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WHERE WE BEGIN

CACs and Youth with Problematic Sexual Behaviors

Why is the CAC model important in addressing allegations involving youth with PSBs?

An effective community response requires agency collaboration to plan, develop, and enact a decision-making process to address safety, management, supervision and treatment of youth with problematic sexual behaviors (PSBs). CACs occupy a unique place in the child abuse community response, as we are strongly connected to all stakeholders involved in the protection of children. In addition to providing many direct services, CACs have agreements with agencies outside of the traditional multidisciplinary team (MDT), and often do not have the system constraints of their partner agencies.

In 20-25% of cases handled by Children's Advocacy Centers, youth or children under age 18 have acted out against another child.[1] Research also shows that a similar proportion (23.2%) of sexual assaults are committed by juveniles.[2]

Because of these close working relationships, a CAC is not only well-equipped to coordinate but to lead a collaborative MDT response for youth with PSB, their child victim and caregivers. These cases are often more complicated and benefit from deep levels of input to ensure the best course of action. The MDT is critical in the response. Expansion of the MDT to serve communities responding to youth with PSBs beyond the traditional MDT composition may include representatives from family courts, probation offices, and schools.

Without CACs leading the response, there are often few options for these children and families to receive services once communities identify problematic sexual behaviors. CACs increasingly identify these gaps and fill them.

With appropriate interventions, supervision and treatment, most children and youth with PSBs can:

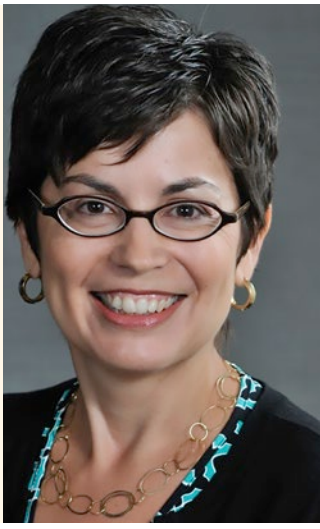
- **Live safely with other children;**
- **Be treated on an outpatient basis while living at home or in the community, and;**
- **Attend school and participate in school activities without jeopardizing the safety of other students.**

Research has demonstrated that sexual recidivism decreases substantially when effective treatment is provided:

- **Ten-year recidivism rate after 12-session outpatient cognitive behavior group treatment just 2%;**
- **Children ages 7-12 years have a 98% long-term success rate;**
- **Youth ages 13-18 years have a 97% long-term success rate.**

"When responding to kids with problematic sexual behaviors, CACs are the absolutely crucial link between how communities address the problems and the science on what works."

—Teresa Huizar, Executive Director, NCA



How and why do CACs become involved with allegations of youth with PSBs?

Youth with PSBs may be involved with a CAC as a child victim themselves (with history of physical abuse, sexual abuse, neglect, or witness to violence), as the youth who acted out with a younger child victim, or as both. These youth are commonly misunderstood by the public and professionals, with overly punitive responses based on approaches for adults with illegal sexual behavior. Appropriate response by all systems charged with intervention is critical to the safety and well-being of child victims, the child with PSBs and other children impacted by the behavior and response.

CACs have experienced a growing recognition of PSBs among youth; with many centers developing protocols with their MDTs for effective responses. A priority for the National Children's Alliance and its members is developing and implementing effective responses that ensures the physical and psychological safety for all children and their families within the CAC model.

NCA Standards: Child-Focused Setting

Many CACs serve a vital role in their community by providing services to children with problematic sexual behaviors. CACs offering services to this population should have policies and procedures in place to maintain physical and psychological safety for child victims and their families. This includes protected service times when child victims would not be at the center, separate entrances and waiting areas or providing services through linkage agreements at off-site locations.[3]

How might caregivers respond to problematic sexual behaviors in their families?

