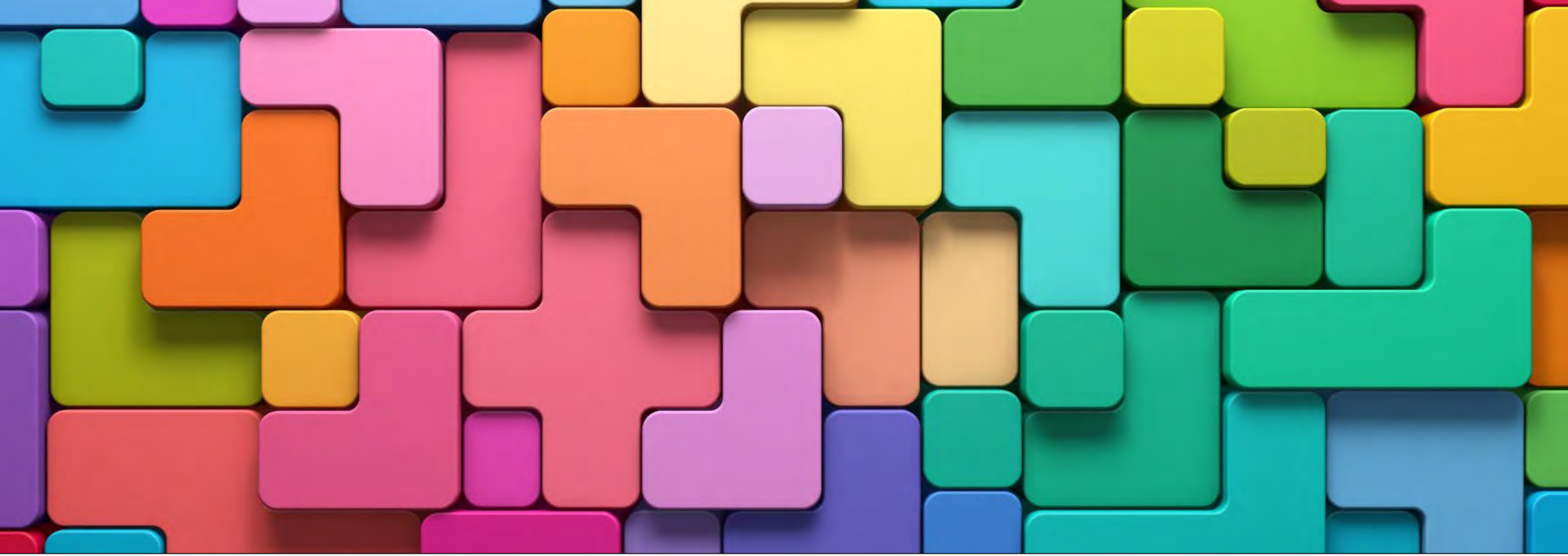

RESPONDING TO PROBLEMATIC SEXUAL BEHAVIOR

Nancy Oglesby – Justice 3D

FRAMEWORK FOR PROJECT

Problematic Sexual Behavior (PSB) –

- Sexual behaviors among children that are developmentally inappropriate, illegal, or traumatic to other children, or who have otherwise acted out sexually or sexually abused against other children (National Children's Alliance [NCA], 2021).

- "child" or "children" = 12 & under

- Focuses on PSB exhibited towards other children

WHAT IS PROBLEMATIC SEXUAL BEHAVIOR?

The behavior is also usually characterized by one or more of the following:

- Beyond the child's developmental stage
- Interferes with typical childhood interests and activities
- Involves inappropriate or harmful use of sexual body parts
- Associated with strong emotional reactions in a child – such as anxiety or anger
- Involves threats, force, or aggression
- Involves intrusive, unwelcome, coercive, or manipulative behaviors

In addition, a child exhibiting PSB will tend to continue the behavior, even when directed to stop.

(Friedrich et al., 1998, American Academy of Pediatrics, 2005, Hagan et al., 2008).

WHY CHILDREN 12 & UNDER?

- Brain Development
- Treatment Works

The great news is that children are different. The research consistently shows that children with PSB are not the same as adult sex offenders. Research shows that children that exhibit PSB, with intervention, pose a *low* long-term risk for committing future child sexual abuse and sex crimes, at a rate of 2%–10%.

(Chaffin, 2008; Carpentier et al., 2006)

The vast majority of children who exhibit PSB are not destined to be predatory, repeat sex offenders for life.

ASSESSMENT & TREATMENT

- Clinical assessment & treatment models - beyond the scope of this project.
- Screening processes to direct children with PSB towards appropriate services are not a one-size-fits-all process. Each child and his/her family are unique and decisions such as safety plans, treatment, community response and any placements should be made on a case-by-case basis. Current assessments look different depending on the discipline involved.
- Clinical assessments should only be conducted by mental health professionals
- Depending on the circumstances – treatment does not have to be lengthy or remove a child from their environment in order to be effective.

