

# A Coordinated Community Response for Children and Youth Exhibiting Problematic Sexual Behaviors



Geoff Sidoli, LCSW

# Take Away

## Be Humble

Deal with discomfort,  
calling in not calling out,  
No agreeing to disagree,  
be open to different  
perspectives



## Be Curious

But not judgmental,  
ask for clarification,  
don't stop thinking



# What is Problematic?

Monitor  
Through  
Interaction

## Normative

- Developmentally normative
- Responds to intervention;
- Familiarity

Intervene,  
Monitor,  
Reassess

## Concerning

- Adverse response
- Developmentally incongruent
- Requires interventions
- Context

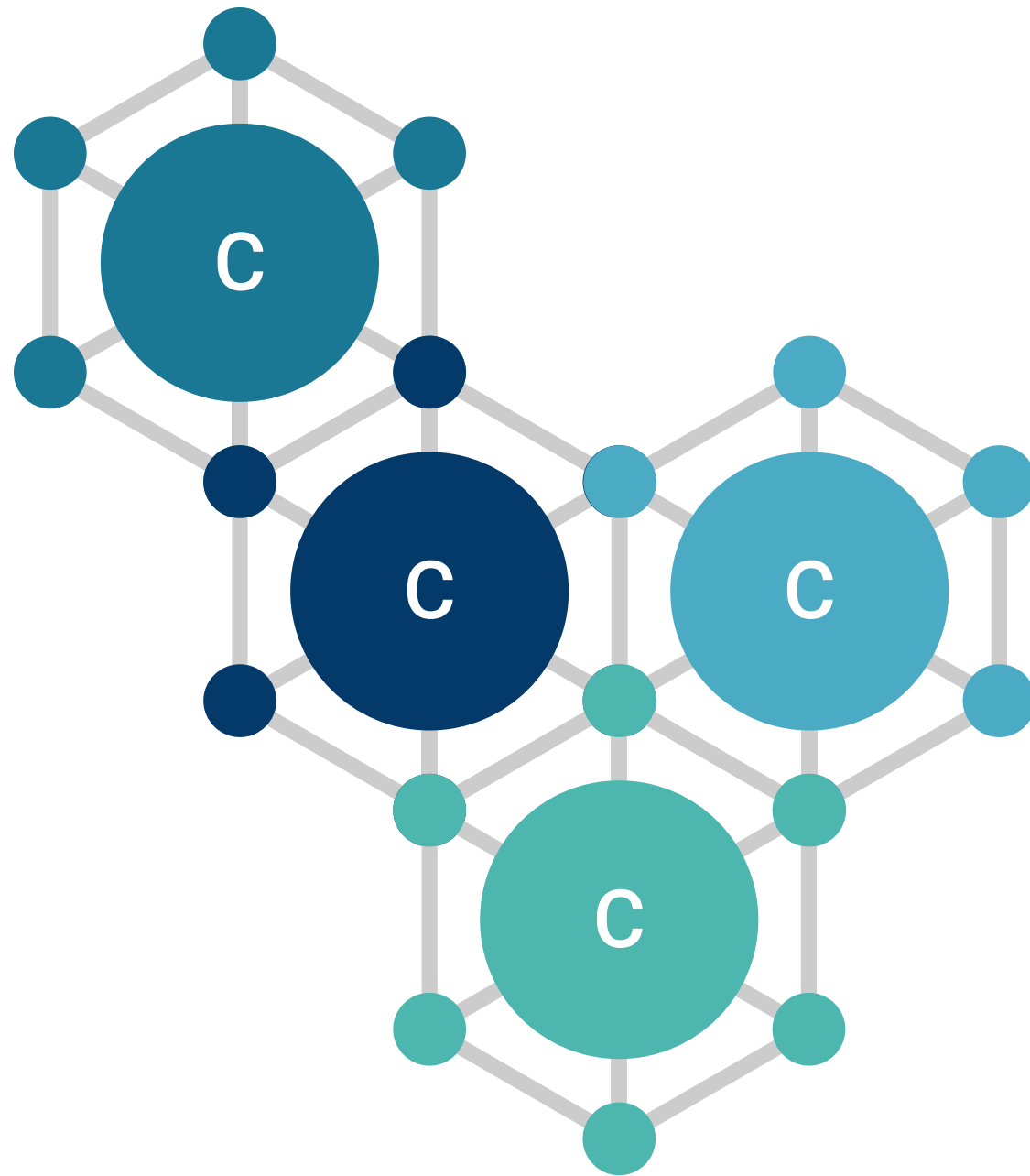
Intervene,  
Assess,  
Respond

## Harmful

- Various manners
- Exploitive
- Extended adverse response

# What's the difference?

One of these words differs from the other three.



## Consent

**Permission for something to happen or agreement to do something.**

## Cooperation

**The actions of someone to what is wanted or asked for by another.**

## Compliance

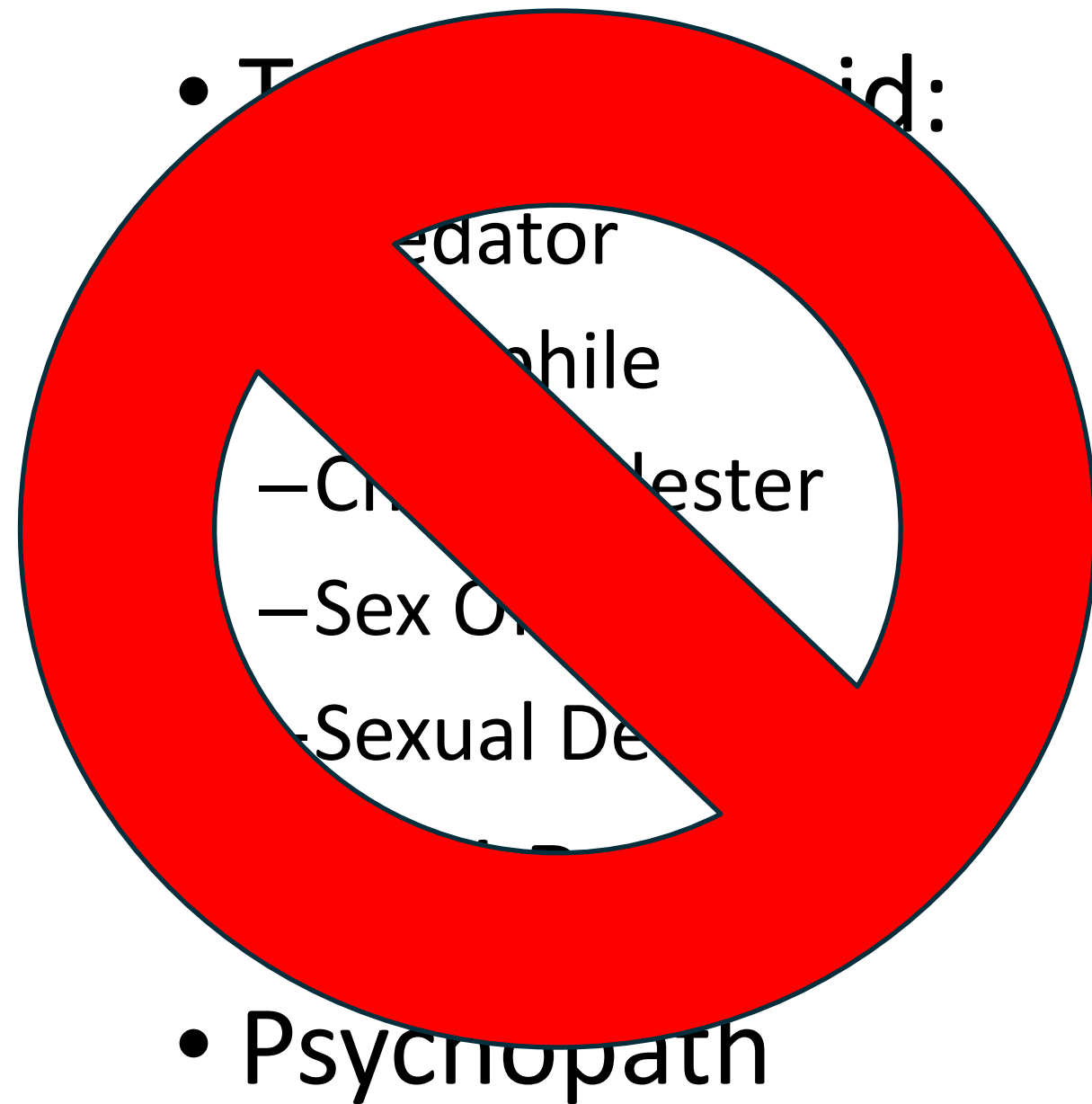
**The act or process of complying to a desire, demand, proposal, or regimen**

