

Supporting Children Engaged in PSB: Recommendations for a Trauma-Responsive and Coordinated System of Response

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Presentation Outline

1. Some background and context:
 - Office of the Child Advocate (OCA)
 - Defining problematic sexual behaviors (PSB)
2. Overview of the current system
3. Findings from our research
4. Recommendations

Background and Context

Office of the Child Advocate Mandate

The Massachusetts OCA is an independent executive branch agency that provides oversight of state services for children. We were established in 2008 to:

- Ensure that children involved with a state agency receive timely, safe, and effective services
- Advise the public and state agencies about how the state can improve services for children and their families
- Examine systemic issues related to service provision and coordination to ensure “each child [has] the opportunity to live a full and productive life”

OCA Functions

1. Operating a Complaint Line
2. Reviewing Critical Incident Reports
3. Reviewing Abuse/Neglect in Out-of-Home Settings Reports
4. Studying Systemic Issues and Making Recommendations
5. Chairing State Commissions
6. Participating in Inter-Agency Initiatives
7. Innovation Pilots

Why is it important to support children with PSB?

- Children with PSB are children first
 - PSB in childhood is different than in adulthood and requires developmentally appropriate responses
- Supporting children with PSB is critical to preventing child sexual abuse and assault (CSAA)
- Children with PSB are often victims themselves

