby the majority were sexual transgressions by juveniles), while 6% (8% female and 4% male) of the population reported sexual abuse by other children (< 12 years of age). A comparison of the data between such persons who were sexually abused by adults/adolescents and those who experienced sexual violence by other children came to the following results:

- Sexual violence by children is reported about as often as sexual violence by juveniles. Sexual abuse by adults was only 10% of all reported sexual acts of violence.
- Sexual transgressions by juveniles / adults were most likely to take place within the family and they were experienced more intensely / intrusively.
- In the retrospective evaluation, sexual transgressions by children are estimated to be just as negative and harmful as sexual abuse by adults / juveniles.
- The extent of symptoms during this period up to 1 to 2 years after the sexual abuse was in both groups equal. (Symptoms that are mainly stated are: restlessness, shame, feeling guilty, afraid of the perpetrator).
- Clinical relevant long-term effects are to a significantly greater extent reported by persons who were sexually abused by juveniles / adults.

The problem that in this study harmless "doctor plays" could have been recorded under the category of sexual transgressions among children seems insignificant in light of the found data. Victims see sexual transgressions perpetrated by children (at least retrospectively) as just as severe and burdensome as sexual abuse committed by adults. In contrast, Haugaard & Tilly (1988) found that sexual interactions with children lead only under certain conditions to similarly strong burdens as sexual abuse by adults. This is said to be mainly the case when the transgressing child uses a high degree of force, when it was a same-gender interaction and when these are initiated by children who are not friends with the affected child. On the other hand, the further above described findings by Lamb & Coakley (1993) state that those sexual activities with the opposite gender are evaluated more negatively.

With regard to short time consequences, there is no difference between sexual violence committed by adults on the one hand and children on the other hand according to Sperry & Gilbert (2005). These results make a significant contribution to the assessment of the problem of sexual transgressions of boundaries by children, in particular, because it cannot be expected that in a sample of students the especially damaging forms of sexual violence are overrepresented. Alone with regard to the reported long-term effects, there were differences between both victim groups. One explanation for it could be that sexual abuse by adults took place significantly more of-

ten within the family environment. For this reason, a special risk constellation for the development of psychopathological long-term effects was stronger represented and a confounding of variables seems probable. Even if this is not a representative study, it still provides an indication that sexual transgressions by children do not occur less often than sexual abuse by adults.

The extent of the consequences for the harmed children described here, suggests a viewpoint, which also considers presence and victim-oriented dimensions in addition to the concern about the sexually conspicuous child and the prognostic estimates with regard to the development of a possible sexual deviance. Additional research activities about the effects on part of the affected children would be desirable to generate comparison data to the results of Sperry & Gilbert (2005).

9 Diagnostics

9.1 Dimensions of the diagnostic process

Because the children in whom sexual conspicuous behavior is observed are in many ways a highly heterogeneous group, a careful assessment of the problems by which each and every one of these is affected is of great significance. Sexual behavior conspicuousness is not in and of itself a diagnosis but they can appear as sub-symptoms of psychopathological spectrum disorders (Schuhrke & Arnold, 2009). In addition to an applicable psychopathological assessment as foundation for an effective treatment plan, diagnostic evaluations must mainly refer to the question of the modes of action on which these are based. Because sexually conspicuous behavior must be seen as possible indicator for sexual abuse or other forms of abuse, risk assessments must be integrated as a standard part of the diagnosis process. Finally, the proper diagnostic meets the function of basing the intervention process on a professionally-founded orientation framework allowing perhaps that emotional overreactions to the disadvantage of the child can be reduced: "An in-depth, qualified diagnostic allows the objective professional view of the problem of sexual (criminal) acts. It prevents overreactions to a possible conspicuous behavior, which is still within the normal range of sexuality. On the other hand targeted and case-oriented measures can be initiated, if indicated" (Nowara & Pierschke, 2005, p. 105).

The current "state of the art" diagnostic dealing with infantile sexual behavior conspicuousness is defined by the task force for children with sexual behavior problems of the Association for the Treatment of Sexual Abusers (ATSA) (Chaffin et al., 2008; 2006). This work condenses practical experiences and research knowledge to source recommendations, which are appropriate for the complexity of the problem. In the following, the dimensions of diagnostic approach described by Chaffin et al. is illustrated and briefly explained:

1) The objectives of diagnostics:

a) Clarification of the need for intervention or treatment
b) Development of recommendations with regard to the type of intervention
c) Introduction of decision-making aids with regard to the question of removing the child from the family, the question of accommodations or family reunification.

2) Surveys concerning the living context, the social environment and the family of the child:

The current and future environmental factors will have perhaps a greater impact than the individual factors of the child. Therefore, it seems a key issue to consider the following components in the diagnosis process:

- The quality of the relationship between caregiver and child with special consideration of the extent of positive presence of the adult caregiver toward the child.
- The ability of the adult caregiver to control and supervise the child's behavior.
- The extent of emotional warmth and support which the caregiver shows toward the child.
- The availability of positive and negative role models and the availability of peers in the child's social environment.
- Forms of discipline, setting boundaries, structure and consequences which are applied; extent of consistency in the disciplinary behavior of the caregiver; the child's response to it.
- Transgressions of emotional, physical and sexual boundaries in the home environment.
- Availability of opportunities for inappropriate behavior.
- Extent and intensity of sexual and/or violence-conscious stimulation in the current and former environment of the child.
- Exposure toward and protection from potentially traumatic situations.
- Cultural (including ethnic, religious, socio-economic, etc.) aspects in the family or the community.
- Factors which deal with resilience, strengths and resources and which can be advanced.

In addition to the child and his or her family, the extended family circle, neighborhood, school and other social environments that influence the behavior of the child, should be integrated into the diagnosis process. Moreover, the extent should be evaluated to which the child has access to online material that could function as trigger for sexual problem behavior (Johnson & Doonan, 2005). An extensive collection of information in the social environment of the child provides the basis for recommendations with regard to accommodation.

(3) General psychological and psychiatric diagnostic:

A combination of a sound psychological diagnostic together with a specific exploration of the sexual behavior allows an estimate with regard to appropriate prioritization; in particular about the question of what extent does the sexually conspicuous behavior represent the most severe problem of the child (Schuhrke & Arnold, 2009). Because in the past history of many children with conspicuous sexual behavior there are traumas and abuse, it is of special significance to find those problems which are typically associated with such past histories. For an initial assessment of the causes, it is recommended to utilize such explanations which according to research were most likely connected with the development of the conspicuous behavior. In most cases, it does not seem necessary to carry out psychiatric exams and test psychological "broadband diagnostic" taking several hours. In especially severe cases with indications for a severe psychopathological burden of the child, however, extensive psychodiagnostic testing is indicated (Hoffmann & Romer, 2010).

(4) Documenting sexual behavior problems and their surrounding circumstances:

- The documentation of sexual behavior should focus on the following questions: When did the behavior start? How often does it occur? How did it change over time? The chronology of the development of the sexual behavior should be related to the key experiences in the child's life. To determine the above, it is recommended many different sources of information be used.
- It should be clarified to which extent the sexual problem is directed toward one self, toward others, planned, aggressive or carried out by use of force. If the behavior occurs during interactions with other children, then it must be clarified how the behavior was initiated, which extent of reciprocity was given, to what extent the behaviors were planned or occurred spontaneously and to what extent was violence or force used to break the resistance.
- The accompanying circumstances during which the sexual behavior occurred must be identified. Among others, attention should be paid to possible stimuli that cause this behavior in terms of trigger.
- Based on the documentation of circumstances of the sexual conspicuous behavior, it must be assessed to what degree the child must be supervised in order to protect other children sufficiently. Moreover, earlier attempts by parents or other caregivers to intervene or a possible lack of intervention must be documented.
- General principle: Current and environmental conditions and emotional factors which occurred recently and which are connected with the sexually conspicuous behavior should have a greater significance than earlier influential factors or such which are further in the past: "Despite the fact that an understanding of the basic causes and the complete etiology of the behavior may be informative, diagnostically generated recommendations should focus more on which current factors maintain the sexual behavior, which current factors contribute to the restriction of this behavior and which factors may contribute in the future to maintain and to limit this behavior" (Chaffin et al., 2008; p. 204).
- "Parents or other professionals should be ensured that it is less important to find the ultimate reasons from the past for the sexual behavior problems than to identify current and future factors in order to be able to help" (Chaffin et al., 2008; p. 204).

(5) Interviews with the child:

The child must be interviewed in consideration of the respective developmental status and a possible trauma in the past. It is not the goal of the interview to obtain a "confession." In clinical interviews with children, no pressure like in cross-examinations may be applied. Clinical diagnostic may not be confused with legal investigations. Its intent is not to clarify the question whether a certain act has been committed or not. It should be considered that children are not eager to provide information about their sexual behaviors. They should not be questioned

about events which happened a long time in the past and which would be highly likely to greatly disturb them. Very young children should not be questioned about specifics with regard to their sexual behaviors.

(6) Standardized tests:

Functions of standardized tests:

- Information to parents, which sexual behaviors are more likely and which are rather atypical (CSBI-III; Friedrich, 1997).
- Finding accompanying factors of sexual behavior problems and identification of areas for environment-specific interventions (CSBCL-2; Johnson & Friend, 1995).
- Observation of the development of the sexual behavior over time and assessment of treatment effects. (Weekly Behavior Report - WBR; Cohen & Mannarino, 1996a).

(7) Focus on sexual abuse in the past history and on acute risks

The question about earlier sexual victimizations of the child should be asked but it should not automatically be concluded that a sexual abuse has taken place. To explore sexual abuse / trauma in the past history, a meeting with the child and his or her parents or other caregivers should be arranged. It is the responsibility of the diagnostician to report any strong suspicion of sexual abuse. It is the responsibilities of the child welfare departments and criminal prosecutors to further clarify this suspicion and to conduct formal forensic interviews. It should be avoided as much as possible to mix clinical with forensic exploration. Parents should be ensured that successful interventions and positive results can be achieved also if the causes on which the behavior is based are not completely clarified and even if facts in connection with a possible sexual abuse in the past history remain clouded and do not allow a final assessment.

In some cases, the concern is rather directed toward a current rather than an earlier abuse incident. Instead of asking the child repeatedly, it is recommended to teach the child prevention strategies (such as getting help, etc.) in addition to activating intervention networks.