## Coercion

**The act, process, or power to compel to an act or choice; to achieve by force or threat**



# Remember, it's what they did and not who they are



- Terms to consider
  - Sexually harmful behavior
  - Sexually reactive behavior
  - Abuse reactive behavior
  - Sexually problematic behavior
  - Problematic sexual behaviors
- Consider using “initiator” rather than “perp” or “offender”

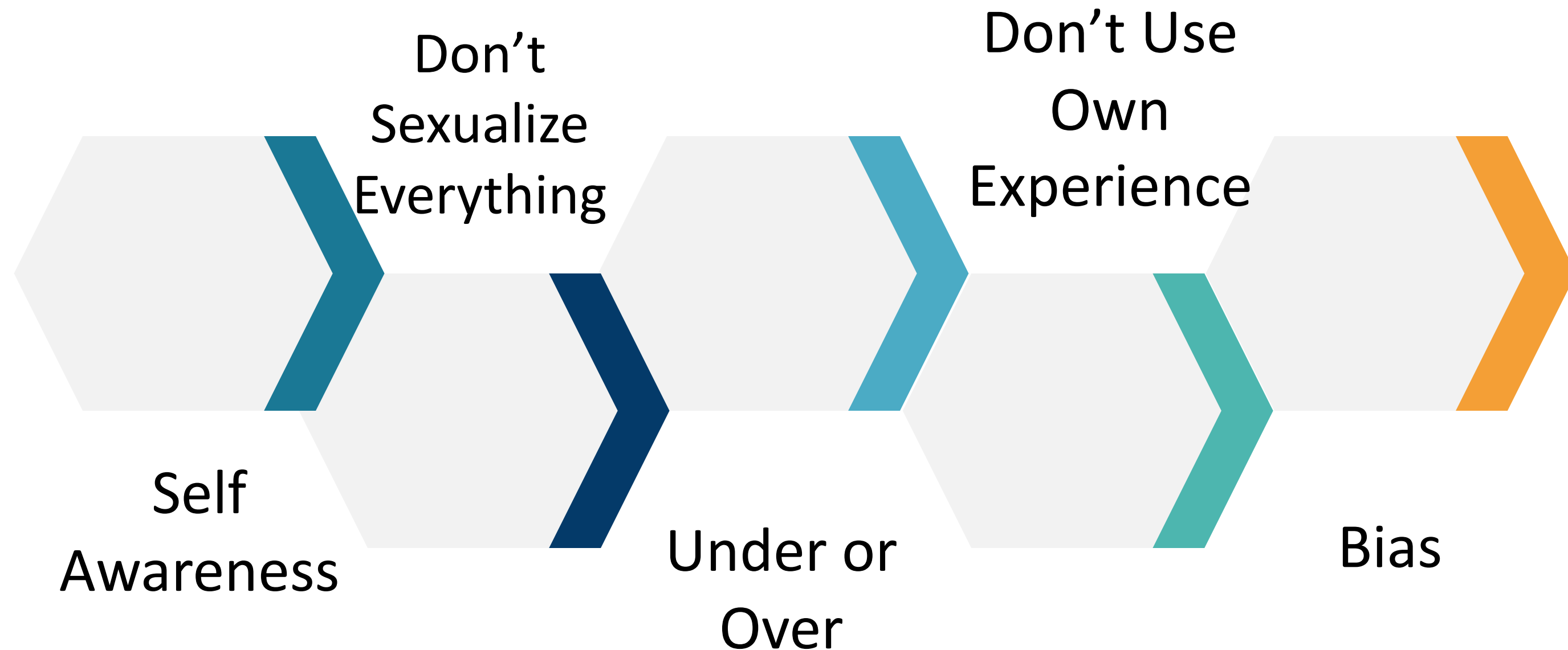


Remember  
The Problem is  
the Behavior...



