

## Military OneSource Podcast — Words We Use Matter and Why We Use the Language We Use

**Program Title: Child & Youth Advocacy**

### **Episode transcript**

#### **Intro voiceover:**

Welcome to the Military OneSource podcast. Military OneSource is an official program of the Defense Department, with tools, information and resources to help families navigate all aspects of military life. For more information, visit [militaryonesource.mil](https://militaryonesource.mil).

#### **Bruce Moody:**

Welcome to the podcast. I'm Bruce Moody. Sexual development is a healthy part of growing up, but sometimes it can be hard for parents to know what behaviors are normal for their child's age, what might be cause for concern, and what to do if there's a potential problem. So, we'll talk about this today. It'll be a frank discussion, so if you have young ones around, you might want to get out the earbuds for this episode.

Our focus for this conversation will be the language that we use when we're talking about problematic sexual behavior in children and youth. In other words, one of the most important things that we can do as professionals or as parents is to avoid using shame-based language and labels. And this is not to imply that these behaviors are not serious, but they're just behaviors, and they don't really fully define the child. When we use language that results in shame, this, in part, prevents parents from seeking help for themselves and for their children, and only leads to further risk. We're going to unpack that with our guest today, who is Andrew Monroe. He is with the University of Oklahoma Health Science Center. Andrew, welcome to the podcast.

#### **Andrew Monroe:**

Happy to be here. Thank you for having me, Bruce.

#### **Bruce:**

It's good to have you with us. And this topic kind of is a subset to a larger view to this, and can you kind of get us that perspective before we jump into the problematic sexual behavior?

#### **Andrew:**

Yeah, absolutely. I think it's really important for us to talk about why we're wanting to have some of these conversations. Part of my job, as I work for the University of

Oklahoma Health Sciences Center but, within that job, I work for the National Center for the Sexual Behaviors of Youth. And working with the Defense Department, we recognize that our military families are dealing with a lot, day in and day out.

And so, we can only really imagine how the potential impact of finding out about possible problematic sexual behaviors can add to that. What we're hoping is, by having these kind of bite-size episodes, we can hopefully educate families on the topic and really kind of make sure that they hear that hope that we have for our families, especially when we're dealing with issues like this.

**Bruce:**

That's right. And we have other episodes on the topic of problematic sexual behavior in children and youth, and you can link to them through this podcast series.

So, let's just begin with the definition. What is problematic sexual behavior?

**Andrew:**

When we talk about problematic sexual behaviors, we've talked a little bit about this on a previous episode, where we cover in a little bit more detail. But kind of simply put, it's a behavior that involves our private parts, where typically most professionals would consider it problematic. So, outside of that typical normative range based off of age and situation.

**Bruce:**

So again, our other conversation, another episode gets really into the details of it, and we can link to that episode so people can benefit from that. But the term, we're talking about problematic. What is the difference between problematic sexual behavior and illegal sexual behavior?

**Andrew:**

So typically, the way that we describe it is illegal sexual behaviors is when we involve that legal piece. So typically, it's kids that are older who are dealing with the juvenile justice system or even, in some cases, the adult system.

So illegal behaviors inherently are problematic, but then when we talk about problematic behaviors, it's something that has a problem, but typically is for our younger children. Some of the language we'll be talking about today are kids or children who exhibit problematic sexual behaviors, or adolescents and youth who exhibit illegal sexual behaviors. So those are kind of the nuances to that.

**Bruce:**

OK. So again, problematic sexual behavior, we talk about it, and you have a concept that you use, and it's child-focused, child-first language that you recommend to use when having these conversations. So again, with the definitions, what is a child-first or child-focused language?

**Andrew:**

When we're talking about child-focused or child-first language, really what we're doing is, the definition behind that is making sure that we're putting that person first, that person-first language. We're thinking about the child specifically, remembering that at the end of the day we're talking about a kid or a child who has a specific behavior. What we're really wanting to do with that language is separate the kid from their behavior. And for us, the hope is that makes them and their caregivers and everyone recognize we're talking about a kid, and that doesn't inherently mean that they're the behavior that they're exhibiting.

**Bruce:**

OK. So, kind of looking at this from a different angle, what would be the impact of not using this child-focused language? What are we doing or what are we avoiding?

