A qualitative investigation of policy for youth with problematic sexual behavior

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Abstract:

Aims: Community management of youth with problematic sexual behavior (PSB) is complex. Public policies and service practices have historically utilized adult-focused approaches with limited research outcomes. This descriptive case study aimed to address this gap by documenting current PSB policies and policy reforms for community-based management systems.
Method: Semi-structured interviews with 219 professionals from eight urban and rural communities throughout the United States served as the primary data source for the study. The three-stage Framework Method was used to guide the data analysis process.
Results: This study covered three areas: context of policy development, attitudes, and perceptions of policy for youth with PSB, and existing policy and policy reform initiatives.
Conclusion: Findings support benefits of collaborative multidisciplinary teams that cross agency policies and procedures on management of cases involving youth with PSB. Implications for practitioners, policymakers, and community members are discussed.

Keywords: policy | problematic sexual behavior | qualitative study | youth

Article:

In the last decade, there has been an escalation in the recognition that some youth's sexual behavior is problematic, harmful, and at times illegal and that this behavior needs developmentally appropriate responses (Barnarodos,2016; Commissioner for Children & Young People, 2018; Minnesota Coalition Against Sexual Assault, 2017a).Problematic sexual behavior (PSB) in youth is defined as youth initiated behavior that involves sexual body parts(i.e., genitals, anus, buttocks, and/or breasts) in a manner that is developmentally inappropriate and potentially harmful to themselves or others (Chaffin et al., 2006). PSB may also be considered

illegal depending on the behavior, the age of the children involved, and the jurisdiction in which it occurred. Indeed, youth PSB commits a large portion of child sexual offense cases, accounting for over a third of the cases known to law enforcement (Finkelhor, Ormrod, & Chaffin, 2009; Hackett, 2014).

Recognition that youth engaged in PSB began as early as the late 1970s and early 1980s. With little research available at that time, policy and practice involved utilization of adult-based sexual offender responses with youth with PSB (Chaffin & Bonner, 1998). In the 1990's, youth with PSB as a group were misconceived as "super-predators" with the application of harsh and punitive responses that failed to account for developmental factors or the growing research evidence regarding heterogeneity, low recidivism rate, and responsivity to interventions (Chaffin, 2008). Today, many jurisdictions are revisiting how communities manage youth with PSB and working towards aligning their policies and practices with current research outcomes (Barnarodos, 2016; Commissioner for Children & Young People, 2018; Illinois Juvenile Justice Commission, 2014; Minnesota Coalition Against Sexual Assault, 2017a; Taskforce for Improving Outcomes for Juvenile Adjudicated of Sexual Offenses, 2016).

Managing cases of youth with PSB is complex. Multiple community agencies and professionals including law enforcement, probation, schools, medicine, behavioral health, and child welfare are often involved in responding to incidents of PSB (Hackett, Holmes, & Branigan, 2016; Masson & Hackett, 2004). Effective responses appear to occur in a context in which agencies collaborate and coordinate among each other (Hackett et al., 2016). While collaboration makes intuitive sense, it can be potentially quite challenging in practice due to separate goals, foci, and responsibilities, as well as rules and regulations that hinder direct communication. For example, juvenile justice may not be able to openly share information on an active investigation. In turn, child protection and children's advocacy center (CAC) personnel may not be able to fully assess safety and treatment needs due to the concerns that questioning the youth can lead to self-incrimination. While these situations have been noted anecdotally, direct investigation of how policies impact practices within and across each of the involved systems is warranted. This is particularly relevant for youth in late childhood (e.g., 9–12) and early adolescence (e.g., 13–14) as jurisdictions vary for when a youth can be found culpable and on child welfare policies regarding cases of youth with PSB.

Concurrently in the last decade, there has been a broad shift in perspective about delinquency overall (National Research Council, 2013) as well as on the impact of trauma and appropriate rehabilitative and treatment options for youth with PSB (Hackett, 2014; Rasmussen, 2013). A growing body of research indicates that youth are quite distinct from adults in terms of development, responsivity to intervention, malleability, and culpability (Chaffin,2008; Chaffin et al., 2006; Chaffin, Letourneau, & Silovsky, 2002). This study has prompted changes in how youth with PSB are understood, responded to, and treated. A meta-analysis assessing adjudicated youth between 2000and 2015 found a weighted mean sexual recidivism rate of 2.75% (Caldwell, 2016). Accumulating evidence supports that youth with PSB are highly responsive to short-term community-based treatments (Borduin, Henggeler, Blaske,& Stein, 1990; Borduin, Schaeffer, & Heiblum, 2009; Carpentier, Silovsky, & Chaffin, 2006; Cohen & Mannarino,1998, 2000; Henggeler et al., 2009; Letourneau et al., 2009, 2013; Silovsky, Hunter, & Taylor, 2018; St. Amand, Bard, & Silovsky, 2008). Taken together, the vast majority of youth do not engage in future incidents of PSB once identified, and are responsive to evidence-based treatment of youth with PSB.

