

# Oklahoma Interagency Workgroup on Problematic Sexual Behavior of Youth

## *Guiding Principles*

Problematic sexual behavior (PSB) are behaviors that involved sexual body parts in a manner that is developmentally inappropriate and potentially harmful to self or others. These behaviors occur in children as young as three years old. Though the behaviors may appear similar to those of adults who sexually offend, in reality, youth are substantially different from adults in ways that lead us to strongly caution viewing youth through the same lens. The origins and motives of the PSB and the youths' responsiveness to intervention are quite distinct from adults who commit sex offenses. Children are in their formative years and rehabilitation is the best response to PSB. Youth who have PSB are **first and foremost** children. Their path to problematic behavior was formed by a combination of life circumstances and individual factors that contributed to challenges following rules about sexual behavior, respect, and safety.



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The Oklahoma Interagency Workgroup on Problematic Sexual Behavior of Youth have revised the following Guiding Principles originally developed by the National Center on the Sexual Behavior of Youth to set the standard of practice for professionals in Oklahoma working with children who have PSB. These are not intended to replace the standards supported by other professional disciplines. These guiding principles are designed for a wide range of professions that include but are not limited to child welfare, law enforcement, family court personnel, probation, prosecution, defense attorneys, school personnel, early childhood education, child advocates, CASA, medical personnel, behavior health therapists, and other youth and family personnel serving agencies.

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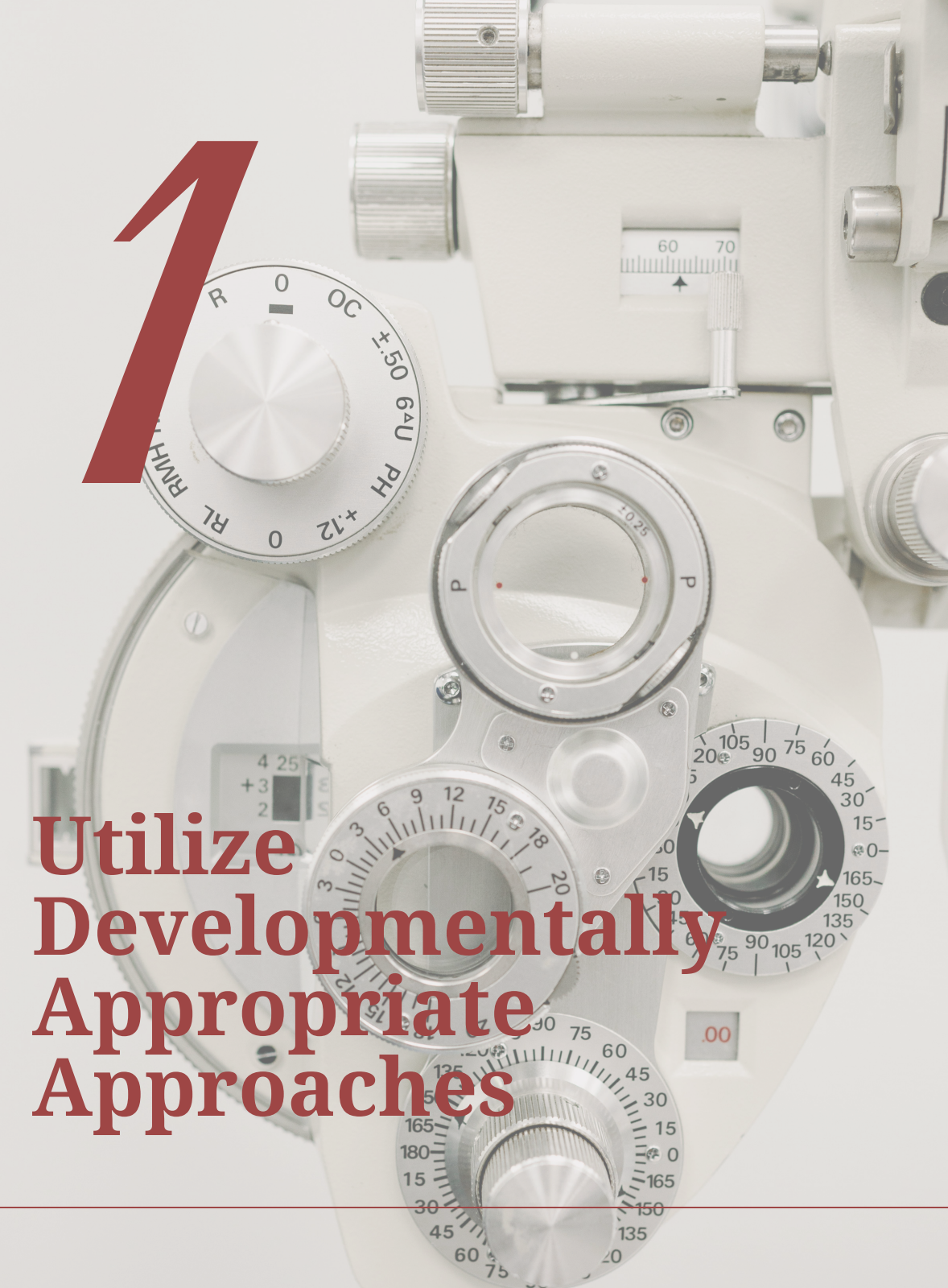
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# Utilize Developmentally Appropriate Approaches

