

Decision Guide for Multidisciplinary Teams Addressing Problematic Sexual Behaviors

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What to expect and how we got here

- Examine the overall issue of Problematic Sexual Behavior (PSB) with children across the age spectrum
- Present the MDT Decision Flow Chart to assist MDTs in navigating cases involving PSB
- Address the role that MDTs play in adopting systemic policies and procedures to work with PSB
- Discuss the resources that MDTs and individual disciplines need to serve children with PSB

Things for MDT Members to Consider when Working with Kids and PSB

- Self awareness about comfort level with content
- Don't sexualize everything
- Don't overreact and don't under react
- Try not to use your experiences or knowledge base to comprehend PSB
- Be aware of your bias and how and when it is present...

What is a PSB?

normative

Biologically,
socially,
culturally

concerning

Creates
discomfort
for others

problematic

Adverse effects –
Assess for
frequency,
duration,
intensity, impact
and
developmental
appropriateness

harmful

Physically,
emotionally,
psychologically,
and/or
developmentally

Sexualized behaviors occur across a continuum

What is a PSB?...cont.

- Evaluate each case on its developmental pathway **within** the context of their life experiences
- There is more agreement on what behaviors are problematic than on what behaviors are developmentally expected, particularly in older children. *Data on normative behaviors is old (2010).

Typical Healthy Sexual Behaviors

Intermittent and
by mutual
agreement/assent

Similar age, size,
or development
level

Can be influenced
by intervention or
supervision

Not associated
with high levels of
fear, anger, or
anxiety

Exploratory and
mostly
spontaneous

Developmentally
congruent

Common Acceptable Terms (Person First Language)

It is ok to say “child with...”

- Sexually harmful behavior
- Sexually reactive behavior
- Abuse reactive behavior
- Sexually problematic behavior
- Sexual behavior problems/Problematic sexual behaviors
- Consider using “initiator” rather than “perp” or “offender”

