Restoring the Sacred Circle

A Toolkit for American Indian & Alaska Native Tribes

2nd Edition

Trigger Warning

Content includes information about sexual abuse and trauma, this may be triggering.

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Marcus Red Thunder. Photos represent Powwows of Native America.

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The opinions, findings, and conclusions or recommendations contained in this toolkit and multimedia content are those of the author(s) and do not necessarily reflect those of the Department of Justice, OUHSC, states, tribes, or agencies.

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Executive Summary

Healthy development of our children integrates emotional, behavioral, physical, and spiritual-related growth. Merged in this is sexual development, which starts in young children, often evoked by curiosity. However, some children show sexual behavior that is problematic and even harmful. Problematic Sexual Behavior (PSB) is a set of behaviors that are developmentally inappropriate, potentially harmful to self or others, and could be illegal depending on a variety of factors. Understanding problematic sexual behavior is a first step in the prevention of problematic sexual behavior of youth, promotion of healthy sexual development, and healing of those impacted. The Sacred Circle refers to the balance of mind, body, spirit and emotional/relational aspects of life. The history of colonization, boarding schools, trauma, violence, and abuse has created an imbalance in the Sacred Circle.

The National Center on the Sexual Behavior of Youth, in partnership with the Indian Country Child Trauma Center and the Office of Juvenile Justice Delinquency and Prevention, developed the initial Restoring the Sacred Circle Toolkit in 2020 to provide guidance for tribal communities and programs. Content and information have been expanded to include stories about children who have received and benefited from treatment interventions and outcomes. Updated information was needed to specifically address treating American Indian/Alaska Native youth and their families. While resources providing culturally relevant services to address problematic sexual behavior among dominant society youth are readily available, this information is lacking for Native families and children. However, information gained from the dominate society may have some helpful lessons for Native youth. Specific additions have been developed from individuals who are involved with these youth at the tribal and community levels. These youth have often experienced greater levels and severity of traumatic events, which require increased and culturally specific interventions. Ceremony and celebrations from traditional teachings are often employed in this process. Some Native people have developed new ceremonies or added to previous practices in these areas. Stages of healing have also been identified from the traditional teachings of various tribal groups. Healing is often a slow process that requires several steps, much like the recovery path for individuals who engage in substance use recovery efforts. We currently recognize the connection between traumatic reactions, or sometimes what is labeled post-trauma experiences, and remembering these traumatizing events.

Our intentions and hopes are that this toolkit:

- Promotes healthy sexual development and understanding of the continuum of sexual behavior
- Increases understanding about research on PSB
- Educates readers on the risk and protective factors associated with PSB
- Presents barriers and strategies to address PSB using existing resources and tribal knowledge
- Outlines systems and jurisdictional issues related to tracking PSB and referrals
- Shares local laws and policies about PSB
- Dispels misconceptions related to PSB and addresses stigma and bias
- Educates programs, schools, law enforcement, parents, multi-disciplinary teams and two-spirit (Queer*) and trans youth with factsheets, resources, and protocols

The revised edition will be made available through the Indian Country Child Trauma Center Website and the National Center on the Sexual Behavior of Youth Website to enhance the availability of these new sections and revisions. As you read this toolkit, know that every attempt has been made to honor and respect the history of ancestors and tribal traditions. We walk lightly, aware that many people endured sexual abuse and violence; the direct result of boarding school-era policies, oppression and colonization. Reading about this difficult topic is an important first step in promoting healthy development and relationships and preventing PSB of youth and sexual assault of children.

Our hope is that this toolkit restores the Sacred Circle in tribal communities and provides much-needed resources to care for the sacred.

*In this toolkit, we use the term Queer rather than LGBTQIA. Queer is a broad, inclusive term that encompasses all non-normative sexual orientations, gender identities, and expressions. Reclaimed from its historical use as a derogatory term, "queer" is celebrated for its simplicity, flexibility, and ability to unify diverse experiences. Importantly, it also challenges and combats colonialism by rejecting rigid, Western-imposed binary categories of gender and sexuality. "Queer" embraces a spectrum of identities, many of which are rooted in non-Western cultures, offering a more inclusive and decolonized understanding of human diversity.

Acknowledgements

This toolkit was prepared in part by the National Center on the Sexual Behavior of Youth (NCSBY) and Indian Country Child Trauma Center (ICCTC) within the Center on Child Abuse and Neglect of the University of Oklahoma Health Sciences Center. The project was supported by Grants 2019-MC-FX-K022, 2010-WP-BX-K062 and 2013-MU-MU-K102 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect those of the Department of Justice, the Rosebud Sioux Tribe and its victim service program, White Buffalo Calf Woman's Society, or tribes.

We respect and honor the sacred teachings and stories shared by many in this resource. These stories give us hope and a path to walk on as we work toward restoration, healing, forgiveness, and wholeness. Building on the work of many people, programs, places, and intentions, this updated toolkit was created by the NCSBY, tribal community members, and Allyson Kelley & Associates (AKA) consultant team. Each person contributed time, prayers, and knowledge with the goal of improving prevention, treatment, and response to PSB in tribal communities. This updated toolkit was created by:

Tribal Community Reviewers

Kaycee Martinez
Boys and Girls Club Northern Cheyenne Nation

Melissa HoldstheEnemy
Crow Tribe Independent Consultant

Linda Bronson-Wood
Pueblo of Pojoaque Family and Children Services

National Center on the Sexual Behavior of Youth and Indian Country Child Trauma Center, OUHSC

Dolores Subia BigFoot (Caddo)

Jane Silovsky

Janet Routzen (Rosebud Sioux)*

Regina Ertz (Cheyenne River Sioux)*

Bridget Williams*

David McArthur*

Renee Roman (Sault Ste. Marie Tribe of Chippewa Indians)

Allyson Kelley & Associates PLLC

Ah-in-ist Sipes (Northern Cheyenne, Caddo)

Aunties Circle (Anonymous Elders)

Dewey Ertz (Cheyenne River Sioux)

Marcus Red Thunder (Chippewa Cree)

Morgan Witzel (Northern Cheyenne)

Ruthie Cedar Face (Lakota)

Sadie Posey (Eastern Shoshone)

Tristin WolfName (Northern Cheyenne)

Allyson Kelley

Curtis Hartley

Jill Campoli

Kaitlyn McFadden

Linda Donahue

Macrina Singleton*

*Denotes contributor to the initial Restoring the Sacred Circle Toolkit.

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Introduction

In our way of life, in our government, with every decision we make, we always keep in mind the Seventh Generation to come. It's our job to see that the people coming ahead, the generations still unborn, have a world no worse than ours—and hopefully, better. When we walk upon Mother Earth, we always plant our feet carefully because we know the faces of our future generations are looking up at us from beneath the ground. We never forget them.

– Oren Lyons,
Faith Keeper of the
Turtle Clan of the Onondaga Nation

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Collective Wisdom from the Elders

Trauma Triggers and Healing Conversations with American Indian/Alaska Native Populations

People working in healing spaces or approaching sensitive topics with American Indian/Alaska Native parents, grandparents, and family members have a unique opportunity to recognize trauma triggers and help people overcome them. In May 2024, Dr. Dewey Ertz, a Clinical Psychologist and enrolled member of the Cheyenne River Sioux Tribe, and Ruthie Cedar Face, a Licensed Addictions Counselor and an enrolled member of the Rosebud Sioux Tribe, met with Dr. Allyson Kelley, the Principal Consultant of AKA PLLC and lead developer of the Restoring the Sacred Circle Toolkit, to talk about how they recognize trauma triggers and how they respond to them.

What do people need to understand about trauma?

Trauma is experienced differently by different people. There is no current research that differentiates trauma responses by racial background or ethnicity. This is complicated further by how people learn and the language(s) they speak. Trauma is usually an emotional reaction to an adverse event or situation. It is important to remember that this definition does not identify individuals who have trauma but never disclose the experience or are unaware of the trigger.

Western culture tends to use terms such as fight, flight, and freeze when they describe trauma reactions. However, other responses are important. Intense traumatic events may be responded to by disassociation. Another common concern is children who have not developed verbal language and experience significant trauma events, as they are unable to fully process their brain's reactions to adverse emotions. There is no way that the child can explain verbally or label it for future reference.

Other traumas are responded to by bargaining to reduce the adverse outcomes experienced, excessive avoidance of perceived risk factors, and various forms of self-blame. American Indians/Alaskan Natives experience traumatic events more than the general population. Experiencing trauma also increases the amount of shame Native individuals experience.

What are some examples of trauma triggers?

The mind perceives a trigger as a threat. Triggers are often silent until the mind starts processing them. You don't realize that you have an abuse history until the realization comes to you. Different people validate that in different ways. Trauma triggers are often associated with a sound, sight, smell, situation, feeling, or emotion.

Why is it important to recognize trauma triggers?

When we realize we have trauma, we can be triggered by it anytime, anywhere. This can impact our everyday lives and those around us. When working with individuals and families, acknowledge that everyone has a different experience and reaction to trauma. The effects of trauma are lasting, even if we do not realize it. For example, many people who went to boarding school are not with us anymore, but their trauma responses were often experienced by, and passed to, family members. We did not know what it was, but we could sure feel it.

What are some ways that we can stop the cycles of trauma?

A crucial first step to stopping and healing from trauma is recognizing the traumatic experiences. Silence and attempts to bury the trauma can inadvertently cause continued harm through normalization of it. Many times, this includes witnessing trauma, especially by children who do not understand the events taking place. It is first necessary for people to share this experience with each other. Encouraging victims and those who witness trauma to disclose this information is part of the realization that trauma takes place.

This can be encouraged by providing situations that may occur and asking family and community members if they are aware of such situations and/or how they would respond if they encountered this event. Open-ended questions such as "What would you do if..." can be useful in this process. These questions can be followed by direct questions regarding the person's observations of this type of event or knowledge that these events occur in the community. Silence is a major reason why these events continue to occur. Accepting that the events occur is necessary for American Indian or Alaskan Native parents, grandparents, family members, or community members before they can talk about what has happened or is happening. Community awareness campaigns and radio spots or other community posters can be helpful in this process. Our voices need to be heard to make change.

We begin healing ourselves when we can tell our stories to other people and past traumatic experiences do not trigger us. If you are in a position to help someone walk through their experiences, here are some steps.

Step 1. Address your own trauma

Know your own trauma triggers. If you are in a position to listen, help, and heal, you must recognize your own trauma histories and triggers first and heal from them.

Healing. It is always a part of human existence. There is always something you will be dealing with, whether it's intergenerational trauma or something else. Know the strengths you have that were passed down from generations; these can help you heal. We all have trauma, but what are the good things we have from our ancestors? Remember these.

Step 2. Tell your story and listen to others

Everyone experiences trauma, and it is through those experiences that a connection can be found. Native methods of therapy are different from Western culture. All tribes have their kinship systems. Know the tribe. Know cultural humility and be a life-long learner of culturally responsive care. The protocol for me is to take a gift with me to them. Tell them why I am there. Create rapport. Create space for them to feel comfortable with. It starts with safety.

Create a safe space. Welcome people into a healing space. Offer people water. Offer them something to eat. Make them comfortable. Ask about their background. Make conversation. Build relationships.

Our office is set up like a home. We have sage and cedar and offer smudge. Breathe for a while and relax. In our family systems this is how it operates. Bring them in, offer food and drinks, and a place to sit. Create a safe space.

Helper:
"We are going to talk about some difficult things. I am going to ask you some difficult questions. I want you to be okay with telling me if it's too much."

- After people are comfortable, you can share and ask for information in a safe way. Are they ready to share? Are they willing to share?

Helper:
"What can you tell me today? Tell me more about that."

- Ask them these questions each time you meet. Ask for more feedback. This becomes important. You will get responses if you ask for them. Be ready to hear them.

Practice active listening. Hear what people are saying. Listen in a different way. Native people have been engaged in this process for generations. Be a skilled listener to truly hear their story.

Put things in their perspective. You don't want to retraumatize them. What are their experiences with trauma? Our elders will not always open up on their own. If you introduce it to them, you need to bring them along. Do you know what trauma is? Can you define it? Most people do not acknowledge that it is something that they have gone through.

Recognize that not everyone sees trauma in the same way or knows what trauma is and does.

- A person with trauma: "I have always known that I had something wrong with me. I don't know what it is."

Helper:

"You might have Post Traumatic Stress Disorder (PTSD)."

- A person with trauma: "No, I don't have that; I have never gone to war."

Helper:

"You can experience PTSD without going to war."

Step 3. Balance trauma and healing experiences

When you tell your story and speak it out into the universe, you release some of the challenges that come with it. It provides relief by letting that part go.

Explore Healing. Ask people about their own healing process. Many people have not worked with a counselor before. This can be difficult. Ask them questions.

Helper:

"What do you know? What things are you doing?"

Helper:

"What do you need to do to heal?"

Focus on the Positives. No matter how traumatized people are, they have had healing experiences. Focusing on the healing experiences creates a positive space for people to process their experiences and build on their strengths.

Helper:

"You have had a lot of heavy things happen and you are here. What has provided strength for you?"

Balance. Consider what was traumatizing for them and what was healing for them. This balance makes it the easiest way for people to talk about and share. This is unique for them and with them. They won't always remember it, but they will have a process.

Multiple paths to healing. Remember that trauma triggers and healing vary between people. Explore the support systems they have. Equip people to tell their stories.

Helper:

"Have you thought about different experiences or things that are there?" "What was helpful to you in a positive way?"

Sacred knowledge. When people trust you with their stories, this is sacred knowledge. Our people who are hurt are vigilant or sometimes hypervigilant. Abide by laws of and limits to confidentiality. Let them know that their information is safe with you and when information is required to be shared to keep people safe, such as child abuse. Make sure you inform and ask. Ask their permission before sharing and actively involve them in the process when it's required by law.

Step 4. Living Healthy for Generations

Continue Sharing, repeat steps 1-3. People have shared something sacred and important with you. You want to reinforce them to do this with others.

In the Lakota way, we talk about the 7th generation, which is now in the present. Change is more apparent. Recognizing trauma triggers and how to talk about them and heal from them is necessary for living a healthy life.

This resource was developed for people working in healing spaces and with American Indian and Alaska Native populations. The collective oral wisdom of Dewey Ertz, Ruth Cedar Face, Allyson Kelley, and 100+ years working with individuals and families in Indian country in healing spaces.

Our Partners and Helpers

The National Center on the Sexual Behavior of Youth (NCSBY) supported the creation and update of this toolkit to provide guidance, understanding and resources related to youth with problematic sexual behavior. NCSBY collaborated with the Indian Country Child Trauma Center (ICCTC), Office of Juvenile Justice and Delinquency Prevention (OJJDP), Allyson Kelley and Associates PLLC (AKA) and prior tribal grantees to develop and revise this toolkit, with the aim to support tribal communities as they respond to youth with PSB. Multiple agencies and programs impact families of youth with PSB. This toolkit builds on lessons learned from community-based programs with specific guidance for tribal communities. The guiding theme throughout the toolkit, *Our Children Are Sacred*, builds on the cultural adaptation of the Problem Sexual Behavior - Cognitive Behavior Therapy program, Honoring Children, Respectful Ways.

The Youth with Sexual Behavior Problems Program began as a collaboration between OJJDP and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering and Tracking (SMART). In 2010, OJJDP and SMART partnered to support the program to provide comprehensive, community-based interventions that serve youth who have problematic sexual behavior, the child victims and their families. Many of these youths are in pre- or post-adjudication for inappropriate sexual behavior with a family member, co-resident or other child with close social ties to youth with PSB. The services, program and community policy are guided by a multidisciplinary team of professionals in child welfare, law enforcement, juvenile justice, health and behavioral healthcare, education, advocacy and other related fields.

Through the Supporting Effective Interventions for Youth with Problematic or Illegal Sexual Behavior Program, OJJDP is supporting agencies to offer a continuum of intervention and supervision services for youth with illegal sexual behavior, as well as treatment services that promote healing for victims and families/caregivers. In addition to making these resources available, the goal is to prevent sexual harm by youth. This program assists communities in developing comprehensive, multidisciplinary approaches for a full range of intervention, supervision and treatment services.

Office of Juvenile Justice Delinquency and Prevention

A component of the Office of Justice Programs within the U.S. Department of Justice, **Office of Juvenile Justice Delinquency and Preventions** (OJJDP) works to prevent juvenile delinquency, improve the juvenile justice system and protect children. OJJDP accomplishes its mission by supporting states, local communities and tribal jurisdictions in their efforts to develop and implement effective programs for juveniles. The Office strives to strengthen the juvenile justice system's efforts to protect public safety, hold justice-involved youth appropriately accountable, and provide services that address the needs of youth and their families.

Through its divisions, OJJDP sponsors research programs and training initiatives; develops priorities and goals; sets policies to guide federal juvenile justice issues; disseminates information about juvenile justice issues; and awards funds to states to support local programming.

ojjdp.ojp.gov

Indian Country Child Trauma Center

The **Indian Country Child Trauma Center (ICCTC)** was established to develop trauma-related treatment protocols, outreach materials and service delivery guidelines specifically designed for American Indian and Alaska Native children and their families. The ICCTC was originally funded by the Substance Abuse Mental Health Services Administration (SAMHSA) in 2004, with the goal to develop and deliver training, technical assistance, program development, and resources on trauma-informed care to tribal communities. It is housed at the University of Oklahoma Health Sciences Center within the Center on Child Abuse and Neglect. The ICCTC has been awarded the Project Making Medicine grant from the Children's Bureau to provide training to clinicians in Indian Country in the Honoring Children, Mending the Circle curriculum, which is the cultural enhancement of Trauma-Focused Cognitive Behavioral Therapy. ICCTC is also the grantee for the OJJDP Tribal Youth Training and Technical Assistance program and works closely with the NCSBY.

icctc.org

National Center on the Sexual Behavior of Youth

The **National Center on the Sexual Behavior of Youth (NCSBY)** is a part of the Center on Child Abuse and Neglect in the Department of Pediatrics of the University of Oklahoma College of Medicine at the OU Health Sciences Center. In 2001, CCAN was selected by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to establish NCSBY to develop resources and training material for professions from multiple disciplines (probation, mental health, medicine, education, child welfare, law, law enforcement, the judiciary, advocacy and others), addressing youth with problematic or illegal sexual behavior.

NCSBY is the provider of training and technical assistance (TTA) for the Youth with Sexual Behavior Problems Program sponsored by the OJJDP. This program targets late childhood and early adolescence for implementation of evidence-based, coordinated, comprehensive management and intervention strategies, to address problematic sexual behavior of youth and its effects on child victims and their families. The policies, procedures and practices in the community are guided by multidisciplinary teams. This approach is designed to facilitate community change to support the utilization of evidence-based approaches to identify, respond to, and intervene with families in cases of PSB of youth.

ncsby.org

Rosebud Sioux Tribe and White Buffalo Calf Women's Society Wakanyan Ki Najin Pi- Standing Up Sacred Again in Creation

The Rosebud Sioux Tribe, through its victim service program, **White Buffalo Calf Women's Society**, along with tribal community and therapeutic programs, address issues surrounding the many children who display signs of problematic sexual behavior. Many lessons were learned while planning and implementing Lakota cultural inclusive responses to both problematic and criminal sexual conduct among the youth population.

wbcws.org

Allyson Kelley and Associates PLLC

Allyson Kelley and Associates PLLC (AKA) led the development of the original Restoring the Sacred Circle Toolkit (2018-2021) and the updated toolkit (2024). AKA has worked with ICCTC and NCSBY since 2014, providing expert consultation in the areas of prevention and policy around PSB and trauma. AKA is a small women-owned business with a multi-disciplinary team of associates comprised of American Indian college students and recent graduates, elders, subject matter experts, clinicians, and cultural reviewers. This toolkit embodies AKA's mission, "To work every day to build equity, connection, and advocacy for the people, organizations, and communities that they serve." AKA team members involved in this toolkit represent more than 15 tribal affiliations and programs in the US. They know what is needed to restore the Sacred Circle. AKA relied on their knowledge, teachings, and experiences to create this toolkit. The overarching goal of this work is to support healing at the individual, family, community, and nation levels through sacred teachings, heart knowledge, and research.

allysonkelleypllc.com

Section 1

About the Sacred Circle

Trigger Warning

Content includes information about sexual abuse and trauma, this may be triggering.

An overview of trauma and adversity gives the reader a basic understanding about historical and present-day events that have harmed the Sacred Circle.

Section 1 describes the background of tribal communities and governmental agencies involved in the prevention of PSB. Reflections from tribal elders and clinical psychologists encourage readers to question what they know about trauma, the history of trauma among American Indian and Alaska Native people, and how people can heal from trauma. Janet Routzen, former director of White Buffalo Calf Woman's Society, writes about her experience with PSB and the work that needs to be done in the future.

Background

There are 574 federally recognized tribes in the United States. Federally recognized tribes are sovereign nations and have their own cultures, languages, traditions, and kinship systems that support self-governance. Based on the 2010 U.S. Census, 5.2 million individuals self-identify as American Indian or Alaska Native, and of these, half are under the age of 24 years. Two million qualify for federal services through the Indian Health Service, Bureau of Indian Education, and Bureau of Indian Affairs. Services are provided to individuals and families who are enrolled in a federally recognized American Indian tribe or Alaska Native village. There are limited services available in Indian Country that support the education and prevention of youth with PSB and the healing of trauma.

About the Sacred Circle

Much of Native culture is based on the Circle. 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.

We used teachings from the socioecological perspective to explore the layers of circles that prevent PSB and keep the circle sacred. Sacred circle teachings are based on the universal health of all our relations. Healing the spirit begins at the individual level. We must work on our own spiritual wellness and sacredness before we create sacred families, communities, or nations. The Sacred Circle is infinite, the healing of one is the healing of all.

The Impact of Adversity and Trauma

Understanding Trauma and Adversity

What is trauma?

The concept of trauma is often defined as an emotional response to an event or several events. Trauma can be physical or emotional and either acute or chronic in nature. The **Adverse Childhood Experiences**, or **ACEs checklist**, is a good example of these types of experiences. ACEs are experiences that can occur in isolation or in combination during childhood resulting in acute or chronic trauma.

American Indian and Alaska Native people have specific histories of traumatic events, such as being placed in boarding schools, or having relatives placed in boarding schools. While not universal, overall these institutions and policies caused complex trauma that produced devasting generational impacts. Boarding schools were utilized to house young children through adolescence. Placement in these institutions disrupted healthy family functioning and use of culturally based child-rearing activities developed over centuries, by separating children from their families and caregivers. Many stories shared from children placed in boarding schools mirror areas of the ACEs checklist. These areas included, but were not limited to, being insulted or humiliated by the adults supervising them, adults acting in ways that made them feel afraid that they may be physically hurt, adults who often displayed aggressive actions including hitting them so hard that they had marks or injuries and being touched or fondled in sexual ways or being forced to have oral, anal, and/or vaginal intercourse. Older children in boarding schools often modeled these same behaviors towards the younger children. These experiences led to children feeling unimportant and that their family did not look out for or support each other. Parents experienced separations and divorce as families deteriorated in the children's homes while they were placed in boarding school for much of the year. In boarding schools, the children experienced aggressive behavior(s) from adult caregivers who also physically hit them and threatened other violent behaviors towards them.

Learn more about the ACEs checklist.
CLICK HERE

Other stories frequently shared include the use of alcohol and street drugs by family members when the children returned home on breaks or during the summer months. Household members displayed depression or mental illnesses, and there were frequent episodes of suicidal behavior and deaths by suicide. Many household members of these youth were placed in prison for various criminal behaviors.

Many of these atrocities were never disclosed by the children even after they reached adulthood. They learned to survive by being silent. Others externalized their anger and aggression towards other American Indian/Alaska Native individuals. These conditions produced further traumatic experiences and events that were passed on to future generations resulting in more cycles of violence and trauma which continue today. The boarding schools of the past yielded significant ways that traumatic experiences were developed and passed on to others. We have also developed a greater understanding of how trauma is passed on to others or transmitted generationally.

Transmission of Trauma Symptoms

1. **Adverse experiences that occur during the preverbal stage of human infant development**
2. **Modeling experiences that are active at about the time infants begin to talk**
3. **Specific adverse conditions or experiences beginning at this same time of life**
4. **Epigenetics**

At least four common areas of transmission for trauma symptoms are now recognized. Infants do not maintain conscious awareness of the first type of adversity described previously. At about three to four years of age, toddlers have awareness of modeling effects and they can recall adverse experiences that occur. Development of these skills vary based on the cognitive level of the child. This is the primary reason that children with cognitive impairments are more vulnerable to victimization than neurotypically developing children. It is important to understand this variable and to consider the developmental level of each child. These expressions turn off or turn on based on the expression of cellular activity. Adverse experiences have been found to alter genetic expressions. For example, when a person has an adverse experience, it can cause methylation. Methylation occurs when a chemical lid forms on top of a DNA molecule, making it impossible for the code to be read and replicated. Because of methylation, the DNA molecule is altered and functions differently because of the adverse experience(s).

Being able to define trauma is important because it gives a common language to frequent responses that people may not understand and why they are having them. There is a need to be able to have analogies and stories about the different kinds of trauma. Some people are not ready to talk about trauma. There is also a need to have specific information about a traumatic event, for example, a tornado, fire, car accident, or loss of a parent. There has to be something very specific about what has happened.

Trauma is a pendulum. We needed to have conversations about trauma because it was not recognized at all in many tribes or school-based settings. But now we are talking about post-traumatic growth and thriving. It is not about eliminating the word trauma; it is about having conversations about thriving, managing things in the future, and the presence of what is workable or manageable today. I give the example of a mother that was with the Sandy Hook Elementary tragedy; she lost her child. The news reporters asked her how she found out about Uvalde, and she said, "I was home and had the TV on. They had breaking news. It said school shooting in Uvalde, Texas, and I just swirled around and fell to the floor. I was overcome by grief, not again, not again. Thinking those poor families, overwhelmed by sorrow and sadness, grief, anger, frustration.... I picked myself up and said OKAY, we have work to do."

As Native people, we don't need to be afraid of trauma. It creates a threat. It is not that we remove fear. We are created to have a response to trauma and figure out what to do next. It is in the "What do I do next?" that makes it helpful or not so helpful. If you use substances or engage in other addictive behaviors, all those things are not so helpful.

When we are going through trauma...

1. **We are so overwhelmed,** "Is this ever going to end? Am I never going to hurt?"

2. **We are so engulfed in pain we feel like we cannot manage it.** At some point in time, we have to recognize we have work to do. It might not be gun violence; it might be that I have to cook supper. It is a continuum of understanding and embracing.

3. **Our bodies, minds, hearts and spirit must transition.** We have to transition and go through a dark space. It is not static. It is very dynamic and immense. If it wasn't, you would not have that sense of pain.

4. **How do we say, "Let's stand up and let the work begin?"**

5. **We don't have to use the word trauma initially**, but we must pull it in some time. There has to be working definitions of trauma, historical trauma, and post-traumatic growth.

Healing and Historical Trauma

How can we talk about historical trauma in a healing way?

There are multiple aspects of historical trauma. There is generational loss. Historical trauma stays with us; it is not a one-time event. It is reincorporated back into our understanding. The understanding of historical trauma with boarding schools was revisited with recent findings of so many unmarked graves, stories of sexual abuse, and stories of different things that happened there. It's about recognizing generational impacts.

