

# Safety Planning, Clarification, and Reunification in Cases of Problematic Sexual Behavior



Geoff Sidoli, LCSW

# What to Expect

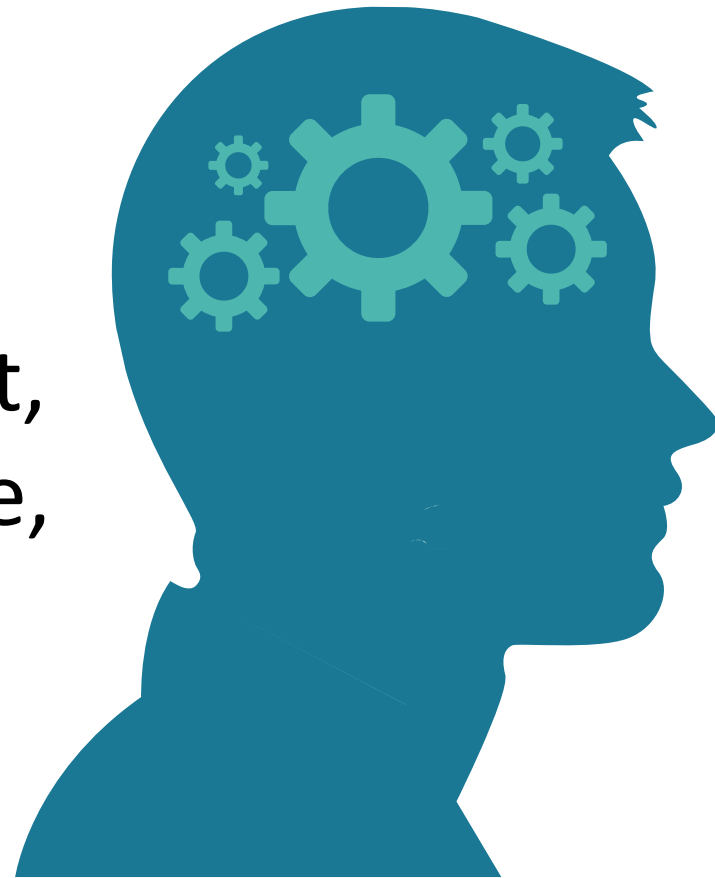
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- Brief explanation of what is a Problematic Sexual Behavior
- Developing plans that promote safety for kids and communities
- When on how to initiated contact between initiating and impacted child
- Establishing environments that support healthy relationships

# 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



# Normative Sexual Behavior in Children

**William Friedrich:** 1991-- 880 Children ages 2-12, 1998 -- 1114 Children ages 2-12

Studies excluded children with concerns about sexual abuse

**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**

10



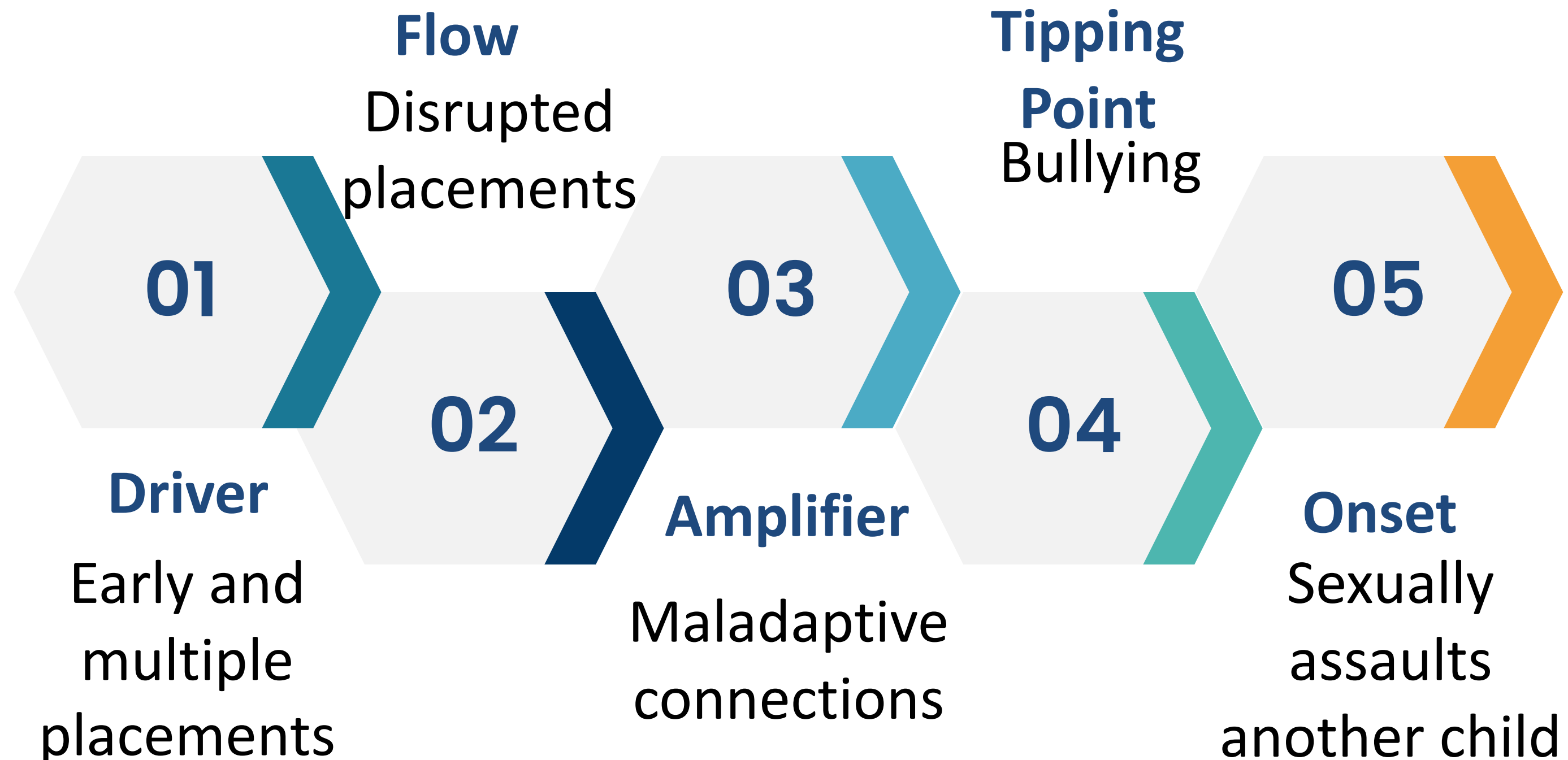
Remember  
The Problem is  
the Behavior...