Policies have been slow to change and do not reflect these findings and other current research (Chaffin, 2008;Chaffin & Bonner, 1998; Page et al., 2017). The cost of faulty and limited policy around youth with PSB is exemplified by Masson and Hackett (2004): "The system that any child (with PSB) ends up in happens in an arbitrary and inconsistent way" (pp. 167). Further, strong restrictive responses administered broadly rather than targeting to youth at specific need strain state budgets through an increase in youth incarceration and prolonged management programs, and the same policies may inadvertently increase the likelihood of youth involvement in the criminal system as adults (Kinscherff, 2014).

To date, the policy for youth with PSB that has been the most extensively studied is the juvenile sex offender registration and notification (JSORN) act. Previous research on JSORN has found changes in how juvenile justice systems manage sexual offenses is problematic, including an increase in diversion, dismissal, and plea deals to nonsexual offenses for cases involving illegal sexual behavior (Letourneau, Armstrong, Bandyopadhyay, & Sinha, 2013a; Letourneau, Bandyopadhyay, Sinha, & Armstrong, 2009; Letourneau et al., 2009). Concerns about JSORN have been noted, Letourneau et al. (2013b) found that it limits access to evidence-based treatment for PSB. To date the research on JSORN has not demonstrated an increase in public safety, decrease in sexual recidivism, nor deterrence for first time sexual offenses in youth (Caldwell & Dickinson, 2009; Letourneau & Armstrong, 2008; Letourneau et al., 2009; Sandler, Letourneau, Vandiver, Shields, & Chaffin, 2017). Broad application of JSORN for all youth with illegal sexual behavior is being questioned as not fitting given the known heterogeneity of the population (Stillman, 2016).

Implementing policies that are developmentally sensitive and appropriate for youth with PSB have proven challenging (Chaffin, 2008). Further, policies that combine youth and adults under a single policy may lead to children being inappropriately treated as adults (Human Rights Watch, 2013; Page et al., 2017). For instance, in the absence of policy specifically designed for youth, adult-based policies may be misapplied on youth. Relying on adult-based policy may result in a haphazard response for youth dictated by subjective influences. Professionals will likely continue to have difficulty determining best practices for youth with PSB without clear, written policies.

Policy work has been implemented at the national, community, state, and local level. The Association for the Treatment of Sexual Abusers (ATSA), the international leaders in treating youth with PSB (Chaffin et al., 2006; Page et al., 2017) developed new policy guidelines for youth with PSB. ASTA's adolescent and child guidelines were established in part to counter misconceptions of youth with PSB while bringing to the forefront the facts around effective treatment, risk, and recidivism rates (Association for the Treatment of Sexual Abusers, 2017). The National Children's Alliance, the accrediting body for CAC in the United States, (National Children's Alliance, 2017) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) have increased support in training providers to deliver effective interventions for youth with PSB (Office of Juvenile Justice and Delinquency Prevention, 2017). States are developing workgroups to address policy for youth with PSB (e.g., Kinscherff, 2014 report for the Massachusetts Adolescent Sexual Offender Coalition; Minnesota Coalition Against Sexual Assault, 2017b).

These aforementioned efforts have shifted the narrative in the management of cases of youth with PSB. However, policy development is in the infancy stage as many existing policies for youth with PSB fail to specifically address youth and their developmental needs. There is a dearth of research on existing policies to determine impact.

Recognizing the potential for tremendous impact of early intervention for youth with PSB, OJJDP, in conjunction with the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART) has issued a series of requests for proposals to fund cooperative agreements for sites to provide evidence-based services to youth with PSB who are 10–14 years old. The program and services were to be guided by a multidisciplinary team (MDT) that consisted of members in law enforcement, juvenile justice, social services, victim advocacy, community-support, and behavioral health. The OJJDP grants have provided these communities the opportunity to examine, revise, and assess new PSB policies and treatment guidelines.

The current investigation utilized a qualitative semi-structured interview approach to explore the perceptions and experiences of community members from eight sites as a part of the larger OJJDP study, spanning the Northeast, Southeast, Midwest, and Western parts of the United States. These sites made a commitment to a system-wide change effort for youth with PSB. The purpose of the current study was to explore the community's perceptions of policies and policy reforms within systems addressing PSB of youth.

1. Methods

1.1 Study design

A descriptive multisite case study design (Yin, 2003) was used to examine the communities' current PSB policies and practices, how these impact the management of cases involving youth with PSB, and recommendations for policy reform. The descriptive case study design was selected because it allowed for the description of PSB policy elements (Baxter & Jack, 2008). This descriptive case study on policy was grounded in an initial review of the literature on three key policy levels that have been identified as necessary to support the implementation of community-based services: (a) Practice level, (b) system level, and (c) funding level (Hodges & Ferreira, 2013). These policy levels combined with the Framework method (Ritchie & Spencer, 2002) allowed for a comprehensive exploration of the data.