How do we love more than we hurt?

A mother was feeling angry and overwhelmed when her child was sexually molested by her father. Her children said, "Mom, don't you love us more than your pain?" Her pain was driving her to self-destructive behaviors. The behaviors stemmed in her children's abuse, the history of boarding schools, abuse experienced there, poor relationships, and no boundaries.... Her children were abused. Even though there was trauma in the present about what their father did. That is still a historical trauma.

What do we do with this information?

We have to have discussions about the aspects of trauma and how it impacts us. Trauma is everywhere and nowhere. **Gabor Mate** reminds us that trauma disconnects us from ourselves or our spirits. We are all working toward returning to our Center as our good friends at **Native PRIDE** and **Little Wound School** teach us. We see people returning to their center at **Doya Natsu Healing Center** and **Spotted Bull Recovery Resource Center**. We know that **Restoring the Sacred Circle** is happening through the work and prayers of many.

Understanding, naming, and transforming traumas that occur is the goal of living a sacred and balanced life here on this Earth.

CLICK LINKS below to learn more about the following:

- Gabor Mate
- Native Pride
- Little Wound School
- Doya Natsu Healing Center
- Spotted Bull Recovery Resource Center
- Restoring the Sacred Circle

Janet Routzen and the White Buffalo Calf Woman's Society

When we developed the toolkit in 2020, we worked closely with Janet Routzen, the previous director of the White Buffalo Calf Woman's Society. She shared her story and how PSB prevention, understanding, and funding helped her community heal.

Our programming is taken through the lens of sexual victim response. Law enforcement, social services, victim services, and the therapeutic community understood and minimally acknowledged there were problems in the 22 communities. Our understanding did not include any data, tracking, or targeted response to the issues surrounding the youth of the victims.

With funding from OJJDP, the Tribe was able to create and implement a community assessment of the issue in our communities. Community education, training for therapeutic providers, victim service providers, law enforcement, and the Tribe's multidisciplinary team is an important function of the work, but certainly not the easiest. The issue of secrecy, lack of understanding, and even acknowledgment of historical and inter-generational sexual abuse were hard to put on the forefront, often causing trauma among first responders and other providers.

Exploring and educating ourselves about the many factors that may lead children to display problematic sexual behaviors and knowledge surrounding the victimization of a child on child sexual abuse causes us to look well beyond the obvious. While historical trauma in Indian Country is known, sexual abuse has not been systematically exposed. This has led to a hidden public and mental health issues directly associated with sexual abuse in families and our communities.

During our excavation of the issue, law enforcement, social services, and schools were frustrated at the lack of system response and absolutely no local services to assist our children. We were eventually able to build the data around those reports by victims, families, and systems that showed the age of the population were very young, starting sometimes from the age of 3.

Our tribal populations, from schools to social services, can receive the much-needed education to identify not only the behaviors but the basic understanding of the drivers of problematic sexual behavior in our children. The first overwhelming assumption that led to these behaviors was that the children had been sexual assault victims themselves, but as we soon learned, domestic violence, extreme neglect, and abuse of drugs and alcohol in our tribal communities led to our children acting out in these sometimes-extreme sexual behaviors.

By committing to learn and respond to the children in our tribal communities who have problematic sexual behaviors, we were able to create the pathways to healing and to provide the much-needed therapeutic response that has its roots in our Lakota Culture, such as the use of equine therapy, and modifying Problematic Sexual Behavior- Cognitive Behavior Therapy (PSB-CBT) to fit with our cultural practices and cultural norms.

Educating tribal leaders and connections to our tribal governments are important to change the underlying factors that led to our children being victimized by other children. As sovereign nations, we are not dependent on state governments to change policies and laws to cradle our children in protective factors rather than turn them into labeled sex offenders. We need our courts, law enforcement, and social service agencies to respond and report in a way that will assist our children to heal from the historical and generational trauma that affects them every day within our tribal communities.

We have a collective responsibility to learn and act in a way that will eradicate the trauma that leads to and influences our children to act out. As tribal nations, we are responsible to lead and protect our most precious sacred gift, our next generations.

– Janet Routzen, 2020

Section 2

Implementing the Sacred Circle

Trigger Warning

Content includes information about sexual abuse and trauma, this may be triggering.

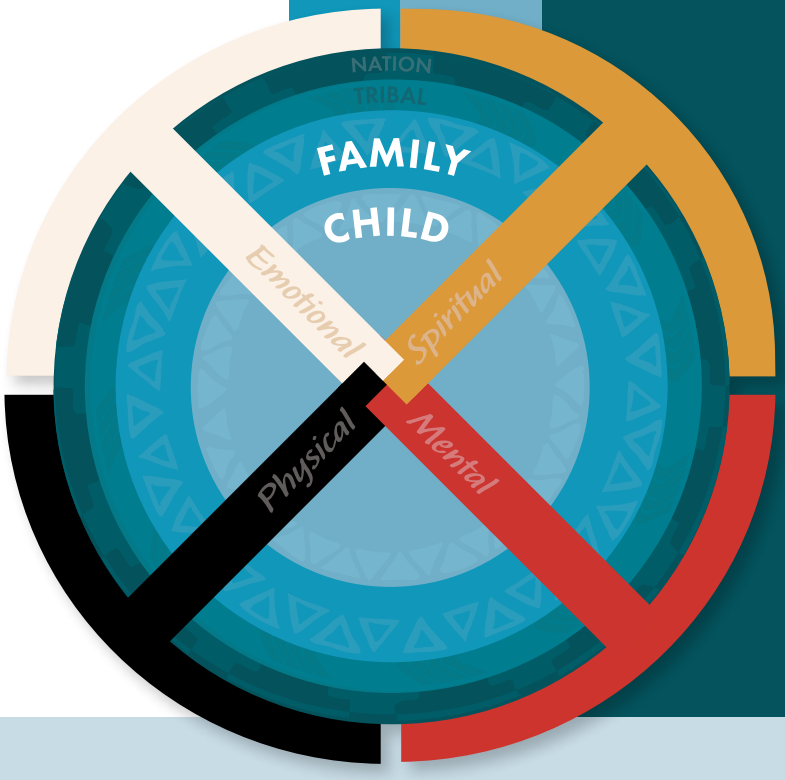
Section 2 connects the sacred teachings of American Indian and Alaska Native families and acknowledges the abuse that occurred within tribal communities and families that contributed to PSB and trauma. Readers are reminded that Native cultures are cultures of honor, and children and families are the center of the Sacred Circle. Implementing the sacred involves addressing and healing from trauma, understanding how to talk about PSB and recognize bias and stigma, research related to PSB, and traditional views about sexual behaviors in Native communities.

In this toolkit and the factsheets, we present misconceptions and facts about PSB. Measurements and outcomes support facts. Beliefs are different than facts because they are not yet fully measurable. All people have beliefs that they employ to make decisions or to view situations. When these measurements have been researched and applied to certain criteria, they become factual. Because there is a great deal of bias and stigma around PSB, particularly with law enforcement and professionals, it is essential to educate everyone about PSB.

The goal of implementing the Sacred Circle is to empower readers to use this information to train and help others in their communities.

Cultures of Honor

Native cultures are cultures of honor. When Native people took on the shame of sexual abuse, their honor was taken away. Native people did not want to bring shame to their families, so they have carried shame and guilt, sometimes passed down from generation to generation. Many parents, grandparents and caregivers may carry unshared stories and memories of sexual abuse with them. Parenting misguided by their own history of sexual abuse may have created confusion regarding sexual relationships and appropriate sexual roles and boundaries. As a result, mentioning a term like "problematic sexual behavior" may trigger memories of abuse and shame.



Children and Families Are the Center of the Sacred Circle

American Indian and Alaska Native families are strong, interdependent, and balanced. Families believe each member is part of the Sacred Circle with children at the center. Each member recognizes the important duty and obligation to care for one another, and social roles are based on tribal protocols and practices. Historically when individual members of a tribe or community did not fill their roles or violated a traditional law or protocol, they would be punished according to tribal/community laws.[3] These laws were understood and enforced because they originated in the community. The U.S. government undermined the structure of traditional laws and community control through boarding schools, missions, treaties, forced removal from ancestral lands, and various forms of abuse, oppression, and violence.[3] These actions disrupted every facet of life for American Indian and Alaska Native families, bringing disunity, introducing instability, and removing the ability to govern themselves. Boarding schools were perhaps the most devastating to families and communities, altering the traditional family environment and limiting the interdependence of families and communities. As a result of boarding schools and loss of family function, many children learned unhealthy behaviors and experienced physical and sexual abuse. Historical and generational trauma resulting from the boarding school era is evident in tribal communities and families today. Linked to this history of generational trauma and violence, there is a current crisis of diminished faith and spirituality among many American Indian and Alaska Native people. Priests, nuns, and other spiritual leaders have been convicted of sexual abuse, resulting in widespread distrust of religious establishments throughout the United States.

This history is important in helping families and communities understand how they were impacted and, more importantly, how to return to the Sacred Circle. The disintegration of social roles, loss of tribal protocols and structures, loss of ceremonies, and policies and procedures forced on tribal communities and families have created an imbalance. This imbalance is evident in many tribal communities.

Trauma and the Circle of Life

Addressing trauma, abuse and neglect in tribal communities is necessary for understanding PSB and promoting trauma-informed principles in all aspects of prevention and treatment.

Trauma is part of the circle of life.[9] The history of trauma in tribal communities, families and nations must be acknowledged. There is a need for trauma-informed principles guiding the treatment of children in Indian Country. These include: the need for safety, supervision, protection, guidance, monitoring, teaching, to know they are connected, sacred and honored.[9] We asked Dr. Dewey Ertz to walk us through the process of healing the Sacred Circle. He shares a process of awareness, narratives, and exposure.

AWARENESS

Healing trauma begins when the person recognizes that they have experienced or witnessed maltreatment in their life, or when they understand that they descend from individuals who were highly traumatized. This is often referred to as awareness of traumatic events. Sometimes this awareness process is clear and well understood, but on other occasions, it is cloudy and difficult for the person to process.

Trauma is further recognized as a generational process. We now understand that genetic transmission of trauma occurs. In this situation the first awareness is learning about events and/or situations relatives or members of a connected group experienced individually or as a group. Healing trauma begins with verbalizing the story or experience of the person(s) or when this information is verbalized by others who are often family members who were witnesses or experienced what occurred.

EXPOSURE

Various exposure methods are then employed to help people reexperience these adverse reactions in a controlled setting. This process is further referred to as de-conditioning. Another goal at this stage can be to help the person relive the experience as a past event that has allowed them to develop improved survival or coping skills.

NARRATIVES

Narratives are then developed by the individual(s) who have been victimized which identify the emotional reactions that were triggered and experienced internally. The person can then reprocess the meaning of these events or experiences, and they are able to increase the ability to resolve adverse reactions they have had or continue to experience. This step can cause confusion involving processing the event(s). To promote healing, it is necessary that these narratives seek to resolve emotional reactions which involve using various treatment tools, especially relaxation.

Caution is needed when involving people in these types of treatment options, especially children, individuals with mood impairments, people who are actively involved in addiction cycles and individuals with inadequate support systems. Best practices involve developing a repertoire of treatment methods for individuals to master before these treatments are initiated. It is best to continue discussing this issue with patients throughout the time they are actively involved in treatment.

One example of utilizing exposure techniques involves creating a **Life Graph**. This technique involves specifying both healing and traumatic experiences using a timeline of these events. The usual construction of this graph is based on an individual's birth date and continues through their chronological age. However, with issues involving historical grief and trauma, this graph can begin at an earlier date when ancestors or elders endured significant trauma experiences. Examples include a date when a child's grandparent entered boarding school, followed by loss of contact with family members and being sexually abused by older students at the school.

Learn more about a Life Graph and activity instructions. **CLICK HERE**

Healing experiences may include special visits by family members, establishing positive friendships with peers, and developing a healthy relationship with a staff member who was at the school. This allows an individual to process and recall both the trauma and the healing experiences in their life with the goal of using healing experiences for resilience and to balance negative emotional events.

Life Graphs focus on documenting adverse and healthy experiences.

This technique requires limited writing skills and can employ pictorial representations for both types of events. Pictures, poems, or other methods can be utilized to identify these types of experiences. Healing experiences become a model for people to utilize when they are experiencing trauma reactions in the present.

Traditional Views of Sex and Sexual Behavior

Sex is viewed as a natural function to be fulfilled. It is necessary for the circle of life in all the living. Each tribe had certain traditions and taboos regulating the sex practices and standards for acceptable behavior. The integrity of the family unit was to be preserved, for example, men not to look at the private parts of women. Men and women were separated for certain times like before hunting, gathering food, during war, or ceremonies. Traditional views of sex and sexual behaviors stressed the importance of clans and bands, and who you could interact with and marry. Incest was a strongly held taboo.

Modesty is important.

Rape is a gross sexual violation with universal condemnation. The woman's family would respond in a culturally responsive manner.

Sex Education and developmentally-appropriate information about sexual development and sexual education is important. Information about supporting modesty and healthy decisions and relationships develops healthy values. There may be certain relations who are the designated people to talk with their American Indian and Alaska Native children about sex education matters and intimacy. Understanding tribal practices that encourage modesty and healthy decisions about relationships is critical.

For resources on sex education visit, We R Native. **CLICK HERE**

Important factors to consider include:

- If we don't teach the children, they will learn from stories in society – what values are being taught through the movies, television, songs, and internet.
- How to decide what to teach, when, by whom, and how.
- Preschool vs. early school-age vs. late school age.

Power of protection through knowledge:

- Spiritual – values, traditions, religion, and ethics. Intimacy and relationships, not just bodily functions.
- Emotional and mental – feelings, experiences, attitude, and motivation.
- Physical – knowing the correct labels/ language. Knowing and being prepared for body changes. Knowing bodily functions.

Read more on the traditional teachings of the Sacred Circle, **CLICK HERE.**

Adapted from the Honor the Children Mending the Circle Treatment manual and the Daughters of the Earth: The Lives and Legends of American Indian Women, by Carolyn Niethammer and the Native American Prevention Project Against AIDS and Substance Abuse (NAPPASA).

Typical and Problematic Sexual Behaviors

Children with PSB should be viewed first as children.[6] Sexual development in children is a normal part of the development process. Sexual behaviors in children range from normative to cautionary, to problematic and harmful. PSB of children is often misunderstood. The process of growing up and forming healthy, intimate relationships starts in early childhood, continuing throughout adolescence into adulthood.

A good foundation in understanding typical sexual development is essential for accurately deciding where a sexual behavior falls on the continuum from typical to concerning to problematic or harmful. Typical sexual behavior occurs among children who are around the same age, size, and development. It is curiosity-driven, spontaneous, and infrequent. Problematic sexual behavior is a set of behaviors that are developmentally inappropriate, potentially harmful to self or others, and potentially illegal.

Characteristics of Typical vs. Problematic Behaviors

TYPICAL		PROBLEMATIC
Occurs between children of same age and size	VS	Children are different ages/abilities
Light-hearted emotions	VS	Strong negative emotional reaction
Infrequent	VS	Frequent
Voluntary	VS	Threats, force, aggression
Easily redirects	VS	Does not respond to parental guidance or correction

Typical Examples:

- Two 5-year-old children spontaneously show each other private parts when outside playing in the sprinkler
- A 10-year-old touching their private parts while alone in the bedroom

Problematic Examples:

- A 12-year-old touching a seven year old's private parts
- A child threatening to send pictures of another child's private parts
- A child repeatedly looking under bathroom stalls after parents/school officials have previously corrected their behaviors

Thoughts and Words Matter

For resources on first person language, **CLICK HERE.**

It is important that we refer to them as children first.

By focusing on the person first, assumptions, stigma, bias, and generalizations are reduced. This approach is respectful of the individual and recommended for behavioral and developmental concerns, such as using "child with autism" rather than "autistic child." Concerns about assumptions and bias are particularly relevant for PSB, as it is often misunderstood. This lack of adult understanding leads to the use of labels that describe children with PSB as "perpetrators" or "predators." Youth with PSB are distinct from adults who engage in illegal sexual behaviors with children and should not be identified with adult labels. While PSB is indeed serious, the children themselves are not a "problem." PSB may be a reaction to a traumatic experience or an overly curious expression in response to exposure to explicit sexual materials. PSB may be an attempt to imitate others or an effort to regain calm.[8] PSB of youth is more likely to be impulsive, opportunistic, reflect social immaturity, and readily responsive to intervention.

The term "youth with problematic sexual behavior" generally refers to those youth (often age 12 and younger) with inappropriate and potentially harmful sexual behavior towards themselves or with a family member; co-resident; or other non-family, peer-aged children (i.e., friends, neighbors, classmates).

Tribal Community Examples

Incidents of PSB of youth were shared by tribal professionals working on reservations in clinical, law enforcement, and social-work roles. Tribal professionals identified the following types of youth with PSB and causes of incidents that involved inappropriate sexual behaviors and child-related sexual assaults to address the continuum and degree of incidents addressed.

PSB in Relationships

- A sibling was acting out sexually with other siblings or cousins. If multiple family members share a bed, parents may have sex in front of their children. Children may then imitate what they see in these relationships. Tribal professionals are concerned that these incidents are hidden, which hinder efforts to support healthy behavior and choices.
- A young girl is living with an older teen "boyfriend" with parental approval. These situations are often viewed as acceptable and are not likely to be reported.

PSB in School Activities

- Inappropriate sexual behavior occurring in schools or tribal dormitories can be wide-ranging, from young children repeatedly looking under bathroom stalls to students committing aggressive sexual attacks on other students. Problematic sexual behaviors were also found among sports team members. These cases are rarely reported, typically becoming known only when youth talk about them or evidence is found on electronic devices.
- Teens may exchange sexual favors for drugs.
- Teens may be "sexed" into a gang.
- Youth sends a nude image of self via electronic device to a child. These cases are difficult to track and rarely reported.

The outlined incidents indicate that barriers in response to youth with PSB are common. When PSB is not reported to professionals, or when adult family members view PSB as acceptable, then the identification, prevention and effective, community-based response for youth with PSB are blocked.

What We Know About Youth and PSB

Much of what is known about PSB in the general population comes from published research and clinical practice. There is no specific body of research on PSB in American Indian or Alaska Native communities; this section is based on research with all populations.

General Populations Facts

- PSB is not related to race or ethnicity.
- There is no research to indicate that American Indian youth have higher rates of PSB than non-American Indian youth.
- Youth in the general population commit more than 26% of all sex offenses and more than 36% of sex offenses are against youth victims.[11]
- Early adolescence (ages 12 to 14) is the peak age for sexual offenses against younger children.[11]
- When youth cause sexual harm against younger children, 88% of victims are either family members, friends, schoolmates, or acquaintances.[11,13]
- When older youth victimize children, the impact may be harmful, long lasting, and may affect the entire family or community.[12-14]
- Child victims of PSB may have a variety of responses, including confusion, anxiety, trauma-related symptoms, and behavior problems including PSB. In severe cases, without appropriate response and treatment, these children may abuse substances,[16] experience psychiatric hospitalization or clinical levels of depression,[12] believe their parents are ashamed of and do not love them, and may even consider or attempt suicide.[16-17]
- Appropriate interventions for child sexual abuse victims reduce the likelihood of long-term negative impacts.[18]
- Youth who exhibit inappropriate sexual behavior and receive early intervention services are less likely to have future incidents.[18]
- Treatment services for youth with PSB should also directly involve parents and/or guardians. A child's ability to recover is influenced by the support he or she receives from caregivers. Caregiver support is critical for recovery.[19]
- PSB of youth impacts the family. Healing, safety, and treatment must integrate the family.[19]
- Youth with PSB can often be successfully treated in the community with appropriate safety plans and evidence-based interventions that involve family.

Addressing Misunderstandings and Providing Truths

Caregivers and professionals commonly have questions and misunderstandings about sexual development and behavior of youth. Factual knowledge and truths facilitate good decisions and choices of youth, caregivers, and families. Here are common misunderstandings and truths about youth with PSB and the truths related to them.

Community members may have experienced trauma including sexual trauma by youth. Make sure you consider communication approaches that respect their history and the impact of bringing the topic up. Remember, we must honor their journey and share it in a way that can promote healing.

Learn more by listening to a podcast with Dr. Ertz and The Aunties.
CLICK HERE

MISUNDERSTANDING	TRUTH
"Should I be concerned that my son is gay because he acted out with a young boy?"	A child or teen's sexual orientation (who they are attracted to) cannot be determined from their problematic sexual behavior. Problematic sexual behavior is often opportunistic. Creating an environment that supports open communication and healthy sexual development prevents further problematic sexual behaviors.
"Has my child with PSB been sexually abused?"	Being sexually abused is a risk factor for PSB. However, many youth with PSB do not have a history of being sexually abused. Development of PSB is complex. A variety of risk factors can impact PSB, such as exposure to violence. Importantly, there are also many protective factors that decrease the likelihood of PSB.
"Are youth with PSB at greater risk for becoming sex offenders?"	Youth with problematic sexual behavior typically stop this behavior, particularly with supervision and guidance. Continuing PSB into adulthood is quite rare. Support healthy choices in relationships and build protective factors in the family. When youth receive evidence-based interventions, risk of future illegal sexual behavior is low, with recidivism rates around 2%.[5]

MISUNDERSTANDING	TRUTH
"Is all sexual behavior among children normal and acceptable?"	Some sexual behavior between children is not appropriate. Sexual behavior between children is considered problematic when the sexual behavior: a) happens a lot; b) becomes their main focus; c) occurs with coercion, intimidation, or force; d) is associated with emotional distress; e) occurs between children of significantly different ages and/or developmental abilities; f) repeatedly reoccurs in secrecy after intervention by caregivers; or g) is harmful to anyone involved.
"Is gender-affirming care unsafe?"	Gender-affirming care is often life-saving for youth. Appropriate gender-affirming care is delivered in age-appropriate and evidence-based ways. Decisions about care are made in collaboration with healthcare professionals, youth, and their caregivers. Gender-affirming care has been supported by every major medical and mental health association.
"Is it true that girls rarely have problematic sexual behaviors?"	Children of all genders can have problematic sexual behaviors. About a third of school-age children and over half of preschool children with problematic sexual behaviors have been girls. Adolescent girls have demonstrated problematic and illegal sexual behaviors. Research has also shown that adolescent girls with problematic sexual behaviors tend to have more complex trauma histories than boys.

MISUNDERSTANDING	TRUTH
"Should children with PSB be removed from their home or areas with other children present?"	Decisions about safety in the home are based on multiple factors, not only the behavior and responsivity of the youth with problematic sexual behavior, but also caregiver's protective behaviors and the vulnerabilities and wishes of the other children in the home (particularly any impacted children). Short term separation during this assessment and evaluation may be particularly beneficial with teens. With careful supervision and therapeutic support, most children with a history of problematic sexual behavior live safely with other children. Youth who exhibit highly intrusive or aggressive sexual behavior despite treatment and close supervision should not live with other young children until this behavior is resolved.
"Should children with PSB be removed from public schools?"	Most children who have had problematic sexual behavior can safely attend **public schools**. Individualized assessment of vulnerabilities and protective factors of the youth, family, and school facilitates decision-making and safety planning. Safety planning should be implemented in a manner that is respectful to all students, including the youth with problematic sexual behaviors. Youth not responding to support, supervision, and monitoring may require a more restrictive educational environment.

For more reading on problematic sexual behavior in schools, **CLICK HERE**

Keeping the Circle Sacred: Protective Factors

There are several examples of tribal protective factors that may prevent PSB in youth. For example, many tribes teach respect, maintain boundaries, observe coming-of-age ceremonies and apply rules around appropriate relationships. For instance, women wear long skirts, shawls, and modest clothing, especially during ceremonial times, to demonstrate physical boundaries and self-respect. Tribes often have rules regarding marriage within clans and protocols for communicating with extended family and in-laws.

Protective Factors

Protective factors that facilitate healthy behaviors and good decisions at the individual, family and community levels include:

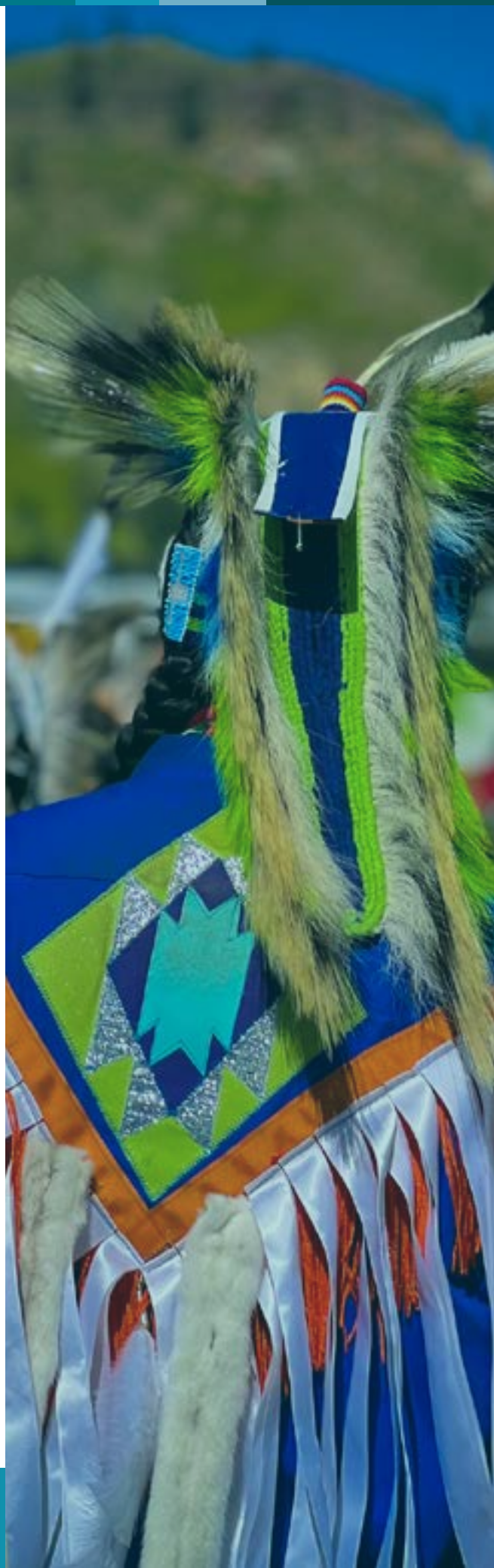
- Establishing healthy boundaries.
- Ensuring protection from trauma or harm.
- Providing adult supervision and guidance throughout development.
- Supporting friendships with peers who make healthy decisions.
- Encouraging open communication about relationships and sexual matters with healthy adults.[6]
- Promoting experiences of competencies or success.
- Modeling and supporting coping skills.

Risk Factors

Risk factors for youth with PSB are universal and not based on any demographic, psychological, or social factors.[18,20] The NCSBY identified the following individual, family, and community-level factors that may be helpful for understanding youth with PSB.[7,14]

- Sexual abuse, particularly when it occurs at a young age and involves multiple perpetrators or is more severe (such as, involves penetration).
- Lack of information or limited access to accurate information about bodies and sexuality, unhealthy boundaries or privacy in the home, exposure to adults' sexual activities 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 the ability of parent/caregiver to monitor, guide, support, and teach their children, such as depression, substance use, exposure to abuse, and other factors.