Not the Child

# Things to Consider when Working with PSB





# Goldilocks Dilemma



too much



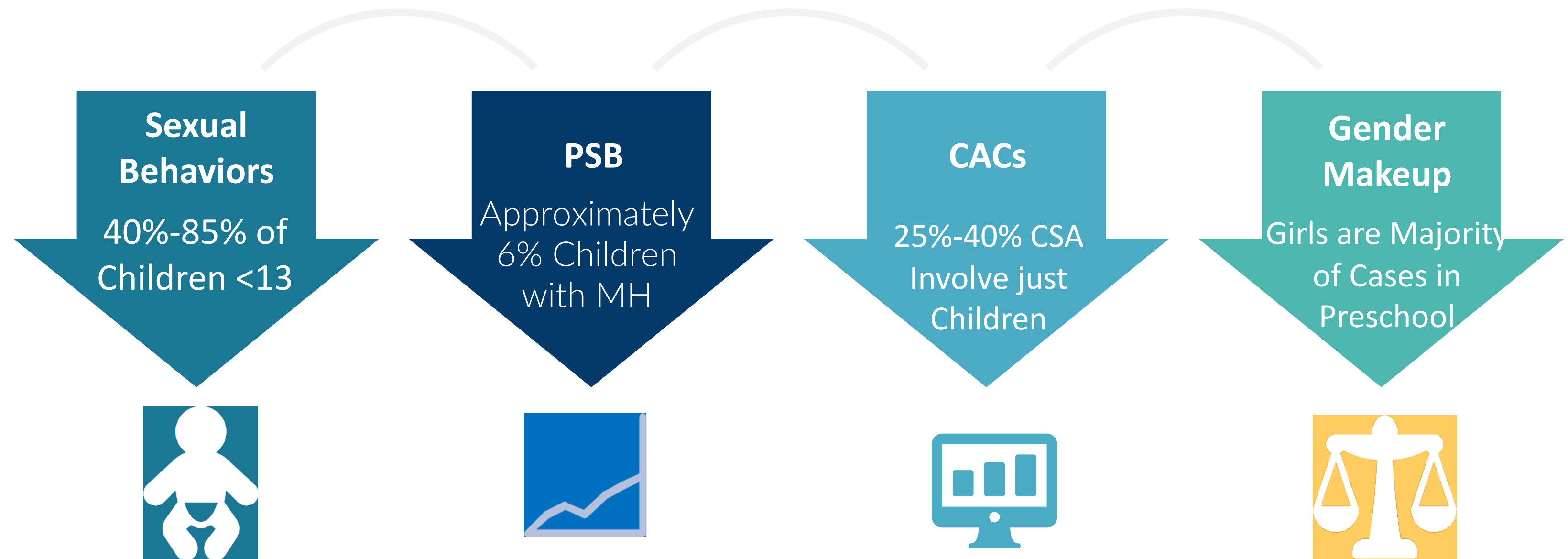
too little



just right

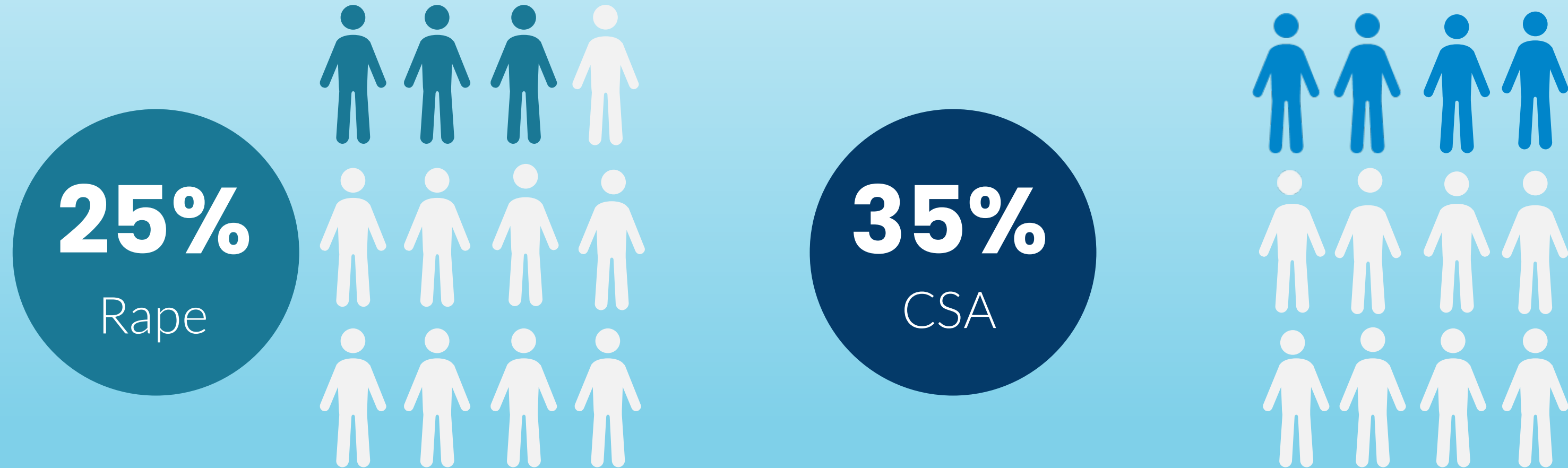


# Prevalence with Young Children



# Prevalence in Adolescents

Data varies, but on average adolescents initiate:



Ybarra (2018) found that 9.8% of children 14-20 had initiated some unwanted sexual behavior with another person.

# Perception of PSB (NCA & Univ. Oklahoma, 2021)

22.2% of MDT members

Responded that it is a prevalent perception that **children** with PSB are perceived as similar to adult sexual offenders in terms of motivations and responsiveness to treatment

67.8% of MDT members

Responded that it is a prevalent perception that **adolescents** with PSB are perceived as similar to adult sexual offenders in terms of motivations and responsiveness to treatment



