

# A BALANCED RESPONSE TO CHILDREN WITH SEXUAL BEHAVIOR PROBLEMS

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PRESENTED BY:

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SEPT. 2023



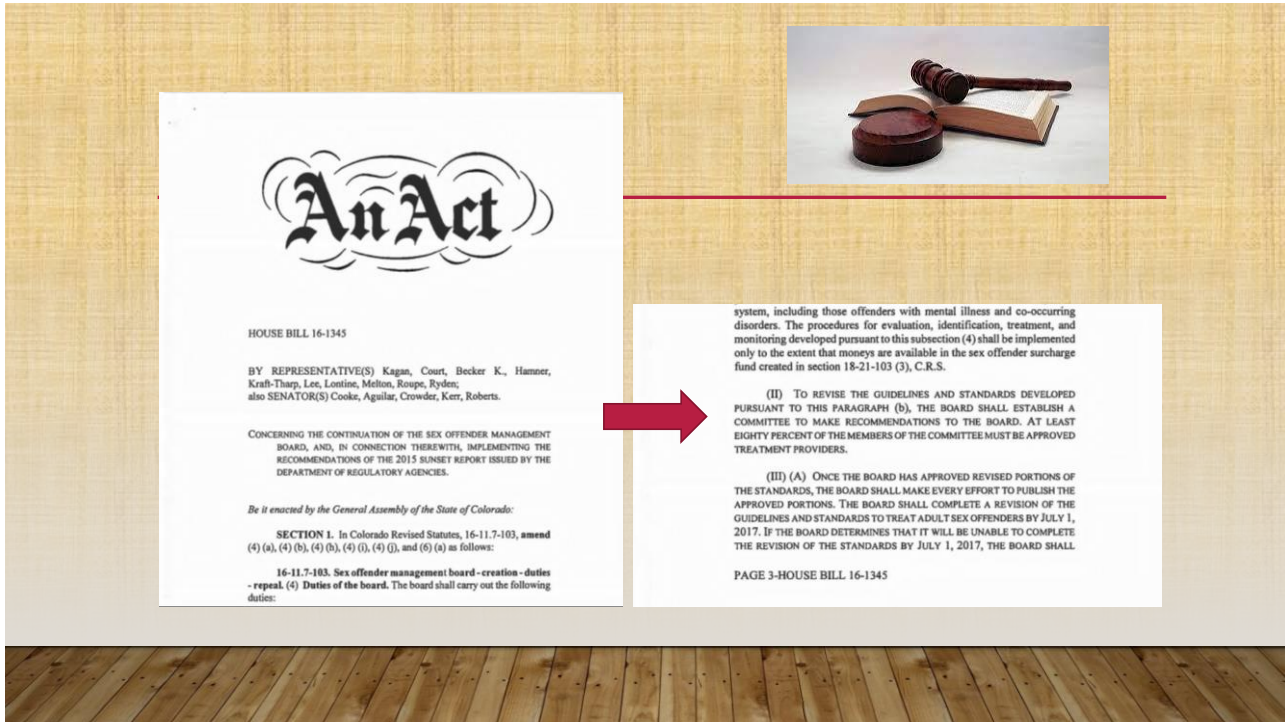
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## HOW DID WE GET HERE!!?

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**An Act**

HOUSE BILL 16-1345

BY REPRESENTATIVE(S) Kagan, Court, Becker K., Hammer, Kraft-Tharp, Lee, Lentine, Melton, Rouse, Ryden; also SENATOR(S) Cooke, Aguilar, Crowder, Kerr, Roberts.

CONCERNING THE CONTINUATION OF THE SEX OFFENDER MANAGEMENT BOARD, AND, IN CONNECTION THEREWITH, IMPLEMENTING THE RECOMMENDATIONS OF THE 2015 SUNSET REPORT ISSUED BY THE DEPARTMENT OF REGULATORY AGENCIES.