Challenges for MDTs

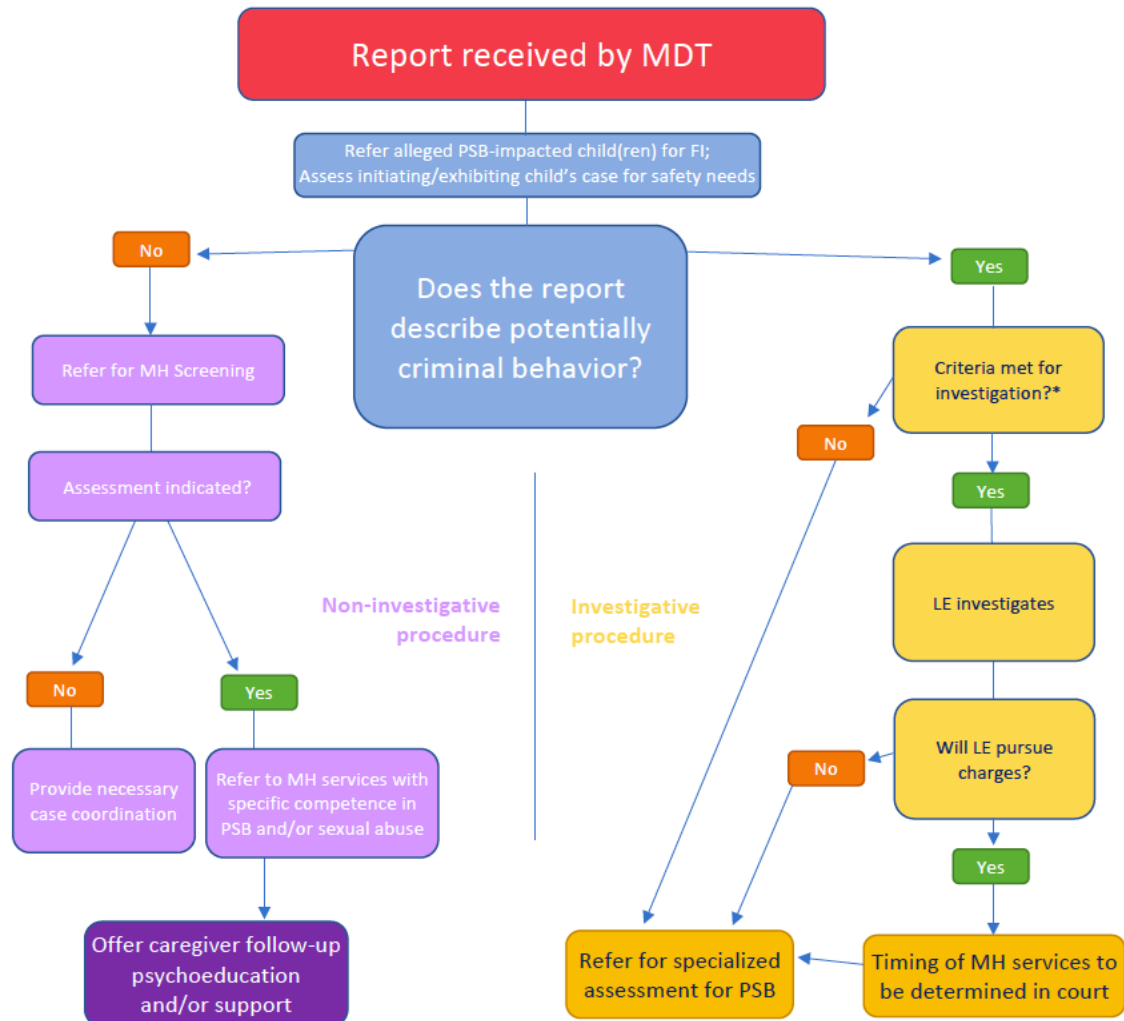
- Understanding of PSB
- Which agencies are responsible
- Specialized training for PSB response
- Adapting MDT response protocol for PSB
- Whether and who should conduct FIs
- Legal (statutes/age of adjudication)
- Services (availability of PSB treatment and/or assessment providers)

Advantages of using MDTs

Work together to:

- Develop MDT response protocol for PSB cases
- Identify and train professionals to handle these cases
- Determine which agencies get involved in each case
- Share in decision-making
- Engage in case review

The MDT Decision Flow Chart



Forensic Interview of Child Impacted by PSB

- Purpose of FI
 - Elicit accurate disclosure to assist in determining whether abuse/a crime occurred
 - Assigned MDT members are present to observe and share case information
 - MDT members determine next steps (consult with MH provider)
 - Creates an opportunity to provide support and advocacy for impacted child and their caregivers
 - Provide referrals for MH and Med services

The MDT Decision Flow Chart

Non-investigative Procedure

If after the forensic interview **of the impacted child**, it is determined the report *does not* warrant a criminal investigation:

- Refer BOTH the impacted child and initiating child for **Mental Health Screenings** – this will assist in determining the course of treatment for each child and their family
 - PSB Mental Health Assessment/Treatment for initiating child
 - Caregiver support/follow-up and psychoeducation
 - Evidence-based treatment for impacted child
 - Clinical Assessment

Clinical Assessment Considerations

- Family dynamics/history/makeup/relationships
- Resiliency/protective factors
- Mental and organic disorders/Psychopathology
- School/academic issues
- Drug/alcohol use
- Social, family, environment issues
- Cultural, spiritual, socio-economic

Clinical Assessment Considerations...cont.

- Developmental history (biological, psychological, moral)
- **Trauma history**
- Self-perception/image
- Sexual history, interests, and knowledge
- Denial/deception
- Violence and/or coercion
- Medical concerns*

Forensic vs. Therapeutic Assessments

- Therapeutic
 - Patient is client of mental health practitioner
 - Information privileged between evaluator and patient
 - Evaluator is supportive, accepting, and empathetic
 - Patient structured, but less structured than forensic
 - Helpful relationship, rarely adversarial

Forensic vs. Therapeutic Assessments...cont.

