

## Understanding Problematic Sexual Behavior in American Indian and Alaska Native Youth

Much of Native culture is based on the Circle of Life. Culture teaches us that we are all relatives to all things in creation. Healthy development of our children integrates emotional, behavioral, physical, and spiritual related growth. Problematic sexual behaviors (PSB) are a set of behaviors that are developmentally inappropriate, potentially harmful to self or others, and could be illegal depending on a variety of factors. Mental health providers can help restore the Circle by helping youth and families.<sup>1</sup> Some sexual behaviors are normal, while others are problematic. Health providers in tribal communities play important roles in identifying and providing culturally congruent effective treatment for youth with PSB, child victims and their families.

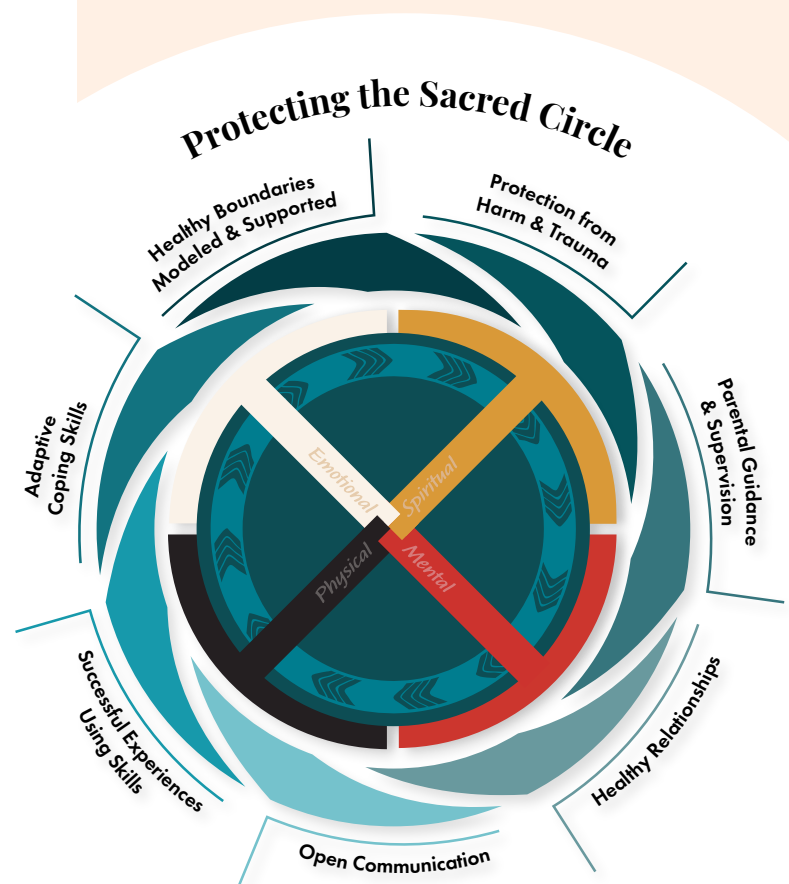
Addressing trauma, abuse, and neglect in tribal communities is necessary for understanding PSB. Trauma-informed principles can help us support all youth.

### Know Protective And Risk Factors

Tribal protocol, practices and ceremonies can facilitate resilience and protective factors in youth. Building family's protective factors in this figure helps prevent further PSB and builds resiliency. Protective factors that facilitate healthy behaviors and good decisions at the individual, family and community level.<sup>3</sup>

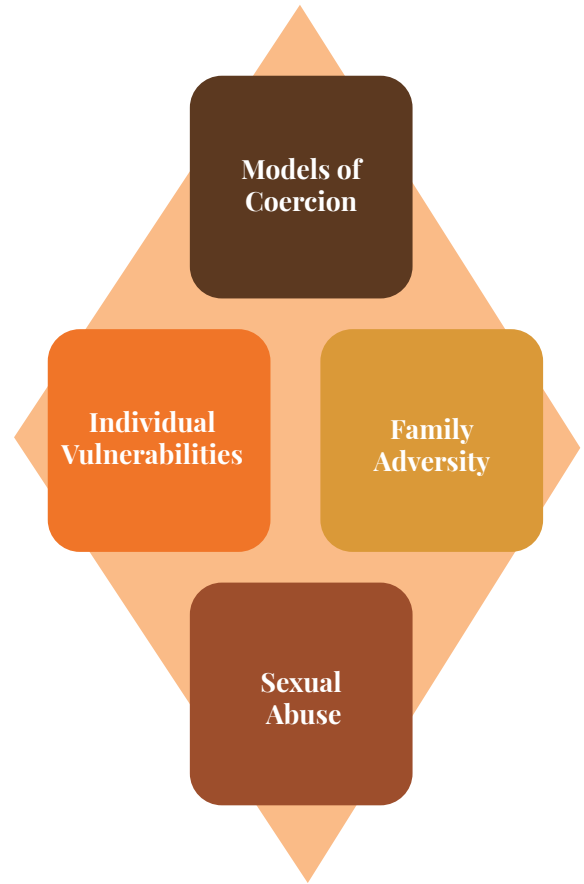
Risk factors for youth with PSB are universal and not based on any demographic, psychological or social factors. The NCSBY identified the following individual, family, and community-level factors that may be helpful for understanding youth with PSB.<sup>7</sup>