*Be it enacted by the General Assembly of the State of Colorado:*

**SECTION 1.** In Colorado Revised Statutes, 16-11.7-103, **amend** (4) (a), (4) (b), (4) (h), (4) (i), (4) (j), and (6) (a) as follows:

**16-11.7-103. Sex offender management board - creation - duties - repeat. (4) Duties of the board.** The board shall carry out the following duties:

system, including those offenders with mental illness and co-occurring disorders. The procedures for evaluation, identification, treatment, and monitoring developed pursuant to this subsection (4) shall be implemented only to the extent that moneys are available in the sex offender surcharge fund created in section 18-21-103 (3), C.R.S.

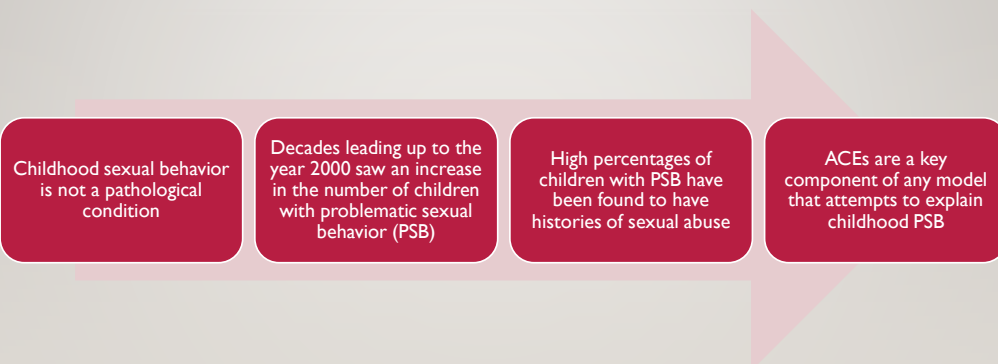
(II) To REVISE THE GUIDELINES AND STANDARDS DEVELOPED PURSUANT TO THIS PARAGRAPH (b), THE BOARD SHALL ESTABLISH A COMMITTEE TO MAKE RECOMMENDATIONS TO THE BOARD. AT LEAST EIGHTY PERCENT OF THE MEMBERS OF THE COMMITTEE MUST BE APPROVED TREATMENT PROVIDERS.

(III) (A) ONCE THE BOARD HAS APPROVED REVISED PORTIONS OF THE STANDARDS, THE BOARD SHALL MAKE EVERY EFFORT TO PUBLISH THE APPROVED PORTIONS. THE BOARD SHALL COMPLETE A REVISION OF THE GUIDELINES AND STANDARDS TO TREAT ADULT SEX OFFENDERS BY JULY 1, 2017. IF THE BOARD DETERMINES THAT IT WILL BE UNABLE TO COMPLETE THE REVISION OF THE STANDARDS BY JULY 1, 2017, THE BOARD SHALL

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## HISTORY



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## IDENTIFICATION OF CHILDREN WITH PSB

	Reports to DHS through the child abuse hotline or through the juvenile justice system
	Child welfare agencies are only involved with intrafamilial sexual abuse, third-party allegations are usually screened out and reported to law enforcement for further investigation
	If the child is under 10, there is no law enforcement involvement as no charges can currently be filed
	If a youth over 10 years old is charged with an intrafamilial sexual abuse, the child welfare agency may intervene as well to provide services

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## DATA

### Colorado adjudication data

Information was compiled by the Colorado District Attorney's Council from all 22 judicial districts in Colorado for children ages 10-12 adjudicated between 2011 and 2021 on 1,501 juvenile cases for one of the following sex crimes:

- 223 cases (15%) for Incest including Incest (C.R.S. 18-6-301), and Aggravated Incest (C.R.S. 18-6-302)
- 819 cases (55%) for Sexual Assault on a Child including Sexual Assault on a Child (C.R.S. 18-3-405), Sexual Assault on a Child by One in Position of Trust (C.R.S. 18-3-405.3), and Sexual Assault on a Child - Pattern of Abuse (C.R.S. 18-3-405.3(2)(b))
- 331 cases (22%) for Unlawful Sexual Contact (C.R.S. 18-3-404)
- 128 cases (8%) for Sexual Assault (C.R.S. 18-3-402)



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## SURVEY SAYS...