- Forensic
 - Patient is Client of attorney, court or referral source
 - Information privileged between evaluator and referral source
 - Evaluator is neutral, objective and detached
 - Evaluator structured, but more structured than therapy
 - Evaluative relationship that can be adversarial

Treatment Considerations

- Individualized approaches
- Relationship based (development, engagement, sustainability)
- Socio-ecological approach
- Risk identification and mitigation
- Supportive group, pro-social, skill based
- Self regulation (behavioral, emotional, cognitive)

Treatment Considerations...cont.

- Trauma informed/focused
- Strengths based (protective & resiliency focus)
- Focus on brain development, sensory and skill based
- Family focus and involvement
- Healthy sexuality/relationships
- **Goals for treatment should focus more on approach and attainment than escape and avoidance**

Treatment Considerations...cont.

- Regardless, the majority of the families we serve could benefit from treatment services.
- Strong family engagement and support early on and throughout the intervention can result in families cooperating with the system and agreeing to therapy.

The MDT Decision Flow Chart

Investigative Procedure

If after the forensic interview of the impacted child, it is determined the report *does* warrant a criminal investigation:

- Soften your approach
- Close collaboration between LE and MH is necessary to assess the ongoing needs of the children and families involved
- Your MDT will want to **consider criteria** for conducting a criminal investigation of PSB

Criteria Considerations

- First things first: Determine whether the sexualized behavior is developmentally normative (think - the continuum of SB)
- Determine when it becomes a legal matter.
(age of child(ren), type of act, force, or coercion)
- Decisions should be based on state statutes and local jurisdiction investigation procedures.

Investigative Considerations

- PSB is nonrelational (involves one child)
 - Is the behavior normative? (how is this determined?)
 - Is it a legal issue?
 - Child Sexual Abuse Material (CSAM)*
 - Public masturbation
 - Bestiality

Investigative Considerations

Who will interview the child with PSB?

- Should it be LE?
 - Are they trained in child forensic interviewing?
 - Do they understand the dynamics of PSB?
- What about the CAC forensic interviewer?
 - What happens if the child discloses their PSB?

Resources for Legal Disciplines to Consider

- Law Enforcement
 - Specialized training on PSB and developmentally appropriate interviewing strategies
- District Attorney
 - Evidence Based Prosecution (Association of Prosecuting Attorneys, 2015)
- Defense Attorney
 - Training on PSB services to advocate for and have competence in serving
- Judicial
 - Empirically driven Court mandates and knowledge of best practices
- Juvenile Justice
 - Rehabilitation vs. Punishment
- Prison/Detention
 - Matching risk and needs to resources and services (responsivity)

Promoting Safety

- Contact between initiating and recipient child
 - To remove or not?
 - If so, who goes?
 - Reunification
 - What's the plan?
 - Protocols?

Medical Exams and PSB

- Physicians should differentiate normative sexual behaviors from sexual behavior problems in children based on type(s) of behaviors exhibited and the age and development level of the child.
 - Questioning child*
 - Questioning parent*
- Making clinical decisions while understanding the development of problematic sexual behavior is related to a variety of child, family, developmental, and social factors
- Education for the general medical community

Prosecutor's Options

- Vary by jurisdiction and child's age
- Child protection petition/treatment (are services going to be court ordered?)
- Juvenile delinquency petition as a diversion or stayed adjudication for several months with treatment
- Juvenile delinquency charges
- Referring case to adult court
- Offender Registries
- **These decisions often depend on amenability to treatment and assessment of risk, which can be difficult to determine**

To Adjudicate or Not

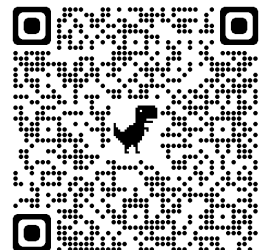
- Is there an advantage to one or the other?
 - Leverage and better treatment outcomes?
 - Impact on the therapeutic relationship
- Pre-adjudication
 - Expedites treatment
 - Motivation to discuss
- Collaborating with the prosecutor to develop an agreement
- WHO recommends a minimum age of 14 for prosecution

