

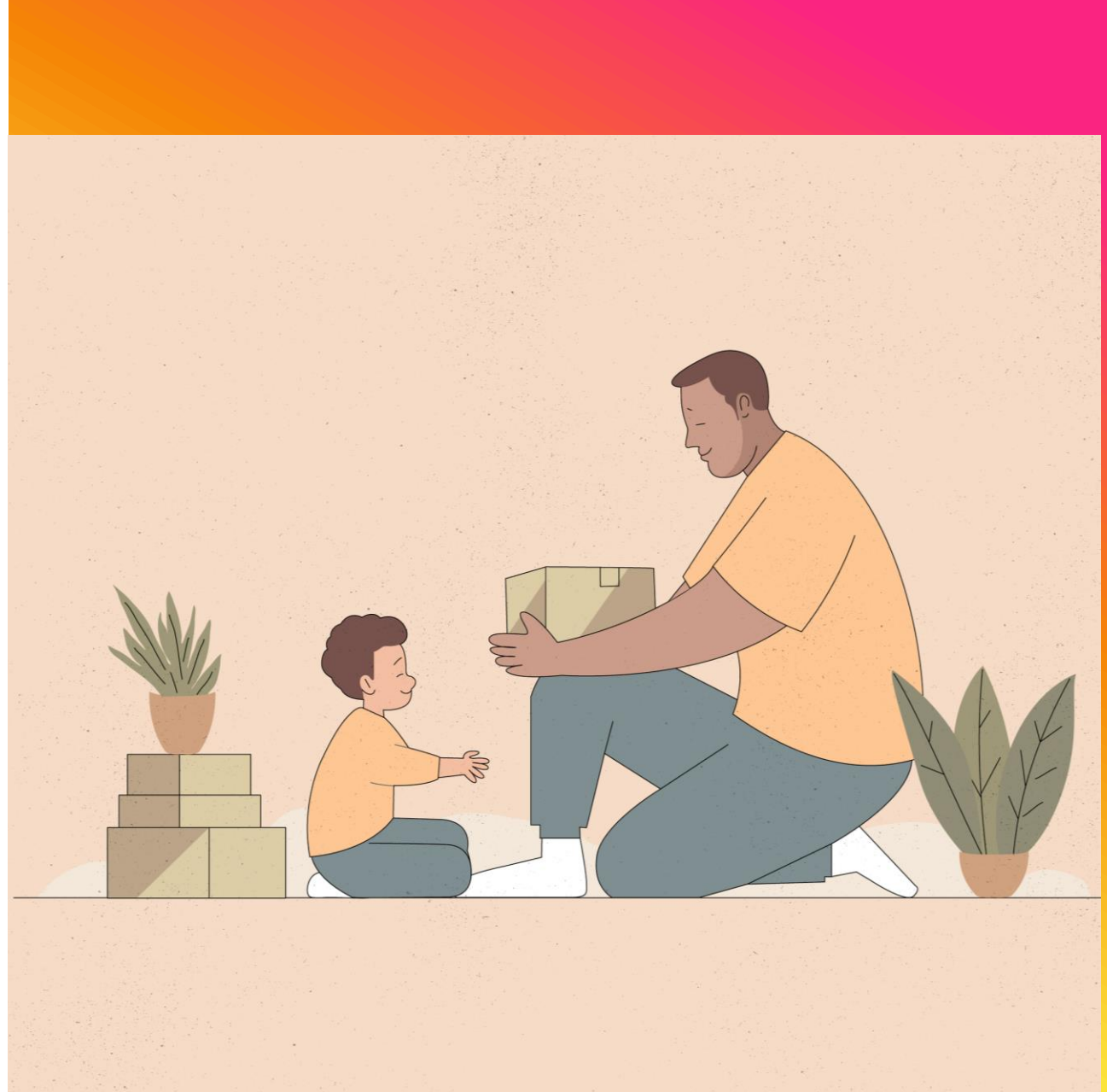
Ethical Considerations of Youth with Trauma and PSB Pt. 1 & 2

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Adolescent Problematic Sexual Behavior
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Agenda

Set the tone: What are our ethical frameworks

Acknowledging our own bias

Ethical Decision Making as Informed Decision-Making
(Defining PSB)