PSB represents behavior outside of the typical behavior, rules, and protocols mentioned previously. American Indian and Alaska Native families and communities have been impacted by colonization, boarding schools, missions, discrimination, poverty, isolation, unemployment, and unsafe housing. These factors may cause complex trauma responses where PSB occurs in the context of additional, serious emotional and behavioral issues. Integrating support of protective factors in prevention and intervention planning is important for long-term positive impact. The need for a return to the sacred path, balance, and stability is present at individual, family, community, and national levels.[9]



Parts of the Sacred Circle

We used teachings from the socioecological perspective to explore the layers of circles that prevent PSB and keep the circle sacred. Sacred Circle teachings are based on the universal health of all our relations. Healing the spirit begins at the individual level. We must work on our own spiritual wellness and sacredness before we create sacred families, communities, or nations. The Sacred Circle is infinite, the healing of one is the healing of all.

Within Nations, PSB can be prevented through effective policy, laws, codes, resolutions, or statutes. In Tribal communities, the Sacred Circle is kept intact through various programs, procedures, and protocols. Families are at the center of the Sacred Circle; they teach, supervise, and ensure that children and adolescents are supported as sacred beings. The individual is you, me, or them. It is where our individual spirit resides and embodies our experiences as sacred beings. Individuals of all ages make healthy choices, respect boundaries, know their roles, and what is normal sexual development.

Individual

At the individual level, it is important to maintain healthy relationships. This includes healthy behaviors and sexual development, respect for other persons, personal boundaries and spirituality.

Family

At the family level, parents can teach their children about their bodies, body parts, personal space, and privacy as early as possible, but especially by age 3 or 4. Families can also teach children to respect the privacy needs of siblings. Limiting exposure to nudity and materials with sexual content in the home is important for reducing risks associated with PSB.

Families also play important roles in monitoring access to inappropriate content on electronic devices, such as cell phones, computers, tablets and computer games.

Families also should supervise relationships between children of different ages and developmental stages. Parents and caregivers can openly communicate about relationships, intimacy, consent, prevention of abuse, sexual images and other related topics. It is especially important to address safety in environments where privacy is limited and housing is crowded.

Tribal

At the tribal level, creating awareness and providing resources about PSB to schools are important first steps. Multi-disciplinary Teams (MDTs) can help facilitate the education process and streamline referral processes and protocols to ensure that youth, families and child victims receive quality and coordinated treatment they need. Other tribal programs play a variety of important roles in preventing and addressing PSB. (See section on roles and responsibilities below).

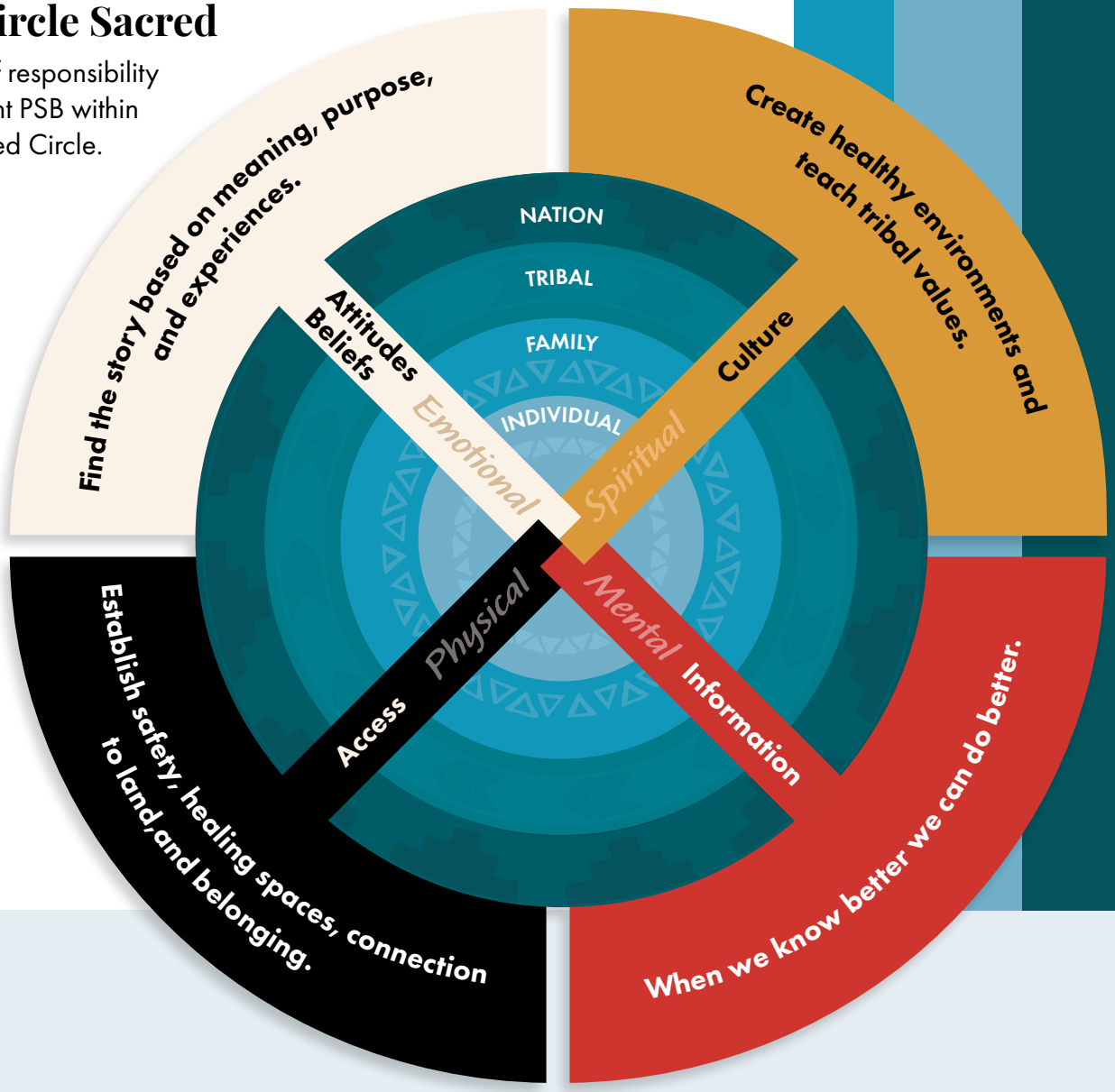
Nation

At the national level, policies that address PSB are needed. This includes policies that outline processes for identification, referral, treatment, and follow-up for youth with PSB, child victims and their families. Tribal laws, policies, codes and statutes vary based on jurisdiction.

Restoring the Sacred Circle and preventing PSB begins with having access to information, understanding our beliefs, and living our culture.

Guidelines for Keeping the Circle Sacred

Layers of responsibility to prevent PSB within the Sacred Circle.



SACRED INDIVIDUAL

Nurturing relationships, healthy behaviors and sexual development, respect for other persons and boundaries, roles in family and community, spirituality

SACRED FAMILY

Teach, supervise, ensure privacy, address technology and sexual images, address trauma, support healing, drug and alcohol free environment, rites of passage, coming of age ceremonies, culture, values

SACRED TRIBAL

Schools, Indian Health Services, MDTs, Law Enforcement, Bureau of Indian Affairs, Social Services, Courts, Behavioral Health, State Department of Social Services, Child Protective Services, Boys and Girls Clubs, Juvenile Justice, tribal Health, tribal Child and Family Service, Child Assessment Center, tribal Protocols, Resolutions, Procedures, Registries

SACRED NATION

Policies, Laws, Codes, Registries, Statutes

Addressing Problematic Sexual Behavior

In this section, we present different parts of the Sacred Circle that help parents, professionals, and communities address PSB. These parts are based on our professional and personal experiences. Arrow icons indicate teachings from Indian Country followed by descriptions in light blue boxes.

Multidisciplinary Teams (MDTs)

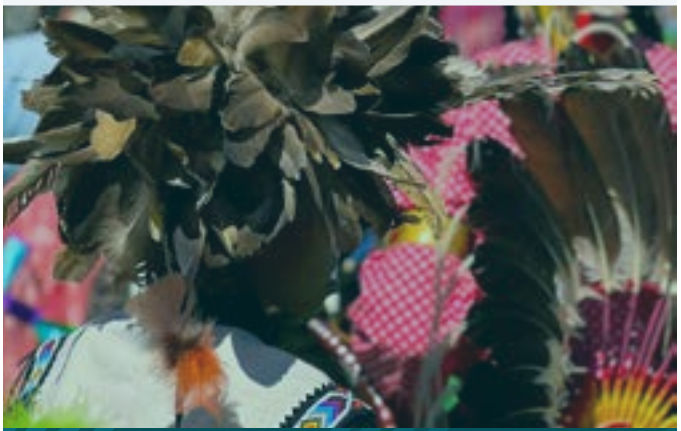
MDTs are a group of professionals who collaborate to respond to reports of child abuse, neglect and PSB of youth. Some MDTs are associated with children's advocacy centers. MDT membership varies, based on focus and purpose, and may include professionals from tribal and other relevant jurisdictions from law enforcement, child protective services, child welfare, juvenile justice, prosecution, defense attorneys, judges, health and behavioral health, schools, faith-based communities, youth organizations, advocates, community leaders and parent advisory board members. MDTs often involve child victims and caregivers to identify gaps, and develop improved policies and funding. They focus on different needs, from individual case-by-case management to agency protocol change levels. Some tribes have MDTs or child protection teams (CPTs) in place to respond to youth with PSB, while other tribes do not. Key elements of successful tribal MDTs and CPTs are community ownership and involvement, resources to support 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 support, confidentiality, and individual member and team accountability.

Efforts are needed to broaden the scope of MDTs or CPTs to include individuals from various youth-serving organizations in tribal communities and a focus on youth with PSB. MDTs or CPTs can collaborate to ensure that safety and supervision plans are in place. Such collaborations support treatment of youth with PSB and child victims. MDTs can also help identify a single point of contact for collecting and sharing data on youth with PSB.

MDTs can assist with revising protocols, policies and codes to improve the process of identification, referral, response, intervention and management. This includes determining the most appropriate levels of management, care and response. MDTs should be familiar with jurisdictional issues and know the appropriate contacts for questions related to tribal and state law P.L. 280, P.L. 93-638 or self-governance status, major crimes act and Indian Country Crimes Act.

MDT Teaching from Indian Country

In Indian Country, MDTs may occur outside of child advocacy centers, such as Mashantucket Pequot, Eastern Band of Cherokee and Crow Creek Sioux Tribe, or in places where tribes are actively working with the U.S. Attorney General's office and FBI in the investigation and prosecution of child sexual abuse on tribal lands. Indian Health Services (IHS) healthcare facilities may house MDTs. For tribes located in P.L. 280 areas without tribal courts, MDTs are often led by state or non-tribal agencies. When non-tribal agencies lead MDT efforts, they need to be aware of tribal law and tribal sovereignty status.



Confidentiality

Historical and recent experiences within tribal communities have led to considerable mistrust of social service, clinical and law enforcement agencies. To address behavioral health topics, particularly the sensitive topic of sexual behavior of youth, trust must be established. **Confidentiality** is a foundation of this trust. Strict policies and procedures that address the limits and maintenance of confidentiality are needed within and across agencies involved with families. Clear communication with family members and among agency personnel regarding the limits and maintenance of confidentiality must be established. Information should be gathered in a manner that protects the confidentiality of youth with PSB and child victims. Once data are collected, data sharing with public safety, public health and human services child-serving personnel, and schools can help facilitate response, treatment, and community safety planning. Clear interagency policy regarding data sharing facilitates quality collaboration while respecting individual privacy. A previous tribal PSB program recommended that data be aggregated (removing private information) and shared with community members and tribal leaders to increase awareness.

For more information on confidentiality best practices, **CLICK HERE.**

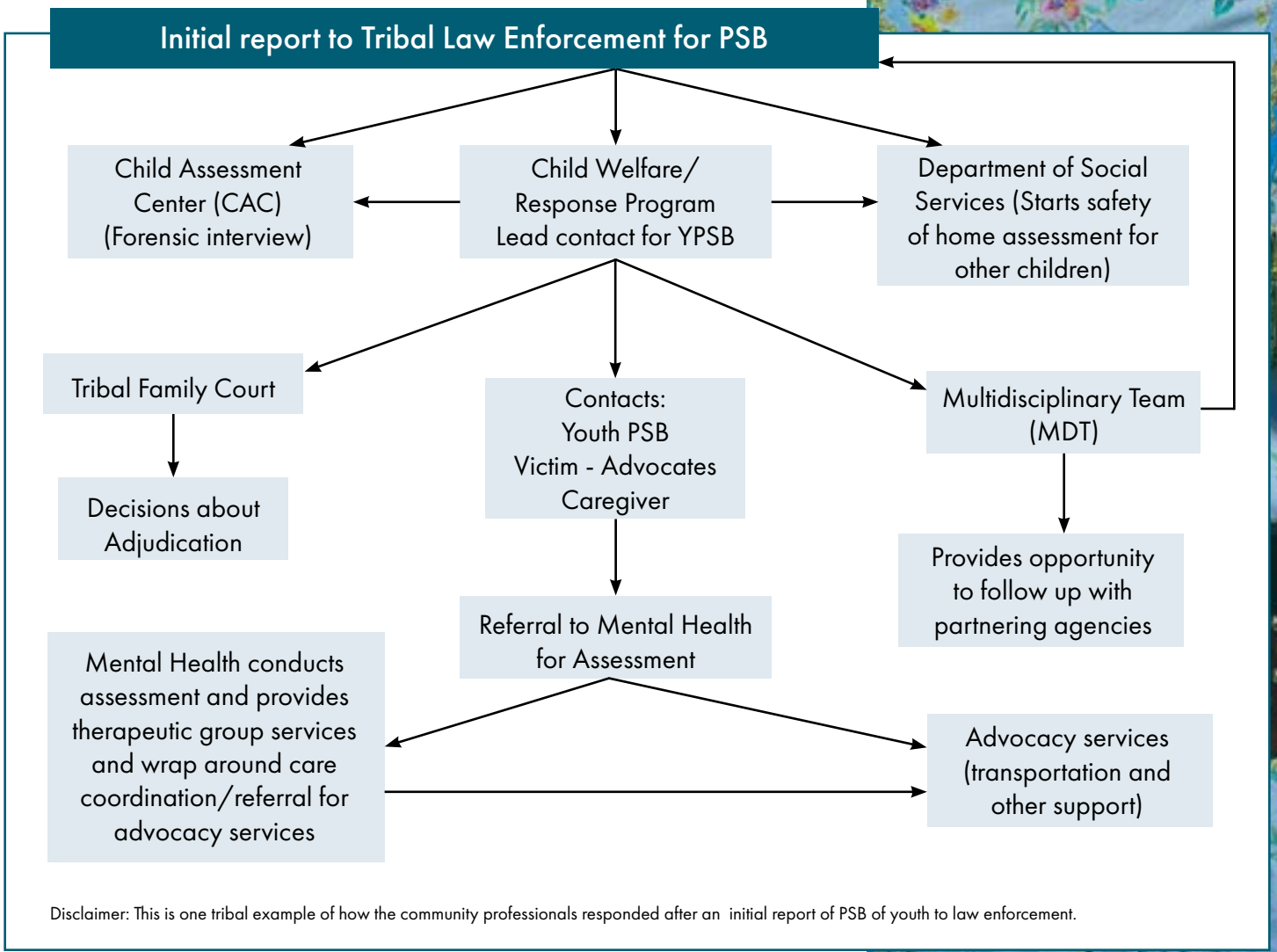
Confidentiality Teaching from Indian Country

To address confidentiality concerns, one tribal treatment facility moved the intake room entrance to a more discreet location. This improved efforts to protect the confidentiality of individuals coming for screening, intake, assessments and treatment. This extra precaution increased the trust between clients and clinicians and resulted in better outcomes overall.

Referral

A streamlined referral process is needed for child victims and youth with PSB. Referrals must be culturally sensitive and appropriate for the individual and family. Multiple professionals are often involved with the family. One strategy is to create a primary entry point for referrals, MDT staffing, assessment, and response, which may include law enforcement, child protective services, or other agencies. A clear protocol for the management of confidentiality is essential. Community trust in the agency is the key to the successful execution of the community plan.

Check out decision tree examples in the resource section. **CLICK HERE**



Disclaimer: This is one tribal example of how the community professionals responded after an initial report of PSB of youth to law enforcement.

WARRIOR CHILD

By Nanci Presley-Holley

I've never been a soldier
But I know what war is like
Having survived a childhood
Besieged by enemies
More dangerous and insidious
Than those
Armies face with guns
My foes were alcoholism and child abuse

And I was unarmed
I never got just the one-year tour of duty
In some battle-torn country
I was there for the duration
From birth to age 18
Escaping like a prisoner of war
Only to be snapped back into the fold
When they'd find out where I lived
Or I broke down and told

Just like a soldier who has no life of his own
I was my family's possession
Theirs to send where they wished
Sometimes to grandma's, an aunt's, an uncle's
When the burden of raising three children
Pushed them to the limit
But it wasn't "rest and relaxation" for me
'Cause no matter where I went
The disease ran rampant
Through my family

"Army issue" was hand me downs
Or poorly made clothes by a woman
Trying to maintain her sanity
'Cause dad had drank up what little money there was
Or spent it on some floozy in town

Bedroom inspections were always on Saturday
If everything was perfect
We could go outside for the day
But a comic book out of place Or a messy bed
We'd pay dearly
What does a five year old really know
About dust and hospital corners?
Normal childhood activities, like play?
Not this child
I was always combat ready
Training myself to survive
I had to be on guard, alert
For the fist in the stomach, a slap upside the head
Because I'd spoken when I was supposed to be quiet
Or asked for something to eat
Or even colored over the lines
I never knew when the flak would hit
There was never any warning
I wished there'd been someone
To scream "incoming"

Nighttime was the worst
But unlike armed camps
There weren't any sentries
Laying in my bed
Hovering between exhaustion and sleep
Listening for the whisper of the intruder
Just in case he crept toward my room
Or waking to find he'd already infiltrated
And was laying on top of me
How could I do anything else
. . . Except play dead?

My childhood was a war zone
As frightening and devastating as Viet Nam
A Battleground of fear
Where discord and conflict were the rule
Once in a while
When I allow the feelings stored since childhood
To bubble to the surface
I have a hard time keeping them under control
I immediately want to fight or flee
Destroy something
Sometimes
Even
Me

Published in: Middelton-Moz, Jane, (1989) Children of Trauma Health Communications, Deerfield Beach, FL.

Education to Support Prevention and Early Intervention

Shared definitions and education to dispel misunderstanding, misinformation/misconceptions are needed for PSB. Partnerships between local schools, educating teachers, students and parents will increase understanding of PSB, including prevention, early identification, referral and treatment.

Prevention Teaching from Indian Country

One tribal PSB program grantee developed a private parts rules poster that included Lakota values and class rules. These posters were placed in all Head Start and school classrooms and taught within the context of school rules.

Sex Education

Research indicates that sex education is an effective component of prevention and treatment programs to address PSB of youth. Few youth and caregivers are provided the information and support needed for building healthy relationships. To support healthy relationships, **sex education** and abuse prevention programming would benefit by helping teachers, parents, caregivers, and other trusted adults address a wide range of topics including but not limited to anatomy, reproduction, emotional and sexual development, guidance regarding sexual behavior, communication skills, consent, privacy, modesty, responsibilities, relationships, and rules and laws about consent and sexual behavior. Topics and approaches need to be developmentally appropriate. Primary methods of education could include incorporating prevention messages within child sexual abuse prevention materials.

For more resources on sex education, **CLICK HERE.**

Sex Education Teaching from Indian Country

One tribe developed an educational campaign to reach parents and other caregivers. It included information about sexual development, managing electronic and online sexual behavior, how to identify when any sexual behaviors of youth become concerning or problematic, and how to prevent and respond to these behaviors. They used resources available through organizations such as **Stop It Now!®** to offer communication strategies to help prevent child sexual abuse.[22]

Visit Stop It Now!® for communication resources and strategies. **CLICK HERE**

Treatment Services

Tribal communities face limited access to behavioral health treatment. When evidence-based treatment models are culturally adapted and followed with fidelity, youth with PSB improve.[15] Problematic Sexual Behavior-Cognitive Behavior Therapy (PSB-CBT) has demonstrated long-term positive results for youth with PSB. Trauma-focused CBT (TF-CBT) is also effective when youth with PSB have significant trauma history and symptoms.[23]

Providers may have other training that they can apply and use for working with youth with PSB. The core issue is trauma. Each technique has strengths and weaknesses. The goal is to have a number of techniques that you can use.

The goal is to have a number of techniques that you can use.

Learn More

- Honoring Children, Respectful Ways factsheet, **CLICK HERE.**
- Adapting Evidence-Based Treatments for Use with American Indian and Native Alaskan Children and Youth, **CLICK HERE.**

Honoring Children Respectful Ways Teaching from Indian Country

Tribes can use the **Honoring Children, Respectful Ways curriculum**. This is the cultural enhancement of the Problematic Sexual Behavior – Cognitive Behavior Treatment (PSB-CBT) for American Indian and Alaska Native children. PSB-CBT is a treatment program for children between the ages of 3 and 12 with PSB, with the underlying philosophy that children have the capacity to make safe decisions and develop healthy relationships with the support of their caregivers. The PSB-CBT treatment requires active involvement of parents or other caregivers; treatment addresses safety planning, sexual behavior rules, managing child behavior, boundaries, sex education, abuse-prevention skills, child self-regulation skills, healthy coping skills, decision-making skills, social skills, restitution, and amends. Tribal elders, leaders and consultants identified traditional teachings, concepts, protocol, practices and ceremonies that support resilience in children and families, congruent with the core concepts addressed in the PSB-CBT treatment. They facilitated the development of Honoring Children, Respectful Ways, as a guide to tribes to provide culturally congruent services. The program is designed to help children develop a sense of respect for self, others, elders and all living things. The curriculum is grounded in traditional approaches for teaching boundaries and skills. **Healing includes cultural practices that encourage youth and families' resilience through connecting with their American Indian and Alaska Native heritage**. Honoring Children, Mending the Circle (HC-MC) is a cultural enhancement of TF-CBT. The framework for HC- MC is a circle.[23] Core constructs of HC-MC are based on American Indian and Alaska Native worldviews and the following beliefs: all things are interconnected; all things have a spiritual nature; and existing is dynamic. HC-MC emphasizes well-being and healing through relationships with natural helpers and healers that support recovery. Often tribal-specific songs are used. Names, words, language and various ceremonies are incorporated in the treatment process. HC-MC addresses personal imbalance and disharmony that may occur in spiritual, relational, emotional, mental and physical dimensions. Trauma exposure often causes imbalance that can be addressed through TF-CBT and the "trauma narrative." In HC-MC, individuals work to identify a method for telling the trauma story, which is consistent with the oral tradition of storytelling and gradual exposure to cognitive processing and restructuring. Most youth and families who complete evidence-based treatment go on to live healthy and balanced lives and establish nurturing and positive relationships.[23]

Good Lives Model Teaching from Indian Country

The **Good Lives Model (GLM)** is a strength-based culturally-responsive model used in Indian Country and beyond with the treatment of youth with PSB. It is based on the concept of Human Goods and has been used for more than 20 years with youth who have engaged in sexually abusive behaviors and is based on the underlying assumption that all individuals have similar basic needs and aspirations that they strive for in their lives. But individuals with PSB often use counterproductive, ineffective, and socially unacceptable approaches to get what they want (or what some call primary human goods). Human goods are actions or the state of things that are intrinsically beneficial to human beings. The GLM involves combining ways to live more fulfilling lives with understanding and managing individual risks.

Implementation guide for Mental Health Providers, **CLICK HERE.**

11 Primary Human Goods

1. **Life** - healthy living and functioning
2. **Knowledge** - how well informed one feels about things that are important to them
3. **Excellence in play** - hobbies and recreational pursuits
4. **Excellence in work** - mastery experiences
5. **Excellence in agency** - autonomy, power and self-directedness
6. **Inner peace** - freedom from emotional turmoil and stress
7. **Relatedness** - intimate, romantic, and familial relationships
8. **Community** - connection to wider social groups
9. **Spirituality** - in the broad sense of finding meaning and purpose in life
10. **Pleasure** - feeling good in the here and now
11. **Creativity** - expressing oneself through alternative forms

Obtaining human goods is based on where people live, their family, community, tribe, and nation. While every human seeks to achieve human goods, not everyone has equitable access to conditions. There are four main ways that humans obtain human goods: happiness, relationships, knowledge, and others.

Obtaining Human Goods

1. All meaningful human actions reflect attempts to achieve primary human goods.
2. There are several ways to obtain these goods or to live a better kind of life.
3. Obtaining these goods needs to be without expense other people.
4. This concept is added to the process of identifying and managing risks.

In addition to these human goods there are four primary risk factors that must be considered within the GLM model as prevention, treatment, and healing begins.

Four Types of Risk Factors

1. **Dispositional Personality Characteristics** - cognitive variables, demographic data
2. **Historical Factors** - developmental history, prior history of crime and violence, history of hospitalization, poor treatment compliance
3. **Contextual Antecedents to Violence** - risk of criminal behavior, deviant social networks, lack of positive social supports
4. **Clinical Factors** - diagnosis, poor levels of functioning, substance use

Cultural Interventions

Cultural interventions can help youth with PSB, child victims and families. Cultural interventions may include various healing ceremonies and rites of passage. Reports from previous tribal PSB programs show that healing ceremonies are particularly important. Tribes have utilized cultural interventions in the treatment of PSB and other forms of abuse.

Read more on the traditional teachings of the Sacred Circle, **CLICK HERE.**

Cultural Intervention Teachings from Indian Country

Cultural Naming Ceremony

A specific or cultural spirit name may be given to an individual. Some youth have not been given names, and these ceremonies can help strengthen identity, sense of belonging and connection to community and culture.

Coming of Age Ceremony

This rite of passage ceremony marks a transition from childhood to adulthood. Although tribal ceremonies vary, similarities exist. A coming of age ceremony for a young woman may continue for several days. Food and gifts are shared with the community, and elders give blessings and instruction. A young man's coming of age ceremony may be a first hunt or buffalo kill, initiation into a society or a vision quest. These ceremonies signify renewal, rebirth and health for a tribal community.

Sweat Lodge

This is a healing and purification ceremony that can help youth and families address negativity in their lives and reconnect to their spiritual and cultural identities. Sweat lodge ceremonies are also attended to give thanks, pray and prepare for the future.

Talking Circles

Talking Circles are a sacred way of coming together based on the sacred tradition of sharing circles. Anyone can lead a Talking Circle, however, the person who leads typically would receive instruction, guidance and blessing from an elder to ensure a good start.

More information in the resource section. **CLICK HERE**

Funding

Agencies and programs that provide community-based prevention, identification, treatment and response require financial support. Lack of adequate funding often hinders the ability of tribal communities to strengthen their capacity to respond to and support youth with PSB and their families/child victims. A previous tribal PSB grantee cited limited resources available to address the public safety, treatment, prevention, and health and human services aspects of youth with PSB. Concerns were voiced regarding the high cost of evaluations and limited funds available.