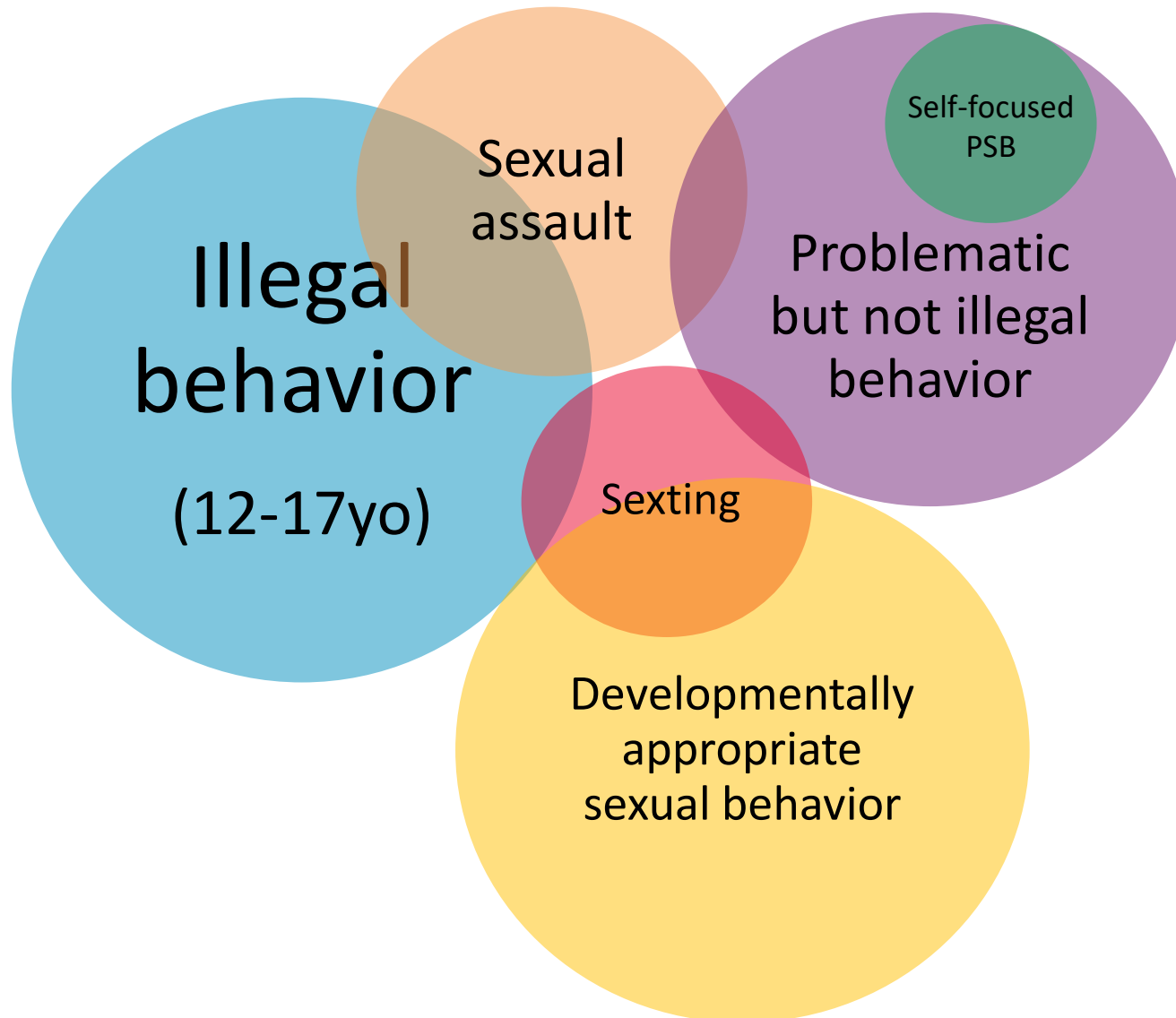
Defining PSB

- There is no universal definition of PSB
- OCA definition:
 - Behaviors initiated by children 0-17 that involve sexual body parts (i.e., genitals, anus, buttocks, and/or breasts), happen outside of children's expected developmental trajectory, causes harm to themselves or others, and do not respond to typical caregiving strategies.
- PSB is not a diagnosis, but an umbrella term for a wide spectrum of behaviors

Defining PSB

- Children with PSB are a very heterogeneous population
- PSB is not inherently worse or more immoral than any other behavioral health challenges children face