(8) Time aspects:

- The focus should be more on behaviors that occurred just recently rather than behaviors that occurred a long time in the past.
- Recommendations to parents or professionals (e.g. with regard to the child's supervision) must remain easily manageable in terms of time and must be re-evaluated regularly because the development of the child may require changed forms of support.
- The negative aspects and risks these measures may have on the child must be carefully considered (e.g. if accommodations outside the family home is recommended); in particular, if the children are very young and especially vulnerable.

(9) Development appropriate diagnostic:

Diagnostic processes for adolescents and adults are inappropriate for children for development psychological reasons. A series of topics, which are relevant during the examination of sexually transgressive adolescents and adults do not have a meaningful equivalent for children (e.g. sexual attraction to children). Other criteria such as a little empathy toward the victim or "grooming" pattern is in children either irrelevant or qualitatively different compared to adolescents or adults. Overall, diagnosticians should avoid projecting to children certain constructs, which can be associated with adults.

As this summarized illustration shows, diagnostic must be approached in a multidimensional manner in sexually conspicuous children. Chaffin et al. (2008) emphasizes specifically the systematic character relating to the presence and appropriate to the development of the diagnostic access. Moreover, Nowara & Pierschke (2005) provide us with a detailed description of the diagnostic procedure in sexually conspicuous children and juveniles. They differentiate the following 6 examination areas: (1) Personality diagnostic based on test psychological inventory, also if needed performance diagnostic (2) act diagnostic (3) clarification of counseling motivation (4) resource-oriented diagnostic of the actual living situation (5) diagnostic of the family and social context (6) "and especially a risk assessment based on the prognostic inventory" (p. 99).

This short list of key diagnostic issues demonstrates that there are some common grounds but also noticeable differences between the German and the American diagnostic practice. In particular the emphasis of risk prognosis in the German concept finds no equivalent in the descriptions of Chaffin et al. (2008). This can perhaps be interpreted as expression of a general attitude, which for Nowara & Pierschke focus rather in the meaning of prevention of any risk originating from the indexed patient while for Chaffin et al. the emphasis seems rather protecting the diagnosed child from further harm. These fundamental differences seem to be caused less by cultural discrepancies but probably more so by the difference in age of the target group. While the concept described by Chaffin et al. (2008) is the result of the work of a "task force" that focuses on the specific needs of sexually transgressive children, Nowara & Pierschke refer to children and juveniles. However, this seems problematic in light of creating the diagnosis of sexually conspicuous children decidedly developmental sensitive as demanded by Chaffin et al. While the special emphasis placed on completing a risk prognosis of juvenile sex offenders may make sense, such focus seems inappropriate in sexually conspicuous children. It is remarkable that in German works about the diagnostic approach in sexually conspicuous minors a decisive differentiation between juveniles and children is not always recognizable, despite the fact that various age groups are considered in the respective research projects and theoretical approaches (Priebe, 2008; Hoffmann & Romer, 2010; Kohlschmitt & Priebe, 2010).

Hoffmann & Romer (2010) emphasize the significance of comprehensive psychopathological exploration of sexually conspicuous minors. Such

an approach is based on numerous empirical evidences showing a high correlation between sexually conspicuous behaviors and other clinical conspicuousness. Bonner et al. (1999) found in sexually conspicuous children significant increased scores with regard to anxiety, post-traumatic stress, ADHD, oppositional behavior, behavior conspicuousness, depression and dysthymia. Baker et al. (2008) have reported that children who behave sexually have a higher probability to show clinically relevant behavior problems on the CBCL. Analogous to it, Friedrich et al. (2003) found a highly positive correlation of sexually intrusive behaviors with CBCL sub-scales "externalized behavior" and "internalized behavior" and with posttraumatic stress disorder.

Gray et al. (1999) found in a sample of sexually conspicuous children an extremely large proportion with co-morbid diagnoses whereby there is a disproportional increase of additional diagnoses of ADHD and conduct disorder (= ICD-10: F.91 disorder of social behavior). There is a distinct agreement between the symptomatic of sexually conspicuous children and concomitant symptoms of disorders of the social behavior in particular in the phenomenology of the parent-child relationship. Three specific aspects of the parent-child relationship are said to be characteristic for disorder of social behavior (early start): (1) Parent-child conflicts (2) inadequate parental supervision and (3) lack of a positive opening-up between parents and child. Parents whose children show a disorder of social behavior are more likely to get into conflicts with their child, that they apply harsh punishments and that they do not like their child. The likelihood is low, that they know the whereabouts of their child and who the friends of their child are. The probability is very low that they offer their children an emotionally supportive home environment that they care for the wellbeing of the child, that they offer intellectual stimuli and that they provide emotional support. Pithers et al. (1998b) found that in sexually conspicuous children all three specified parent-child conditions are present. Gray et al. (1999) conclude that families with sexually conspicuous children seem to have precisely those characteristics, which predict disorder of social behavior and delinquency (Loeber & Dishion, 1993, cited acc. to Gray et al., 1999). The long term prognosis for these children is assessed as being unfavorable.

Such considerations play a significant role in diagnostic assessment. The circumstance that sexual conspicuousness in children is frequently correlated with certain forms of psychopathological conspicuousness tells us little of how this specific symptom is related to a certain clinical syndrome. In the ICD-10, sexual conspicuousness as manifestation of mental disorders in childhood and during adolescence is only described little (Schuhrke & Arnold, 2009). Therefore, it is often difficult to allocate it to psychiatric categories. Tarren-Sweeney (2008) points out the enormous complexity of the psychological problematic of sexually conspicuous children. The author doubts that these manifestations can be described in terms of comorbidities. The question remains unanswered to what extent sexual behavior problems cause concomitant clinical disorders or advance into them in terms of an escalation spiral. Based on the disproportionate accumulation of maltreatment and abuse in the past history, in every case of sexually con-

spicuous children, the sexual behavior problems must be considered as manifestation of a post-traumatic stress disorder.

9.2 Test psychological documentation of sexually conspicuous behavior

(1) CSBI (Child Sexual Behavior Inventory, Friedrich, 1997)
Friedrich (2003) has reported about the history of how the CSBI originated as a standardized measuring tool to assess the sexual behavior of children. In his first studies about sexually abused children, Friedrich used the CBCL (Child Behavior Checklist, Achenbach, 1991), which includes a total of 6 items to explicitly document the sexual behaviors of children. It has been shown that the behaviors described with these six items were observed clearly more often in sexually abused children than in children who were not abused. Initially, Friedrich assumed that sexual behaviors would not constitute an important correlate to sexual abuse. Based on the knowledge gained with the CBCL, Friedrich became interested in the possibility to distinguish with a standardized measuring instrument between sexually abused and sexually not abused children, who would have had naturally great consequences for the intervention practice. Based on factor analytical considerations and based on the lack of specificity of the CBCL items, Friedrich began to develop an inventory based on surveys of mothers about the sexual behavior of their children. The first version of the CSBI, which consisted of 54 items representing various sexual behavior manifestations of children developed therefrom. With regard to most items, initial studies show significant differences between sexually abused children and children who were not abused. However, the general answer rate was extremely low in some items. Friedrich did two additional revisions of the CSBI. The current version contains 38 items. Research studies with three versions of the CSBI demonstrate clearly that the sexual behavior of pre-adolescent children is ubiquitous. Friedrich defined such behaviors, which were stated by more than 20% of the surveyed caregiver as appropriate for the development whereby significant differences were shown according to age cohort (Friedrich, 2003).

The CSBS is by far the most frequently used inventory to record sexual behavior of children between the ages of 2 and 12. Its validity however is rather limited by the fact that it is a questionnaire which is typically filled out by persons close to the child (mothers). Depending on the age of the child, evaluations by someone on the outside may particularly vary with regard to sexual behavior. Depending on the type of evaluation (outside evaluation, retrospective self-evaluation), different results can be expected (Friedrich, 1993).

In addition to the CSBI, the CSBCL-1 (Johnson & Friend, 1995) is at least used often in Anglo-American countries to document sexual behavior of children and to find out about the surrounding circumstances.

(2) Weekly Behavior Report (Cohen & Mannarino, 1996a)
The Weekly Behavior Report was developed as a response to the lack of symptom-specific survey tools for the determination of sexually abused preschool-aged children. This instrument focuses mainly on the difficulties, which are often described in the literature with regard to this population such as sleeping problems, symptoms of anxieties and inappropriate sexual behavior. The WBR measures the frequency of the occurrence of 21 specific problem behaviors, which are associated with sexually abused children. The surveys refer always to the timeframe of one week and they can be conducted continuously. In a study by Cohen & Mannarino (1996a), significant differences between sexually abused and children who were not abused were measured in addition to the following sexualized behaviors: "Masturbated in the presence of other people," "Showed others his or her own genitals," "Simulated sexual intercourse," "Touched the genitals of other children." Most of the sexually conspicuous behavior was not shown in children who were not abused; however, they consistently appeared in the population of sexually abused children. The WBR is particularly suitable for observations of progression in the treatment of sexually abused and/or sexually conspicuous children.

A significant part of the results found in the American literature about sexually conspicuous behavior of children is based on surveys conducted with the CSBI. Any insights about clinically associated symptoms of sexual behavior problems were primarily gained on the basis of utilizing the CBCL. Therefore, generalized statements about infantile sexually conspicuous behavior and correlating psychopathological correlates should always be decided in reference to operationalizations using these two survey tools. Despite the proven test quality of both inventories (Friedrich, 1997; Achenbach, 1991), any interpretation of findings must still consider that representations of complex behavior phenomena were collected therewith, which actually cannot be completely captured with standardized procedures.

10 Intervention and treatment

Any attempts to deal with sexual conspicuous children adequately and to protect potential victims can generally localized on three dimensions: (1) Direct pedagogic intervention if sexual boundary transgressions in the private or institutional context are observed or if they become known (2) therapeutic treatments and (3) activation of institutional networks to coordinate aid. In the following, some aspects of these three areas of action are described whereby results from the research on the effectiveness are illustrated in connection with therapeutic aids.