# Normative Sexual Behavior in Children

**Touches sex parts at home**

01

**Touches breasts**

02

**Stands too close**

03

**Tries to look at people when they are nude**

04

**Touches sex parts in public**

05

**Very interested in opposite sex (\*\*10-12yo)**

06

**Masturbates with hand**

07

**Shows sex parts to adults**

08

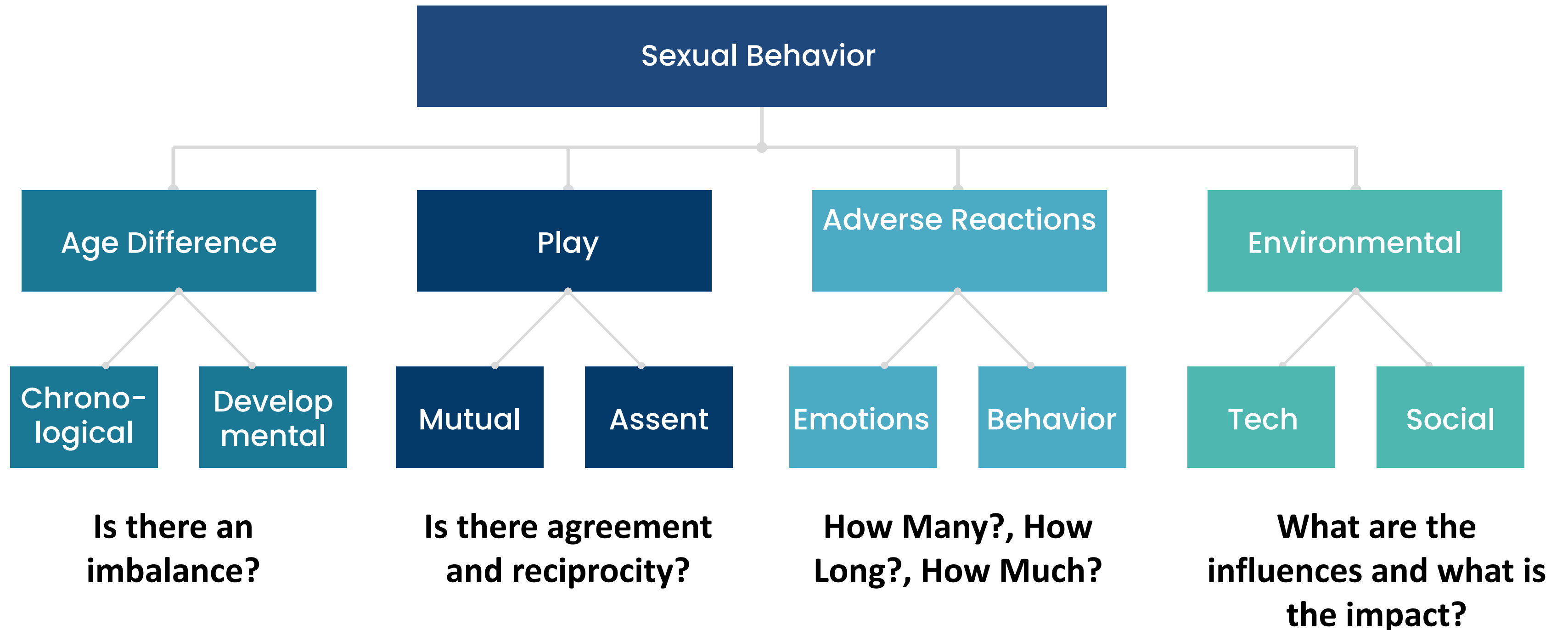
**Hugs adults not known well**

09

**Dresses like opposite sex**

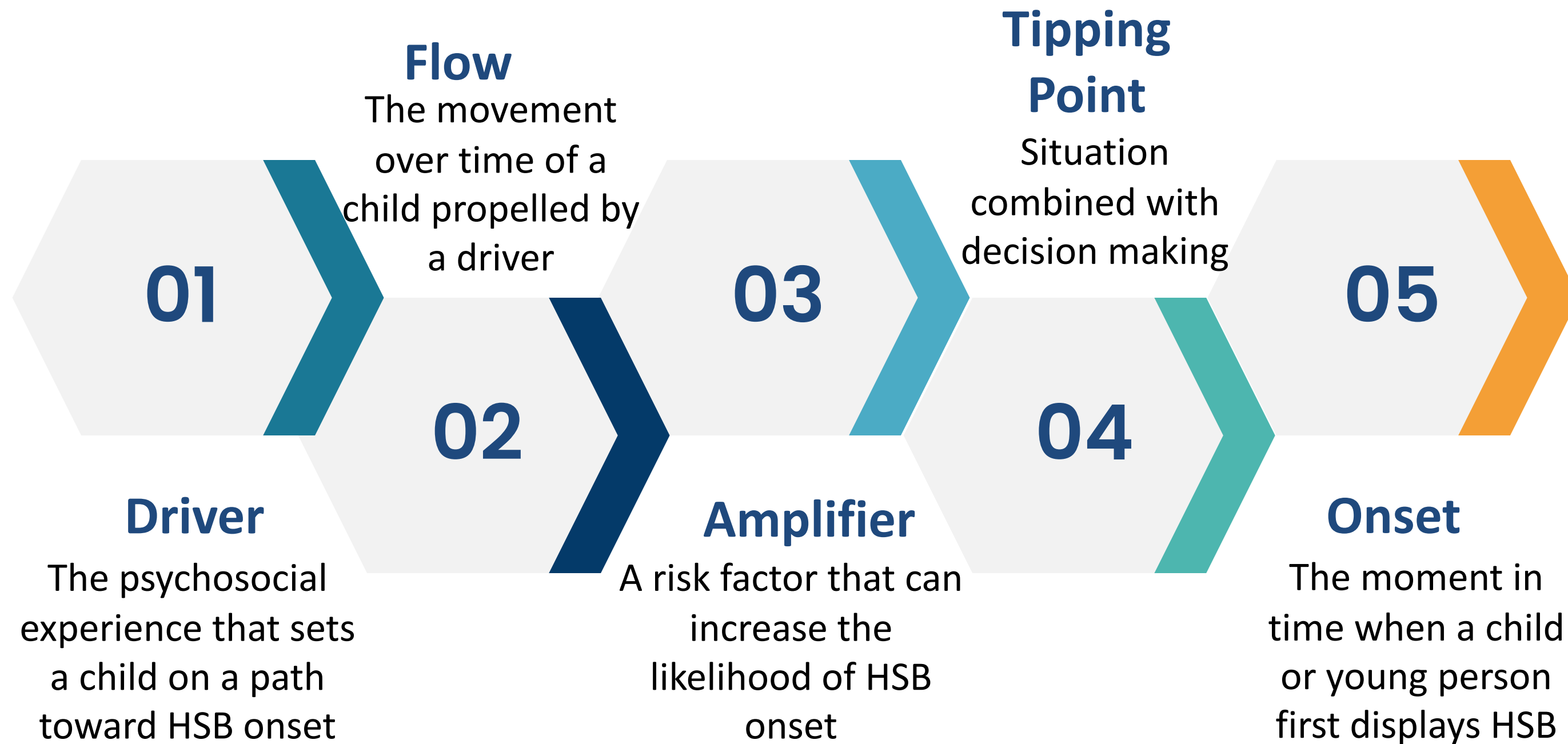
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# Why is it difficult to differentiate between experimentation and exploitation?