**Youth need safety, supervision, protection, guidance, monitoring, and teachings. All youth must know they are connected, sacred, and honored.**



## Contributing Factors

- **Sexual abuse**, particularly when it occurs at a young age, involves multiple perpetrators or is intrusive.
- **Lack of information or limited, accurate information** about bodies and sexuality, unhealthy boundaries or privacy in the home, exposure to adults' sexual activity or nudity, sexual images, or other factors that lead to a sexualized environment.
- **Exposure to harsh or coercive interactions**, such as family or community violence, physical abuse, bullying, or other factors.
- **Child vulnerabilities** may hinder a youth's ability to cope with stressful events or control impulses and respect the boundaries of others. These include attention deficit disorder, learning and language delays, reactions to trauma events or other factors.
- **Factors that hinder a parent or caregiver's ability to monitor, guide, support, and teach their children**, such as depression, substance use, exposure to abuse, and other factors.<sup>3</sup>



## Establish Protocols And Procedures

When working with youth and families impacted by PSB it is essential to follow protocols. Here are some examples:

- Referral and access to treatment.
- Reporting requirements, limits and maintenance of confidentiality, and collaboration with community agencies.
- Coordination of care of children simultaneously involved with other agencies, particularly child protective services and juvenile justice.
- Data sharing and tracking cases across systems.
- Planned and coordinated treatment for youth with PSB, child victims and caregivers.



## Response Of Problematic Sexual Behavior

Behaviors range in their degree of severity. There is not a profile or single set of characteristics of youth with problematic sexual behavior.

- 1 Start by assessing youth and family risk, needs, responsivity and protective factors.
- 2 Develop supervision and safety plans in collaboration with parents/caregivers and other relevant adults, such as extended family members, school personnel, mentors, coaches and others.
- 3 Directly include the family, particularly caregivers in the treatment.
- 4 Address confidentiality. Know what can and cannot be shared, and how to be respectful when sharing.
- 5 Utilize an MDT approach.
- 6 Make decisions on a case-by-case basis. Consider intervention, removal, placement, notification, reporting, legal adjudication and contact restrictions with other youth.



**When people don't understand what they can do about it (PSB), they just turn the other way. They have to accept, like okay this is the issue, but then what do I do about it? If they don't have an answer, they just ignore it and it becomes overwhelming, shocking, in the community, and for our children. We have to be open and honest about it.**

– Janet Routzen,  
Associate Judge Rosebud Sioux Tribe

## Role Of Assessment

- Clinical assessments should be completed by a degreed mental health professional who is licensed with expertise in child development, differential diagnosis, and non-sexual disruptive behavioral problems.
- Assessors should use a developmentally appropriate approach. Psychosexual assessment is not needed or appropriate for many youth with PSB.
- Assessors need to know their legal obligations for reporting child abuse and make these known to parents and caregivers.
- An assessment may be obtained by reviewing background materials, taking a basic behavioral and psychosocial history from parents or caregivers, a basic interview with the child, and administration of one or more clinical instruments.
- Assessments are used to inform intervention, treatment planning, and case plans.
- Clinical assessments are not official investigations.



## Assessment Areas For Youth With PSB

- Context, social ecology, and family. Focus on present and future contextual factors in and outside of the home.



For more information about working with youth and families, [CLICK HERE](#).

- Psychological and behavioral status. Broadly assess general behavior and psychological functioning and PSB. Prioritize concerns based on assessment results. Youth with PSB may have externalizing behavior problems, internalizing behavior problems (e.g. anxiety, depression), traumas, developmental and learning problems, conduct problems, and exposure to adverse environments.
- Sexual behavior and contributing factors.
- Examine the pattern of PSB, including the antecedents, behaviors and consequences.
- Clinical interviews can help with information gathering and treatment planning but must be done in a non-threatening manner that is respectful and supportive of the youth and family. Convey the message that, while this is a serious behavior, effective intervention brings hope for healing.

- Identify youth and family strengths and resilience.

- Formal testing may help document the extent and nature of problematic sexual behavior and the impact of trauma. The **Child Sexual Behavior Inventory – III**, measures the frequency of common and problematic sexual behaviors in youth ages 2 to 12 years.<sup>2</sup>



For more information on the Child Sexual Behavior Inventory, [CLICK HERE](#).

- Collaboration with the school may facilitate identification and assessment of the child's developmental, language, cognitive, and social/emotional delays and educational support needs.



For more information about talking with Native youth and families and recognizing Trauma Triggers, [CLICK HERE](#).