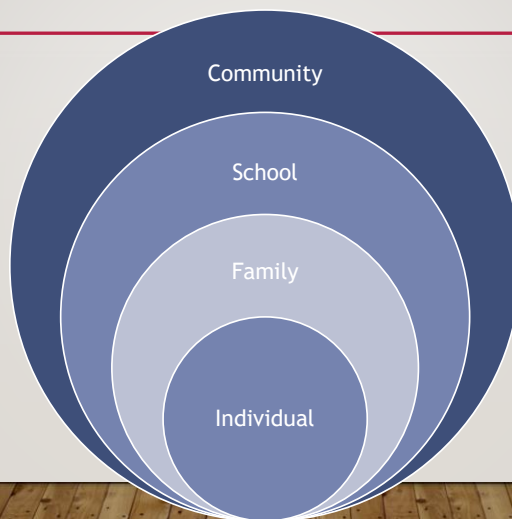
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## PREVENTION STRATEGIES IN EDUCATION

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## CHILDHOOD SEXUAL DEVELOPMENT

AGE	COMMON BEHAVIORS
<b>Birth-2</b>	<ul style="list-style-type: none"> <li>✓ Explore and touch private body parts</li> <li>✓ Touch mother's or others' breasts</li> </ul>
<b>2-4</b>	AND <ul style="list-style-type: none"> <li>✓ Show private parts to others</li> <li>✓ Let's get naked!</li> <li>✓ Curious about body functions</li> </ul>
<b>4-6</b>	AND <ul style="list-style-type: none"> <li>✓ Mimic dating behavior</li> <li>✓ Potty talk and naughty words</li> <li>✓ Explore the private parts of others</li> </ul>



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## CHILDHOOD SEXUAL DEVELOPMENT

AGE	COMMON BEHAVIORS
<b>7-12</b>	<ul style="list-style-type: none"> <li>✓ Masturbation</li> <li>✓ Sexual games</li> <li>✓ Interest in nudity</li> <li>✓ Consume sexual content in media</li> <li>✓ Desire more privacy</li> <li>✓ Most are observant of societal gender roles</li> <li>✓ Sexual attraction to peers</li> </ul>



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## CHILDHOOD SEXUAL DEVELOPMENT



AGE	COMMON BEHAVIORS
13+	<p>AND</p> <ul style="list-style-type: none"> <li>✓ Peers for this, caregivers for that</li> <li>✓ Anxious, curious about sex, but already know everything</li> <li>✓ Comparisons</li> <li>✓ Hormonal changes result in increased sexual attraction and rapid mood swings</li> <li>✓ Desire for privacy converts to need for autonomy and independence</li> </ul>

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## WHEN IS SEXUAL PLAY “TYPICAL”?

**Infrequent**

Spontaneous

Unplanned

**Voluntary**

Consent

Close in Age,  
Size, Popularity

**Easily Diverted**

Children know  
each other

Comply with  
boundaries

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## HOW DO WE KNOW IF THE SEXUAL BEHAVIOR IS PROBLEMATIC OR ABUSIVE?

- Clearly beyond the child's developmental stage
- Involves threats, force, aggression
- Involves children of widely different ages/abilities
- Provokes strong emotional reactions
- Involves inappropriate/harmful use of sexual body parts
- Interferes with typical childhood interests



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## WHAT ARE WE TEACHING TO MAXIMIZE HEALTHY SEXUALITY?



Birth to 7



7 to 18+

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## DEFINITION OF CHILDREN WITH PSB

- As defined by the final report of the ATSA Task Force (Chaffin et al., 2008)
  - **Children ages twelve and younger who initiate behaviors involving sexual body parts (i.e., genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves or others (p. 200).**
- Acknowledges children typically display various forms of sexually related behaviors throughout development
- Only developmentally inappropriate behavior is considered problematic
- Recognizes even developmentally appropriate behavior can occur with problematic frequency and/or severity
- Certain types of sexual behavior are always considered problematic (attempting to coerce another into sexual acts)

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## UPSIDE AND DOWNSIDE OF THE PROBLEM

85-95% of children and adolescents with PSB who receive **well matched interventions** will not repeat/reoffend and are at no greater risk to offend than the general population (Caldwell, 2016; Lussier, 2017)

Studies have shown that children who have been harmed by other children or youth may be especially hard to identify and have additional barriers for accessing and receiving services

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## A “ONE SIZE FITS ALL” APPROACH WILL NOT WORK

- Diverse group of children
- No universal characteristic or defining profile or consistent set of risk factors
- Both males and females display PSB
- More girls than boys will exhibit PSB before the age of 5
- More boys than girls will exhibit PSB by age 10

(Friedrich et al., 2001; Allen, 2017; Kellogg, 2010; Volbert & Zanden, 2011.)