Not the Child

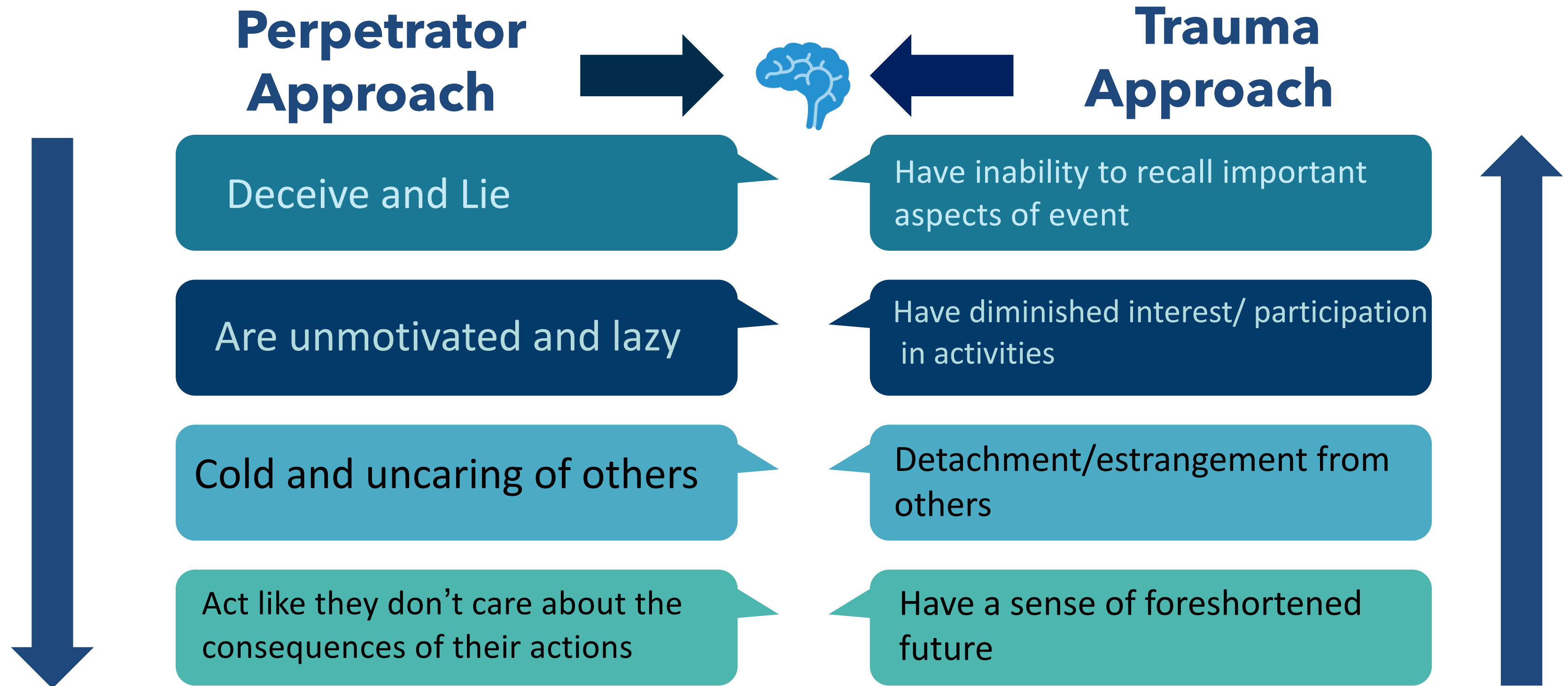
# The following five concepts make up their pathways model:

Attachment Disruption may act as a driver toward potential HSB onset.





