

Engaging Caregivers when Addressing Sexual Behaviors in American Indian/Alaska Native Children

A Tip Sheet for Professionals

We acknowledge the NCSBY Caregiver Partnership Board for their words and wisdom.

Who may benefit from this information:

Medical workers, therapists, child welfare workers, law enforcement, juvenile court personnel, school personnel, Child Advocacy Centers, and any other person who engages with children and families may benefit from this information.

Engaging elders:

Native Elders are often excellent sources of information about family and Tribal history. They are likely to respond positively if asked to provide this information during individual discussions. Remember to request permission to share the information with others and honor the answers given

Understanding sexual behaviors

Children and youth exhibit a range of sexual behavior from typical to concerning to problematic to illegal. Typical sexual behavior tends to be exploratory, occurs spontaneously between similar-aged peers who are functioning at the same level, responds to intervention, and is not associated with strong emotions. When sexual behaviors are problematic (children are of different ages and abilities, strong negative emotional reactions, frequent or includes threats, force, or aggression), the behaviors may require specialized intervention.

**“You can create change.
You can make a difference.
You may be the only one to
empower this person.”**

You are critical in helping families

You and the job you are doing matter. When a family learns that their child has engaged in problematic or illegal sexual behavior, they may experience a range of emotions. They may feel like they are in crisis. What you say and do matters deeply during this time. The words you use may build up or break down barriers. Though their child made an unhealthy behavior choice, it is still their child, and they are worthy of help and understanding.

Tips for engaging families: Insights from caregivers

- Open the door and give us space to hear our story. Caregivers will be more likely to trust and open up when they know you truly care about them and take the time to hear their stories.
- Create a calm, safe place, with few people around, to reinforce that comforting space to talk.
- Strive to give the overall message that you are here to help.
- Assume the best about our child, not the worst. Above all, remember that we are people, and this is a child.

Empathize with caregivers and recognize pain

“No parent really wants to end up talking to a law enforcement officer or child welfare worker about their child, so this is probably anxiety-provoking for them to even have this conversation.”

Talking to children about sexual behaviors can be an uncomfortable conversation for caregivers. Some families may be operating in pain, so recognize that before you begin conversations with them.

Intervention and prevention are key

The words you use may differ based on your profession. For example, doctors may be able to say things or ask questions that teachers cannot. Conversations about sexual development and boundaries can be included as preventative steps as opposed to only intervention steps.

Consider these conversation starters for prevention and intervention measures:

1. **"Have you talked about Private Parts or Sexual Behavior Rules with your kids yet?"**
2. **"What do you call private parts?"**
3. **"What safe person or support could you talk to when you have sexual questions that come up?"**
4. **Utilize the values, beliefs, customs, and practices of family systems if possible and incorporate people the child or family sees as "safe," such as an aunt/uncle or grandmother/grandfather.**

Tips for communicating empathy:

Be aware of their body language and your body language. Body language may be different based on cultural teachings and protocols. For example, if a person's eyes are averted or down, this does not mean in many Indigenous cultures that they are not hearing you. This may be a way of showing respect.

- The more comfortable you are with a family, the more comfortable they will be with you.
- Validate the feelings the caregiver may be experiencing. You are not expected to make the feelings disappear. It is often helpful to hear that you understand how hard this can be.
- Seek opportunities to grow and empower the caregiver. While a caregiver may feel lost in this moment, they likely hold beneficial information about their child that can help guide the next steps.
- Offer practical tips without judgment.
- It may be useful to offer language on how to have conversations with children and youth about sexual behavior. While a conversation may not be able to happen right away, long term, the caregiver will be responsible for providing information to the child about their sexual development.
- Make sure you are comfortable talking about this topic. If you have had past experience of your own and have not dealt with it, you may be triggered and become ineffective in helping the families.

Create safety by normalizing the conversation

“I think if more people did that (talk with families about sexual development and sexual abuse), it wouldn't be so taboo to discuss this topic.”

Sexual development starts in infancy, so conversations to support healthy development need to start as soon as they start to talk, and continue throughout childhood and adolescence.

Consider the following verbiage:

1. **"Because of social media, children have access to more sexual content online and are engaging in sexual behaviors at a younger age. If you have any questions, or you're concerned about their sexual activity or their behaviors, go look at this website or contact XYZ."**
2. **"I want to give you this link for age-appropriate body safety information."**
3. **It would be helpful to incorporate these things during regular appointments as prevention, not just intervention. For example, a pediatrician may check in about a child's sexual behavior as they do their physical behavior during a well-child visit. If a caregiver reports a behavior that may be concerning or problematic, open the door for them to share more.**
4. **Talking to caregivers about supervision of their children online.**
5. **Offer apps they can put on their children's phones or computers to keep them safe.**

Streamline the process of getting direct help

Have a plan. There are effective services for working with problematic sexual behavior of youth. Create a partnership with a few community providers, including those who do this work, and connect families to them. If needed, work together with professionals in the community to determine the cause of delays in getting to services. If possible, reduce the investigation time and adjudication determination if that is the path taken. Consider rehabilitation/habilitation paths whenever possible.

Be aware of where you work because some places, like reservations or very rural areas, may not have access to services in a timely manner. Navigating this piece is important. Rely on family systems. Keep contact with the family and let them know that something is being done. This will help create trust among the families.




Check out the PSB-CBT provider map, [CLICK HERE](#).



Visit [Top10.com](#) for best parental control apps, [CLICK HERE](#).



Review the following responses and consider how you might use the helpful responses in your work.

| Possible Helpful Responses | Possible Unhelpful Responses |
|--|---|
| <ol style="list-style-type: none">1. Provide opportunities for the caregiver to have a voice and understand that each situation is unique2. Give the message that you are there to help3. Open body language4. Using the term “problematic sexual behavior” and separating the behavior from the child5. Talk about broken boundaries vs sexual abuse6. Check-in with caregivers and ask how they are doing7. Collaborate with other professionals involved to streamline services8. Create a safety plan with the caregiver to keep all children in the home safe9. Try to allow for prosocial activities with eyes on supervision | <ol style="list-style-type: none">1. Not giving the family space to share their story2. Assuming the worst about the child or caregiver3. Using terms like “offender, perpetrator, abuser.”4. Removing all activities from families in all circumstances5. Having legal meetings in the school or public setting consistently6. Using various facial expressions and body language that communicate discomfort or judgment7. Having siloed and conflicting responses <div data-bbox="862 1304 1432 1535"><p>For providers, cultural humility training is needed for those working in unfamiliar areas and cultures CLICK HERE.</p></div> |

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