Learning that their child has acted out in a sexually inappropriate manner can be extremely stressful for a parent or caregiver. Understanding how to respond to their own child's behavior can be difficult for any parent. Families often respond to the news with shock. They frequently lack information and adequate support to deal with the events surrounding identified problems with their child's sexual behavior. Caregivers may experience a range of reactions, including:

- **difficulty believing that the sexual behavior actually happened;**
- **anger at the child, at the other children involved, at themselves;**
- **feeling upset with or withdrawing from their child;**
- **feelings of sadness, depression, guilt, shame and isolation;**
- **disappointment, in the child and self;**
- **confusion and uncertainty, especially if it is unclear why their child is sexually acting out, and;**
- **nightmares and other traumatic stress reactions, particularly if they were sexually abused as a child.**[4]

Some parents and caregivers struggle with believing the behaviors have occurred or do not understand the seriousness of the issue. They may experience divided loyalties or may not understand how to meet the needs of all children involved. CACs understand the complex nature of child sexual abuse and problematic sexual behaviors, and can help caregivers and families respond appropriately.

What are the special challenges of sexual behavior problems among siblings or family members?

Youth who have sexually acted out with other children or their siblings present a unique challenge. Parents and caregivers are often overwhelmed, scared and confused. Many families are able to provide support and supervision needed for all the children in the home. However, some may not and if this is the case, concerns regarding safety may cause these children to be removed from their home. It is considered better practice to move the child with PSB when separation is necessary; however, this presents challenges as well. Finding community-based placements can be more difficult and in such settings, other children are not often present, so they may be restricted or isolated from their peer groups resulting in a lack of opportunities for social development.

The victim experiencing the trauma of sexual abuse or problematic sexual behaviors may have a wide range of responses. Some children may show almost no reaction or trauma symptoms, while others may experience reactions such as nightmares, a heightened startle response, and/or avoidance of anything that reminds them of the event. They may develop symptoms of fear, anger, depression, anxiety, Post-Traumatic Stress Disorder (PTSD), behavior problems, social and peer problems, or even inappropriate sexual behaviors themselves.[5] All child victims should receive a mental health assessment to guide treatment decisions.

How can we help caregivers engage with the treatment and support activities?

Engagement begins at first contact. Accurate, clear, unbiased and respectful communication and support help to decrease stigma and stress thereby promoting engagement of the caregivers.

A collaborative response from the initiation of a report by all entities involved in identification, supervision, response, and intervention is imperative to family engagement and community safety

Strategies to enhance engagement of caregivers

- **Allow the caregiver to tell their story;**
- **Listen and provide education to dispel myths about PSB;**
- **Educate caregivers regarding the effectiveness of treatment;**
- **Help them problem-solve obstacles;**
- **Provide immediate intervention including access to needed services and treatment, and;**
- **Coordinate consistent messages to caregivers across all CAC-involved professionals**

Appropriate and helpful messages from professionals for families

- **Convey that the situation is serious, without doom and gloom;**
- **Focus on the wellness of all children and positive long-term goals for the family;**
- **Let them know there is a system in place to help and provide information about the process;**
- **Explain the importance of their active involvement throughout the process;**
- **Provide appropriate education related to youth with PSBs and help to create a safety plan, and;**
- **Give them a message of reassurance and hope.**

What are some cultural perspectives that deserve attention?

When addressing problematic sexual behavior of youth with families, professionals are confronting the parent with two of the most sensitive topics: parenting and sexual behavior of children. Few families wish to readily talk about these topics. The families' culture, religion, experiences, values, beliefs, and practices will impact their understanding and response. Respectful approaches take the time to learn the families' values, beliefs, and practices and capitalizes on their strengths and protective factors.

How can we help children engage with the treatment and process?

There is effective evidence-based treatment available for children and adolescents engaging in PSBs. Helping children and youth with PSBs engage in treatment requires active involvement of parents and caregivers and support from all systems involved.

Feedback from youth participating in PSB treatment

- **"Care about me."**
- **"Try to listen and reach me instead of trying to force me to talk. Get to know me first; I need time to build trust."**
- **"I am more than my sexual behavior problems."**
- **"I didn't realize the harm I was causing."**
- **"I wish I understood the laws and consequences for my behavior before it happened."**
- **"Keep me with my family–being with my family makes me face the issue."**
- **"Group treatment helps me to understand I am not alone."**

What legal perspectives on youth with PSBs should CACs keep in mind?

Problematic sexual behaviors in adolescent youth may include behaviors that constitute illegal sexual acts as defined by sex-crime statutes in the state or jurisdiction where the behaviors occurred. A collaborative multidisciplinary response, guided by protocol, from the initiation of a report by all entities involved in identification, supervision, and intervention of children/adolescents with PSB is imperative to community safety and the success of cases/outcomes. Protocols should take into consideration system involvement and interventions that fall within the legal boundaries provided for by law.