# Having a Trauma Informed Lens



# Motivation: No One Is Without It

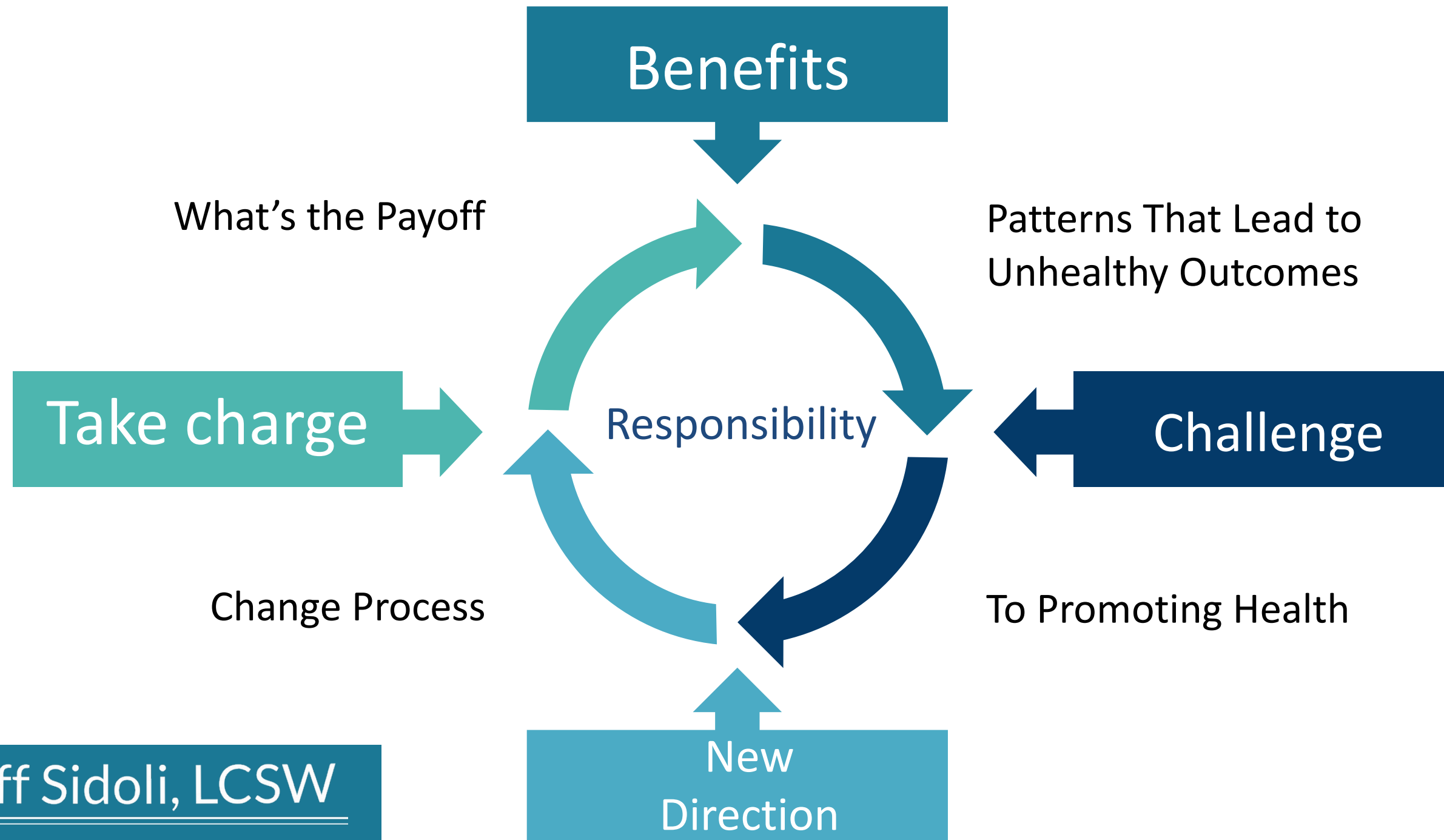
*Understand people's commitment before building motivation to change*





# Help People to Create Responsibility

Stop *holding* them accountable and build something sustainable



# Scaffolding: creating a relationship with change

- 5 Cultivate Individual Ownership  
(incorporate mistakes, competence,  
correction)
- 4 Target areas of strength and broaden  
its application
- 3 Metrics to determine progress made,  
use protective and resiliency factors
- 2 Implement strategically, reinforce  
achievement, redirect mistakes
- 1 Support and guidance comes from  
outside to the person, TEACH



# What are the primary concerns?

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- How do you provide safety and support for both the impacted and initiating child?

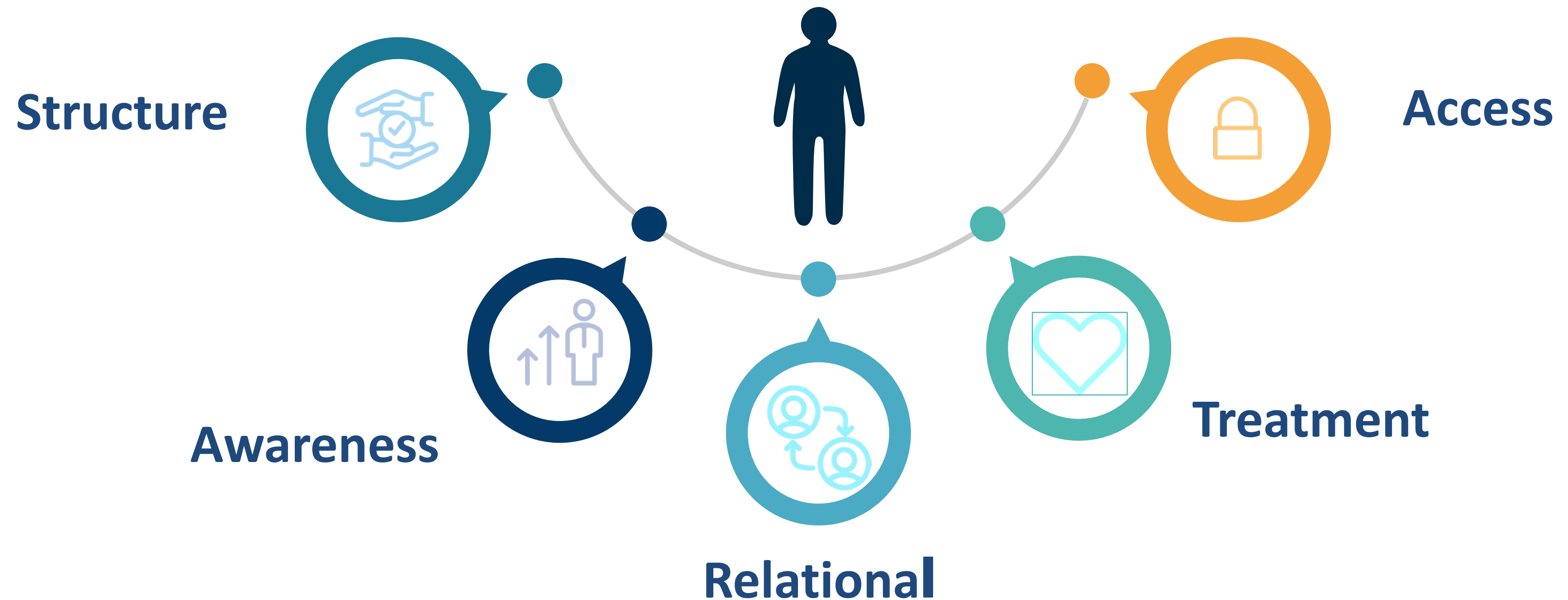
# Questions families may have

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- Actions steps to take while awaiting services can help reduce the stress and anxiety of that time period.
  - 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?