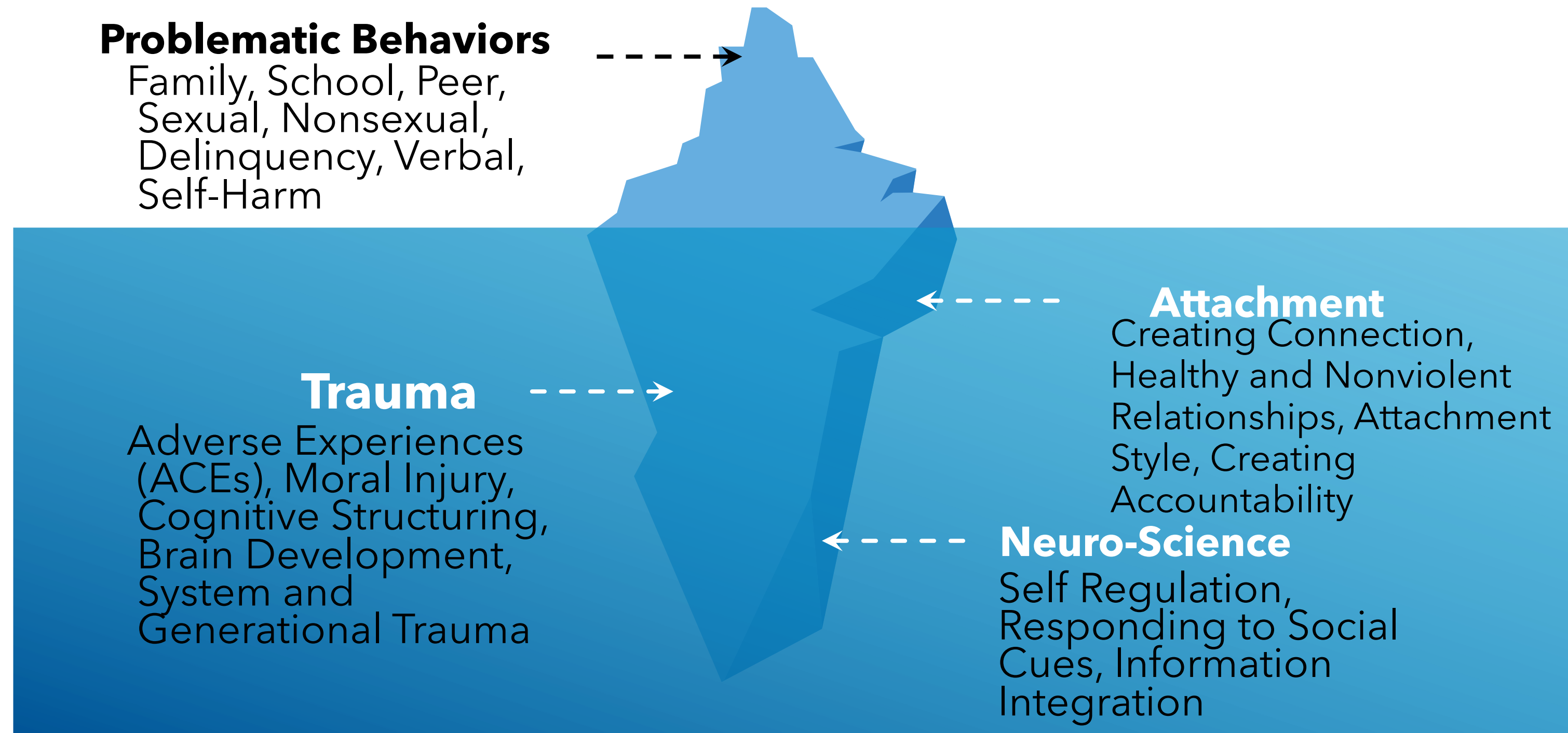


# Pathway Model

Attachment Disruption may act as a driver setting the child along a potential pathway toward HSB onset.



# So...What is going on with them?





# DISCUSSION

What are some of the challenges you, your MDT, and/or your CAC are faced with when handling reports of children with problematic sexual behavior?

## School Age

- 10 year old male in foster care due to reports that he put his mouth on his 8 year old brother's penis and his 6 year old sister's vagina. He has also digitally penetrated her vagina and 8 year old brother anally. His other siblings were removed because mom's boyfriend was physically abusive to everyone and he (boyfriend) had a history of sexually abusing his sister as an adolescent.

# What do families need?

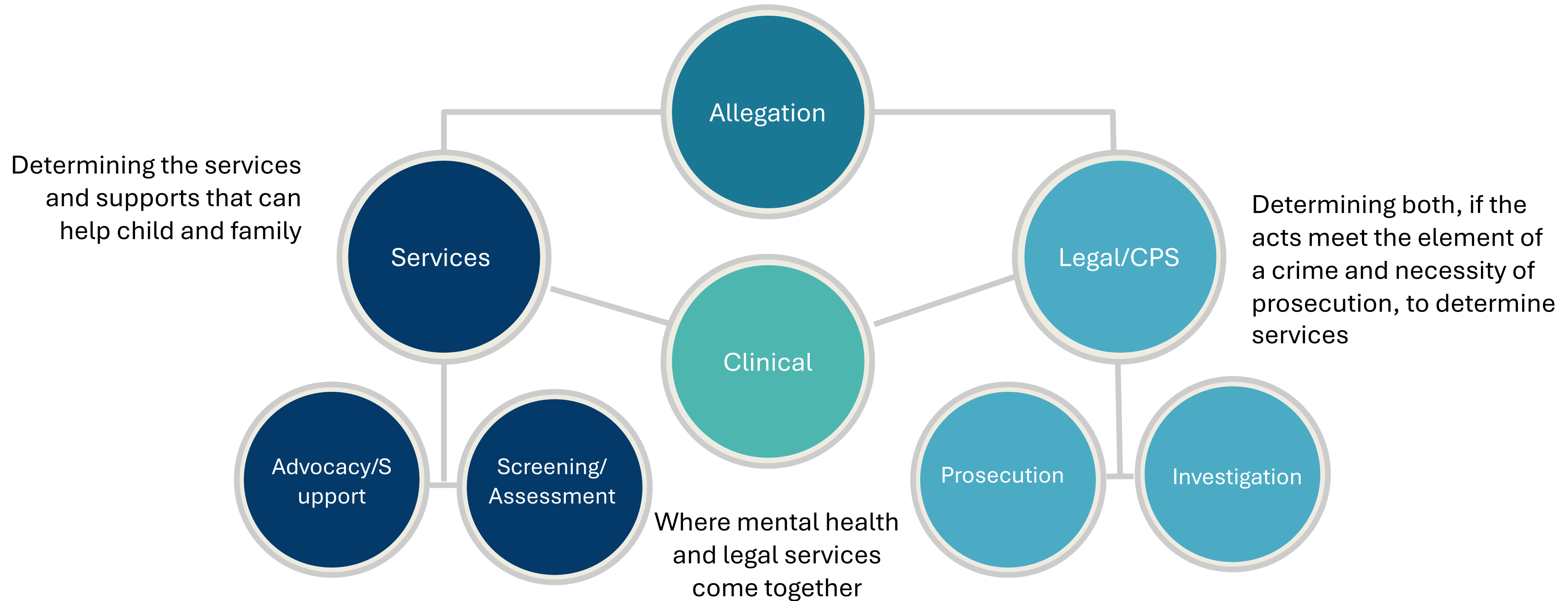
- ✧ Create psychological safety
- ✧ Seeking help is frightening, even for the most resourceful families
- ✧ Even when families bravely try to seek help for their children, many do not know where to go.
  - ✧ "Who do I call?"
  - ✧ "How much do I tell?"
  - ✧ "Do I begin with the police or the hospital<sup>18</sup> or a therapist?"
  - ✧ "Is someone going to show up on my doorstep and take my child away?"
- ✧ We benefit from having a plan in place to address these questions.



