

## PROBLEMATIC SEXUAL BEHAVIOR IN CHILDREN AND YOUTH (PSB-CY) NON-CLINICAL REFERRAL TOOL (NCRT)

This PSB-CY NCRT is a referral tool, informed by current literature and related tools and resources. The PSB-CY NCRT is not an assessment or disposition tool, information recorded on the PSB-CY NCRT can be sensitive in nature and should be handled according to your agency/program/service guidance. **No PII (Personally Identifying Information) should be included on the PSB-CY NCRT.**

### INSTRUCTIONS

The PSB-CY Non-Clinical Referral Tool (NCRT) was developed to assist personnel from the Department of Defense Education Activity (DoDEA) and Child Development/Youth Programs (CD/YP) personnel in determining if a consult or referral to FAP is necessary and is designed to assist FAP personnel in determining if a referred incident warrants engagement of the Multi-Disciplinary Team (MDT).

Individuals in supervisory roles or designated roles for making referrals of Problematic Sexual Behavior among Children and Youth (PSB-CY) in DoDEA (e.g., Administrator, Principal, School Counselor, School Psychologist, School Nurse) and CD/YP (e.g., CYS Director, CDC Director, Training and Curriculum Specialist) will complete the PSB-CY NCRT with input from the direct referral source (e.g., Teacher, Child Care Staff Member) who observed or have been made aware of the behavior(s) exhibited to determine if a consult or referral to FAP is necessary. Individuals from FAP (e.g., Family Advocacy Program Manager, Clinical Case Manager, Clinician) who receive the PSB-CY referral from DoDEA or CD/YP will review the PSB-CY NCRT, with input from the referral source, to determine if engagement of the MDT should be engaged. FAP personnel will complete the PSB-CY NCRT when receiving PSB-CY referrals from non-DoDEA and non-CD/YP sources, such as parents or law enforcement to determine if engagement of the MDT should begin.

There are two parts to the PSB-CY NCRT (i.e., Part 1 and Part 2). Part 1 is intended to assess where the exhibited behavior(s) falls on the Sexual Behaviors Guide, how frequently the behavior or behaviors have been exhibited, and the developmental age range of the children or youth involved. After completing Part 1, follow the next steps listed in the gray answer key at the bottom of page 3. Instructions in **Blue and Bolded** are for DoDEA and CD/YP, and instructions in **Green and Underlined** are for FAP personnel.

Within Part 2, there are two sections (i.e., Section 2A and 2B). You complete Section 2A, if more than one child or youth was involved in the incident (e.g., one child exhibited and one child was impacted or two youth exhibited and three youth were impacted) in the behavior(s). You complete Section 2B, if the behavior(s) exhibited by the child or youth did not involve another child or youth (i.e., one child exhibiting and no impacted children). After completing Part 2 Section 2A or 2B, follow the next steps listed in the gray answer key at the bottom of page 8 for Section 2A or at the bottom of page 9 for Section 2B. Instructions in **Blue and Bolded** are for DoDEA and CD/YP, and instructions in **Green and Underlined** are for FAP personnel.

**For assistance or questions related to the implementation of the PSB-CY Non-Clinical Referral Tool, please contact the Clearinghouse for Military Family Readiness at Penn State by email at [PSBToolSupport@psu.edu](mailto:PSBToolSupport@psu.edu) or by phone at 1-877-382-9185 from 9:00 a.m. to 5:00 p.m. EST.**

### Part 1. PSB-CY NCRT

1. Directly below provide information on the sex, chronological age, and grade of child(ren) or youth involved (i.e., *exhibiting and impacted*) in the behavior. **No PII (Personally Identifiable Information) should be included on the PSB-CY NCRT**, such as child(ren) or youth names or demographic information. For DoDEA or CD/YP referrals, if known, please indicate if the child(ren) or youth involved have a known educational support plan (i.e., *Individualized Education Plan [IEP], Individualized Family Services Plan [IFSP], 504 plan, or Individualized Support Plan [ISP]*):

**a. Exhibiting child(ren) or youth information:**

Sex (i.e., *male, female, other, or unknown*), chronological age, and grade of child(ren) or youth **exhibiting** the behavior. If no information is available or provided on the exhibiting child(ren) or youth, please write "no information available" in the first space below:

Example: Male, age 7, 1st grade	Known educational support plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
1. _____	Known educational support plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
2. _____	Known educational support plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
3. _____	Known educational support plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
4. _____	Known educational support plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
5. _____	Known educational support plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
6. _____	Known educational support plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
7. _____	Known educational support plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

**b. Impacted child(ren) or youth information:**

If applicable, sex (i.e., *male, female, other, or unknown*), chronological age, and grade of child(ren) or youth **impacted** by the behavior. If no information is available or provided on the impacted child(ren) or youth, please write "no information available" in the first space below:

Example: Male, age 7, 1st grade	Known educational support plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
1. _____	Known educational support plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
2. _____	Known educational support plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
3. _____	Known educational support plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
4. _____	Known educational support plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
5. _____	Known educational support plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
6. _____	Known educational support plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
7. _____	Known educational support plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

2. Description of **exhibiting child(ren) or youth behavior(s)**. Include no PII on the child(ren) or youth involved:

a. Describe the **behavior(s) exhibited** (*i.e., be as specific as possible and utilize anatomical terms when documenting body parts*) and **who observed or was made aware of the behavior(s)**:

b. Describe where the behavior(s) occurred (*e.g., on or off the military installation, DoDEA or non-DoDEA school, youth center, home*):

c. Describe any **adult redirection provided to the child(ren) or youth exhibiting** the behavior(s):

d. Describe any **noticeable reactions by the child(ren) or youth exhibiting or impacted** by the behavior(s) such as using profanity, physical aggression, crying, or somatic symptoms (*e.g., stomach pain, headaches, weakness*):

**3. Frequency of exhibited behavior(s) by child(ren) or youth.**

a. For **DoDEA or CD/YP personnel** in a supervisory or PSB-CY specific role (e.g., Administrator, Principal, School Nurse, School Counselor, CYS Director, CDC Director), is this the first time the child's/youth's sexual behavior has been brought to your attention?

Yes  No If No, how many (e.g., second time, third time)? \_\_\_\_\_

No information available or provided

b. Is this the first time the direct referral source (e.g., Teacher, Child Care Staff, Parent) has observed or been made aware of the child's/youth's sexual behavior described above or other sexual behaviors?

Yes  No If No, how many (e.g., 2 total occurrences, 3 times a week)? \_\_\_\_\_

No information available or provided

c. For **FAP personnel**, is this the first time the child's/youth's sexual behavior has been brought to your attention?

Yes  No If No, how many (e.g., second time, third time)? \_\_\_\_\_

No information available or provided

4. Does the behavior(s) exhibited fall under the Normative Category for the child(ren) or youth's chronological age on the *Sexual Behaviors Guide* listed on pages 4-7?

Yes  No

5. If more than one child was involved (e.g., exhibited or impacted by) in the behavior(s), were the children at similar developmental ages (cognitive, language, social, emotional, motor development) (e.g., one child was at a developmental age of 6 years old and the other was at a developmental age of 7 years old)?

**(CD/YP and DoDEA should confer with the proper personnel regarding the developmental ages of the children involved; i. e., DoDEA should confer with one of the following: Inclusion Action Team, Student Support Team, or Case Study Committee. CD/YP should confer with the Inclusion Action Team. FAP should defer to the referral source [i.e., DoDEA or CD/YP] as they will have the necessary information on the developmental ages of the children involved.)**

Yes  No  Not Applicable

**\*\* If "Yes" was selected for questions 3, 4, and 5 or if "Yes" was selected for questions 3, 4, and "Not Applicable" was selected for question 5, the behavior should be considered Normative for the child(ren) involved. For further guidance, refer to Next Steps under When the Behavior falls under the Normative Category on page 10 for DoDEA and CD/YP and page 12 for FAP.**

**\*\* If "No" was selected for ANY or ALL of questions 3, 4, and 5, please move on to Part 2 of the NCRT on page 8.**

## SEXUAL BEHAVIORS GUIDE AGES 2-4 YEARS

### Normative “Common” Sexual Behaviors *(X as applicable)*

- |   |   |
|---|---|
| <input type="checkbox"/> Masturbating or touching genitalia in <u>public or private</u>   | <input type="checkbox"/> Uses elimination words for bathroom and sexual functions <i>(e.g., pee pee, poo poo)</i> |
| <input type="checkbox"/> Touching or looking at their own, <u>familiar adults</u> <i>(e.g., parents, caregivers)</i> , or children’s <i>(e.g., siblings, peers)</i> genitalia, breasts, or buttocks | <input type="checkbox"/> Plays doctor or nurse inspecting others’ body parts                                      |
| <input type="checkbox"/> Enjoys being nude  | <input type="checkbox"/> Explores differences between males and females   |
| <input type="checkbox"/> Displaying genitalia area and/or buttocks to others  | <input type="checkbox"/> Interested but does not seek ways to watch people going to the bathroom                  |
| <input type="checkbox"/> Stands too close or displays poor physical boundaries  | <input type="checkbox"/> Wanting to learn about genitals, intercourse, babies                                     |
| <input type="checkbox"/> Has erections  |   |