Examination of what truly is needed for evidence-based assessments, reasonable costs for these activities, and strategies to improve access may enhance tribal ability to access services needed for their children and families. When considering funding, it is important to consider that tribal approaches for youth with PSB vary; therefore funding requirements will also vary. Many tribes have MDTs, children's advocacy centers, child protective services, or other teams in place to respond to youth with PSB. In most cases, teams have multiple responsibilities and do not focus only on youth with PSB. Below is an example of how one tribe funded a youth with PSB program.

Funding Teachings from Indian Country

Elected tribal leaders, victim advocates, law enforcement, juvenile justice, and mental health professionals voiced their concerns about the harmful sexual behavior of youth and the widespread effect on families of youth with PSB, victims, and families of victims. They developed a tribal demonstration site for youth with PSB and submitted it to the Office of Juvenile Justice and Delinquency Prevention. This proposal was funded and led by a tribal nonprofit designated by the tribe. Partners included an MDT, a local university, the mental health services program, a child advocacy services center, and a local research organization. Funding supported the implementation, coordination, and evaluation of the youth with PSB program.[24] In some tribal communities, there are no community-based programs for youth with PSB. This often means that youth are sent to detention or placed outside of the community, which is costly. Tribes may consider reallocating these funds to support community care for those who can safely remain in the community. If there are no community-based programs for youth with PSB, this has significant economic and societal costs.

Funding for youth with PSB requires policy, action, and elevating the issues. The National Congress of American Indians and National Indian Child Welfare Association, Native Children's Policy Agenda, and the Defending Childhood Initiative include the following recommendations: [27-28]

- Advocate for increased funding from the Department of Justice, Substance Abuse and Mental Health Services Administration (SAMHSA) and the Indian Health Service for evidence based treatment programs in tribal communities.
- Promote the SAMHSA Tribal Behavioral Health Agenda

For more on the Nation Tribal Behavioral Health Agenda, **CLICK HERE.**

- Promote sustainability of existing SAMHSA programs, including the Systems of Care and Circles of Care grant programs.
- Encourage state agencies and local services providers to fund and support mental health programs.
- Establish federal requirements and incentives that increase state-tribal Medicaid agreements and improve coordination between states and tribes in the provision of mental health services.
- Establish and sustain evidence-based community prevention programs.
- Ensure tribal police and courts have adequate training, resources, and access to tools to effectively investigate cases on tribal lands.
- Ensure federal child welfare reform to support tribes to provide and sustain in-home and community-based treatment services that keep children safe in their homes and communities.
- Encourage the Bureau of Indian Affairs and Department of Justice to support and sustain youth rehabilitation and treatment.
- Encourage the Bureau of Indian Education to support evidence-based policy and protocols and sustain training for skilled and knowledgeable interdisciplinary professionals who are able to recognize and address PSB of youth, based with appropriate coordinated treatment response.

Policy

There are major gaps in the areas of policy, protocol and funding for youth with PSB at the federal, state, tribal and local levels. Historically, most public policies and service practices have utilized adult-focused approaches for youth with PSB, which are ineffective and may do more harm than good. Policy work has been implemented at the national, state, local and community levels to increase effectiveness. The Association of Treatment of Sexual Abusers (ATSA) developed new policy guidelines for youth with PSB, established in part to address misconceptions of youth with PSB, while bringing to the forefront the facts around effective treatment, potential risk, and reoccurrence or recidivism rates (ASTA).[25] The National Children's Alliance, the accrediting body for Children's Advocacy Centers in the United States,[26] and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) have increased support for training providers to deliver effective interventions and prevention for youth with PSB.

Policy Teachings from Indian Country

Tribal policy and protocols for youth with PSB are often limited or nonexistent. Tribes may consider developing or revising policies or protocols that address the following areas:

- A protocol that establishes definitions of normative sexual development and PSB of youth, understanding the continuum of behaviors.
- A statute or protocol that designates procedures for identification, referral, screening, assessment, investigation, response and services.
- A policy for child protective services to address assessment, investigation, safety planning, and intervention in cases of PSB of youth, to address the needs of the youth, child victims and all caregivers.
- A policy for schools and other youth-serving organizations (e.g. Boys and Girls Clubs) that outlines strategies to promote healthy relationships and prevent abuse, to address safety in the schools, and reporting and response protocol requirements.
- A protocol that defines policies and procedures for mandatory reporting.
- A protocol that outlines data collection, reporting, and data-sharing responsibilities.
- A protocol that addresses the needs of youth with PSB and child victims and their families.
- A protocol that ensures evidence-based, trauma- informed, and culturally and developmentally appropriate services are provided.
- A policy that addresses harm related to managing electronic and online devices and youth-produced sexual images and messages in a manner that is developmentally appropriate and distinct from child pornography laws.

Overcoming Challenges in Tribal Communities

The generational and historical nature of sexual abuse must be addressed. Boarding schools and colonization resulted in child sexual assault on multiple generations of American Indian families. Because sexual abuse was so prevalent within families, many family members buried it, and were unable to directly face it or felt helpless to change the outcome. Often, families did not report assaults. Talking about PSB can trigger memories and flashbacks of past sexual abuse and traumas. This section explains challenges and consideres solutions. Solutions are indicated with a mountain icon.

Community Challenges

Youth with PSB is a concern of community members, yet agencies often have no clear guidelines for response. Schools are concerned about PSB, and tribal members report gang-related activities of PSB. Schools may not have protocols in place, may ignore PSB among students, or may utilize single punitive responses (e.g. "one strike, you're out" expulsion policies) that do not account for varying circumstances in cases. Some in the community may be unlikely to report due to a lack of clear protocol and procedures. Others may not report because child sexual abuse victimization is historically difficult to corroborate and, as a result, may not be thoroughly investigated.

CPS may not investigate interpersonal PSB. CPS responses to PSB of youth vary by jurisdiction. In some jurisdictions, CPS may only investigate caregiver abuse/ neglect. In these jurisdictions, cases of PSB of youth are screened out because the suspected abuser is not a caregiver who has custody or control. The lack of a clear policy for law enforcement response is also a major concern. There may be a history of harsh responses in the community and criminalization of youth, regardless of the severity and context of the behaviors as well as culpability.

> **I think learning that youth with PSB are not always (sexually) abused themselves, it has to do much more with trauma and such.**
>
> – Tribal Member

Community Solutions

Frequent community outreach to educate community members and dispel misunderstandings about sexual development and PSB of youth. Strengthen partnerships with local schools and engage parents. Advocate for quality screening, assessment and interventions for PSB in community. Develop and implement clear, developmentally appropriate protocols to address child victims and the identification, prevention, intervention and response to PSB of youth.

Capacity Challenges

Professionals may not understand how to identify, interpret, investigate, treat, or otherwise respond to youth with PSB. Tribes may not be equipped to handle PSB cases due to jurisdictional issues, lack of expertise and other necessary resources. Mental health services, children's advocacy centers, or forensic interviews are not available in many tribal communities.

Gaps and Protocol Challenges

Gaps in protocols exist across the country, recognizing that in tribal communities these gaps are often magnified because of unclear jurisdictional issues. Determining jurisdiction can be difficult, especially in cases of concurrent jurisdiction involving tribal, state and federal law enforcement. One factor that determines criminal jurisdiction is the location of the alleged offense. For example, one tribal PSB grantee has jurisdiction over six independent American Indian communities located within the historical boundaries of the reservation. However, the reservation borders were redrawn, resulting in overlapping jurisdictions and a lack of clear protocols for youth with PSB. In this case, the tribe had jurisdiction in six communities and five counties that were more than 150 miles from the tribe's headquarters. In addition, clear protocols are needed to address:

- Mandatory reporters, who need information about what PSB is and to whom to report PSB cases.
- Response of law enforcement and child protective services.
- Juvenile justice adjudication, tribal and/or federal involvement.
- Roles and responsibilities of all agencies.
- Culpability and triaging adjudication pathways based on child development, risk and protective factors, context and responsivity. Managing confidentiality and communication among parties.
- Tribal court prosecutors and all court personnel.
- Referral and access to treatment for youth with PSB, child victims and family members.
- Data collection, sharing and tracking cases across systems when state, tribal, CPS, law enforcement and courts are involved.

Capacity Solutions

Utilize existing training models, map processes for referral and treatment, collaborate with programs, and connect families to healers and traditional rites of passage that support healing. Encourage mental health providers to improve services. Consider building on the **systems of care** model or other strengths, resources and leaders in the community.

For examples of systems of care, **CLICK HERE.**

Gaps and Protocol Solutions

Consider changing laws and agency/interagency policies, protocols and procedures to be developmentally appropriate and support prevention, identification, and response and treatment strategies for families of youth with PSB and child victims.

Develop a taskforce or workgroup focused on community change to address PSB of youth with agency/system leadership representatives to outline protocols. The task force can examine community resources, roles and boundaries within and across agencies to develop a plan for broad coverage and resource-sharing across the community.

To evaluate progress and quality improvement efforts, include tracking and data-sharing planning, what and how information is tracked, and key points to share with tribal councils and MDTs, among others.

Encourage community support of parents and caregivers to strengthen parenting skills, with emphasis on guidance and close supervision, open communication, establishing clear rules about behavior, development of coping strategies, teaching self-control skills as well as modeling and supporting healthy relationships.

Access to Evidence-Based Treatment Challenges

Culturally congruent treatment is needed for youth with PSB, child victims, caregivers, and other family members affected. Many tribal communities do not have access to treatment due to funding, limited number of qualified clinicians and rural locations.

Access to Evidence-Based Treatment Solutions

Embedded 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. Increase the number of providers trained to recognize and treat youth with PSB, child victims and families. Utilize existing treatment resources, CACs and traditional healers. The impact of trauma needs to be integrated into the treatment approach and should include family members.

Understanding Data Collection and PSB

Agency/System	Kinds of Information Collected†	Frequency	Notes
Behavioral Health	Estimates of the number of youth with PSB and child victims receiving counseling. Number of referrals, start of services. Time from identification to referral of services. Time from referral to start of treatment. MDT staffing. Family involvement in services. Outcomes of treatment services.	Monthly	Screening and assessment of trauma history, symptoms and PSB. Examine database and what should be altered for successful tracking.
Child Assessment Center or Child Advocacy Center	Number of child victims, and youth with PSB. Demographic information on all children involved including relationship, number referred to treatment.	Monthly or Annually	Based on reports received only.
Juvenile Detention Centers	Number of youth-committed sexual assault cases admitted. Time to reunification. Treatment provided. Treatment response.	Monthly	Review of referral case data.
Juvenile Justice. Probation, Courts, Defense Attorneys, and Prosecution	Number of cases referred. Number of cases deferred, diverted, adjudicated, and placed on probation. Time from identification to decision. Number and percent who successfully complete probation. Recidivism rates by triage path, probation response, and treatment participation/ response. Demographic information. Deferral, diversion, adjudication and outcomes of services.	Annually	Review of case data, based on reports.
Reservation and Tribal Schools	Number of youth sexually assaulted. Youth with PSB and child victim demographic information, school response, number in house detention, supervision, referral to services, and expulsions.	Annually	Based on activity reports received, program feedback and evaluations.
State Department of Social Services/CPS	Number of reports, number with sexual abuse referrals, percent of youth initiated PSB, number substantiated reports for sexual abuse, number of safety plans. Removal of child from home due to PSB. Types of placement. Rate of reunification with caregivers and siblings. Time to reunification.	Monthly or Annually	Based on reports received only.
Tribal Child and Family Services	Number of reports, number with sexual abuse referrals, percent that are youth- initiated PSB, number of substantiated reports for sexual abuse, number of safety plans. Removal of child from home due to PSB. Types of placement. Rate of reunification with caregivers and siblings. Time to reunification.	Monthly or Annually	Based on reports received only. Estimates may be based on referrals.
Tribal Law Enforcement Services	Allegations, charges, and nature of sex crimes. Demographics of youth, such as age, gender and types of crimes. Number of victims. Relationships among youth with PSB and child victim(s).	Annually	Examine what is currently tracked in the law enforcement database. Adjust as needed to gain accurate data.
Others	Number of outreach education activities, number and type of professionals reached. Number of community members, parents reached. Changes in knowledge from outreach education in above groups. Positive outcomes resulting from services provided.	Annually	Based on activity reports received, program feedback and evaluations.

†Many of these PSB cases are tracked in case files, incident reports and other non-automated file systems.

Understanding Laws and Policies Related to PSB

Tribes are politically sovereign nations. Federally recognized tribes have authority to make and enforce their own laws. However, jurisdiction varies based on type of crime, race of individuals involved, and location of the crime. In the last decade, new state and federal legislation has been enacted to protect American Indian and Alaska Native children from sexual abuse. Larry EchoHawk writes about these in his "monograph" Child Sexual Abuse in Indian Country: Is the guardian keeping in mind the seventh generation?[5] EchoHawk describes these enactments as the mandatory reporting of child abuse, criminalizing the sexual exploitation of children, broadening the definitions of sex crimes against children, increasing criminal penalties for child sex abuse, extended statutes of limitation, swift prosecution for child sexual abuse cases, reducing leading questions of child witnesses, permitting child's hearsay as evidence, use of violated depositions, and mandatory registration/ community notification laws.[5] This report found that despite new efforts to address child sexual abuse cases in Indian Country, there has been no decrease in the cycle of child sexual abuse.

It is essential for communities to have and know the laws and state statutes for sexual offenses and PSB.

Mental health professionals play important roles in the process by evaluating and assessing behavioral health needs of each family member and making recommendations for treatment and safety planning. These professionals must be aware of laws for reporting suspected maltreatment and take care that practices do not interfere with active investigations.

Indian Health Service (IHS) nurses report to law enforcement, while medical doctors, as a general rule, do not. Other professionals may report child-on-child incidents to state Department of Social Services, Child Protection Services (DSS CPS), though DSS CPS does not investigate child-on-child events; it examines child caregiver events for abuse and neglect involved in any incident reported. There is no established statute or protocol that designates procedure for investigation or referral for services. The FBI receives most of its child-on-child sexual assault cases from DSS CPS following the completion of its caregiver abuse and neglect investigation. There is reluctance to investigate and pursue any but the most serious cases at the federal level, as the agency is not equipped to handle these cases (e.g., lack of facilities).

Teaching Related to Policy and Laws from Tribal PSB Report

Disclosures of maltreatment are affected by distance, transportation process, and fears related to the process and lack of trust. Another concern from tribal PSB programs is that forensic interviews are conducted hours from a child's home. Even after forensic interviews are conducted, investigations rarely lead to child protection or legal response when needed, perpetuating a lack of faith in the legal system to protect victims. Where there is no response, there is no treatment provided to youth with PSB, the child victim(s), or the parents/ caregivers. Triage protocols for juvenile justice officials may help improve the adjudication of youth. There is variation in tribal CPS and child welfare responses to PSB. Some tribes are mandated to follow state CPS guidelines, while others are not. Dealing with PSB in Indian Country can be difficult because of the legal and programmatic differences. Without coordination of legal and programmatic elements, youth and families may not receive the help they need.

Systems, professionals, and legal/jurisdictional issues often arise when addressing PSB in Indian Country. The systems and professionals involved vary based on jurisdictional status and tribal capacity. Reform of current laws and policies is needed to ensure that youth with PSB and child victims receive needed treatment and safety plans are in place. MDTs and CPTs could play a vital role in the development or revision of tribal protocols and codes for supporting youth, families and child victims of PSB.

Elements, Possible providers, and legal issues for civil jurisdiction[19]

Systems Element	Possible Professional Involved	Legal and Jurisdictional Issues
Reporting Child Maltreatment and PSB of Youth	Mandatory reporters under state, federal or tribal law. On or off reservation. Concerned individuals. Note that not all federal employees are mandatory reporters.	Tribal and/or state laws, P.L. 280, federal laws, family and child protection act.
Intake and screening of youth with PSB. Initial response Initial assessment	Tribal Child Protective Service (CPS), tribal law enforcement, state CPS, county law enforcement, BIA social services, BIA law enforcement, IHS or tribal health care providers, border patrol, U.S. marshal, FBI and federal.	Tribal law, P.L. 280 status, P.L. 93-638 or self-governance status, local agreements or protocols.
Civil court actions, tribal court, state court	Tribal, state and/or federal courts	Jurisdiction, tribal law, P.L. 280 status, P.L. 93-638 or self-governance status.
Treatment, clinical, assessments, safety and supervision plans, service plans. Family and care service.	Tribal CPS, state CPS, BIA social services, IHS or tribal health care providers, tribal healers, Systems of Care/Circles of Care staff, and other resources.	Resources, capacity, P.L. 280 status, P.L. 93-638 or self-governance status.

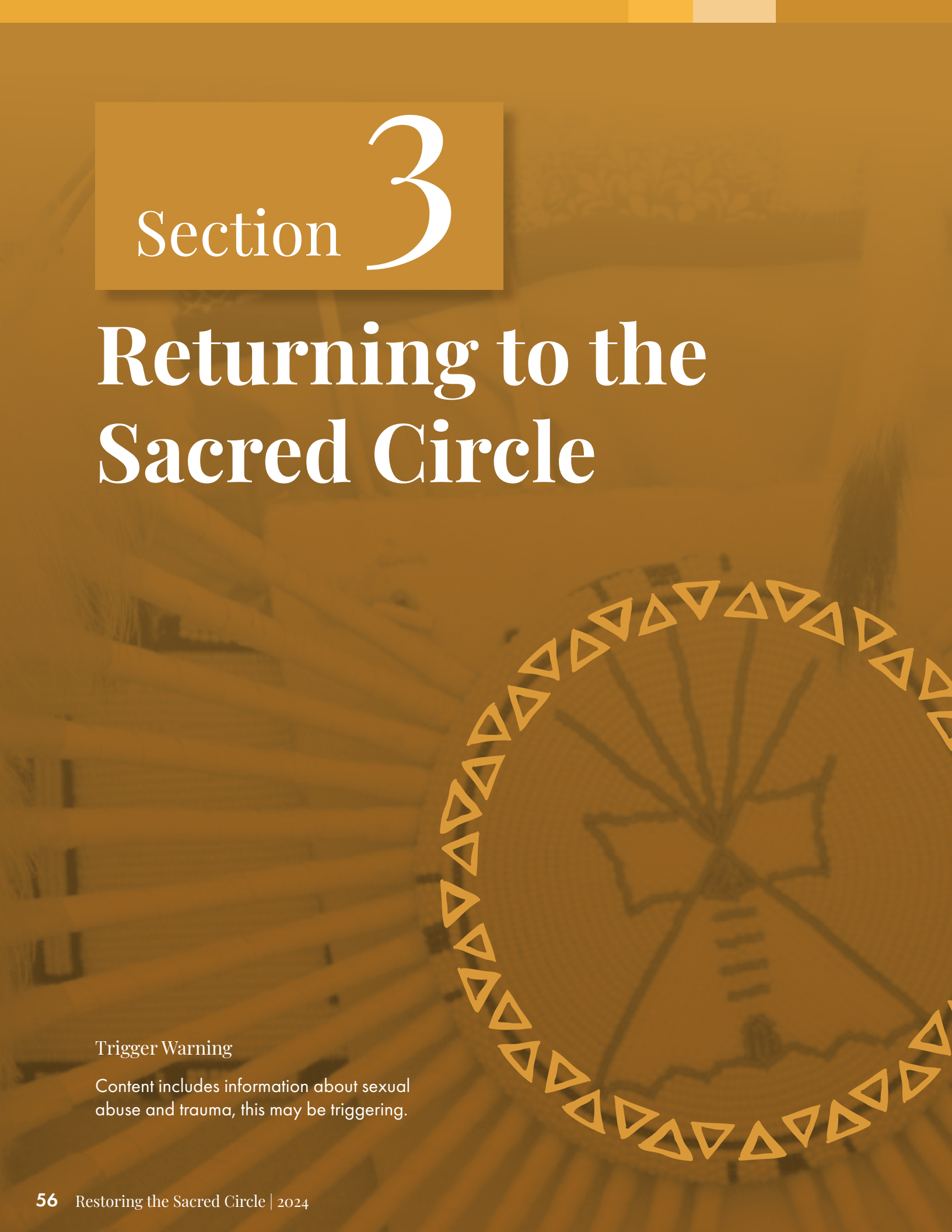
Elements of Criminal Prosecution[19]

Systems Element	Possible Provider	Legal and Jurisdictional Issues
Criminal court actions	Tribal, state and/or federal courts	Jurisdiction, P.L. 280 status, tribal membership of accused, type of offense (Major Crimes Act and Indian Country Crimes Act)

*Elments of Criminal Proesecution adapted from NICWA, 2013, "Challenges with Legal and Programmatic Framework for Addressing Child Maltreatment in Indian Country", p. 17.)23

Section 3

Returning to the Sacred Circle



Trigger Warning

Content includes information about sexual abuse and trauma, this may be triggering.

Section 3 presents stories, youth perspectives, links to podcasts, and practices related to PSB in Indian Country. Names and places have been changed. Each story summarizes a PSB case and includes a teaching or recommendation that can be applied to current work or cases. Podcasts include interviews with a Navajo elder, a youth-serving organization specialist, a trans woman, and an elder.

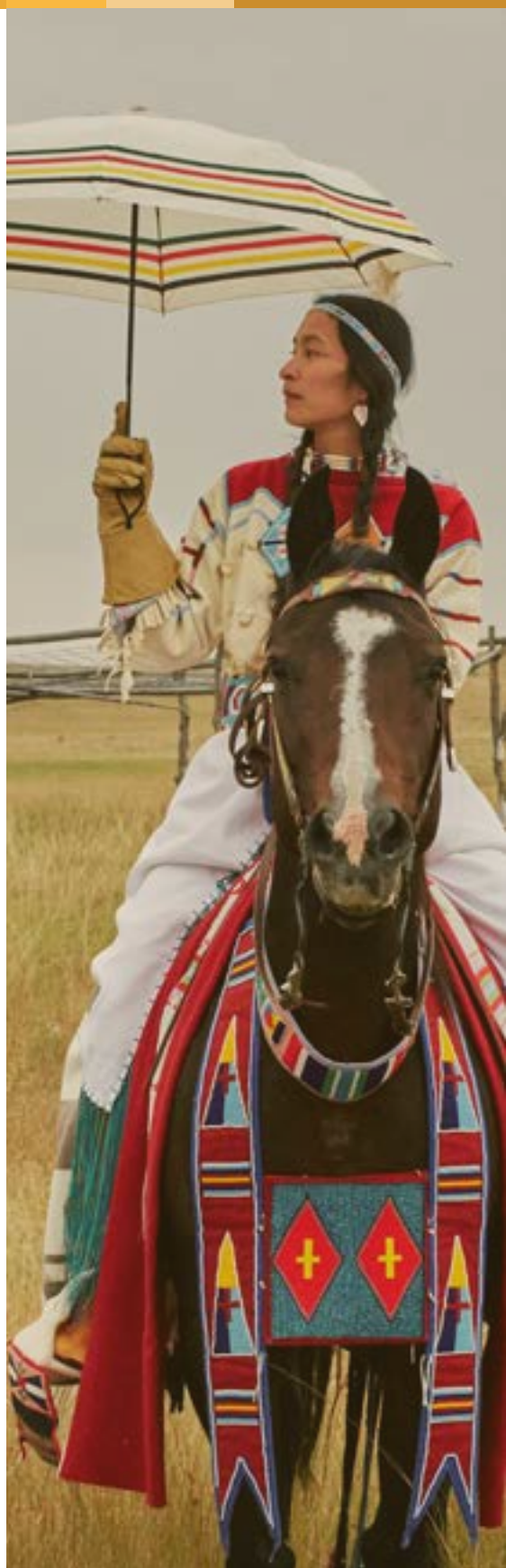
> **That these people may live.**
>
> – Lakota

Shared Wisdom. Real Stories. Returning to the Sacred Circle.

Oral stories have been used since the beginning of time as a way to share knowledge, transmit wisdom, prepare us for significant life events and transitions, and most importantly, heal. There are many ways to describe what PSB is, how it happens, and what needs to happen for individuals, families, and communities to return to the Sacred Circle. We feel that oral and written stories are the best teachers.

We interviewed Tribal elders, Tribal clinical psychologists, and families to learn how adverse experiences like PSB happen and how they end. Each of these stories represents an individual and family returning to the Sacred Circle after an adverse experience. Each story has a beginning, end, and Sacred Circle teaching.

> **If we don't address and heal from trauma and adverse experiences, we relive them every second of our lives, millions of times.**



Stories

Trigger Warning: The following stories include information about sexual abuse and may be triggering.

#1 Cognitive Functioning and Family

I worked with a 14-year-old boy who grew up in an adoptive family. It was discovered that he engaged in problematic sexual behavior with his younger sister. The mom started putting the pieces together that this was happening when the girl entered puberty, and they were talking about menstrual cycles. When asked about his PSB behavior, the young man rationalized that his sister agreed with everything that went on. There was no big age gap, so he did not understand his behavior was wrong. During the course of the assessment, it was learned that this boy would engage in problematic sexual behavior at school. He would violate others' physical space and would access inappropriate images on the computer, which he would show to his peers. The boy and his mother were involved in treatment. I did a psycho-sexual evaluation with him, and his IQ score was 128 (very high range). The sister, a year younger, had an IQ of 80 (low range). So, the brother was very intelligent and could learn his behaviors were inappropriate. A safety plan was put in place that necessitated a high level of supervision at home. The boy was involved in group therapy, and the sister and a younger sibling were provided services and support. It was necessary to engage the school in safety planning to keep this youth and others safe in the school. After approximately a year of treatment, the youth was successfully discharged.

> **Talk to your kids about rules and boundaries. Be aware of differences in physical development and cognitive development to prevent sexual abuse.**

Teaching

It is important to empower caregivers on ways for the children to learn healthy ways to interact and developmentally appropriate sex education. This education includes information about boundaries, body changes, and preventing harm to others. It is important to teach and reinforce community guidance, protocol, and boundaries, share stories, and support coming-of-age rituals to reinforce the information being taught. It is also just as important to celebrate a child's understanding and decision-making as they grow to make positive decisions about their body and the bodies of others. If problematic sexual behaviors do occur, it is essential that everyone in the home gets the help and support that they need.

#2 All Areas of Youth's Life

I worked with an 11-year-old girl who could pass for 16 or 17 years old. She came to me through a counselor in the school. The counselor said, "I think this girl has some trouble." She was a very good student. There was a lot of acting out behaviors and a lot of preoccupation with sexual topics. She would engage in sexual activities with boys 2-3 years younger than her. After working with her, a judge, and other community supports, we determined that the lack of a father figure impacted her PSB. Much of her behavior was attention-seeking. To prevent her PSB from escalating it became clear we needed to help her understand what are appropriate interactions between people. She had been protected and sheltered well by her aunts, mother, and extended family, but she didn't learn to have healthy relationships with anyone else. It became clear she exhibited anxiety issues and struggled to find appropriate ways to meet her relationship needs. We addressed this first with family, in the home, and then with others. The sexual behavior problems were directly linked to her emotional and social well-being. We put together a team of supportive people from the community around her and the family. An elder who had knowledge about trauma treatment soon became a role model for her.

> **You do a lot of prevention that people don't know about.**

Teaching

Treatment and interventions for problematic sexual behavior should not be just about the PSB; it should involve all aspects of a youth's being. Treatment plans often involve many components; in this case, they addressed anxiety, attention seeking behavior, identifying potential role models, and improving teaching and education about relationships in the home and community. Just as children are the center of the circle, their treatment plan is also a circle around them that can help them address issues in their lives, teach them appropriate boundaries and behaviors, and celebrate who they are.