Guiding Principles in Working with PSB

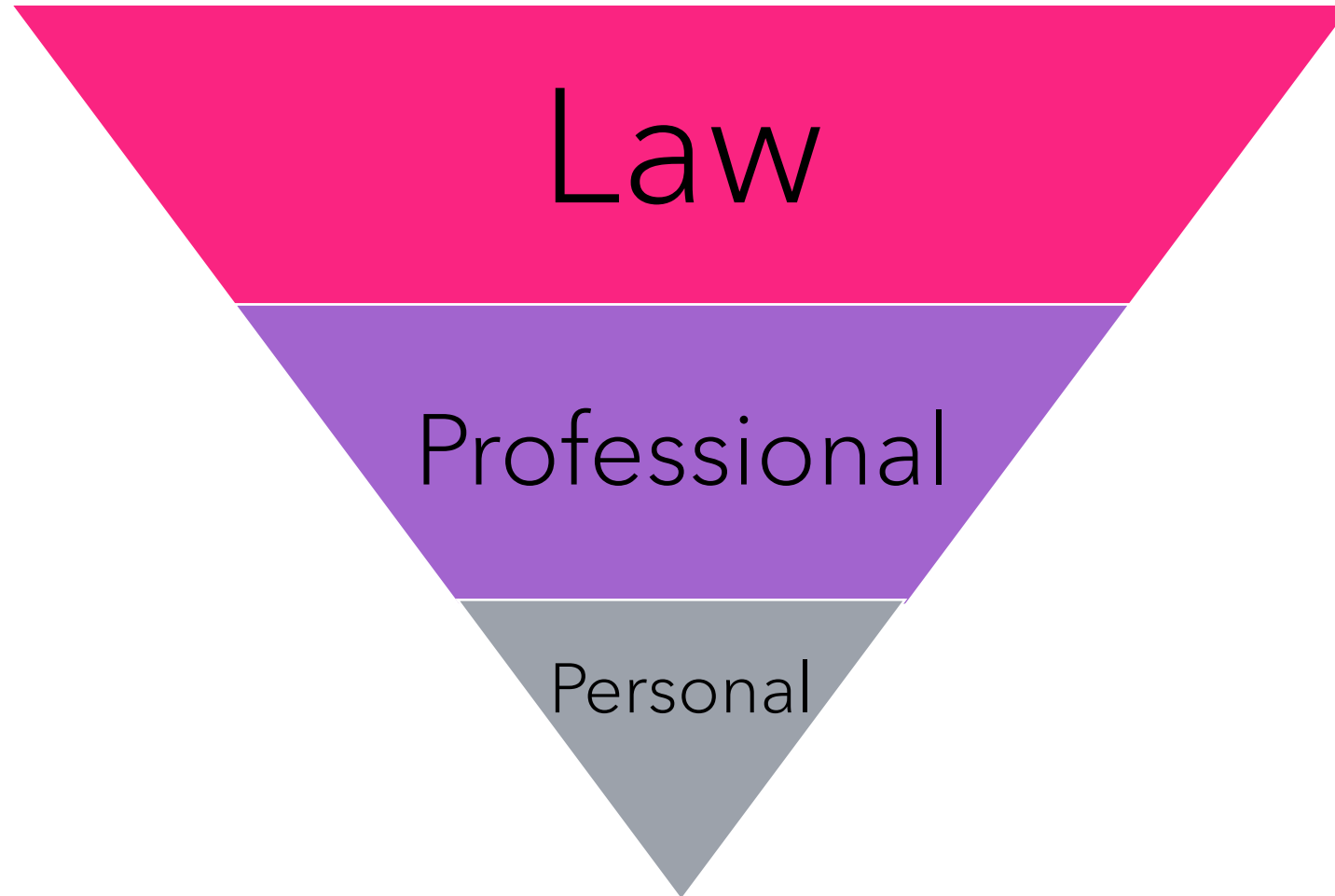
Ethical Considerations: Assessment and Treatment Planning

Ethical Principles in Practice: Exploring Complicated Scenarios



**About the
Center on Child
Abuse and
Neglect and
National Center
on the Sexual
Behavior of
Youth**

Ethical Decision Making



Ethical Decision Making is Informed Decision Making

Trauma and PTSD

- + Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
- + Directly experiencing the traumatic event(s).
- + Witnessing, in person, the event(s) as it occurred to others.
- + Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
- + Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