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## EXISTENCE OF SMALLER SUBSET OF HIGHER RISK CHILDREN OF CONCERN

- This subset of higher risk children is small in comparison to the majority, as most children with PSB respond well to lesser intensity treatment interventions. Most children with PSB present a low risk to recidivate and can be redirected effectively and constructively by parents, teachers, and specially trained therapists to modify and correct their problematic sexual behaviors with developmentally appropriate, culturally sensitive, individualized treatment plans.
- However, by comparison, there does exist a small subset of children who exhibit more severe (atypical) problematic sexual behaviors (likely involving coercion, force, and/or penetration) who do not respond as well to lesser intensity treatment interventions and are of notable concern for on-going problematic sexual behaviors.

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# QUALITY OF ASSESSMENT FOR CHILDREN WITH PSB

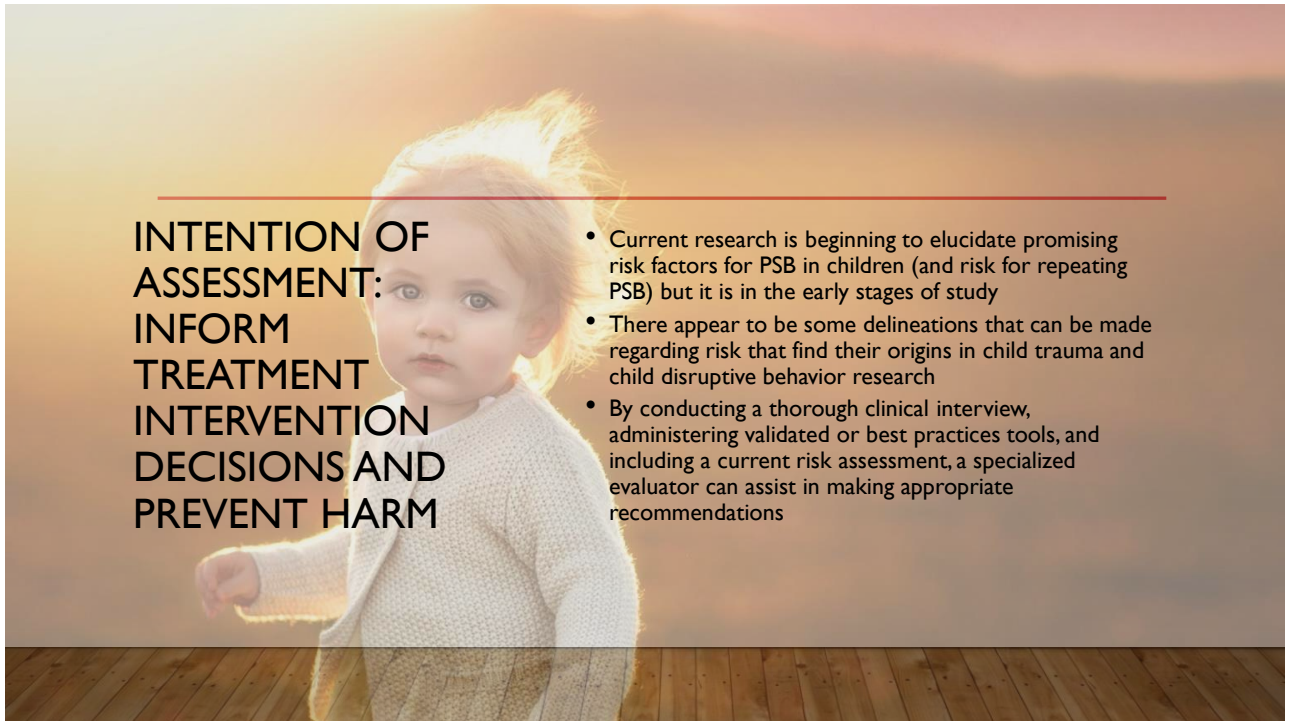
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- Based in Risk-Needs-Responsivity Principles (RNR) (Andrews & Bonta, 2010)
- Evidence based framework
- Supports individualized approach
- Facilitates risk reduction and pro-social development
- Identification of protective and resilience factors
- Consider the whole child and support/needs of caregiver
- Inclusion of objective assessment tools