 - With appropriate supports, over 95% of children with PSB do not recidivate
 - Children with PSB do not grow up to be pedophiles or “sexual predators”

Defining PSB within MA Legal Context



Prevalence of PSB (National and Other Jurisdictions)

- Between 35% and 71% of CSAA is committed by other children
- CPS agencies in other states have collected data:
 - In Missouri, 4.5% of the 55,000 reports of child maltreatment in 2020 were assigned a “juvenile assessment”
 - In Florida, between FY03-04 and FY08-09, 8-11% of their 45k/52k reports of child maltreatment were about “child-on-child sexual abuse”

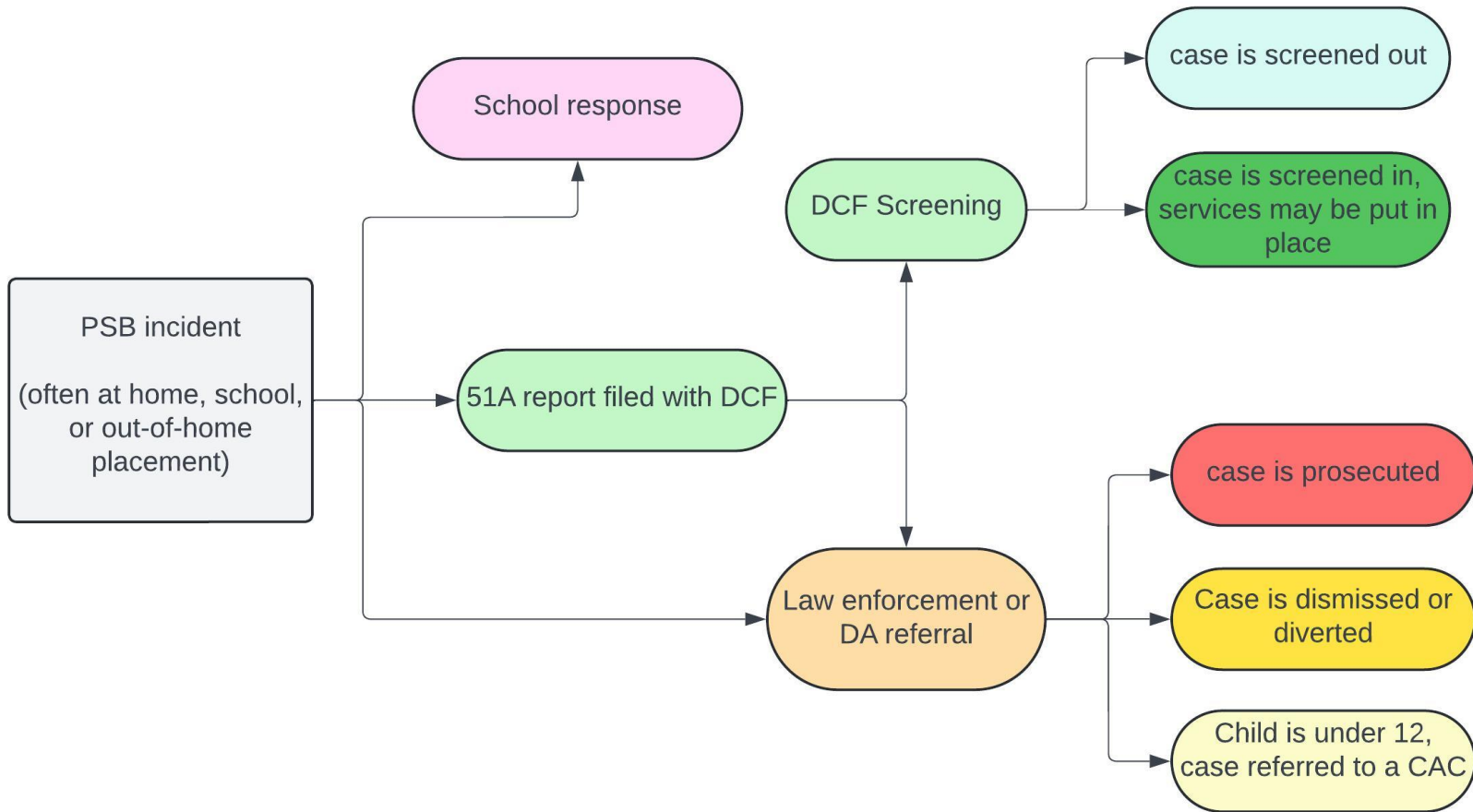
Prevalence of PSB (Massachusetts)

