

Restoring the Sacred Circle

A Toolkit for American Indian & Alaska Native Tribes



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“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 Nation¹*



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 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 and supports the healing of child victims and families. The history of colonization, boarding schools, trauma, violence and abuse has created an imbalance in the Sacred Circle. The Sacred Circle refers to the balance of mind, body, spirit and emotional/relational aspects of life. This toolkit provides guidance for tribal communities and programs as they work in community to understand and respond to youth with problematic sexual behavior.

The National Center for Youth with Problematic Sexual Behavior, in partnership with the Indian Country Child Trauma Center and the Office of Juvenile Justice Delinquency and Prevention, developed this toolkit for tribal communities.

This toolkit aims to promote understanding of problematic sexual behavior, describe current research on PSB, outline the risk and protective factors, and support communities

as they address PSB. Drawing from previous experience with tribal communities, we describe barriers and strategies to overcome these barriers, utilizing existing resources and tribal knowledge. Understanding the continuum of sexual behavior is essential to effective community prevention and treatment. Sexual behavior can range from normal, typical, concerning, problematic, harmful and illegal.

Because there are multiple systems and jurisdictions involved, tracking PSB cases and referrals can be difficult. We provide examples of how tribal communities can collect data relevant to PSB of youth. Data is necessary to document the need for services, the impact of treatment, and the kinds of resources needed to support youth, families and child victims. Laws and policies about PSB vary by state, tribal and federal guidelines. Factsheets for tribal programs, schools, law enforcement, parents, multi-disciplinary teams and two-spirit (LGBTQ+) youth are included to promote shared understanding about what PSB is and how we can prevent PSB in our communities. We conclude with a message about the way forward, the path of resiliency that restores the Sacred Circle.

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Preface

There are 578 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 Problematic Sexual Behavior (PSB).

This toolkit aims to promote shared understanding about youth with PSB in tribal communities. Beginning with a strong partnership between the National Center on the Sexual Behavior of Youth (NCSBY), the Indian Country Child Trauma Center (ICCTC), and the Office of Juvenile Justice Delinquency and Prevention (OJJDP), this toolkit provides guidance for clinicians, families, schools, multidisciplinary teams, professionals, law enforcement, social services and tribal courts. In developing this toolkit, we sought the feedback and expertise of tribal members, elders, clinicians and previous OJJDP PSB grantees. We examined reports from 2013 to 2018 for one tribal nonprofit that implemented a PSB treatment program for American Indian youth and families. In this process, we found unique circumstances within Indian Country that should to be addressed in order to restore families, including the child victims as well as the communities. Providing facts about problematic sexual behavior is one of the ways we can raise awareness. Awareness can help individuals, families and communities recover, and find balance and wholeness within the Sacred Circle.

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.

Native culture is based on the Circle of Life. As Native individuals, our culture teaches us that we are all relatives to all things in creation. Compassion and respect are the foundation for our relationships and the Circle of Life. Nurturing children is the responsibility of all people. Yet, many of the threads of the Circle have become broken. Once, where child abuse was unheard of, now Native children suffer the horrible crimes of abuse, neglect, and sexual abuse.

Years ago, many Native children were placed in mission and boarding schools. Often, this is where many Native children were sexually victimized by their caretakers. The children's pain and fear were increased by the separation from their families and culture. There was no one to tell about the abuse. To survive, many stuffed their feelings and memories to the back of their hearts and minds. Many used alcohol to numb the pain. Never healing, they survived with their secret agony.

Not being able to safely share the secret of their abuse, and not dealing with child sexual abuse within the family became survival tools. If we are not safe and healed, how can we help our own children?

To help our children, we must begin the process of healing. We must begin talking about our own victimization. We must know, and our children must know that abuse is not our fault; it is not our shame.

To renew the threads of the sacred Circle of Life within ourselves, our homes and communities, we must relearn how to nurture ourselves, so we can share the gifts of hope and caring with our children. - Rape and Abuse Crisis Center 2012.

Using the Toolkit

The National Center on the Sexual Behavior of Youth created this toolkit to provide guidance, understanding and resources related to youth with problematic sexual behavior. There are often multiple programs and services involved in cases involving youth with PSB. This toolkit builds on lessons learned from community-based treatment programs with specific guidance for tribal communities.

The NCSBY, Indian Country Child Trauma Center, Office of Juvenile Justice and Delinquency Prevention, and prior tribal grantees have collaborated to develop this toolkit, with the aim to support tribal communities as they respond to youth with PSB. The guiding theme throughout the toolkit, *Our Children Are Sacred*, builds on the cultural adaptation of the PSB-CBT 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.

In 2019, with funding from OJJDP, the Supporting Effective Interventions for Adolescent Sex Offenders and Youth with Sexual Behavior Problems provided funding to agencies to offer a continuum of intervention and supervision services for adolescent sex offenders and youth with sexual behavior problems, 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 reoffending by adolescent sex offenders and youth with sexual behavior problems. This program assists communities in developing comprehensive, multidisciplinary approaches for a full range of intervention, supervision and treatment services.



A component of the Office of Justice Programs within the U.S. Department of Justice, 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.



National Center on the Sexual Behavior of Youth

The National Center on the Sexual Behavior of Youth 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.



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 (AI/AN) 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 also is the grantee for the OJJDP Tribal Youth Training and Technical Assistance program and works closely with the NCSBY.



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 began addressing the issue surrounding the many children who were displaying signs of problematic sexual behaviors. The collective addressing this issue learned many lessons from planning to implementation of our Lakota cultural inclusive response to the issues surrounding both problematic and some criminal sexual conduct among our youth population.

Below is a excerpt from Janet Routzen, previous director of the White Buffalo Calf Women's Society.

Our programing 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.

Children & Families Are Sacred

Prior to colonization, American Indian and Alaska Native families were strong, interdependent and balanced. Families believed each member was part of the Sacred Circle with children at the center. Each member recognized the important duty and obligation to care for one another, and social roles were filled based on tribal protocols and practices. 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 interdependence of families and community. As a result of boarding schools and lost 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 AI/AN people. Priests, nuns and other spiritual leaders have been convicted of sexual abuse, resulting in widespread distrust of religious establishments throughout the United States. In a 2011 case involving hundreds of American Indians and Alaska Natives, the attorney representing abuse victims said, “It wasn’t an accident. The evidence showed the church did it on purpose and it was rape.”⁴

This history is important in helping families and communities understand how they were impacted, and more importantly, how to return to the Sacred Circle. 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.

There is hope, and hope is found within the family system, the community and extended family. One effective way to prevent sexual abuse is by educating parents.⁵ This toolkit focuses on restoring balance by promoting awareness of problematic sexual behaviors in American Indian and Alaska Native youth, families and communities.



Problematic Sexual Behavior

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 normal or common to problematic, and PSB is often misunderstood. The process of growing up and forming healthy, intimate relationships starts in early childhood, continuing throughout adolescence into adulthood. Thus, there are aspects of normal or typical sexual knowledge and behavior that occur. 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 (see Figure 1). Problematic sexual behavior is a set of behaviors that are developmentally inappropriate, potentially harmful to self or others, and potentially illegal..

“Share with others what are normal sexual behaviors for children. People don’t understand and try to connect children to adult sexual behaviors. 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, Former Director,
White Buffalo Calf Women’s Society*

Characteristics of Typical vs. Problematic Behaviors

Figure 1

Typical

- Occurs between children of same age and size
- Spontaneous
- Infrequent
- Voluntary
- Easily redirects

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

- Children are different ages/abilities
- Threats, force, aggression
- Frequent
- Strong negative emotional reaction
- Does not respond to parental guidance or correction

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

Perceptions

In this toolkit, we refer to children first before going on to describe or label them. By focusing on the person first, assumptions, stigma, bias and generalizations are reduced. Further, this approach is respectful of the individual. This approach is 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 labeled as adults. While PSB is indeed serious, the children themselves are not a “problem.” PSB may be a reaction to 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 is readily responsive to intervention.

The term “youth with sexual behavior problems” generally refers to those youth (often age 12 and younger) who are in pre- or post-adjudication status for inappropriate sexual behavior with a family member; co-resident; or other non-family, peer-aged children (i.e., friends, neighbors, classmates). The proposed interventions for these youth should also include support services for the victim and non-offending family or household members.

The term “adolescent sex offenders” or “adolescents with illegal sexual behavior” generally refers to those youth (often age 13 and older) who are in pre- or post-

adjudication status for serious sexual offenses committed against family members or other non-family, peer-aged children (i.e., friends, neighbors, classmates) or adults.

Types of PSB

Incidents of PSB of youth were shared by tribal professionals working on a reservation 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.

Relationships

- Sibling 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 believe these cases are rarely reported to professionals or investigated.
- Intimate partner. Older boyfriend with a much younger and immature girlfriend, living together with parental approval. These situations are often viewed as acceptable and are not likely to be reported.

Activities

- Student-initiated incidents at school or in dormitories. 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

“Our beautiful newborn babies come to us straight from the spirit world. They have a great innocence about them. So when our babies, our children, suffer long-term neglect and or abuse in this physical world they begin to lose that feeling of specialness and sacredness. If we could see their spirit with our human eyes, we would see that beautiful, bright, spiritual lift begin to fade when sexual abuse takes the place of love and awe. They become fearful, sad, depressed. Then a powerful negativity begins to take its place.”

— Charlene LaPointe, Former Project Coordinator
White Buffalo Calf Women's Society

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.

Another incident of PSB of youth not mentioned by tribal professionals but known to be an issue is sexting and online sexual behaviors.

- Youth sends a nude image of self via electronic device to a child. These cases are difficult to track and rarely reported.

Incidents outlined above 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, identification, prevention and effective, community-based response to youth with PSB are prevented.

“We know that we need to have an accountability here and kids are harmed if we do not address the elephant in the room. Social morals that look different in all communities. We can still honor the fact that we cannot have select ignoring, but with historical trauma, they are in too much pain to ignore it.”

— Dolores Subia BigFoot, Ph.D.
Counseling Psychologist

Cultures of Honor

Native cultures are cultures of honor. When Native people took on the shame from sexual abuse, their honor was taken away. Native people did not want to bring shame to their families, so they have borne 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.

“Healing from sexual trauma...it is important for the entire community. Generations of sexual trauma has impacted the well-being of all.”

— Charlene LaPointe, Former Project Coordinator
White Buffalo Calf Women's Society

Trauma

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 need for trauma-informed principles guiding 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

Native youth confront many challenges that negatively impact their sense of self, their interactions with others, and their connection to their culture. Trauma including sexual abuse, physical abuse and other forms of violence, overlaid with historical and cultural trauma, can lead young people to disregard or devalue modesty, and to develop inappropriate sexual behavior. Inappropriate sexual behaviors can have wide-ranging impact on the children themselves, and also may significantly affect the family, extended family and the community. Ultimately, inappropriate behavior can result in serious negative social or legal consequences.”

— BigFoot and Braden, 2007¹⁰



What We Know About Youth with Problematic Sexual Behavior

Much of what is known about PSB 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 Population 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 against juvenile victims.¹¹
- Early adolescence (ages 12 to 14) is the peak age for sexual offenses against younger children.¹¹
- When youth offend against juvenile victims, 88% of victims are either family members or acquaintances.¹¹

- 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 with child sexual abuse victims have been found to 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 problematic sexual behavior 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 be successfully treated in the community with appropriate safety plans and evidence-based interventions that involve family.

Protective & Risk 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 that facilitate healthy behaviors and good decisions at the individual, family and community level include:

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

"People need to talk about PSB, but trauma gets in the way."

*— Janet Routzen, Former Director of
White Buffalo Calf Women's Society*

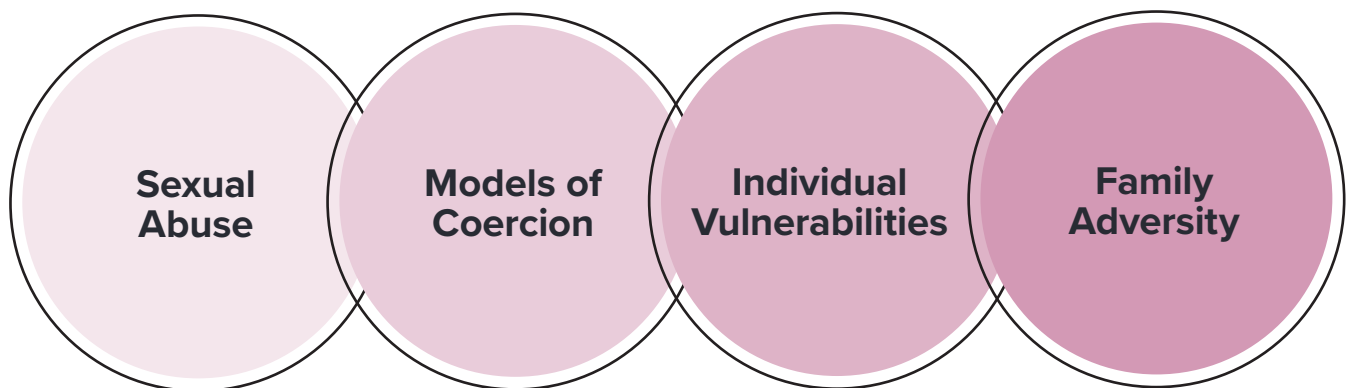
Risk factors for youth with PSB are universal and not based on any demographic, psychological, or social factors.^{18,20} The NCSBY identified the following individual, family, and community-level factors that may be helpful for understanding youth with PSB.⁷

- 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, pornography, 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 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. Prevention and intervention planning, which supports the proactive factors that simultaneously impact concerns may be considered. The need for a return to the sacred path, balance, and stability is present at individual, family, community and national levels.⁹



Contributing Factors



Addressing Problematic Sexual Behavior

The socioecological model²¹ for change is a useful framework for exploring individual, family, community and tribal/national policies around PSB. It also is useful for identifying norms, attitudes, knowledge, beliefs and behaviors that may prevent PSB or increase the likelihood that youth with PSB receive the treatment that they need, (Figure 5).