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## INTENTION OF ASSESSMENT: INFORM TREATMENT INTERVENTION DECISIONS AND PREVENT HARM

- Current research is beginning to elucidate promising risk factors for PSB in children (and risk for repeating PSB) but it is in the early stages of study
- There appear to be some delineations that can be made regarding risk that find their origins in child trauma and child disruptive behavior research
- By conducting a thorough clinical interview, administering validated or best practices tools, and including a current risk assessment, a specialized evaluator can assist in making appropriate recommendations



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## ASSESSMENT OF PROBLEMATIC SEXUAL BEHAVIORS

Collect information related to onset, types of behaviors, and frequency of behaviors

Ascertain if PSB began before or after an identified traumatic event(s) or could it have been exacerbated by the trauma

Inquire if the PSB involve other children (i.e., interpersonal), are there notable safety concerns, and how diverse are the problematic behaviors?

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## ASSESSMENT OF PROBLEMATIC SEXUAL BEHAVIORS

Interview the caregiver in relation to how frequently the identified PSB has occurred and what the caregiver's response has been

Ask if the PSB has persisted despite caregiver attempts to control or correct for the PSB occurrence

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## CORRELATES OF SEXUAL INTRUSIVE BEHAVIOR (SIB) IN CHILDREN

Exposure to sexual content

Exposure to violence

Family adversity

Child vulnerabilities

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## EIGHT VARIABLES FOUND WITH SIGNIFICANT ASSOCIATIONS FOR REPEATED PSB

Force and/or threat  
involved in  
commission of PSB

Observable pattern of  
sexual behaviors

Multiple different  
types of sexual  
behaviors

Current, age-  
inappropriate sexual  
thoughts and/or  
fantasies

Being a victim of  
sexual abuse

History of non-sexual  
aggression

Currently  
experiencing negative  
impact of non-sexual  
victimization

Ever resided in a  
family with poor  
sexual boundaries

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## OF NOTE: HISTORY OF ANIMAL SEXUAL CONTACT

- All children from the sample who had engaged in sexual contact with an animal were found to be in the repeater group
- Sexual contact with animals is uncommon in community samples of children and is, therefore, viewed with concern
- Little is understood of the implications

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## ASSESSMENT OF TRAUMA AND TRAUMA-RELATED SYMPTOMS

Clinical Interview with child and caregiver

Directly discuss and obtain trauma history during the initial assessment

Determine whether the problematic behaviors are the result of identified traumatic events

Utilize self-report and caregiver-report measures

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## ASSESSMENT OF TRAUMA AND RELATED SYMPTOMS

- The Trauma Symptom Checklist for Young Children (TSCYC; Briere, 2005)
  - Well-validated caregiver report measure for children 3 to 12 that provides a broad assessment of trauma symptoms, including posttraumatic stress, dissociation, and depression
  - TSCYC includes a scale directly assessing sexual concerns
- Companion child-report measure, the Trauma Symptom Checklist for Children (TSCC; Briere, 1996) is appropriate for children ages 8 to 16
- UCLA PTSD Reaction Index (Pynoos & Steinberg, 2014) and the Child PTSD Symptom Scale (Foa, Johnson, Feeny, & Treadwell, 2001)
- Adverse Childhood Experiences Questionnaire (ACEs)



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## EXPLORE ASSOCIATED EMOTIONAL & BEHAVIORAL CONCERNS

- It is recommended the occurrence of PSB be placed in the larger context of the child's emotional, behavioral, and trauma-related concerns.
- A broadband measure should be administered:
  - Child Behavior Checklist
  - Strengths & Difficulties Questionnaire
  - Pediatric Symptom Checklist
  - Behavior Assessment for Children