CACs coordinating these cases should consider the following questions:

- **Is the youth of a prosecutable age (as determined by state statute)?**
- **Does the youth have a caregiver, parent, or legal guardian?**
- **If the youth is in foster care, is CPS represented on the MDT, facilitating case coordination?**
- **Is the youth living in a home with other children?**

Safety should be assessed – perhaps the youth should be moved to a setting with no other children until engaged in treatment.

Are there any other special considerations for these cases?

Services for a child/adolescent with PSB and their caregiver, parent or guardian that may be provided on-site or through community collaboration may include:

- **Forensic Interview;**
- **Medical Evaluation;**
- **Family Advocacy;**
- **Mental Health Treatment;**
- **Case Review, and;**
- **Case Tracking.**

CAC protocol for delivery of services should follow a process that ensures the physical and psychological safety of all children and families receiving services. This might include:

- **• A process to ensure protected service times when child victims would not be at the CAC at the same time as the alleged child with PSB, or;**
- **Separate entrances and waiting areas or providing linkage agreements at off-site locations, or;**
- **If a forensic interview is needed, the MDT should give careful consideration to the timing, location and goal of the interview. The MDT must ensure the forensic interview is conducted using a nationally recognized forensic interview protocol with a focus on fact finding that is not self-incriminating.**

Finally, a youth may be both a victim as well as having acted out against another child. Discuss the case with law enforcement and/or the prosecutor before proceeding with any interviews.

How can we engage our partners and gain their "buy-in" to serve these children?

Education is the first step in the process of engaging partners to serve youth with PSBs. Information to support professionals charged with identification, supervision, and intervention in methods using best practice in forensic interviewing, case management, and treatment delivery is imperative to supporting this work.

CACs and MDTs, whether offering services on-site or through community collaborations, should have detailed policies and procedures in place to maintain physical and psychological safety for all children and their families. Policies should include procedures to determine system involvement, appropriate interventions, monitoring and supervision of the child/adolescent with PSB, safety of child victim, and other children and caregiver support.

Convening a Response Committee

The community, through the CAC, should convene a committee composed of senior leaders, MDT members, and providers of services to develop guidelines for response. The committee should work together to create policies that ensure involvement by all systems involved in response.

Professional Roles to Consider for Inclusion

- Child Protective Services
- Law Enforcement
- District Attorney's Office
- Family Court Personnel
- Probation & other Juvenile Justice Personnel
- Child Advocacy Center staff
- Victim Advocates
- Mental Health Agency Leaders and Providers
- School Personnel
- Medical Providers
- Other Professionals who commonly identify and refer children and families to service

Committee Goals and Outcomes

- Effective and consistent identification of youth and families dealing with problematic sexual behavior
- Effective and consistent referral of identified youth to evidence-based services
- Sustainable implementation of evidence-based services
- Family-centered response to all impacted by the problematic sexual behavior of youth
- Coordinated response across agencies and systems

By learning and implementing together, MDT members and providers will reinforce good working relationships and have direct knowledge and expertise regarding the process and interventions employed.

"We had to deal with several different groups after discovering my son's problematic sexual behavior. The biggest issue for me was how none of the groups worked together at all in our situation."

—Caregiver of a child with problematic sexual behaviors

CACs are leaders in improving the experiences of and outcomes for families of youth with sexual behavior problems. In achieving this goal, CACs and their partners will improve the safety and well-being of all children in the communities they serve.

For next steps on addressing PSBs at your center, see the new video training series from NCA and Midwest Regional CAC at nationalchildrensalliance.org/psb

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1. National Children's Alliance 2015 statistical data submitted by Children's Advocacy Center members.

2. Howard N. Snyder, "Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics" (Washington: Bureau of Justice Statistics, 2000), p. 8, retrieved December 8, 2016 from https://www.bjs.gov/content/pub/pdf/saycrle.pdf.

3. NCA *Standards for Accredited Members*, 2017 Edition.

4. Learn more at: ncsby.org/content/parents

5. See more at www.nctsn.org