Previous tribal grantee reports and data highlight the need for education on youth with PSB for community members and professionals, to dispel misconceptions and enhance understanding of factual information. Collaborations among multidisciplinary teams (MDTs) can facilitate identifying gaps in current processes for identification, referral, response, treatment and management of youth with PSB (see section on partners below). Addressing PSB in tribal communities requires an approach that is culturally sensitive and context-based. The approach and solutions will be unique to the individual community.

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

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.

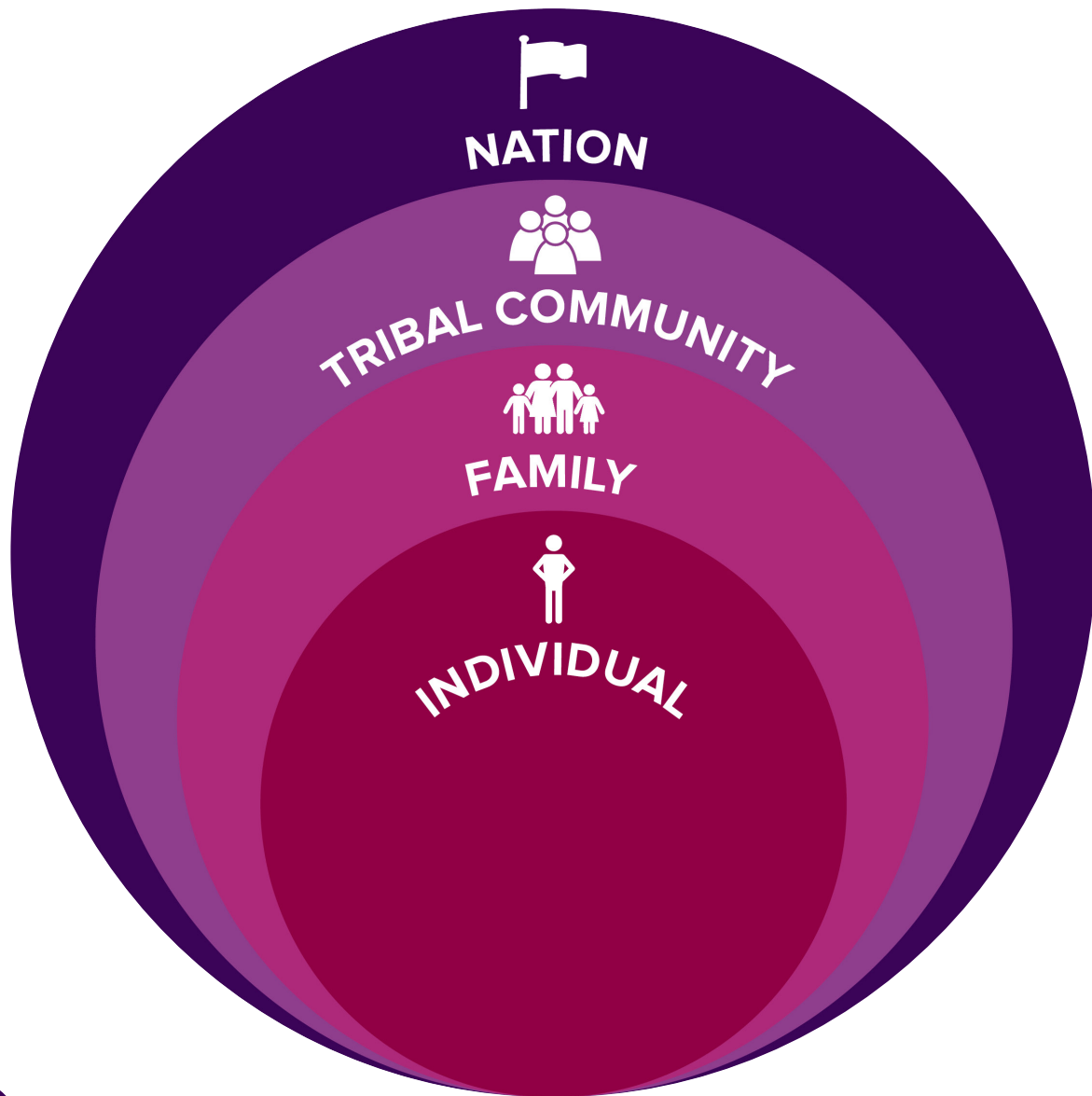
Families also should supervise relationships between children of different ages and developmental stages. Parents and caregivers can openly communicate about relationships, intimacy, consent, prevention of abuse, pornography and other related topics. It is especially important to address safety in environments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

At the tribal level, creating awareness and providing resources about PSB to schools are important first steps. 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).

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.

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, develop improved policies



NATION - Policies, Laws, Codes, Registries, Statutes



TRIBAL COMMUNITY - Schools, I.H.S., MDTs, Law Enforcement, BIA, Social Services, Courts, Behavioral Health, State Department of Social Services, CPS, Boys and Girls Clubs, Juvenile Justice, Tribal Health, Tribal Child and Family Service, Child Assessment Center, Tribal Protocols, Resolutions, Procedures, Registries



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



INDIVIDUAL - Healthy relationships, normal behaviors and sexual development, respect for other persons and boundaries, roles in family and community, spirituality

Information - Empirically informed knowledge improves decision making

Attitudes & Beliefs - Healthy beliefs that are trauma informed

Access - Empirically based and developmentally appropriate policies and services

Culture - Culturally Congruent and Respectful Approaches



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 that 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.

In Indian Country, multidisciplinary teams (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 sovereign status.

Confidentiality

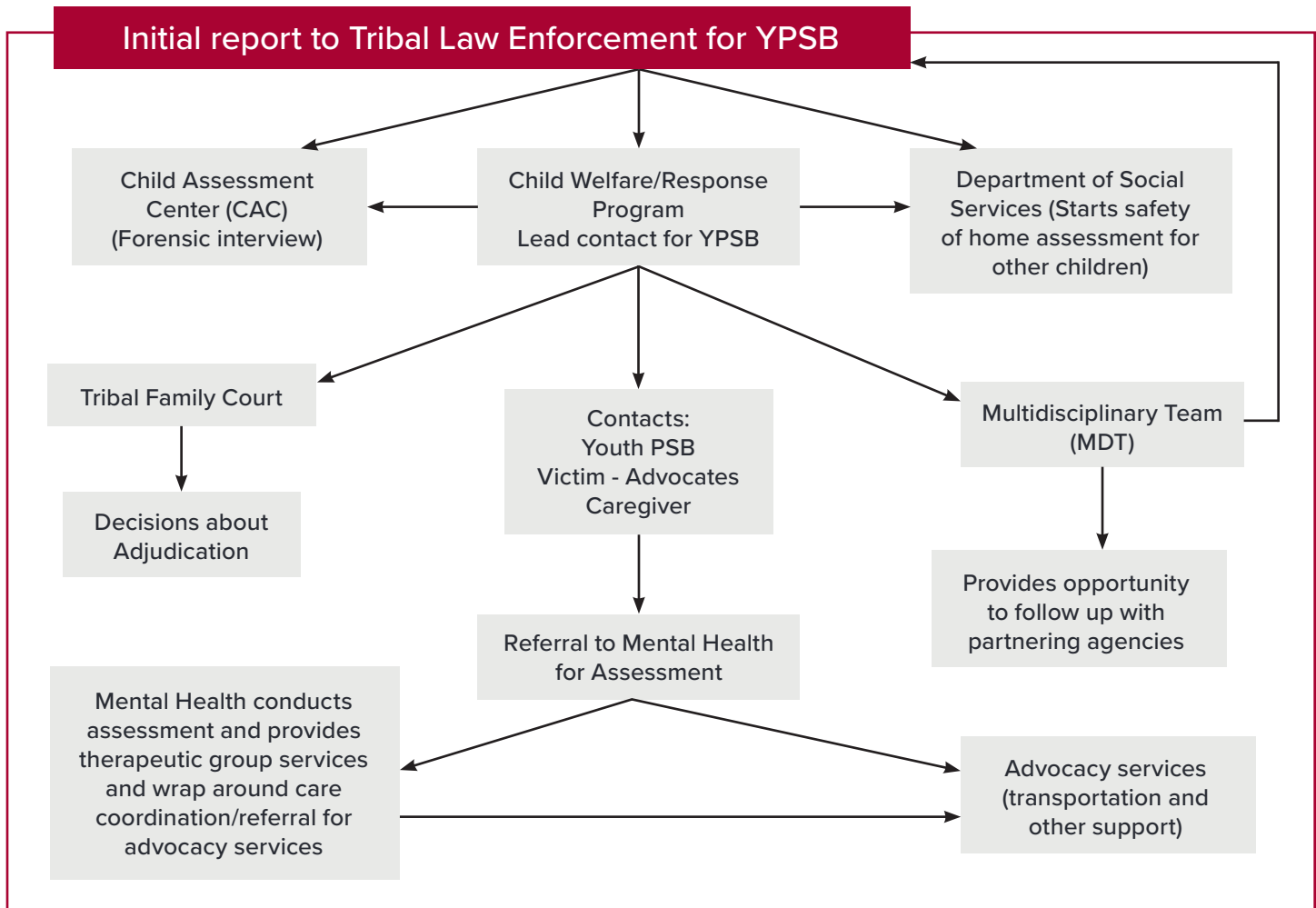
Historical and recent experiences within tribal communities have led to considerable mistrust of social service, clinical and law enforcement agencies. To address behavioral health topics, particularly the sensitive topic of sexual behavior of youth, trust must be established. Confidentiality is a foundation 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 (see Table 1). 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. [See Wasserman, E. (2000) Confidentiality Issues and Victim Advocacy in Indian Country. Native American Topic-Specific Monograph Series; www.icctc.org/Confidentiality.pdf for more information.]

To address confidentiality concerns, one tribal community moved the intake room entrance to a more discreet location. This improved efforts to protect 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 management of confidentiality is essential. Community trust in the agency is the key to successful execution of the community plan (see Appendix A for an example referral form). Figure 3 is an example of a tribal referral process for reporting PSB to law enforcement.

Education to Support Prevention and Early Intervention

Shared definitions and education to dispel misunderstanding misinformation/myths 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. For example, one tribal PSB program grantee developed a private parts rules poster that included Lakota values and class rules (see Appendix B). These posters were placed in all Head

Start and school classrooms and taught within the context of school rules.

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 and relationships. Topics and approach need to be developmentally appropriate. Primary methods of education could include incorporating prevention messages within child sexual abuse prevention materials.

“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.”

*— Janet Routzen, Former Director
White Buffalo Calf Women's Society*

Educational campaigns designed to reach parents and other caregivers would be enhanced if such campaigns include 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. Resources available through organizations such as Stop It Now![®] offer communication strategies to help prevent child sexual abuse.²²

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

Honoring Children, Respectful Ways

Honoring Children, Respectful Ways is the cultural enhancement of the Problematic Sexual Behavior – Cognitive Behavior Treatment (PSB-CBT) for American Indian and Alaska Native children. Development was led by the Indian Country Child Trauma Center. 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,



Honoring Children, Respectful Ways

Cultural Enhancement of PSB-CBT Treatment for American Indian and Alaska Native Children with Sexual Behavior Problems

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. 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/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 relationship 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 traditional 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



Cultural Interventions

In addition to HC-MC, other 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. Below are examples of how tribes have utilized cultural

interventions in the treatment of PSB and other forms of abuse.

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 is 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.

The Talking Circle typically begins with blessings. Blessings may include smudging, such as lighting cedar, sage, or sweetgrass to be passed from person to person. An eagle feather may or may not be used, depending on circle leadership and participants. For example, if young women who are not married are part of the circle, some tribal protocol would discourage young females from touching an eagle feather. Sometimes a Talking Stick or similar object is used rather than smudging dish or an eagle feather.

The purpose of a Talking Circle is to create a safe environment for participants to share their experiences with others. In a Talking Circle, each person is equal and each person belongs. Participants in a Talking Circle learn to listen and respect the views of others. The intention is to open hearts, gain understanding and create connection with one another. Spoken words may result in special prayers, not necessarily offered as prayers, but accepted as sacred words, as the “talking objects” are passed from speaker to speaker, and in that sense is considered ceremony.