- Juvenile justice system data:
 - 277 charges in FY24
- School discipline data (2022-2023):
 - 58 disciplinary actions for sexual assault
 - 607 disciplinary actions for sexual harassment
- Youth survey data (2021)
 - 9% of high school students report being victim of sexual dating violence (≈26,000 students based on enrollment data)

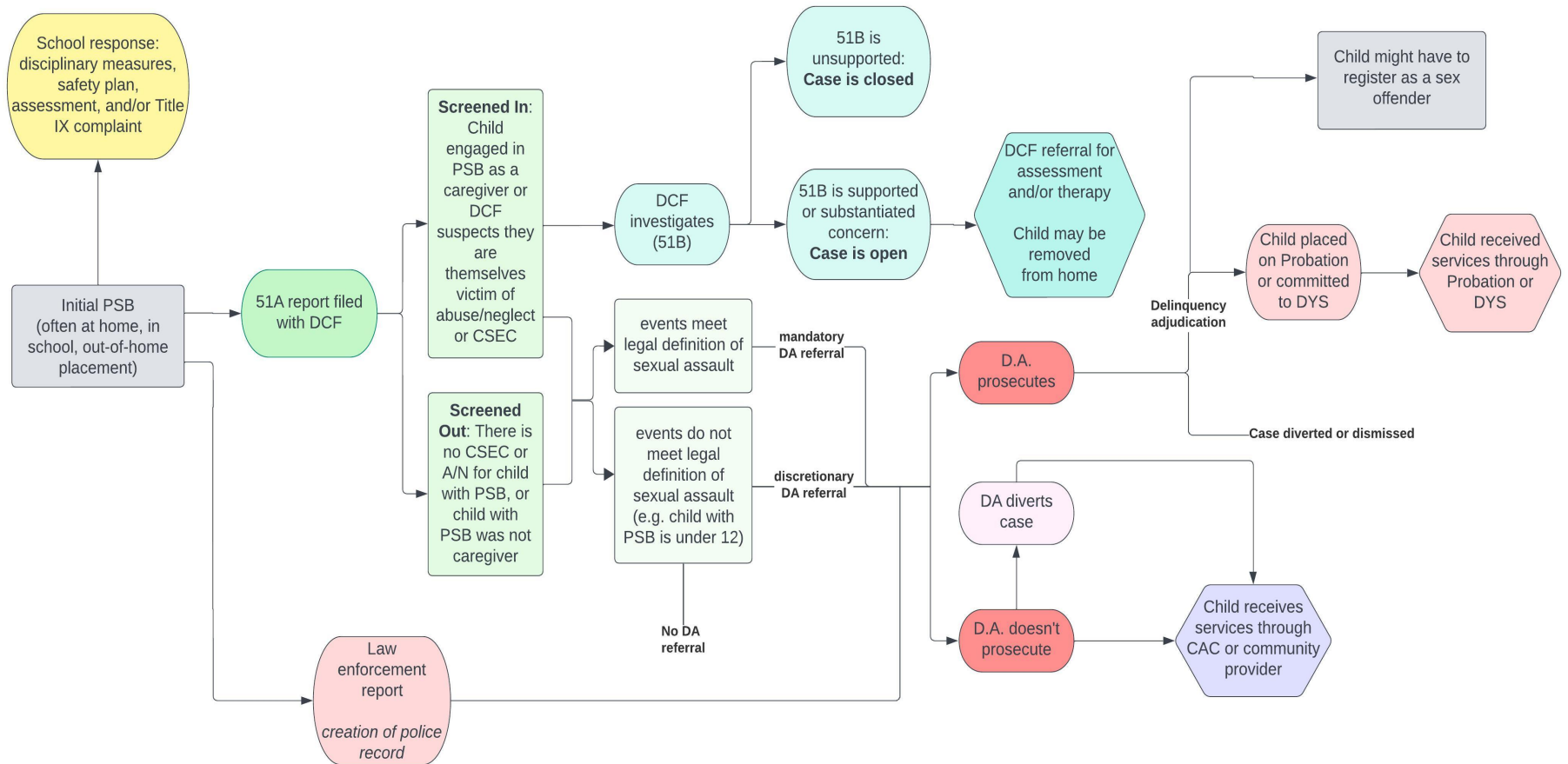


Current Landscape

Systems Response to PSB (Simplified)



PSB Response to PSB (Closer to Reality)



Efforts in MA to Increase Supports for Children Engaged in PSB

1. Efforts to build clinical capacity

- MASOC
- Massachusetts Children's Alliance (MACA)

2. Efforts to prevent and identify PSB

- Children's Trust
- Stop It Now!
- MassKids
- Children's Advocacy Centers (CACs)
- Child Protection Program at UMass Chan Medical School
- Community-based behavioral health providers

3. Efforts to increase collaboration

- PSB Workgroup of CSAP Task Force
- MASOC Board of Directors
- MASOC provider directory
- MACA PSB-CBT Service Navigator

Findings

Finding 1: There are gaps in availability of services to prevent, identify, and effectively respond to PSB incidents

1. Gaps in prevention and identification services

- CSA prevention still mostly focuses on adult perpetration
- Child-focused efforts are often limited to adolescents
- Child welfare professionals (incl. foster parents) rarely receive training on this topic