**Andrew:**

What we typically see when we're dealing with the differences in language, usually the language we're using is child with problematic sexual behavior or who's exhibiting a problematic sexual behavior. And historically, we've used very different language to describe these kids. We hear the words perpetrator, offender, mini-pedophile and a lot of that language. What we've seen historically is when we have that language, our initial thought as professionals, as caregivers, typically don't give you that kind of warm, fuzzy feeling. We initially think of more adult issues, adult behaviors. And so, we find out that a lot of times those can cause more punitive responses for kids if we're using language like that.

**Bruce:**

This is about how we talk to kids, but also how adults talk to each other when they're grappling with what's normal, what's not, when they're trying to work through a particular behavior. Can you talk about that?

**Andrew:**

Yeah, absolutely. There's been some research on this, and I think it was in 2014, there was a study that found out that if we're using more of this adult lens language, that we're using terms perpetrator, offender, things like that when we're talking about children with problematic sexual behaviors, we find that people's initial response is a more punitive response, even if they know that those punishments may not be helpful for kids.

I always try to think about it, I know many of us have heard the old adage, "Sticks and stones may break my bones, but words will never hurt me," and what we're finding is that those actual words are typically what cause the sticks and stones and the punishments that our kids are dealing with, just based off of the language we're using.

**Bruce:**

OK. Let's talk about caregivers. And so, what would be the different ways that caregivers could react when they're encountering problematic sexual behavior among the children that they're looking after? What are the ways that they could react and the sort of language that they could or maybe shouldn't be using?

**Andrew:**

When we talk about caregivers reacting to PSB, I think it's really important to recognize that there's a million different ways that a caregiver could react to finding out that they have a child who has PSB or a kid who's been impacted by PSB. And so, we recognize that those reactions come from an emotional spectrum. A lot of the caregivers that we talk to, we hear a lot around that anger, fear, disbelief, hopelessness and even believing kind of the myths about this population, that there may not be any hope for their kids. And so, that's really where those feelings are coming from. And based off of those feelings, a lot of those reactions may be punitive in response.

What we're wanting to do is make sure that when we're using that child-first language; ultimately, we're remembering that these are our kids and this is a behavior that's happened, but like many other behaviors, we have a lot of wonderful treatment out there now that can work to help curb these behaviors and ideally stop problematic sexual behaviors from happening in the future.

**Bruce:**

OK. You referenced treatment, but I suppose that there is a long and emotional road between becoming aware of a behavior and treatment. There's just the initial reaction to it and the conversations you're having with caregivers or with neighbors and fellow parents. Do you have any suggestions of what would be some productive ways to begin the conversation, or pitfalls to avoid?

**Andrew:**

For us, and especially with the topics that we're talking about today, is it's so much about the language we're using. Because not only does that change our kind of mindset as caregivers when we're talking about our kids, but when our kids hear us talking about them in certain ways, it can change their internal kind of outlook on themselves.

What we find is, and I'll just use the example that I talked about earlier, if our caregivers are using words like offender or perpetrator when they're talking about their kid, one is that they have a very different view of their kid in their head, there's really some dehumanization in that language. And for our kids, if they hear themselves referred to as that, a lot of times it adds to shame and guilt about the behaviors that they've had. And it can lead to both of them having fear and hopelessness of what it looks like in the future.

What we recommend, one, is for caregivers to understand that the reason why we use this language is so important, because we're separating that behavior from the kid and

we're recognizing our belief as a therapist. Our belief in behaviors is that those behaviors can change, especially when we're dealing with kids. And so, if we change that language, it can help them, one, remember that we're talking about their kids. But two, that change can occur to make sure that this doesn't happen again.

**Bruce:**

All right. Let's take this into a different realm. The change that would occur may involve law enforcement, juvenile justice personnel. So again, when we're using the language that you are recommending, how does that impact the approach and the language used when adults, caregivers, professionals are dealing with and communicating with law enforcement and juvenile justice personnel?

**Andrew:**

I think it's important for us to really think about the hope for juvenile justice. And historically, the hope for juvenile justice is a restorative and rehabilitative system. Our hope is to give kids the support they need while they're juveniles to help them move down the path that we're hoping for them.

Instead of, historically, the adult courts, which are more punitive, that we lay down a punishment and hope that that punishment will cause change in the future.

And so, when we're using this language, where we're using that child-focused and child-first language, our hope is that if law enforcement is using it, that juvenile justice is using it, it reminds them that we're dealing with this kid. If we give them the right supports and we give them the right resources, we can help rehabilitate them, instead of putting a punishment in front of them. The hope is using this language helps them to remember what their place is in the life of this child, which is helping to give them the supports to make sure it doesn't happen again in the future.