Talking Circles often include the following steps:

1. The person holding the “talking object” has the right to talk. The speaker may pause to think, and this is acceptable. Silence is honored.
2. If the speaker’s words stir similar thoughts in others in the circle, they may respond with sounds or words of agreement. Negative comments would be detrimental to the circle and are not allowed.
3. Persons wishing to make comments may do so, only if they have raised their hands and have been acknowledged by the facilitator. However, typically a person will wait for the talking stick to come around again to make comments.
4. When the talking object is in an individual’s hands, he or she is free to express views or comments on the topic introduced by facilitators at the beginning of the session

or anything else that is on his/her heart or mind.

5. If the speaker takes longer than time allowed, s/he has gone into the “overlong.” The facilitator may raise his or her hand, palm forward as a signal to finish. This was used by elders in olden times, calling for silence in order for another to speak.

In a family setting, traditionally the mother and father and/or grandmother and grandfather would call their children together and announce to them that they need to talk. These gathering might include the sharing of information children should know about their past, traditional values, healthy relationships, boundaries or acceptable behavior. Talking Circles often would include stories, oral histories and values that children need to know to live in a respectful way.

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.

“... there are only two individuals in the entire state who are qualified to do psychiatric evaluations for child victims of sexual abuse, and they cost \$6,000 per case. Social services, the tribe, and the state lack the funds to pay for them. Medicaid will sometimes cover the cost, but they only underwrite parts of the evaluation.”

— Tribal OJJDP Grant Recipient 2014²⁴

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.

Elected tribal leaders, victim advocates, law enforcement, juvenile justice, and mental health professionals voiced their concerns about the problem of youth offenders 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.

Policy

There are major gaps in the areas of policy, protocol and funding for youth with PSB. These gaps are at the federal, state, tribal and local levels. Most public policies and service practices historically have utilized adult-focused approaches for youth with PSB. These approaches are ineffective, and may "in fact" do more harm than good.

Policy work has been implemented at the national, state, local and community levels. 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. States and tribes are developing measures to address policy for youth with PSB.



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:

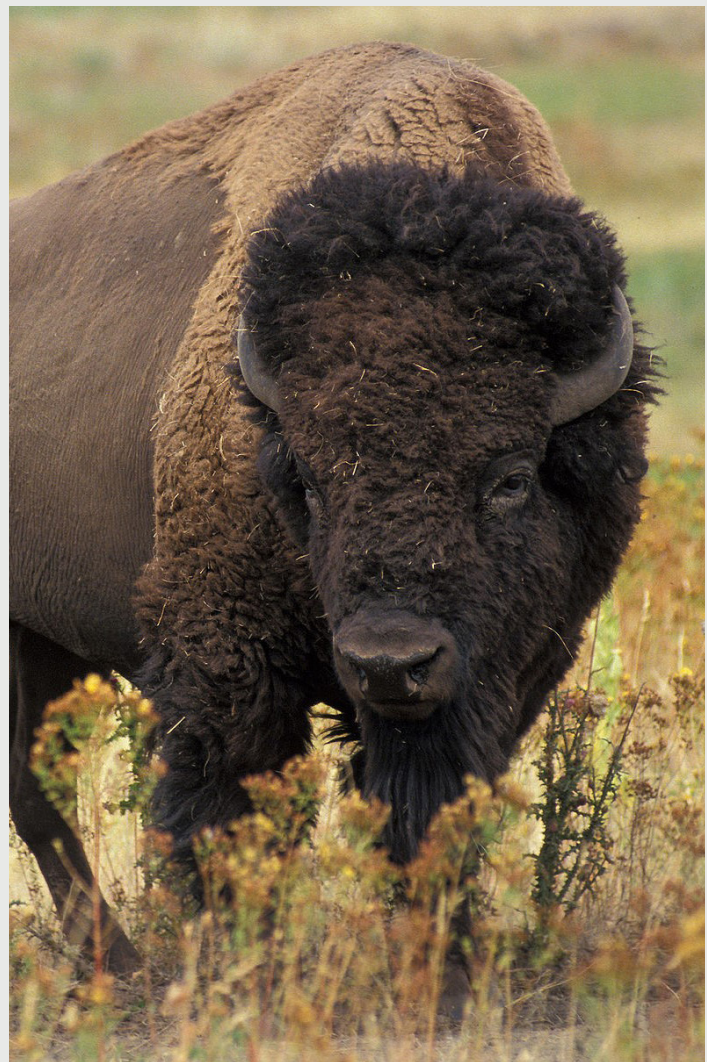
- A protocol that establishes definitions of normative sexual development and PSB of youth, understanding the continuum of behaviors.
- A statute or protocol that designates procedures for identification, referral, screening, assessment, investigation, response and services.
- A policy for child protective 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.

Policies can also support funding for youth with PSB. 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 (see: www.store.samhsa.gov/product/The-National-Tribal-Behavioral-Health-Agenda/PEP16-NT-BH-AGENDA).
- 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 safely 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.



Barriers & Solutions in Tribal Communities

History

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. One tribal member wrote, “I think learning that youth with PSB are not always (sexually) abused themselves, it has to do much more with trauma and such.”



“By the time we moved to Two Kettle in 1942, our family had already been torn apart by boarding school and the process continued with the last of us. I never really got to know my older sisters and brothers. I lived in fear most of the time at boarding school. I was afraid of the matrons, teachers and many of the other kids. Fist fights among the little girls were everyday occurrences. I learned very quickly how to avoid a fight. ... It would be many years before I would be able to breach the chasm of trust created by boarding school. In retrospect, it’s apparent that the regimented living, the loss of caring adults in my daily life, and my own propensity to survive by adjusting to even painful situations were the beginning of a lifetime of self-effacing behavior.”²⁹

– Viola Burnett, *Confessions of an Iyeska*, p. 50



Community

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 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. Interpersonal PSB may not be investigated by CPS. 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 clear policy for law enforcement response is also a major concern. There may be a history of harsh responses in the community and a criminalization of youth, regardless of the severity and context of the behaviors as well as culpability.

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

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 jurisdictional issue, lack of expertise and other necessary resources. Mental health services, children’s advocacy centers, or forensic interviews are not available in many tribal communities.

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 (see <https://www.samhsa.gov/tribal-ttac/circles-care>) or other multidisciplinary models in the community. Capitalize on the strengths, resources and leaders in the community.

Identify Gaps & Develop Clear Protocols

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 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 responsiveness.
- 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.

Potential solutions include the following:

- 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 taskforce 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

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.

Solutions: Embed 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.



“There is a lot to be done. We can be gentle in laying this out but needs to be addressed.”

- Dolores Subia BigFoot, Counseling Psychologist

Data Collection & Problematic Sexual Behavior

Agency/System	Kinds of Information Collected [†]	Frequency	Notes
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.
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.	Annually	Review of case data, based on reports.
Juvenile Detention Centers	Number of youth-committed sexual assault cases admitted. Time to reunification. Treatment provided. Treatment response.	Monthly	Review of referral case data.
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.
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.
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.
Reservations 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.
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.	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.

Laws

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).

Excerpt from Tribal Report on PSB

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. Tables 2 and 3 highlight some differences based on civil or criminal prosecution.

“We are looking at a hopeful next generation, not just children with PSB but my work with sexual abuse and assault, the complete denial that people have about this. I have found us to be really honest about what happens in our communities.”

- Janet Routzen, Associate Judge Rosebud Sioux Tribe

Table 2. Elements, Possible providers, and legal issues for civil jurisdiction¹⁹

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 healthcare 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, Systems of Care/Circles of Care staff, and other resources.	Resources, capacity, P.L. 280 status, P.L. 93-638 or self-governance status.

(Table 2 adapted from NICWA, 2013, “Challenges with Legal and Programmatic Framework for Addressing Child Maltreatment in Indian Country”, p. 9.)²³

"During our excavation of the issue (PSB), law enforcement, social services, and schools were frustrated at the lack of system response and absolutely no local services to assist our children."

— Janet Routzen, Associate Judge, Rosebud Sioux Tribe

Table 3. Elements of Criminal Prosecution¹⁹

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)

(Table 3 adapted from NICWA, 2013, “Challenges with Legal and Programmatic Framework for Addressing Child Maltreatment in Indian Country”, p. 17.)²³

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.

Principles for Working with Tribal Communities and PSB

1. Honor indigenous ways of knowing.
2. Recognize cultural and contextual differences of tribes as distinct nations.
3. Utilize existing tribal resources, protocols, rites of passage, ceremonies, knowledge and cultural practices.
4. Infuse cultural knowledge and practices within clinical treatment guidelines and evidence.
5. Preserve the cultural identity of the victim, youth with PSB and family member. Cultural identity creates a sense of belonging and resiliency.²⁰
6. 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.
7. Re-evaluate and change policies and protocols to be evidence-informed and developmentally appropriate as needed.
8. Support healing at the individual, family and community level.
9. Focus on the protective factors framework.

Promote healthy relationships and communication skills. Support the health and well-being of families. Support spiritual development. Offer quality education. Ensure safe and stable housing and neighborhoods. Provide opportunities for productivity, learning, creativity and income to support families. Promote access to healthy foods and mobility. Promote positive opportunities for peer interaction. Utilize trauma-informed approaches to address historical trauma and build resilience.

7 guiding principles that support the growth and development of Lakota children.

- Wocekiya (Prayer) – We use prayer as a means of healing, self-care and balance.
- Woohitike (Bravery) and Wowacintanka (Perseverance) – To be guided by your principles of discipline, bravery and courage.
- Compassion – to care, to sympathize, empathize
- Otakuye – All relatives, we treat all children on the Rosebud with the same care, love, compassion.

- Respect – to respect, to honor.
- Humility – to be humble, to seek humility, modest
- Wisdom – understanding and wisdom; to understand what is right and true; to use knowledge wisely.

The Way Forward: A Path of Resiliency

In tribal communities and cultures, everyone has a role and a place; this creates the Sacred Circle. Individuals know their roles and are taught these roles from an early age. As they move through life, their role changes. Similarly, tribal professionals and community members have important roles in helping youth with PSB and child victims.

Several training opportunities for tribal communities and professionals are designed to increase knowledge, community response, and treatment of youth with PSB. Multiple resources are also available for tribal communities. As you begin thinking about how to address PSB in your community, consider these resources and know that the National Center for the Sexual Behavior of Youth, the Indian Country Child Trauma Center, and other centers are here to help.

Training Opportunities

The National Children's Alliance partnered with the National Center for Sexual Behavior of Youth (NCSBY) to provide a four-part video training series designed to promote collaborative community response and treatment for youth with problematic sexual behaviors.

www.nationalchildrensalliance.org/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.

www.nationalchildrensalliance.org/psb/

NCSBY offers a variety of resources for professionals including a web-based resource for evidence-based decision making, standards of care, public policy, and various resources (www.ncsby.org/content/professionals). Biannually, the National Symposium on the Sexual Behavior of Youth provides training to interdisciplinary professionals on sexual development and sexual behavior of youth. (www.ouhsc.edu/nationalsymposiumsby)

NCSBY offers a variety of resources for parents, including a newsletter, family resources and books (www.ncsby.org/content/parents).

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

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 (www.nctsn.org/resources/training).

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 (www.tribalyouthprogram.org/training-opportunities/).

The Association for the Treatment of Sexual Abusers offers online training classes, continuing education courses, taskforce reports, and annual conference training for professionals who work with youth with PSB (www.atsa.com/training).

The Native American Children's Alliance provides training, mentoring and information to American Indian and Alaska Native communities (www.nacalliance.com/).

Resources

ChildLine

1-800-932-0313

Child Welfare Information Gateway

www.childwelfare.gov/

Indian Country Child Trauma Center

www.icctc.org

Keep Kids Safe

www.keepkidssafe.org/

National Child Traumatic Stress Network

www.nctsn.org/

National Child Traumatic Stress Network Sexual Abuse
www.nctsn.org/what-is-child-trauma/trauma-types/sexual-abuse

National Child Traumatic Stress Network Fact Sheets
www.nctsn.org/sites/default/files/interventions/psbcbt_fact_sheet.pdf

National Children's Alliance
www.nationalchildrensalliance.org/psb/

National Center on the Sexual Behavior of Youth
www.ncsby.org/

National Congress of American Indians
www.ncai.org

National Indian Child Welfare Association
www.nicwa.org/child-abuse-and-neglect/

Native Youth Sexual Health Network
www.nativeyouthsexualhealth.com/index.html

Office of Juvenile Justice and Delinquency Prevention, Forming a Multidisciplinary Team
www.ncjrs.gov/pdffiles1/ojjdp/170020.pdf

Safer Society Press
www.saferpress.org/

Stop It Now
www.stopitnow.org/

Two-Spirited Web Booklet, Safe and Caring
www.safeandcaring.ca/wp-content/uploads/2013/08/Two-Spirited-Web-Booklet.pdf

Two-Spirit Youth Fact Sheet and Resources
Will be adding link to NCSBY website

Tribal Law and Policy Institute
www.tribal-institute.org/lists/child.htm

Tribal Youth- Tribal Youth and Technical Assistance Center
www.tribalyouthprogram.org

Children are Sacred

Fact Sheet for Two-Spirit Youth

Understanding Problematic Sexual Behavior in Youth – A Fact sheet for American Indian and Alaska Native Tribes.