# Planning that Promotes Safety

Develop motivation for safety that is sustainable .





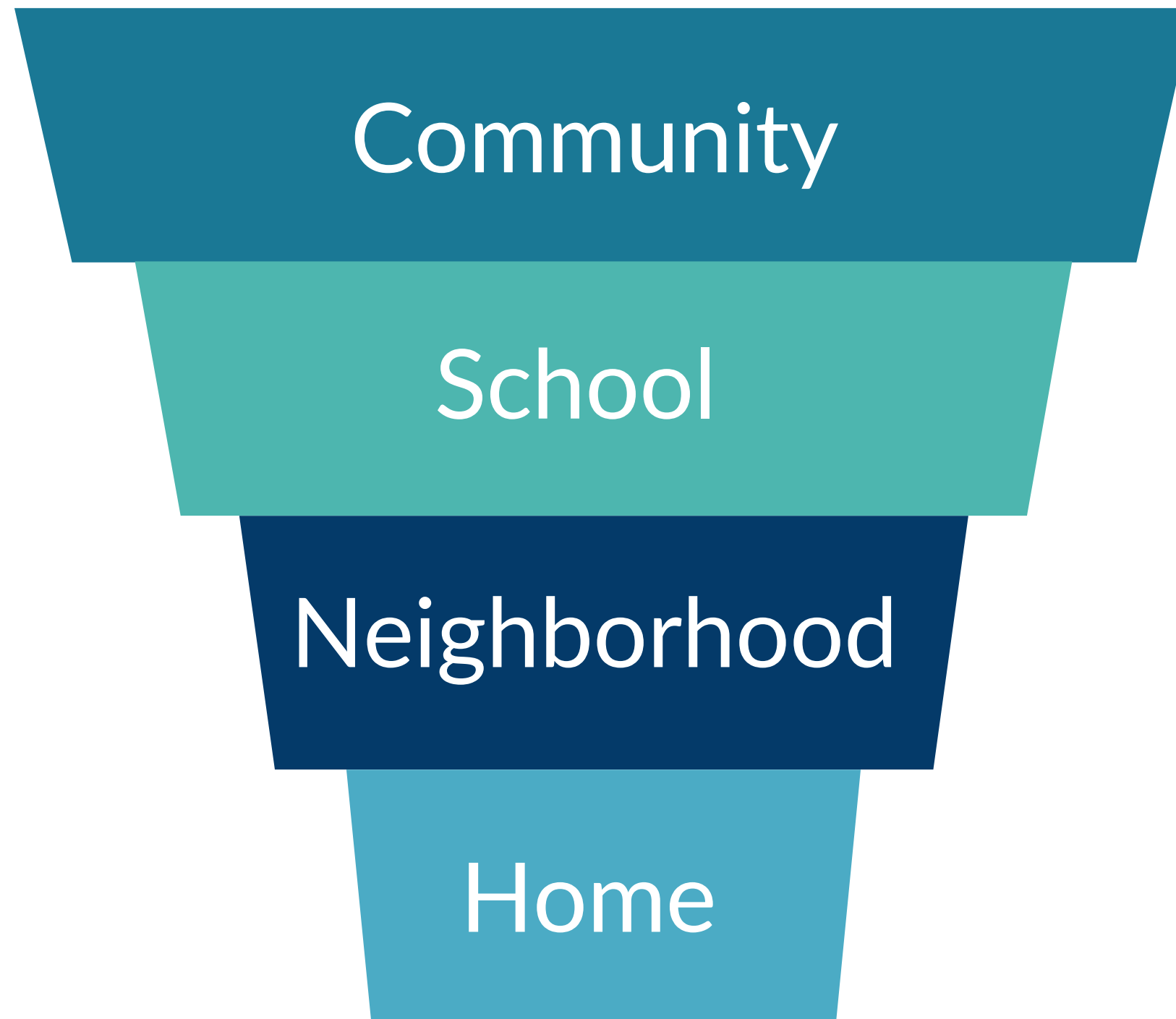
# A Few Facts to Consider

- **Impacted child identity**
  - Family 25.0 %
  - Acquaintance 63.2%
  - Stranger 2.5%
  - Unknown 8.4%
- **Incident location**
  - Residence/home 68.8 %
  - School/college 11.9 %
  - Store/building 3.8 %
  - Outside 7.1%
  - Other/unknown 8.3%
- **Incident time of day**
  - Morning (6 a.m. to 12 p.m.) 26.7%
  - Afternoon (12 p.m. to 6 p.m.) 43.0%
  - Evening (6 p.m. to 12 a.m.) 25.2%
  - Night (12 a.m. to 6 a.m.) 5.2%





# Structure



Community

Scope of area,  
summer, work

School

Supervision, approved  
locations, before/after

Neighborhood

Safe zones,  
supervision, peers

Home

Sleeping, bathrooms,  
clothing



# Awareness



# Relational

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- Promoting Consent (general)
- Modeling Healthy and Safe Relationships
- Rules vs Values





