



DEVELOPING A
STATEWIDE STRATEGY
TO RESPOND TO CASES
INVOLVING **PROBLEMATIC
SEXUAL BEHAVIOR**

In February 2022, the Problematic Sexual Behavior (PSB) Workgroup was established to create a coordinated response to PSB cases that is uniform throughout the State of New Jersey. The overarching goal is to ensure that all child victims and child initiators of sexual abuse and their families have access to specialized medical and mental health services. Currently, there is not a statewide, coordinated, or standardized response to PSB cases when the case is not screened in by the State Central Registry (SCR) that administers NJ's child abuse hotline. A consistent process does not exist to ensure that both the child victim and the child initiator/actor have access to appropriate medical and mental health assessment and treatment services.

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Nationally, 25% - 35% of cases seen at Child Advocacy Centers (CACs) involve an initiator/actor who is a minor. Recent data informally collected by NJ's CACs and Regional Diagnostic and Treatment Centers (RDTCs) revealed that in NJ, between 15% and 30% of cases involve an initiator/actor who is a minor. Both the child victim and the child actor/initiator require access to assessment and/or treatment services to promote their healing and prevent future problematic sexual behaviors. In addition, data from NJ's child abuse hotline revealed that from February 2021 – February 2022, almost 1,000 cases were

accepted for Child Welfare Services (CWS) and another 2,500 referrals were provided information and referrals (I&R) because they did not meet criteria for a CWS or CPS (Child Protective Services) response or investigation.

The Workgroup consists of representatives from key stakeholder groups, including the County Prosecutors Association of New Jersey (CPANJ); the Department of Children and Families, and designees from related programs, including the Division of Child Protection and Permanency (DCPP) and the Children's System of Care (CSOC); Child Advocacy Centers (CACs), including multidisciplinary team (MDT) coordinators, law enforcement professionals and victim advocates; the New Jersey Children's Alliance (NJCA); the Regional Diagnostic and Treatment Centers (RDTCs); the Attorney General's Office; the Chiefs of County Detectives Association, and others (see Appendix).

The Workgroup and its subcommittees conducted surveys of NJ's Child Advocacy Center (CAC) and multidisciplinary team partners and caregivers affected by PSB, obtained information from other states about how they respond to and fund services for PSB cases, and compiled data about the availability of providers trained in evidence-based treatments. The Workgroup and its subcommittees convened over a period of 12 months and created a framework for a statewide response to PSB cases which addresses the need for children and adolescents involved in PSB cases to have access to appropriate medical and mental health services.

The information obtained from the Workgroup members during meetings coupled with the data gathered from the surveys resulted in the creation of a framework for responding to problematic sexual behaviors between minors.

PROBLEMATIC SEXUAL BEHAVIORS BETWEEN MINORS: A COORDINATED, COMPREHENSIVE STATEWIDE RESPONSE FRAMEWORK

REFERRAL PROCESS

When a referral is made to the State Central Registry (SCR) regarding problematic sexual behavior concerns between minors, the call will be transferred to a specialized team, the “Sexual Contact Between Minors Screening and Referral Team,” within SCR. The workers within this specialized unit will conduct a phone assessment to determine whether the case warrants a Child Protective Services (CPS) investigation or a Child Welfare Services (CWS) assessment by the Division of Child Protection and Permanency (DCPP). Referral information will be shared with the on-call detective of the

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relevant County Prosecutor's office whether the case is coded CPS, CWS or I&R (Information and Referral) so that a determination can be made about whether law enforcement will pursue an investigation. If the case is not coded as either CPS or CWS, the Screening and Referral Team worker will provide referral information to the specialized care coordinator (SCC) of the relevant county; the SCC will contact the families of the initiator/actor and the victim to screen for – and connect to – needed services. A feedback loop will be established whereby the specialized case coordinator and/or law enforcement may refer cases back to the Screening and Referral Team for additional review.

SPECIALIZED CARE COORDINATOR

Specialized Care Coordinators will be county-based. Depending on the anticipated number of cases, some counties will share a SCC, while others will have more than one SCC. SCCs will participate in training on various topics, including child maltreatment, problematic sexual behaviors in children and adolescents, conducting screening for mental and medical health needs, multidisciplinary teams and child advocacy centers, crisis management, and family engagement. SCCs will work with families to determine medical and mental health needs and connect the families

A feedback loop will be established whereby the clinical case manager and/or law enforcement may refer cases back to the Screening and Referral Team for additional review.

with community resources, as appropriate. Referrals may be made for medical evaluations, psychological evaluations, and/or psychotherapy. If a medical and/or mental health evaluation is conducted, the SCC will receive the completed report and assist the family with obtaining services recommended by the evaluator(s). The SCC will stay involved with the case at least until the family is engaged with all needed services.

CHILD TREATMENT ASSISTANCE FUND

The Child Treatment Assistance Fund will be established by the Department of Children and Families to cover the cost of medical and mental health services for children and families involved in problematic sexual behavior cases between minors. Upon determination of medical and mental health services needs and after a warm handover to approved providers, the SCC will submit documentation to the administrator of the Child Treatment Assistance Fund, to include provider information for payment purposes and case information for data collection and tracking outcomes. Payments for services will be made from the Fund administrator to approved providers.

TRAINING FOR MENTAL HEALTH PROVIDERS

There are very few providers trained in evidence-based treatment for working with children and adolescents who engage in problematic sexual behaviors. Training in evidence-based treatment will be offered to mental health providers statewide to meet the mental health treatment needs of children and adolescents who engage in problematic sexual behaviors. Training will also be available for professionals from various discipline who work with children and adolescents and for whom information about problematic sexual behaviors, evidence-based treatment and its efficacy, and the resources available to support families involved in PSB cases would be beneficial.

For example:

- ▶ Families may contact the Children's System of Care with concerns about problematic

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Training on team communication and collaboration will be integral to the success of this framework.

sexual behaviors. The Mobile Response worker and in-home clinicians will need to know how to respond to such concerns.

- ▶ Family court judges will need information about problematic sexual behaviors and the efficacy of evidence-based treatment to make appropriate referrals for services and avoid unnecessarily harsh responses when youth engage in such behaviors.
- ▶ Educators may observe problematic sexual behaviors in their school buildings. They will benefit from information about how to respond to such situations and what services are available to support families.
- ▶ All child advocacy center (CAC) multidisciplinary team (MDT) partners, including law enforcement, child protective services, and mental and medical health providers and practitioners, will need to be educated about the coordinated response to these cases. Training on team communication and collaboration will be integral to the success of this framework.

OVERSIGHT AND QUALITY ASSURANCE

An umbrella entity would be identified to coordinate the PSB Statewide Response Program. This entity would be responsible for overseeing:

- ▶ Training for mental health providers in evidence-based assessment and treatment
- ▶ Training for stakeholders about PSB and evidence-based treatment to include providers within the Children's System of Care, Division of Child Protection and Permanency staff, educators, and judges
- ▶ Training for Specialized Care Coordinators and their supervisors
- ▶ Implementation of a database of providers trained in evidence-based practice for treating all children involved in PSB cases
- ▶ Administration of the Child Treatment Assistance Fund
- ▶ Data collection, analysis, and dissemination

APPENDIX: PROBLEMATIC SEXUAL BEHAVIORS IN CHILDREN WORKGROUP MEMBERS

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