10.1 Pedagogic interventions in the institutional context

Despite the highly rudimentary public awareness in Germany toward the problem of children behaving in a sexually conspicuous manner, over the past years a highly differentiated practice discussion has developed, which refers mainly to the adequate pedagogic response to sexualized behaviors of children in the institutional setting. The pioneering works of Freund & Riedel-Breidenstein (2004; Strohhalm e.V., 2004) are setting the trend. These works are specifically characterized by the applicability in the practical setting for employees in the pedagogic fields and in particular in the area of child daycare centers. In contrast to the clinical and research discussion in the United States, "sexually aggressive children" are not quite the focus but rather the sexually transgressing behavior of children. The issue is not so much the child as psychopathological symptom carrier but it is rather to establish in the interest of all children who are taken care of in institutions a competent pedagogic dealing with sexualized behaviors in general and with sexual transgressions by children in particular. Suggested by publications of Freund and Riedel-Breidenstein and also in light of the increasing public awareness of the problem, a detailed professional discussion evolved even if it is reflected only in few publications at this time (Unterstaller & Härtl, 2011). Enders (2012) currently offers an orientation with regard to suitable pedagogic interventions for the sexually conspicuous behavior of children. In light of the pedagogic area of tension between the supervisory duty on the one hand and allowing some free space for institutionalized children on the other hand, the author offers intervention strategies in dealing with the violation of sexual boundaries which are summarized briefly below:

- Pedagogic staff must act directly on sexualized transgressions of boundaries between children and must address them. If pedagogic staff take an immediate and clear position, they provide the affected children (and those who observed the situation) important orientations with regard to the inappropriateness of certain types of behavior.
- Both, the affected children and the infantile witnesses of the incident

should be questioned about the incident by the pedagogic staff. They must be questioned during individual sessions. The facts collected in this manner must be carefully documented in writing.

- The pedagogic staff is urged to question the children who have initiated the sexual transgressing behavior as to who taught them this behavior or where have they seen such acts before. Care should be taken that these questions are asked in the open. If these questions provide indications of sexual victimizations of the child (e.g. within the family) then detailed questioning should be avoided. In these cases, procedures must be initiated to prevent the endangerment of the child's wellbeing (acc. to Section 8a of the German Social Code Book VIII (SGB VIII)).
- For the children, the behavior and the person must be clearly distinguished. It is not the child, who should be judged but it must be made clear to him or her that his or her behavior was not appropriate.
- As consequence, the child who behaved in a sexually transgressing manner should not be given special attention in the group. If the child has perhaps an increased need for attention and affection, then this need must be met by way of cooperation with other social institutions. This allows the pedagogic staff in the daycare center to delegate their own responsibilities.
- The feelings of the affected children must be taken seriously even if the transgressions may be judged perhaps as harmless from an adult perspective. Affected children may not be pressured, if they do not wish to talk about the transgressions.
- It must be avoided for the staff to react too emotionally because this can lead to an additional stress for the child.
- The punishment for the child who transgressed sexually must be reasonable. If the punishment is too harsh it can increase the guilt feeling on part of the affected child.
- Children who committed sexual transgressions may not be asked for apologies contrary to the usual pedagogic practice in infantile misbehaviors. Preschool-age children have generally no concept about the extent of injuries their sexual transgressions inflict on other children. There is the danger that they apologize as a matter of something they have to do and that it causes a discrepancy between understanding and conduct.
- The parents of all participating children and of those children who observed the incident must be informed about the event. It is expected that this triggers intensive dynamics. A failure to provide this information would be irresponsible because the children could not be supported by their parents in their coping process and delayed information via other "channels" would probably lead to a long-term loss of trust toward the institution.
- As strategies to process sexual transgressions, it is recommended to schedule promptly parents' meetings, redesign rooms and pedagogic measures in the group of children.
- One can understand that parents react highly emotionally to sexual transgressions within an institutional setting and that often they blame the teaching staff for it. In the interest of the cared for children, the fo-

cus should be on facts during the discussion. In this context, it is important not to name the participating children and not to disclose any details with regard to the sexual acts.

- To cope with sexual transgressions in institutions, a qualified professional counseling center should be involved in any case.
- In general, Ender (2012) pleads in agreement with other authors that children who showed sexually transgressing behavior should remain in the institution. However, attention should be paid to what extent the child responds to pedagogic interventions. If the transgressions are very extreme, then it should be considered what consequences there are for the coping process of the affected child if the transgressing child remains in the facility. This means that both the frequency and also the intensity of the sexually transgressing behavior should be considered when making such a decision. To evaluate this question, the support of professional counseling centers should be utilized.
- Such catalog-type behavior orientations offer an important foundation for dealing with sexualized transgressions of children in pedagogic institutions in a competent manner. The availability of such guidelines increases the concern and security of the pedagogic staff when dealing with the issue and therefore, increases the protection of children in institutional settings (Chaffin et al., 2008; Farmer & Pollock, 1998; Helming et al., 2011).
- Effective and lasting interventions can only be expected if the pedagogic institutions understand themselves as part of a functional network which can take on various tasks to protect and care for affected children in a concerted manner if needed (Unterstaller & Härtl, 2011; Silovsky & Letourneau, 2008).

10.2 Institutional networks to coordinate support

Any aid for sexually transgressing children can only have a long-term effect if they are rooted in the home setting of children and if they are carried out in connection with dependable institutional structures (Letourneau et al., 2008). The same applies to direct interventions after the observation or discovery of sexual transgressions and for psycho-therapeutic treatments of the affected children. Clear competencies, binding delegation structures and a principal availability of specific choices are essential components in a functional institutional network. Over the past years, such cooperation structures have been developed only very isolated and in a regionally restricted manner (König, 2011). At this point, the "Hamburg Model Project for sex offenders who are minors" ("Hamburger Modellprojekt für minderjährige Sexual(straf-)Täter") is illustrated briefly as an example (Spehr, Martin & Briken, 2010; Kohlschmitt & Priebe, 2010; Spehr, Driemeyer & Briken, 2010). As seen from the title, this initiative is not limited to children who are not yet criminally responsible; however, important implications can be derived in working with this age group.

The model project has been carried out for over three years (2007 - 2010). Its goal is a "better coordination of aid systems and other government institutions" to "document perpetrators and victims of sexual transgressions and to optimize diagnostics and treatment or therapy of perpetrators who are minors" (Kohlschmitt & Priebe, 2010, p.7).

As supporting elements within institutional structures are (1) The Institute for Sex Research at the University Medical Center Hamburg-Eppendorf, (2) the Counseling Center Wendepunkt and (3) the Family Intervention Team at the Hamburg Youth Welfare Office. All these institutions have a wealth of professional knowledge about the topic "sexual transgressions among minors" whereby the medical side contributed mainly the diagnostic procedures and the evaluation of the project and the psycho-social consulting center contributed profound knowledge from the experience of treating sexually transgressing minors. The role of the Family Intervention Team (FIT) rooted in the Youth Welfare office is of particular interest. This is a special department of the Youth Welfare Office which deals primarily with cases in which a criminal complaint was filed against juveniles. The model project described herein expanded the circle of clients to include also sexually conspicuous children and juveniles who were not necessarily criminally investigated. Pursuant to the agreement, the police referred to the Family Intervention Team all children and juveniles under the age of 18 who were found guilty or suspected of a crime against sexual self-determination. This ensured central documentation of all relevant cases. The FIT was responsible for an initial assessment of the cases (based on the diagnostic instruments provided by the Institute of Sex Research) and for case management. Based on the results of the diagnostic process, some cases with children and juveniles were referred to the counseling center Wendepunkt. The work of this institution was not only the treatment of sexually conspicuous minors but also in structuring and developing cooperation structures to bundle regionally available knowledge from experiences, to increase the transparency of the support landscape and to sensitize the (professional) public for the topic of "sexually transgressing children and juveniles." The model project was coordinated by an internal control group in order to ensure among other things a dependable flow of information among all participating institutions.

Elements of effective interventions

Some elements which are important for effective interventions of sexually transgressing behavior, which occurs in children and juveniles can be isolated from this briefly illustrated network structure:

- Availability of specialized treatments for sexually transgressing minors
- Clearly delineated competence within the communal Youth Welfare Offices: establishment of a department consisting of professionals who were well familiarized, trained and well linked
- Mandatory cooperation between law enforcement agencies and the Youth Welfare Office
- Availability of diagnostic instruments that can be handled well and are

meaningful for an initial assessment
- Clearly defined indications for referral services
- Higher ranking organizational unit to coordinate and support the cooperation structures
- Accompanying scientific research

The establishment of such structures requires political support and the willingness to provide the necessary financial means. It seems imperative that the participating professionals can access sufficient resources to assure both the quality of work within its own scope of work and to contribute the necessary cooperation structures in a dependable manner.

Based on a similar communal structure in England, Hall (2006) found that staff at youth welfare offices needs the following conditions to deal with cases of sexually transgressing minors appropriately: The opportunity of teamwork and supervision, training and continuing education, sufficient time resources, clear handling guidelines and availability of suitable work materials. The surveyed persons found the regional availability of specialized treatment options for sexually transgressing minors particularly important. It should consist of a multidisciplinary team of social workers, psychologists and counselors.

The models from Hamburg and England (also see Morrison & Henniker, 2006) agree among others on the issue that the initial diagnostic assessments are conducted by professionals at the competent youth welfare agency. It is evident that such a process makes only sense if the results of this assessment can be implemented in practice, i.e. if children and juveniles who were determined to need treatment in fact find appropriate specialized treatment options.

In addition, Hall (2006) points out that in sexually transgressing children, who are not criminally liable, an extrinsic motivation framework to take advantage of treatment option under the threat of punishment is eliminated. This means that even institutionalized networks must work development-sensitive because the access conditions to aid services are different depending on age of criminal responsibility of the affected minors. There is no doubt that the motivational mechanisms are different in children who have no criminal responsibility than in juveniles. The special role of parents must be emphasized in this context. Hall (2006) confirms that in the end, the aid system has no mandate for the work with such children if the parents do not formulate an appropriate request or do not make any attempt to cooperate. In such cases, treatment can only be initiated by family court order (Priebe, 2008).

In addition, Chaffin et al. (2008) point out the importance of networks in which treatment providers, the youth welfare agency, parents or foster parents, schools, child protective services and juvenile courts cooperate to ensure an effective treatment of the child.

The central role of parents
Heimann (2001) dealt with the key role of the parents. The authors provide a comprehensive list of factors, which makes it harder for parents to accept

the fact that their child behavior is sexually transgressive. Part of it is e.g. a lack of knowledge about the (in)appropriateness of certain sexual activities, the fear of accusations, the defense of their own past trauma history or a family culture that prohibits the use of assistance in general and with regard to such a shameful topic in particular. To motivate the parents to allow support for their child, there first needs to be an understanding that there is a problem at all. These is presumably more difficult in most cases if the sexual transgressions are committed by children rather than in sexual transgressions perpetrated by juveniles or adults; in particular, because in the latter cases, the criminal code provides clear orientations to evaluate such acts. As an additional important area, Heimann identifies the emotional and cognitive responses from parents to the sexually conspicuous behavior of the child. Only a precise exploration of these responses allows for the development of strategies to gain parents' cooperation. Depending on whether parents respond to the sexual behavior of their child with e.g. anger, defense or trivialization, it can be identified in which manner the fear of the unknown toward professional assistance can be overcome. Heimann describes a model which can be used to gain the cooperation of parents, which should finally result in the child becoming aware of a substantial change in the family setting which in turn contributes to a reduction of sexualized behaviors.