# Treatment



Supporting  
Interventions



Implementing Skills

Mitigate Risk

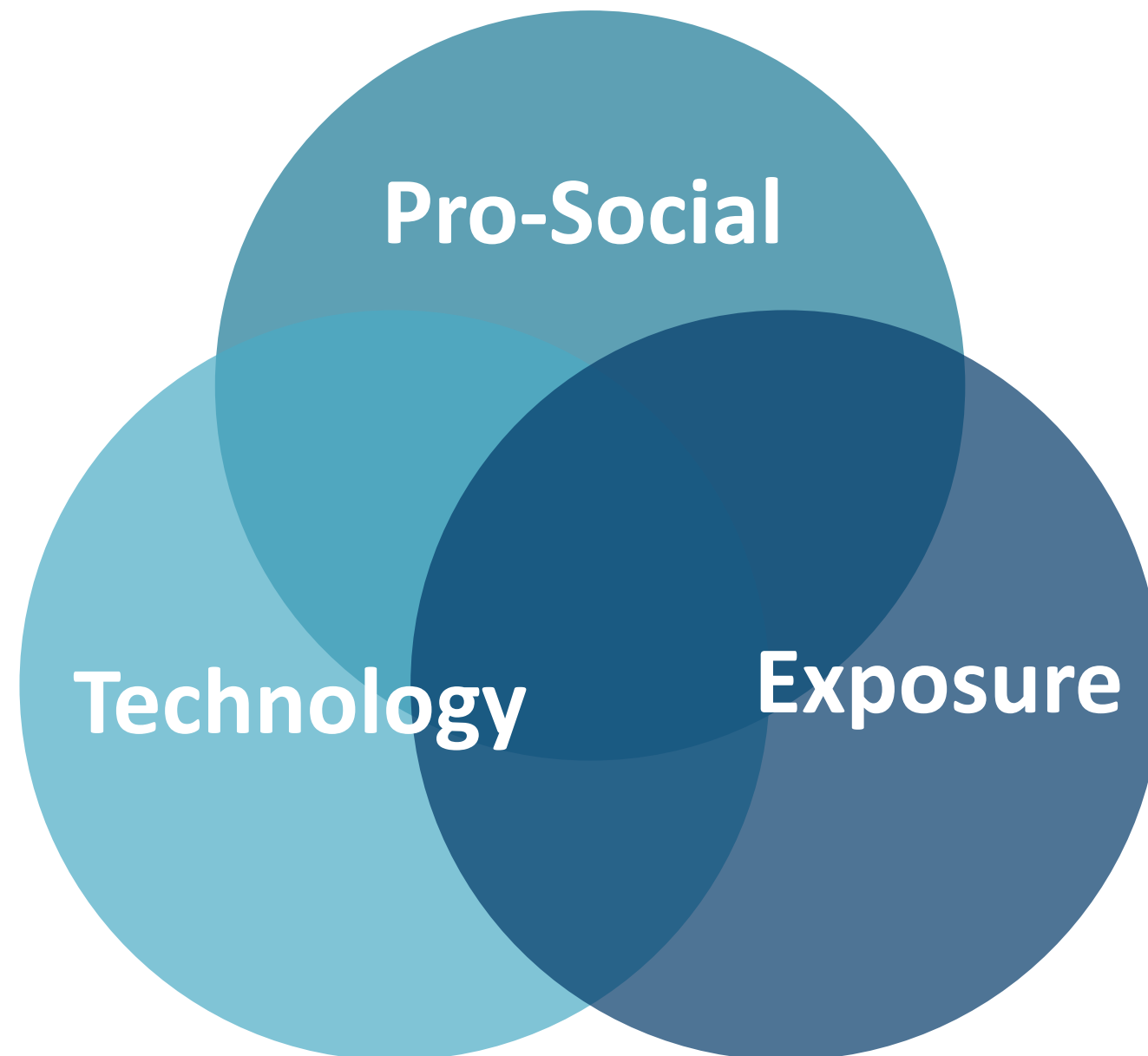
Promoting Protective Factors







# Access



Skill development  
and outlets

Influences, Input,  
Modeling

Internet, Media,  
Gaming, I-anything

# So, what are they doing?

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- Nearly 3 in 4 teen respondents (73%) have been exposed to pornography, either accidentally or on purpose.
- Vast majority of respondents said they have seen pornography; (44%) indicated that they had done so intentionally, (58%) indicated they had encountered pornography accidentally.
- 12 is the average age when children first consumed pornography

# What they are doing cont.

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- View pornography on purpose
  - Cis\* boy respondents (52%)
  - Cis girls (36%).
- Most teen respondents who intentionally watched pornography once a week or more.
- 57% of teens search out porn at least monthly.
- 39% of boys and 23% of girls have seen sexual bondage online.

# Where are they accessing it

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- 44% Porn Websites (e.g., Pornhub, Xvideos, YouPorn, etc.)
- 38% Social media (e.g., TikTok, Instagram, Snapchat, Reddit, etc.)
- 34% Video sites/platforms (e.g., YouTube)
- 16% Subscription sites for user-generated content (e.g., OnlyFans)
- 18% Livestreaming or “cam” sites
- 19% Other



Parent or caregiver (Home environment)	Who's responsible	Success indicators
<p>Mom will consent to plan and follow up with team on any mistakes with compliance (team will respond in non-punitive manner)</p> <p>Mom and aunt will model accountability by follow collaborative safety plan and accurately reporting how effective it is operating (team will respond in non-punitive manner)</p> <p>Jose will demonstrate accountability by following guidelines</p>	<p>Jose</p> <p>Gabriella (mom)</p> <p>Vanessa (aunt)</p>	<p>Mom will create accountability with Jose by rewarding successes and supporting mistakes and review with team</p> <p>Jose will use language that is not dismissive of females</p> <p>Jose will voice disagreements with respectful and polite language</p> <p>Jose will do chores (clean room, help with dishes,</p>



Support in the education and care setting	Who's responsible	Success indicators
<p>Jose will demonstrate attention while in class</p> <p>Jose will use appropriate bathroom when approved by staff</p> <p>Jose will report to staff any bullying he experiences</p> <p>Jose will be able to explain all the supervision requirements and his responsibilities</p>	<p>Jose</p> <p>Jose's Middle School staff (indicate specific ones)</p> <p>Gabriella</p>	<p>Jose will not receive referrals for behavioral issues</p> <p>Jose will maintain passing grades in all classes</p> <p>Jose will maintain presence in approved areas of the school</p> <p>Teachers will report Jose is being compliant with rules and supervision requirements</p> <p>Impacted child will not experience any adverse or concerning interactions with Jose</p>