We appreciate that each youth’s behavior must be conceptualized within a developmental framework. Motivations and reasons for sexual misconduct by children typically differ by developmental periods and generally have little in common with adults who commit sex offenses. Yet, age may not be the best indicator of child or adolescent functioning in any one domain because of the dynamic nature of child development and individual variation. Children’s social, emotional, language, and cognitive development and functioning are to be considered and integrated in interventions and decision making. A developmentally appropriate approach capitalizes on the malleability and responsiveness of youth as an opportunity for getting on a path making good decisions.

For more information:  
*Understanding Youth, Assessment, Clinical Decision-Making*  
<http://ncsby.org/content/professionals>

# 2

## Establish Identification and Response Strategies that Streamline Services

We believe effective response starts at the moment of identification of PSB of youth. When PSB of youth is identified by a child, family member, school personnel, community member or other professional, a clear next step is needed. Given that multiple professionals may be part of the response team, it is prudent for triage options and coordinated responses are developed. A number of individual, family, situational, and community factors impact what professionals are involved. Ultimately a developmentally appropriate and responsive pathway is needed to streamline the process to assess, respond, and provide intervention.



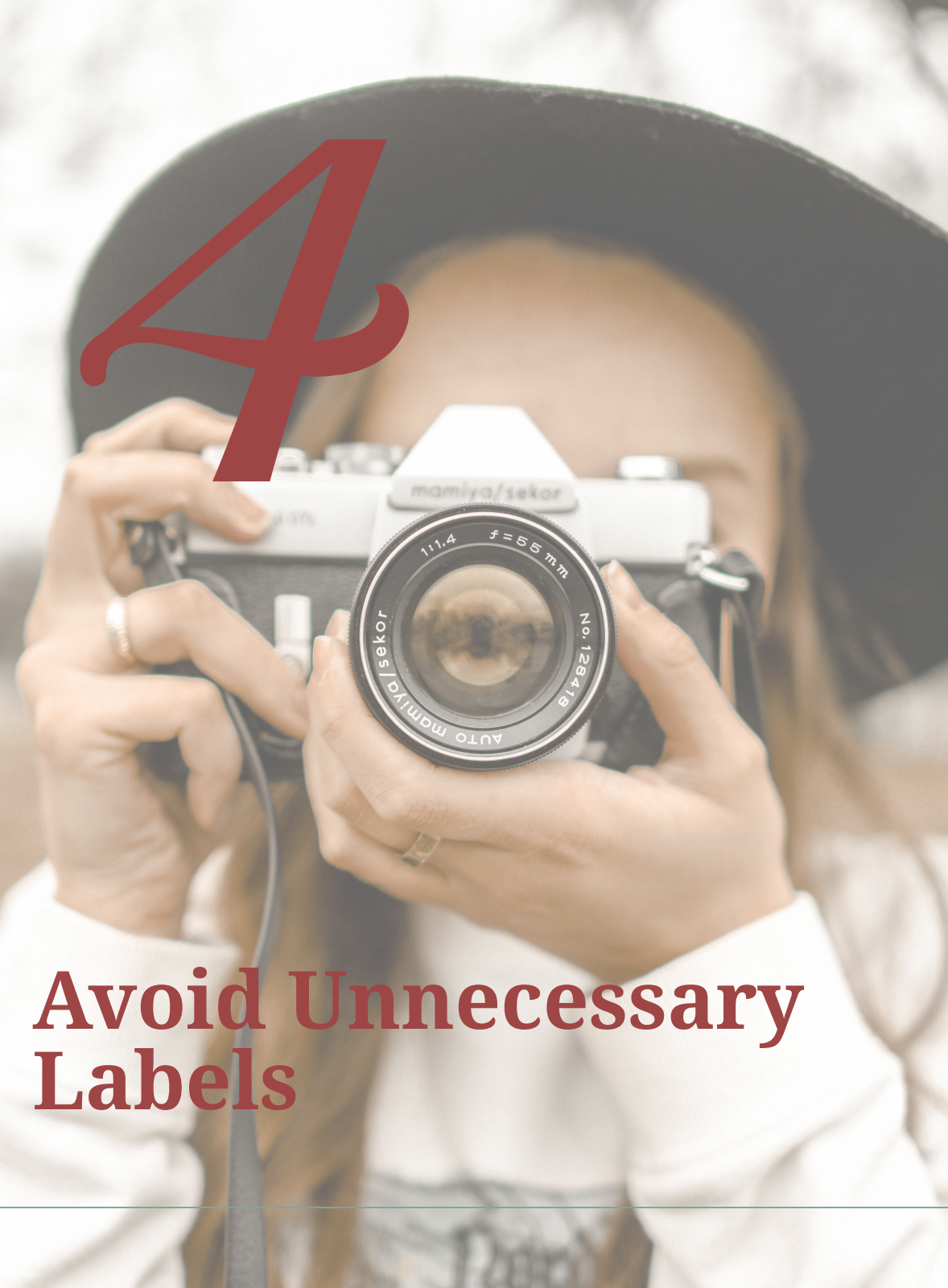
# 3

We honor the unique and individual characteristics of children with PSB and their families. Children with PSB are heterogeneous. They are unique individuals. Professionals must examine the individual youth and family's needs, risks, and strengths, as well as other characteristics that facilitate a positive response. Decisions, such as safety plans, placement, treatment, and community response are best when made case-by-case in a manner that is objective and fair.