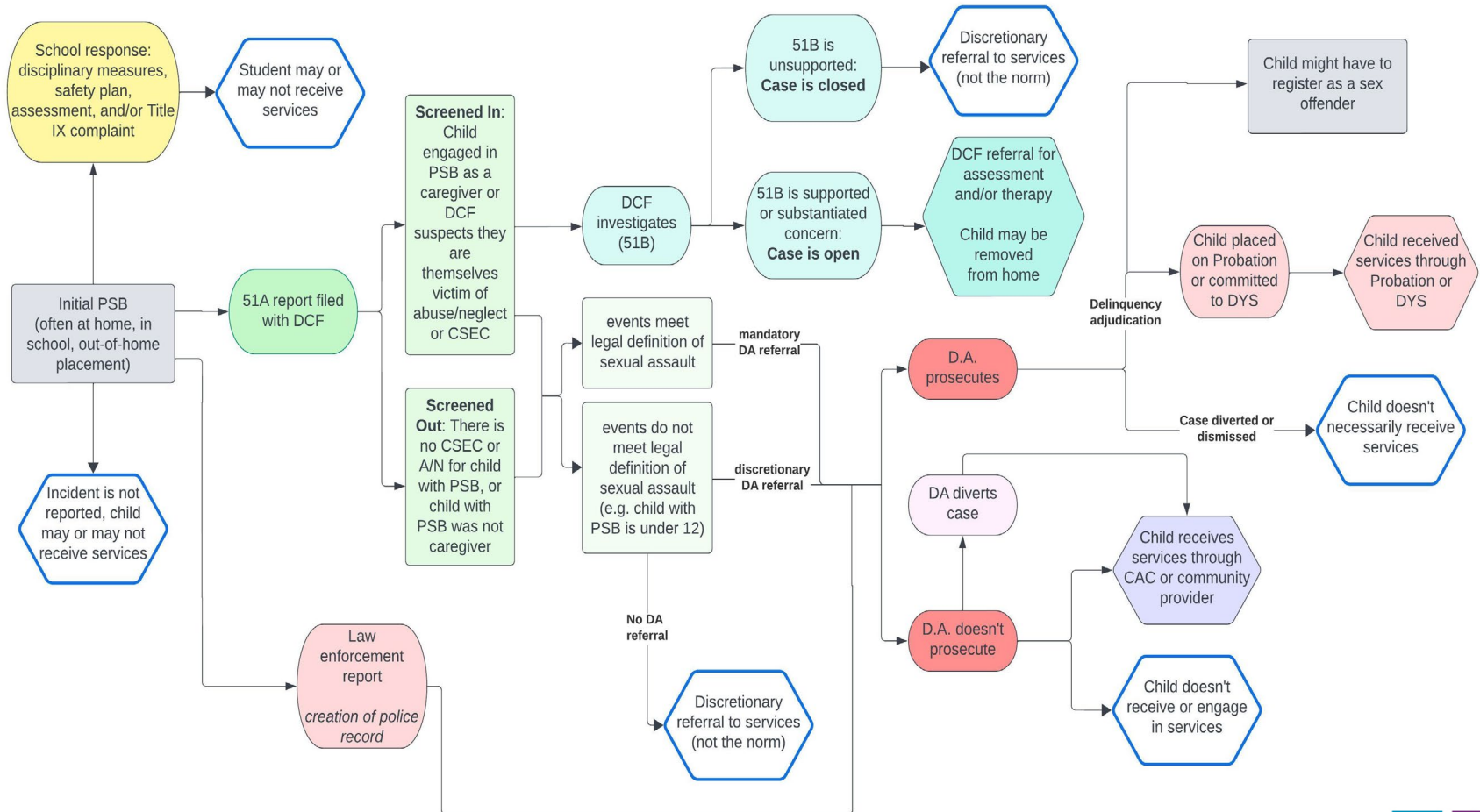
2. Gaps in treatment services

- Low availability of community-based services (e.g., assessment, treatment)
- Low availability of services for young children and adolescents
- Dearth of support services for caregivers
- Lack of diversity of treatment options

Finding 2: Many of our reporting and referral pathways don't lead to services

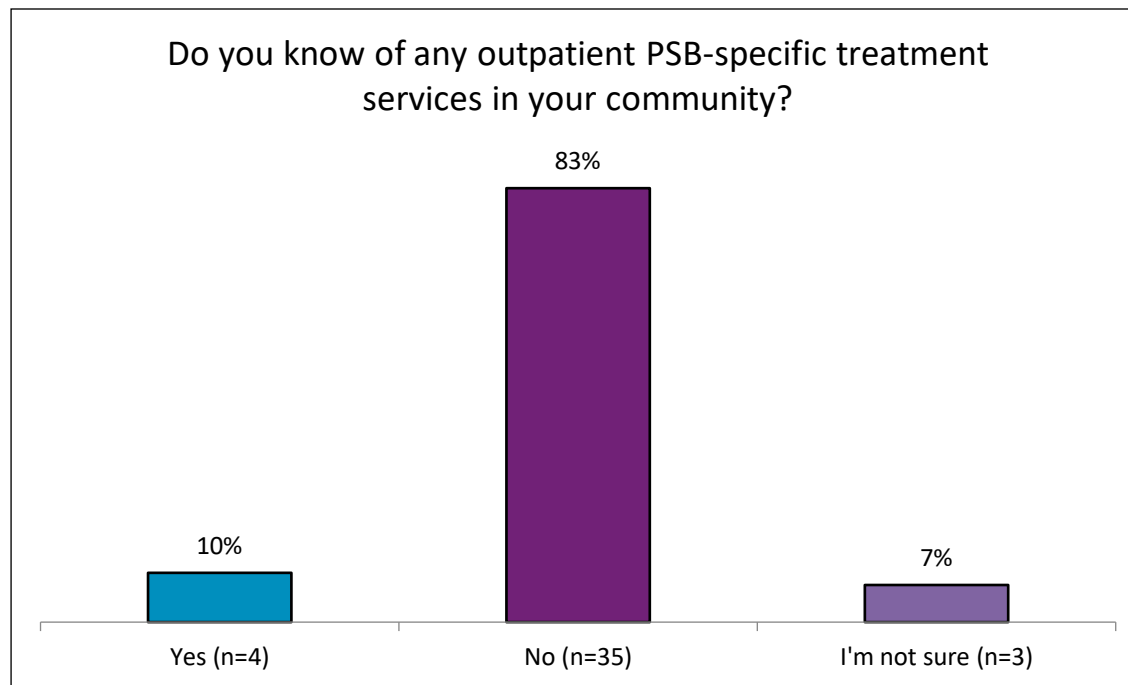
- Low reporting due in part to low disclosure: Rates of CSAA disclosure vary between 31% and 72% across lifetime.
- Navigation of the system is difficult for families and professionals, partly due to the absence of a lead agency for PSB.
- As a result, there are many “service dead-ends” in our health, education, child welfare, and juvenile justice systems.