# Case example

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- 14 y.o. Latino, male
- Lives with mother and two younger sisters
- American citizen, but mother is Guatemalan and undocumented
- Sexually harmed peer at school in the bathroom
- Exposure to IPV, physical abuse, denies he was sexually abused, but his sisters were by bio father
- Academically struggles but is passing and is on JV soccer team
- On a diversion contract from Juvenile Justice



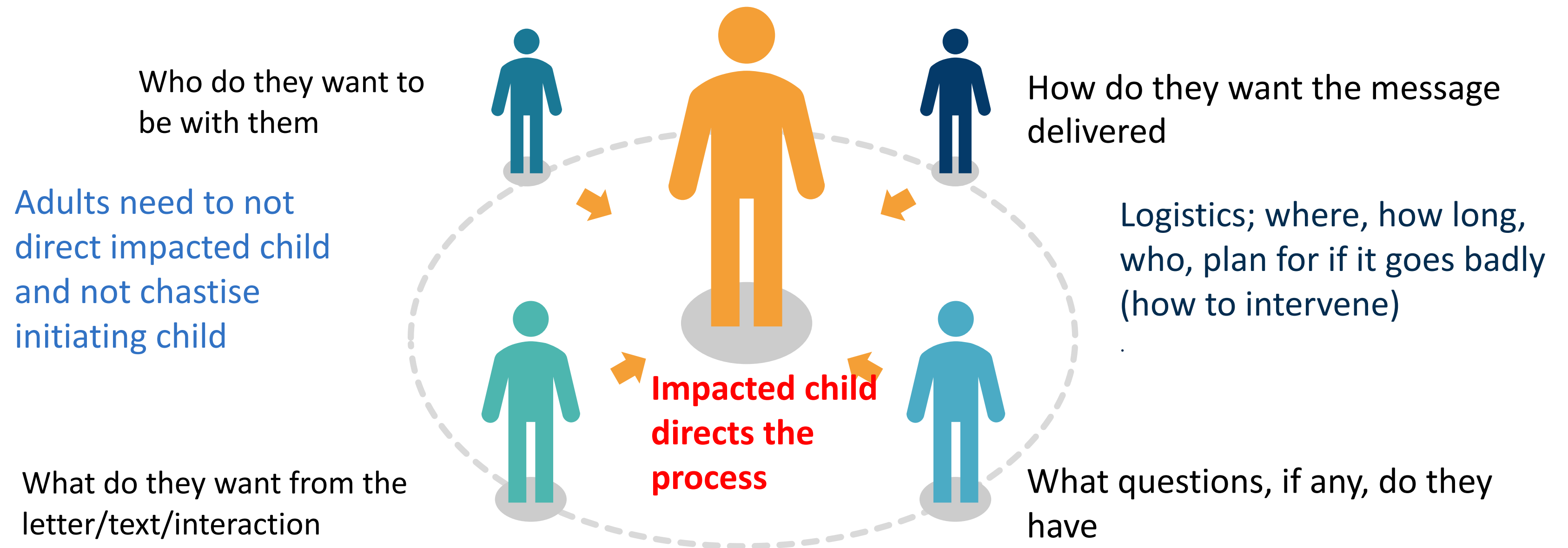
# Clarification

Where do you start?

- Letters
- Texts
- Emails
- Video call
- In Person professional
- In Person community
- In person at home

# Structure

How to assess impact and next moves







# Some Areas to Consider and Address

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Watching or caring for other kids

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Access and opportunity to spaces in the house (bedroom, bathroom, etc.)

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Family models desired behaviors and attitudes

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Physical contact

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No material depicting sexually explicit or sexualized violence in home or outside