For more information: *Understanding Youth, Assessment, Clinical Decision-Making, Intervention* <http://ncsby.org/content/professionals>

## Approach Each Case as Individual and Unique





## Avoid Unnecessary Labels

We recognize that terminology impacts professionals' understanding and response to youth. Being labeled a “juvenile sex offender”, “perpetrator”, or similar terms can lead to misconceptions, harsh decision making, and discrimination at all levels. These terms place all youth in the same criminal category despite their heterogeneity. These labels can impact their developing self-concept and remain with them, despite progress made. We recommend people-first language that labels behavior rather than the youth, such as “children with problematic sexual behavior.” These labels should also be considered when managing youths' information within the data system. Attention should be given to the labels used and the longevity of the information within computer documentation systems to avoid inappropriately stigmatizing and negatively impacting future decision making. Consider efforts to documenting the behavior in the context of the setting and time rather than labeling the child.

For more information: *Understanding Youth PSB, Clinical Decision-Making, Intervention, Public Policy* <http://ncsby.org/content/professionals>

# 5

## Integrate Family and Community Factors

We believe that youth are best understood in the context of their family and social environment. Family members, peers, and other community members have fundamental influence on youth's growth, development, decision-making, and behavior. Effective interventions directly involve parents and caregivers to establish safety, teach supervision and behavior management strategies, and support the youth's healthy development. Therefore, the voice of the family and youth should be included when making decisions. Professionals must help youths and their families build social bonds, positive supports, and peer groups (e.g., pro-social friends, mentors, teachers, coaches, faith based and other community organizations) to successfully address youth PSB and promote healthy development.