1.2 Participants

To capture a broad perspective on community policies and practices that address the PSB of youth, a wide range of professionals from eight communities across the United States were selected as participants. An agency in each of the eight communities had been selected and funded by the OJJDP to establish an evidence-based treatment program for youth ages 10–14 with PSB and their caregivers. Furthermore, the clinical services were required to be guided by an MDT in the community that consisted of members in law enforcement, juvenile justice, child welfare, social services, victim advocacy, community-support, and behavioral health. Participants in the study were from three categories of professionals from these communities: (a) The treatment service agency leadership, (b) the therapists providing direct treatment for youth with PSB, and (c) community stakeholders who were often from the MDT. Interviews were conducted across three time periods at each community to capture changes in policies and procedures over the course of the community project.

Participants involved in the 219 semi-structured interviews were treatment agency administrators (n = 48), treatment providers (n = 65), and community stakeholders (n = 106) from

eight urban and rural sites throughout the United States. These interviews served as the primary data source for this study. Approval for this study was granted from the Institutional Review Boards of the university and agencies associated with the study before implementation of procedures.

1.3 Procedures

1.3.1 Interview procedures

Each site had a recruiter, this was most often an administrator from the treatment service agency. The recruiter contacted potential participants, provided an overview of the project and a flyer, and if interested, asked them to complete a consent to contact form. The potential participant was then contacted by phone, the study was more fully explained, and if agreed, the semi-structured telephone interview was scheduled. Interviews began with the review of the consent with verbal consent obtained before continuing with the interview. Trained moderators from the qualitative research team conducted interviews between July 2014 and August 2016. Interviews were audio recorded with a digital recorder along with a secondary recording from a conference call platform to ensure all comments were adequately captured. Each participant was offered a $25 gift card to compensate them for their time.

1.3.2 Transcription procedures

Recordings were transcribed by research assistants and then cross-checked by a separate research assistant. All identifying information that could be linked to informants was removed and participants were assigned a unique identification number.

1.3.3 Interview guide

Interview guides covered a variety of topics on experiences serving youth with PSB. The sections of the interview guide that inquired about policy regarding youth with PSB were analyzed for this study. Time one interview questions focused on awareness of policies addressing the community's response to youth with PSB. The time two interview questions inquired about changes in policies or procedures related to working with youth with PSB. Additional questions were asked about policies that support families in gaining access to evidence-based services, and existing policies that may hinder youth with PSB. At time three, the interview questions focused on policy or procedure changes in the identification and response of youth with PSB. Interviewers were instructed to probe for additional details when appropriate.

Data extraction for this study involved selecting and coding text that involved policy. The team defined policy as a system of laws, regulatory measures, guidelines, protocols, courses of action, and funding priorities concerning PSB of youth promulgated by a county, state, or agency or representatives of these entities. Only responses that related to this policy definition and context were included (Miles & Huberman, 1994).

1.4 Analysis

A three-person research team (authors 1–3) met weekly over 6 months and provided updates and received feedback from the last author. The team utilized the six-stage Framework method to guide the analysis process: (a) Familiarization, (b) identifying a thematic framework, (c) indexing, (d) charting, (e) mapping, and (f) interpretation (Ritchie & Spencer, 2002). Data analysis was completed using NVivo version 11.0. Three major subject charts were developed to further analyze patterns in the data (Figure 1). Mapping involved examining core characteristics of the data and interpreting the data according to the subject charts and policy levels based on the prior work of Hodges and Ferreira (2013). Validation of the study results occurred by sharing the results with senior members of the qualitative research team, comparing results with existing literature, and consensus of results through verbal agreement of research team members.

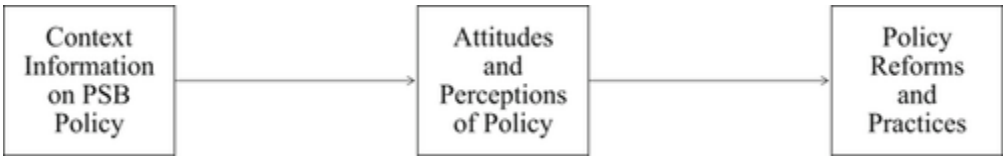

Figure 1. Three subject charts. PSB: problematic sexual behavior

2. Results

The Framework method allowed for exploration into themes relating to policy on youth with PSB: (a) Context information captured was the background information that has impacted systems and the framework of policy development and reform that has taken place for youth with PSB, (b) attitudes and perceptions of policy were captured indicating receptiveness to existing policies for managing cases of youth with PSB, and (c) policy reforms and current practices were captured to outline areas that participants indicated as helpful or would be helpful in policy for managing cases of youth with PSB.

2.1 Policy context

Participants reported significant limitations in the current state of policies addressing youth with PSB and their families. Participants highlighted that existing systems lack a policy that promotes standardized responses to youth with PSB. The lack of systemized and coordinated policy was noted to result in wide variability for how youth are managed. For instance, some youth may not receive any treatment after a PSB is discovered whereas other youths are automatically placed in restrictive residential placements. The same variability was reported in regard to registration policies for sexual offenses.