Posttraumatic Stress Disorder

Exposure + Symptoms Across the Following Domains

1. Reexperiencing
2. Avoidance
3. Negative Mood/Thoughts
4. Hyperarousal
5. Functional Impairment

Trauma Exposure and PTSD

- + Studies show that about 15% to 43% of girls and 14% to 43% of boys go through at least one trauma.
- + Of those children and teens who have had a trauma, 3% to 15% of girls and 1% to 6% of boys develop PTSD.
- + Rates of PTSD are higher for certain types of trauma survivors.
- + Three factors have been shown to raise the chances that children will get PTSD. These factors are:
 - How severe the trauma is
 - How the parents react to the trauma
 - How close or far away the child is from the trauma

Impacts of Our Own Biases

- + We bring our own personal lens to every situation we face. Our race, ethnicity, age, culture, sex, gender, sexual orientation, past experiences (positive, negative, and neutral), and more all filter our world.
- + We must be willing to bring humility and curiosity into exploring how and why we react the way we do in clinical dilemmas and ethical scenarios.



Impacts of Our Own Biases

- + Assumption about trauma's impact on a child
- + Misunderstanding of what is driving child problematic behavior or emotion dysregulation
- + Perception of caregiver capacity
- + Prediction of future relational repair or lack thereof



Impacts of Our Own Biases

- + Managing our own assumptions about:
 - What was the most upsetting/traumatic experience for a client
 - How they feel about their abuser
 - What is the best end goal in terms of reunification / contact
 - What is needed for the client to feel safe

We're here to discuss Ethics in Youth with both Trauma Histories and PSB

But what does "problematic sexual behavior" actually mean?

Pre-School and School Age Youth (ages 3-12)

Childhood Sexual Behaviors: Normative, Cautionary, or Problematic?

Normative



- Voluntary, infrequent, spontaneous
- Easily diverted when adults tell children to stop and explain privacy rules
- Interaction that involves sexual body parts between children of the same general age and physical size
- Occurs among children who know each other
- Not accompanied by strong uncomfortable or upset feelings
- *May not be appropriate for setting/location

Cautionary



- Not suitable for the location (e.g., school, faith community)
- Normative behavior, but more frequent than typical for the child's age
- Not currently harmful or distressing to self or others
- Occurs despite adult intervention
- Typical sexual behavior, but technology is involved, such as taking pictures of private parts

Problematic



- Causes harm or potential harm or distress to any child
- Involves strong, upset feelings, such as anger or anxiety
- Involves force, coercion, or aggression
- Occurs among children of differing ages or functioning
- Continues to occur despite intervention by caregivers or other guiding adults
- Preoccupied with sexual content and topics

Concerned about a child's cautionary or problematic sexual behavior?
Contact your installation Family Advocacy Program for guidance and support.
Visit the National Center on the Sexual Behavior of Youth at www.ncsby.org for additional information and resources

What is Normal Adolescent Sexual Behavior?

- + Do we have an agreed upon definition?
- + Is this a static or moving target?

How do our personal beliefs and values influence how we determine...

- + At what age it's appropriate for a teen to engage in legal consenting sexual behavior with another person and in what relational context?
- + What are normative and acceptable sexual behaviors across the adolescent age span?
- + Is sexual communication via technology normative for adolescents?

What factors do you consider?

What societal standards influence our decision-making on what constitutes normal, risky, and problematic adolescent sexual behavior?

- Age
- Religion
- Cultural norms/beliefs
- Race/Ethnicity

What other factors are important?

Adolescent Sexual Behavior Continuum (ages 13-18)



A trauma-informed lens is critical to understanding adolescent sexual behavior that occurs in the context of personal victimization.

Examples:

- Online Exploitation
- Sextortion
- Commercial Sexual Exploitation

Ethical Decision Making is Informed Decision Making

FACTS about Problematic Sexual Behavior

- Most often, NOT driven by child's own sexual abuse history, but can be.
- Driven by skill and knowledge gaps, not innate problems with the child.
- Recidivism rates / future PSB chances are LOW (less than 3% with appropriate treatment)

FACTS about Problematic Sexual Behavior

- Youth with PSB are not “mini pedophiles”
- Most often, behavior is NOT driven by attraction to pre-pubescent minors
- PSB is a behavior, like anything else, that can be treated with CBT based approaches that are developmentally appropriate

Guiding Principles on the Problematic Sexual Behavior of Youth

- + Developed by the National Center on Youth Sexual Behavior to set the standard of practice for professionals in Oklahoma working with children who have PSB
- + The aim of the creation of these guiding principles is not to discredit the experiences of victims, but rather to acknowledge the harm that has been caused and discuss a plan for rehabilitation and a way forward in order to reduce the likelihood that further harm will be caused.
- + These guiding principles are designed for a wide range of professions and are not intended to replace the standards supported by other professional disciplines.