Finding 2: Many of our identification and referral pathways don't lead to services



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- Healthcare providers don't always know where to refer children with PSB for services



- Professionals working in state programs (CBHCs, CBHI) are not currently receiving training on this topic

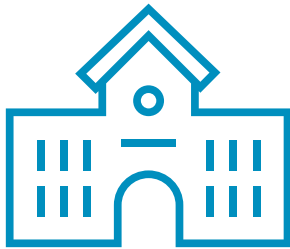
Finding 2: Many of our identification and referral pathways don't lead to services

- Many school-based PSB incidents don't lead to services. This is often the case because schools lack:
 - The ability to identify PSB
 - Guidance on *how* to respond to PSB (51A, Title IX)
 - Understanding of what resources are available and would be beneficial
 - Access to supports for the student and the school (e.g., for safety planning)
- Many PSB incidents reported to DCF don't lead to services. Reasons for this include:
 - DCF mandate focuses on maltreatment *by caregiver*
 - Policy and practice barriers
 - Dearth of Assessments for Safe and Appropriate Placement (ASAP) providers

Finding 2: Many of our identification and referral pathways don't lead to services

- Many PSB incidents reported to District Attorneys' Offices (DAO) don't lead to services. Reasons include:
 - Interpretation of the law for children under 12
 - DAOs' varying relationships with CACs
 - Barriers to service provision prior to disposition
 - High percentage of cases dismissed prior to adjudication
 - Limited availability of community-based services

Finding 3: Our state has inequitable responses to PSB



Whether children engaging in PSB receive adequate supports, insufficient/no supports, and/or are punished for their behaviors often depends on where they live, how they are perceived, and who they interact with.

Finding 3: Our state has inequitable responses to PSB

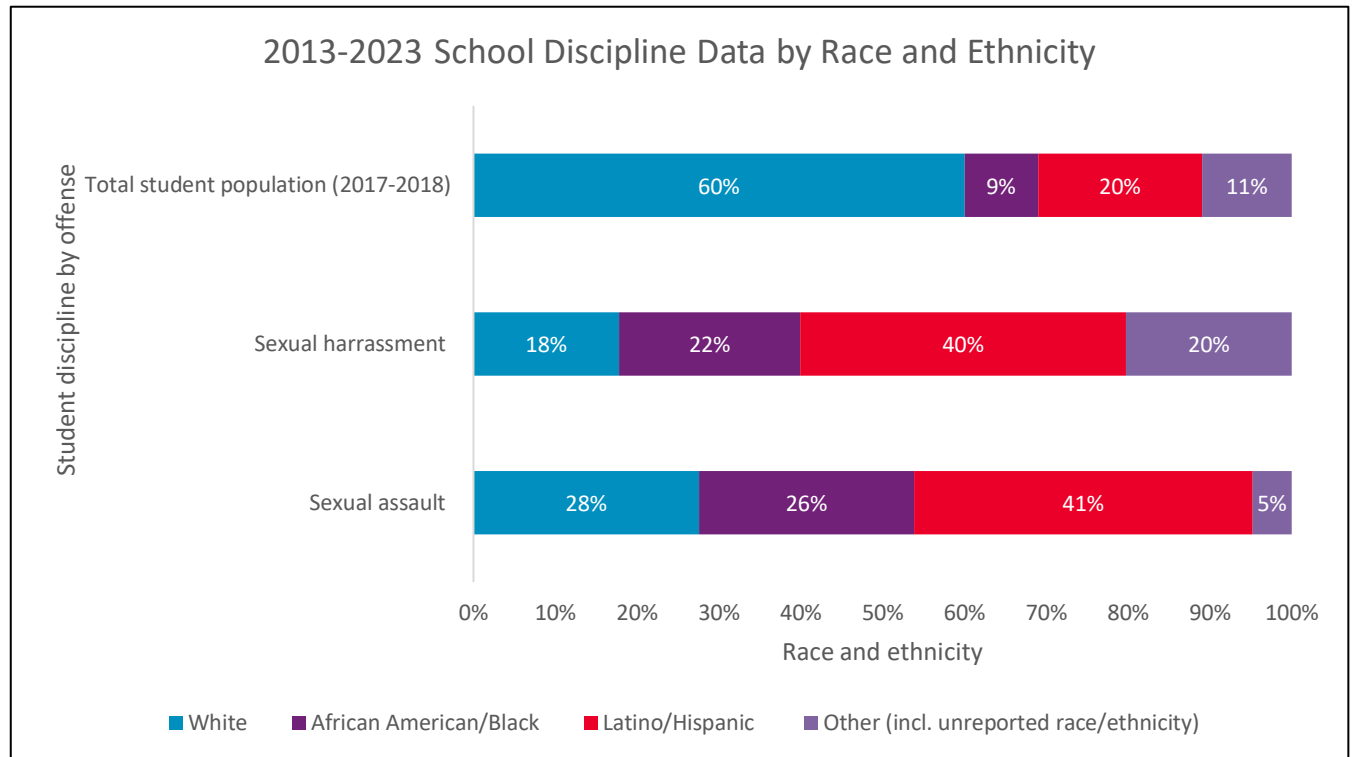
1. Regional variations

- Schools respond to PSB in a variety of ways, ranging from trauma-informed to nonexistent
 - Uncertainty re: reporting responsibilities (51A and Title IX)
 - Availability of resources/expertise
- There are important variations across DCF Area Offices
 - 51A reporting guidelines
 - Referrals to DAOs
 - Notifications to caregivers of children initiating PSB
 - Supports for children with PSB
 - Collaboration with community providers
- CACs have varying capacity to support children with PSB
 - Not all CACs provide PSB-focused treatment
 - CACs' clinical capacity usually focuses on children 7-12
 - Not all CACs reliably receive referrals from their DAO