Two-Spirit Youth

Contemporary umbrella term that refers to the historical and current American Indian and Alaska Native people whose individual spirits were a blend of female and male. This term has been reclaimed by Native American LGBTQ+ communities to honor their heritage and provide an alternative to the Western labels of gay, lesbian or transgender.² Rates of PSB are not higher among two-spirit youth. LGBTQ+ youth are more likely to be charged and adjudicated for sexual offenses for developmentally appropriate and legal sexual behaviors because professionals perceive LGBTQ+ behaviors more harshly and aberrant and not because the actual sexual behavior is problematic or illegal.³ Further, the stressors they may experience place them at higher risk for behavioral health problems. LGBTQ+ youth experience adverse outcomes because of their sexual minority status, of which mental and behavioral health issues – depression, anxiety, self-harm, substance use – are some of the most mentioned. Other adverse outcomes include family rejection, being bullied, homelessness, prostitution (typically survival-driven work due to homelessness), and general discrimination.

Problematic Sexual Behavior (PSB) is youth-initiated behavior that involves sexual body parts in a manner that is developmentally inappropriate and potentially harmful.¹

Stressors

Colonization, Western education systems and religion resulted in homophobia. Two-spirit people were misrepresented and misunderstood. Today, many two-spirit youth struggle to navigate judgment and discrimination with their tribal and sexual identities. Native two-spirit youth report stressors that affect their well-being. These youths may be targets for bullying, sexual harassment, verbal harassment, physical fights and assaults, exclusion and rejection, discrimination due to race or physical appearance, and destruction of personal property. Family and community disapproval and rejection

are also common, contributing to increased rates of emotional disturbance and suicidality.⁴

Dispelling Misconceptions About PSB

Myth 1:

“I am concerned that my son is gay because he abused a young boy.”

Fact 1:

Adolescents commit sex offenses against both boys and girls. Offending is often opportunistic, typically reflecting easier access rather than gender preference. Care, compassion and communication from caregivers have been found to enhance youth well-being.

Myth 2:

“Youth with PSB have been sexually abused.”

Fact 2:

Many youth with PSB have no history of sexual abuse. A variety of other risk factors may have contributed to PSB, such as coercive environments, exposure to sexualized materials and individual factors. PSB may begin as curiosity or impulsive behavior that becomes concerning or even harmful.

Myth 3:

“Youth with PSB are at greater risk for becoming sex offenders.”

Fact 3:

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

Context of Problematic Sexual Behavior

Being two-spirited is not PSB. Gender identity expression is part of the typical development process. During this process, some youth may identify as two-spirit. Two-spirit youth with PSB are different from adults with illegal sexual behavior.

Children are Sacred Fact Sheet for Two-Spirit Youth

Multidisciplinary teams can help identify resources and treatment options for cases involving a two-spirit youth who is also demonstrating problematic sexual behavior. The current legal system was not designed to handle the special needs of two-spirit youth with PSB. Parents/ caregivers can provide a safe, loving and accepting environment for their two-spirit youth.

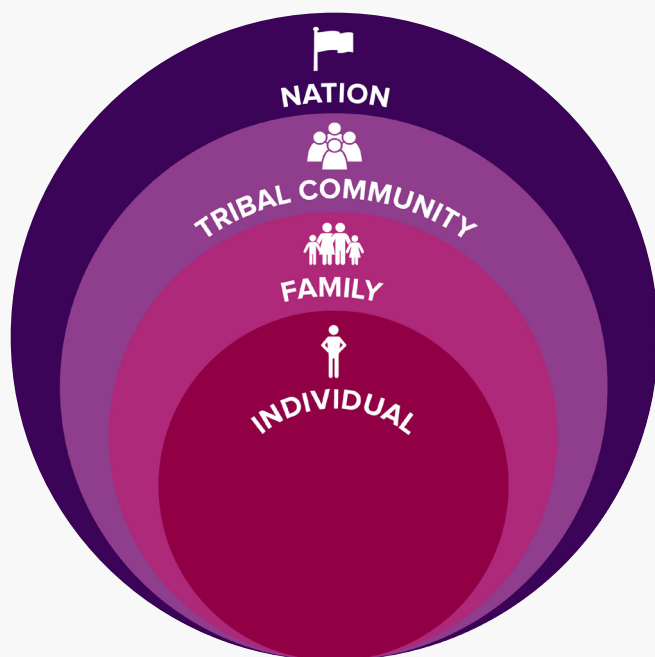
Trauma

Addressing trauma, abuse and neglect in tribal communities is necessary for understanding PSB. Trauma-informed principles can help us support all youth and specifically two-spirit youth.⁶

Youth need safety, supervision, protection, guidance, monitoring and teachings. All youth must know they are connected, sacred and honored.⁶

Research

PSB in youth occurs across sexual orientation, race, ethnicity or socioeconomic status.¹ Two-spirit youth are not more likely to have or show PSB than other youth. PSB in youth is a serious issue that is under-reported and not addressed in many communities. More than one-third of sexual offenses against children are committed by other youth.⁷ Risk for problematic sexual behavior is greatest among youth 12-14 years of age.⁸ Almost half of child victims of PSB are under 6 years old.⁹ PSB occurs most often between children/youth who know one another. More than 25% of PSB cases involve family members.⁹ The average sexual recidivism rate of adolescents with illegal sexual behaviors is less than 3%.⁵



Information - Empirically informed knowledge improves decision making

Attitudes & Beliefs - Healthy beliefs that are trauma informed

Access - Empirically based and developmentally appropriate policies and services

Culture - Culturally Congruent and Respectful Approaches



NATION - Empirically based and developmentally appropriate policies, laws, codes, registries, statutes



TRIBAL COMMUNITY - Supporting healthy relationships and behavior through schools, I.H.S., MDTs, law enforcement, BIA, social services, courts, behavioral health, State Department of Social Services, CPS, Boys and Girls Clubs, juvenile justice, tribal health, Tribal Child and Family Service, Child Assessment Center, tribal protocols, resolutions, procedures, registries



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



INDIVIDUAL - Healthy relationships, normal behaviors and sexual development, respect for other persons and boundaries, roles in family and community, spirituality

Children are Sacred Fact Sheet for Two-Spirit Youth

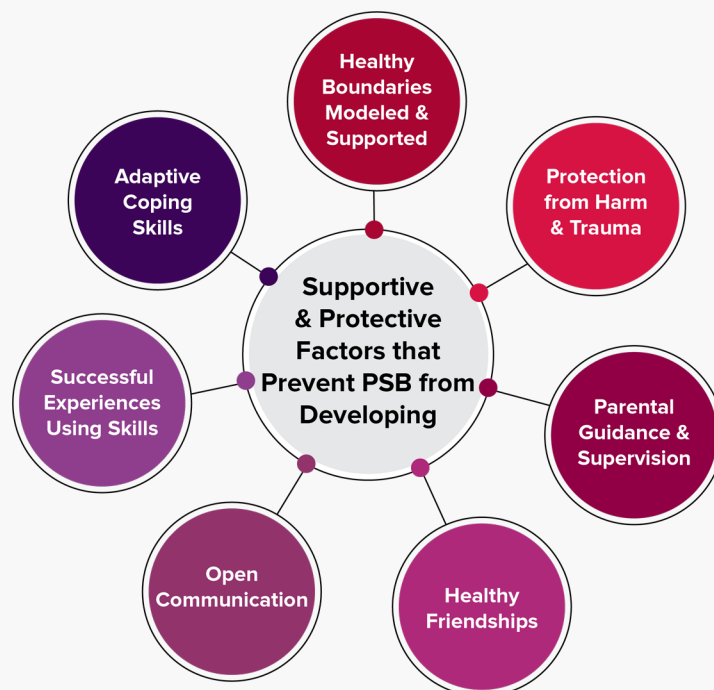
Treatment

Utilize traditional rites of passage, traditional healers, and restorative justice models for the treatment of problematic sexual behavior in youth, child victims, and families.

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, child self-regulation and self-control skills. Treatment also may include emotional regulation skills, healthy coping skills, decision-making skills, social skills, restitution and amends.

Two-Spirit Fact Sheet References

1. Silovsky, J. F., & Bonner, B. L. (2003). Children with Sexual Behavior Problems: Common misconceptions vs. current findings. National Center on Sexual Behavior of Youth.
2. National Congress of American Indians (ND). A Spotlight on Two-Spirit Communities. Available from: http://www.ncai.org/policy-research-center/research-data/prc-publications/A_Spotlight_on_Native_LGBT.pdf
3. Majd, K., Marksamer, J., & Reyes, C. (2009). Hidden Injustice: Lesbian, Gay, Bisexual and Transgender Youth in Juvenile Courts. Legal Services for Children, National Juvenile Defender Center, and National Center for Lesbian Rights.
4. Daly, K., & Wade, D. (2013). Sibling Sexual Abuse: Offending Patterns and Dynamics in Youth Justice Conferences. Forthcoming in A. Hayden, L. Gelsthorpe, V. Kizngin, and A. Morris (eds.), *Why Rock the Boat?*
5. Caldwell, M. F. (2016). Quantifying the Decline in Juvenile Sexual Recidivism Rates. *Psychology, Public Policy, and Law*, 22(4), 414-426. doi: 10.1037/law0000094
6. BigFoot, D. (2013). Child Trauma Series in Indian Country- Seven-part Series. Indian Health Service TeleBehavior Health Center.
7. Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. L. (2009). Violence, Abuse and Crime Exposure in a National Sample of Children and Youth. *Pediatrics*, 124(5), 1411-1423.
8. American Academy of Pediatrics (2005). *Sexual Behaviors in Children*. Elk Grove, IL: American Academy of Pediatrics.
9. Snyder, H. (2000). *Sexual Assault of Young Children as Report to Law Enforcement: Victim, Incident and Offender Characteristics*. NCJ 182990. Available online from: <https://www.bjs.gov/content/pub/pdf/saycrle.pdf>



Resources

Indian Country Child Trauma Center

www.icctc.org/index.asp

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/

Two-Spirited Web Booklet, Safe and Caring

www.safeandcaring.ca/wp-content/uploads/2013/08/Two-Spirited-Web-Booklet.pdf

U.S. Department of Health and Human Services Child Welfare Information Gateway on state and tribal laws and policies

www.childwelfare.gov/topics/systemwide/laws-policies/state/?hasBeenRedirected=1

Children are Sacred Fact Sheet for Law Enforcement

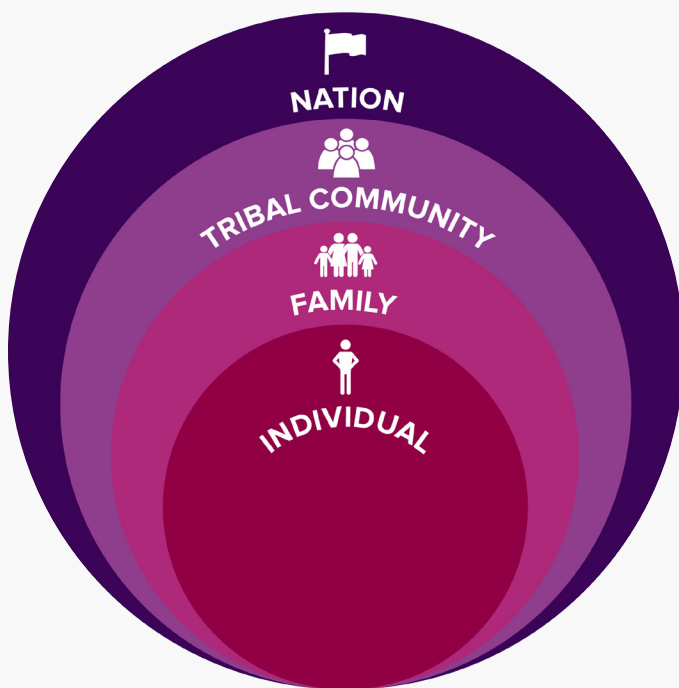
Understanding Problematic Sexual Behavior in Youth – A Fact sheet for American Indian and Alaska Native Tribes.

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. Law enforcement can help mend the Circle by understanding the needs of youth and families.

Problematic Sexual Behavior (PSB) is youth-initiated behavior that involves sexual body parts in a manner that is developmentally inappropriate and potentially harmful.¹

Role of Law Enforcement

Federally recognized tribes can make and enforce their own laws. However, jurisdiction varies based on the type of crime, the race of the individuals, and the location of the crime. Often the role of law enforcement is to determine if a criminal violation of law occurred. Law enforcement can be involved in mentoring programs, and connecting community members to resources available. Law enforcement may conduct investigations when interpersonal PSB is suspected.