> *"I wish we had a policy that would be a standardized response to these kids, but to my knowledge, there is none, which is really problematic. Because like I said some kids with really light offenses get the book thrown at them, then other kids do very serious offenses get "boys will be boys"…I think typically what probation does is pull these kids out of their homes and put them in a group home, residential placement, for 18 months and that really impacts, it kind of destroys the family. It is really hopeless. That is the only thing that I know. It just varies a lot. – Agency Administrator"*

2.1.1 Context of policy change

Participants reported that communities were undergoing the change in how cases of PSB are managed. Key factors reported as leading to shifts in policies for youth with PSB were (a) education of policymakers about recidivism and evidence-based treatments that documents positive outcomes for youth with PSB, (b) national legislation that impacts youth with PSB, (c) shifts in juvenile justice practices to focus on treatment and rehabilitation, (d) a focus from the National Children's Alliance for CAC to serve youth with PSB, and (e) the provision of the grant provided by OJJDP and SMART. The OJJDP and SMART initiative and funding spurred the development of MDTs specifically for youth with PSB and the timing coincided with a number of other developments that appeared to increase the readiness for communities to address policies impacting youth with PSB. In some cases, additional task forces at the local and state levels were developed. Some efforts resulted in the development of systemized protocols and legislative changes to address cases of PSB.

> *"……we are testing our policy or our protocol… we are tracking those cases and seeing how you know how this is helping with family engagement and follow through. So I think, you know, we are definitely going- moving in a great direction. As a team, we are making the decision on to when to bring the youth with problematic sexual behaviors to the child advocacy center for an interview and when that is not necessary. Uh, we are working very closely with our probation departments now, which we didn't do that in the past to ensure that they're aware of every case at the onset. – Agency Administrator"*

Thus, some of the shifts in policies and procedures were related to the activities of the grants from OJJDP that emphasized the MDT and systematic community change in the management of youth with PSB. Notably, other factors also appeared to influence the desire for community change. One stakeholder stated, "…over the last 10 years … rather than prosecuting these younger youths as delinquents we handle them more as children in need of services."

2.1.2 Context of MDTs

Participants found that policies fostering the development of MDTs were particularly helpful to address youth with PSB and their families. By bringing together all invested parties to the same table, the MDTs facilitated the process of developing policy and procedural guidelines. Some sites developed multiple levels of MDT such as corresponding local and state-level MDTs that addressed policies and procedures related to youth with PSB. Participants noted that state-level meetings targeted system level policy change and decision making and local meetings ensured youth were being appropriately identified and directed into treatment.

> *"Our local CPS is still involved. Our local law enforcement is still involved. And everyone else in the team is obviously still involved. You know, the child advocates, medical, psychiatrist, that kind of thing. So we all meet and discuss this case and get a game plan before. What's really nice about that is, is that there may have been an issue with this kid that's very similar a year or 2 or 3 ago that CPS investigated and I had no idea. Or vice versa. There may have been a problem that I investigated that wasn't a CPS issue that they weren't aware of. And maybe sometimes it's both. We can bring a lot to the table if we each have a little bit. Whereas before one person would have it and*

would have said "oh I don't know—I don't the know history of anybody." I, you know, we weren't aware of something that happened before. So it's fantastic. – Stakeholder"

2.1.3 Context of school policy

Participants felt that schools were often the first to be aware of youth with PSB but often did not have policies or procedures for handling PSB once it was identified. The lack of clear policy within and across agencies hinders the ability for schools to know how to respond and for children to get services. Furthermore, participants noted that many times schools would not receive information about ongoing cases or have access to child victim information due to confidentiality and reporting regulations. School-based policies varied considerably across jurisdictions, counties, and states.

> *"And the schools will call CPS, child protective services, and they won't take the call or take the case because it isn't, it isn't a guardian. You know abuse by a guardian. Then the school will call law enforcement and the kids are too young for it to be considered a criminal offense. And then nothing happens. So that group of kids are the most needy, could benefit the most from intensive early intervention. But it falls through the cracks cause no one agency is you know sort of the guardian over those cases. – Stakeholder"*

Another participant said:

> *"….you know kids are in our school as day students and sometimes we might not even know about you know some instances of abuse or if there's um you know the offending youth. We may not even know but the kids are in our school. And their school engagement is impacted by these things going on. – Stakeholder"*

2.2 Attitudes and perceptions

Attitudes and perceptions about the current polices were wide-ranging, with concerns raised about the potentially harmful impact of some policies and expressed importance raised related to other policies and practices, particularly related to the need for community collaboration.

2.2.1 Community-related policy and practice elements

Participants reported that agencies should continue to work together through MDTs and establish coordinated policies for youth with PSB. Participants perceived that youth and families have negative outcomes when agencies fail to collaborate. This was particularly apparent when policies failed to provide clear guidelines for who was responsible for handling cases of PSB. For instance, many participants reported that it was unclear which agency was responsible for aspects of identification, investigation, and response of youth with PSB. These factors varied depending on the age of the youth but were more noteworthy for youth under 13 years of age. Participants reported that clearer policies and guidelines for managing cases were needed. When agencies do not work together, cases were closed in some instances and there was no follow up with other agencies to ensure tracking or assisting the family to receive treatment. In some cases, agencies appeared to unwilling to work together. For instance, law enforcement may not communicate with child welfare or treatment providers during an open investigation. In this

respect, participants perceived that teaming helps coordinate and hasten all aspects of management (e.g., identification, response, and treatment) of cases involving youth with PSB.