Despite a multitude of diagnostic and intervention strategies, the assessment of the parents' role in the development and adherence to problematic sexual behaviors of the child is in many cases burdened by a more or less distinct portion of insecurity. In light of the profound etiological meaning of maltreatments, such assessments move usually along a fine line of mistrust on the one hand and the desire for cooperation in the interest of the child on the other hand. The goal seems to be reached if several stakeholders on this line of tension move within the framework of a dependable, clearly structured cooperation to achieve appraisals and handling strategies based on different perspectives which make a successful intervention in the interest of the child highly likely.

10.3 Therapeutic supports

Since approximately the 1980s, therapeutic programs to treat sexually conspicuous children are offered in the United States. Araji (1997) provided a first comprehensive overview of standard treatment programs. The author introduces ten approaches practiced at the time in the United States. These focus exclusively on sexually conspicuous children below the age of 13, whereby most programs cover the age range from 4 – 12. In practice, the target groups are divided into homogeneous groups depending on the developmental status of the children.

Differences between projects can be read on the respective labeling of the target groups. Some refer to sexually abused children, the behavior of whom is interpreted as "sexually reactive" and others focus on "sexually ag-

gressive" children. In one case, the target group is described as "sex offenders."

Accordingly, the concepts are borrowed more or less distinctly from work with juvenile or adult sex offenders whereby concepts such as "abuse cycle" and "recidivism prevention" are in the foreground. Araji finds a relative high agreement in the practitioners' assessment that the sexual problem behavior of their patients is based on traumagenic factors. Consequently, many programs provide information about sexual abuse. Most providers base the therapeutic focus on cognitive behavioral orientations. Accordingly, sexual aggressive behavior is understood as learned behavior, from which in turn the following widespread treatment strategies are derived: Positive reinforcement of appropriate coping strategies, and age-appropriate sexual behavior and internalization of adequate problem-solving patterns. One key issue focuses on prevention strategies to prevent further transgressions. While learning theory concepts outweigh others, many providers try to integrate several theoretical positions in their treatment approaches. Treatments are carried out in groups but also in individual, peer, family and couple settings whereby the treatment in the group is the widest used form. In groups, often psycho-educative methods are applied. In this framework, children should be primarily taught skills for self-management, self-control, and to prevent recidivism. The work with parents is consistently seen as indispensable element in the treatment process. Within the framework of parents' groups, specific techniques to prevent further transgressions are primarily taught, whereby the aim is a more effective supervision of the child before the background of an increased parenting competence and the creation of an improved family climate. Such treatment goals form in some cases the basis for applying family therapeutic forms of intervention.

Araji (1997) demonstrates that many different programs within the range of their territory differ greatly in terms of staffing and resources. There is an agreement with regard to the necessity of the development of individual treatment plans for children and their families. Because a healthy (family) environment is of key importance for the treatment success, a dependable cooperation with local cooperation partners is seen as essential.

Requirements in relation to the development of treatment programs

Based on her overview, Araji (1997) summarizes in the following ten items the requirements for the development of treatment programs for sexually conspicuous (or "aggressive") children:

1. Comprehensive knowledge of bio-psychosocial theories about the topic of sexuality and aggression as basis for the development of intervention models.
2. Integration of theories about infantile development psychology, sexual abuse, trauma, reciprocal abuse cycles, learning, recidivism prevention and systems.
3. Application of cognitive and behavior-oriented interventions, which transfer the responsibility for his or her behavior to the child and understand sexual aggression as learned behavior, which can be changed.

4. Integration of systemic theory and therapy to deal with the dysfunctional family dynamics.
5. Application of group, peer or couples therapy. It is best to work with children in groups divided by the developmental age.
6. The highest success probability is expected in a treatment that is tailored to each individual and to the respective act.
7. Treatment goals: Elimination of sexually transgressive and aggressive behavior while at the same time improving behavior controls and the development of competencies to deal appropriately with the "precursor" of the sexually aggressive behavior.
8. Treatment of victimization topics if needed and if it is known that the child has himself or herself experienced sexual abuse.
9. Parent groups as effective means to teach parents skills which contribute to the prevention of further sexual boundary violations and transgressions by themselves and their children.
10. If needed, referral into specific programs, services or to specialized therapists to allow treatment as comprehensive as possible under the respective local framework conditions.

10.3.1 Treatment programs in the Anglo-American countries

To illustrate the methodological approach in the treatment of sexually conspicuous children, some treatment programs are described in detail below.

(1) Group therapy of preschool-aged children with sexual behavior problems (Silovsky et al., 2007)
The program consists of 12 sessions (of 1.5 hours each). In parallel children and parents' groups, ,cognitive-behavioral, and psycho-educative accesses are realized. These are closed groups, the content of which builds upon the other.

It focuses on the elimination of sexual behavior problems. This behavior should be replaced by pro-social behavior and pro-social coping strategies. The program aims at (a) behaviors of the child (e.g. respecting physical boundaries, impulse control, social behaviors) (b) behaviors of caregivers / parents (e.g. such that unintentionally promote sexual problem behavior) (c) cognitions of the child (e.g. dysfunctional viewpoints about the appropriateness of certain physical contact) (d) cognitions of the caregiver / parents (e.g. assumption that the child will be pedosexual later on) and (e) the quality of the parent-child relationship.

The following topics are dealt with in the children group: (a) awareness of the body, "safe" and "unsafe" touching, (b) respecting physical boundaries, (c) relaxation, (d) skills to control impulses, (e) strategies to prevent sexual abuse (f) skills to identify feelings and the expression of feelings. These contents are taught and practiced in the form of activities appropriate to the development such as singing, painting, playing with dolls, etc.

The parents' group focuses on the following contents: (a) sensitization toward those factors which could be connected to the sexually conspicuous behavior (e.g. access to sexualized materials, sexual abuse, trauma), (b) de-

velopment of new family rules, (c) development of changed interaction patterns, (d) information about sexual development and the development of sexual behavior problems, (e) teaching adequate responses to sexual behavior manifestations, (f) strategies to prevent sexual transgressions, (g) strategies to increase parent-child communication, (h) teaching techniques to manage behavior.

At the end of each session, parents and children get together to practice the contents taught under the instructions of the therapist. This should ease the change of interaction patterns. In eight of these joint sessions, it is the task of the children to describe what they learned, to demonstrate and practice it. The parents are encouraged to support the use of these strategies and to practice them further at home. During the remaining 4 parent-child sessions, the parents practice skills for behavior management and for improving the relationship with their children. During this practice, they are observed by therapists and receive an appropriate feedback. It is the task of the therapist to function as a model for the application of the behavior management strategies by e.g. to praise children, positively reinforce appropriate behavior and use selective attention.

(2) Stop-&-Think model (Butler & Elliott, 2006)

Butler & Elliott (2006) provide a comprehensive description of a method for sexually conspicuous children to control impulses and manage behavior. These authors point out as well the great importance of parallel conducted work with parents and other caregivers (e.g. at school). They call the practice concept they developed the stop-&-think model. It should help children to stop impulsive behavior and to organize their thoughts and feelings in a manner, which helps them attain an appropriate behavior. The key idea of the concept is practicing four cognitive-behavioral steps, which children should apply in more or less critical day-to-day situations. Step 1 deals with the question of "what does the problem consist of?" The implementation of this step requires from the child blocking spontaneous reactions and the proper identification of the situation. Step 2 raises the question: "What can I do?" At this point, the child should develop possible solutions for the situation / the problems in terms of brainstorming. In step 3, the child must deal with the question of "what could happen?" In this context, the child is asked to think about the consequences of various behavior alternatives. In step 4, the decision is made in favor of one behavior and therefore, the action: The child must now select a course of action and evaluate its possible effect.

The extensive work on the topics of "feelings", "thoughts" and "behavior" are required to establish successfully the herein described cognitive and behavioral style. The final goal is to teach children the interdependency of these three dimensions in a descriptive manner. The stop-&-think model is introduced to the group based on day-to-day situations only after this is accomplished. Here, the task to organize one's own behavior according to the four described steps which will be divided into many smaller and therefore attainable sub-tasks. Finally, it is applied based on examples which deal with sexually aggressive behavior. In this phase of the work, sexual aggressive

behavior is referred back to possible "precursors." Then, the consequences of various behavior alternatives are anticipated and discussed. The close cooperation with caregivers allows continuous control over the extent to which a child can apply the learned behavior model to day-to-day situations.

(3) Cognitive behavioral group therapy for non-abusing mothers and their sexually abused children (Stauffer & Deblinger, 1996)

Stauffer & Deblinger (1996) described a treatment program that aims primarily at providing support for sexually abused children to cope with the consequences of their own sexual victimization. This approach focuses explicitly at processing sexual behavior problems as consequence of sexual abuse. A total of 11 parallel group sessions of 2 hours each are provided for parents and children. The following goals are defined for the work with parents: (1) Coping with their own emotional responses to the sexual abuse of the child to be able to offer the child a better support. (2) Initiating and maintaining an open parent-child dialog whereby the sexual abuse and the healthy parts of sexuality should be discussed. (3) Learning behavior management strategies to be able to support the child in his or her behavioral problems, which could result from the sexual abuse.

The work with parents is divided into 3 modules: The first module (3 sessions) includes psycho-education and coping with their own emotional responses. The second module forms the focal point of the program (6 sessions) and focuses on dealing with the behavioral problems of the child. Parents should learn to respond in a logical and consistent manner to the positive and negative behaviors of their children in order to offer their children an environment where they can develop a distinct sense for control. Module 3 (2 sessions) focuses finally on communication skills and it should enable parents to develop an open as possible form of communication about the topics of "sexuality" and "sexual abuse."

In the children's group, cognitive-behavioral techniques are applied to afford them the opportunity to develop competencies and to control their behavior. Methodological elements are singing, reading, drawing and painting, role plays and having some snack together. The following is stated as the main goals of the group work: (a) reduction of feelings of stigmatization and isolation, (b) increase of the child's general wellbeing and improvement of the skills of being consciously aware of one's own wellbeing, (c) improvement of the infantile communication skills, (d) dealing appropriately with one's own feelings, (e) information about sexual abuse and healthy sexuality appropriate to the developmental phase, (f) identification of "permitted" and "prohibited" touching.