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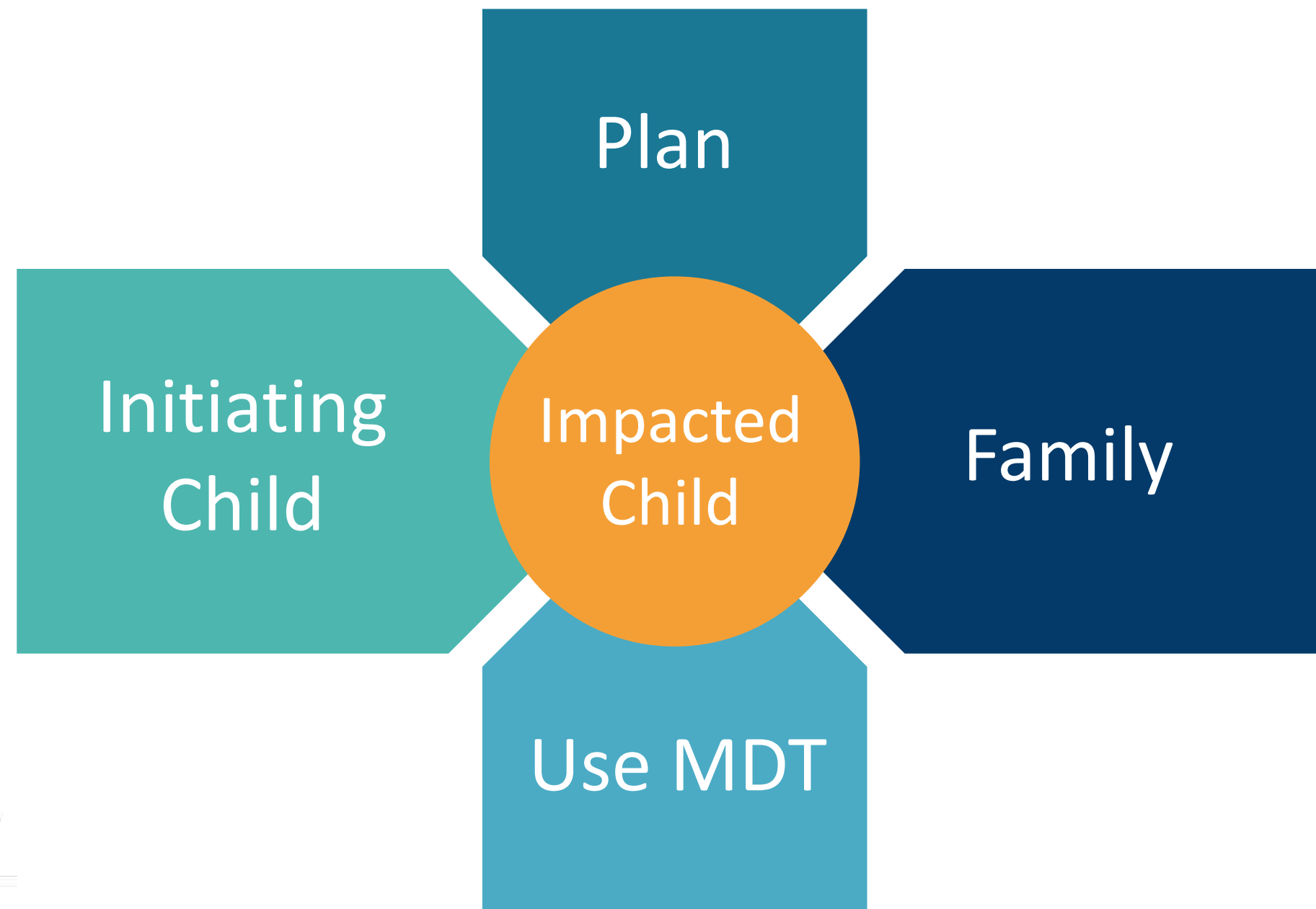
Protective and resiliency factors



# Reunification

**Be Specific**

**Provide  
opportunity for  
accountability**



**Assist and  
educate**

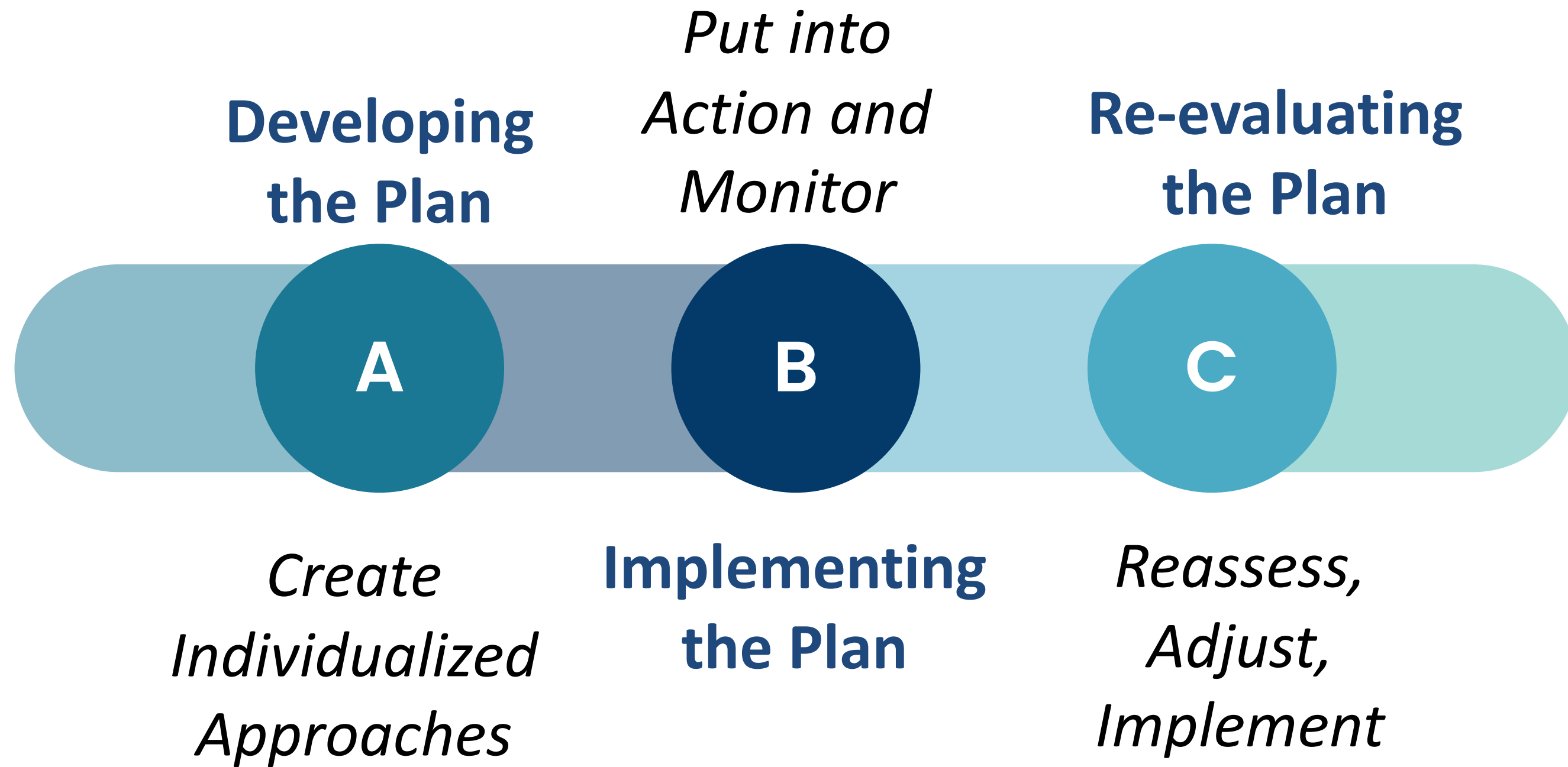
**Coordinate and Communicate**







# Structuring a Reunification Plan



# Requirements to consider prior to visit



1

## Treatment

- Initiating child
- Impacted child
- Caregivers.