#3 Establish Rules and Get Back Into Routines

I was at an Indian School in the mid-70s. We had housing units that were built to be apartment-based, with 12 kids in them. A group of boys in one of the units were engaging in PSB with kids about half their age. We decided to keep the unit together but separated them. In those days, we did not have the terminologies we have now. I think it was 1985 when the terms related to PSB came about. Usually, what would happen is that kids would just get kicked out of school. We decided to let them go to school, but we kept them and us working together to address this issue. I started reading a lot of work about PSB. These were the first kids I dealt with to understand what PSB is or sexual behavior problems are all about. If you looked in the literature back then, there was nothing.

We established rules for them and started working with them. We began slowly getting them back into routines. In a three-month time- frame, we had the same group of boys, but they were no longer sexually acting out.

We did not fully identify where those behaviors were initiated from. We knew it was something that was part of their boarding school experience. We were able to abolish inappropriate behavior patterns for them and practice appropriate behaviors. I worked with them in group therapy to build an understanding of appropriate behavior and rules were created along the way. As far as I know, those boys made it through school. I was there for six years. Those kids came back every year and responded well.

Teaching

Treatment, education, and prevention practices work. Kids respond well when engaged and taught who they are and what to do. They need to know what is right and wrong; they need adults in their lives to teach them why certain behaviors are okay and why others are not.

#4 Early Education and Prevention is the Best Prevention

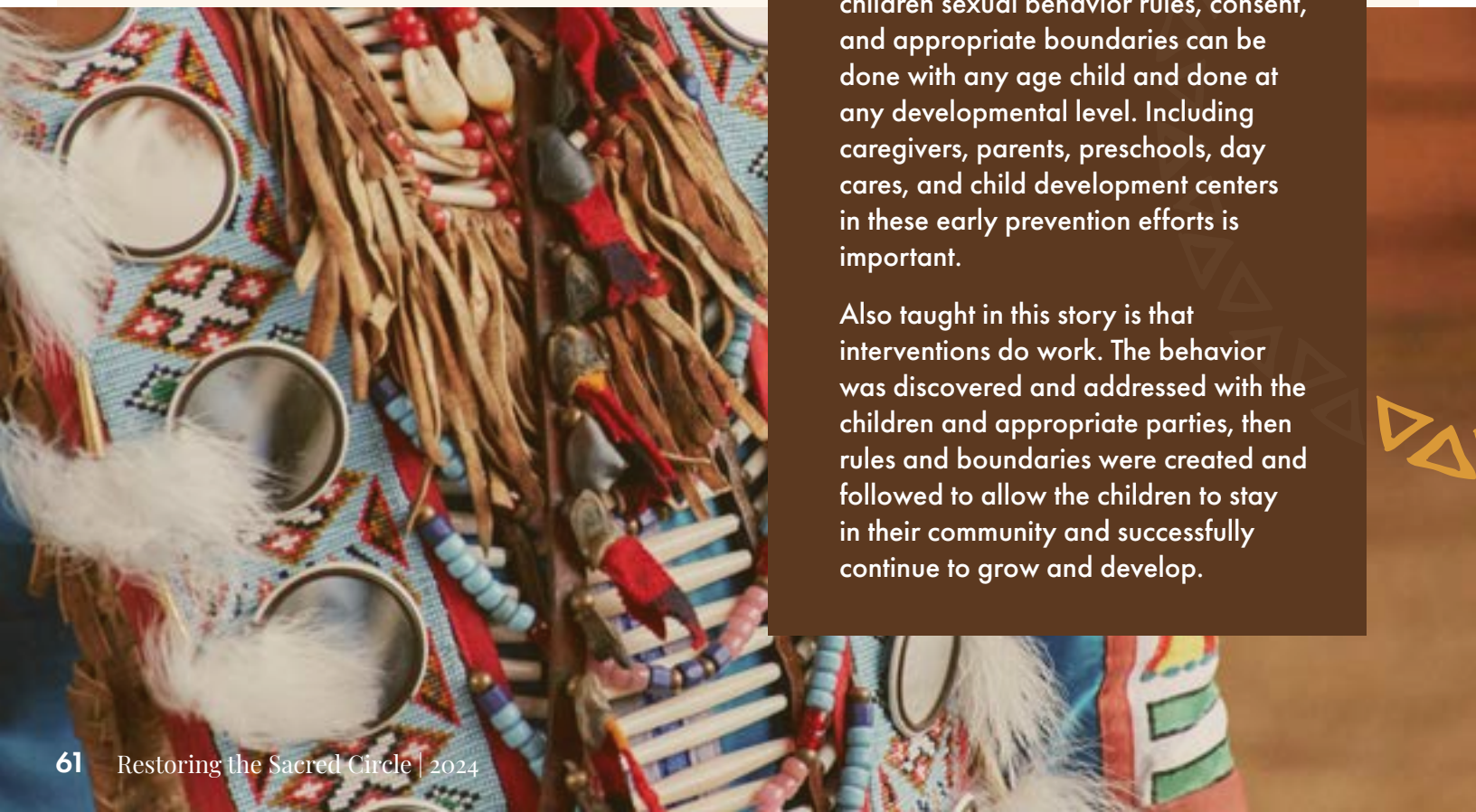
Two 5-year-old children, a boy and a girl, at daycare were engaging in inappropriate sexual behavior with one another by performing oral sex on each other. This behavior was hidden from adults by the children. When the behavior was discovered, the boy's mother, who was a county sheriff, got in touch with an attorney because many were gravely concerned about where the children learned the behavior. As we began to work with the two children and their families and other therapist, it became clear that their PSB did not start occurring because someone had done something inappropriate to them, both children were very bright, and we concluded they must have seen the behavior somewhere like TV, internet, or another place other than their caregivers. They saw it and started doing it. We kept them apart, set up rules, and taught consent and permission. They were not long-term patients; it was something that was discovered, addressed, and taken care of.

> **Set up rules, be consistent, watch your kids.**

Teaching

PSB doesn't always occur because a child is sexually abused. Often, it occurs because of what children see or observe in media and on the internet. Prevention starts early. Teaching children sexual behavior rules, consent, and appropriate boundaries can be done with any age child and done at any developmental level. Including caregivers, parents, preschools, day cares, and child development centers in these early prevention efforts is important.

Also taught in this story is that interventions do work. The behavior was discovered and addressed with the children and appropriate parties, then rules and boundaries were created and followed to allow the children to stay in their community and successfully continue to grow and develop.



#5 The Best Student

I ran into him when he was in 3rd grade; he was around for years afterward. He was a kid who did not have any place to go. He did not have sexual behavior problems, but he did have behavioral problems. I talked with him in a therapy session. What should your teacher do or say when you are acting out? What can we tell you? He was quiet for a bit, turned around, and faced backward; she should just tell me, don't be doing that... that sounded like a plan. The teacher talked with the student; the next day, he was acting out in class; she said don't be doing that, he looked at her and said I won't. It worked, and he became the best student.

Teaching

Like PSB, prevention for problematic behaviors should involve youth input. Engage youth as much as schools, teachers, and all others youth interact with. Youth will respond and learn better when there is an issue if they are engaged in meaningful prevention practices before it's needed.

"Don't be doing that."

#6 Exploitation and Sexual Abuse

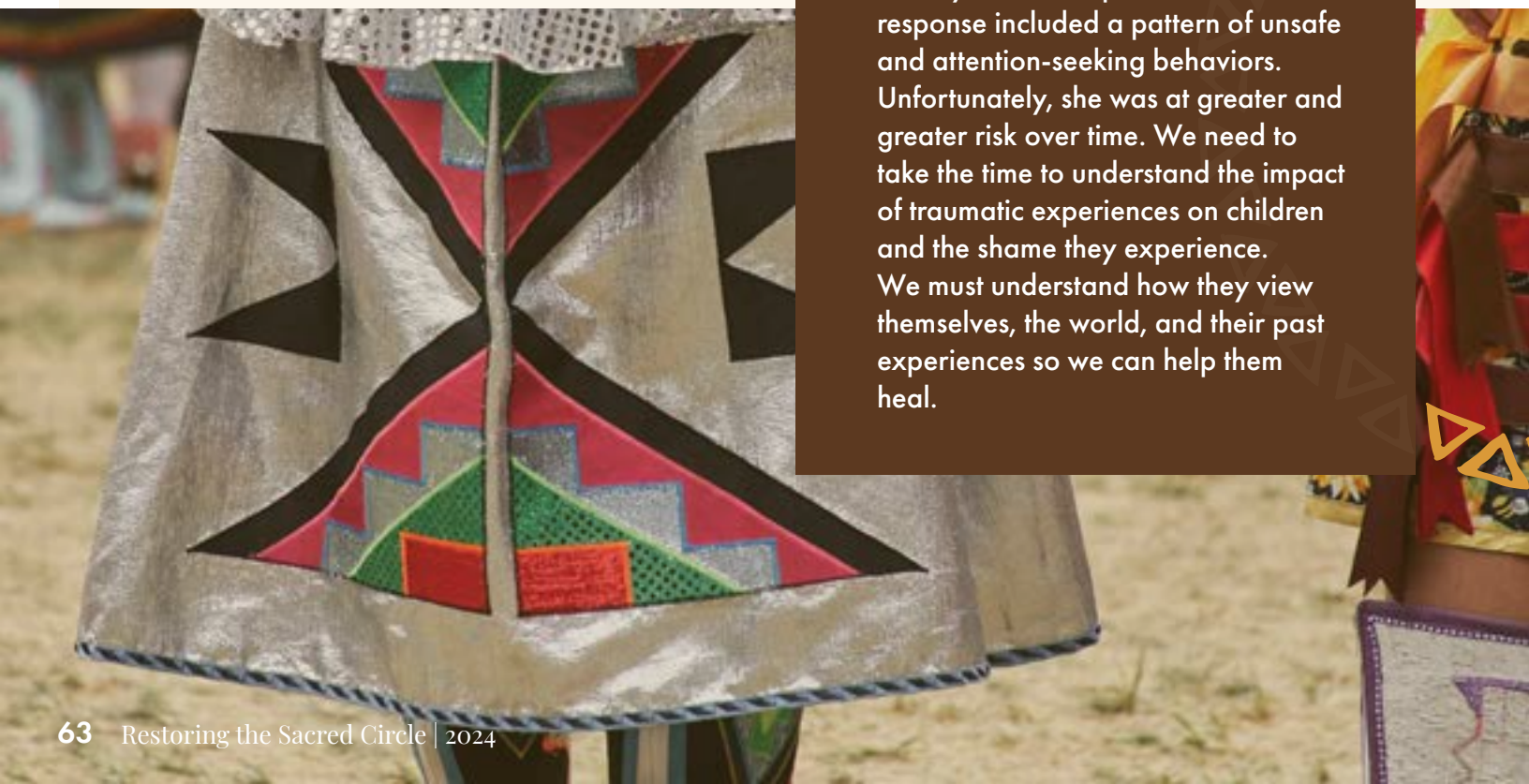
I worked with Cathy, a 19-year-old female. Her mother's previous partner sexually abused her for several months, beginning when she was 10 or 11 years old. The person who sexually harmed Cathy arranged for them to be alone for extended periods of time. He was skillful at making the relationship covert and presented the experiences to Cathy as if it were a relationship rather than abuse. She was manipulated to believe she was empowered to make choices about when they engaged in sexual contact.

Her offender always gained her agreement for these activities. The sexual abuse began gradually and increased to greater levels of sexual involvement. Cathy disclosed the sexual abuse after her mother's relationship ended with him. Her disclosures were reported, and law enforcement personnel became involved when she was about 13 years old. The person who committed the sexual offenses admitted to his behavior and attempted to rationalize what he was doing by distorting her behavior as cooperation.

Cathy's trauma response to the sexual exploitation included viewing sexually explicit images on her cell phone and texting about sexual topics. Cathy shared some of these activities with her female friends, but most of these actions were hidden. The frequency and intensity of these activities increased over time. Cathy started to meet men online, and some she would meet in person at areas such as truck stops, where she was repeatedly sexually exploited. She was sexually abused again by an older male relative she did not have contact with while growing up. Cathy's story illustrates the rippling impact of sexual harm on children.

Teaching

People who sexually harm children may exploit them by providing them with desired activities and attention. Cathy's experiences of sexual harm led to confusion about what is a healthy relationship. Her trauma response included a pattern of unsafe and attention-seeking behaviors. Unfortunately, she was at greater and greater risk over time. We need to take the time to understand the impact of traumatic experiences on children and the shame they experience. We must understand how they view themselves, the world, and their past experiences so we can help them heal.



#7 Leah, a Transgender Youth

Gender identity is core one's well-being. Honoring gender identity promotes health. Queer youth prosper and have joy in affirming environments. Gender identity expression is part of the typical development process and is NOT a PSB. Queer is a broad, inclusive term that encompasses all non-normative sexual orientations, gender identities, and expressions. Reclaimed from its historical use as a derogatory term, "queer" is celebrated for its simplicity, flexibility, and ability to unify diverse experiences. Importantly, it also challenges and combats colonialism by rejecting rigid, Western-imposed binary categories of gender and sexuality. "Queer" embraces a spectrum of identities, many of which are rooted in non-Western cultures, offering a more inclusive and decolonized understanding of human diversity.

"Tyler" (name given at birth and no longer used) was referred to me for group and individual therapy at age 15. Previously, at age 12 the youth was in residential care due to the severity of the symptoms and then returned home and under mother's care. The youth was then discharged from group and individual services with me at age 17 years old. About a year later, the youth came back to me for individual therapy. Over time, trust was built such that they opened up about experiencing significant gender dysphoria. The youth asked that I use the first name Leah and "she" pronouns. She disclosed a history of depersonalization and derealization experiences, and several obsessive-compulsive personality features were noted. Leah described being trans and felt that most of her past mood and behavioral problems were due to experiences of dysphoria. Trans identity is core to who a person is, outside of any mental health conditions they may experience. None of these symptoms had previously been reported or disclosed by Leah. It was my opinion that her current symptoms met the ADA definition of disability because she was experiencing mental impairments that substantially limited one or more major life activities. These activities included severe episodes of inattention, difficulties concentrating, and significant detachment from her surroundings. A referral for additional medical consultation was completed so she could see a physician to address treatment options for Gender Dysphoria Treatment.

None of the dysphoria and related symptoms had previously been reported or disclosed by Leah. Thus, she had not previously felt safe enough to share her identity and experience gender-affirming care, resulting in these symptoms. It was my opinion that her current related symptoms required care as they were causing impairments that substantially limited one or more major life activities. Life activities were impacted by severe episodes of inattention, difficulties concentrating, and significant detachment from her surroundings. A referral for additional medical consultation was completed so she could see a health care provider to address gender-affirming care treatment

Teaching

The first teaching is that appropriate treatment needs to be based on the correct diagnoses or identifying the major presenting problems people experience. Sometimes, you need to build trust and wait for people to be at a place to share so they can move forward. Remaining patient, genuine, and open to people so they can provide this information is the task of a good provider. The second teaching is that Gender-affirming care is crucial for several reasons: Providing this care can significantly decrease depression, anxiety, and suicide attempts among transgender individuals; it ensures access to necessary health services that align with an individual's gender identity; and finally by assisting individuals in aligning their sense of self with their outward appearance, gender-affirming care contributes to overall well-being and mental health.

#8 Isolation, Alcohol Abuse, and Cognitive Delays

The Chief Tribal Judge asked me to meet with a girl recently seen in juvenile court. This child was 12 to 13 years of age. The Judge expressed concern regarding comments made by the child that she had recently engaged in "butt sex" with her boyfriend. The child further stated that it was safe to engage in anal sex because she would not get pregnant. The girl shared that her "boyfriend" was 10 years old. She had just met him when he came to visit with an uncle and three or four other boys. The boys and the uncle had since left the area to return to the "cities."

The family lived in a remote reservation area and experienced several areas of difficulty, including transportation limitations, overcrowding in the home, and food insufficiency. Extended family members were known to have significant substance use problems, mainly excessive alcohol use. The girl's grandmother was the primary caregiver, but she was suffering from chronic health problems. Various family members would come and go from the home. School was a positive place for the girl because she would be fed and cared for. However, she had a history of poor school performance, and it was suspected she experienced developmental delays. The tribal prosecutor scheduled the hearing because of various welfare concerns involving the girl and other children in the family.

Teaching

American Indian families may face multiple chronic issues that will make prevention and intervention efforts very difficult. Along with these chronic issues, Native youth may experience on-going trauma that is compounded in their daily life. Though incredibly challenging, it is vital to understand that in order for any intervention to be successful, the whole circle of a child's life must be engaged.

#9 Addressing Unhealthy Choices and Sexually Explicit Images

My initial contact with Jon was through his attorney. They wanted me to see him for a psycho-sexual evaluation. Jon lived in a small town on a reservation. This area had been his lifelong home, and he had lived with both of his grandmothers over time. His family was heavily impacted by problematic alcohol use, especially his mother. Jon socialized with peers on a limited basis. He was capable of high levels of academic achievement but often did not utilize these skills and experienced problems functioning at his academic potential. He preferred to meet people online, and this included sharing explicit sexual images and information with his male acquaintances/peers. These online activities began when he was a fifth-grade student.

Online male peers frequently contacted him, and he built primary relationships with these individuals. Jon was facing federal charges involving producing child pornographic images. These images were created at the request of an older man he met online. The man exploited him by directing him to film his younger sisters and a younger female cousin while they were sleeping. He later directed Jon to film these girls while they were awake and arranged them in various poses. He commented during my evaluation that he did not view his sisters or his cousins as family members since he had not grown up with them. Jon was manipulated into believing the exploitative relationship he had with this online male was a friendship he had developed.

This exploitive relationship, unfortunately, became very important to him, and he made ongoing efforts to please his abuser by producing the types of images the individual wished to view. Jon did not understand he was also being abused by this association. The adult male also shared additional sexually explicit images with Jon as part of the exploitation, which lasted for two or more years. Jon was seen for weekly therapy sessions for over a year. He processed his need to develop meaningful connections with individuals, and developing interpersonal skills was a major therapy topic and need. A combination of treatment methods was employed in his treatment, including the Good Lives Model and Risk-need-responsivity methods.

Teaching

Just as prevention practices and understandings exist in physical spaces, they also exist in digital spaces. Family and community conditions like alcohol abuse, limited supervision, and access to younger children must be acknowledged to prevent PSB within the context of digital access. Encourage youth to develop interpersonal skills and to develop healthy relationships with their peers both online and offline. Children must be taught what is appropriate and not appropriate in online interactions. Adults need to establish positive communication and trust with the youth as well as monitor communications and online activities to youth. Open communication and supervision within the family help youth's growth in relationships. When siblings are involved in PSB cases that involve digital exploitation it is essential that the entire family receives healing services.

Traditional Teachings of the Sacred Circle

The National Symposium on the Sexual Behavior of Youth hosted a Youth Partnership Board Youth Panel question and answer panel session. In this session, tribal experts discussed the traditional teachings and perspectives to prevent PSB and restore the Sacred Circle.

Question: Is there anything that could have prevented your PSB?

Answer: Yes. If I knew what consent was and the sex laws were, and if someone talked with and had real conversations with me about sex and intimacy and sexual images.

Traditional Roles and Preventing Youth PSB

In Plains Tribes, fathers and mothers were often away on daily activities leaving the daily stewardship of little children in the care of the grandmothers of the tribe. Later as these little children would grow they would join their parents or aunts and uncles on hunting, scouting, or whichever activity they were engaged in that day, and would report back to the grandmothers of their activities in the evening. When it came time for these children to enter leadership positions such as society sisters and chiefs, it was the same grandmothers that raised them that often selected and recommended which individuals should be seated in these places of great honor and responsibility. Chiefs were chosen not because of the ferocity they had but because of their generosity. Chiefs were expected to be kind, generous, and to care for the orphans, widows, and elderly. They were also expected to be peacemakers, to be able to mediate and resolve any personal conflicts and contention within the tribe, even if it meant leaving themselves destitute and impoverished in the process. To resolve conflicts within their own community, which was often their own extended family, they needed to understand the role each member of the community played, the honor and dignity each person lived with, and the importance of not shaming an individual or their family in the process of caring for their people and resolving conflicts between them. These valuable lessons were taught to them by their grandmothers from their very beginnings and these same lessons, understanding, and principles apply to preventing problematic sexual behavior.

Traditional Perspectives on Understanding and Living Consent

The granting of and getting permission for, is called consent. These practices of consent are very common amongst all tribal communities but especially so in ceremony. One tribe could not perform any ceremony without first permission from the tribes whose home it was. From prayer to the smoking of a pipe, to even many day long ceremonies each begins with offering and asking the Spirits, Earth, Sky, and Creator to join in the ceremony. These same giving of and receiving permission in all relationships has always existed as daily and ceremonial practice. Understanding consent doesn't mean just practicing it in romantic or sexual relationships, it means living it in all aspects and areas of life. Before we take from Earth we ask her for abundance, when we feed one another we offer food to all even those who are not currently seen, and when burning of sage or sweet grass we tell them what is going to be done and why. This is how we honor one another and the world around us. To live with consent means to live it in all areas of life, to ask for permission, to explain what we are going to do, and to honor the choice to accept or refuse.

Traditional Perspectives About What is Okay and Not Okay

Many youth do not know that certain behaviors or actions are not okay or may not understand why it is not okay, let alone illegal. In many tribal communities there were strict laws of conduct with often severe consequences when these laws were broken. The reason for the strictness and severity of consequences was due to the community having a shared understanding. Laws and oaths a particular person, small group, or entire community committed to live by were repeatedly taught daily. This was done in storytelling, song, creation of items such as bow and basket, and ceremonies. Education and sharing are how communities created identity, purpose, and unity. These same principles of educating youth apply to teaching about sex laws, what is appropriate and not appropriate, and general personal conduct, behavior, and responsibility. All within the youth's circle will have a shared understanding and the youth gains purpose, connection, and more meaning in their life.

> **"Understanding what consent really is makes you see it everywhere in life."**
>
> -Tribal Youth with PSB

Traditional Perspectives About Sex and Intimacy

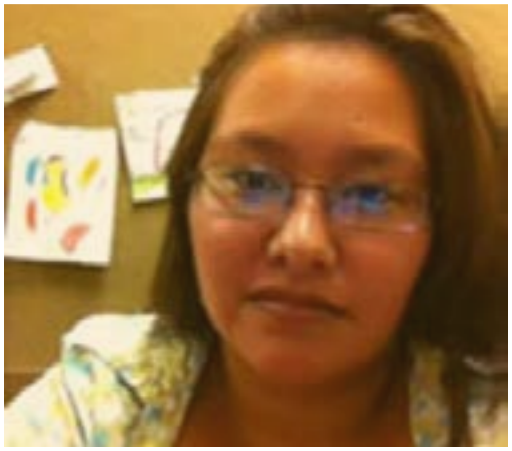
Every young person has at least some understanding of the purpose of sex. Some may understand a lot more than others and some may not know very much. Understanding and being able to clearly recognize the power and impact of emotions, feelings, and consequences that sex and intimacy has on an individual and a relationship can be very difficult to navigate and communicate, especially so when it's a caring adult trying to educate a young person they care about. It is okay for the conversations to be hard and awkward, but they should never be casual. When youth have adults in their life who are willing to have healthy and sincere conversations about sex and all of its risks and benefits, and right circumstances, the likelihood of harm goes down and the likelihood of youth making correct choices with their bodies and bodies of others goes up. Understanding sex, intimacy, and shared responsibility was a common tribal teaching and its symbolism was often found in traditions and ceremonies. Sweat lodges could be symbolic of the womb and birth. All children would go through coming-of-age ceremonies that included teachings of the power of their bodies and role they played within the community and world they inhabited. Some tribes' most sacred ceremonies could not be performed without certain stories and songs that taught the sacred role of a woman and man, and their roles within their community and the rest of the world around them. When educating youth about sex and intimacy it must also be done within the context of who they are and where they are as sacred beings.

Western Influences: Pornography and Sexualized Media

There are many definitions of sexual images and sexualized media but regardless of its definition it has greatly impacted how young people are educated on sex and intimacy, and how they encounter sexual topics in their community. Sexual images and sexualized media is not a tribal teaching or value, it is an artifact of colonization and western mainstream media influences. When there is no caregiver or safe adult educating youth, the only education of sex they will receive will be that which they find in the media. Pornography and all forms of sexualized media can create an unrealistic expectation and understanding of what sex and intimacy is like or should be like. It is vital that caring adults educate themselves with correct information and then in turn educate the young people they are responsible for.

For a Youth Partnership Board tip sheet for parents and caregivers, **CLICK HERE.**

Podcasts



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Kaycee Martinez

Kaycee Martinez is an enrolled member of the Northern Cheyenne Tribe and a mom of four children. She is the Family Spirit Program Director at the Boys and Girls Club of the Northern Cheyenne. In this podcast Kaycee reflects on her work at the Club and how PSB impacts children and youth in the community. Utilizing childcare providers is common on the reservation. Some have reached out because kids are showing signs of PSB. She recommended them to behavioral health, but there are so many barriers. Most treatment is off the reservation, most families do not have resources to travel off reservation for treatment. Childcare providers are not sure what to do with kids. How do you trust childcare providers? Providing education and resources about PSB is essential, but culturally-centered materials are not readily available.

Tristin Wolfname (Chosen One)

Tristin Wolfname (Chosen One) is an enrolled member of the Northern Cheyenne Tribe and a transgender woman. In this podcast she describes her experience living as a trans woman in a discriminating world. She reflects on what it was like growing up on the Northern Cheyenne reservation, the daughter of a Northern Cheyenne Chief. Everyone thought she was gay, but she was not. As young as the age of 2 or 3 years old, she felt like she was born in the wrong body. She was female but not aligned with her sexual reproductive organs. This conversation has major implications for how we view and treat others in our world.

Click Here to Listen

Dewey Ertz

Dewey Ertz is an enrolled member of of the Cheyenne River Sioux Tribe in north central South Dakota. Dr. Ertz began providing mental-health services in 1974 as a licensed clinical psychologist. In this podcast he reflects on his work with youth, families, and addressing PSB. Working with a mixed racial family and adopted kids, including African American and American Indian, he walks us through the restorative practices they went through to address PSB. This podcast includes six chapters with several topics about treating youth and families with PSB in Indian country. Dewey ends with his advice for professionals working in the field to restore the Sacred Circle.

Click Here to Listen

Chapter 1: Now vs Then (0-1:51)

Chapter 2: Story of Family Healing and Prevention (1:51-17:20)

Chapter 3: Young Girl Learns About Healthy Relationships (17:20-23:20)

Chapter 4: PSB in Boarding Schools in the 1980s (23:20-28:05)

Chapter 5: PSB Within a Day Care (28:05-30:30)

Chapter 6: Advice to Professionals (30:30-45:48)

Phil Stevens

Healer Phil Stevens (Dine') works with youth and families on the Wind River Reservation and Doya Natsu Healing Center. In this podcast Phil talks about his life growing up on the Navajo Nation and the powerful influence of his grandmother who was born in the 1800s. She raised him and taught him the traditional Navajo teachings: keeping a home, the hogan, keeping a fire at the center of the home, and the meaning of sun shining through the door and spider webs representing a blessing. Phil reflects on these teachings and the youth and families today—many are not taught about traditional practices to keep the circle sacred. His work focuses on bringing these teachings back to Native youth. Phil's stories about grief, loss, spirituality, and prayer are part of the sacred circle each of us keep. Phil's message to everyone is... to always walk in beauty.