Information - Empirically informed knowledge improves decision making

Attitudes & Beliefs - Healthy beliefs that are trauma informed

Access - Empirically based and developmentally appropriate policies and services

Culture - Culturally Congruent and Respectful Approaches



NATION - Empirically based and developmentally appropriate policies, laws, codes, registries, statutes



TRIBAL COMMUNITY - Supporting healthy relationships and behavior through schools, I.H.S., MDTs, law enforcement, BIA, social services, courts, behavioral health, State Department of Social Services, CPS, Boys and Girls Clubs, juvenile justice, tribal health, Tribal Child and Family Service, Child Assessment Center, tribal protocols, resolutions, procedures, registries



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



INDIVIDUAL - Healthy relationships, normal behaviors and sexual development, respect for other persons and boundaries, roles in family and community, spirituality

Children are Sacred Fact Sheet for Law Enforcement

Laws & Policies

Systems Element	Possible Professional Involved	Legal and Jurisdictional Issues
Reporting PSB	Mandatory reporters under state, federal or tribal law. On or off reservation. Concerned individuals. 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 healthcare providers.	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 court, state court.	Jurisdiction, tribal law, P.L. 280 status, P.L. 93-638 or self-governance status
Treatment: Psycho-social assessments. Service plans. Family and care service.	Tribal CPS, state CPS, BIA social services, IHS or tribal health care providers. Resources available.	Resources, capacity, P.L. 280 status, P.L. 93-638 or self-governance status

Adapted from NICWA, 2016, "Challenges with Legal and Programmatic Framework for Addressing Child Maltreatment in Indian Country", p. 9.²

Protocols and Procedures

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

- Triage and response protocols for youth with PSB.
- Protocols that outline the risk and protective factors.
- Protocols for response to youth under age of culpability and arrest.
- Protocol for communicating among parties and managing confidentiality.
- Protocol for tribal court prosecutors.
- Protocol for referral and access to treatment with levels of care based on risk, need and responsivity.
- Protocol for data sharing and tracking cases across systems.
- Protocol for mandatory reporters, kinds of information to include, and to whom to report cases.
- Be familiar with jurisdictional issues and who to contact with questions including tribal and state law P.L. 280, P.L. 93-638 or self-governance status, major crimes act and Indian Country Crimes Act.

Respond to Problematic Sexual Behavior

Children with PSB are different than adult offenders.

Know your role in the response process. The current legal system was not designed to handle the special needs of youth with problematic sexual behavior. Utilize a multidisciplinary team approach for cases involving children with problematic sexual behavior. Work with social service organizations (BIA or tribal) to document the allegations and protect all children.

Reform of current laws and policies may be considered when gaps in the system are identified to ensure that youth with PSB, child victims and families receive the treatment they need. 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.

Children are Sacred Fact Sheet for Law Enforcement

"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

Research on Problematic Sexual Behavior

- PSB in youth occurs in youth across sexual orientation, race, ethnicity or socioeconomic status.¹
- More than one-third of sexual offenses against children are committed by other youth.³
- Risk for problematic sexual behavior is greatest among youth 12-14 years of age.⁴
- Almost half of child victims of PSB are under 6 years of age.⁴
- PSB occurs most often between children/youth who know one another. More than 25% of PSB cases involve family members.⁵
- The recent average sexual recidivism rate for adolescents with illegal sexual behavior was less than 3%.⁶



Law Enforcement Resources:

Indian Country Child Trauma Center
www.icctc.org/index.asp

Law Enforcement Response to Child Abuse, Office of Juvenile Justice and Delinquency Prevention
www.ncjrs.gov/pdffiles/162425.pdf

U.S. Department of Justice Jurisdictional Summary
www.justice.gov/jm/criminal-resource-manual-689-jurisdictional-summary

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/

U.S. Department of Health and Human Services Child Welfare Information Gateway on state and tribal laws and policies
www.childwelfare.gov/topics/systemwide/laws-policies/state/?hasBeenRedirected=1

Law Enforcement Fact Sheet References

1. Silovsky, J. F., & Bonner, B. L. (2003). Children with Sexual Behavior Problems: Common Misconceptions vs. Current Findings. National Center on Sexual Behavior of Youth.
2. National Indian Child Welfare Act (2016). NICWA Testimony Task Force on AIAN Children Exposed to Violence, December 2013
3. Office of Juvenile Justice Delinquency Prevention (2001). Law Enforcement Response to Child Abuse. Retrieved from: <https://www.ncjrs.gov/pdffiles/162425.pdf>
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. Available online from: <https://www.ncjrs.gov/pdffiles1/ojjdp/227763.pdf>
5. Snyder, H. (2000). Sexual Assault of Young Children as Report to Law Enforcement: Victim, Incident, and Offender Characteristics. NCJ 182990. Available online from: <https://www.bjs.gov/content/pub/pdf/saycrle.pdf>
6. Caldwell, M. F. (2016). Quantifying the Decline in Juvenile Sexual Recidivism Rates. Psychology, Public Policy, and Law, 22(4), 414.

Children are Sacred

Fact Sheet for Juvenile Justice & Courts

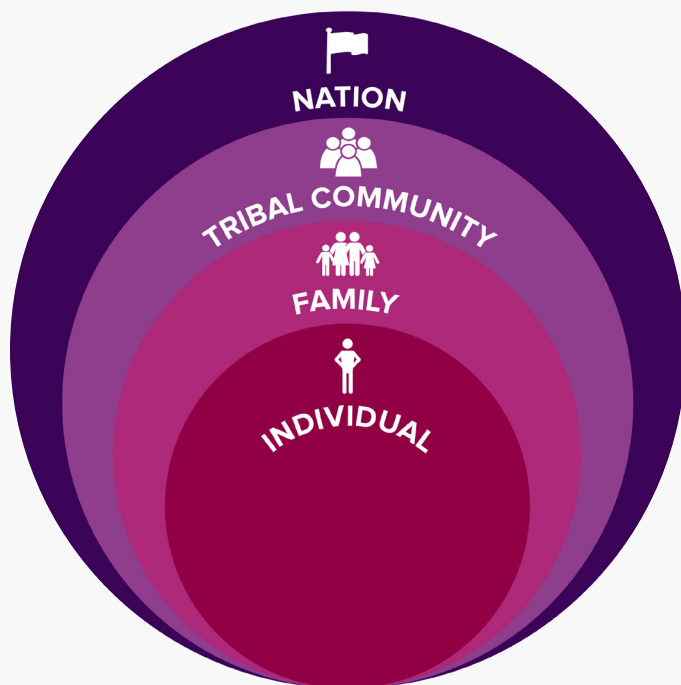
Much of Native culture is based on the Circle of Life. Culture teaches us that we are all relatives to all things in creation. Some of the threads in the Circle have become broken. Law enforcement can help mend the Circle by understanding the needs of youth and families.

Problematic Sexual Behavior (PSB) is youth-initiated behavior that involves sexual body parts in a manner that is developmentally inappropriate and potentially harmful.¹

Role of Juvenile Justice & Courts

The juvenile justice system addresses youth who need rehabilitative approaches because they have failed to follow required law and policies. Often child protective systems also are involved. Both systems overlap to

provide services for youth with PSB and their victims. Involvement varies but general 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 thus 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 (e.g., deferred prosecution and referral for treatment).²



NATION - Empirically based and developmentally appropriate policies, laws, codes, registries, statutes



TRIBAL COMMUNITY - Supporting healthy relationships and behavior through schools, I.H.S., MDTs, law enforcement, BIA, social services, courts, behavioral health, State Department of Social Services, CPS, Boys and Girls Clubs, juvenile justice, tribal health, Tribal Child and Family Service, Child Assessment Center, tribal protocols, resolutions, procedures, registries



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



INDIVIDUAL - Healthy relationships, normal behaviors and sexual development, respect for other persons and boundaries, roles in family and community, spirituality

Information - Empirically informed knowledge improves decision making

Attitudes & Beliefs - Healthy beliefs that are trauma informed

Access - Empirically based and developmentally appropriate policies and services

Culture - Culturally Congruent and Respectful Approaches

Children are Sacred

Fact Sheet for Juvenile Justice & Courts

Protocols & Procedures

- Establish and follow policies and procedures for PSB cases and the following topics:
- Triage and response protocols for youth with PSB.
- Protocols that outline risk and protective factors.
- Protocols for response to youth under age of culpability and arrest.
- Protocol for communicating among parties and managing confidentiality.
- Protocol for tribal court prosecutors.
- Protocol for referral and access to treatment with levels of care based on risk, need and responsivity.
- Protocol for data sharing and tracking cases across systems.
- Protocol for mandatory reporters, kinds of information to include, and to whom to report cases.
- Be familiar with jurisdictional issues and who to contact with questions including tribal and state law P.L. 280, P.L. 93-638 or self-governance status, major crimes act and Indian Country Crimes Act.

Juvenile Justice & Courts Resource

How the Justice System Responds to Juvenile Victims: A Comprehensive Model

www.unh.edu/ccrc/pdf/CV62Bulletin.pdf

Law Enforcement Response to Child Abuse, Office of Juvenile Justice and Delinquency Prevention

www.ncjrs.gov/pdffiles/162425.pdf

Community Laws on Sexual Offenses Vary

www.smart.gov/juvenile_offenders.htm

Reports from Indian Country

www.smart.gov/indiancountry.htm

Sexting Laws in America

www.cyberbullying.org/sexting-laws

U.S. Department of Justice Jurisdictional Summary

www.justice.gov/jm/criminal-resource-manual-689-jurisdictional-summary

U.S. Department of Health and Human Services Child Welfare Information Gateway on state and Tribal laws and policies

www.childwelfare.gov/topics/systemwide/laws-policies/state/?hasBeenRedirected=1

Dispelling Misconceptions About PSB

Myth 1

“Youth with PSB have been sexually abused.”

Fact 1

Many youth with PSB have no history of sexual abuse. There are a variety of other risk factors that may have contributed to 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.

Myth 2

“Youth with PSB are at greater risk for becoming sex offenders.”

Fact 2

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

Juvenile Justice and Courts Fact Sheet References

1. Silovsky, J. F., & Bonner, B. L. (2003). Children with Sexual Behavior Problems: Common Misconceptions vs. Current Findings. National Center on Sexual Behavior of Youth.
2. 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. Available online from: <http://unh.edu/ccrc/pdf/CV62Bulletin.pdf>
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. Available online from: <https://www.ncjrs.gov/pdffiles1/ojdp/227763.pdf>
5. Snyder, H. (2000). Sexual Assault of Young Children as Report to Law Enforcement: Victim, Incident, and Offender Characteristics. NCJ 182990. Available online from: <https://www.bjs.gov/content/pub/pdf/saycrle.pdf>
6. Caldwell, M. F. (2016). Quantifying the Decline in Juvenile Sexual Recidivism Rates. Psychology, Public Policy, and Law, 22(4), 414.

Children are Sacred

Fact Sheet for Mental Health Providers

Understanding Problematic Sexual Behavior in Youth – A Factsheet for American Indian and Alaska Native Tribes.

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 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.

Known Protective and Risk Factors

Tribal protocol, practices and ceremonies can facilitate resilience and protective factors in youth. Protective factors that facilitate healthy behaviors and good decisions at the individual, family and community level include the following:

- Adults providing supervision and guidance throughout development.
- Healthy boundaries and coping skills that are modeled and supported.
- Protection from trauma or harm.
- Friendships with peers who make healthy decisions.
- Having experiences of competencies or success.
- Open communication about relationships and sexual matters with healthy adults.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

- 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, pornography 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

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

Response of Problematic Sexual Behavior

- Behaviors range in their degree of severity. There is not a profile or single set of characteristics of youth with problematic sexual behavior.
- Start by assessing youth and family risk, needs, responsivity and protective factors.
- 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.
- Directly include the family, particularly caregivers, in the treatment.

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Fact Sheet for Mental Health Providers

- Address confidentiality. Know what can and cannot be shared, and how to be respectful when sharing.
- Utilize a multidisciplinary team approach.
- Make decisions on a case-by-case basis. Consider intervention, removal, placement, notification, reporting, legal adjudication and contact restrictions with other youth.

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.
- In most cases, 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, depositions and case plans.
- Clinical assessments are not official investigations.

Assessment Areas For Youth With PSB

- Context, social ecology and family. Focus on present and future contextual factors inside and outside of the home.
- 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 effect 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
- Collaboration with the school may facilitate identification and assessment of developmental, language, cognitive, and social/emotional delays and educational support needs of the child.

Treatment of Problematic Sexual Behavior

Effective interventions include active involvement of parents or other caregivers. Effective treatment 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 children 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.

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}

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Fact Sheet for Mental Health Providers

A key component is help in addressing sex education, and to ensure the child has someone to talk to about friendship, relationships and sex. In this way, turning to peers or the internet as a resource is less likely. Treatment may include abuse prevention skills, healthy coping skills, impulse-control strategies and decision-making skills, safety plans, and social skills.