Our policy at the sheriff's office, and I hope this once the CAC gets the study done it will be their policy, is when we have a kid on kid that, and this is what we're doing now, everyone comes together. It doesn't matter who gets the call. – Stakeholder

A second participant stated:

…before programs like this were set in place, the legal system treated youth who act out as more as criminals than they are youth who need treatment. And now I feel like the community is starting to understand that when a youth acts out the answer is not putting them in juvenile detention or putting them in prison or stuff like that, it's making sure that they get the treatment that they need. So they're referring them to us rather than a residential facility or juvenile detention. – Treatment Provide

2.2.2 Protecting youth

Protection of youth was a major concern for the participants. The majority of participants who discussed sex offender registries reported negative perceptions of youth being included on sex offender registries. One stakeholder stated, "juvenile sex offense registration is, is a huge issue." Participants indicated that judges avoid adjudicating youth with sexual offenses because of concerns related to registry and notification policy. In addition, they reported that parents are fearful and will not seek treatment due to concern that the youth will be labeled and placed on the registry. Beyond the sex offender registry, participants also indicated that labeling and even the names of the charges may also lead to negative outcomes for youth based on how others interpret the information.

The whole juvenile justice and probation system are evolving. I see that but you know to have 14-year-oldlabeled you know sexual offenders when they're kids. They're kid's even 15-year-old. I mean I just and I know the system is evolving but um I don't know. I think it leaves such an indelible mark that helps to shape and define an adolescent's identity that isn't for the better. Because these criminal terms and labels are used for these teenagers I mean you know there certainly is a difference between a crime that is violent andone that is really impulsive bad decision making. – Stakeholder

In addition, perceptions about how to manage information youth share during treatment were expressed. Some participants reported that policies should consider whether or not courts should be able to have access and use information a youth shares in treatment. Other participants perceived that youth sharing information in treatment is positive, should remain confidential, and should not lead to further court involvement, as long as no new victims are reported.

2.2.3 Policy challenges

Multiple challenges to develop and implement coordinated policy across various agencies were notable themes among participants. Participants reported that laws and regulation may limit the

ability to communicate as a team. For instance, confidentiality of juvenile information may not allow law enforcement to share information in an open investigation. This may limit the information the MDT has to know how to respond and the best manner to reach out to the family to link them to services. To address this problem, one agency administrator shared, “I think it would be nice to have a clean-up of the language in the legislation about the MDT working as a system in youth with sexual behavior problem cases.

2.2.4 Treatment-related policies and practices

Participants noted that the limited availability of EBT and applying adult-based treatment models for youth with PSB were two areas of importance. One provider stated, “There are no policies currently in supporting families in gaining access to evidence-based practices.” For instance, while many juvenile justice programs were noted to be contracted with mental health services, participants reported that these contracted mental health providers were not using EBT for PSB. There was also some concern that instead of EBT, some of the treatment providers are applying adult-based treatment models with youth and that some communities may only have programs to serve adjudicated youth. Across sites, it was commonly noted that sound policy is needed to ensure availability of EBT for PSB regardless of adjudication status.

…. the statutes that have been passed that um address the issues criminally. There are really very few statutes that address it in a noncriminal matter. There's no um department of sexual misconduct, there's no um funding for a psychiatric group that takes care, that will address these issues. There isn’t anything like that.

2.2.5 School

Participants reported a need to work with schools to address the management of youth with PSB. Participants reported that many schools appear to try and help youth with PSB. Some noted that fear of liability through Title IX, which requires schools to prevent and address sexual harassment against students, may lead to an increase in overly punitive responses for youth with PSB. Participants noted several school policies that they perceive as ineffective for youth with PSB. For example, in many communities, schools have a zero tolerance policy and youth with PSB are automatically expelled from school. Participants noted that school removal policies have far-reaching ill effects on youth, where the youth's continuity of care, counseling, education, prosocial relationships, and access to early intervention services may be interrupted. Furthermore, the decision to expel the student is not necessarily related to the status of adjudication, location of the PSB, and risk to others in the school.

There is a state law that allows for school districts to expel students um for up to a year simply on the filing of a sexual assault charge in a court. Um not whether if the filing is found true or not but if it's planned or anything or eventually dismissed but simply by the filing the school district is allowed to expel the student up to a year. – Stakeholder

Unfortunately, school responses to PSB of students were noted as quite variable. Clearer policies and training were reported as needed to help teachers understand PSB and the proper procedures for reporting and responding to incidents of PSB. Furthermore, participants shared that schools

can be a resource for prevention of PSB. Integrating curriculum material on prevention of PSB in students in sexual education programs and abuse prevention programs was recommended.

2.3 Policy reforms and practices

Participants reported that policy reform and practices take time to change and evolve. Many sites reported beginning phases of reform and the need for the development of protocols and procedures.

2.3.1 Strengthening partnerships and MDTs

Participants reported that interagency collaborative partnerships were vital to address PSB. For instance, they reported that courts, probation officers, and child welfare agencies can help link and support families to attend treatment. They also mentioned that partnerships at school can assist with the prevention and identification of PSB.