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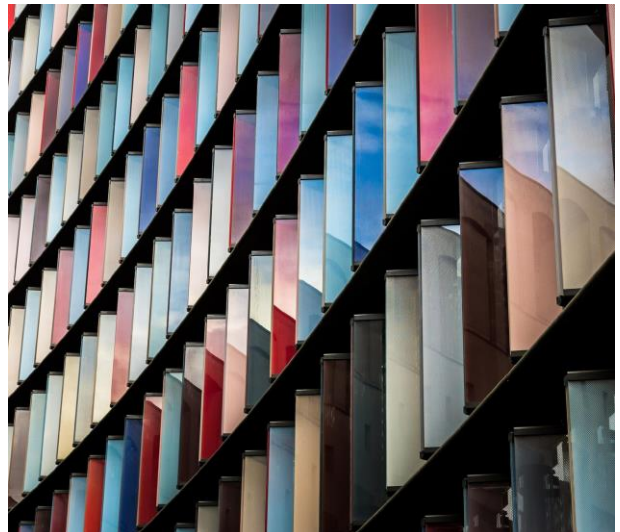
## RISK ASSESSMENT TOOLS FOR USE WITH CHILDREN EXHIBITING PSB THAT INCLUDE PROTECTIVE FACTORS

- Assessment, Intervention, and Moving On Project 2 (AIM2) for children under twelve years of age (Print et al., 2007)
- The Latency Age-Sexual Adjustment and Assessment Tool (LA-SAAT) (Rich, 2011)
- The Multiplex Empirically Guided Inventory of Ecological Aggregates for Assessing Sexually Abusive Adolescents and Children (MEGA) for ages 4-19 (Miccio-Fonseca, 2010)

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## EVIDENCE-BASED TREATMENT INTERVENTIONS

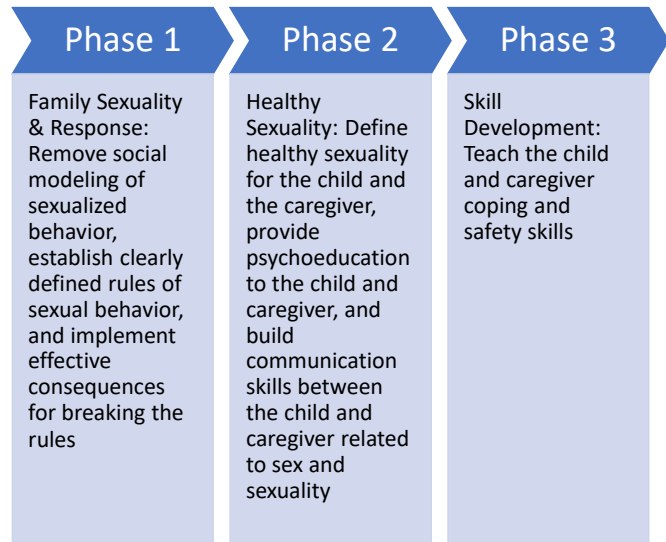
- Children with Problematic Sexual Behavior Cognitive-Behavioral Treatment Program: School-Age Group (PSB-CBT)
- Multisystemic Therapy for Youth with Problematic Sexual Behaviors: Ages 10-17 (MST-PSB)
- Trauma-Focused Cognitive-Behavioral Therapy for Children with Problematic Sexual Behavior (TF-CBT-PSB)
- The Sexual Abuse Family Education and Treatment (SAFE-T) Program
- Good Lives Model



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## PHASE-BASED TREATMENT FOR PRETEEN CHILDREN WITH PROBLEMATIC SEXUAL BEHAVIOR



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### PRESENTATIONS OF CHILDREN DISPLAYING PSB & TREATMENT DECISION CONSIDERATIONS



- Children who present with primary concerns of posttraumatic stress symptoms and minimal PSB
  - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) with minimal PSB components
- Children who present with elevated disruptive behaviors and minimal PSB
  - Standard Parent-Child Interaction Therapy (PCIT): Evidence based behavioral treatment for young children, ages 2-7 with disruptive behavior problems

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## PRESENTATIONS OF CHILDREN DISPLAYING PSB & TREATMENT DECISION CONSIDERATIONS

