Understanding Problematic Sexual Behavior in Youth – A Factsheet for American Indian and Alaska Native Tribes.

Much of Native culture is based on the Circle of Life. Culture teaches us that we are all relatives to all things in creation. Some of the threads in the Circle have become broken. MDTS can help mend the Circle by understanding how to help youth with problematic sexual behavior (PSB).

Problematic Sexual Behavior (PSB) is youth- initiated behavior that involves sexual body parts in a manner that is developmentally inappropriate and potentially harmful.¹

MDTs Role In Addressing Problematic Sexual Behavior

MDTs are a group of professionals who collaborate to respond to reports of child abuse, neglect, and PSB of youth. Some MDTs are associated with children's advocacy centers. Often MDT members include tribal program staff, law enforcement, child protective services, clinicians, school staff, prosecutors and member of other agencies. Some tribes have MDTs or child protection teams in place to respond to youth with PSB. Some do not.

Key elements of successful tribal MDTs are community ownership and involvement, resources to support the team functions, integration of tribal culture and tradition in team process and decision making, development of clear protocols, participation and commitment of MDT members, adequate training and support, confidentiality, and individual member and team accountability.

Developing A Multi Disciplinary Team

- Identify committed members who have support from their agencies to participate.
- Identify roles and experience of members.
- Develop mission, purpose, activities and traumainformed principles.
- Develop protocol outlining policy, responsibilities and procedures that guide screening, assessment, investigation, intervention and management of cases.
- Successful MDTs honor confidentiality policies and work in the best interest of youth with PSB, child victims and families.

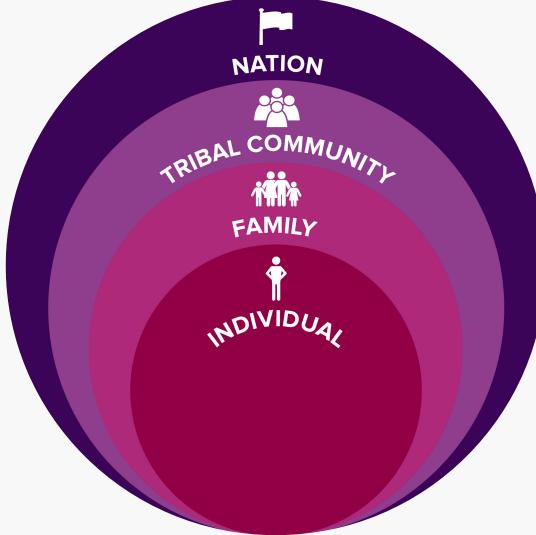
Protocols & Procedures

Establish and follow policies and procedures for investigating PSB cases and the following topics:

- Triage and response protocols for youth with PSB.
- Protocols that outline risk and protective factors.
- Protocols for response to youth under age of culpability and arrest.
- Protocol for communicating among parties and managing confidentiality.
- Protocol for tribal court prosecutors.
- Protocol for referral and access to treatment and coordination among agencies with levels of care based on risk, need, responsivity, context and protective factors.
- Protocol and policies to address family services for cases when PSB occurs among family members.
 Coordinate services and safety for child victim(s), youth with PSB, caregivers and other family members.
- Protocol for data sharing and tracking cases across systems.
- Protocol for mandatory reporters, what kinds of information to include, and to whom to report cases.
- Be familiar with jurisdictional issues and who to contact with questions including tribal and state law
 P.L. 280, P.L. 93-638 or self-governance status, major crimes act and Indian Country Crimes Act.

Respond

- Children with problematic sexual behavior are not mini adults.
- Children should not referred to and/or treated as "perpetrators."
- Know your role in the MDT response process.
- Utilize an MDT approach for cases involving children and problematic sexual behavior.
- MDTs can help caregivers as understand the behaviors that occurred and the complex nature of PSB.
- MDTs may offer services onsite or through community collaborations that follow detailed policies and procedures for youth with PSB.
- MDTs can help ensure that services are delivered in a manner that ensures the physical and psychological safety of all children and families receiving services.
- MDTs may work with child advocacy centers or



NATION - Empirically based & developmentally appropriate Policies, Laws, Codes, Registries, Statutes



TRIBAL COMMUNITY - Supporting healthy relationships and behavior through Schools, I.H.S., MDTs, Law Enforcement, BIA, Social Services, Courts, Behavioral Health, State Department of Social Services, CPS, Boys and Girls Clubs, Juvenile Justice, Tribal Health, Tribal Child and Family Service, Child Assessment Center, Tribal Protocols, Resolutions, Procedures, Registries



FAMILY - Teach, supervise, ensure privacy, address technology and pornography, address trauma, support healing, drug and alcohol free environment, rites of passage, coming of age ceremonies, culture, values



INDIVIDUAL - Healthy relationships, normal behaviors and sexual development, respect for other persons and boundaries, roles in family and community, spirituality

Information - Empirically informed knowledge improves decision making

Attitudes & Beliefs - Healthy beliefs that are trauma informed

Access - Empirically based and developmentally appropriate policies and services

Culture - Culturally Congruent and Respectful Approaches

other organizations to support youth with PSB in the following ways: forensic interviews, medical evaluation, family advocacy, mental health treatment, case review and case tracking.