For more information: *Understanding Youth PSB, Assessment, Clinical Decision-Making, Intervention* <http://ncsby.org/content/professionals>



# 6

## **Consider Needs of the Entire Family System of the Child with PSB and Impacted Children**

We understand the potential rippling impact of PSB of children on the other children involved, family members, and others. There is great complexity in situations when PSBs occur within a family. The needs of all family members should be considered including when youth have acted out with others within their social system. Agencies should ensure that all family members' treatment needs are assessed and addressed, in particular the needs of the children directly and indirectly impacted who may have been victimized. Further, appropriate safety and supervision planning is required at identification of the PSB and adjusted as needed throughout services. Decisions about supervision, safety planning, and placement are made with understanding of the risks, needs, wishes, protective capacity, and responsivity to interventions of all family members. Thus, trained service professionals should be involved in decision making. If children are removed from the home, a plan for assessing and moving towards eventual safe reunification when feasible should be established. This safety plan should be constantly re-assessed, considering the needs of all family members.



# 7



## Use a Collaborative Approach

We understand that decision making regarding children with PSB is a major responsibility that requires a collaborative approach. The professionals and family are charged with promoting safety and addressing the needs of all the children (the youth with PSB, child victims, siblings, and others) in the context of the family, school, and community. Coordinated responses and services are needed across agencies that commonly work with the youth with PSB, child victims, and families. As noted in the introduction, these may include child welfare, law enforcement, family court personnel, probation, prosecution, defense attorneys, school personnel, early childhood education, child advocates, CASA, medical personnel, therapists, and other youth and family personnel serving agencies who should all be involved in collaboration. Family and youth voices are important parts of this team. A coordinated approach improves outcomes for individual youth and families as well as promotes sound policies and procedures. Information should be shared at the level needed to inform decision making.

For more information: *Understanding Youth, Assessment, Clinical Decision-Making, Intervention* <http://ncsby.org/content/professionals>



# Conduct High Quality, Holistic Assessments

We appreciate that quality holistic assessments best guide effective interventions. Such assessments use evidence-based practices and positively engage youth and their parents and caregivers. Assessments use multiple sources to examine case specific needs, problems, and strengths that determine targets for reducing risks, facilitating protective factors, and promoting healthy, pro-social development. Assessments reflect *current* functioning and circumstance. Due to the rapidity of child development, timely reassessments are recommended. Professionals use assessments for safety planning, to provide evidenced-based treatment recommendations and interventions, and to examine the risk and benefits associated with various placement options.

For more information: *Assessment* <http://ncsby.org/content/professionals>

# 9

## Provide Focused and Effective Interventions and Treatment

We respect that youth with PSB, child victims, and family members deserve access to evidence-based treatments in a timely manner. Effective treatments eliminate PSB, enhance behaviors in all settings, improve coping strategies, reduce trauma symptoms (when present), and improve family functioning and protective capacity. We recommend professionals use the evidence-based or supported treatment approaches that match the most urgent needs of youth with PSB and family members. Evidence-based interventions for problematic sexual behavior of children directly addresses behavioral management skills, rules about sexual behavior, boundaries, sex education, and abuse prevention strategies with the child and caregivers. We recognize that youth with PSB and their families often present with multiple needs and factors—professionals must consider these when planning focused interventions and treatment. We caution against attempting to simultaneously provide a wide variety of interventions with multiple agencies. Such approaches overwhelm families and have been found less effective than focused interventions and case management. When multiple needs are present, professionals and family members must prioritize needs to facilitate safety, family functioning, and progress. Consideration should be given to how evidence-based services can be integrated to best meet the needs of children and families.