WHAT IS THE CURRENT EXTENT OF PSB IN VIRGINIA?

We do not accurately know the total number of cases that occur statewide

- Many agencies do not track the number of reports received in any fashion.
- Those that do track PSB reports do not always track cases involving children 12 & under as a distinct category.

It is almost impossible to devise an effective response to a problem if no one really knows its extent, other than through anecdotal hunches.

WHAT IS THE CURRENT EXTENT OF PSB IN VIRGINIA?

- **Law Enforcement** *- varies from department to department*

- **CPS**

Local CPS departments do not track PSB cases unless a report includes an allegation of lack of supervision by a parent or guardian. This is because cases that do not involve a caretaker issue do not fall under local CPS departments' statutorily mandated categories of investigation. If a lack of supervision issue is alleged, those cases are counted within a larger parental-neglect category, but they are not specifically tracked as a unique sub-category.

- **CACs** – *referral only*

PRIOR ABUSE?

One common misconception is that all children that exhibit PSB have been victims of sexual abuse. Some research does show that children who have a history of sexual abuse do engage more often in sexual behaviors than children who have not been sexually abused. (Friedrich et al., 2005).

Other research, however, suggests that many children who exhibit PSB have no history of being sexually abused (Bonner et al., 1999; Silovsky & Niec, 2002).

It is appropriate to consider the possibility that children who exhibit PSB have been sexually abused, but the behaviors, by themselves, are not sufficient to conclude sexual abuse has occurred (Chaffin et al., 2008).

WHAT PROMISING PSB RESPONSES CURRENTLY EXIST?

When professionals in a jurisdiction recognize that children who exhibit PSB are different than adult sex offenders, coordinated and creative efforts are expended to find a way of intervention that includes the following goals:

- All children involved are safe.
- Appropriate treatment is provided.
- Resources available in their community are developed and maximized.

There is also a common, underlying, foundational acceptance that the goal of systemic intervention is treatment and prevention, not punishment. Therefore, all professionals involved make every effort to not use labels that stigmatize children with PSB such as “sex offender”, “juvenile delinquent”, etc.

***Not an exhaustive list of all that is being done across the Commonwealth.*

WHAT PROMISING PSB RESPONSES CURRENTLY EXIST?

COURT SYSTEM – Bringing the child under a judge's control and supervision for the purposes of making sure that treatment services are available, received, and completed. This may be done either by the initiation of criminal charges or by requesting a CHINS (Child in Need of Services) petition.

- CHINS opens funding options under CSA – because triggers foster care prevention services.

WHAT PROMISING PSB RESPONSES CURRENTLY EXIST?

CACs –

- Therapists
- Pilot Projects – ex. "Boundary Assessment Project" – Greater Richmond SCAN CAC (6 to 8 weeks)
- Screening in Forensic Interviews – ex. Davis CAC -
  - *written protocol*
  - *MDT leadership team reviews*
  - *Constitutional protections*

What are common barriers to successful intervention?

The biggest challenges to consistent and effective intervention fall into five areas:

1. Lack of consistency
2. Lack of collaboration
3. Lack of training
4. Lack of resources, and
5. Lack of ownership.

LACK OF CONSISTENCY

There are no Virginia-specific statewide guidelines or protocols for agencies to look to for guidance in responding to children with PSB. Several national agencies have published best practice research and response guidance, but without being specifically adapted to the unique system frameworks in Virginia and the nuances of each community, they fall short of being comprehensively impactful.

(Sites, J., & Widdifield, J., 2020; Oklahoma Interagency Workgroup on Problematic Sexual Behavior of Youth Guiding Principles; 2020; NCA Youth with Problematic Sexual Behavior: Best Practice Documents Overview)

LACK OF COLLABORATION

Without all agencies that encounter children who exhibit PSB engaging in some level of collaboration, it is very easy for these children to slip through the cracks in the system. If a community does not have an active plan that involves all key stakeholder agencies coordinating, a case involving a child exhibiting PSB may be reported to any one agency and then quickly closed, with no attempted intervention or resources offered.

LACK OF COLLABORATION

Multi-disciplinary teams (MDTs) are a good start

- This mandated team provides a perfect opportunity for a community to work to develop a coordinated community response to children with PSB. There are highly functioning teams in Virginia that are not just statutorily compliant but use their MDT as a vehicle to address their community's response to many issues, including children with PSB. Unfortunately, there are also still several jurisdictions in Virginia that have not yet convened a team or have a team in name only.