Finding 3: Our state has inequitable responses to PSB

2. Racial and Ethnic Disparities



Finding 4: Our state has, at times, overly punitive responses to PSB



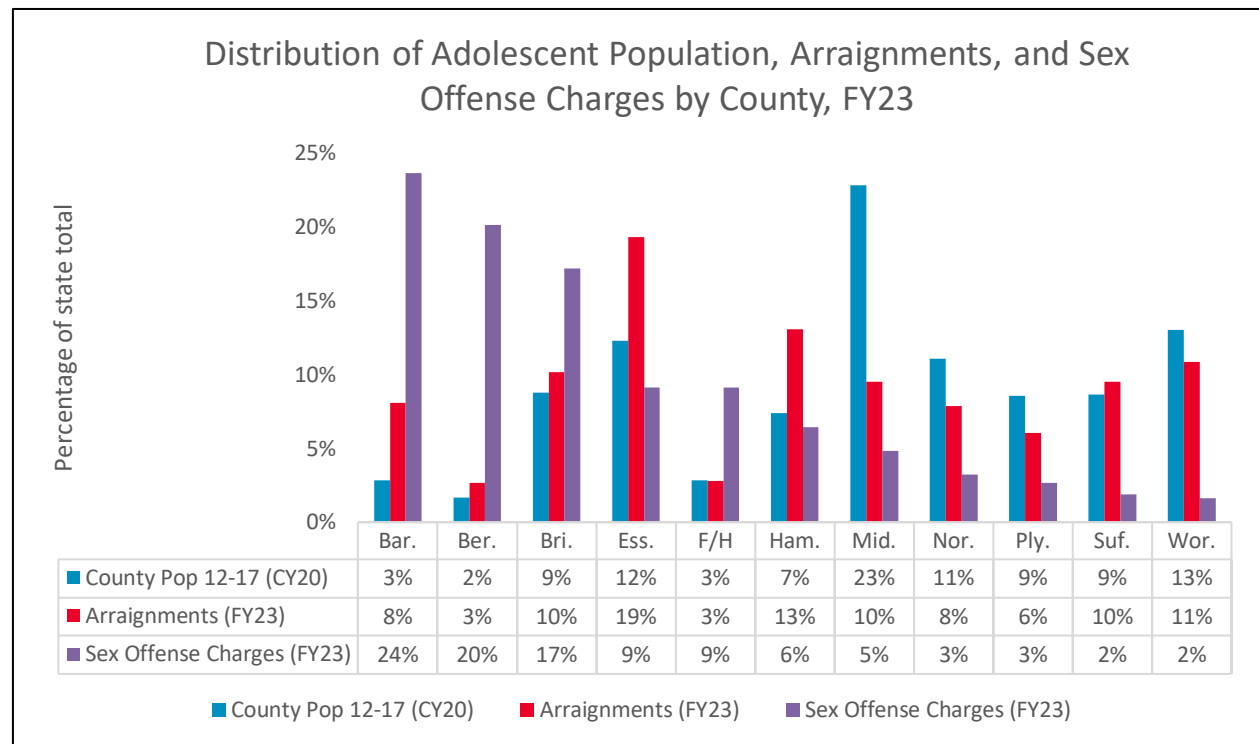
- In some instances, schools' response to PSB is not developmentally appropriate or does not address students' BH challenges
 - J's story
 - Concerns re: misuse of Safety Plans or exclusionary discipline



- Being charged and adjudicated for a sex offense carries serious consequences
 - All juvenile sex offenses are felonies
 - Sex offenses are not eligible for expungement
 - Registration with SORB is always a potential collateral consequence

Finding 4: Our state has, at times, overly punitive responses to PSB

- There are significant county-level variations in sex offense charges



Finding 4: Our state has, at times, overly punitive responses to PSB



- Reasons for county-by-county differences:
 - Variations in reporting (i.e., victim/witness reporting, law enforcement referrals, DCF referrals)
 - Differences in prosecutorial decision-making
 - Possible higher prevalence of PSB among children 12 and older in certain counties [data unknown]
- Juvenile sex offender registration and notification
 - Harmful impact on children
 - Does not increase public safety
 - In MA, registration is mandatory, though since 2017 children can petition the court to have registration waived