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Sacred Circle of Wisdom

Aunties and grandmothers have wisdom about the sacred circle not found in this toolkit resource or mainstream publications. We met with four Native women to learn more about how they keep their circles scared and prevent problematic sexual abuse. These women have respected positions in their tribes and families. In this podcast, these women share stories about their lives and families. They answer frequently asked questions based on their own experiences in tribal communities.

Click Here to Listen

For more on Sacred Circle of Wisdom: Conversations with Native Women about Preventing PSB, **CLICK HERE.**

Want more?

For more podcasts that aim to promote understanding of Problematic Sexual Behavior (PSB), describe current research on PSB, outline the risk and protective factors, and support communities as they address PSB, **CLICK HERE.**

Life Graph

In addition to the standard cognitive-behavioral techniques, many people present their own victim issues, which require other techniques. One such technique is the life graph. This graph is completed in a booklet form, usually some type of bound notebook or on long butcher paper; there are a variety of methods used and these are examples. Each person is instructed to arrange the notebook by years starting with his year of birth. Two pages are used for each year, and these pages should be opposite each other in the notebook. The left-hand page is used to list trauma associated with each year; the right-hand page is used to list healing experiences. Important anniversary dates such as births, deaths, marriages, and divorces need to be considered; people are encouraged to consult their family and friends regarding this. It is best to establish treatment methods that address their history and trauma in an integrated way rather than involving several different settings and providers across issues. Sometimes records such as report cards or school data are also included. The life graph needs to be completed during the treatment process. In group therapy sessions, time should be allotted to address the various issues individual patients must deal with in their life graph.

For healing and addressing PSB, life graphs integrate traumatic and healing events related to their own sexual history. It is often interesting to compare the history from the life graph to assessment information completed before the treatment. People should list items in the life graph as topics only and use a pencil so that they can move items if they find that they have listed them incorrectly.

Pictures, poems, and other methods of documentation can be employed in this process as well. Once completed, people can use the life graph as a reference point for alternative actions or behaviors in developing a non-offending lifestyle. Moreover, it is the source of information to help individuals see patterns of risks and supports to help prevent future PSB or other concerning behaviors.

> **People had a lot of adverse experiences, when you start talking about healing experiences. We asked them to let us know if they need to revisit it or want to add to it. People kept going with the life graph. People had a balance of good and bad experiences on their graph.**

Life Graph Instructions

1. Give people a piece of butcher paper 10-12 feet long.
2. Have color markers, paint and other media available.
3. Tell them to start on one end and draw a line of significant events/ experiences in their life.
4. Watch how they fill the spaces. What do they put into it?
5. Reflect and share these life graphs with the group, roll them up and take them home, come back and share more, get more paper, and continue the healing process.

Section 4

Resources for Keeping the Center Sacred

Trigger Warning

Content includes information about sexual abuse and trauma, this may be triggering.

Section 4 includes general principles for working with tribal communities and addressing PSB. Seven guiding principles from the Lakota anchor the Sacred Circle teachings. Talking points for parents and caregivers, rules, and conversations with Native women provide practical resources and tips for prevention. Factsheets for community members, parents and caregivers, schools, law enforcement, professionals, and MDT are resources that will keep things sacred for future generations. Protocols and worksheets can be adapted by tribal communities and professionals based on their current capacity and process.

Social media resource materials and prevention messaging will help communities as they restore the Sacred Circle. Training opportunities and resources are available for professionals and families who want to learn more about the prevention of PSB at the end of this section.

Principles for Working with Tribal Communities and PSB

Recognize

- The effect of school assimilation policies, sexual abuse, violence, oppression, racism, physical and emotional abuse, forced removal and relocation policies, and the lingering effects of intergenerational trauma on youth, families and communities.
- Cultural and contextual differences of tribes as distinct nations.

Honor

- Indigenous ways of knowing.

Utilize

- Existing Tribal resources, protocols, rites of passage, ceremonies, knowledge and cultural practices.

Infuse

- Cultural knowledge and practices within clinical treatment guidelines and evidence.

Preserve

- The cultural identity of the victim, youth with PSB and family members. Cultural identity creates a sense of belonging and resiliency.[20]

Re-evaluate & Change

- Policies and protocols to be evidence-informed and developmentally appropriate as needed.

Support

- Healing at the individual, family and community level.
- Health and well-being of families.
- Spiritual development.

Focus

- On the protective factors framework.

Promote

- Healthy relationships and communication skills.
- Access to healthy foods and mobility.
- Positive opportunities for peer interaction. Utilize trauma-informed approaches to address historical trauma and build resilience.

Offer

- Quality education and health care.

Ensure

- Safe and stable housing and neighborhoods.

Provide

- Opportunities for productivity, learning, creativity and income to support families.

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7 Guiding Principles From Our Lakota Relatives

These principles support the growth and development of healthy Lakota children. Every tribe and nation has principles and teachings that can be used to prevent PSB and promote the restoration of the Sacred Circle. Principles are grounded in respect, humility, and wisdom.

1 Wocekiya (Prayer)

We use prayer as a means of healing, self-care and balance.

2 Woohitike (Bravery) and Wowacintanka (Perseverance)

To be guided by your principles of discipline, bravery and courage.

3 Compassion

To care, to sympathize, empathize.

4 Otakuye

All relatives, we treat all children on the Rosebud with the same care, love, compassion.

5 Respect

To respect, to honor.

6 Humility

To be humble, to seek humility, modest.

7 Wisdom

Understanding and wisdom; to understand what is right and true; to use knowledge wisely.

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Talking Points by Developmental Stage

We want to keep things sacred in the lives of our children and families. It is important to know what to say and when to say it.

Toddlers and Preschoolers

Your Body Belongs to You

It is never too early to begin educating your kids about sex. At this age, you can begin to talk about "safe" touch and "unsafe" touch.

For information sex education for toddlers and preschoolers, **CLICK HERE.**

Tell them...

- **No touching other people's private parts.**
- **No other people can touch your private parts.**
- **No showing of private parts to other people.**
- **No looking at other's private parts.**
- **No touching of private parts in public.**

View the Sexual Behavior Rules for school-aged children, **CLICK HERE.**

Teach your child proper names for reproductive parts of the body. A child points to a body part; name it for them. Female reproductive parts include the vagina, uterus, and ovaries, and breasts. Male reproductive parts include the penis and testicles. These parts are private.

Young children may stimulate themselves through rubbing or touching, similar to other self-soothing behavior. Periodic self-touch behavior is not harmful, but needs to be done in privately. At age 3 or 4, most kids realize that different bodies have different private parts. They may play games like "doctor." These play activities can be teachable moments about body differences, boundaries, and privacy.

Elementary Children

Your Body is Changing, It Still Belongs to You.

Talk with your kids early about sex and sexual development. Puberty typically begins between the ages of 8 to 14. Have discussions with your kids about changes in their body and what to expect with these changes.

Topics that parents talk with their elementary-aged children about.

- **Puberty and body changes**
- **Relationships and friendships**
- **Body positivity and image**
- **Boundaries and consent**
- **Communication about feelings**
- **Sexual behavior and pregnancy**
- **Safety, sexual abuse and assault**

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Talking Points by Developmental Stage

Teens and Young Adults

Your Body, Your Decisions, Your Future.

Talk with your teens early. Sexual images are everywhere in the news, advertising, movies, and social media, educate them about sex.

Teach your teen about boundaries in relationships and with family. Remind them their bodies are their own.

Talk often about sexual development, safe sex, and healthy relationships.

Talk about your feelings, state facts, and ask for their point of view.

Model healthy relationships, behaviors, and choices regarding sexual health and relationships.

Topics that parents talk with their teens and young adults about

- **Emotional well-being and expression**
- **Body positivity and image**
- **Identity, gender identity, and expression**
- **Sexual orientation and identity**
- **Consent and healthy communication**
- **Intimacy and relationships**
- **Sexual activity, pregnancy, sexually transmitted infections**
- **Abstinence and safe choices**
- **Safety, sexual abuse and assault**
- **Rules and laws about sexual behavior**

For information on consent and communication, **CLICK HERE.**

10 Practices to Keep the Circle Sacred for all Developmental Stages

1. Having rules about modesty and privacy in the home- getting dressed, going to the bathroom, bathing, co-bathing
2. Protecting kids from violence or physical abuse
3. Finding friends who care and make good decisions, monitoring friendships with different developmental abilities
4. Trusting relationships with caring adults
5. Choosing caregivers carefully
6. Communicating clear messages about modesty, boundaries, and privacy
7. Minimizing the time kids spend alone
8. Eliminating exposure to sexual images or sexual behaviors in person or on the Internet
9. Knowing the warning signs of PSB and sexual abuse
10. Sharing values and beliefs

Remind your kids...

- No secrets are good secrets
- If you see something, say something
- No one has the right to touch, hug, or tickle you- you get to say what makes you comfortable
- You will not get in trouble for speaking up

Following Sexual Behavior Rules for Parents and Caregivers

If your child has demonstrated PSB, it's important to have a safety plan and follow these general rules.

1. **Be calm.** As a parent, it is important to remain calm when PSB occurs.
2. **Communicate with your child and any other children.** Have a conversation with your child about safety, communication, and trust. Talk with other children about sexual behavior rules in the home (link out to rules graphic on next page). Have ongoing conversations with each child so that they know the sexual behavior rules. You want your child to come to you with any questions they have.
3. **Close supervision is important** when the child is with other children. Children who have acted out sexually with other children need continuous visual supervision.
4. **The child with problematic sexual behaviors should not sleep in the same bed with other children.** The child should sleep in a room alone.
5. **Communicate clear rules and expectations about privacy and appropriate sexual behavior** to all your family members. It is important that all members of the family know and observe these rules. All children and adults in the home should be included in discussing the privacy rules.
6. **Have privacy rules in place.** Insist on privacy in the bedrooms and bathrooms. Have clear rules in place about entering bedrooms or bathrooms.
7. **Personal self-care should occur in private.** Once a child has demonstrated problematic sexual behavior with other children, the child needs to bathe alone and should take care of personal self-care in the bathroom without the presence of other children.
8. **An adult should remain in charge of all the children.** Children with problematic sexual behaviors should not be given any opportunities to assume a role of authority over other children.
9. **Children need to be protected from sexual images.** Images are often found online, in movies, and magazines. Supervise your children while they are on any device. Use parental controls and other safety measures.
10. **Parents and other adults should demonstrate modesty in the child's presence.** There should be no nudity, partial nudity, or explicit displays of sexual behavior by parents, other adults or teenagers in front of the child. It is okay for adults to show affection to each other and the children.

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Adpated from NCSBY, Safety Plan
CLICK HERE.

Sexual Behavior Rules (for School-Age Children)

It is **NOT OK** to look at other people's private parts.

It is **NOT OK** to show your private parts to other people.

It is **NOT OK** to touch other people's private parts.

It is not **NOT OK** to use sexual language or make other people uncomfortable with your sexual behavior.

It is **OK** to touch your private parts as long as it is in private and does not take too much time.

Learn more about talking points for developmental stages, **CLICK HERE.**

Private Parts Rules

No touching other people's private parts. This includes kicking, hitting, biting, or hurting.

No other people can touch your private parts. The person doing the touching would be the one breaking the rule. Exceptions to this rule are for caregivers who may need to help with hygiene and for doctors who may need to check to make sure that all parts of a child's body are healthy.

No showing of private parts to other people. Keep your clothes on when other people can see you.No looking at other's private parts.

No looking at other's private parts. Such as, do not look at others when they are going to the bathroom.

No touching of private parts in public. Touching your own private parts when you are alone is OK.

Engaging Caregivers when Addressing Sexual Behaviors in American Indian/Alaska Native Children

A Tip Sheet for Professionals

We acknowledge the NCSBY Caregiver Partnership Board for their words and wisdom.

Who may benefit from this information:

Medical workers, therapists, child welfare workers, law enforcement, juvenile court personnel, school personnel, Child Advocacy Centers, and any other person who engages with children and families may benefit from this information.

Engaging elders:

Native Elders are often excellent sources of information about family and Tribal history. They are likely to respond positively if asked to provide this information during individual discussions. Remember to request permission to share the information with others and honor the answers given

Understanding sexual behaviors

Children and youth exhibit a range of sexual behavior from typical to concerning to problematic to illegal. Typical sexual behavior tends to be exploratory, occurs spontaneously between similar-aged peers who are functioning at the same level, responds to intervention, and is not associated with strong emotions. When sexual behaviors are problematic (children are of different ages and abilities, strong negative emotional reactions, frequent or includes threats, force, or aggression), the behaviors may require specialized intervention.

"You can create change. You can make a difference. You may be the only one to empower this person."

You are critical in helping families

You and the job you are doing matter. When a family learns that their child has engaged in problematic or illegal sexual behavior, they may experience a range of emotions. They may feel like they are in crisis. What you say and do matters deeply during this time. The words you use may build up or break down barriers. Though their child made an unhealthy behavior choice, it is still their child, and they are worthy of help and understanding.

Tips for engaging families: Insights from caregivers

- Open the door and give us space to hear our story. Caregivers will be more likely to trust and open up when they know you truly care about them and take the time to hear their stories.
- Create a calm, safe place, with few people around, to reinforce that comforting space to talk.
- Strive to give the overall message that you are here to help.
- Assume the best about our child, not the worst. Above all, remember that we are people, and this is a child.

Empathize with caregivers and recognize pain

"No parent really wants to end up talking to a law enforcement officer or child welfare worker about their child, so this is probably anxiety-provoking for them to even have this conversation."

Talking to children about sexual behaviors can be an uncomfortable conversation for caregivers. Some families may be operating in pain, so recognize that before you begin conversations with them.

Intervention and prevention are key

The words you use may differ based on your profession. For example, doctors may be able to say things or ask questions that teachers cannot. Conversations about sexual development and boundaries can be included as preventative steps as opposed to only intervention steps.

Consider these conversation starters for prevention and intervention measures:

1. **"Have you talked about Private Parts or Sexual Behavior Rules with your kids yet?"**
2. **"What do you call private parts?"**
3. **"What safe person or support could you talk to when you have sexual questions that come up?"**
4. **Utilize the cultural aspect of family systems if possible and incorporate people the child or family sees as "safe," such as an aunt/uncle or grandmother/grandfather.**

Tips for communicating empathy:

Be aware of their body language and your body language. Body language may be different based on cultural teachings and protocols. For example, if a person's eyes are averted or down, this does not mean in many Indigenous cultures that they are not hearing you. This may be a way of showing respect.

- The more comfortable you are with a family, the more comfortable they will be with you.
- Validate the feelings the caregiver may be experiencing. You are not expected to make the feelings disappear. It is often helpful to hear that you understand how hard this can be.
- Seek opportunities to grow and empower the caregiver. While a caregiver may feel lost in this moment, they likely hold beneficial information about their child that can help guide the next steps.
- Offer practical tips without judgment.
- It may be useful to offer language on how to have conversations with children and youth about sexual behavior. While a conversation may not be able to happen right away, long term, the caregiver will be responsible for providing information to the child about their sexual development.
- Make sure you are comfortable talking about this topic. If you have had past experience of your own and have not dealt with it, you may be triggered and become ineffective in helping the families.

Create safety by normalizing the conversation

“I think if more people did that (talk with families about sexual development and sexual abuse), it wouldn't be so taboo to discuss this topic.”

Sexual development starts in infancy, so conversations to support healthy development need to start as soon as they start to talk, and continue throughout childhood and adolescence.

Consider the following verbiage:

1. **"Because of social media, children have access to more sexual content online and are engaging in sexual behaviors at a younger age. If you have any questions, or you're concerned about their sexual activity or their behaviors, go look at this website or contact XYZ."**
2. **“I want to give you this link for age-appropriate body safety information."**
3. **It would be helpful to incorporate these things during regular appointments as prevention, not just intervention. For example, a pediatrician may check in about a child’s sexual behavior as they do their physical behavior during a well-child visit. If a caregiver reports a behavior that may be concerning or problematic, open the door for them to share more.**
4. **Talking to caregivers about supervision of their children online.**
5. **Offer apps they can put on their children’s** phones or computers to keep them safe.

Visit Top10.com for best parental control apps, **CLICK HERE.**

Streamline the process of getting direct help

Have a plan. There are effective services for working with problematic sexual behavior of youth. Create a partnership with a few community providers, including those who do this work, and connect families to them. If needed, work together with professionals in the community to determine the cause of delays in getting to services. If possible, reduce the investigation time and adjudication determination if that is the path taken. Consider rehabilitation/habilitation paths whenever possible.

Be aware of where you work because some places, like reservations or very rural areas, may not have access to services in a timely manner. Navigating this piece is important. Rely on family systems. Keep contact with the family and let them know that something is being done. This will help create trust among the families.

Check out the PSB-CBT provider map, **CLICK HERE.**

Review the following responses and consider how you might use the helpful responses in your work.

Possible Helpful Responses

1. **Provide opportunities for the caregiver to have a voice and understand that each situation is unique**
2. **Give the message that you are there to help**
3. **Open body language**
4. **Using the term "problematic sexual behavior" and separating the behavior from the child**
5. **Talk about broken boundaries vs sexual abuse**
6. **Check-in with caregivers and ask how they are doing**
7. **Collaborate with other professionals involved to streamline services**
8. **Create a safety plan with the caregiver to keep all children in the home safe**
9. **Try to allow for prosocial activities with eyes on supervision**

Possible Unhelpful Responses

1. **Not giving the family space to share their story**
2. **Assuming the worst about the child or caregiver**
3. **Using terms like "offender, perpetrator, abuser."**
4. **Removing all activities from families in all circumstances**
5. **Having legal meetings in the school or public setting consistently**
6. **Using various facial expressions and body language that communicate discomfort or judgment**
7. **Having siloed and conflicting responses**

For providers, cultural humility training is needed for those working in unfamiliar areas and cultures **CLICK HERE.**

We thank the NCSBY Caregiver Partnership Board their words, advice, and wisdom provided for the initial version of the guide. The guide was reviewed and updated by Ruthie Cedar Face, MS, LAC, and Dewey Ertz, PhD, consultants for the Restoring the Sacred Circle Toolkit in May 2024.

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Sacred Circle of Wisdom: Conversations with Native Women about Preventing PSB

Aunties and grandmothers have wisdom about the Sacred Circle not found in this toolkit resource or mainstream publications. We met with four Native women to learn more about how they keep their circles sacred and prevent problematic sexual abuse.

Q: Is it okay to use slang or nicknames for private parts?

A: No. I was not raised traditionally; I did not have any traditional ways of teaching them, just the nicknames for private parts. I wish I would have been educated to say penis and vagina and be more open to it. There is so much now... we are able to parent our children and grandchildren and be more open now. My daughter knows how to raise her kids now.

I wish I had had these teachings and patience now, back then.

Q: When should I be concerned?

A: As a parent, you know when something is going on. My 5-year-old daughter kept getting yeast infections, and it was red in her private parts after she went to a family member's home. She did not want to be touched, cried for no reason, and was extremely private; she would not let me dress or even braid her hair. Something was going on. Fast forward 30 years, her grandmother's husband was sexually abusing her every weekend. We did not know...

As a mother, I wish I could have recognized the signs. She came to me this last year and told me that she was being sexually molested by her grandmother's husband. He is now deceased... but it makes me so mad.

Q: How do you keep your kids safe online and with social media?

A: Our kids went to preschool. They learned about good touch and bad touch. It's different now; we have the internet. It is complicated. Playing games online, we don't know who they are interacting with. Our first reaction is... you will never be able to play games on social media.. but kids gain access and create social media accounts. We have to be realistic about how we talk about keeping things sacred with our children.

Q: What about kids with sensory issues or neurodivergent children?

A: Both of my girls have been diagnosed with autism. They have sensory issues (with touch). We used songs to teach our girls about their private parts. Bodies have to be covered. Our bodies are sacred. Certain parts of our bodies should never be exposed. If you are uncomfortable with hugs, you don't have to hug anyone. Some kids might understand wording using a poster board; these are private parts, so never expose these parts.

Q: How often do we schools or communities need to screen or follow up to prevent PSB?

A: In our community, I recommend screening children and adults every three months who have been assaulted.

Q: What are some ways to create safe sleeping arrangements?

A: We separate males and females; we put them on each side. If it is just one teepee, adults sleep side by side, adults in the middle, and kids outside.

Q: How do you keep your kids safe with other kids, cousins, and family members?

A: Similar ages, cognitive abilities, always supervised, make sure you know the history of cousins and family.

Q: Is cobathing okay?

A: I don't allow it. I was brought up that you do not do that. Maybe if they are really small. After age 2, I would say separate.

Q: What are some red flags things to be concerned about?

A: Not wanting to be touched, yeast infections, redness on the body's private parts, wetting the bed, emotional /crying responses for unknown reasons.

Q: How do you get your children to talk with you?

A: Children must feel safe enough to tell us. Whether we can deal with it or not is something we have to deal with as parents. If we cannot help them, then who can? Find the people that they need to help. We still talk about things like this now. They laugh now, but they remember those conversations and the things I told them.

Q: What are the beliefs around kinship systems and parenting?

A: You are never fully ready to be a parent. As your kids grow up... I had to talk to them and tell them. We grew up in our cultural teachings about our kinship systems. Our kinship system is that if you are a child, you should be safe, protected, and healthy. That is our teaching. It is their right. But a lot of times, we don't have children's rights protected because of addiction and trauma.

These teachings forced us to communicate directly with them. Our ways were set up to prevent PSB.

Q: What about rites of passage and transitions into young adulthood?

A: As a child, you are free to be a child, but when you have your first period, for young women, once you have your first period, you cannot do those things anymore. No more jumping or sitting on your cousin's brother. Now, you are a young woman. Protect your sacredness.

We talk with our kids about body changes. When they start to get breasts. Your body is changing; it is a sacred event. Your vagina is sacred. Only you have permission to allow someone to be there. Only you have permission to allow someone to touch your breasts, the breasts that will feed your children.

With my sons, it was a teaching. When my sons went through the rites of passage ceremony, they changed. They could not just hug or grab someone; they had to respect boundaries and respect. We taught them that their bodies are sacred. I told them about the boundaries with their female and male cousins. Conduct themselves in a different way. Honor the kinship system. Females are sacred. If they are in a relationship, I have to talk with them about those kinds of things.

We taught our children no matter what, they are sacred beings. Nobody has a right to touch you without your permission.

Q: What are the specific gender roles in educating children on sexual behaviors and body parts?

A: The mother is responsible for male and female children up until a certain age. They do the teachings. After a certain age, the father does. The boy learns from their father, the girls from their mother. The grandparents help teach. The auntie helps teach; she is the second mom. It depends on how old they are. Up until about eight years of age, moms are responsible. If both parents are in the home, but if only one parent is in the home...

There is a healing aspect of this with parents. Where are they at in their own healing so that they can teach these things to their children?

Q: What if a parent went through sexual abuse and trauma? And they did not heal?

A: When I was a parent, when I was 40 years old, my mom told me her life story. The traumatic events that happened. After we spent hours talking and wired on coffee, she said, "I am telling you this because one day you are going to have to teach your sons. You work with people." You have to know why things were the way they were growing up. It gave me a big opening. I opened my eyes, like for real. That was part of the trauma, the epigenetics pieces of being afraid to tell your mom that something was happening to me (my sexual abuse). Families who live in crisis and addiction say don't tell, don't talk about this, don't trust people.

She passed away in 2014. I thank her every single day for telling me these things by telling my sons, educating them, and communicating with them. The healing part that we have as parents is if we have gone through traumatic experiences; if we don't heal, we cannot help our children. We have to have that healing piece. Molestation, physical abuse, sexual abuse.. if they have gone through that and not healed,

Trauma repeats itself. You don't want kids who were sexually assaulted to harm others.

Q: What if a family or community member has been arrested for crimes against children?

A: My sons had a person in their father's community arrested for crimes against children. I had to talk to my boys and tell them. Don't let him touch you in your private areas. Your penis is yours. You control who touches it. They were like 7 or 8 years old. Their father got mad, but I told him we have to protect them, we have to tell them, they need to be careful. He is dangerous to young boys and young men. If he tries to do anything or take you, scream your head off.

We need to stop this so they do not have to feel like this. I don't want that for my sons.

Q: Sex education, what age did you begin?

A: As soon as they notice their private parts. This could be 2 or 3 years old. You tell them the name, that no one should be touching that. For my son, that was 15 months. For my daughters, that was two years old.

Q: Where did you leave your kids when you had an appointment? Who was safe?

A: I would never leave my children with anyone but my mother and my niece. Anyone else was off limits. If they could not watch my kids, I would stop. I would not go; I wanted to make sure they were safe.

Q: How do we deal with trauma histories?

A: Acknowledge that it happened. Decide how and when you want to heal.

To listen to a podcast that highlights the wisdom of these aunties and grandmothers, **CLICK HERE.**

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Factsheets

This section includes factsheets for various professionals and family/caregivers. Each factsheet includes an overview of PSB, research, misconceptions and facts, and recommended resources. Factsheets use the Sacred Circle model to emphasize different levels of information to prevent PSB.

- Law Enforcement
- Juvenile Justice and Courts
- Mental Health Provders
- Parents and Caregivers
- Schools and Educators
- Multidisciplinary Teams

FACTSHEET: Law Enforcement

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 Sacred Circle have become broken. Professionals working in law enforcement can help mend the Circle by understanding their roles in the response to youth with PSB. This factsheet describes what PSB is, laws and policies related to PSB in Indian Country, how to respond to PSB, research on PSB, and additional resources for law enforcement.

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.

What is PSB?

Problematic sexual behavior is youth-initiated behavior that involves sexual body parts in a manner that is developmentally inappropriate and potentially harmful.[1]

Addressing Misunderstandings

Truth #1: Many youth with PSB have no history of sexual abuse. There are a variety of other risk factors that may have contributed to the PSB, such as coercive environments, exposure to sexualized materials, and individual factors. PSB may start as curiosity or impulsive behavior that becomes concerning or harmful.

✕ *Misunderstanding: All youth with PSB have been sexually abused.*

Truth #2: When youth receive evidence-based interventions, their risk of future illegal sexual behavior is extremely low, with recidivism rates around 3-5%.

✕ *Misunderstanding #2: Youth with PSB are at greater risk for becoming sex offenders.*

> **Children are not sex offenders or predators; they are children who are developing these behaviors- give them information. That is all that they need, that there is hope; they are not predators.**
>
> – Janet Routzen, Associate Judge Rosebud Sioux Tribe

FACTSHEET: Law Enforcement

Roles

Federally recognized tribes can make and enforce their own laws, but jurisdiction varies based on the type of crime, race of individuals, and where the crime was committed. The role of law enforcement is to determine if a criminal violation of law occurred. Law enforcement may conduct investigations when PSB is suspected and work in partnership with **Multidisciplinary teams (MDTs)**, social services, and other agencies to respond to PSB. Children with PSB are different than adult who sexually offend. The legal system was not designed to handle the special needs of youth with PSB.

The legal system was not designed to handle the special needs of youth with PSB.

For more recommendations on MDTs, **CLICK HERE.**

Respond

- Know your role in the response process.
- Utilize an MDT approach for cases involving children with PSB and work with social service organizations (BIA or tribal) to document the allegations and protect all children.
- Ensure policies and procedures are in place and follow best practices.
- Make a report of child initiating PSB.
- **Conduct an investigation** and determine if crime was committed.