### Cautionary “Less Common” Sexual Behaviors *(X as applicable)*

- |  |   |
|--|---|
| <input type="checkbox"/> <u>Continues to masturbate, in public or private, or touch genitals after adult redirection and beyond developmental expectations</u>   | <input type="checkbox"/> Has <u>frequent</u> erections  |
| <input type="checkbox"/> <u>Continues to touch adults</u> <i>(e.g., parents, caregivers)</i> , or other children’s <i>(e.g., siblings, peers)</i> genitalia, breasts, or buttocks <u>after adult redirection and beyond developmental expectations</u> | <input type="checkbox"/> Asks adults or children to take their clothes off  |
| <input type="checkbox"/> Rubs their genitalia and/or buttocks against others   | <input type="checkbox"/> <u>Continues</u> to ask questions related to genital differences and/or sexual content when all questions have been answered |
| <input type="checkbox"/> Attempts to kiss others using tongue  | <input type="checkbox"/> Seeks ways to watch people going to the bathroom <u>after adult redirection and beyond developmental expectations</u>        |
| <input type="checkbox"/> Undresses in <u>public</u> after adult redirection and beyond developmental expectations  |   |

### Problematic “Uncommon” Sexual Behaviors *(X as applicable)*

- |   |   |
|---|---|
| <input type="checkbox"/> Penetration of self or others with an object to genitals or rectum | <input type="checkbox"/> Asks adults or other children to engage in specific sexual acts  |
| <input type="checkbox"/> Inserts objects or fingers into genitalia or rectum                | <input type="checkbox"/> Asks <u>unfamiliar</u> adults sexual questions   |
| <input type="checkbox"/> Touches <u>unfamiliar</u> adults, peers, and/or animal’s genitalia | <input type="checkbox"/> Uses <u>physical force</u> on other children to engage in sexual acts <i>(e.g., restraining the child while engaging in sexual play/games)</i>                               |
| <input type="checkbox"/> Tries to engage in intercourse with an adult or another child      | <input type="checkbox"/> Has <u>advanced knowledge</u> about sexual acts  |
| <input type="checkbox"/> Has mouth to genitalia contact with children or adults             | <input type="checkbox"/> Engages <u>repeatedly</u> in a variety of sexual acts or behaviors   |
| <input type="checkbox"/> Exhibits <u>fear or emotional distress</u> of having an erection   | <input type="checkbox"/> Uses <u>emotional coercion</u> to get others to engage in sexual acts <i>(e.g., will offer the child a bribe such as candy or a toy to take clothes off and play doctor)</i> |
| <input type="checkbox"/> Imitates adult sexual behavior                                     | <input type="checkbox"/> Asks to <u>watch sexually explicit material</u> on television or the internet  |
| <input type="checkbox"/> Pretends toys are having intercourse or performing sexual acts     | <input type="checkbox"/> Accesses sexual material online or offline <i>(i.e., access is accidental or child is exposed to it deliberately by an adult)</i>  |

## SEXUAL BEHAVIORS GUIDE AGES 5-9 YEARS

### Normative "Common" Sexual Behaviors *(X as applicable)*

- |  |   |
|--|---|
| <input type="checkbox"/> <u>Occasionally</u> self-touches and masturbates in <u>private</u>  | <input type="checkbox"/> Playing doctor or nurse inspecting others' body parts  |
| <input type="checkbox"/> Awareness of privacy about bodies   | <input type="checkbox"/> Conversations about genitalia, breasts, or buttocks <u>with peers</u>                              |
| <input type="checkbox"/> Kissing or holding hands  | <input type="checkbox"/> Interested in watching/peeping at people who are nude or going to the bathroom                     |
| <input type="checkbox"/> Kisses/hugs <u>familiar</u> adults and children   | <input type="checkbox"/> Wanting to learn about genitals, intercourse, babies   |
| <input type="checkbox"/> Has erections   | <input type="checkbox"/> Interest in breeding behavior of animals   |
| <input type="checkbox"/> Uses profanity for bathroom and sexual functions  | <input type="checkbox"/> Draws genitals on human figures for artistic expression or because figure is portrayed in the nude |
| <input type="checkbox"/> Telling inappropriate jokes and/or uses sexually explicit gestures  | <input type="checkbox"/> Looks at nude pictures on the internet, videos, magazines, etc.                                    |
| <input type="checkbox"/> Plays games <u>with peers</u> related to sex and sexuality (e.g., <i>show me yours, I'll show you mine behavior</i> ) | <input type="checkbox"/> <u>Accidentally accesses</u> pornography online or offline   |

