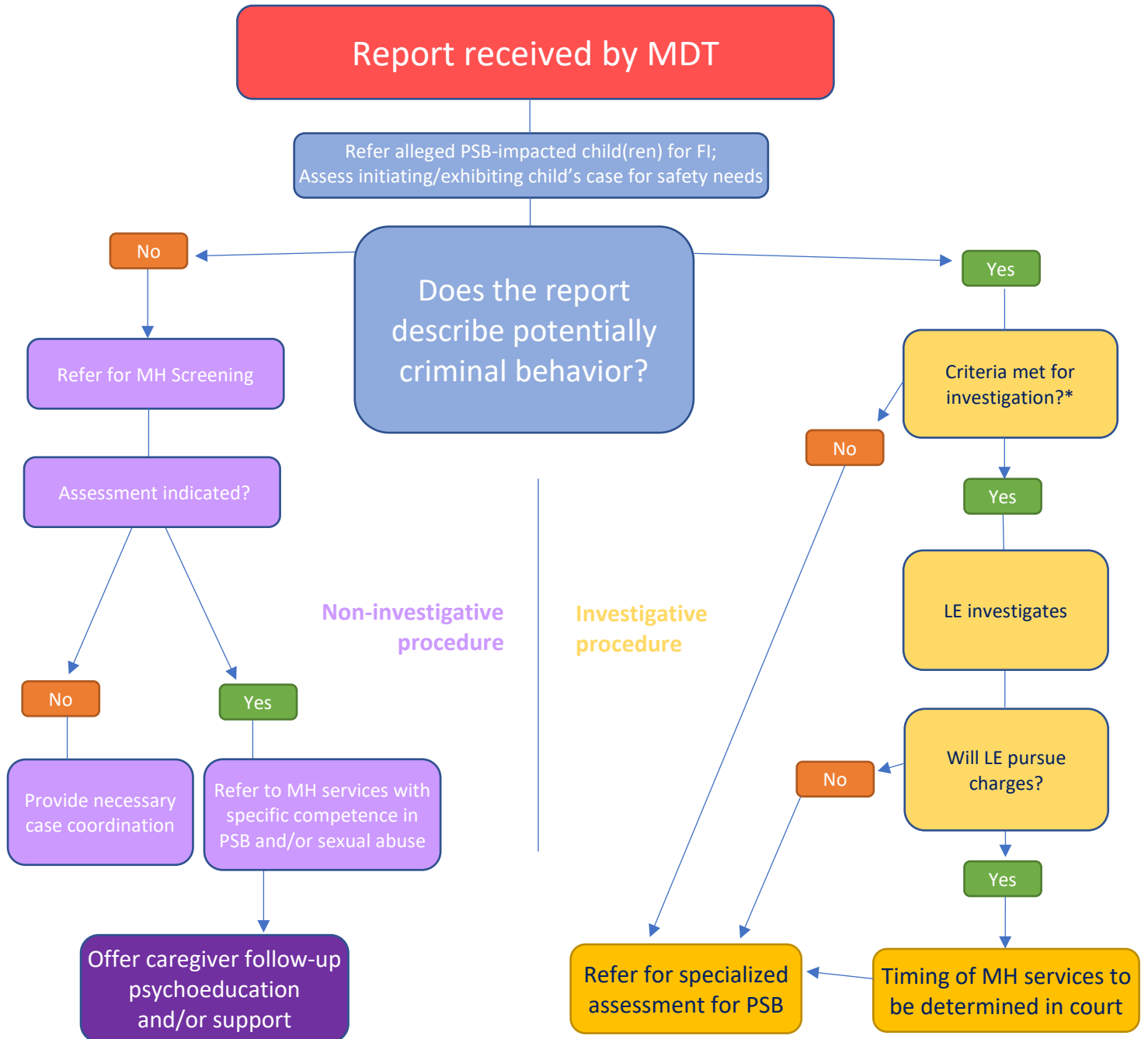


## MDT Decision Flow Chart for Reports of Problematic Sexual Behavior (PSB) involving two or more children

The following resource was developed to assist MDT members considering and navigating cases involving Problematic Sexual Behavior in children under the age of 18 to determine best responses. There are numerous scenarios that may or may not fit into the structure below, so please see accompanying terms and definitions to facilitate decision making and enhance the use of this tool.



\*Forensic interviews are conducted with children to examine suspected maltreatment of the child being interviewed. When there are new disclosures or suspicion of maltreatment of either the a) the child initiating/exhibiting sexual behavior, or b) the child impacted by the PSB, follow the legal reporting mandates in your jurisdiction. Interviews that result from these disclosures that are done at the CAC should only focus on suspected victimization of that child. If the PSB meets criteria for legal investigation, interviews or questioning with the child initiating sexual behavior regarding the suspected the PSB would be done separate from the forensic interview.