# Creating a More Thoughtful Approach

- \*Creating a team that represents your community
- \*Creating protocols that reflect language and cultural aspect of clients
- \*Partner agreements, data sharing, listening sessions, or needs assessments
- \*Address bias in a preventative manner (creating accountability)
- \*Utilizing each discipline's culture to be more broad
- \*Identifying biased practices and correcting them

# Responding to PSB



# MDT/CAC Response

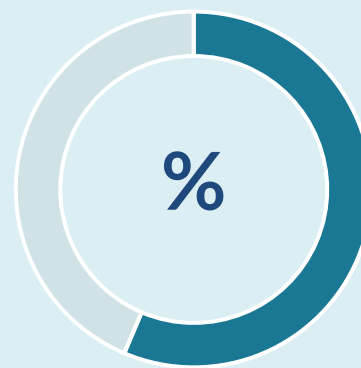
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**If possible, upon receipt of the report, convene the MDT in consult with a mental health provider to collaborate on decision-making:**

- Type of response (investigative and/or assessment)
- Need for forensic interview
- Need for treatment services
- Juvenile justice involvement
- Family safety planning
- Placement of child with PSB

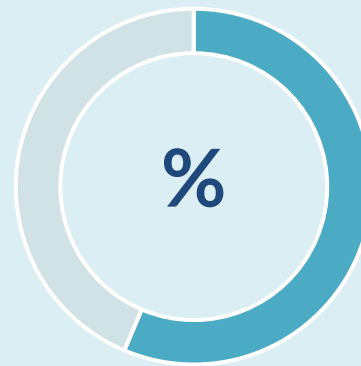
# How do CPS and LE Collaborate on PSB Cases

Coordinate Investigation Efforts.



## Child Protective Services

Promote Safety in the Home  
Supervision Requirements  
Interviewing Impact Child



## Law Enforcement

Provide Community Safety  
Legal Elements (Vary by Jurisdiction)  
Interviewing the Initiating Child

# Forensic Interviewing and PSB

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- Keep in mind, there currently is no recommended protocol for interviewing children with PSB regarding the PSB
- Utilize a nationally recognized forensic interview protocol and use as designed
  - The FI should never be used to self-incrimination
  - If a child discloses PSB, the MDT must immediately collaborate to determine the best course of action



# The MDT Decision Flow Chart

## Non-investigative Procedure

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If the report ***does not*** warrant a criminal investigation:

- Refer BOTH the impacted child and initiating child for **Mental Health Screenings**
  - PSB Mental Health Assessment/Treatment for initiating child
  - Caregiver support/follow-up and psychoeducation
  - Evidence-based/supported treatment for impacted child
  - Clinical Assessment

# Clinical Assessment Considerations

- \*Family dynamics/history/makeup/relationships
- \*Resiliency/protective factors
- \*Mental and organic disorders/Psychopathology
- \*School/academic issues
- \*Drug/alcohol use
- \*Social, family, environment issues
- \*Cultural, spiritual, socio-economic



# Clinical Assessment Considerations...cont.

- \*Developmental history (biological, psychological, moral)
- \*Trauma history
- \*Self-perception/image
- \*Sexual history, interests, and knowledge
- \*Denial/deception
- \*Violence and/or coercion
- \*Medical concerns\*

# Treatment that has Empirical Support

- ▶ *Provide services that Enhance Engagement/ Responsivity/therapeutic relationship*
- ▶ *Individualized and global approaches*
- ▶ *Invite, entice, and encourage genuine accountability and motivation*
- ▶ *Socio ecological approach that develops and builds natural supports*
- ▶ *Emphasize strengths based and approach focused*
- ▶ *Use EBP or empirically supported approaches*
- ▶ *Feedback informed*
- ▶ *Programmatic structure that assures quality*
- ▶ *Promote competence, autonomy, connection, meaning/purpose, and happiness*

# Family Support

- *Steps to take while awaiting services*
  - *Can my child stay at home?*
  - *How can I prevent a recurrence of harm?*
  - *Who do I reach out to when new household rules are broken?*
  - *Should we talk about what happened or should we wait in silence for the professionals?*
  - *How do I educate myself and others about how to handle PSB?*
  - *Who needs to know?*
  - *What do I do if there are more disclosures or behaviors?*
- ***“You did not cause this to happen in the past, but you are the **MEDICINE**”***



# Case example

- Jimmy was a 9-year-old male that had been sexually harming a 6-year-old male neighbor over a period of 9 months. Forced oral and penetration occurred using the threat of harm including the use of a weapon. It occurred in both homes and outside as well.

# The MDT Decision Flow Chart

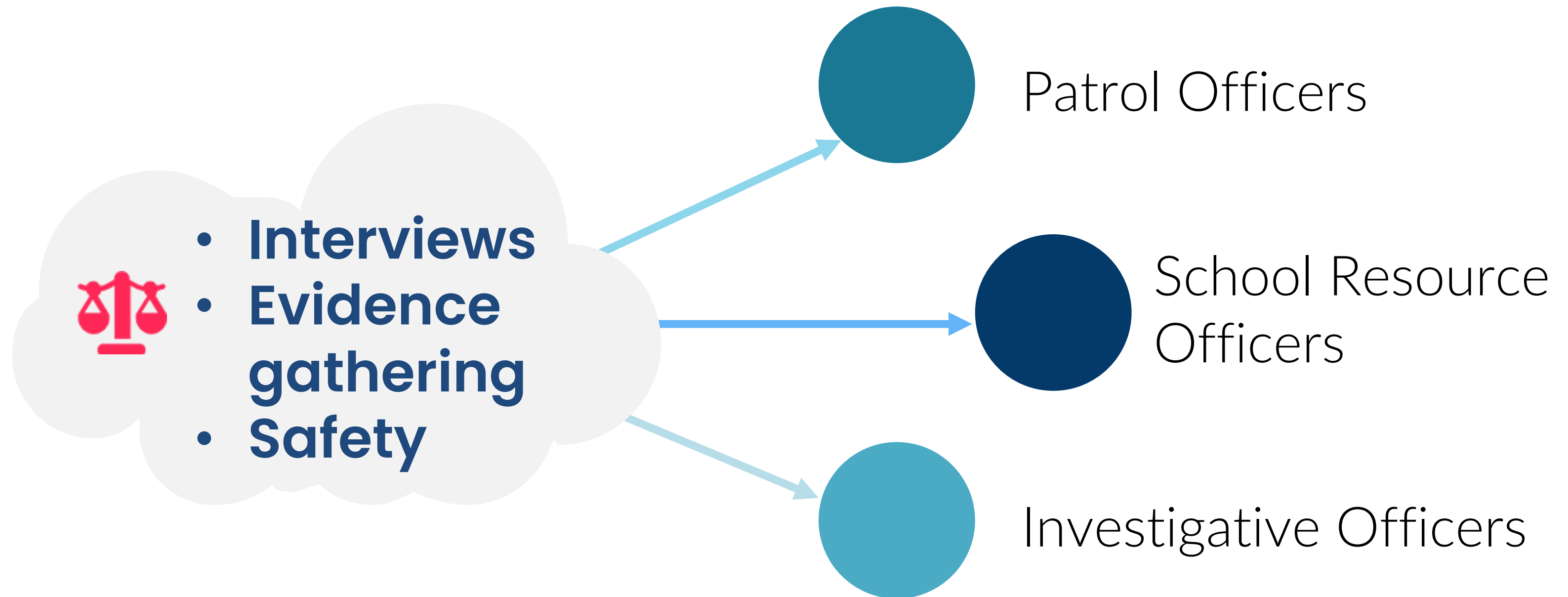
## Investigative Procedure

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If the report **does** warrant a criminal investigation:

- Consider a trauma-informed approach
- Close collaboration between LE and MH is necessary to assess the ongoing needs of the children and families involved
- Your MDT will want to **consider criteria** for conducting a criminal investigation of PSB

# How PSB Impacts Law Enforcement



# How PSB Impacts Prosecutors

Safety is paramount, but punishment does not increase safety

## Adjudication

What are the  
pros and cons



## Legal Options

Varies by  
Jurisdiction

## Services

This is where safety  
is created



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# Registries



# An Empirically-Based Approach for Prosecuting Juvenile Sex Crimes

- Paul Stern, JD

*–Follow the evidence*

*–Do the right thing*



# Factors for the courts (Judges)

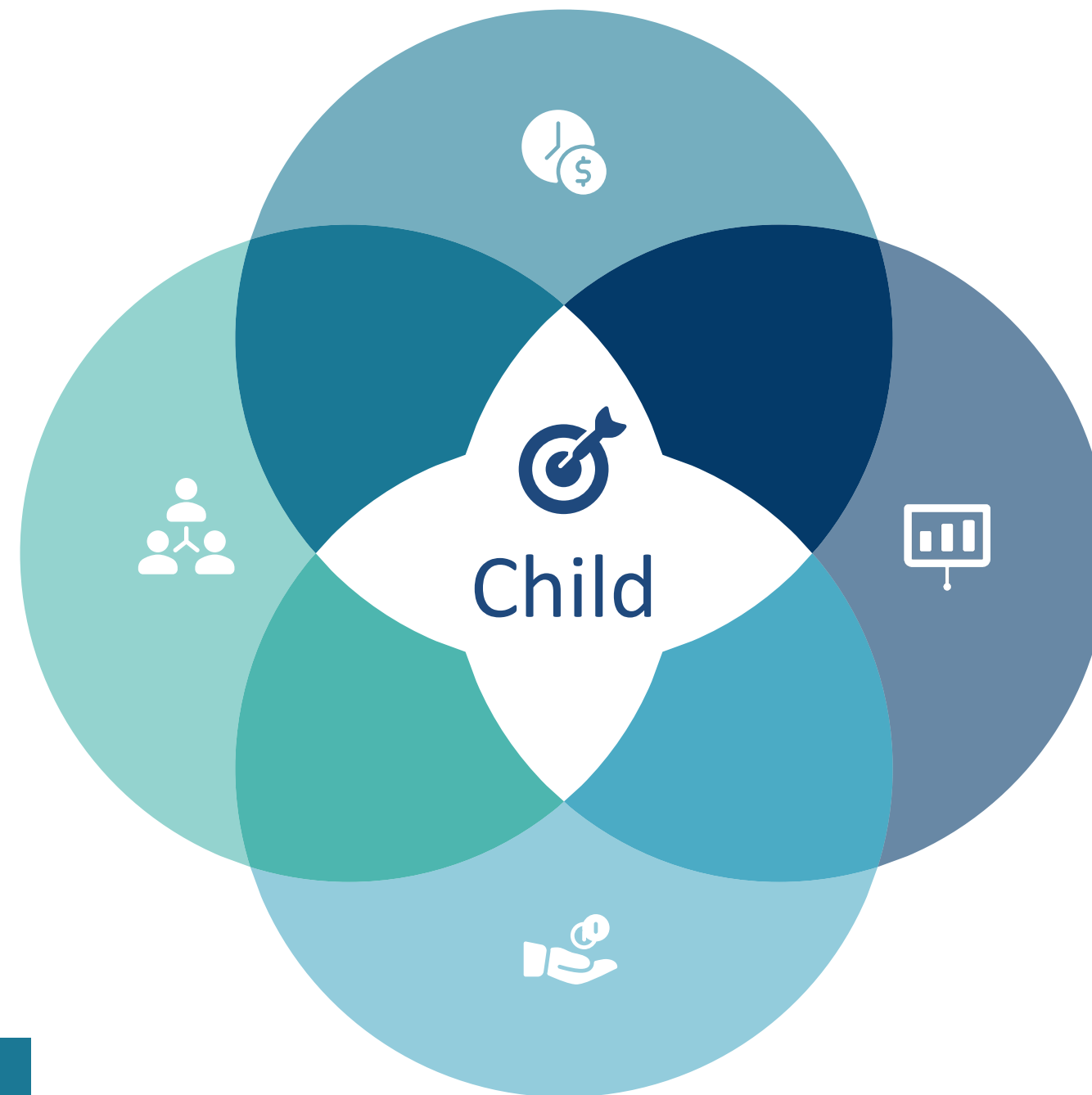
The Judge has ability to influence a system response