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 as children first. Have developmentally appropriate policies, laws and protocols. Open communication about relationships, intimacy, consent, prevention of abuse, pornography 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. That may include, suicide prevention, substance abuse, family resources and support, youth programming support and traditional activities.

What We Know About Youth With Problematic Sexual Behavior

- PSB in youth occurs in youth across sexual orientation, race, ethnicity or socioeconomic status.¹
- More than one-third of sexual offenses against children are committed by other youth.³
- Risk for problematic sexual behavior is greatest among youth 12 to 14 years of age.⁴
- Almost half of child victims of problematic sexual behavior are under 6 years of age.⁴
- Problematic sexual behavior occurs most often

between children/youth who know one another. More than 25% of PSB cases involve family members.⁵

- The recent average sexual recidivism rate for adolescents with illegal sexual behavior was less than 3%.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*

Assessment & Treatment Resources

The Association for the Treatment of Sexual Abusers
www.atsa.com/pdfs/Report-TFCSBP.pdf

Indian Country Child Trauma Center
www.icctc.org/index.asp

National Center on the Sexual Behavior of Youth
www.ncsby.org/professionals

National Child Traumatic Stress Network
www.nctsn.org/

National Child Traumatic Stress Network PSB-CBT-S
www.nctsn.org/sites/default/files/interventions/psbcbt_fact_sheet.pdf

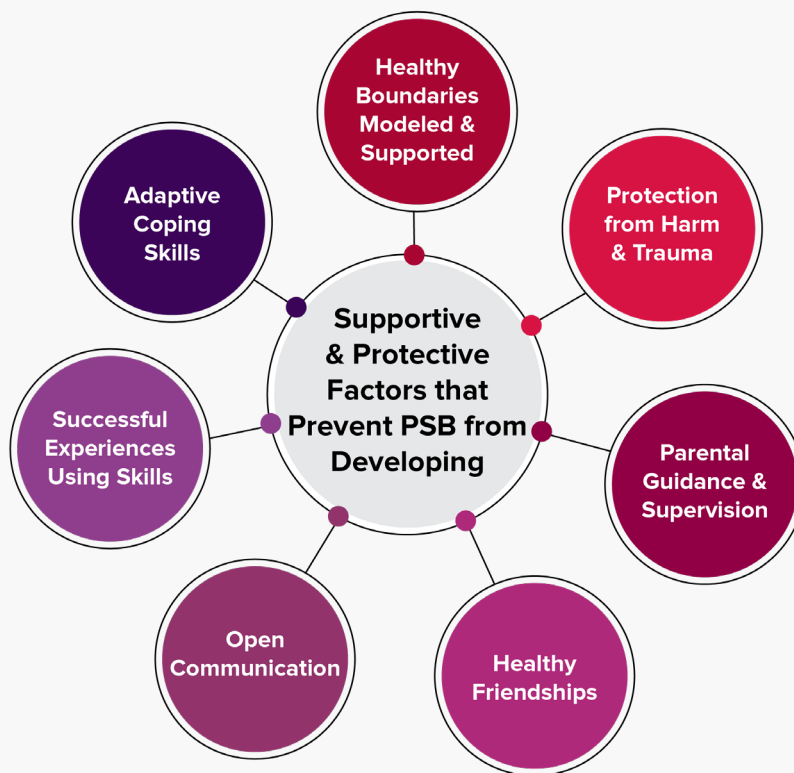
NEARI Press and Training Center Prevention For Professionals
https://nearipress.org/p4p_about/

Office of Juvenile Justice and Delinquency Prevention
www.ojjdp.gov/

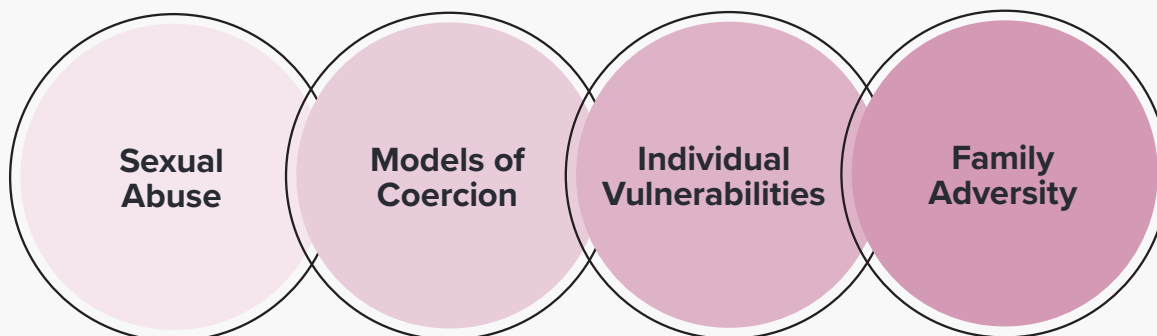
U.S. Department of Health and Human Services Child Welfare Information Gateway on state and Tribal laws and policies
www.childwelfare.gov/topics/systemwide/laws-policies/state/?hasBeenRedirected=1

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Fact Sheet for Mental Health Providers



Contributing Factors



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2. Friedrich, W.N. (1997). Child Sexual Behavior Inventory: Professional Manual. Odessa, FL: Psychological Assessment Resources, Inc.
3. Silovsky, J.F. (2009). Taking Action: Support for Families of Children with Sexual Behavior Problems. Vermont: Safer Society Press.
4. St. Amand, A., Bard, D., & Silovsky, J.F. (2008). Meta-analysis of child sexual behavior problems: Practice elements and outcomes. *Child Maltreatment*, 13(2), 145-166. DOI: 10.1177/1077559508315353
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. Available online from: <https://www.ncjrs.gov/pdffiles1/ojjdp/227763.pdf>
6. Snyder, H. (2000). Sexual Assault of Young Children as Report to Law Enforcement: Victim, Incident, and Offender Characteristics. NCJ 182990. Available online from: <https://www.bjs.gov/content/pub/pdf/saycrle.pdf>
7. Caldwell, M. F. (2016). Quantifying the Decline in Juvenile Sexual Recidivism Rates. *Psychology, Public Policy, and Law*, 22(4), 414.

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Fact Sheet for Parents & Caregivers

Understanding Problematic Sexual Behavior in Youth – A Factsheet for American Indian and Alaska Native Tribes.

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 sexual development, healthy relationships, healthy interpersonal behavior and problematic sexual behavior (PSB).

Problematic Sexual Behavior (PSB) is youth-initiated behavior that involves sexual body parts in a manner that is developmentally inappropriate and potentially harmful.¹

Prevent Problematic Sexual Behavior

- Talk with your child about his/her 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, pornography, and other related topics in a manner that appropriate to age and development.
- Decisions that parents make depend on the individual child and family circumstances. For example, consider at what age it is still appropriate for siblings to co-bathe with another sibling. Also, consider sleeping

arrangements that offer the most privacy and respect for personal boundaries.

- Address the lack of privacy between adults and children due to crowded housing. For example, 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. These factors include:
 - » sexual behavior among children who differ in age/ability/size,
 - » anytime force, coercion is used,
 - » intrusive sexual behavior,
 - » when fear, sadness, anxiety, or strong anger related to the sexual behavior is present in the child, or
 - » when a behavior continues even after you or another adult has addressed the behavior.

Report Problematic Sexual Behavior

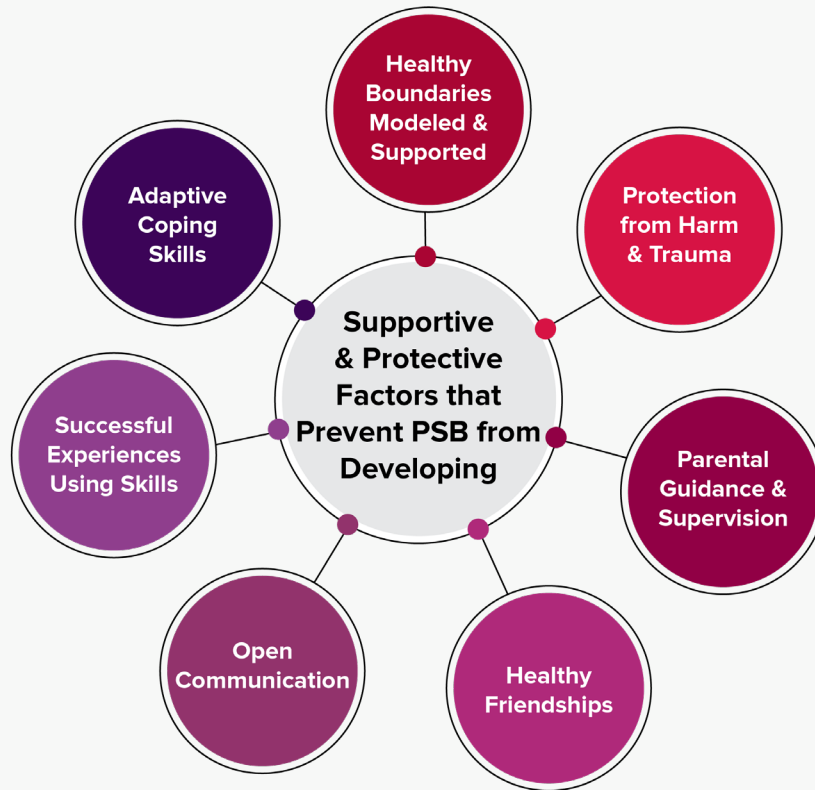
If you are concerned that your child has PSB or is the child victim of PSB, contact a licensed mental health professional immediately. A licensed professional can help you determine next steps for your child and the best treatment options available if needed. This may include child protective services,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

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

Children are Sacred Fact Sheet for Parents & Caregivers



activity or nudity, pornography, 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.

Protective Factors

Tribal protocol, practices and ceremonies can facilitate resilience and protective factors in youth. Protective factors that facilitate healthy behaviors and good decisions at the individual, family and community levels include the following:

- Adults supervision and guidance provided throughout development.

- Healthy boundaries and coping skills that are modeled and supported.
- Protection from trauma or harm.
- Friendships with peers who make healthy decisions.
- Having experiences of competencies or success.
- Open communication about relationships and sexual matters with healthy adults.³

Research on Problematic Sexual Behavior

- Children of all races, ethnicities, education levels, and socioeconomic status may demonstrate PSB.¹
- More than one-third of sexual offenses against children are committed by other youth.³
- Risk for PSB is greatest among youth 12 to 14 years of age.³
- Almost half of child victims of PSB are under 6 years of age.³
- Problematic sexual behavior occurs most often between children/youth who know one another. More than 34% of PSB cases involve family members.⁴
- The recent average sexual recidivism rate for adolescents with illegal sexual behavior was less than 3%.⁶

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Fact Sheet for Parents & Caregivers

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 (www.ncsby.org/content/understanding-treatment).
- Know that caregiver involvement in treatment is crucial. Caregiver involvement has been found to significantly improve treatment outcomes. Therapy should include caregivers so that they have the information needed to best assist their children. Caregivers should receive education related to appropriate supervision, supporting their children in decision-making, and other areas.⁶
- Respect and support are key. When you are in services, you should feel supported, respected and heard. This will help you share and invest in treatment. Therapists should provide messages of hope and the potential for progress. 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

“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 For Parents

Indian Country Child Trauma Center It Starts With Me Postcard
www.icctc.org/It%20Starts%20With%20Me1.pdf

National Center on the Sexual Behavior of Youth
www.ncsby.org/content/parents

Newsletter and Guides from the NCSBY Parent Partnership Board
www.ncsby.org/sites/default/files/PSB%20Newsletter%20V1N1.pdf

NEARI Press and Training Center Parent 2 Parent
www.nearipress.org/parent-2-parent-project/

National Center on the Sexual Behavior of Youth
www.ncsby.org/content/parents

U.S. Department of Health and Human Services Child Welfare Information Gateway on state and tribal laws and policies
www.childwelfare.gov/topics/systemwide/laws-policies/state/?hasBeenRedirected=1

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2. National Children's Alliance (2017). PSB Fact Sheet Overview. Risk and Protective Factors. Available online from: <http://www.nationalchildrensalliance.org/wp-content/uploads/2018/03/2017-PSB-Fact-Sheet-Overview-3.pdf>
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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. [add link]

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Fact Sheet for Schools & Educators

Understanding Problematic Sexual Behavior in Youth – A Factsheet for American Indian and Alaska Native Tribes.

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 the needs of youth and families.

Problematic Sexual Behavior (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 in the classroom in developmentally appropriate ways.

Role

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

Trauma

Trauma-informed principles can help youth and families. These include: the need for safety, supervision, protection, guidance, monitoring, teaching, to know they are connected, sacred and honored.³

Known Problematic Sexual Behaviors

- Understand typical child development and sexual development. Know what is typical for students with developmental delays or medical conditions.
- Know guidelines of when sexual behavior is concerning, problematic or harmful.

