Children's Advocacy Centers' response to working with Children with Problematic Sexual Behaviors

Introduction:

Children's Advocacy Centers (CACs) in the United States and Canada can serve a critical role in their communities by addressing children with Problematic Sexual Behaviors (PSB). This paper will explain how CACs have and continue to develop a culture of understanding and implement developmentally appropriate responses to PSB. It will also outline several specific components of CACs such as the importance of multidisciplinary teams (MDT) for addressing PSB in communities, describe services that CACs may provide for PSB of children, as well as various considerations for policies related to CAC's assessment and treatment of PSB.

CACs evolved in the 1980's to strengthen communication among professionals involved in investigating abused children after they recognized disparities in how information was shared. In 1988, children's advocacy centers around the country joined forces to establish the National Network of Children's Advocacy Centers (Now named National Children's Alliance or NCA), which serves as the home-base for all Children's Advocacy Centers. Now, almost 1,000 CACs exist across the United States who serve more than 380,000 children every year (NCA, 2021d) and over 40 CACs/Child and Youth Advocacy Centers (CYAC) in Canada serving over 10,000 children (CACs/CYACs, 2022). CACs are made up of professionals who represent multiple disciplines and provide an array of investigative, therapeutic, and advocacy services, while promoting what is in the best interests of children.

It was not till after 2010 that urban CACs and their networks first began to ask NCA about the growing issue of sexually problematic and harmful behaviors involving children. When NCA examined data that was collected from CACs in 2020, it was found that approximately 20% of all sexual abuse reports involved PSB initiated by a child (NCA, 2021b). This

translated into 18,727 cases of children (under 13) and 29,249 cases of youth (13-17) in need of services. While most of these children needed support to address the PSB, there was considerable misunderstanding and uncertainty about this population. Subsequently, NCA responded to CACs' request for guidance by developing a national work group in 2015 that has produced resources, a video series and trainings to develop collaborative responses to this underserved population (NCA, 2018 & 2021a). NCA developed language in its accreditation standards to address meeting the child safety standards while providing services to children (under 13) and youth (13-17) with PSB. Additionally, NCA encouraged CACs to consider and explore the individual needs of each child and family by addressing unique cultural factors, including racial, ethnic, social, and religious background as part of the process of creating policies.

Initially, children with PSB posed a unique challenge to CACs. In particular, for young children (those younger than age 12) exhibiting PSB, there was a dearth of services available, and these children were set adrift in their communities like a ship with no harbor (Sites, J., & Widdifield, J., Jr., 2020). For many agencies, children exhibiting PSB did not fall under their dominion of services or within the authority of their mandates. CACs fill a unique position in the community as a hub for child abuse cases and are primed to respond to their needs. They are strongly connected to stakeholders (e.g., child protective services, law enforcement, district attorneys, juvenile justice, health, and schools) involved in the protection of children and are thoroughly involved across the spectrum of services. For those cases involving PSB, CACs offer an effective community response with agency collaboration to plan, develop, and enact a decision-making process to address safety, services, supervision, and treatment of children with PSBs.

CAC services and PSB work:

At the core of the CAC mission is promoting safety and protection of children. Developing and providing proper supervision, safety, and privacy for all children is a primary goal of the CAC, and special attention is needed when integrating services for youth with PSB. When

facilities provide services for children that initiate PSB and for those who have been impacted, close supervision policies for waiting rooms, bathrooms, and other public areas are needed. Adverse and traumatic experiences can cause a range of emotional and behavioral dysregulation for children and adults. This is especially significant as CACs are often providing services to the child who initiated the PSB as well as the child impacted. Therefore, creating a safe space with supervision for all children, regardless of known PSB, is built into the culture of CACs. In these cases, CACs become an idyllic location to facilitate clarification and reunification practices as it is inherent in their culture to provide environments that are child friendly, trauma informed and promote safety (Tener et al, 2020). This is particularly relevant in intrafamilial cases of PSB. CACs have a historical foundation in providing evidence-based and supported therapies for victims of sexual abuse and have adopted that same template in providing assessment and treatment services for PSB. In addition, CACs have a history of establishing linkage agreements with community treatment providers to develop and coordinate therapeutic services.

In addition to intervention programs, community education is rooted within the mission and practices of CACs. Many CACs provide a ranges of safety programs in their local community addressing prevention of child sexual abuse (CSA). Traditionally, these efforts have focused on adult initiated child sexual abuse and how to prevent, respond and report adult attempts to engage youth in inappropriate or abusive sexual behavior (Walsh et al., 2015). In recent years, more and more CACs have incorporated community education on PSB and improving initial identification and response. This has facilitated discussions at multiple community levels and led to promoting a better understanding of PSB and available services.

Victim Advocates (VA) typically have initial contact with caregivers at the CAC and begin to create connection with families by engaging and supporting them through the CAC process. In addition to instilling hope for families, they provide support and connect them to evidence-based therapy and basic need supports. On initial contact with the families,

the VA can assess areas of risk and protective factors and facilitate the development of initial safety and treatment plans (NCA, 2018). Multiple MDT members may have important insights that can inform the safety and supervision plan (e.g., home environment, history of supervision, strengths of the caregiver). Because safety and supervision plans should not be stagnant, given children's ever-changing development, plans are best created, monitored, and subsequently adapted by caregivers, providers, and relevant MDT members as needed.

The role of the MDT:

A core component of CACs is the multidisciplinary team (MDT). This group consists of the relevant professionals in the community that utilize their established roles to coordinate child abuse investigations. The professional composition of the MDT makes it a principal resource in identifying and responding to child abuse in the community. Over the years, CACs and MDTs have a history of broadening their focus from what was considered traditional child abuse to address more distinct circumstances such as trafficking, torture, and Child Sexual Exploitation Material /Child Sexual Abusive Material (Harris M, 2023). As CAC/MDT members became aware of the challenges in addressing PSB, they began to engage community stakeholders in implementing a more effective, evidence-based collaborative response to children PSB. CACs evaluated their original MDT partnerships and expanded this to include juvenile justice agencies, juvenile public defenders, and schools as this was deemed necessary, as these agencies all play a vital role in preventing, identifying, and responding to PSB (NCA, 2018). By creating a coordinated community response to PSB that is culturally congruent and includes the voice of caregivers and children, CACs are making strides to be community leaders in the prevention and response to children who exhibit PSB and promote the safety and health of children.

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