….we don't have formal policies in place yet but we have um talked to so our law enforcement has agreed to um even if there's not an arrest made or a ticket issued for the youth that they will um continue to follow up with the family um encourage and support the referral to treatment um so we could call them and say that the family hasn't followed though yet and they would be happy to kind of um give them a nudge to call us and to engage and with child protective services we're finding that they would make the referral to us but then the case would get closed um before the family has fished their intake and sometimes we were losing the families so our child welfare head said you know we will keep that case open um and at least until they get the intake completed and um we'll follow up with them and kind of push them to go to treatment. –Agency Administrator

In response to the need for clearer policies on MDT for youth with PSB, one state had a bill passed that allowed communication among MDT members and was perceived as helpful in coordinating services for youth with PSB.

…those [MDTs] are mandated by a law…the [state statute allowing MDT communication], and so for sure um law enforcement is part of that, the child protective services, the CAC, the county attorney's office, Victim witness, and it depends on which MDT we're talking about because we have several different ones-we have one that's an investigative team that looks at an initial assessment or an initial assessment of an initial investigation of our case and if there's a problem- the team will talk about that so everyone that was involved in that initial assessment will be a part of that but we also have treatment teams and MDTs and we have just a lot of different ones but the main people I would say that are on most of the MDTs other than maybe the treatment ones would always be law enforcement, child protective services, CAC, victims assistance unit, county attorney's office, and then therapists, schools… other mental health agencies can come, ongoing caseworkers can come to those…

2.3.2 Comprehensive protocols

As community partnerships were strengthened and MDTs met to discuss management of cases of youth with PSB, participants reported the need to build coordinated comprehensive protocols that were conducive within and across agencies. Furthermore, participants reported a need to share in the responsibility of handling cases involving PSB across social service agencies to reduce the burden on any one agency.

> *At the community level, we are moving forward with implementing the protocol that we have outlined for response whenever there is a case, um, with an allegation of children acting out with other children. So that is a big step for us, um, at this time there are several safety measures and- and policies and procedures around safety and, um, that's both physical and psychological safety that we've had to craft and start to implement. Um, we work together as a multi- or as a multi-disciplinary team and also community change team with several community agencies stakeholders, and partners. Um, so that was quite the process to get to all of those meetings. We met individual- individually with several disciplines, law enforcement, child protective probation, uh, family court just to make sure that we were meeting everybody's needs in the protocol but also working within the parameters' of the law. Um, and also within the parameters of the child advocacy center because our primary concern is for the safety and well-being of the families that we serve.– Agency Administrator*

2.3.3 Addressing stigma

Participants felt that policy reform must address stigma, labeling, and derogatory language associated with youth with PSB. Participants noted progress in how youth with PSB are identified and treated, yet continued policy efforts are needed that support education of law enforcement, juvenile justice, medical and mental health providers, schools, policymakers, and communities at large.

> *We have just a different way of looking at what we used to call a "perp" or a perpetrator because we don't call a perp or perpetrator, you know, the 10-year-old that's doing some kind of behavior—there's a reason for it. Most of the time there's a reason for it. They've learned it somewhere or seen them abused and that's what we need to get to the root of. – Stakeholder*

2.3.4 Children's advocacy centers

An additional element to policy reform was reported at CAC. The CAC clarified its position on serving youth with PSB indicating that children, including those with PSB, can be served within the CAC with appropriate safety measures in place. Participants noted that the clarification at the federal level helped shift local CAC practices. The changes were large and influential, and it allowed communities to work together to address the PSB of youth. However, participants reported that the change in practice created a need to educate CAC staff and the community at large on the population. One site noted their ability to adapt their existing CAC protocol to supporting processing cases of PSB of youth. One participant stated this about the clarification in CAC policy:

… in the last 4 months that has done a complete 180 to now, they're really working with us on how we can best serve this population. So that, that's a big shift just in terms of our restrictions within the CAC being able to interview kids here with PSB and um you know we still have to see our adolescent kids off site but there is just a much more open-minded approach in terms of serving the population, so that's a huge shift. – Provider

A second participant stated:

> *…that protocol was originally developed for all cases that are referred to us where there's a concern of abuse or neglect. Um since we've implemented this program, part of the work of our community change team… met monthly during the first 2 years and then moved to quarterly in the third year. So um for the first 2 years they were problem-solving what needed to be in place, how can referrals go, that sort of thing. What ended up happening was um we basically developed an appendix to our child abuse community response protocol um specifically addressing sexual behavior problems in youth. So for all the partners who are signed into that protocol, um they follow the protocol in terms of how they make referrals and handle those cases. The cases where there's concerns and then for cases where there's kids with sexual behavior problems, it talks about referring them to the program or to evidence-based treatment as appropriate and to this program. – Agency Administrator*

2.3.5 Juvenile justice and courts

Participants discussed a shift in juvenile justice and court practices for handling cases of PSB. For instance, more cases were being directed to community-based treatment instead of other more restrictive placements. In some cases, communities have agreed to diversion programs for younger children with first time involvement in the justice system. One participant described the evolution as:

… when matters of delinquency come to the juvenile court we have the option to make it a formal case which… We litigate, prosecute, that kind of thing. We also can handle it