• MDTs work with social service organizations (BIA or tribal) to document allegations and protect all children.

Research on Problematic Sexual Behaviors

- PSB in youth occurs in youth across sexual orientation, race, ethnicity or socioeconomic status.¹
- More than one-third of sexual offenses against children are committed by other youth.³
- Risk for problematic sexual behavior is greatest among youth 12-14 years of age.⁴
- Almost half of child victims of problematic sexual behavior are under 6 years of age.⁴
- Problematic sexual behavior occurs most often between children/youth twho know one another more than 34% of PSB cases involve family members.⁵
- Problematic sexual behavior in youth is a serious issue that is underreported and not addressed in many communities.
- The recent average sexual recidivism rate for adolescents with illegal sexual behavior was less than 3%.⁶

Treatment of Problematic Sexual Behaviors

- Effective interventions include active involvement of parents or other caregivers. Effective components of treatment address safety planning, sexual behavior rules, managing child behavior, boundaries, sex education, abuse prevention skills, and child self-regulation and self-control skills. Treatment may also include emotional regulation skills, healthy coping skills, decision-making skills, social skills, restitution and amends.
- Sex education is a key component. Identify someone the child can talk to about friendship, relationships, and questions about sex, rather than relying on peers or the Internet. Treatment may include abuseprevention skills.

- Professionals can advocate for public policies that support treatment for youth with problematic sexual behavior. Use people-first language. Treat as children first. Have developmentally appropriate policies, laws and protocols.
- Professionals can encourage parents to talk with their children about their bodies, body parts, and personal space and privacy in a developmentally appropriate manner beginning at 3 to 4 years of age.
- Support open communication about relationships, intimacy, consent, prevention of abuse, pornography, and other related topics in a developmentally appropriate manner with trusted adults.

"When people don't understand what they can do about it (PSB), they just turn the other way. They have to accept, like okay this is the issue, but then what do I do about it? If they don't have an answer, they just ignore it and it becomes overwhelming, shocking, in the community, and for our children. We have to be open and honest about it."

> – Janet Routzen, Associate Judge Rosebud Sioux Tribe

Resources For MDTs

National Children's Alliance www.nationalchildrensalliance.org

U.S. Department of Health and Human Services Child Welfare Information Gateway on state and Tribal laws and policies

www.childwelfare.gov/topics/systemwide/laws-policies/ state/?hasBeenRedirected=1

Tribal Institute, Multidisciplinary Teams and Child Protective Teams

www.tribal-institute.org/download/MdtCpt.doc

U.S. Department of Justice Office of Justice Programs Office of Juvenile Justice and Delinquency Prevention, Forming Multidisciplinary Teams to Investigate Child Abuse

www.nfcjrs.gov/pdffiles1/ojjdp/170020.pdf

MDT Fact Sheet References

- Silovsky, J. F., & Bonner, B. L. (2003). Children with sexual behavior problems: Common Misconceptions vs. current findings. National Center on Sexual Behavior of Youth.
- National Children's Alliance (2017). PSB Fact Sheet Overview. Risk and Protective Factors. Available online from: http://www.nationalchildrensalliance.org/ wp-content/uploads/2018/03/2017-PSB-Fact-Sheet-Overview-3.pdf
- Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. L. (2009). Violence, Abuse, and Crime Exposure in a National Sample of Children and Youth. Pediatrics, 124(5), 1411-1423.
- 4. Finkelhor, D., Ormrod, R., & Chaffin, M. (2009).

Juveniles Who Commit Sex Offenses Against Minors. Office of Juvenile Justice and Delinquency Prevention, Juvenile Justice Bulletin December 2009. Available online from: https://www.ncjrs.gov/pdffiles1/ ojjdp/227763.pdf

- 5. Snyder, H. (2000). Sexual Assault of Young Children as Report to Law Enforcement: Victim, Incident, and Offender Characteristics. NCJ 182990. Available online from: https://www.bjs.gov/content/pub/pdf/ saycrle.pdf
- Caldwell, M. F. (2016). Quantifying the Decline in Juvenile Sexual Recidivism Rates. Psychology, Public Policy, and Law, 22(4), 414.