## Treatment of Problematic Sexual Behaviors

In the toolkit we highlighted three treatment approaches (PSB-CBT, TF-CBT and the Good Lives Model or GLM)

Effective treatment and interventions include active involvement of parents or other caregivers and addresses safety planning, sexual behavior rules, managing child behavior, boundaries, sex education, abuse prevention skills, and child self-regulation and self-control skills.

Professionals can encourage parents to **talk with their child about their body**, body parts, personal space and privacy beginning at 3 to 4 years of age. Treatment may also include emotional regulation skills, healthy coping skills, decision-making skills, social skills, restitution and amends.

 View educational resource on private parts, [CLICK HERE](#).

Collaborate with the family and tribal leaders to consider utilization of traditional rites of passage, traditional healers, and restorative justice models for the treatment of problematic sexual behavior in youth, child victims and families.

Families of child victims as well as families of youth with problematic sexual behavior need treatment. Youth respond quickly to basic cognitive behavioral or psychoeducational interventions. Treatment includes teaching parents/caregivers and youth about privacy rules, sexual behavior rules, and boundary rules to reduce sexual and other behavior problems.<sup>3,4</sup> A key component is addressing **sex education** and ensuring the child has someone to talk to about friendship, relationships, and questions about sex. Treatment may include abuse prevention skills, healthy coping skills, impulse-control strategies and decision-making skills, safety plans, and social skills.

 View the treatment approaches in the toolkit, [CLICK HERE](#).

Outpatient treatment that allows the child to stay in the home and community is generally effective for youth with problematic sexual behavior. Treatment lasts between three and six months, based on changes in knowledge, skills, and behaviors of the youth. Intensive and restrictive treatments for PSB are needed for the most severe cases with significant co-morbid conditions and behaviors that are not responsive to community-based care. Professionals can help advocate for public policies that support treatment for youth with problematic sexual behavior. Use people-first language. Treat them as children first. Have developmentally appropriate policies, laws, and protocols. Open communication about relationships, intimacy, consent, prevention of abuse, sexual images,, and other related topics is important.

Coordinate care across programs working with the family. Integrate care to address multiple needs. Consider embedding treatment in programs and services to address related risk and protective factors. For example, suicide prevention, substance abuse, family resources and support, youth programming support, and traditional activities.

 Sex education resource information, [CLICK HERE](#).





### Additional Considerations

Review link below for additional information on the treatment of youth with PSB including the adaption of the GLM model for use in Indian Country.




 [CLICK HERE](#)

## Resources





### CENTERS, ORGANIZATIONS AND PROJECTS

-  Indian Country Child Trauma Center  
[www.icctc.org](http://www.icctc.org)
-  National Center on the Sexual Behavior of Youth  
[www.ncsby.org](http://www.ncsby.org)
-  National Child Traumatic Stress Network  
[www.nctsn.org](http://www.nctsn.org)
-  Association for the Treatment and Prevention of Sexual Abuse  
[www.atsa.com](http://www.atsa.com)

### TREATMENT MODELS, FACT SHEETS & TOOLKITS

-  National Center on the Sexual Behavior of Youth, Treatment Models for PSB
-  National Sexual Violence Resource Center Toolkit
-  Engaging Caregivers when Addressing Sexual Behaviors in American Indian/Alaska Native Children

### PROTOCOLS & PROCEDURES

-  Child Welfare Information Gateway Laws and Policies
-  Tribal Institute, Example Child Abuse Tribal Protocols
-  Practice Guidelines for Assessment, Treatment and Intervention with Adolescents
-  Practice Guidelines for Assessment, Treatment and Intervention with Children

### References

1. Silovsky, J. F., & Bonner, B. L. (2003). Children with sexual behavior problems: Common misconceptions vs. current findings. National Center on Sexual Behavior of Youth.
2. Friedrich, W.N. (1997). Child Sexual Behavior Inventory: Professional Manual. Odessa, FL: Psychological Assessment Resources, Inc.
3. Silovsky, J.F. (2009). Taking Action: Support for Families of Children with Sexual Behavior Problems. Vermont: Safer Society Press.
4. St. Amand, A., Bard, D., & Silovsky, J.F. (2008). Meta-analysis of child sexual behavior problems: Practice elements and outcomes. Child Maltreatment, 13(2), 145-166.
5. Finkelhor, D., Ormrod, R., & Chaffin, M. (2009). Juveniles Who Commit Sex Offenses Against Minors. Office of Juvenile Justice and Delinquency Prevention, Juvenile Justice Bulletin, December 2009.
6. Snyder, H. (2000). Sexual Assault of Young Children as Report to Law Enforcement: Victim, Incident, and Offender Characteristics. NCJ 182990.
7. Caldwell, M. F. (2016). Quantifying the Decline in Juvenile Sexual Recidivism Rates. Psychology, Public Policy, and Law, 22(4), 414.

The information contained in this toolkit and multimedia content represents the views and opinions of the creators and not the views of OWHISC or states, tribes, and agencies. Mandatory reporting requirements and response to PSB varies between jurisdictions. For more information about mandatory reportings of child abuse and neglect, visit: <https://www.childwelfare.gov/pubPDFs/mamda.pdf>