These factors include:

- » sexual behavior among children who differ in age/ability/size,
- » anytime force, coercion is used,

- » intrusive sexual behavior,
- » when fear, sadness, anxiety, or strong anger related to the sexual behavior is present in the child, or
- » when behavior continues even after you or another adult has addressed the behavior.
- 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.
- Address ways to safeguards use of technology in schools.
- Support abuse-prevention strategies and skills.
- Talk with students about personal space and privacy.
- Teach students to respect the privacy of others and healthy sexual boundaries.

Report Problematic Sexual Behaviors

Know your school's policy on reporting suspected sexual abuse. Support school planning and revisions to update protocols as needed.

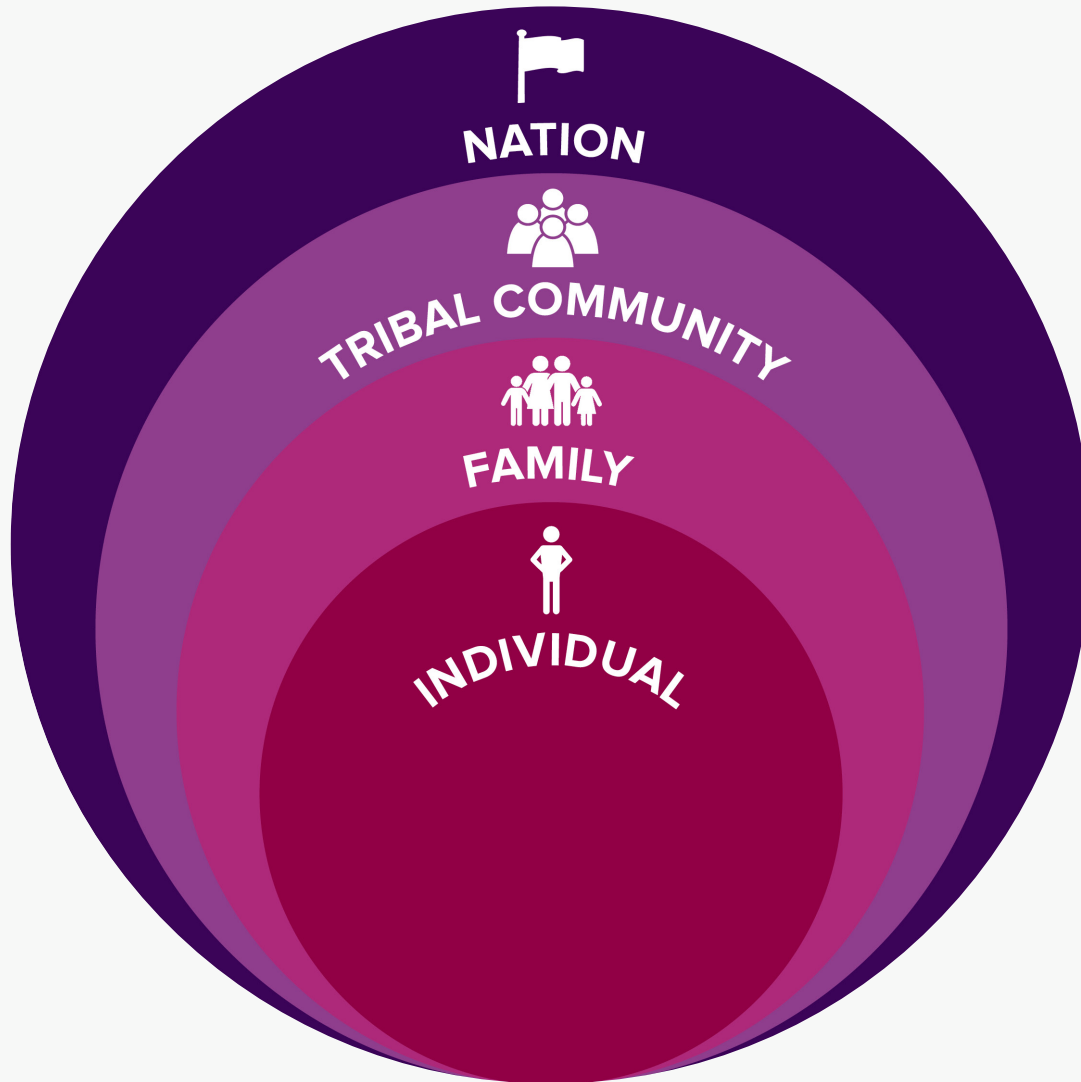
If you are concerned that a student has problematic sexual behavior or is the child victim of problematic sexual behavior, follow school and tribal protocols, as well as state laws.

Risk Factors

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.

- 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, pornography or other factors that contribute to a sexualized environment.

Children are Sacred Fact Sheet for Schools & Educators



NATION - Empirically based & developmentally appropriate Policies, Laws, Codes, Registries, Statutes



TRIBAL COMMUNITY - Supporting healthy relationships and behavior through Schools, I.H.S., MDTs, Law Enforcement, BIA, Social Services, Courts, Behavioral Health, State Department of Social Services, CPS, Boys and Girls Clubs, Juvenile Justice, Tribal Health, Tribal Child and Family Service, Child Assessment Center, Tribal Protocols, Resolutions, Procedures, Registries



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



INDIVIDUAL - Healthy relationships, normal behaviors and sexual development, respect for other persons and boundaries, roles in family and community, spirituality

Information - Empirically informed knowledge improves decision making

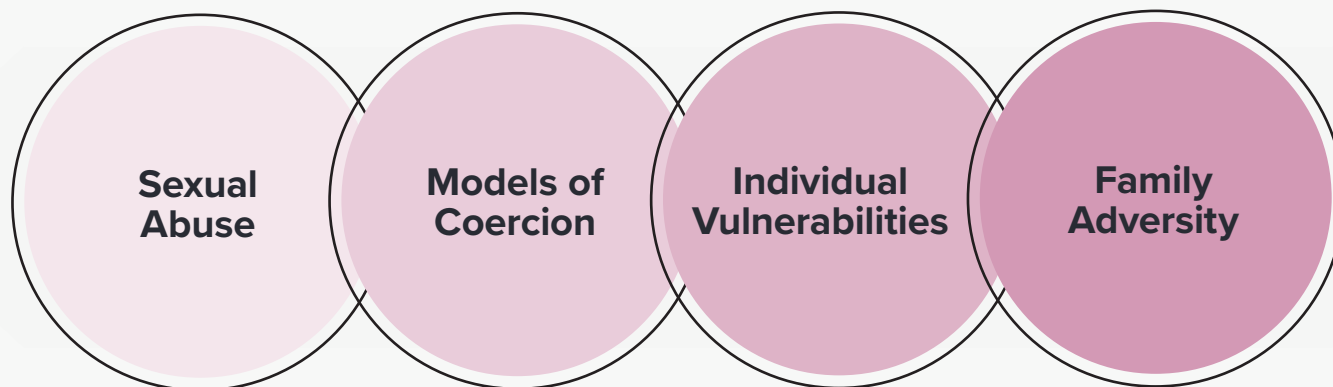
Attitudes & Beliefs - Healthy beliefs that are trauma informed

Access - Empirically based and developmentally appropriate policies and services

Culture - Culturally Congruent and Respectful Approaches

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Contributing Factors



- 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.

Protective Factors

Tribal protocol, practices and ceremonies can facilitate resilience and protective factors in youth. Protective factors that facilitate healthy behaviors and good decisions at the individual, family and community level include the following:

- Adults supervision and guidance provided throughout development.
- Healthy boundaries and coping skills that are modeled and supported.
- Protection from trauma or harm.
- Friendships with peers who make healthy decisions.
- Having experiences of competencies or success.
- Open communication about relationships and sexual matters with healthy adults.³

Research on Problematic Sexual Behavior

- PSB in youth occurs in youth across sexual orientation, race, ethnicity or socioeconomic status.¹

- More than one-third of sexual offenses against children are committed by other youth.⁴
- Risk for problematic sexual behavior is greatest among youth 12-14 years of age.⁵
- Almost half of child victims of problematic sexual behavior are under 6 years of age.⁵
- Problematic sexual behavior occurs most often between children/youth who know one another—more than 34% of PSB cases involve family members.⁶
- The recent average sexual recidivism rate for adolescents with illegal sexual behavior was less than 3%.⁷

Treatment of Problematic Sexual Behavior

- 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. 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. Treatment may include learning abuse-prevention and healthy coping skills, impulse-control strategies and decision-making skills, safety plans, and social skills.
- Professionals can advocate for public policies that support treatment for youth with problematic sexual behavior. Use people-first language. Treat as children

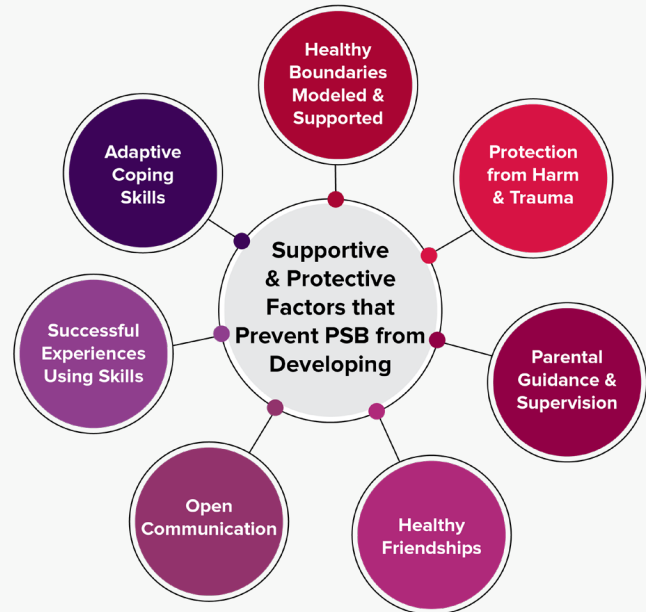
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first. Implement developmentally appropriate policies, laws and protocols.

- 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, pornography, and other related topics in a developmentally appropriate manner with trusted adults.

“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



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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.
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6. 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. Available online from: <https://www.ncjrs.gov/pdffiles1/ojjdp/227763.pdf>
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8. Caldwell, M. F. (2016). Quantifying the Decline in Juvenile Sexual Recidivism Rates. *Psychology, Public Policy, and Law*, 22(4), 414.

Resources For Schools

Responding to Children’s Problem Sexual Behavior in Elementary Schools

www.ncsby.org/sites/default/files/School%20Prob%20Sexual%20Behavior.pdf

Private Part Rules for Preschoolers

www.newdirections.mb.ca/wp-content/uploads/2014/02/Private-Part-Rules-for-preschool.pdf

Teaching Boundaries and Safety Guide

www.virtusonline.org/educators/Teaching-Boundaries-and-Safety-Guide-English.pdf

US Department of Health and Human Services Child Welfare Information Gateway on state and Tribal laws and policies

www.childwelfare.gov/topics/systemwide/laws-policies/state/?hasBeenRedirected=1

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Fact Sheet for Multidisciplinary Teams

Understanding Problematic Sexual Behavior in Youth – A Factsheet for American Indian and Alaska Native Tribes.

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. MDTs can help mend the Circle by understanding how to help youth with problematic sexual behavior (PSB).

Problematic Sexual Behavior (PSB) is youth- initiated behavior that involves sexual body parts in a manner that is developmentally inappropriate and potentially harmful.¹

MDTs 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 member 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 A Multi Disciplinary Team

- 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.