(4) Attachment-oriented family therapy (Friedrich, 2007)

In light of the etiological significance attachment problems have for the development of sexually conspicuous behavior in children, who has been proven numerous times, it seems surprising that most treatment approaches neglect to aim their focus on the parent-child attachment. The circumstance that cognitive-behavioral therapies involve parents of affected children actively in the treatment process does not mean that the quality of attachment

between parents and child is evaluated. One could phrase it by saying that the treatment of children on the one hand and parents on the other hand occurs parallel and that based on these learning experiences changes in behavior occur. However, it is not theoretically justified in which manner cognitive-behavioral procedures can improve fundamentally the relationship between parents and child. Therefore, it seems reasonable to doubt the persistence of positive treatment effects (Silovsky & Letourneau, 2008). In response to the neglect of attachment issues, Friedrich (2007) has developed a treatment manual (Friedrich, 2007, pp. 189 – 299), which focuses primarily on the family system and the quality of the attachment between parents and child. In the diagnostic process, Friedrich attributes great significance to earlier (sexual) traumatization of the parents. When analyzing the family system, it is recommended to assume at least a 3-generation perspective to gain a comprehensive understanding for the origin of problematic sexual behaviors of the child.

Depending on the complexity and severity of the presented symptomatology, Friedrich recommends a treatment term of five to 35 sessions in weekly cycles. Compared to the standard treatment programs, it does not deal with group settings. A large number of sessions are carried out together with the parent(s) and the child. The effectiveness of the treatment will be evaluated regularly within a 3-month follow-up. The treatment consists of the following key components:

- Increase of the number of positive verbal and physical parent-child interactions during the daily routine.
- Processing a possible sexual victimization or other traumatization of the child. Symptoms of a post-traumatic stress disorder must be a treatment priority.
- Establishment of sexual rules within the family culture.
- Sensitizing the family and the child for the necessity of parental supervision of the infantile behavior.
- Making a connection between the observed sexual behavior and the preceding events in the life of the child or the family. This leads to an improved understanding of the behavior and lets the solution seem closer at hand.
- Teaching the use of corrective statements on part of the parents that not only signal that they understand and support the child but also that they serve the prevention of sexualized and aggressive behaviors on part of the child.
- Instructions for parents on how to set effective boundaries for their child; in particular with regard to sexualized behavior but also with regard to oppositional behaviors.
- Improvement of the sexual climate in the family whereby strengthened behaviors occur increasingly and sexualized behaviors of adults and juveniles are reduced so that these do not further overwhelm the child.
- Determining goals together with parents and child which aim at reducing the frequency of the problematic behavior and, which should lead to an increase in positive parent-child interactions at the same time. In addi-

tion, an increased readiness to agree to setting boundaries should develop between parents and child. These should be communicated in an appropriate and non-aggressive form.
- Change of negative parental attributions toward the child. These are mostly of general character and in addition, they are often specifically tailored to the sexual behavior of the child.

In a sense, this approach by Friedrich (2007) constitutes a change in paradigm in the treatment of sexually conspicuous children because the treatment setting and the focus of the content's key issues, the methodological approach and its theoretical reasoning differ from the cognitive-behavioral group therapy. Thus far, there are no systematic studies on the effectiveness of this treatment approach available.

(5) Multisystemic therapy (MST; Letourneau et al., 2008)
In light of the often-found complexity of the problem of situations of sexually conspicuous children, it has been attempted in recent times to introduce concepts into the treatment, which do not primarily aim at behavior modification of children but at changes in the child's environment. Even though the involvement of parents is an important element in cognitive-behavior oriented therapies, however, the methodological approaches and their theoretical justifications are fundamentally different. Multi-systemic therapy approaches have thus far been used primarily in the treatment of delinquent minors, whereby they focus on the change of dysfunctional influences from the social environment of the affected (Schoenwald, Letourneau & Halliday-Boykin, 2005). Thus far, sexual delinquency (as a primary problem area of a minor) constituted exclusion criteria for the acceptance into programs that work with a multi-systemic approach. However, many treated children and juveniles show as a concomitant symptom sexual conspicuousness. In a study about the effectiveness of the multi-systemic approach, Letourneau, Chapman & Schoenwald (2008) determined that sexual conspicuousness has been reported in more than one third of the minors who were referred to an MST program because of their delinquent behavior. The overall goal of the treatment is the development of an effective as possible parenting behavior of parents or caregivers to influence the behavior of their children in a positive manner. The treatment is anchored in the family environment and other relevant social areas of the minor (e.g. school) to generalize the achieved effects. This approach should help to better overcome entrance into the aid system and encourage caregivers to cooperate. Multi-systemic therapies are designed for a period of four to six months but they allow for variation leeway based on individual requirements.

10.3.2 Treatment programs in Germany

König (2011) offers an overview of the care landscape for sexually conspicuous minors in Germany. The author lists a total of 74 specific inpatient and outpatient institutions, counseling centers and practices which offer

support for this type of clients. König points out that 41 of these institutions work with both juveniles and children below the age of 14. A more detailed analysis shows that the minimum age limit is at many of these institutions 12 years. Therefore, the term "child" is often restricted to the age range of 12 to 14. A total of 16 institutions also include in their target group children under the age of 12, whereby one institution restricts its program exclusively to this age group.

Detailed illustrations about treatment programs are for example available in the evaluation study by Nowara & Pierschke (2005) and the report about the Hamburg Model Project by Kohlschmitt & Priebe (2010). Kohlschmitt & Priebe provides an explicit description of the approach for the target group of under 14-year-olds. It shows that this method follows distinctly the offense-oriented approach applied to juvenile sex offenders.

An overview type of description of treatment approaches for sexually transgressive children (< 14) practiced in Germany is found at Elsner & König (2010). Within the framework of this evaluation study, 19 specific institutions in North Rhine-Westphalia have been surveyed. The authors summarize the treatment forms of these institutions as follows:

- Most treatment approaches are cognitive-behavioral oriented. Sometimes concepts rooted in psychoanalysis are found. Structured treatment manuals are applied only in part.
- In addition to specific individual and group therapy settings, family and adventure-based counseling methods are applied.
- The offense-oriented focus of most institutions becomes clear when considering the following treatment contents: Offense counseling, disclosure of the offense, assuming responsibility, work on the offense cycle, offense scenario, offender strategies, dissolving cognitive distortions, prevention of recidivism.
- The following is stated as further sub-aspects of treatment: increase in resources, identification and control of emotions, awareness of needs, coping with one's own traumatization, advancing social competences, self-worth and self-control
- The use of training programs to control affect and the teaching of sexual pedagogic content are rarely reported.
- All investigated institutions placed a high value on the work with parents and caregivers because a stable living environment is seen as decisive factor for the treatment success. Therefore, the cooperation with other institutions such as schools is crucial.

Analogous to the determination in the Chapter Diagnostics, with regard to practiced treatment approaches, distinct differences become obvious between programs practiced in the United States and in Germany. As far as it can be identified, mostly methods are applied in Germany that follow more distinctly the work with juvenile (or also adult) sex offenders. It is highly likely that the differences in the programs are mainly caused by very different age cohorts being documented under the term "child." While studies in the United States do not seldom aim at preschool children, the measures

practiced in Germany refer first of all to children under the age of 14 who are not subject to legal punishment. The children documented in the study by Elsner & König (2010) had an average age of 13.7. In so far, a conceptual orientation on the work with sexually transgressing adolescents seems to be seen. Therefore, attempting treatment concepts for younger children in Germany can be characterized as rudimentary.

10.3.3 Evaluation of treatment programs and treatment relevant research findings

Since the 1990s, systematic examinations about the effectiveness of the treatment of children with sexual behavior problems have been conducted in the United States. Only in recent years, research projects are initiated in Germany with the purpose of evaluating the treatment of sexually transgressing minors (Nowara & Pierschke, 2005; König & Elsner, 2010; Spehr, Martin & Briken, 2010). In addition, by systematically investigating the research status attempts are made to establish the theoretical basis for the development or expansion of mostly highly rudimentary care structures and to arrive at appropriate practical implications (König, 2011; Allroggen et al., 2011; Bange, 2012).

10.3.4 Evaluation studies from Germany

Systematic analyses to treat sexually conspicuous children are scarce in Germany. Although evaluation studies were carried out e.g. within the framework of the Hamburg model project for sexually conspicuous minors (Spehr, Martin & Briken, 2010), the model project of Wendepunkt e.V. in Schleswig-Holstein (Priebe, 2008) and the model project "Preventive actions against sexual violence -- educational support for juvenile (criminal) sex offenders in North Rhine-Westphalia (Nowara & Pierschke, 2005); however, one thing all these investigations have in common: they consistently refer to the work with "minors." Children (<14) not subject to criminal prosecution make up a significant portion of clients to whom the investigated actions refer; however, the results are not (or only to some extent) described differentiated by age groups so that it not becomes clear which specific requirements the treatment of children who are not subject to criminal prosecution entails compared to the treatment of juveniles. Specific evaluation studies about the work with younger children (at preschool age or primary school age) are not known for Germany.

The study of Nowara & Pierschke (2005) shows that the treatment conditions for children may be more difficult than those for working with juveniles. The reason for it is seen in the children's inability to be criminally prosecuted (Priebe, 2008), which does not allow using the threat of punishment as a form of pressure to participate in treatment measures.

The counseling center for juveniles and parents of the city of Gelsenkirchen, which participated in the evaluation study of Nowara & Pierschke, reported that children below the age of criminal responsibility made up one third of the registered cases of sexually transgressing minors; however, only

a few of these children could be included in therapy groups. The lack of a binding legal framework was stated as the reason for the low rate of participation. "Neue Wege" in Bochum reports of similar experiences. Even though they were able to form a group for the under-14-year-olds, it had to be dissolved six months later. In this case, the assumption was that the children were not intensively enough prepared for the group during the individual sessions. Younger children are said to have a greater need for appropriate preparatory work (Nowara & Pierschke, 2005). Priebe (2008) refers to the special importance of the parents' attitude. Because the threat of punishment is not available as form of extrinsic motivation, parents become the significant decision-making source in terms of the question whether a child participates in a therapy program and is able to stick with it until completed. More or less subtle messages toward the child which trivialize the extent of the sexual problematic and question the sense of the treatment cannot be underestimated.