For an example of Child Protective Investigation Protocol, **CLICK HERE.**

- Coordinate with child protective services (CPS) and juvenile justice system.
- Contact the caregiver/guardian within 48 hours.
- Develop a community protocol for addressing PSB in children <12 years (or below the age of adjudication).
- Work with MDT to determine if forensic interviews are necessary.
- Support clinical assessment to determine treatment needs and safety planning.

Addressing Misunderstandings

Truth #3: It is well known that children present a wide range of developmental abilities. Investigations and clinical decision making can be enhanced by understanding the language, cognitive, social, moral, and sexual development of the children involved. Investigations and clinical assessments can be enhanced by considering the use of psychometric testing in determining the developmental levels of each person involved in situations of problematic sexual behavior of youth.

✕ *Misunderstanding: The differences in chronological age of the children involved is a reliable way to determine if a case involves problematic sexual behavior.*

Truth #4: Harsh punishment is more likely to result in behavior becoming covert (hidden) and deceitful. Punishment tends to cause a child to be fearful in the short term, does not improve behavior over the long term and can cause more aggressive behaviors. It fails to teach the appropriate behavior and empathy. More effective and long-term change happens when working with the family to teach safe behaviors, positive coping strategies, accountability, and enhance empathy and social connections.

✕ *Misunderstanding: The use of harsh punishment is an effective way to teach people appropriate behavior. This technique uses retribution and undesired consequences to obtain desired behavioral outcomes.*

For more recommendations on working with MDTs, **CLICK HERE.**

FACTSHEET: Law Enforcement

✓ Protocols and Procedures

Law enforcement officials must create and follow established policies and procedures for investigating PSB cases.

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

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

- ☐ 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 statues resource directory, **CLICK HERE.**

- ☐ Outline and know what protects youth and what places youth at risk for PSB.
- ☐ Respond to youth based on their developmental stage and legal culpability.

Systems, Professionals, Jurisdictional Issues

- Reform of current laws and policies may be considered to ensure that youth with PSB, child victims, and families receive the treatment they need.
- Reach out to MDTs, child protective services, courts, and tribal leaders to revise tribal protocols and codes for supporting youth, families, and child victims of PSB.
- Consider systems interacting with PSB response, professionals involved and legal/jurisdictional issues.

Research

= PSB does not increase based on sexual orientation, race, ethnicity or socioeconomic status.[1]

1/3, of sexual offenses against youth are committed by other youth.[3,4]

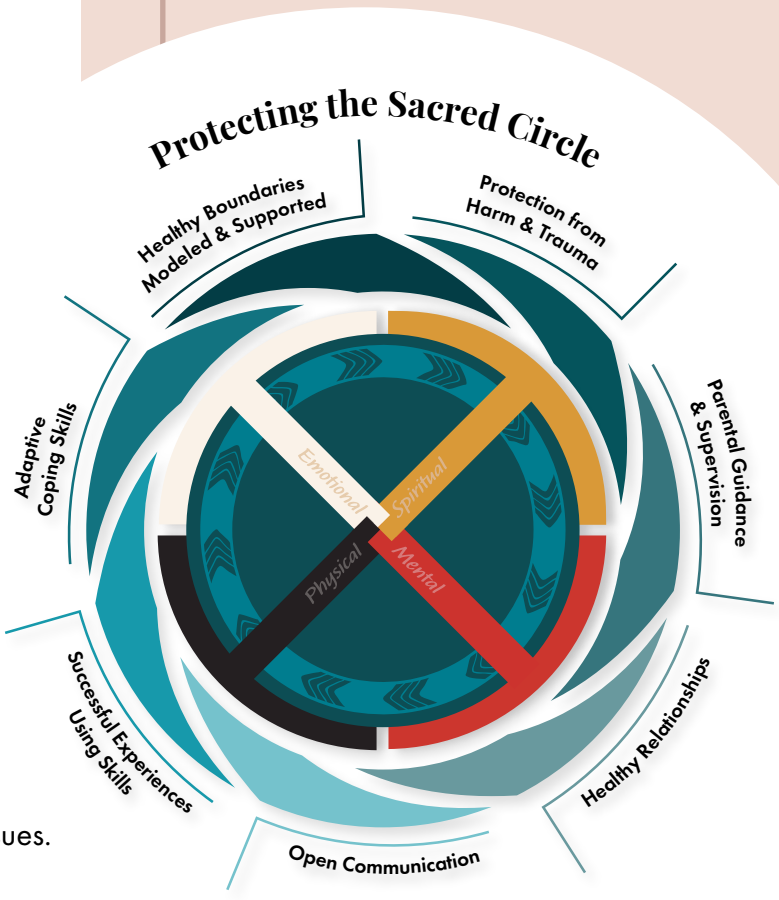
12 to 14 years of age, is when PSB happens the most.[4]

1/2, of child victims of PSB are under 6 years of age.[4]

25% of PSB cases involve family members.[5]

Most PSB occurs between children/youth who know one another.[5]

<3%, is the average sexual recidivism rate for youth with PSB and illegal sexual behavior.[6]



Resources

PODCASTS

We interviewed David McArthur, law enforcement officer on the White Earth reservation to capture his perspectives about youth with PSB and the role of law enforcement.

Click Here to Listen

CENTERS, ORGANIZATIONS AND PROJECTS

- Indian Country Child Trauma Center
  www.icctc.org
- National Center on the Sexual Behavior of Youth
  www.ncsby.org
- National Child Traumatic Stress Network
  www.nctsn.org
- Office of Juvenile Justice and Delinquency Prevention
  www.ojjdp.gov

TOOLKITS AND BOOKLETS

- Law Enforcement Response to Child Abuse, Office of Juvenile Justice and Delinquency Prevention
- Multi-disciplinary Teams and Child Advocacy Center Resources
- Taking Action: Support For Families of Children with PSB
- Taking Action: Support For Families of Adolescents with PSB

PROTOCOLS AND PROCEDURES EXAMPLES

- Child Protective Services Investigation Example
- Child Welfare Information Gateway Laws and Policies
- Youth with PSB Best Practice Documents Overview
- NICWA Resources on Response and Tribal Codes
- Tribal Institute, Example Child Abuse Tribal Protocols

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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 Indian Child Welfare Act (2016). NICWA Testimony Task Force on AIAN Children Exposed to Violence, December 2013
3. 3. Office of Juvenile Justice Delinquency Prevention (2001). Law Enforcement Response to Child Abuse.
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.

Understanding Problematic Sexual Behavior in American Indian and Alaska Native Youth

What is PSB?

Problematic sexual behavior is youth-initiated behavior that involves sexual body parts in a manner that is developmentally inappropriate and potentially harmful.[1]

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. Juvenile justice and courts can help mend the Circle by understanding the needs of youth and families.

Roles

The juvenile justice system addresses youth who have failed to follow required laws and policies. Often, child protective services (CPS) work with juvenile justice to provide services for youth with PSB and their victims. Involvement generally includes a report, investigation, arrests, and decisions to prosecute, defer prosecution, divert, or use other triage pathways.

Some cases will involve a trial, adjudication, hearing, and sentence. Investigations may include interview/testimony, medical exam, and victim services. Youth with illegal sexual behaviors may be arrested, and a decision to proceed with adjudication may be made. Depending on the crime, context, responsivity, risk, needs, and protective factors, other triage pathways may be utilized such as deferred prosecution and referral for treatment).[2]

For additional resources on Practices for the Sacred including protocols, decision trees and more, **CLICK HERE.**

Addressing Misunderstandings

Truth #1: Many youth with PSB have no history of sexual abuse. There are a variety of other risk factors that may have contributed to the PSB, such as coercive environments, exposure to sexualized materials, and individual factors. PSB may start as curiosity or impulsive behavior that becomes concerning or harmful.

✕ ***Misunderstanding:*** *All youth with PSB have been sexually abused.*

Truth #2: When youth receive evidence-based interventions, their risk of future illegal sexual behavior is extremely low, with recidivism rates around 3-5%.

✕ ***Misunderstanding:*** *Youth with PSB are at greater risk for becoming sex offenders.*

✓ Protocols and Procedures

Law enforcement officials must create and follow established policies and procedures for investigating PSB cases.

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

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

- ☐ 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.**

- ☐ Outline and know what protects youth and what places youth at risk for PSB.
- ☐ Respond to youth based on their developmental stage and legal culpability.

Addressing Misunderstandings

Truth #3: It is well known that children present a wide range of developmental abilities. Investigations and clinical decision making can be enhanced by understanding the language, cognitive, social, moral, and sexual development of the children involved. Investigations and clinical assessments can be enhanced by considering the use of psychometric testing in determining the developmental levels of each person involved in situations of problematic sexual behavior of youth.

✕ ***Misunderstanding:*** *The differences in chronological age of the children involved is a reliable way to determine if a case involves problematic sexual behavior.*

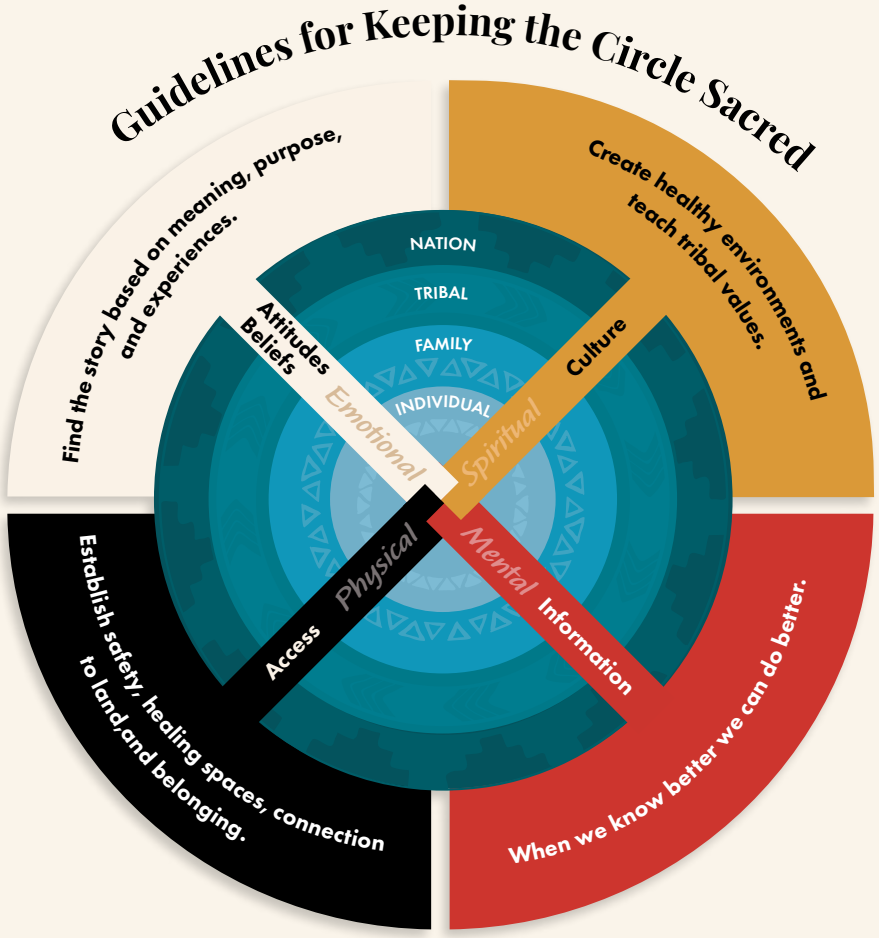
Truth #4: Harsh punishment is more likely to result in behavior becoming covert (hidden) and deceitful. Punishment tends to cause a child to be fearful in the short term, does not improve behavior over the long term and can cause more aggressive behaviors. It fails to teach the appropriate behavior and empathy. More effective and long-term change happens when working with the family to teach safe behaviors, positive coping strategies, accountability, and enhance empathy and social connections.

✕ ***Misconception:*** *he use of harsh punishment is an effective way to teach people appropriate behavior. This technique uses retribution and undesired consequences to obtain desired behavioral outcomes.*

FACTSHEET: Juvenile Justice & Courts

Research

- PSB does not increase based on sexual orientation, race, ethnicity or socioeconomic status.[1]
- **1/3**, of sexual offenses against youth are committed by other youth.[3]
- 12 to 14 years of age, is when PSB happens the most.[4]
- **1/2**, of child victims of PSB are under 6 years of age.[4]
- **25%** of PSB cases involve family members.[5]
- Most PSB occurs between children/youth who know one another.[5]
- **<3%**, is the average sexual recidivism rate for youth with PSB and illegal sexual behavior.[6]



We stress that children are not offenders or predators, they are children and they are developing these behaviors - give them information. That is all that they need, that there is hope, they are not predators.

– Janet Routzen,
Associate Judge Rosebud Sioux Tribe

Resources

CENTERS, ORGANIZATIONS AND PROJECTS

- Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking
  smart.ojp.gov
- Indian Country Child Trauma Center
  www.icctc.org
- National Center on the Sexual Behavior of Youth
  www.ncsby.org
- National Child Traumatic Stress Network
  www.nctsn.org
- Office of Juvenile Justice and Delinquency Prevention
  www.ojjdp.gov

PROTOCOLS, PROCEDURES & LAWS

- Child Welfare Information Gateway Laws and Policies
- Tribal Institute, Example Child Abuse Tribal Protocols
- Sexting Laws in America
- Juveniles Who Commit Sex Offenses Against Minors

TOOLKITS AND REPORTS

- Law Enforcement Response to Child Abuse, Office of Juvenile Justice and Delinquency Prevention
- How the Justice System Responds to Juvenile Victims: A Comprehensive Model
- Reports from Indian Country

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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. Finkelhor, D., Cross, T., & Cantor, E. (2005). How the Justice System Responds to Juvenile Victims: A Comprehensive Model. Office of Juvenile Justice and Delinquency Prevention, Juvenile Justice Bulletin, December 2005.
3. National Indian Child Welfare Act (2016). NICWA Testimony Task Force on AIAN Children Exposed to Violence, December 2013
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.
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FACTSHEET: Mental Health Providers

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.[1] 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.

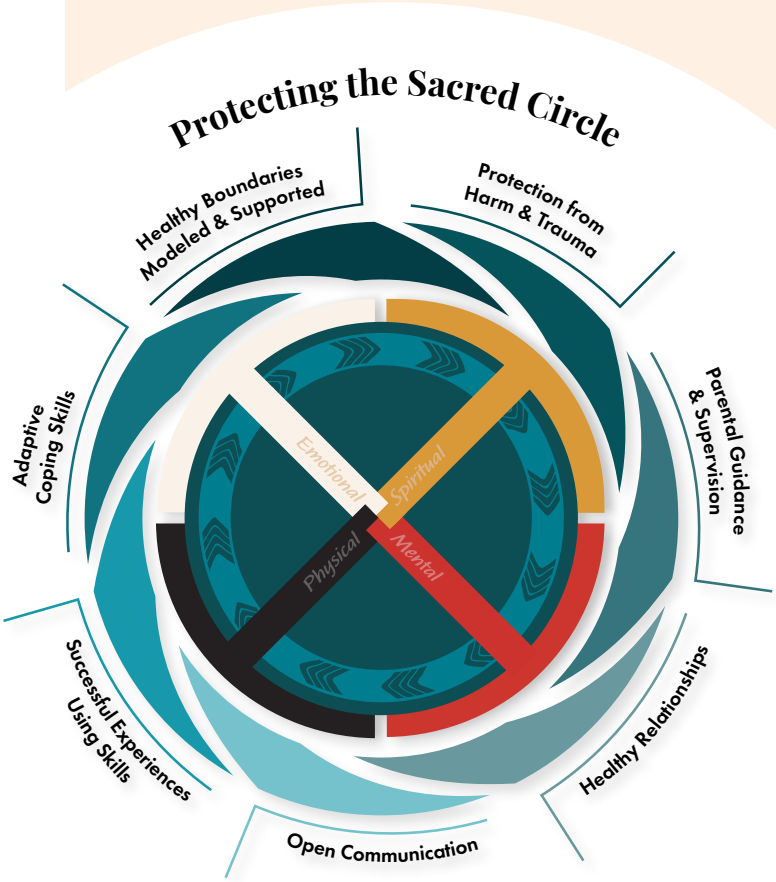
Addressing trauma, abuse, and neglect in tribal communities is necessary for understanding PSB. Trauma-informed principles can help us support all youth.

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.[3]

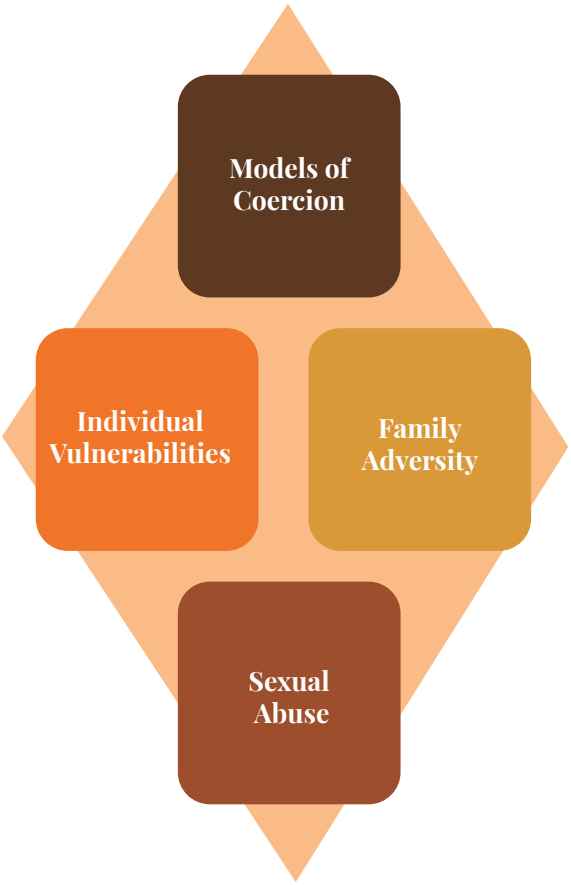
Risk factors for youth with PSB are universal and not based on any demographic, psychological or social factors. The NCSBY identified the following individual, family, and community-level factors that may be helpful for understanding youth with PSB.[7]

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.[3]



✓ 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.

FACTSHEET: Mental Health Providers

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.

FACTSHEET: Mental Health Providers

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.[2]

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. [3, 4] 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
- National Center on the Sexual Behavior of Youth
  www.ncsby.org
- National Child Traumatic Stress Network
  www.nctsn.org
- Association for the Treatment and Prevention of Sexual Abuse
  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

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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.
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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.

FACTSHEET: Parent & Caregiver

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. Parents can **help mend the Circle by understanding traditional views of sex and sexual behavior**, healthy relationships, healthy interpersonal behavior 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.[1]

View more on the traditional views of sex and sexual behavior in toolkit, **CLICK HERE.**

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.

You Can Prevent Problematic Sexual Behavior

- Talk with your child about their body, body parts, and personal space and privacy in a manner that fits your child's development. Start early and have the conversations often.
- Introduce the concept of OK and NOT OK touching, how to be respectful, and what to do if an adult or another child does not know OK touching.
- Teach children to respect the privacy needs of siblings.
- Limit exposure of nudity in the home and on electronic devices such as cell phones, computers, tablets and computer games.
- Supervise relationships between children of different ages and developmental stages.
- Teach children boundaries and utilize rites of passage and ceremonies as appropriate.
- Model healthy relationships and behaviors.
- Monitor internet usage and social media posts.
- Openly communicate about relationships, intimacy, consent, prevention of abuse, sexual images, and other related topics in a manner that is appropriate to age and development.

FACTSHEET: Parent & Caregiver

Making Decisions

Decisions that parents make depend on the individual child and family circumstances.

- What age it is still appropriate for siblings to co-bathe with another sibling?
- What sleeping arrangements offer the most privacy and respect for personal boundaries?
- Address the lack of privacy between adults and children due to crowded housing. Consider using room dividers, cots, or floor mats to enhance privacy and reduce opportunities for exposure to sexual behaviors in the home.
- Understand factors that indicate a sexual behavior is of concern and seek assistance.

Characteristics of Typical vs. Problematic Behaviors

TYPICAL		PROBLEMATIC
Occurs between children of same age and size	VS	Children are different ages/abilities
Light-hearted Emotions	VS	Strong negative emotional reaction
Infrequent	VS	Frequent
Voluntary	VS	Threats, force, aggression
Easily redirects	VS	Does not respond to parental guidance or correction

Typical Examples:

- Two 5-year-old children spontaneously show each other private parts when outside playing in sprinkler
- A 10-year-old touching their private parts while alone in the bedroom

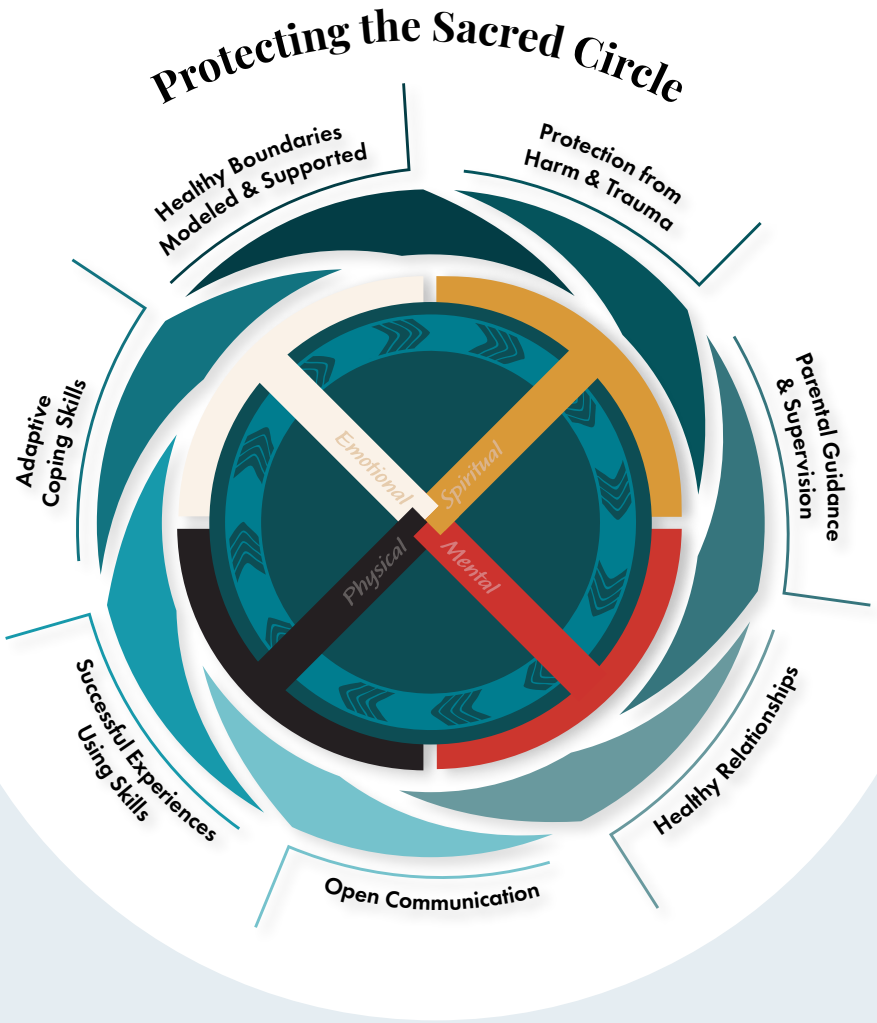
Problematic Examples:

- A 12-year-old touching a seven year old's private parts
- A child threatening to send pictures of another child's private parts
- A child repeatedly looking under bathroom stalls after parents/school officials have previously corrected their behaviors

FACTSHEET: Parent & Caregiver

Protective Factors

Tribal protocol, practices and ceremonies can facilitate resilience and protective factors in youth. Healthy behaviors and good decisions at the individual, family and community levels keep the circle sacred.



Risk Factors

Risk factors for youth with PSB are universal and not based solely on any demographic, psychological or social factors. The National Center for Sexual Behavior of Youth identified the following individual, family, and community-level factors that may be helpful for understanding youth with PSB.

- 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.
- 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 contribute to a sexualized environment.
- Exposure to harsh or coercive interactions, such as family or community violence, physical abuse, bullying 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.
- Sexual abuse experiences, particularly when young and curious, may lead to PSB through trauma responses as well as confusion about healthy interactions. While sexual abuse is an important risk factor, not all youth with PSB have been sexually abused.

FACTSHEET: Parent & Caregiver

Report Problematic Sexual Behavior

If you are concerned that your child has PSB or is the child victim of PSB, contact a licensed mental health professional immediately. A licensed professional can help you determine the next steps for your child and the best treatment options available if needed. This may include child protective services, law enforcement, or other agencies based on local protocols in place.

What To Expect From Assessment Or Treatment

- Treatment is typically provided by social workers, psychologists or psychiatrists.
- Length of treatment depends on the seriousness of the sexual behavior, whether the youth has other problem behavior, and the **youth and family's active participation and progress in treatment**.

For more information on understanding the treatment process, **CLICK HERE.**

- Know that caregiver involvement in treatment is crucial. Caregiver involvement improves treatment outcomes. Education about supervision, supporting their children in decision-making, and other areas helps youth with PSB.[6]
- Respect and support are essential. You should feel supported, respected and heard. You may not be completely comfortable during your first session; it can take some time. Confidentiality is important and should be upheld. The information you and others share in treatment is private. [6] f information is shared that a child's safety is of concern, this may need to be reported in compliance with child abuse reporting laws.

Research

- PSB does not increase based on sexual orientation, race, ethnicity or socioeconomic status.[1]
- **1/3**, of sexual offenses against youth are committed by other youth.[3,4]
- 12 to 14 years of age, is when PSB happens the most.[3]
- **1/2**, of child victims of PSB are under 6 years of age.[4]
- **25%** of PSB cases involve family members.[3]
- Most PSB occurs between children/ youth who know one another. [3]
- **<3%**, is the average sexual recidivism rate for youth with PSB and illegal sexual behavior.[5]

Caregiver involvement in treatment is crucial.

Additional Considerations

Review these guidelines for additional considerations about PSB and parental involvement for youth with PSB.

CLICK HERE

Resources

TOOLKITS, GUIDES AND BOOKLETS

- National Sexual Violence Resource Center Toolkit
- Newsletter and Guides from the NCSBY Parent Partnership Board
- NICWA Resources on Response and Tribal Codes
- Talking About the Elephant in the Room
- Now What? What to Expect Out of Treatment
- A Caregiver's Survival Guide
- Taking Action Booklet (Adolescents)
- Taking Action Booklet (Children)

SUPPORT

- Amaze Sex Education
- Foster Parent Support

CENTERS, ORGANIZATIONS AND PROJECTS

- National Center on the Sexual Behavior of Youth
  www.ncsby.org
- National Child Traumatic Stress Network
  www.nctsn.org
- Stop It Now
  www.stopitnow.org
- Healthy Children
  www.healthchildren.org

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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., Ormrod, R., & Chaffin, M. (2009). Juveniles Who Commit Sex Offenses Against Minors. Office of Juvenile Justice and Delinquency Prevention, Juvenile Justice Bulletin, December 2009.
4. Snyder, H. (2000). Sexual Assault of Young Children as Report to Law Enforcement: Victim, Incident, and Offender Characteristics. NCJ 182990.
5. Caldwell, M. F. (2016). Quantifying the Decline in Juvenile Sexual Recidivism Rates. Psychology, Public Policy, and Law, 22(4), 414.
6. Parent Partnership Board of the National Center on the Sexual Behavior of Youth. (2019). Now What? What to Expect out of Treatment. Guild for Parents/ Caregivers Concerned about Children's Sexual Behavior, Vol. 1, Number 1.