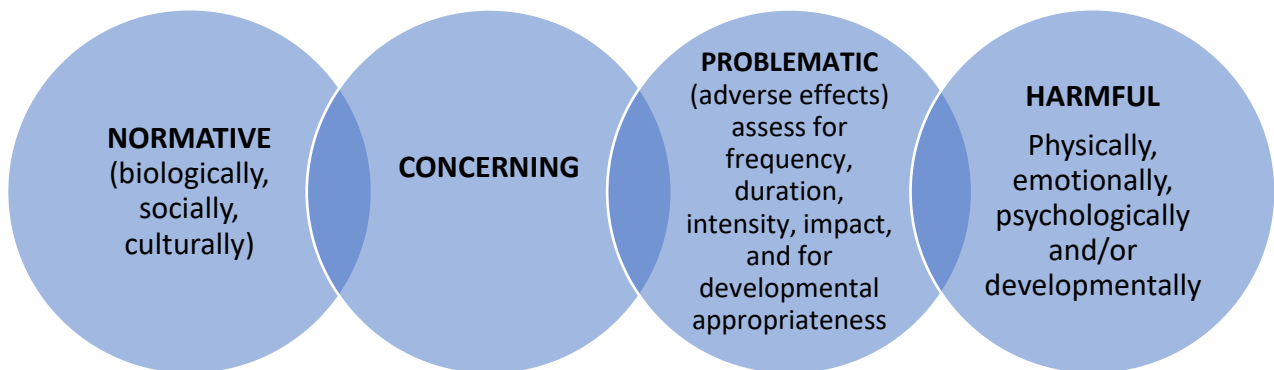
## MDT Decision Flowchart: Terms and Definitions

*The following information is provided to help guide users of the MDT decision tool with clarification of terms to assist in determining appropriate responses and services for cases of Problematic Sexual Behavior exhibited by children.*

### Terms and abbreviations

#### PSB (Problematic Sexual Behavior)

- ▶ Sexualized behaviors occur across a continuum and require an analysis of the origins of the behavior, the thoughts and emotions around the behavior and the effects of the behavior.
- ▶ Evaluate each case on its developmental pathway **within** the context of the child's experiences.
- ▶ Use caution with labels as they are often informed by adult cultural norms, religious beliefs, age, orientation, gender, and a variety of other personal influences and experiences that create bias. Interpretations need to use objective reasons and be supported by research.



#### FI (Forensic Interview)

Often when a child exhibits PSB, examination is given to both what the child has initiated as well what potential adverse experiences they have sustained. In these cases, it is critical that we differentiate and separate the exploratory processes of what a child has initiated and what they have experienced. Therefore, forensic interviews should continue to be used only when they are warranted, as jurisdictionally defined, for a child that has been victimized and not to investigate or determine the nature of the PSB initiated by a child. This purpose should be reviewed with the child prior to the forensic interview, and if needed, again during the interview to protect their rights and not incriminate themselves.

**LE (Law Enforcement)**

**CME (Child Medical Exam)**

**MH (Mental Health)**

**DA (District Attorney)**

## Definitions

**Sexual Behaviors** involve parts of the body considered to be “private” or “sexual” (e.g., genitals, breasts, buttocks, etc.). Normative sexual behaviors are typically viewed as “sex play,” and are a developmentally normal part of growing up for many children and adolescents, and are not considered to be harmful (physically, emotionally or developmentally) by most experts.

**Law Enforcement Investigations** vary by individual state statutes and jurisdictions and often require coordination between law enforcement and District Attorneys to (1) determine if a crime has been committed; (2) identify the accused; (3) apprehend the accused (if needed); and (4) examine the situation and present evidence regardless of whether it supports an adjudication/conviction in court; (5) prosecute, dismiss or divert case with or without recommendations.

**Mental Health Screenings** are a more succinct process utilizing interviews and/or validate screening tools to determine the presence of symptoms of any kind of mental health disorder and allow for early identification and linkage to more comprehensive assessments and interventions. This may be used for both a child initiating PSB as well as the child impacted by PSB.

**PSB Mental Health Assessments** should be provided by individuals with specialized training and experience in the dynamics of sexual abuse and children who exhibit PSB. The assessment process should be holistic and include a review of records, use of validated measures/tests, clinical interviews with child, family and collateral sources. Assessments should attend to a broad range of developmental issues including sexual development, family dynamics, environmental factors, behavior functioning, and address risk and protective factors. The findings should form appropriate treatment objectives and strategies that are trauma informed, strengths based, and evidence-based or evidence-supported.

**Trauma-Informed Mental Health Assessments** focus on understanding the child’s adverse experiences and their impact on the child’s functioning, developmental trajectory, and traumatic symptoms. The use of interviews, validated measures, and standardized assessment approaches from the child and caregiver’s perspectives as well as collateral information, with a goal of informing case conceptualization, driving treatment planning and monitoring progress over time.

**Caregiver psychoeducation and/or support** consists of general information about the continuum of sexualized behaviors in children, supervision/monitoring, safety planning, monitoring use of electronic devices, ancillary behaviors, available community resources, and ongoing supports.

This project was supported by Grant #NSP15PJDP-21-GK-02759-JJVO awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this webinar are those of the authors and do not necessarily reflect those of the Department of Justice.