> *informally which is when they come in and meet with one of my staff. We do an assessment. We say, "Okay. We think you can benefit from this program X". Well, [PSB treatment agency] has become one of those programs for us. So we had a couple of cases where instead of filing a charge and going to court we had the family come in. We talked about the [PSB program] and referred them over there and then we continued to monitor that program. So, the kid never had to come into court, the parents didn't have to hire an attorney, they weren't subject to um restrictions on their liberty and weren't, you know, didn't have to face a potential for being placed out of the home. The kid didn't have to leave home. So, so far those two cases have worked out. They've showed up to the intake… They've been going to the groups and the information we're getting back is that the kid and the parents are pretty actively engaged in the therapeutic process. So, that has changed. We're taking real baby steps… – Stakeholder*

2.3.6 Promoting state-level policy

Participants suggested that it may be more effective to address some policies at the state, rather than local level. For example, how child welfare addresses mandated reports are not usually addressed at the local level and is instead a state issue. Other issues may be better managed locally. For instance, one stakeholder reported the need to change how their state-managed reports of PSB. The state policy group on PSB was later successful at changing the legislation.

> *…there are state statutes that require there to be, what's called, care custody, and control of a child in order for it to be investigated. So, um, for example, when there's a hot line that comes into our children's division, if that hot line is related to another youth… children's division does not have any, um, statutory regulations or protocol to intervene in that case… So, what happens right now is that often, um, these cases that are reported are never even investigated. And so, therefore, the child victim is not receiving an interview, um, is not going to the police department until there is kind of a big problem… we're kind of working a lot on, um, how to get around that, and how to intervene in these cases and provide another alternative before it rises to that level of having to get the court system involved. – Agency Administrator*

2.3.7 Advocacy for funding reform

As teams formed policy and procedures, participants reported that the need for additional policy efforts to sustain and expand existing EBT for PSB. In particular, participants reported that state Medicaid programs and other community EBT initiatives should recognize the specialized treatment and training requirements for providing effective treatments. Youth with PSB often present with multiple needs and this should be a consideration when allocating funding for services. Furthermore, they suggested giving PSB treatment programs funding initiatives that are similar to other EBT projects with Medicaid and private funding mechanisms. Others documented the need for braided funding from multiple state social service agencies.

> *[County] Department of Mental Health has funding that's called prevention and early intervention and that funding is only used for evidence-based treatment. Kids and adults now that come in that are funded through this program must receive evidence-based treatment, however, on the approved list of very, very many models, YSBP is not there so there is nothing specific to youth with problematic sexual behavior. There are however several trauma informed victim treatment models. So, the victims can get treatment anywhere because as a community-based organization they are funded by DMH. Most of us have embraced some of these models for trauma treatment. So that is a policy and it is coming from the state level. There is access for non PSB [youth] to get treatment. But like I said … there is no policy for the youth who act out. –Administrator*

Finally, support for service expansion to additional locations in the state and across a wider age range was noted as critical to address PSB of youth in their community.

3 Discussion

The current study utilized the Framework method (Ritchie & Spencer, 2002) to explore the current status of policies and practices in eight sites across the US regarding PSB of youth.

Findings were grouped into three areas:(a) Context for existing service systems to manage and serve youth with PSB, (b) attitudes and perceptions of policies that impact management and services for youth with PSB, and (c) policy reform and current practices designed to improve management and service for youth with PSB and their families. We will discuss each area and its implications below.

In terms of context, the results of the current study confirm that many agencies do not have developmentally sensitive policies to address the PSB of youth. Furthermore, communities lack coordinated policies amongst multiple agencies that promote a standardized response for youth with PSB. Limited agency and coordinated policy have resulted in a fragmented approach that adds wide variability in system decisions for youth with PSB. The lack of a coordinated response impacts the ability for communities to ensure that youth with PSB are identified, safety measures are put in place, and access to EBT is available to the family.

However, evidence suggests that communities are starting to examine policies involving youth with PSB. Examination and systematic improvements to policy and practice appear to be best spearheaded through a dedicated MDT focused on PSB of youth with members from key agencies, such as in child protective services, law enforcement, juvenile justice, behavioral health, children's advocacy center, medicine, and schools. Change in communities appears to have occurred over time through the support of coordinated community initiatives to address policy and practice.

In regard to attitudes and perceptions, findings support benefits from having active MDTs that prioritize addressing within and cross-agency policies and procedures on management of cases involving of youth with PSB. MDTs were found to be most beneficial when sites were able to openly communicate. Identifying gaps and conflicts in policies and practices in a collaborative environment with shared goals can facilitate the development of policies that can improve the process for all involved systems. This process can aid in the development of a coordinated response that addresses community safety and links families to EBT. However, commonly this process required considerable collaboration, decision-making power, and willingness to apply and test new approaches.

The results indicated that the communities started in the initial phases of examining their policies for the management of cases of youth with PSB. Before receiving grant funding through OJJDP, most communities lacked formal written policies that served to coordinate the complex and multifaceted issue of youth with PSB. The results emphasize that development of MDTs, partnering with community agencies, and working in coordination has the most potential to serve communities and youth with PSB.