The only known German evaluation study that explicitly dealt with the effectiveness of treatment measures for sexually transgressive children below the age of 14, investigated the work of 19 institutions in North Rhine-Westphalia (Elsner & König, 2010; Elsner, Hebebrand & König, 2008). Conspicuousness during the course of treatment (e.g. re-occurrence of sexually transgressive behavior) and changes in the clinical symptoms of the examined sexually conspicuous boys (n = 56) were measured. 39 boys who were only noted for their aggressive behavior were used as the comparison group and 43 students as the control group. The following key results could be determined:

- Twelve sexually conspicuous and two aggressive transgressing boys committed during the course of treatment again or for the first time sexual transgressions.
- One third of the children who started the treatment dropped out prematurely. The proportion of dropouts was equally distributed among the sexually conspicuous and the aggressive boys. The authors identified as significant factors for discontinuing treatment problems during the course of treatment and the attitude of the children's caregivers.
- In reference to clinical symptoms (collected with the YSR), overall no positive or even negative changes could be seen during the course of treatment of sexually conspicuous boys. After completion of the treatment program, 29% of the sexually transgressive boys, exhibited more aggressive and antisocial behavior patterns compared to the time before the treatment.
- These results show that focusing exclusively or mostly on sexual conspicuous behavior is insufficient to achieve a positive treatment effect.
- An offense-oriented approach as practiced with juveniles and adults is perhaps even contraindicated because it could increase certain psychological problems, which deal with anxieties, feelings of guilt and low self-esteem. In addition, if the focus is on offense orientation it carries the risk of a stigmatization as a sex offender.
- The treatment should also aim at symptoms of anxiety and depression of

sexually conspicuous boys and it should apply strategies to improve the social competence.

- Any underlying traumatization and dysfunctional attachment patterns must be considered and treated accordingly. Therefore, the availability of offers for corrective relationship experiences seems to be key.
- Constructive strategies to cope with emotionally charged conditions must be taught.
- In particular, in cases of sexual transgressions within the family, the use of family therapy measures should be considered.
- Based on the multitude of treatment approaches applied within the framework of the study, nothing can be stated about the effectiveness of individual treatment strategies.

The findings of Elsner and König demonstrate clearly the importance of a clear differentiation between treatment concepts for juvenile and adult sex offenders on the one hand and for children with sexually conspicuous behavior on the other hand (Friedrich et al., 2003). The findings are even more remarkable when one considers -- as mentioned above -- that the average age of the boys included in the study was 13.7 years. Therefore, if the treatment concepts for juveniles do not have a sufficiently positive effect on boys who are at the transition to adolescence then this applies even more so to work with children in primary school and preschool. Idiosyncratic concepts must be developed for and applied to younger age cohorts to create the conditions for the achievement of positive treatment effects. In particular the finding whereby the mental symptomatic worsened during treatment in a not insignificant portion of the boys is alarming. Elsner & König (2010) provide valuable information when they point out that a strong offense or deficit orientation in treatment has perhaps a negative effect. Instead, a supportive and resource promoting approach seems to be more goal-oriented.

10.3.5 Evaluation studies and treatment-relevant findings from the U.S.

There are considerably more data available from the United States, which provide an orientation over which forms of treatment have proven themselves with regard to the problematic of sexually conspicuous children or which treatment elements seem to contribute to an increased effectiveness of the intervention. Moreover, compared to Germany, information about treatment forms for various age groups of sexually conspicuous children among others with regard to work with preschool children are available. In addition, there are indications that different types of sexually conspicuous children respond in different ways to treatments so that differentiation criteria for planning treatment programs become available.

Amand, Bard & Silovsky (2008) provided a meta-analysis of eleven efficacy studies. A total of 18 specific treatment programs for children with sexual behavior problems were investigated within the framework of the researched studies. This analysis aimed in particular at researching the con-

nections between the characteristics of treated children, characteristics of treatment and the treatment results achieved in the short term. The following fundamental results were determined:

- The largest influence on the effect variations were treatment elements which aimed at the parenting behavior of parents (and thereby specifically at their ability to control the child's behavior). In this context, the focus is on teaching rules for sexual behavior, sex education and prevention of sexual abuse. Therefore, the involvement of the family is a decisive criterion for the treatment success.
- The child's ability of self-control was identified as the only child-related element which predicts significantly the success of treatment.
- Elements with no effect are those that are derived from work with juvenile and adult offenders, particularly child-related components to prevent recidivism, offender circle and control of the level of arousal.
- The primary target persons for the change of sexual behaviors of the child are parents / caregivers.
- Overall, the data speak against specialized treatments in an inpatient clinical setting or youth welfare setting (which focus specifically on the treatment of sexually conspicuous behavior as the main problem) without any relevant involvement of the parents.
- In general, group therapy did not prove more effective than individual therapy or family therapy regardless of the fact that group therapy concept are the ones used most.
- The treatment of preschool-age children proved more effective than the treatment of school-age children. Amand et al. (2008) explain this as follows: The older the children become, the more their social environment increases. It goes hand-in-hand with a reduction of the parental influence on their behavior. This in turn means that the parental skills to control behavior (as taught in the programs) are not able to exert such a large effect on the behavior of the child. Following this logic, it could prove meaningful to involve teachers and peers in the treatment of older children.
- Both treatments that focus on sexual behavior problems and treatments that have a trauma focus lead to positive results in terms of a reduction of the sexually conspicuous behavior. A treatment program centering on trauma is particularly recommended when children demonstrate other trauma symptoms within the framework of clinical symptomatic of a post-traumatic stress disorder (PTSD). Treatment measures that aim primarily at the reduction of sexual behavior problems (and, which include as a key focus parent training) have proven to make sense provided (a) the start of the sexually conspicuous behavior cannot be seen as having a noticeable connection to a traumatic experience or (b) significant internalized symptoms or dysfunctional attributions can be determined in connection with a trauma.
- The found results are independent whether mental or behavioral changes were measured with the total score of the CBCL or the CSBI.

To supplement and further define these results, a few insights gained from the research analyzed by Amand et al. (2008) and other studies are illustrated in the following in more detail:
Bonner et al. (1999) compared the effectiveness of two different treatment approaches (behavioral therapy versus psycho-dynamic play therapy) with regard to sexually conspicuous children between the ages of 6 and 12. Parents, foster parents or adult caregivers were involved in the treatment within the framework of supporting group sessions (which also were methodologically differentiated analogous to the therapy groups of the children). The treatment consisted of 12 one-hour long sessions. From the 110 children who started treatment, only 69 have finally completed the 9 group sessions necessary for the evaluation. Both forms of treatment proved effective in terms of a reduction of the sexually inappropriate or aggressive behavior. Even after a 2-year follow-up, both treatments showed about the same effectiveness. However, 15% from the group treated with behavioral therapy and 17% from the psycho-dynamically treated group again showed sexual conspicuousness in the follow-up.

During a prospective longitudinal survey, Carpentier et al. (2006) developed a 10-year follow-up based on the samples described by Bonner et al. (1999). As indicators for a long-term effect of the treatments, data in reference to juvenile detention or imprisonment during adulthood were collected. In addition, offense reports from the youth welfare were documented. Compared to the 2-year follow-up, distinct discrepancies were shown among the treatment groups. The group who received behavioral treatment committed significantly less sex offenses than those persons who were treated for their sexual conspicuousness during childhood with psycho-dynamic methods. No difference was noted between the behavioral treatment group and a clinically unremarkable control group with regard to frequencies of sexual offenses. Overall, the findings speak against a persistence of sexually conspicuous behavior during childhood. In principle, they seem well treatable.

Friedrich et al. (2005) researched the continuity of sexually conspicuous behavior over the period of one year. It was possible to collect data from 78 children between the ages of 10 to 12, who were either institutionalized or in foster families. Overall, it was determined that, despite partial psychotherapeutic treatment, the sexually conspicuous behavior did not decrease during the observation period. The authors offer the following explanations for it: (1) primarily prior to the transition from childhood to the age of adolescence sexual behavior problems are resistant to change. This would be consistent with the findings from the retrospective research, which proves the persistent character of sexually transgressing behavior. Moreover, the theory that sexual patterns are deeply embedded into individuals and that they include cognitive, behavioral and affective components speaks in favor of this persistence. (2) Perhaps a psychotherapy treatment has helped to unearth underlying cognitive disorders, sexual arousal patterns and impulse control topics but it may last a longer time until the behavior of the child / juvenile changes accordingly. (3) Perhaps the therapy has helped to mini-

mize an increase of expected sexual behavior problems during the time of transition between two developmental phases. (4) Some developments actually did improve; however, this was not captured by this research design (e.g. reduction of the frequency of sexual transgressions). (5) It happens frequently primarily in institutionalized children that they are again exposed to sexualized environment in their families during their weekend home stays which in turn contributes to the persistence of the problem. In addition, the group context in institutions may contribute to the persistence of sexual behavior problems more so than in foster families. (6) The treatment was perhaps not suitable or not sufficient to achieve a recognizable reduction of sexual behavior problems. Therapies for maltreated children, who are found increasingly in an institutional or foster care setting, are typically supportive and not directive while focused therapies are seen as necessary to treat the consequences of abuse such as PTSD or sexualized behavior. (7) Cumulative life stresses are significant predictors for inpatient institutionalizations. Therefore, children in institutions have a higher likelihood to develop severe psychopathological problems, which are said to contribute to the persistence of sexually conspicuous behaviors.

At first sight, the results found by Friedrich et al. (2005) which are illustrated here, seem to be in contrast to the above reported findings of Bonner et al. (1999) and Carpentier et al. (2006). However, the study by Friedrich et al. is not really an intervention study because it did not aim at examining special treatments to reduce sexually conspicuous behavior. The observation period of one year is perhaps too short to be able to expect significant changes under these conditions. Compared to the sample of Bonner et al., Friedrich et al. only deals with children who have comprehensive psychiatric disorders in their past history and who were either institutionalized or in foster homes. In this context, the initial situation for treating sexually conspicuous behavior can be expected to be more difficult. Even if the illustrated studies here cannot be compared directly, still Friedrich et al. provides remarkable indications for the special problematic of sexual transgressions in the institutionalized and foster child context. The authors conclude that sexualized behavior of children subject to youth welfare can be seen as particularly problematic because it can interfere with the ability of institutions to realize their two most important intentions, namely ensuring safety and providing dependability and continuity.