**Bruce:**

The place of a child is in school, in a childcare center, in whatever society that they previously existed. So, what is this labeling, this language that we use, how does that impact the return to a child's world?

**Andrew:**

I think it's so important when we think about this, when we think about juvenile delinquents as a term that a lot of people use for kids who are getting in trouble, is for so many people, they think that they are hopeless, there's no hope left for them. And then, when we add on top of that that there's a potential problematic sexual behavior, for a lot of people, the myth and misconception is that means that there's even less hope for those children. And so, when we combine that, a lot of our law enforcement, juvenile justice and schools think that there's no hope for our kids.

But when we change some of that language, a lot of times, one, we remember that we're talking about kids again, and we're really making sure that that's a reminder. But then, we're able to hear a lot of the facts when we talk about treatment or we talk

about this population as a whole, and we recognize that there's not a lot of recidivism when we're dealing with these kids, especially if they have appropriate treatment. Historically with our treatment, and there's typically less than a 5% recidivism rate, which means that kids go on to have another behavior after treatment.

And, for a lot of people, when they use that language like offender or perpetrator, they're thinking of much higher rates, 50% or more. And so, when we can really have a conversation, remember that these are our kids, and recognize that those rates are relatively low, we're able to have more of those conversations about kids staying in school, staying within their communities. Because we also know that, as all people, we're all social creatures and we need that community impact to be able to be the best person we can be.

**Bruce:**

Another way to look at it is to say that the proper help at the proper time has a 95% success rate. It does seem to me that, because you use the term "juvenile delinquent," which is a term that everybody knows and has probably used formally or informally, and probably seldom using it in a way that denotes exactly what should happen in a situation. But do you find that sometimes adults are just using the various terms that they've picked up over time? Not necessarily out of anger or embarrassment, but just not really knowing the terminology and the resources that are available?

**Andrew:**

I think that there's a lot of adults who are using the language that they know, absolutely. I think for so many of us, it may even be the language that's within the legal system as a whole, Child Protective Services, or whatever system that you're working within. And it's just the language that we've known. It's the language that we use.

And so, that's part of the reason why we're wanting to have this conversation, is so we can be mindful of the language that we're using, because now that we have some evidence that shows language really matters, it's important for us to just try to be mindful and switch that language. As professionals, by no means are we perfect at this. We still in our systems. We sometimes ourselves have issues in remembering that we're supposed to use this language. And so, it's hopeful just to remind us as professionals, but also for caregivers to know the language, but also understand the history of why we're using this language, and the hope that that instills some hope for our families.

**Bruce:**

And to that end, we have in our program notes for this episode, a number of links. Without going through them one by one, can you just give us a general sense of what parents can learn, what they can get out of the various resources we're posting?

**Andrew:**

Absolutely. So, we have some resources that are available, that kind of doing a deeper dive into problematic sexual behaviors in children and youth. So even some webinars

that parents can watch and look over. We have linked to the National Centers page for Sexual Behaviors of Youth, there's a part on there for caregivers that we hope will be really helpful, as well as there's a space for youth if they have questions and they want to hear from other youth, that they can look at. And then we even have some tool kits to help caregivers when they're kind of dealing with this issue.

My hope is that you can look at the resources that we've provided and really see the underlying hope that we're hoping to give caregivers and parents, that this is a really tough time. This is a really potentially scary and difficult issue to find out, but we're hoping to recognize that with the right treatment at the right time, like you said, Bruce, there's a lot of hope for our kids.

**Bruce:**

Well, I appreciate the conversation. Any final words before we close out?

**Andrew:**

Yeah, I just encourage people, if they're curious about this topic, they're able to listen to kind of the bite-size episodes that we've created. And we are happy for them to reach out to our national center if they have questions, or also looking at the one op page because there's a lot of resources out there. For so many of our caregivers, there's that sense of hopelessness and that fear that they're the only one dealing with this. But we're really fortunate, there's a lot of resources and a lot of support out there to help caregivers who are going through this, to get the support that they need.

**Bruce:**

Well, thank you very much. And yeah, we definitely will be continuing this conversation in a future episode.

Andrew Monroe is with the University of Oklahoma Health Science Center. Glad to have you with us today.

I want to remind you that Military OneSource is an official resource of the Defense Department. We're a website, we're a call center, we're all over social media. And well, we're now a podcast, so we hope that you'll subscribe. We cover a wide range of topics to help military families navigate military life.

I'm Bruce Moody. Thanks for listening. Goodbye.