For more information: *Understanding Youth, Assessment, Clinical Decision-Making, Intervention, Public Policies* <http://ncsby.org/content/professionals>



# 10

## Utilize a Flexible Continuum of Service Delivery Options

We recognize the need for a continuum of care that flexibly meets the needs of the youth with PSB, child victims, and family members. Children are to be placed in the least restrictive level of care consistent with community safety. Generally, community and home-based interventions are safe and effective in treating PSB. Community-based interventions provide increased opportunities for healthy and pro-social development and positive supports for the youth. Foster care placements can facilitate remaining in the community and participation in intervention. When out-of-home placements and more restrictive interventions are necessary for safety or behavioral health reasons, it is important that these placements be as short in duration as possible. Family and caregiver involvement should be maximized and plans for community transition and re-integration should begin upon admission. Some youth who present with serious mental health concerns may require more restrictive interventions.

For more information: *Clinical Decision-Making, Intervention, Pyramid Illustrating Continuum* <http://ncsby.org/content/professionals>

# 11

## Ensure Appropriate Training, Qualifications, and Practice

We value professionals and recognize the significant impact of their work on families. Relevant coursework, degrees, supervision and advanced training ensure professionals are qualified to work with youth and families. Professionals must have essential training in child and adolescent education and training allow professionals to stay current



with best policies, evidence-based practices, and empirical research on the PSB of youth. Particular attention is needed for competency, training, and support for staff of all out-of-home placements and more restrictive interventions for children (such as, group homes, inpatient treatment facilities) in order to protect against PSB and support healthy boundaries and relationships. Inpatient care should be physically structured to maximize safety and reduce opportunity for PSB to occur through appropriate safety planning (i.e., separate bedrooms for youth, appropriate supervision and monitoring by floor staff). Professionals should follow guidelines and ethical standards (such as, the *Association of the Treatment of Sexual Abusers Standards and Guidelines*). Professionals should recognize and practice within the scope of their profession and abilities.

For more information: *Guidelines and Standards of Care*  
<http://ncsby.org/content/professionals>

# 12

## Implement Effective Practices and Public Policies

We recognize that sound and effective public policies and practices must be grounded in the best available research. Developing effective public policies and practices requires thoughtful steps that identify the relevant problems and the evidence that informs rectifying or ameliorating them. When new practices or policies are piloted or implemented, ongoing evaluation is needed to ensure effectiveness and that required standards are maintained. Public policies found to be harmful are (or should be) rectified. As research evolves, so should public policies and practices. More specifically, suggested policies include:

- ✓ Structuring multidisciplinary teams such that collaboration is facilitated by encouraging the ability to share confidential information across team members when it pertains to a child with PSB. Information should be shared at the level needed to inform decision making.
- ✓ Providing commensurate levels of reimbursement to encourage uptake of the provision of evidence-based treatment for youth with PSB and discourage use of inappropriate approaches.
- ✓ Supporting a developmentally appropriate approach to applying laws. This includes disallowing the use of tools or strategies that are developmentally inappropriate, such as polygraphs and broad application of sex offender registries.
- ✓ Engaging rather than alienating caregivers in coordinated care for their child is recommended. Engagement of caregivers is critical to successful outcomes of the youth.
- ✓ Enhancing options of family court practice and policies to allow for appropriate triaging of youth to pathways that fit their need for accountability, rehabilitation, and healing. Consideration of diversion, differed prosecution, court orders of treatment, and levels of care options are needed.

For more information: *Public Policy* <http://ncsby.org/content/professionals>

**The Oklahoma Interagency Workgroup on Problematic Sexual Behavior of Youth would like to acknowledge that the topic of youths' PSB is a sensitive one and involves behaviors that significantly negatively impact child victims and their families. The aim of the creation of these guiding principles is not to discredit the experiences of victims, but rather to acknowledge the harm that has been caused and discuss a way forward in order to reduce the likelihood that further harm will be caused.**

**Additional resources for child victims and their families can be found through the National Child Traumatic Stress Network at [www.nctsn.org](http://www.nctsn.org).**

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**Modified from Guiding Principles developed by the National Center on the Sexual Behavior of Youth.**

**Original can be found here:  
<http://www.ncsby.org/content/guiding-principles-0>.**

**For more information see [www.ncsby.org](http://www.ncsby.org). June 25, 2020**

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