2

## What level of responsibility will promote safety?

- Children
- Caregivers

3

## Caregivers will need to be aware of risk and protective factors

4

## Safety plans must be developed and complied with

# Considerations for Visits

**01**

**Ground rules**

**02**

**No alone time**

**03**

**Physical Contact?**

**04**

**Equal Support for Both Kids**

**05**

**No Confrontations**

**06**

**Exchanging Gifts/Items**

# Post visit requirements

1

Assess impact (on both children and caregivers) of visit and when or whether further visits will occur.

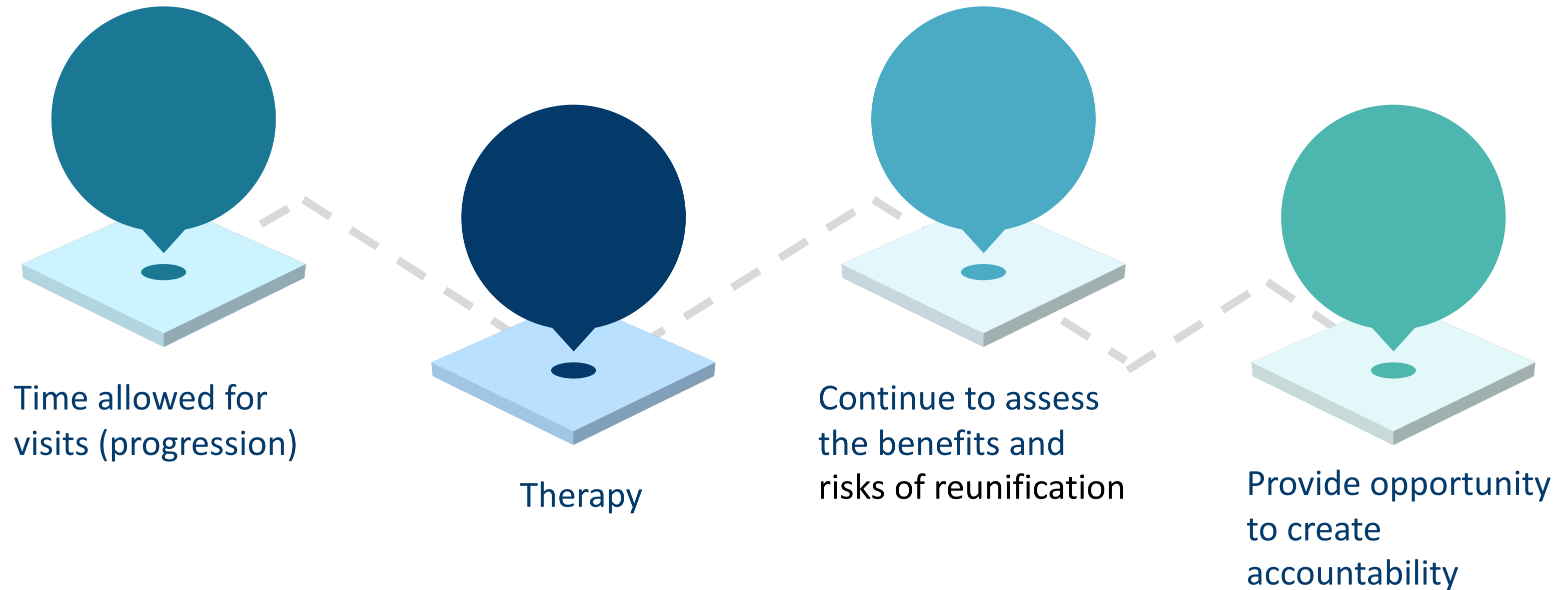
2

Individualized safety plan must be revisited and have any necessary changes made.

3

Treatment team will assess visitation to determine future progression.

# Considerations for Continued Reunification





## Reunification Scenario: School Age Child

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- 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 own sister as an adolescent.



Using the following case scenario *or one of your own*, let's discuss for 10 min as a group:

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- 1) What are the potential barriers to reunification?
- 2) What are the strengths?
- 3) What are the protective factors?
  - What do we want to promote?
  - What do we want to preserve?
- 4) What are the cautionary traits?

# Scenario: Safety Plan Violation

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- Max is a 10-year-old boy who is being seen for TF-CBT. He was referred because he was sexually touching girls at school in their privates and chest, looking at CSAM, and making sexual comments. Max comes from a home where he has experienced IPV, exposed to SEM, and was physically abuse by his father who is out of the home. His safety plan states that he is not to have any unsupervised time with electronics, but his mother found a “burner” phone while cleaning his room today. There were multiple texts involving sexual content and propositions to unknown recipients. He also received the same type of messages too.

# Scenario: Reunification

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- You are treating Anika, who is a 9-year-old female that had been sexually touching her 5-year-old sister with her hands and mouth. Anika has a history of being sexually abused by an older cousin and has been in TF-CBT for 3 months and is doing well. She is currently finishing the conjoint sessions of her trauma narration.
- Her sister has been seen by a play therapist for about the same amount of time. Her sister reports liking her therapist, but is still bed wetting, clinging to her mom, and reports feeling anxious about having potential contact with her sister. Her therapist insist that she see both kids at her office for the initial clarification session during a sand tray intervention without you present. The therapists justifies this because she feels that Anika needs to be held accountable and not having you there to “enable” her.



# Thank You!



Geoff Sidoli, LCSW

[geoff.sidoli@gmail.com](mailto:geoff.sidoli@gmail.com)

[www.geoffsidoli.com](http://www.geoffsidoli.com)

(828) 231-2205