FACTSHEET: Schools & Educators

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. Teachers 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.[1] Prevention of PSB in the schools can be supported by programming in classes as young as pre-K through high school. Privacy, boundaries, rules about sexual behavior, and responses to PSB can be readily taught and reinforced.

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.

Roles

School teachers, counselors and staff help ensure the safety, health and well-being of students. As mandatory reporters, school staff may identify students with PSB and child victims. Title IX requires schools to address sexual violence promptly, thoroughly and fairly. Title IX also requires schools to respond even if a sexual assault occurs off-campus and is not connected to a school-sponsored activity.[2]

Address Trauma

Trauma-informed principles include the need for safety, supervision, protection, guidance, monitoring, and teaching. Teachers must remind youth they are connected, sacred, and honored.[3]

Report Problematic Sexual Behaviors

- Know your school's policy on reporting suspected sexual abuse.
- If you are concerned that a student has problematic sexual behavior or is the child victim of problematic sexual behavior, follow school and tribal protocols, as well as state laws.
- Support school planning and revisions to update protocols as needed.

FACTSHEET: Schools & Educators

Know About Problematic Sexual Behaviors

- Work with school administrators to ensure these behaviors are identified, addressed and supports are in place.
- Consider development and behavioral issues including attention deficit hyperactivity disorder, posttraumatic stress disorder, autism spectrum disorder, language and learning disabilities and other reactions to trauma.
- Address sexual education topics with students, include technology-related issues such as sexting.
- Talk with students about personal space and privacy.
- Teach students to respect the privacy of others and healthy sexual boundaries.

Characteristics of Typical vs. Problematic Behaviors

TYPICAL		PROBLEMATIC
Occurs between children of same age and size	VS	Children are different ages/abilities
Light-hearted Emotions	VS	Strong negative emotional reaction
Infrequent	VS	Frequent
Voluntary	VS	Threats, force, aggression
Easily redirects	VS	Does not respond to parental guidance or correction

Typical Examples:

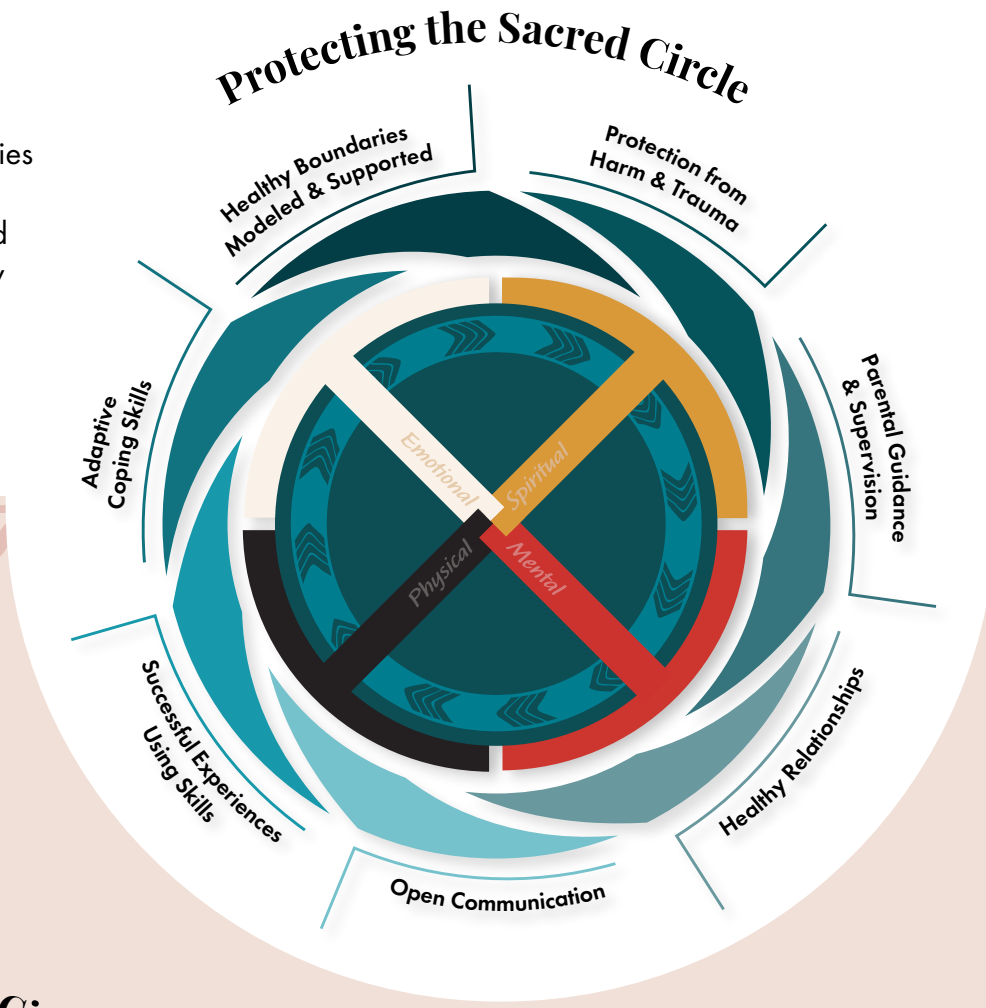
- Two 5-year-old children spontaneously show each other private parts when outside playing in sprinkler
- A 10-year-old touching his/her private parts while alone in the bedroom

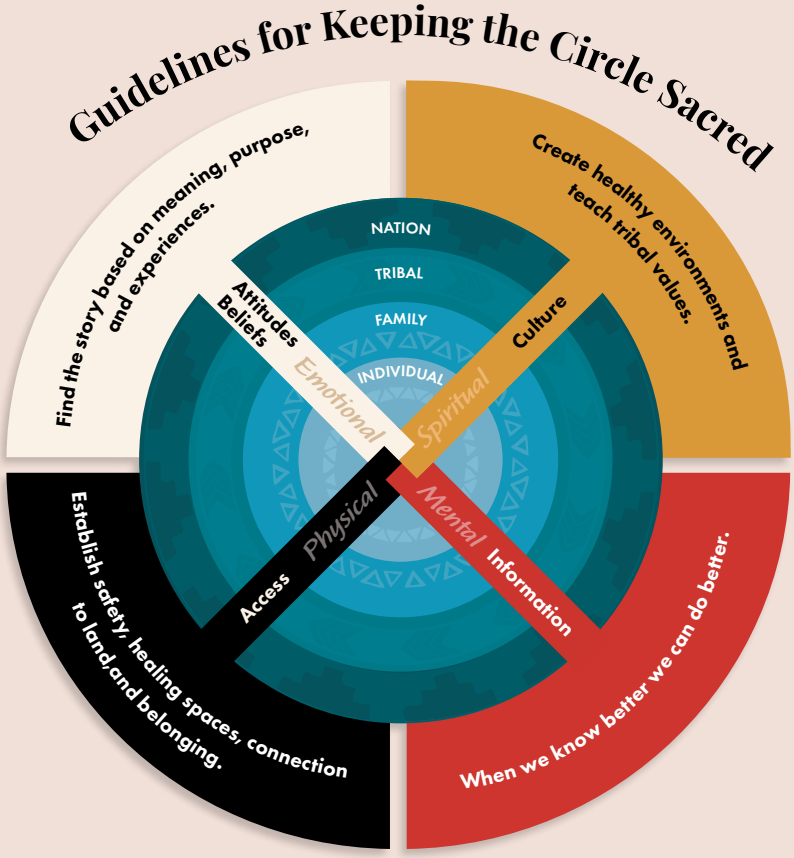
Problematic Examples:

- A 12-year-old touching a seven year old's private parts
- A child threatening to send pictures of another child's private parts
- A child repeatedly looking under bathroom stalls after parents/school officials have previously corrected his/her behaviors

Protective Factors

Tribal protocol, practices and ceremonies can facilitate resilience and protective factors in youth. Healthy behaviors and good decisions at the individual, family and community levels keep the circle sacred.





> **We stress that children are not offenders or predators, they are children and they are developing these behaviors- give them information. That is all that they need, that there is hope, they are not predators.**
>
> – Janet Routzen,
> Associate Judge Rosebud Sioux Tribe

FACTSHEET: Schools & Educators

Risk Factors

Risk factors for youth with PSB are universal and not based solely on any demographic, psychological or social factors. The National Center for Sexual Behavior of Youth identified the following individual, family, and community-level factors that may be helpful for understanding youth with PSB.

- 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.
- 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 contribute to a sexualized environment.
- Exposure to harsh or coercive interactions, such as family or community violence, physical abuse, bullying 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.
- Sexual abuse experiences, particularly when young and curious, may lead to PSB through trauma responses as well as confusion about healthy interactions. While sexual abuse is an important risk factor, not all youth with PSB have been sexually abused.

Research

PSB does not increase based on sexual orientation, race, ethnicity or socioeconomic status.[1]

1/3, of sexual offenses against youth are committed by other youth.[3, 4]

12 to 14 years of age, is when PSB happens the most.[3]

1/2, of child victims of PSB are under 6 years of age.[4]

25% of PSB cases involve family members.[3]

Most PSB occurs between children/youth who know one another.[3]

<3%, is the average sexual recidivism rate for youth with PSB and illegal sexual behavior.[5]

Prevention And Treatment Of Problematic Sexual Behavior

- **Sex education is a key component.** Help the child identify someone he or she trusts to talk to about friendship, relationships, and questions about sex, rather than relying on peers or the internet.
- **Learn more about abuse-prevention and healthy coping skills, impulse-control strategies and decision-making skills, safety plans, and social skills.**
- **Advocate for public policies that support treatment for youth with problematic sexual behavior.** Use people-first language. Treat as children first and implement developmentally appropriate policies, laws and protocols.
- **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.
- **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.

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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.

Resources

CENTERS, ORGANIZATIONS AND PROJECTS

- National Center on the Sexual Behavior of Youth
  www.ncsby.org
- National Child Traumatic Stress Network
  www.nctsn.org

TOOLKITS AND GUIDES

- Responding to Children's Problem Sexual Behavior in Elementary Schools
- Private Part Rules for Preschoolers
- Teaching Boundaries and Safety Guide
- Childhood Sexual Behaviors: Normative, Cautionary, or Problematic?

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.[1] 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.

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.

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FACTSHEET: Multidisiplinary 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.[1]
- **1/3**, of sexual offenses against youth are committed by other youth.[3]
- 12 to 14 years of age, is when PSB happens the most.[4]
- **1/2**, of child victims of PSB are under 6 years of age.[4]
- **25%** of PSB cases involve family members.[5]
- Most PSB occurs between children/youth who know one another.[5]
- **<3%**, is the average sexual recidivism rate for youth with PSB and illegal sexual behavior.[6]

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.

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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

Practices for the Sacred

This section includes protocols, worksheets, acitivities, guides and social media resources for professionals and families to prevent PSB, address adversity and share in restoring the Sacred Circle. A linked chain represents a resource that is linked out from this toolkit. A feather represents a resource that are included in this toolkit.

- Response Protocol for PSB
- Clinical Decision Making
- Decision Tree Examples
- MDT Decision Flow Chart
- Risk and Vulnerability Matrix
- Psychological Evaluation for Mental Status
- General Safety Plan Example
- Family Safety Plan
- Guidelines for Parents and Caregivers
- Guidelines for Mental Health Providers
- Cultural Humility for Non-Native Providers
- Private Parts Poster
- Reflective Exercises
- The Story of the Moon and the Sun
- Trauma Triggers and Healing Conversations
- Engaging Caregivers when Addressing Sexual Behaviors

Private Parts Rules

#1 Keep eyes away from others' private parts

#2 Keep private parts covered

#3 Keep hands away from private parts

Lakota Values

Woc'ekiya – Making a deep connection through prayer. Finding spirituality by communicating with your higher power, this communication is between you and Tunkasila without going through another person or spirit.

Wa o' hola – Respect: for self, higher power, family, community and all life.

Wa on'sila – Caring and Compassion: love caring, and concern for one another in a good way, especially for the family, the old ones, the young ones, the orphans, the one in mourning, the sick ones, and the ones working for the people.

Wowijke – Honesty and Truth: with yourself, higher power and others with sincerity.

Wawokiye – Generosity and Caring: helping without expecting anything in return, giving from the heart.

Wah'wala – Humility: we have a spirit; we are not better or less than others.

Woksape – Wisdom: practice with knowledge comes wisdom.

Good Job!

You are respecting every body!

White Buffalo Calf Women Society

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REFLECTIVE EXERCISES

This exercise come from a tribal behavioral agency and their work to restore the Sacred Circle.

The Path Exercise:
Family Art Therapy Exercise

Our path on (mother) earth stretches out ahead and behind us. This path is one that your ancestors walked, that you walk. This is the same path that your future ancestors will continue to walk for generations to come.

In this exercise, **draw the path that your family has walked through visual story**. As a family, work together to illustrate through images, symbols or colors what or who has come before, who or what exists and where the path will lead for you and future generations of ancestors.

What does healing along this path look like? What wounds or challenges have occurred that walking a healing path can help mend? Consider your ancestors, your living relatives and those that will walk the path in the future.

Create images to represent these at all places on the healing path. What is the visual story of you and your ancestors along this path?

Questions/Reflections Upon Completion

- **As a family, what was this experience like together and individually?**
- **What are sources of strength or resilience along the path?**
- **How does the visual story evolve and change?**
- **What do you want your future ancestors to experience or know about life now?**

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The Transformative Path: Individual Art Therapy Exercise

Where you are and where you want to be.

1. Draw where you are now using images or symbols epresenting what you are experiencing now physically, emotionally and spiritually.
2. Next draw where you envision yourself or your family to be after this point. Where are you? Who are you with? What are you doing? Show what you experience physically, emotionally and spiritually in this future place.

Between these two places, create the path you will travel. What does the road between these two places look like? What is along the path that brings you from one experience to the next? What does the landscape along the path look like? Is the path through forest? Mountains? Along the ocean or among the stars?

Questions/Reflections Upon Completion

- **How did you feel drawing these different experiences?**
- **What change occurs along the path?**
- **Who are you along each part of the path?**

Training Opportunities

This section includes training opportunities for parents, professionals, and educators to prevent PSB.

The National Children's Alliance offers online training and in-person training covering a variety of topics related to PSB. You can review archived webinars, podcasts, and downloadable factsheets about youth with PSB and child sexual exploitation.

LEARN MORE

NCSBY offers a variety of resources:

- For professionals – a web-based resource for evidence-based decision making, standards of care, public policy, and various resources

  LEARN MORE

- Bi-annually, the National Symposium on the Sexual Behavior of Youth provides training to interdisciplinary professionals on sexual development and sexual behavior of youth.

  LEARN MORE

- For parents – resources including a newsletter, family resources and books

  LEARN MORE

One Op Sexual Behavior in Youth Series addresses normal and problematic sexual behavior, factors associated to sexual behavior and disclosure process involved when problematic symptoms are present.

LEARN MORE

The Indian Country Child Trauma Center offers trauma-related training, resources and materials for clinicians. The Indian Country Child Trauma Center offers trainings and fact sheets including: Honoring Children, Mending the Circle (Trauma-Focused Cognitive Behavioral Therapy), and Honoring Children, Making Relatives.

LEARN MORE

The National Child Traumatic Stress Network offers in-person and online training for professionals, systems, and agencies to increase their capacity to treat children and families affected by trauma.

LEARN MORE

The Office of Juvenile Justice Delinquency Prevention Tribal Youth and Technical Assistance Center offers a variety of training opportunities for grantees, tribal governments, non-tribal governments, and other agencies.

LEARN MORE

The Association for the Treatment and Prevention of Sexual Abusers offers online-training classes, continuing education courses, taskforce reports, and annual conference training for professionals who work with youth with PSB.

LEARN MORE

The Native American Children's Alliance provides training, mentoring and information to American Indian and Alaska Native communities.

LEARN MORE

Advocacy and Support Services

This section includes an alphabetized list of resources and links to restore the Sacred Circle and prevent PSB.

ChildLine
1-800-932-0313

Child Welfare Information Gateway
childwelfare.gov

Healthy Native Youth
healthynativeyouth.org

Indian Country Child Trauma Center
icctc.org

Intimacy Directors & Coordinators: Defining Consent
idcprofessionals.com

Keep Kids Safe
keepkidssafe.org

Massachusetts Society for a World Free of Sexual Harm by Youth
masoc.net

National Child Traumatic Stress Network
nctsn.org

National Child Traumatic Stress Network Sexual Abuse
nctsn.org

National Child Traumatic Stress Network Fact Sheets
www.nctsn.org

National Children's Alliance
nationalchildrensalliance.org

National Center on the Sexual Behavior of Youth
ncsby.org

National Congress of American Indians
ncai.org

Native Youth Sexual Health Network
nativeyouthsexualhealth.com

National Indian Child Welfare Association
nicwa.org

Nevada Coalition to End DV and Sexual Violence
ncedsv.org

Office of Juvenile Justice and Delinquency Prevention, Forming a Multidisciplinary Team
ncjrs.gov

PATHS RE(MEMBERED) Project
pathsremembered.org

Qchat
qchatspace.org

Safer Society Press
safersocietypress.org

Scarleteen Sex Ed for the Real World
scarleteen.com

Standards of Care WPATH for the Health of Transgender and Gender Diverse People, Version 8.
wpath.org

Stop It Now
stopitnow.org

Stronghearts Helpline
844-762-8483
strongheartshelpline.org

Suicide Prevention Resource Center
sprc.org

Two-Spirited Web Booklet, Safe and Caring
safeandcaring.ca

Tribal Law and Policy Institute
tribal-institute.org

Tribal Youth- Tribal Youth and Technical Assistance Center
Tribalyouthprogram.org

Youth Partnership Board Fact Sheet
ncsby.org

988 Suicide and Crisis Lifeline
988
988lifeline.org

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Definitions

This section of definitions includes terms used in the toolkit and explanations about their use in Indian Country.

Adolescence - Phase of life between childhood and adulthood, includes youth ages 10-19 years.

Assessment - Assessment can be defined as a process of gathering information relevant for a particular purpose. This may include the use of measures to test various levels of functioning, including cognitive, neuropsychological, psychiatric, psychological, memory and learning, social and emotional, social stability, family dynamics, academic, vocational/career, sexual, accountability and sexual offense/abuse characteristics and risk factors. The terms assessment and evaluation are often used interchangeably, however an evaluation for youth with problematic sexual behavior is a snapshot assessment completed at a given point in time.

Bureau of Indian Affairs (BIA) - The Bureau of Indian Affairs' mission is to enhance the quality of life, to promote economic opportunity, and to carry out the responsibility to protect and improve the trust assets of American Indians, Indian tribes and Alaska Natives. Programs administered through the BIA include social services; natural resources management on trust lands representing 55 million surface acres and 57 million acres of subsurface minerals estates; economic development programs in some of the most isolated and economically depressed areas of the United States; law enforcement and detention services;, administration of tribal courts; implementation of land and water claim settlements; housing improvement, disaster relief, replacement and repair of schools, repair and maintenance of roads and bridges; and the repair of structural deficiencies on high hazard dams. Additionally, BIA operates a series irrigation systems and provides electricity to rural parts of Arizona. For more information, visit www.bia.gov.

Caregiver - Parent, guardian or other adult who has a custodial responsibility to care for the youth.

Child abuse - Physical, sexual and/or psychological maltreatment or neglect of a child.

Child neglect - Harm or threat of harm to a child when the parent or guardian fails to provide proper care and/or supervision.

Child Protective Services (CPS) - The goal of CPS is to identify, assess and provide services to children and families in an effort to protect children, preserve families, whenever possible, and prevent further maltreatment. In some jurisdictions, tribes run their own child welfare systems and in other cases, states or counties lead CPS efforts. CPS is often a local departments of social services that is responsible for receiving reports of abuse and neglect; conducting investigations to determine the validity of the CPS reports; and providing services that enhance child safety and prevent further abuse and neglect to families and children.

Child Protective Team (CPT) - The CPT is a program offering expert evaluation of alleged child abuse and neglect. CPTs general include case managers, medical professionals and psychologists who assess risk factors and recommend services to protect children and help strengthen families.

Confidential information - Any information gained in a professional relationship on condition, whether express or implied, that the information shall be held inviolate or the disclosure of which would be embarrassing or would likely be detrimental to a client, client's family member(s), or research participant. Information that is private and not to be shared without specific permission or required by law.

Confidential relationship - Any professional relationship in which a person entrusts information to a member under terms or circumstances where the member understands, or should understand, that the information is not to be shared by any means or under any circumstances. .

Discharge - Release from treatment due to a variety of factors such as, but not limited to, court order, aging out of the youth system, moving out of the state's jurisdiction or successfully completing all elements of sexual abuse-specific treatment. Discharge may not be an indication of the end of the youth's management needs or the elimination of risk to the community.

Evaluation - Review and analysis of various assessments and information that result in recommendations for treatment and supervision. An evaluation for youth with problematic sexual behavior is a snapshot assessment completed at a given point in time.

Federal Law Example - **Adam Walsh Child Protection and Safety Act of 2006 (PL 109-248)** is a federal statute that organizes sex offenders into three tiers according to the crime committed and requires the most serious offenders to report where they live every three months. This Act protects children from sexual exploitation, violent crime, child abuse and child pornography. Its namesake is Adam Walsh, a victim of child crime,. *Note: there are many federal laws related to PSB and this is just one example.*

Healing - The process of making or becoming sound or healthy again.

Indian Health Service (IHS) - The IHS is an agency within the Department of Health and Human Services. IHS is responsible for providing federal health services to American Indians and Alaska Natives throughout the U.S. The IHS is divided into twelve physical areas of the United States; Alaska, Albuquerque, Bemidji, Billings, California, Great Plains, Nashville, Navajo, Oklahoma, Phoenix, Portland and Tucson. For more information, visit www.ihs.gov.

Intake - After referral, youth with PSB meet with a clinical psychologist, social worker, or other qualified behavioral health professional. During this initial meeting, youth are asked a series of questions and about their trauma histories and treatment plans are developed based on their needs.

Interpersonal Problematic Sexual Behavior - This refers to PSB between youth. In some communities, the terms child-on-child sexual assault or sibling on-sibling sexual assault are used.

Jurisdiction - The official power to make legal decisions and judgements, a system of law and courts. Jurisdiction of federal, state, or tribal courts is based on the nature of the offense, if the offense occurred in Indian Country, and if the parties involved are tribal members or not.

Law - An established procedure or standard that must be followed by members of society. Laws are enforced by the use of penalties established by the judicial system to help regulate the actions of members in society. Types of laws include civil law, criminal law and international law.

LGBTQIA – Lesbian, gay, bisexual, transgender, Queer (or questioning), intersex, and asexual (or allies, aromantic, or agender). Two-spirit is a term for Indigenous people who feel they have both a female and a male spirit. Sometimes it is used to describe LGBTQIA populations but in this toolkit we do not use the term Two-spirit. See "Queer" for more information.

Mental health - Includes emotional, psychological, and social well-being. Mental health affects thoughts, feelings, actions and reactions to certain situations.

Multidisciplinary Teams (MDTs) - Multidisciplinary Teams s are groups of professionals that work together to provide a well-coordinated response to reports of PSB that bridge the gap between civil and criminal jurisdictions, coordinating all investigations, prosecution, and treatment of victims. Members of MDTs represent various governmental agencies and private agencies responsible for preventing, investigating and treating victims of child abuse and neglect. Typical representation may include law enforcement, mental health, child protection, medical services, and the prosecutor's office. The core purposes of an MDT are to reduce trauma to victims and families, improve accuracy of information obtained during investigations, improve responses to children and families involved, and reduce strain on member agencies and investigators.

Normative sexual behaviors - Behaviors that involve parts of the body considered "private" or "sexual" (e.g., genitals, breasts, buttocks, for example). They are typically viewed as "sex play," are normally part of growing up for many children and adolescents, and are not considered harmful by most experts.

PL 280 - States that have been given federal legal jurisdiction in Indian Country as a result of Public Law 83-280.

Policy - An outline for a goal an institution intends to accomplish. Policies are used to guide the decisions of an organization or institution, while laws are used to implement justice and order. A policy is informal in nature and is typically a document that states the intentions of an institution. Policy is used to create new laws and must always comply with existing laws.

Pornography - Printed or visual material containing the explicit description or display of sexual organs or activity, intended to stimulate erotic rather than aesthetic or emotional feelings. Note in this toolkit we use the term sexual images instead of the term pornography.

Problematic and Illegal Sexual Behavior - Sexual behavior that is considered an illegal sexual act as defined by the sex-crime statutes in the state or jurisdiction where the offense occurred. The laws in each state define illegal sexual acts and the ages at which these acts are considered to be illegal.

Problematic Sexual Behavior - Behaviors initiated by a child that involve body parts considered private or sexual,parts in a way outside of typical behaviors, considered concerning or potentially harmful to themselves or others involved. A wide range of behaviors,including repetitive sexual behaviors, sexual touching without permission, coercive or aggressive sexual contact, sexual contact with animals, viewing of sexual content, pornography and child pornography.

Protective factors - Characteristics, variables or conditions present that enhance the likelihood of positive outcomes and lessen the likelihood of negative consequences from exposure to risk.

Protocol - An official procedure, set of rules, or system that outlines how agencies respond to youth with PSB.

Queer - A broad, inclusive term that encompasses all non-normative sexual orientations, gender identities, and expressions. Reclaimed from its historical use as a derogatory term, "queer" is celebrated for its simplicity, flexibility, and ability to unify diverse experiences. Importantly, it also challenges and combats colonialism by rejecting rigid, Western-imposed binary categories of gender and sexuality. "Queer" embraces a spectrum of identities, many of which are rooted in non-Western cultures, offering a more inclusive and decolonized understanding of human diversity.

Risk factors - Characteristics, variables or conditions present that increase the likelihood of an adverse outcome. For the purpose of these standards, these factors are either dynamic or static.

Research - A systematic investigation that includes collecting data, documenting important information, analyzing and interpreting data and information, used to explain, predict, describe or control a phenomenon of interest.

Sacred Circle - This refers to the balance of mind, body, spirit, and emotional/relational aspects of one's life.

Sexually abusive behavior - Often-undesired sexual behavior that takes advantage of another person. Usually perpetrated by force, sexual abuse refers to any behavior by an adult or older adolescent toward a child for sexual stimulation.

Sexual Images - Printed or visual material containing the explicit description or display of sexual organs or activity, intended to stimulate erotic rather than aesthetic or emotional feelings. The term sexual images is used instead of pornography in this toolkit. The definitions are the same.

Teen - Youth ages 13 to 18 years.

Treatment - Care given to an individual; the manner, method, or approach of dealing with someone or something. Sexual abuse-specific treatment includes a comprehensive set of planned therapeutic experiences and interventions to reduce the risk of further sexual offending or abusive behavior by the youth. Provided in group or individual settings to youth and families using evidence-based approaches.

We appreciate your feedback

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