

**A Meta-Analysis of Treatments for Children Under 12 with Concerning Sexual Behaviour**

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**Background:** Concerning sexual behaviour (CSB) is defined as a range of behaviours in children under 12 that fall outside of societal norms and are not developmentally appropriate, separate from normal childhood sexual play, and etiologically distinct from *adolescent* sexual offending (Chaffin et al., 2006). Treatment of children with CSBs has rarely been systematically reviewed, but existing reviews found that the majority of treatments were voluntary and cognitive-behavioural based (Boisvert et al., 2017; St. Amand et al., 2008). The lack of comprehensive review makes it difficult for clinicians to identify best practices and highlights the need for further review of treatments available to children with CSB.

**Methods:** Twenty-four English and French studies published between 1992 and 2018 were examined in a meta-analysis; this included 13 studies from a previous CSB treatment meta-analysis was also included in the overall sample.

**Results:** Meta-analytic analysis demonstrated significantly fewer incidences for all outcomes included in the study for both the fixed- (Log OR: -1.272) and random-effects models (Log OR: -1.636). Several moderator variables including gender, age, and treatment outcome were also examined.

**Discussion:** Very few studies (8) included in the total sample of 24—and, more broadly, in the extant literature—involved a comparison group, so it is difficult to infer causation, but the current results seem to suggest that treatment is efficacious as all included studies reported some improvements in CSBs following treatment. Conspicuously, none of the identified studies included an examination of Risk-Needs-Responsivity (RNR) factors for the children included in the sample. This omission is despite the fact that research has indicated that the RNR model seems to be effective in reducing recidivism in children over 12 and there is no theoretical reason why it should not apply to children under the age of 12. Results of this meta-analysis will help inform clinicians in their treatment of children with CSB and will help to encourage more studies on treatments for this population.

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