

# 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. Some of the threads in the Circle have become broken. Multidisciplinary Teams can help mend the Circle by understanding normal sexual behaviors and problematic sexual behavior (PSB). PSB is youth-initiated behavior that involves sexual body parts in a manner that is developmentally inappropriate and potentially harmful.<sup>1</sup> Addressing trauma, abuse, and neglect in tribal communities is necessary for understanding PSB. Trauma-informed principles can help us support all youth.

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

The information contained in this toolkit and multimedia content represents the views and opinions of the creators and not the views of OUHSC 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/manda.pdf>

## MDT's Role In Addressing Problematic Sexual Behavior

MDTs are a group of professionals who collaborate to respond to reports of child abuse, neglect, and PSB of youth. Some MDTs are associated with children's advocacy centers. Often MDT members include tribal program staff, law enforcement, child protective services, clinicians, school staff, prosecutors and members of other agencies. Some tribes have MDTs or child protection teams in place to respond to youth with PSB. Some do not.

Key elements of successful tribal MDTs are community ownership and involvement, resources to support the team functions, integration of tribal culture and tradition in team process and decision making, development of clear protocols, participation and commitment of MDT members, adequate training and support, confidentiality, and individual member and team accountability.

## Developing An MDT

- Identify committed members who have support from their agencies to participate.
- Identify roles and experience of members.
- Develop mission, purpose, activities and trauma-informed principles.
- Develop protocol outlining policy, responsibilities and procedures that guide screening, assessment, investigation, intervention and management of cases.
- Successful MDTs honor confidentiality policies and work in the best interest of youth with PSB, child victims and families.

# FACTSHEET: Multidisciplinary Teams

## ✓ Protocols and Procedures

Establish and follow policies and procedures for investigating PSB cases and the following topics:

- Create protocols for communicating among parties and **managing consent and release of information**.



For recommendations on best practices for managing consent and **CLICK HERE**.

- Consider tribal court prosecutors, referral and access to treatment, levels of care based on risk, need and responsivity, data sharing and tracking cases across systems, mandatory reporters, and reporting cases.
- Know and create protocols for addressing jurisdictional issues and **state statutes**. Know who to contact. Consider tribal and state law P.L. 280, P.L. 93-638 or self-governance status, Major Crimes Act, and Indian Country Crimes Act.



For a state statutes resource directory, **CLICK HERE**.

## Research

PSB does not increase based on sexual orientation, race, ethnicity or socioeconomic status.<sup>1</sup>

**1/3**, of sexual offenses against youth are committed by other youth.<sup>3</sup>

12 to 14 years of age, is when PSB happens the most.<sup>4</sup>

**1/2**, of child victims of PSB are under 6 years of age.<sup>4</sup>

**25%** of PSB cases involve family members.<sup>5</sup>

Most PSB occurs between children/youth who know one another.<sup>5</sup>

**<3%**, is the average sexual recidivism rate for youth with PSB and illegal sexual behavior.<sup>6</sup>

## Response

- Children with problematic sexual behavior are not mini-adults.
- Know your role in the MDT response process.
- Utilize an MDT approach for cases involving children and problematic sexual behavior.
- Help caregivers understand the behaviors that occurred and the complex nature of PSB.
- Offer services onsite or through community collaborations that follow detailed policies and procedures for youth with PSB.
- Help ensure that services are delivered in a manner that ensures the physical and psychological safety of all children and families receiving services.
- Work with child advocacy centers or other organizations to support youth with PSB in the following ways: forensic interviews, medical evaluation, family advocacy, mental health treatment, case review, and case tracking.
- Work with social service organizations (BIA or tribal) to document allegations and protect all children.

## Treatment of Problematic Sexual Behaviors

- **Effective interventions include active involvement of parents or other caregivers.** Effective components of treatment address safety planning, sexual behavior rules, managing child behavior, boundaries, sex education, abuse prevention skills, and child self-regulation and self-control skills. Treatment may also include emotional regulation skills, healthy coping skills, decision-making skills, social skills, restitution and amends.
- **Sex education is a key component.** Identify someone the child can talk to about friendship, relationships, and questions about sex, rather than relying on peers or the internet. Treatment may include abuse-prevention skills.
- **Professionals can advocate for public policies** that support treatment for youth with problematic sexual behavior. Use people-first language. Treat as children first. Have developmentally appropriate policies, laws and protocols.
- **Professionals can encourage parents to talk with their children about their bodies, body parts, and personal space and privacy** in a developmentally appropriate manner beginning at 3 to 4 years of age.
- **Support open communication** about relationships, intimacy, consent, prevention of abuse, sexual images, and other related topics in a developmentally appropriate manner with trusted adults.

### 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. National Children's Alliance (2017). PSB Fact Sheet Overview. Risk and Protective Factors.
3. Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. L. (2009). Violence, Abuse, and Crime Exposure in a National Sample of Children and Youth. *Pediatrics*, 124(5), 1411-1423.
4. 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.
5. Snyder, H. (2000). Sexual Assault of Young Children as Report to Law Enforcement: Victim, Incident, and Offender Characteristics. NCJ 182990.
6. Caldwell, M. F. (2016). Quantifying the Decline in Juvenile Sexual Recidivism Rates. *Psychology, Public Policy, and Law*, 22(4), 414.



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

## Resources

### CENTERS, ORGANIZATIONS AND PROJECTS



National Center on the Sexual Behavior of Youth



National Child Traumatic Stress Network

### TOOLKITS AND GUIDES



National Children's Alliance Best Practice Documents



Multidisciplinary Team and Children's Advocacy Center Response to PSB



Tribal, Federal, State Laws and Policies



Forming a Multidisciplinary Team To Investigate Child Abuse



Youth Partnership Board tip sheet for Professionals