Registries

- 27 states require at least some juveniles to register as sex offenders
- 11 states have certain juveniles eligible for registration but leave it up to the judge
- 10 states have no registration
- Others have “hybrid” model (i.e. committed)
- Research says they do not reduce recidivism

An Empirically-Based Approach for Prosecuting Juvenile Sex Crimes

- Paul Stern, JD
 - *Follow the evidence*, of course, means that prosecutors can – and must – go only where the evidence allows them.
 - *Do the right thing* is the constant reminder that prosecutors are ethically and morally compelled to always consider not just what they *can* do, but what they *should* do.
 - <https://tinyurl.com/yc754t48>



Caldwell 2016

- 106 studies involving 33,783 adolescents adjudicated of a sexual offense between 1938 and 2014
- 33 studies between 2000 and 2015 and reported a weighted mean sexual recidivism rate of **2.75%**
- Recidivism for non-sexual delinquency 30-40%

System Needs

Considerations for CACs

- Creating a unified response to identify and treat children with PSB, providing families direction and support
- Creating policies and practices to support children with PSB and those impacted by their behavior.
- Collecting data on reported cases and case outcomes.

System Needs Considerations for CACs

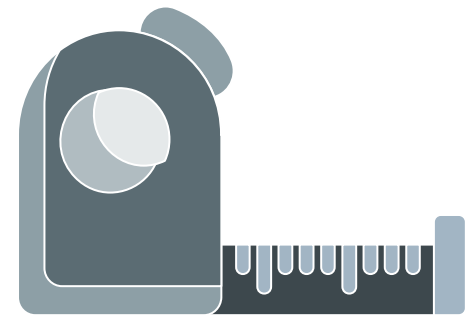
- Training opportunities for MDT members:
 - Intro to PSB (NCA Engage)
 - Training for MH on evidence-based or evidence-informed treatment for children with PSB, children impacted by PSB, and their caregivers
 - Interview training for LE for interviewing children with PSB

Considerations for Policy Change

- Prevention and education
- Early identification (and intervention)
- Collaborative community response (to include, DJJ & schools)
- Emphasis on evidence-based/supported treatment/approaches
- Promoting safe and healthy communities
- Funding to achieve all the above

Measuring Success in Your Community

- Lower recidivism
- What about protective factors?
- Improve resiliency
- Create safer communities
- Promote healthier relationships



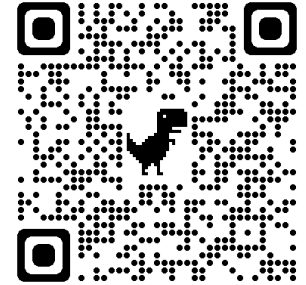
Measuring Success in Your Team

- Communication (open and confidential)
- Promoting accountability
- Managing conflict
- Creating goals and meeting objectives
- Cross discipline sharing of information and insight
- Follow through on appropriate treatment (services)
- **Taking care of each other**

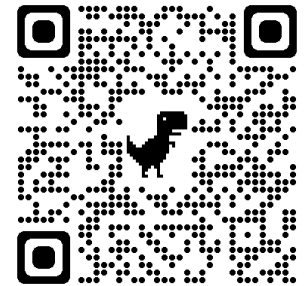


Resources

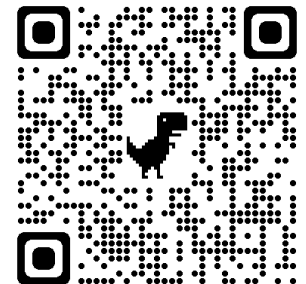
- **National Center on Sexual Behavior of Youth**
www.ncsby.org



- **National Children's Alliance**
<https://learn.nationalchildrensalliance.org/psb>



- **National Child Traumatic Stress Network**
www.nctsn.org



Thank you

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