- Children who present with PSB and minimal levels of behavior problems and/or posttraumatic stress symptoms
  - PSB-CBT-P
- Children who present with elevated PSB and elevated disruptive behaviors
  - PCIT-PSB Adaptation: PSB-CBT-P + PCIT
  - Family based and attachment focused with Behavioral Parent Training (BPT)



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## CASE STUDY



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- Children with PSB are often misunderstood and treatment options are few
- When PSB is present in the context of sexual abuse-related posttraumatic stress, effective options appear available
- Minimal treatment outcome research for PSB with different etiologies
- Replicated reports suggest the majority of children displaying PSB do not have a sexual abuse history, therefore prompting the development of treatment protocols informed by other explanations

Support the provision of treatment for children with PSB where recommended by clinical assessment

Prioritize children with PSB who are at highest risk for future PSB and have engaged in the most serious and victimizing behaviors

**Formal multi-systemic involvement** may be necessary in securing needed services. Could include:



- Schools
- Department of Human Services
- Potential juvenile justice system involvement for highest risk children, where appropriate, to mandate services

## BENEFITS AND CHALLENGES OF A MULTI-SYSTEMIC APPROACH

### Benefits

- Consistent messaging
- Accountability for the child and their family
- Ensure provision of treatment and follow through
- Coordinated case planning
- Others?

### Challenges

- Limited resources
- Lack of case jurisdiction
- Unfamiliarity with resources
- Minimization and denial related to children with PSB
- Others?

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## MANDATORY REPORTING

- **Parents/caregivers fail to intervene or protect other children when previously informed of ongoing abusive sexual behaviors;**
- **The behavior has involved significant harm or exploitation; and**
- **The behavior is serious and persistent**

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## OUT-OF-HOME PLACEMENT

Not automatic for children with PSB, even in cases where the victim is in the home

- Families First Act considerations

Decision making based on the specific case and input from the clinical assessment

Take all steps necessary to maintain a child in their home, where appropriate and safe to do so

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## OUT-OF-HOME PLACEMENT CONSIDERATIONS

Does the child with PSB's presence in the home cause harm or significant distress to the other children in the home?

Does the child with PSB have acute treatment needs or protection needs?

Are the child with PSB's parents/caregivers providing an adequately safe environment?

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## IF OUT-OF-HOME PLACEMENT IS NECESSARY

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Consider the least restrictive environment needed

Consider options closest to the child's current home to minimize disruption and allow for family participation in care

Consider kinship care and other options within the child and family's current social support system where there may be a home without younger children

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## PUBLIC POLICY RECOMMENDATIONS

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Take all referrals seriously and properly consider options

Refer the child with PSB for a clinical assessment by a trained evaluator specializing in this population

Support clinical recommendations with resources and mandates for participation by the child and family

Ensure successful treatment completion and do not close the case prematurely

Meet regularly with all involved systems in a multidisciplinary fashion

Monitor your own biases about PSB in young children

Others?

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## LINKS & RESOURCES



Sex Offender Management Board  
The Colorado Department of Public Safety  
1000 North 10th Avenue, Suite 1000  
Denver, CO 80202-1000 | 303.239.2000

### Resources

There are a multitude of free, governmental and nonprofit partners who offer free resources and training to assist schools in identifying and addressing sexual behavior in children. The following documents are downloadable from the Colorado Department of Public Safety:

- **School Safety Resource Center (SSRC): Resources for Child Sexual Abuse and Assault Prevention.** This publication, updated annually, provides content and contact information for programs designed to prevent child sexual abuse, intervene as a part of programs which implement social-emotional learning, safeguard behavioral and public health, address antisocial/aggressive behavior, substance misuse, family conflict, and even poor school/community attachment. Programs containing these elements, especially those which have demonstrated proven outcomes through evidence-based means, may effectively prevent sexual abuse. The guide describes proven evidence-based programs, as well as evidence informed or "best practice" programs. The guide also provides schools with information to prevent human trafficking, grant-funded sexual health programs, and contains for government programs offered by the various state departments. Last, the guide provides descriptions of various statewide coalitions, children's advocacy centers, and additional resources.
- **The Division of Criminal Justice (DCJ), Offender Management Board** collaborated with the Colorado Department of Education (CDE) and a group of stakeholders to publish the **Reference Guide for School Personnel Concerning Sexually Violent Offenders**. This guide is designed to provide information to school administrators, teachers, and other staff regarding the supervision of juveniles who have committed sexual offenses. The document provides best practice guidelines related to the responsibilities of school administration in developing a safe and inclusive environment and school community. The goal of this guide is to build a foundation for safety within the school community, to respond to the individual needs of the victim(s) and teacher/family, and address through supervision and management the needs of the juvenile who committed the sexual offense.
- **The Division of Criminal Justice (DCJ), Offender Management Board**, **Research and a multidisciplinary group of professionals** recognized the gap in services for juveniles of youth who are abusive, harmful, and/or engage in behaviors in the context of relationship violence. In an effort to promote healthy relationships and reduce abuse in dating relationships during adolescence, the group created a set of guidelines to guide the response of the education system, criminal justice system, survivor advocacy, clinical intervention, and human services. **Best Practice Guidelines for Working with Youth who Engage in Relationship Abuse.**



Sex Offender Management Board  
The Colorado Department of Public Safety  
1000 North 10th Avenue, Suite 1000  
Denver, CO 80202-1000 | 303.239.2000

### Additional resources:

Childhood Sexuality: A Guide for Parents, Gail Ryan & Joanne Blum (1994), Kamps Children's Center University of Colorado Health Sciences Center Department of Pediatrics

Stop It Now? Prevention Tools, accessed at [www.stopitnow.org](https://www.stopitnow.org)

What is Problematic Sexual Behavior? National Center on the Sexual Behavior of Youth, accessed at [www.ncsby.org](https://www.ncsby.org)

The Kamps Center for the Prevention and Treatment of Child Abuse and Neglect  
<https://www.kampscenterforchildabuseandneglect.org/>

Tennessee Center for Children  
<http://www.tncccenter.org/about-us/>

I-A-SAAT Link: <http://www.gpihich.net/ish-securement-instruments.html>

MEGA Link: <https://www.mega-music.com/forums/>

Link for ACE Administration and Questionnaire: <https://www.ace.org/media/1A-106>

Resources for ACEs and Trauma: <https://www.traumainfo.org/>

TSCYC: Bureau, 2005 Link: <https://www.pauis.com/products/tscyc/863>

CSH, Friedrich, 1997 Link: <https://www.ncsby.org/resources/child-sexual-behavior-investments>

First Co-occurring Assessing Children's Sexual Behavior: The Child Sexual Behavior Checklist (CSBC-1.5) Second Revision

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## WHERE IS THE SOMB RESOURCE DOCUMENT??

[Home](#)
[About DCJ](#)
[DCJ Offices](#)
[Grants](#)
[Training](#)
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[Home](#)
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[Sex Offender Management Board](#)

## Sex Offender Management Board

### How Can We Help You?

- For Approved Providers & Applicants
- For Individuals Convicted of or Adjudicated for Sexual Offenses
- For Supervision Officers, Case Managers & Law Enforcement
- For Victim Representatives

### Important News from the SOMB

- Updates & Announcements
  - Open Public Comment:
    - Section 2: Standards of Practice for Treatment Providers
    - Children with Problematic Sexual Behavior Resource Document
    - SOMB Housing Barriers for Sex Offenders
    - SOMB Data Management System Analysis Request (Question Suggested) Jordan
    - Important Update for SOTPS Scoring
    - Sex Offender Management Board Votes to Reconsider Change in Language of Standards B: Guidelines for Treatment Providers
    - SOMB Guidance to Approved Providers Regarding COVID-19
    - Audit Compliance
    - CPS Statement on Legal Opinion Regarding Sex Offender Management Board
    - Conflict of Interest Policies and Procedures
    - Statement to respond to Office of State Auditor audit of SOMB
    - Approved Revisions
    - SOMB Quarterly Minute
      - April 2023
    - Job Announcements
  - Research & Reports
  - Annual Performance

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## ANY QUESTIONS?

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## THANK YOU FOR ALL YOU DO!

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