A 12-week treatment program (cognitive-behavior oriented with psychoeducative elements; see Chapter 9.3.1) for sexually conspicuous preschool children was evaluated by Silovsky et al. (2007). 53 of the 85 registered children completed at least 8 treatment sessions. Therefore, their data could be included in the survey of efficacy. Overall, during the course of the treatment a significant reduction of the problematic sexual behavior could be proven. This effect was independent of the time, which has passed. More than one third of the variance could be educated through the treatment effects. In particular, older and female children were able to benefit from the treatment. The caregivers who completed the program reported an increased knowledge, thought the treatment was useful and were satisfied with the program. The measure, which focused on the sexualized behavior

led to a reduction of this specific behavioral conspicuousness; however, other stress indicators were still within the significant clinical range after completion of treatment. The finding whereby the past history of sexual abuse does not seem to influence the treatment result was interesting.

Hall et al. (2002) made a significant contribution to the differentiation of treatment concepts dependent on the individual problematic of sexually conspicuous children. The authors developed suggestions for a need-oriented treatment based on the empirically derived topology illustrated further above. They assumed that there can be no form of treatment that can be equally effective for all sexual conspicuous children. Unfortunately, it is standard practice to combine children who represent various types in one and the same treatment program. Hall et al. show that treatment successes with regard to the processing of one's own sexual abuse experiences range in sexually conspicuous children between "excellent" and "very poor." This circumstance alone lets one expect significant differences in the conditions for the treatment of sexual behavior problems. Another criterion of distinction that influences the response to treatment is the ability of children to reduce self-directed or interpersonal sexual behavior. In addition, their caregivers differ in their ability to accept support and to set boundaries to the inappropriate behavior of their child. The briefly suggested differences in the extent of the traumatic predisposition of the child with regard to his or her ability of emotional and behavior-oriented self-control and with regard to the cooperation and control ability on part of the parents, make it seem intuitively plausible that children cannot be reached with "broad spectrum programs." Therefore, the treatment approaches are to be examined for their differentiation ability and their sensitivity in light of individual requirements of the children to be treated.

In their intervention study about certain subtypes of sexually conspicuous children, Pithers et al. (1998a) reached similar conclusions. Two treatment conditions were compared; namely one modified recidivism prevention with cognitive behavioral treatment methods and a so-called "expressive" therapy which is rather psycho-dynamically founded. Depending on the category to which they belong, various implications for treatment could be derived after an observation period of 16 weeks.

A modified recidivism prevention therapy led in three types (asymptomatic, severely traumatized and sexual reactive children) to a significant reduction of the problematic sexual behavior. In the category of the so-called "rule breakers," both forms of treatment led to equally significant clinical changes in positive direction. Both treatment types could not affect any significant changes in children who were classified as "sexually aggressive." Pithers et al. justify the increased effectiveness of cognitive-behavioral founded modified recidivism prevention proven for three client types that (1) it is a highly structured and well predictable treatment model, (2) it allows the immediate acquisition of self-controlled behaviors which in turn allows traumatized children to counteract acute stress early on, (3) parents learn swiftly appropriate responses to infantile stress, (4) parents and children are enabled to build support networks with persons who are in frequent contact with the child and who can be prepared for the behavior of

the child (e.g. educators, teachers, etc.). The authors conclude that recidivism prevention offers structure in this form, which delivers rather a content-oriented, didactic access by naming concepts explicitly compared to the "expressive theory" where concepts are rather acquired gradually and experimentally.

Pithers et al. (1998b) discuss the key importance of the parents' involvement in the therapeutic process. Starting with the assumption, that the attachment to the mother works as central protection factor against the victimization of the child (Bakermans-Kranenburg, van Ijzendoorn & Juffer, 2003), the work with parents must cover several dimensions, namely (1) a parent training to strengthen the parenting competence, (2) advancement of social competencies and relationship skills, (3) processing of their own traumatic (abuse) experiences during childhood, (4) bereavement work with regard to the loss of the idealized child or an idealized family.

In light of the evident mental burden, the family interconnections, the bad parent-child attachment and the disappointment over the child's behavior problems, Pithers et al. (1998b) raise the question whether parents of sexually conspicuous children do not need a disproportionately large degree of social support in order to be able to offer their children effective support. Therefore, professional help should not only refer to therapeutic group programs because another issue is to support these parents to build social networks and to gain access to health services, childcare services and communal services. In addition to the therapeutic support, practical life support and social assistances are needed. Such multi-dimensional understanding of assistance increases the chances for the design of a living environment that allows the child to reduce or eliminate his or her sexualized behavior.

In addition to the described intervention studies, which deal with treatment approaches that aim directly at the sexualized behavior, such examinations which evaluate the therapeutic concept for working with sexually abused children deliver valuable treatment orientations. If sexual conspicuous behavior in childhood is seen as a symptom of a sexual victimization then it can be expected that a reduction of the problematic behaviors can be achieved through effective therapies aimed at treating a sexual traumatization.

Cohen & Mannarino (1997) have measured the efficacy of treatment of sexually abused preschool children. A cognitive-behavioral treatment method was compared to a so-called "non-directive" therapy. Surveys with the CBCL, CSBI and WBR (Weekly Behavior Report) which were carried out 6 and 12 months after the therapy was completed achieved significantly better results in favor of the cognitive-behavioral concept. In particular, the effects with regard to the reduction of sexually inappropriate behavior were superior. Most children from the "non-directive" group had to be excluded from treatment because of continuous sexually conspicuous behaviors or they were subsequently treated in cognitive-behavioral programs during the follow-up period because of persistent sexual conspicuousness. None of the children in the cognitive-behavioral group needed such measures.

Cohen & Mannarino (1996b) found that the emotional reaction of parents in response to the sexual abuse committed on their children presents a highly significant predictor for the success of treatment in sexually abused preschool children. A high parental stress level (collected with the "Parental Emotional Reaction Questionnaire" - PERQ) influences the effectiveness of the children's treatment negatively.

Stauffer & Deblinger (1996) investigated the effectiveness of a cognitive-behavioral group program for 19 non-abusing mothers and their sexually abused children (preschool age) (see Chapter 9.3.1). As result of the evaluation, it was generally shown that the program is suitable to contribute significantly to the reduction of symptoms in both the affected children and their mothers. It was possible to show improvements even after a 3-month follow-up. Of specific interest is the finding showing the CSBI scores of the treated children - collected by reports of their mothers - decreased significantly. Based on their participation in the group program a reduced general stress could be determined in mothers. This went hand-in-hand with an increased maternal parenting competence, a lower extent of avoiding the thoughts and feeling related to the abuse and an appropriate reaction to the behavior of the children and the abuse-related topics. In light of the significance which the mental stability of parents and their parenting competence has for the reduction of inappropriate sexual behaviors of children, it is no surprise that a treatment measure which aims at processing the consequences of sexual trauma seems to provide an effective support in dealing with sexually problematic behaviors. However, it has been shown that such an effect can only be achieved if the problematic sexual behavior is explicitly discussed during treatment (Chaffin et al., 2008).

Letourneau, Chapman & Schoenwald (2008) have investigated the efficacy of the multi-systemic therapy approach (MST; Schoenwald et al., 2005, see Chapter 9.3.1) in response to the dominance of the cognitive-behavioral treatment method. While cognitive-behavioral approaches are applied the most and are deemed best evaluated, there is only little evidence for their increased effectiveness compared to other approaches (Carpentier et al., 2006). In particular, there are no indications of how the key problem of the motivation to participate and the access to help in sexually conspicuous children and their caregivers can be solved. Letournau et al. (2008) analyzed the data of a comprehensive study with regard to the efficacy of treatment of delinquent minors in terms of changes in sexually conspicuous behaviors in the examined children and juveniles (n = 1881). It showed that treatment with multi-systemic therapy led to a significant reduction of problematic sexual behaviors. In addition, the CBCL scales "externalized behavior" and "internalized behavior" improved significantly. During a 4-year follow-up, the rate of proven sex offenses was very low (1.5%). This value did not differ from the share of those minors who did not report sexual conspicuousness at the beginning of treatment (proportion of persons with sex offenses at the 4-year follow-up: 1.9%). These results speak clearly for the effectiveness of the multi-systemic therapy approach and in agreement with other findings, they point out that there is no increased risk for sexually conspicuous children to manifest themselves later as sex offenders.

Based on an overview of the research status on the efficacy of treatments of sexually conspicuous children Chaffin et al. (2008) have presented a series of conclusions, which are summarized below:

- A reduction of sexual behavior problems during childhood can especially be expected when adults discover this behavior and intervene accordingly.
- There are some suggestions that certain forms of treatment are more effective than others. Cognitive-behavioral treatment strategies seem to be more successful than the rather unstructured support procedures. Involving parents / caregivers increases the probability of treatment success. These effects are seen both in a short-term reduction of sexually inappropriate behavior and in the long run (no increased probability for the occurrence of sex offenses).
- It has proven helpful to focus in the treatment on sexual behavior problems and the trauma on which it is based.
- A large number of sexually conspicuous children can be effectively treated within the framework of outpatient short-term programs. There are findings in this context for sexually highly aggressive children, for boys and girls, for severely traumatized children, for children with significant comorbidities and massive family issues.
- Structured cognitive behavior-oriented short-term programs on an outpatient basis are therefore recommended for nearly all sexually conspicuous children. However, exceptions must be made in especially severe cases primarily for those children who have severe psychiatric disorders in addition to the sexual conspicuousness (e.g. children who are acute suicidal).
- There are no systematic examinations on the specific treatment programs in an inpatient setting.
- A key importance in the treatment of sexually conspicuous children is ascribed to the involvement of parents / caregivers (foster parents, adoptive parents, care by relatives, etc.) both in the clinical as well as in the research discussion.
- There are various forms and intensities with regard to the involvement of parents / caregivers. The strategy to teach parents skills, which allow them to control their children's behavior more effectively and to improve the relation to their child has proven to be a particularly effective strategy. The following treatment elements serve this goal: Instructions on how clear behavior instructions should be given to the child; an increase of attention toward positive behaviors of the child; the use of "well-dosed" praise for the desired behavior of the child; the use of timeout in the interaction with younger children; logical and appropriate consequences toward older children; increase of the parental consistency, warmth and sensitivity.
- A significant goal in the treatment of parents is the development of supervision schedules and the development of a safe, non-sexualized home environment.
- If a child shows sexualized behaviors in settings outside the family, it is

important to work directly with the respective resource person (educators, teachers, but also neighbors, etc.). Therapists are asked to observe the behavior of the child in the respective institutional setting. Staff must be provided with precise practical suggestions to control the behavior and supervise the children. It is the goal to prevent the exclusion of the respective child from the institution.