LACK OF TRAINING

Currently there is no mandated training around PSB for law enforcement, prosecutors, or CPS. These allied professionals are exposed to adults who sexually abuse children on a regular basis. Harsh punishment and community protection are in the forefront of the minds of those tasked with handling these cases in the criminal justice system, and rightly so. Well-intentioned responders, without proper education and training in research and best practices, may mimic their response to adult sex offenders when encountering problematic sexual behaviors in juveniles, and unintentionally cause more harm than good.

LACK OF RESOURCES

As is the case with many states, Virginia is struggling with having enough resources to effectively respond to all forms of child maltreatment and abuse. Many communities in Virginia, especially those that are rural, struggle with a lack of qualified clinicians, treatment options and funding.

LACK OF OWNERSHIP

\Most reports of children exhibiting PSB are made to either CPS or law enforcement. Currently, neither discipline has consistently taken the lead in responding to these cases. CPS is instructed by statute what cases they shall assess or investigate.

Currently, CPS is not authorized to respond to cases in which a child has exhibited PSB towards another child. So, despite being one of the two main conduits for reports, they have no authority to act upon the information they receive. At best, CPS departments will make a referral to law enforcement, or if there is one in their locality, a CAC.

WHAT CHANGES ARE NEEDED?

LACK OF CONSISTENCY

Problem:
It is unclear how many cases of children exhibiting PSB are occurring throughout Virginia.

Problem:
Localities and specific agencies handle cases involving children with PSB in vastly different manners. Although there is general guidance available from national agencies, there are no Virginia-specific policies or protocols available.

Proposed Solution: Form a statewide task force to develop a model policy to guide agencies responding to reports of children exhibiting PSB.

LACK OF COLLABORATION

Problem: A successful response to children with PSB requires a multi-disciplinary approach. Many communities are lacking in inter-agency communication and coordination.

Proposed Solution: Revise Virginia's current law on Multi-Disciplinary Teams.

LACK OF TRAINING

Problem: Without a proper understanding of the research, professionals often treat children with PSB the same as adult sex offender cases, and thereby unintentionally do more harm than good.

Problem: A successful response to children with PSB requires a multi-disciplinary approach. Many communities are lacking in interagency communication and coordination.

Proposed Solution: Create a Virginia "Train the Trainer" model education program on children with PSB, targeting all professionals that interact with children with PSB.

Proposed Solution: Create an "MDT Toolkit" that guides a community in creating their memoranda of understanding (MOUs) and locality-specific protocols around responding to children with PSB.

Proposed Solution: Work with the Office of the Executive Secretary (OES) to provide training, resources, and guidance for Virginia judges on children with PSB.

LACK OF RESOURCES

Problem: Communities do not have access to appropriate treatment providers for children with PSB.

Problem: CPS, Prosecutors, and Law Enforcement are experiencing unprecedented shortages of employees.

Proposed Solution: Prioritize funding for CACs and promote the MDT model as best practice.

LACK OF OWNERSHIP

Problem: No discipline has been recognized as the appropriate agency to receive reports of, assess severity of, or provide services to children who exhibit PSB. Children who exhibit PSB who need services are currently at risk of "slipping through the cracks".

Proposed Solution: One discipline should be designated as the appropriate "intake" agency for reports of children that exhibit PSB. This designated agency must be given the appropriate resources (funding, staffing, training) needed to consistently follow up on reports, properly assess the case severity, and, when appropriate, either provide services or refer children who exhibit PSB (and their caretakers) to services.

CPS MODEL

Assign Child Protective Services the responsibility of assessing all reports of children who exhibit PSB

- **Would require change to Virginia Code**
- **Would require development of assessment tool & extensive training**
- **Would require substantial funding and staffing**
- **Would require community partners to provide education & treatment options**

COURT MODEL

Identify Juvenile & Domestic Relations (JDR) Court as the appropriate entity to assess and supervise children who exhibit PSB.

- **Should include change to Virginia Code**
- **Would involve developing a consistent & efficient method to make referrals through Court Intake Offices**
- **Would require development of assessment tool & extensive training**

CAC MODEL

Fund CACs so that they are present in every locality and are sufficiently staffed and equipped to assess and treat children with PSB.

- **Would require establishment of CAC in every community – increased funding & staffing**
- **Would require functioning MDT in each community**
- **Would require community partners to provide treatment options**

HYBRID MODEL

The MDT Model

- Most Expensive

- Most Comprehensive

CPS – referral & assessment

LE & CA decide on possibility of charges

CAC – receives assessment info from CPS – then provides case management, clinical assessment and when possible, treatment/education

CPS – file CHINS petition with Court if not successful

CLOSING THOUGHTS

Responding to children with PSB has high stakes. Effective intervention is also effective prevention. Ineffective intervention is not neutral but does more harm than good. It should also be noted that nothing in this proposal is intended to minimize the impact on or discredit the experience of child victims of PSB. Instead, it is created in hopes that the underlying PSB will be addressed and thereby additional harm will be prevented.