Protection of youth was a major theme reported in the current study. Policies that focused on the criminalization of youth and failed to support treatment were perceived negatively by the participants. Instead, participants focused on prioritizing policies and procedures that protect all youth (with PSB and child victims), perceive youth with PSB as children first (not mini-adults), and provide developmentally appropriate EBP to address the underlying need. To best serve youth, findings suggest that EBT for PSB should be made broadly available in communities regardless of a youth's adjudication status.

Furthermore, schools were highlighted as needing clear within agency and cross-agency polices. Concerns about punitive (e.g., one strike) policies were noted and could be influenced in part by misunderstanding of Title IX policies. Title IX of the Education Amendments of 1972 is a federal law that protects individuals from sexual harassment. In schools, the term PSB is frequently referred to as sexual harassment due to Title IX language. While Title IX has several

policy implications, participants reported that schools rarely have specific policies to address PSB of students. Schools are often the first point of contact for youth with PSB, but they may not have clear guidance on who to contact when a case involving PSB emerges.

Efforts to reform the current PSB policy will take time. Many sites reported beginning phases of PSB policy reform, others voiced recommendations for PSB policy development. First, policies that strengthen the ability to grow and sustain partnerships among key agencies involved can help ensure that youth, child victim, and their families get evidence-based treatment. Schools are a critical partner in this process as they can help with the prevention and identification of PSB cases. These partnerships require time and commitment to build trusting relationships so members can focus on the core goals (child safety and well-being) and not feel threatened by the process. Second, policies are needed that manage response while reduces stigma and labeling of youth with PSB. Policies that support quality education about PSB and developmentally appropriate policies across agencies can target alleviation of stigma and labeling of youth with PSB. Third, comprehensive protocols that support youth with PSB are needed that outline the responsibilities of how cases are handled across social service agencies. Fourth, NCA's clarification of CAC policy and efforts to educate MDTs and enhance access to EBP appears to have improved access and services for youth with PSB. Continued efforts are needed within CACs to promote education in the community to develop the best local practices for PSB of youth. Fifth, continued policy reform within the juvenile justice system, child protective systems, law enforcement, and courts may promote collaboration and communication among agencies while ensuring that PSB cases are handled in a developmentally sensitive manner with scientifically sound guidelines to allow for consistency without overgeneralization. Sixth, enhanced state-level policies to guide identification and initial response to youth (e.g., child protective services hot line and response) may have a broader impact on communities' options for management of PSB of youth. Finally, policy advocacy for funding reform is critical to sustain EBT for all children including youth with PSB. Funding for EBT, community outreach education, and related activities is limited and options, such as modified reimbursement rates in the Medicaid programs may be considered. Multiple funding streams appear to enhance sustainability and expansion of services for a wider age range of youth with PSB.

3.1 Strengths and limitations

This study has several strengths and noted limitations that should be noted. Purposive sampling allowed for interviews with various participants that were intimately involved in their community to address youth with PSB at the state and local levels. Their knowledge about policies and practices added to the depth of information provided but threatens the external validity of study findings. PSB participants involved in the OJJDP grant may be more aware of policies impacted the management of cases involving youth with PSB than other groups. This study represents eight sites in geographically diverse sites across the US; however, external validity in terms of widespread generalization will require further study. The research team examined responses based on stakeholder type but did not observe differences in responses across professional groups or rural/urban locations. Strengths of this study include the number of interviews conducted (N = 219), the diversity of sites involved in the study, the contribution of new knowledge about policies in place at the local, state, and federal level for cases involving youth with PSB. Furthermore, the study identified areas of potential policy reforms which may serve as a roadmap to other states. Another strength of this study was that interview questions

varied by year to follow the progression of the OJJDP grant. This approach allowed the team to first document participant awareness of policy, and then track changes in policy over time.

4 Conclusion

Although progress has been made in the development of policies that support youth with PSB, additional efforts are needed. Effective policies must be designed with the long-term goal of promoting prosocial development of youth and mitigating community risk (Page et al., 2017). Policy efforts in the 1980s brought attention to PSB as a unique problem, but at the same time created harsh treatment practices that were not informed by scientific data (Chaffin,2008; Chaffin & Bonner, 1998). Misperceptions about PSB, stigma, and inconsistent identification and treatment protocols remain primary challenges to quality developmentally appropriate policy and procedures.

As communities address the process of policy reform, the process matters. Active, knowledgeable MDTs with key decision-makers who have shared goals provided a productive foundation to review gaps and conflicts in policy as well as propose and test new strategies. Furthermore, this process allows nuances and intricacies relevant to specific community's practices, policies, and relationship to be examined with proposed reforms building on strengths and positive practices. This process improves success in implementation (Aarons & Chaffin, 2013). Community outreach education targeting a wide range of professionals (e.g., juvenile justice, child welfare, law enforcement, schools, medicine, and behavioral health) raises accurate information, improves decision making, and reduces decisions based on myths. Professionals play a critical role in the PSB policy formulation process as advocates, advisors, and activists. Policy formulation, implementation, and monitoring will eventually lead to improved outcomes for youth with PSB.

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