- Group treatments are significantly more often applied than individual therapies. However, there is no empirical evidence for an increased effectiveness. The benefits for treating in groups are as follows: Lower costs, opportunity to train behavioral competencies directly; decreasing the feeling of isolation; directly strengthening experiences through positive group dynamic; more lively discussions of thematic contents; opportunity to observe behaviors and training of skills "in vivo." A separation according to gender is not seen as imperative.
- In addition to group therapies, more supporting family sessions and individual sessions are necessary because group sessions cannot focus sufficiently on individual problem situations. Possible negative effects can result from group therapy through negative social role models and through negative reinforcement based on peer behavior. In particular, group therapies are not indicated for children with severe behavioral problems and distinct comorbidities. For the respective provider, group programs take a lot of time to develop and the process takes a lot of effort. The success of group programs requires that a suitable number of participants are available at the same time. Long waiting times should be avoided.
- Depending on the past history and symptoms of the child, various approaches are recommended when selecting the treatment method: In cases where the sexually conspicuous behavior poses a central problem, the cognitive-behavioral short term programs should be applied. In other cases, the treatment should be directed toward the problem with the highest priority. For example, if a child shows symptoms of severe traumatization then a trauma-focused therapy is indicated, which include additional components to process inappropriate sexual behaviors. This should be supplemented by corresponding work with the caregivers of the child. This should contribute to an improvement in the self-control abilities of the child, an adequate supervision and if needed, effective changes in the living environment of the family. If the main problem is a neglectful family environment then the interventions must aim at developing a safe, healthy, stable and comprehensible environment for the child. If attachment problems are in the foreground then interventions must be initiated to increase the parental sensitivity.
- It does not seem necessary in all cases to apply specific treatment programs for sexually conspicuous children. There is rather the possibility to integrate into other treatment accesses elements to process sexual problem behavior depending on the individual problematic. For example, the following intervention strategies could be considered in this context: Reduction of the access to sexually stimulating media; reduction of sexually stimulating situations in the home environment; teaching supervision

strategies with regard to contact with other children; suggestions for an adequate reaction to sexualized behaviors of the child. Elementary rules on the topics of "touching", "sexual behavior", and "boundaries" can be conveyed in a child-appropriate manner. Treatments do not necessarily have to be carried out in highly specialized institutions. Depending on the severity of the problem and depending on how the sexual behavior problems correspond with other stresses of the children, variable treatment accesses make sense.

- The treatments must be sensitive to the development. Teaching younger children cognitive coping strategies is difficult. Therefore, it is recommended to practice simple and precise behavior alternatives with this age group. Younger children are unable to grasp sufficiently the cognitive processes which contribute to the initiation and persistence of inappropriate sexual behavior. They are a lot less able than juveniles and adults to apply complex cognitive processes such as planning, "grooming" or rationalizations. Accordingly, it seems inappropriate to transfer concepts from work with juvenile and adult sex offenders. When planning the treatment, it should be additionally considered that younger children have a shorter attention span and a lower impulse control. When working with younger children, it is recommended to convey simple behavioral rules (e.g. "You may not touch the genitals of other children!") without insisting that the children must understand the often abstract-seeming reasons for these rules. Instead of discussing abstract concepts, the children must be shown appropriate behaviors and consequently these must be practiced, whereby such a behavior should be strengthened consistently during the course of the treatment process. One can begin to convey messages with a higher degree of abstraction to older children (from 10 to 12 years of age).

In the following, those treatment elements are listed which were identified by Chaffin et al. (2008) as constitutive for the success of therapeutic intervention in sexually conspicuous children:

(1) Child-related components:

- Recognition of the inappropriateness of the demonstrated sexual behavior
- Learning and practicing of basic and simple rules about sexual behavior and physical boundaries. It must include the message that not all forms of human sexuality are wrong.
- Age-appropriate sex education
- Learning of stress management and self-control strategies
- Teaching safety strategies in terms of strategies to prevent sexual abuse
- Teaching social competences

(2) Parents related components:

- Development and determining a contingency plan:
  - Supervision and control plan, also with regard to the interaction

  with other children
  - Communication about supervision requirements with other adults who deal with the child,
  - modification of the contingency plan over time
- Information about sexual development, normal sex play and sexual exploration and about the boundaries to problematic sexual behavior
- Teaching strategies that encourage children to follow rules of privacy and sexual behavior.
- Information about factors that contribute to the development and adherence to sexually inappropriate behavior.
- Information about sex education and teaching strategies of how the topic of sex can be addressed in appropriate form with children (and how one should listen to them).
- Parenting strategies to build a positive relationship with the child and to contribute to one's own dealing with behavioral problems of children.
- Support of children in helping them to apply strategies of self-control which they have learned during the treatment.
- Development of a positive relationship with the child and creation of an appropriate physical closeness to the child.
- Teaching strategies to integrate the child into positive peer groups.

The emotional quality of the parent-child relationship contributes significantly to what extent supportive, reciprocal as pleasurable experienced and positive reinforced interactions can be established. Group programs also can make an important contribution to the initiation of the reciprocal support between parents.

11 Outlook

Sexual transgressions among children are not a new phenomenon. However, indications are mounting that the (professional) public is ready to accept this problem as such and to develop strategies to deal with it in a responsible manner. Why is it so important to face this problem? In this context, there are various accesses which do not exclude one another: First of all, children must be protected from the transgression of sexual boundaries by other children. This "victim-oriented" access is based on the knowledge that such transgressions can harm the affected children seriously in a manner comparable with the consequences of sexual abuse by juveniles and adults. Second, the children who behave in a sexualized manner put themselves into danger. An insufficiently developed closeness-distance control increases the susceptibility for dysfunctional interpersonal experiences. Therefore, it must be prevented that such children are (re)victimized. Third, profound sexual conspicuousness points toward a general psychopathological stress. There is the risk that this will continue to evolve across various developmental phases so that during adolescence and adulthood, there are complex clinical disorder symptoms, which may perhaps manifest themselves also in the form of (sex) crimes. According to this viewpoint, the issue is not to prevent future "offenders" but to become aware of serious indications for a psychopathological development and to initiate measures in the sense of mental health of the child.

What must be done? Children who show sexualized behavior can be supported effectively within the framework of temporary treatment programs. There is a repertoire of methods available which is obviously suitable to improve emotional and behavioral control and to provide children with a clear orientation about the (in)appropriateness of certain behaviors. The significance of working with role models is evident and sufficiently empirically validated. The decisive question concerning the advancement of intervention and treatment concepts refers to the cooperation readiness of caregivers (or the expanded environment) of the child. Two aspects are especially important in this context: First of all, the developmental influences of the direct caregiver are the stronger the younger the child. And secondly, children who are not criminally responsible have no framework conditions under the criminal code as an extrinsic motivation for the participation in treatment programs. Therefore, it needs plausible and effective intervention models to create the conditions for applying (well-evaluated) treatment programs. However, significant conditioning factors, which are presumed necessary for sexually prominent behavior to develop, must be assumed to exist exactly within the systems, which must be activated to cooperate. This means that the symptom of the child is the initiator to deal with abuse suspicions, privacy strategies, shame, mistrust, anxieties, overwhelming responsibilities, etc. The area of tension in the child and youth welfare, which unfolds between help and control appears in such cases in abrupt clarity. Successful intervention strategies need suitable cooperation agreements between the various stakeholders in child welfare who are aware

of this issue imminent conflict. As long as there are no conclusive explanations for the behavior of the child, families as well as institutions (e.g. kindergartens) see themselves exposed to the suspicion that they have caused the child's behavior - in which way whatsoever.

Based on this consideration, it must be said that in the individual case, the conditions for establishing a dependable treatment concept must rather be seen as unfavorable. From this point on, it is first of all important to decide between treatments and their requirements. The experiences in practice reported thus far in Germany indicate a high dropout rate especially among children who are not criminally responsible. This may be caused on the one hand that the treatment concepts are not sensitive enough for the development but mainly because the conditions for a success of the measures are not sufficiently available (e.g. serious support and cooperation on part of the parents). In light of this problem, it seems that a change in perspective in treatment research is indicated. The traditional model of pre-post comparison with follow-up examinations after specific follow-up periods only delivers usable data if the respective programs can be applied in a dependable manner (however, even in this context the statistical requirements for meaningful results are very high, see König, 2011). It should rather be asked under which conditions effective help can be given at all, i.e.: How do you get parents and institutions in a sustainable manner "into the boat" if the sexual behavior of a child necessitates the need for intervention? A systematic analysis of the course of cases could provide an important insight. Individual case studies should be considered based on which specific problems and positive as well as negative conditioning factors could be identified for an effective intervention.

It became clear that sexually conspicuous behavior by children necessitates in many ways other intervention measures than sexually transgressing behavior of juveniles. It is necessary to work intensively on development psychological differentiations in practice and in research discussions. "Sexually conspicuous minors" are not a sufficiently homogeneous group to generate generalized statements about appropriate diagnostic and therapeutic approaches. Even within the group of children, various concepts must be developed for successful types of approaches depending on the developmental phase.

Such considerations are always accompanied by the basic question of what really is the sexual conspicuousness of the child. In this context, there is a vast decision complexity, which is not present in dealing with juvenile and adult sex offenders. A complex discussion about the appropriateness of sexual behaviors of children accompanies in most cases the attempt to establish suitable interventions. The tension area between trivialization and stigmatization seems in this context especially pronounced; "ideological" images do not rarely become part of the assessment of the sexual behavior of children. In the meantime, there is a distinct professional, empirically validated orientation framework available for the assessment of sexual behaviors of children. The multitude of indicators necessary to make the proper assessment in an individual case, suggests that interventions in the practice may always carry a residual of uncertainty so that diagnostic as-

sessments must always be understood as process-like and not in the sense of hasty either-or-decisions. The availability of specific professional competence and the willingness of adult caregivers to participate in an open manner in the diagnosis process are the essential factors for assessing the child's behavior appropriately and to initiate proper measures in the interest of the child. Sexually conspicuous behaviors of children raise very fundamental questions, which cannot be explained isolated of questions about prevention, diagnostics, intervention and treatment. These simply have to do with the image of childhood as seen by a society. Are we ready to accept that children can harm other children? Are we ready to accept that both sexuality and aggression are elementary human forces, which are also innate to our children because they are human? Are we able to distance ourselves from intuitively judging "good" and "bad" and to understand the behavior of children as consequence of complicated conditioning factors? And can we accept that certain societal practices of dealing with sexuality and violence manifest in the behavior of our children because they are part of our society?

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