- Prior Experience with the Law

- Caregiver/Adult Supports

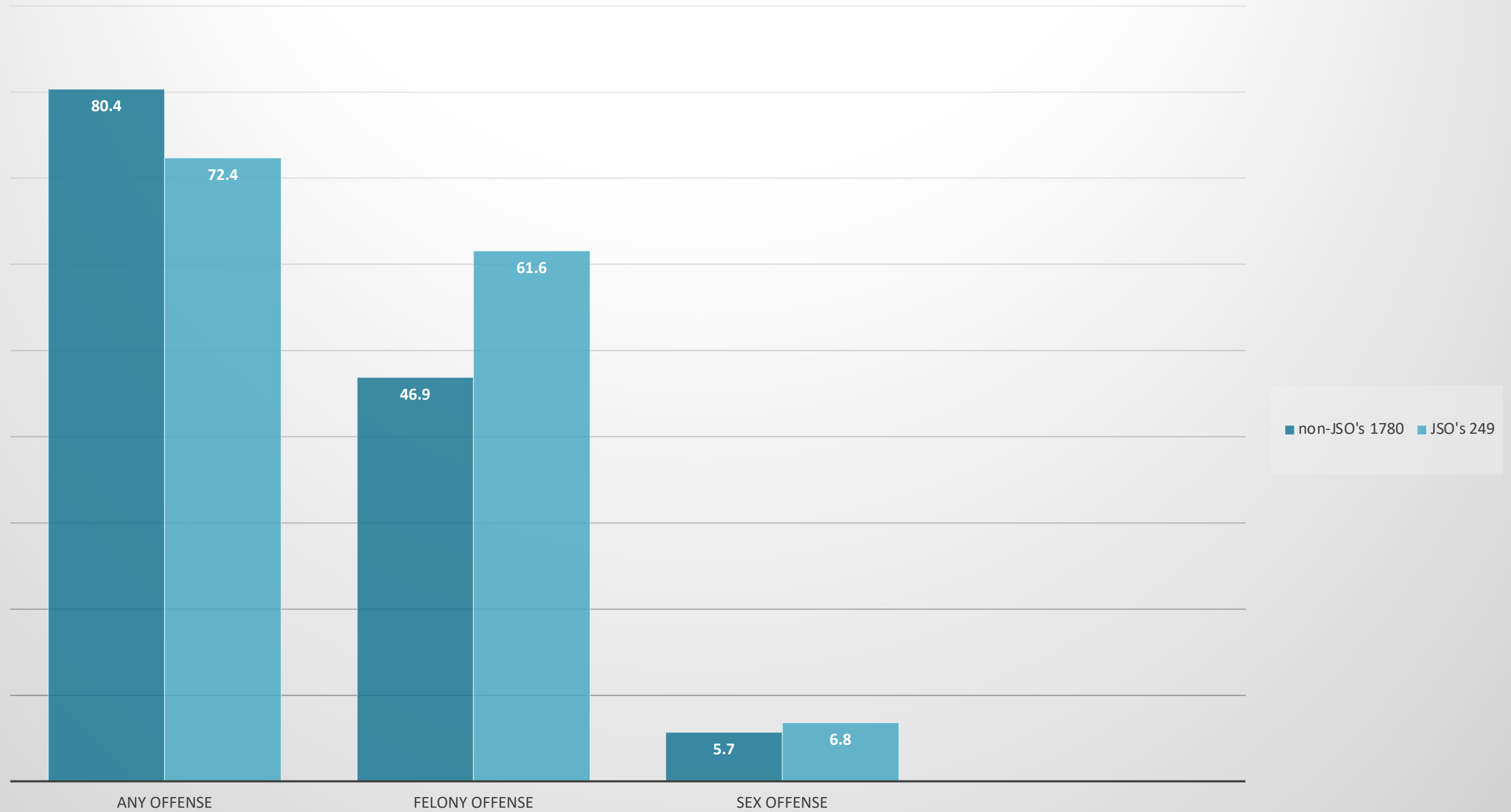
Legal Counsel ●

Availability of Services ●



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# Recidivism: JSO's vs. Non-JSO's



# Case Example

- 14-year-old male that was reported to have had sexual intercourse with his biological 16-year-old sister. It was discovered after she became pregnant and then she reported that it was her brother that impregnated her. She reported that she told her brother that she did not want to have sex with her, but he persisted and ignored her refusal. No force, or threat of force was reported by either child. The brother was removed and placed in a residential facility.
- How would your MDT/CAC handle this case?

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# How Do We Measure Progress



# Developing PSB policies for MDT's

- ▶ *Focus should be on empowering the interdisciplinary professionals to find their own, unique way of responding to PSB concerns.*
- ▶ *When and where will you see these cases?*
- ▶ *What is the legal plan?*
- ▶ *Treatment options and priorities*
- ▶ *How the MDT will address bias, stigma, oppression, and other injustices are often invisible at first look*
- ▶ *How will internal conflict of the team around these cases be dealt with*
- ▶ *Will you include those with lived experience in developing the protocol or the MDT. This leads to a more just, equitable, and healthy community.*
- ▶ *What are the goals and objectives of serving these families*
- ▶ *Because it is paramount, how do we create psychological safety?  
(family)*



# Mary Harris, Diane Lanni, and Sasha Svendsen also suggest considering the following:

(Harris, Lanni and Svendsen, 2023)



*Creating a space of open and honest dialogue reduces the risk that families-and teams-feel like they must defend themselves against one another-one of the most common barriers facing PSB response.*



*Finally, knowing there are actions steps to take while awaiting services can help reduce the stress and anxiety of that time period.*



# MDT/ CAC Response

**Protocols and procedures should be developed or adapted to address:**

- How the MDT will respond and how children with PSB will be referred to the CAC (investigative and/or assessment)
- What services are available for child impacted, initiating child, and their families
- Communication guidelines between agencies regarding:
  - Services
  - Treatment
  - Monitoring treatment and progress

# System Considerations for CACs

## MDT Design



Creating a unified response; providing families direction and support

Creating policies and practices



Collecting data on reported cases and case outcomes.

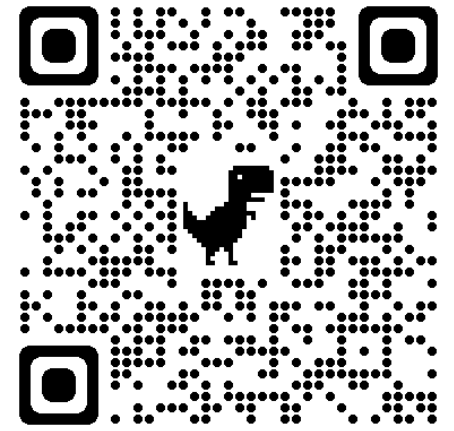


# Considerations for Policy Change

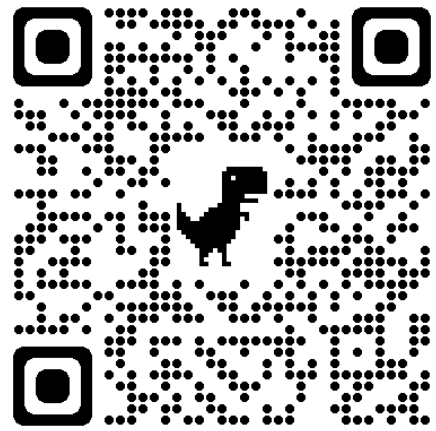
- Prevention and education
- Early identification (and intervention)
- Collaborative community response (to include, DJJ & schools)
- Emphasis on evidence-based/supported treatment/approaches
- Promoting safe and healthy communities
- Funding to achieve all the above

# Resources

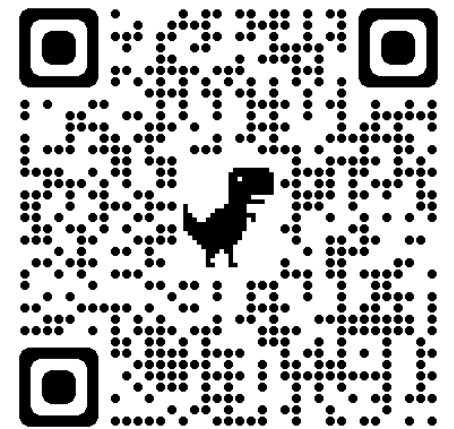
[www.ncsby.org](http://www.ncsby.org)



<https://learn.nationalchildrensalliance.org/psb>



[www.nctsn.org](http://www.nctsn.org)



## Case Example

- 13 year old
- Sexually harmed 5 year old foster brother
- Offenses occurred over several months
- Fondling, oral, vaginal penetration\*
- Playing “doctor”
- Highly intelligent
- Autocratic and paternalistic home
- Physically mature, but emotionally immature
- Homeschooled, but also limited social interactions
- 4 younger siblings, two of which were “look out” for child
- Denies offense, denies history of own victimization
- Female



# Thank You!



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