Protocols & Procedures

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

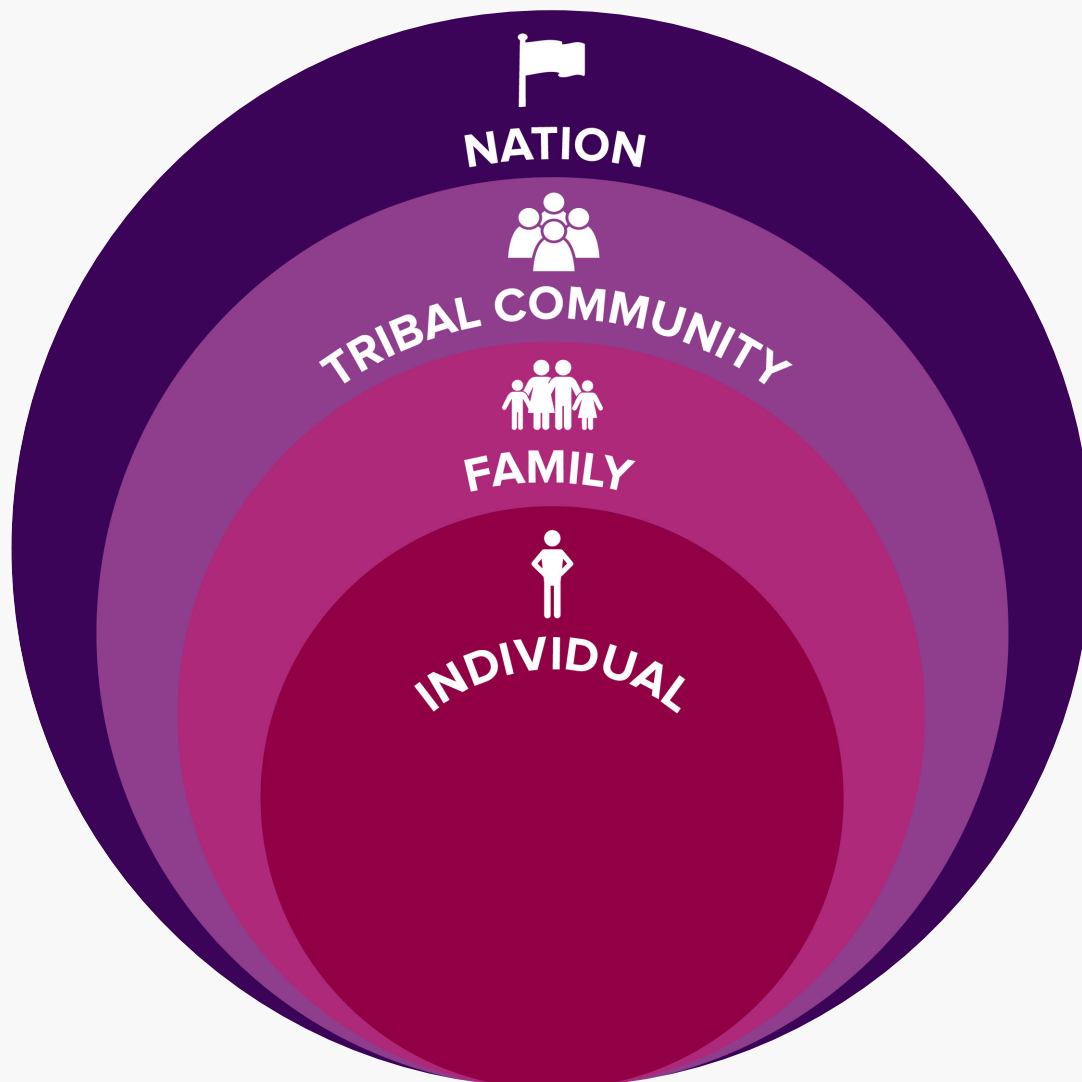
- Triage and response protocols for youth with PSB.
- Protocols that outline risk and protective factors.
- Protocols for response to youth under age of culpability and arrest.
- Protocol for communicating among parties and managing confidentiality.
- Protocol for tribal court prosecutors.
- Protocol for referral and access to treatment and coordination among agencies with levels of care based on risk, need, responsiveness, context and protective factors.
- Protocol and policies to address family services for cases when PSB occurs among family members. Coordinate services and safety for child victim(s), youth with PSB, caregivers and other family members.
- Protocol for data sharing and tracking cases across systems.
- Protocol for mandatory reporters, what kinds of information to include, and to whom to report cases.
- Be familiar with jurisdictional issues and who to contact with questions including tribal and state law P.L. 280, P.L. 93-638 or self-governance status, major crimes act and Indian Country Crimes Act.

Respond

- Children with problematic sexual behavior are not mini adults.
- Children should not be referred to and/or treated as “perpetrators.”
- Know your role in the MDT response process.
- Utilize an MDT approach for cases involving children and problematic sexual behavior.
- MDTs can help caregivers as understand the behaviors that occurred and the complex nature of PSB.
- MDTs may offer services onsite or through community collaborations that follow detailed policies and procedures for youth with PSB.
- MDTs can help ensure that services are delivered in a manner that ensures the physical and psychological safety of all children and families receiving services.
- MDTs may work with child advocacy centers or

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Fact Sheet for Multidisciplinary Teams



NATION - Empirically based & developmentally appropriate Policies, Laws, Codes, Registries, Statutes



TRIBAL COMMUNITY - Supporting healthy relationships and behavior through Schools, I.H.S., MDTs, Law Enforcement, BIA, Social Services, Courts, Behavioral Health, State Department of Social Services, CPS, Boys and Girls Clubs, Juvenile Justice, Tribal Health, Tribal Child and Family Service, Child Assessment Center, Tribal Protocols, Resolutions, Procedures, Registries



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



INDIVIDUAL - Healthy relationships, normal behaviors and sexual development, respect for other persons and boundaries, roles in family and community, spirituality

Information - Empirically informed knowledge improves decision making

Attitudes & Beliefs - Healthy beliefs that are trauma informed

Access - Empirically based and developmentally appropriate policies and services

Culture - Culturally Congruent and Respectful Approaches

Children are Sacred

Fact Sheet for Multidisciplinary Teams

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.

- MDTs work with social service organizations (BIA or tribal) to document allegations and protect all children.

Research on Problematic Sexual Behaviors

- PSB in youth occurs in youth across sexual orientation, race, ethnicity or socioeconomic status.¹
- More than one-third of sexual offenses against children are committed by other youth.³
- Risk for problematic sexual behavior is greatest among youth 12-14 years of age.⁴
- Almost half of child victims of problematic sexual behavior are under 6 years of age.⁴
- Problematic sexual behavior occurs most often between children/youth who know one another—more than 34% of PSB cases involve family members.⁵
- Problematic sexual behavior in youth is a serious issue that is underreported and not addressed in many communities.
- The recent average sexual recidivism rate for adolescents with illegal sexual behavior was less than 3%.⁶

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, pornography, and other related topics in a developmentally appropriate manner with trusted adults.

“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 For MDTs

National Children’s Alliance

www.nationalchildrensalliance.org

U.S. Department of Health and Human Services Child Welfare Information Gateway on state and Tribal laws and policies

www.childwelfare.gov/topics/systemwide/laws-policies/state/?hasBeenRedirected=1

Tribal Institute, Multidisciplinary Teams and Child Protective Teams

www.tribal-institute.org/download/MdtCpt.doc

U.S. Department of Justice Office of Justice Programs Office of Juvenile Justice and Delinquency Prevention, Forming Multidisciplinary Teams to Investigate Child Abuse

www.nfcjrs.gov/pdffiles1/ojdp/170020.pdf

Children are Sacred Fact Sheet for Multidisciplinary Teams

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Definitions/Glossary

Adolescent - 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 the website at 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,.

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 its website at 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. (www.ncsc.org/Topics/Special-Jurisdiction/Tribal-Courts/Resource-Guide.aspx).

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.

Two-Spirit Youth/LGBTQ - Contemporary umbrella term that refers to the historical and current Native American people whose individual spirits were a blend of female and male spirits. This term has been reclaimed by Native American LGBTQ communities in order to honor their heritage and provide an alternative to the Western labels of gay, lesbian, or transgender. Refers to a person who identifies as having both a masculine and a feminine spirit, often used to describe sexual, gender and/or spiritual identity. May encompass same-sex attraction and gender variance, including gay, lesbian, bisexual, transsexual, transgender, gender queer, or multiple gender identities.

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.

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.

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.

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.

Appendix A

Response Protocols for PSB

Example from one tribal community

1. Completing an intake for a call regarding a child who is suspected to have problematic sexual behaviors.

- The Advocate taking the call will:
 - » remain calm and matter-of-fact during the interaction
 - » Fill out the Universal Society of Care Referral Form step by step and gather as much information as possible.
 - » Encourage relative to tell his or her story and be heard. Ask clarifying questions if needed.
 - What type(s) of sexual behavior has/have occurred?
 - How often is the sexual behavior occurring?
 - Is there a significant difference in age, size, intellectual level or functioning among the children?
 - Did the behavior cause harm or potential harm (physical or emotional) to any child?
 - Is there adult supervision?
 - What was done to address the sexual behavior? How did the child(ren) respond?
 - Did the behavior involve coercion, force, or aggression of any kind? If so, what?
 - » Ask if police have been notified if needed;
 - If there is an incident of problematic sexual behavior of youth who is 10 years or older (depending on jurisdiction), inform relative that you will report this information to the Police Department due in the capacity of a mandatory reporter and the police officer may want to speak with the relative regarding the information they have provided.
 - » Get name of child/youth who is suspected of having the problematic sexual behavior
 - » Document child's gender, and ages of other children involved. Include names as appropriate.
 - » Parent/guardian name.
 - » Community/directions to home and any other pertinent information.
 - » Referral will go to an available advocate trained to respond.
 - » Talk with the person making the referral and explain types of response based on the age of the child and determined by jurisdictional issues.
- » Ask if the child is okay and if additional services or resources are needed

2. Child Victim-Referral during the same conversation (if information is available):

- The advocate will remain calm during the interaction.
 - » Fill out the Universal Society of Care Referral Form step by step and gather as much information as possible.
 - » Ask if police have been notified if needed;
 - Inform relative that information will be reported to the Police Department due to your responsibility as a mandatory reporter; further advise that the police officer may want to speak with him/her regarding the information provided.
 - » Get the name of child/youth who is suspected of being a possible victim of a youth with problematic sexual behavior. Gather contact information for the caregiver.
 - » Referral will then go to Sexual Assault Advocates (or others as defined by the tribe), which will respond to the child victims.
 - » Sexual assault advocate will respond accordingly.
 - » Referral of the alleged transgressor is forwarded to the advocate. Ask about immediate practical concerns that need to be addressed.
 - » Attempt to identify and address any concerns or barriers that would impede access to services.
 - » Schedule the next appointment as quickly as possible.

It is very important that both advocates who respond to the alleged child transgressor and child victim keep work separate. Each must focus on the relative each is working with.

3. Youth With Sexual Behaviors Response Protocol

- Referral is brought to the attention to advocate
- Brief staffing with available individuals who are trained. It helpful if the MDT is involved in this process.
- Identify family, note any history.
- Identify child –location, school, community, other.
- Other relevant information.
- Call to 911 to make report.
- Document time, date and officer who responded, if available.
- Respond within 24-48 hours, depending on weather and circumstance of the situation.
 - » If child is arrested, meet with family and arrange a time to meet with child.
- If child is not arrested, respond accordingly.
 - » Information packet consists of information for the family and information to be gathered. This may include:
 - System of care referral form (for referral to any of the services)
 - Resource Directory, if available
 - Sexual Behavior Rules, if applicable
 - Private Part Rules, if applicable
 - Consent for release of confidential information
 - Contact form
 - Aftercare Follow-up form
 - Cultural interventions available
 - Information for families dealing with PSB
 - Legal Advocate brochure
 - General brochure
 - Victim Protection Information (youth with PSB may also be a victim of child maltreatment or other crime)
- Mental Health or Wellness Kit if available;
 - » Contents vary based on tribal protocols. Kits may include: small abalone shell and small amounts of sage, flat cedar, lavender, and sweet grass.
- Respond to referral in a culturally sensitive way.
 - Remain calm and collected.
 - Keep voice steady and soft.
 - Introduce yourself to family/child.
 - I am from _____. I received a referral regarding your child displaying inappropriate sexual behaviors toward another child. I am here to tell you about services available to you and your child. We are here to help.
 - Start to build a relationship with family/child.
 - Fill out needed forms if necessary.
- Get referral to therapeutic services immediately after visiting with family.
 - If child is arrested, the therapist can still see the child but problematic sexual behaviors will not be addressed until the child has gone through the court system.
 - If a youth is arrested, determine service options for the youth and family.
 - Child who is arrested can still seek counseling services. The therapist will focus on other traumas the child may be experiencing.
 - MDT (if available)

- Report will be made at MDT with any information and current referrals made on behalf of child.
- Data will be entered into tracking system.
- Begin coordination of services and guidance.

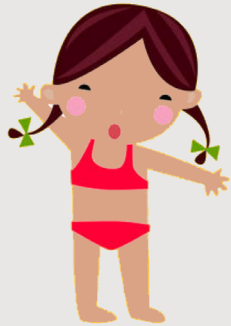
4. Case Management

- Create a file for relative with all information gathered.
 - » Assign a number to relative.
 - » Information will be recorded in a spreadsheet.
- Follow-up with child/family.
 - » Reach out to child and visit and learn what has happened since last visit.
 - » Provide support and encouragement for any services the family has received.
 - » Inquire about barriers and ways to overcome them if family has not been able to access referred services.
 - » Has family been contacted by therapeutic provider?
 - » Is child in counseling or equine?
 - » How is child performing in school?
 - » Any involvement in the children's court system?
 - » If yes, any upcoming court dates?
 - » Make contact with probation officer if one is assigned and coordinate wrap-around service meeting
 - » Is child involved in any extra-curricular activities?
 - Boys and Girls Club
 - Does the child have at least one positive friend?
 - Any other youth groups?
 - » Is there interest in organizing a ceremony?
 - If family wants to participate in any cultural healing, please refer to tribal specific protocols on arranging ceremony etc.
- The goals should be documented and outline the specific action steps of the child, family and staff. Everyone should receive a copy so they can all be on the same page
 - » Document all interactions with family and child and enter notes in child's file.
- Continue to follow up and adjust goals and action steps as needed; provide supportive services, referrals and transportation, if needed.

Appendix B

School Private Rules from the White Buffalo Calf Woman Society

Private Part Rules



1- No looking at other's private parts

2- No showing private parts

3- No touching private parts



Tell a teacher or other adult, if someone breaks a Private Part Rule!

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.

Class Rules

Good job! You are respecting every body!



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