Finding 5: Massachusetts lacks data to inform needs and system response

- Early education and care system does not collect or report this data
- Schools (K-12)
 - Student surveys focus on children 11 to 18 and victimization
 - DESE student discipline data is inconsistently reported and focus on most egregious PSB incidents
- DCF does not currently collect age of “perpetrator” in 51A data
- DAOs report delinquency data, but:
 - Data includes offense categories not synonymous with PSB (e.g., child pornography, crimes against morality)
 - Data categories does not align with Juvenile Court data process points
 - Data does not include demographic information

Finding 5: Massachusetts lacks data to inform needs and system response

- Juvenile Courts do not report on sex offenses as a distinct category at most process points in the juvenile justice process. At the charges level, this data is not broken down by demographics.
- Probation Services does not publicly report on children charged with or adjudicated of a sex offense who are supervised by Probation pretrial or post-adjudication.
- The Department of Youth Services (DYS) collects and is able to report data on charges of youth detained or committed with DHS.
- Sex Offender Registry Board (SORB) does not report on the number and classification level of children registered with the Board.

Recommendations

OCA Process to Develop Recommendations

- OCA values collaboration in the development of policy recommendations that are effective, feasible, and informed by professionals working on the ground.
- OCA conducted 61 interviews, many of whom answered our “magic wand” question.
- While some of the solutions are evident to us, OCA has not finalized its recommendations—MASOC conference is an opportunity to hear from experts across child-serving sectors.
- We start with *what* is needed, then figure out the *how*.



What Do Children with PSB Need?

1. To be supported and understood, rather than punished (when appropriate)
 - Trauma-informed and developmentally attuned response
 - Training for professionals across sectors
 - Language that labels actions, not children
 - Build schools' and EEC providers' capacity to respond
 - Increase diversion opportunities
 - Make significant changes to juvenile sex offender registration

2. Services
 - To assess BH challenges specific to PSB
 - Increase availability of assessment services, especially ASAP
 - To treat PSB
 - Increase the availability and variety of treatment modalities, for all ages
 - Expand opportunities for health care providers to understand PSB

What Do Caregivers of Children with PSB Need?

1. To understand what is happening with their child, what services are available, and how the system works
 - Trauma-informed response
 - Resources
 - Coordination and navigation supports at the local level
2. To feel heard and supported
 - Support services for caregivers

What Do Professionals and Organizations Working with Children with PSB Need?

- Community-based services they can refer children to
 - Increase clinical capacity (cf. prior slides)
- A better understanding of:
 - Children's sexual development and the range of sexual behaviors
 - How to talk to children and caregivers about sexuality and PSB
 - PSB as a complex behavioral health challenge
 - Training across child-serving sectors
 - Continuous Quality Improvement
- Clear guidance on how to respond to PSB incidents
 - Developing/strengthening organizational policies and protocols

What Do We, as a Commonwealth, Need?

- Holistic prevention efforts
 - The state develops and implements a tiered prevention framework to be incorporated into other types of prevention efforts across sectors
- To understand trends (both in incidents and responses) and what children who engage in PSB need
 - Quality data collection, reporting, and analysis
- A coordinated system
 - A lead state agency for PSB who oversees and monitors a system of supports. That agency would make sure:
 - Children who need it receive services
 - Streamlined information sharing across sectors
 - Training and resources
 - Effective reporting and referral system—*3 options to be discussed*

What Does an Effective Reporting and Referral System for PSB Look Like?

Option 1

Optimizing the existing reporting and referral system

- DCF is defined as the “front door” for PSB cases—PSB incidents continue to go through 51A reports
- DCF screens for safety/maltreatment concerns
- Operates similarly to CSEC system

Option 2

Creating a new reporting and referral system outside of CPS

- MA establishes an alternative mechanism for families or concerned individuals to support children in need of services outside of CPS
- The lead agency (within or outside of DCF) screens for safety concerns
- Refers family to appropriate services (CPS or community-based BH assessment and services)

Option 3

Removing reporting requirements and strengthening alternative reporting mechanisms

- Treats PSB as any other BH challenge children face and relies on existing reporting and response systems for victims of violence (through schools and law enforcement)
- The state still designates a lead agency (outside of DCF) to oversee the system of supports
- Child-serving professionals who have maltreatment concerns for a child with PSB are still mandated to report to DCF

Comments? Questions?

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