Guiding Principles on the Problematic Sexual Behavior of Youth

- + Utilize Developmentally Appropriate Approaches
- + Establish Identification and Response Strategies that Streamline Services
- + Approach Each Case as Individual and Unique
- + Avoid Unnecessary Labels
- + Integrate Family and Community Factors
- + Consider Needs of the Entire Family System of the Child with PSB and Impacted Children

Guiding Principles on the Problematic Sexual Behavior of Youth

- + Use a Collaborative Approach
- + Conduct High Quality, Holistic Assessments
- + Provide Focused and Effective Interventions and Treatment
- + Utilize a Flexible Continuum of Service Delivery Options
- + Ensure Appropriate Training, Qualifications, and Practice
- + Implement Effective Practices and Public Policies

Ethical Considerations: Treatment Planning and Decision-Making

When Trauma and PSB overlap, how PSB is addressed in the context of victimization matters

Assessing Youth with PSB and Trauma

- Research shows an increased risk of PSB in youth with trauma histories, including varied forms of coercion such as witnessing domestic violence, physical abuse and sexual abuse.
- We recommend asking caregivers and youth about sexual history and behaviors during the intake appointment.

Assessing Youth with PSB and Trauma

- What is the sequencing of trauma and PSB
 - Does trauma exposure pre-date the PSB? Or vice-versa?
 - Did trauma occur in response to teen's PSB/getting caught (e.g., detention/jail stay)?
- Has the client's trauma history influenced their sexual interests/decision-making/beliefs, etc.?
- Does trauma play a role in client's personal coping & worldview?
- Does client have trauma symptoms warranting treatment?

When a Teen has PSB and Trauma Symptoms

- Can the client's sexual behavior treatment needs be provided within the context of another EBP like Trauma Focused Cognitive Behavioral Therapy?
- Does the client's sexual behavior warrant full treatment?
- Does the client present with numerous risk factors for PSB that take priority over trauma treatment needs (i.e., PSB treatment comes first)?
- Does the client present with high levels of trauma related symptoms that would make PSB treatment challenging to complete, thus requiring trauma treatment first?
- Does your team (and does the family) have the capacity for concurrent therapeutic modalities?



PSB in the Context of Victimization

Consider the impact on a client who engaged in PSB in response to an adult forcing that child to do so at the threat of harm to self or others?

What's the potential impact of treatment the youth only for their PSB without addressing the context of the behavior?

Common Ethical Dilemmas for Youth with PSB: Who is the Client?

- + Is it the child who engaged in problematic sexual behavior (PSB)?
- + Is it the parent?
- + If PSB was toward someone in the home, what's our responsibility to this youth?
- + Is it the system – juvenile affairs, child welfare, court?
- + Does it change depending on your role?
- + How do you reconcile difficulties when professionals have different identified clients?



Ethical Decision Making

- + Answer is not "right vs. wrong"
- + Need to look at the comparative ethicality of the options, keeping your personal biases and beliefs in mind
- + Need to consider likely outcomes of options
- + Also need to factor in all the rules and mandates of your profession (i.e., informed consent, mandatory reporting, confidentiality, etc.)
- + Where does the buck stop?





Core Ethical Principles

- + **BENEFICENCE AND NONMALEFICENCE**
Obligation to bring about good through our actions and not do harm or minimize the harm that we do
- + **FIDELITY & RESPONSIBILITY** Aware of our responsibilities to society and the profession and uphold professional standards of conduct
- + **INTEGRITY** Promote accuracy, honesty, and truth in our work and do what we say we will do
- + **JUSTICE** Obligation to treat all people equally, fairly, and impartially
- + **RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY** Respect others' rights to privacy, confidentiality, and self-determination and respect individual differences



Breakout Activity: 20 Minutes

Scenario A= Rooms 1-3

Scenario B= Rooms 4-6

Scenario C= Rooms 7-9

Final Considerations

- + We are all mandated reporters to Child Welfare at the suspected abuse or maltreatment of a child or vulnerable adult.
- + We are not mandated reporters to law enforcement.
- + Always comply with your agency and licensing legal requirements.
- + This work cannot be done alone. Check in with each other and consult, consult, consult!



Thank you!

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