### Cautionary "Less Common" Sexual Behaviors *(X as applicable)*

- |  |   |
|--|---|
| <input type="checkbox"/> Masturbates, touches/rubs, or exposes genitalia in <u>public</u>  | <input type="checkbox"/> <u>Frequently</u> uses sexual language that makes other children uncomfortable   |
| <input type="checkbox"/> Kisses/hugs <u>unfamiliar</u> adults and children   | <input type="checkbox"/> Engages in foreplay with dolls or peers with <u>clothes on</u>   |
| <input type="checkbox"/> Touches other children's or animals' genitalia, breasts, or buttocks, <u>clothed or unclothed</u>   | <input type="checkbox"/> Engages in <u>sexually explicit</u> conversations with <u>peers</u>  |
| <input type="checkbox"/> Occasional incidents of looking at others' genitalia, breasts, or buttocks; <i>showing their own</i> genitalia, breasts, or buttocks; or <i>rubbing their own</i> genitalia, breasts, or buttocks on others, <u>after adult redirection and beyond developmental age expectations</u> | <input type="checkbox"/> Draws genitals that are disproportionate on <u>nude or clothed</u> figures   |
| <input type="checkbox"/> Wants to play games related to sex and sexuality <u>with children 2+ years younger or older in chronological age (special attention paid to 2+ age differences and any developmental or power differential differences)</u>   | <input type="checkbox"/> Sends or asks to receive pictures of genitalia, breasts, or buttocks   |
|  | <input type="checkbox"/> <u>Shows interest</u> in and/or <u>seeks out</u> pornography (e.g., <i>non-accidental, finds ways to watch pornography</i> ) |

### Problematic "Uncommon" Sexual Behaviors *(X as applicable)*

- |  |  |
|--|--|
| <input type="checkbox"/> <u>Compulsive</u> masturbation in <u>private or public</u>  | <input type="checkbox"/> Initiates or participates in sexually explicit conversations <u>with another child(ren) 2+ years younger or older in chronological age (special attention paid to 2+ age differences and any developmental or power differential differences)</u> |
| <input type="checkbox"/> Mutual masturbation with a peer or group  | <input type="checkbox"/> Engages in sexually explicit conversations with peers <u>after adult redirection and beyond developmental age expectations</u>  |
| <input type="checkbox"/> Masturbation that includes vaginal or anal penetration and/or the use of objects  | <input type="checkbox"/> Using <u>physical force</u> on others to engage in sexual acts (e.g., <i>restraining the child while engaging in sexual play/games</i> )  |
| <input type="checkbox"/> Any genitalia injury or bleeding not explained by an accident   | <input type="checkbox"/> Uses <u>emotional coercion</u> to get others to engage in sexual acts (e.g., <i>will threaten to exclude the child or tell a secret if the child does not take clothes off and play doctor</i> )  |
| <input type="checkbox"/> <u>Repeatedly</u> touches others' genitalia, breasts, or buttocks   | <input type="checkbox"/> Has <u>advanced knowledge</u> about sexual acts   |
| <input type="checkbox"/> Has mouth to genitalia contact with other children  | <input type="checkbox"/> Draws sexual images (e.g., <i>intercourse, group sex, sex with animals, sadism, etc.</i> ) and/or genitals stand out as most prominent feature  |
| <input type="checkbox"/> <u>Repeatedly</u> looks at others' genitalia, breasts, or buttocks; shows their own genitalia, breasts, or buttocks; or rubs their own genitalia, breasts, or buttocks against others, <u>after adult redirection and beyond developmental age expectations</u> | <input type="checkbox"/> Taking and/or sharing nude sexual images of themselves or others <u>with or without their knowledge</u> on social media, text, and/or internet  |
| <input type="checkbox"/> Engages in oral, anal, or vaginal penetration with another child  | <input type="checkbox"/> Meets <u>friends</u> met online face to face ( <i>risk of sexual assault</i> )  |
| <input type="checkbox"/> Engages in sexually exploratory behaviors <u>with another child who is 2+ years younger or older in chronological age (special attention paid to 2+ age differences and any developmental or power differential differences)</u>                                | <input type="checkbox"/> Asks to watch sexually explicit material on television or the internet  |
| <input type="checkbox"/> Painful erections or hurting self to stop erections   | <input type="checkbox"/> <u>Accesses or shows</u> pornography to others  |
| <input type="checkbox"/> Imitates sexual behavior (e.g., <i>simulating intercourse with dolls, peers, or animals</i> )   | <input type="checkbox"/> <u>Intentionally accesses</u> pornography and/or plays violent or sexual video games  |
|  | <input type="checkbox"/> Sexual play or masturbation with an object that involves anal or vaginal penetration  |

## SEXUAL BEHAVIORS GUIDE AGES 10-12 YEARS

### Normative “Common” Sexual Behaviors *(X as applicable)*

- |   |   |
|---|---|
| <input type="checkbox"/> Masturbating or touching their own genitalia, breasts, or buttocks in <u>private</u> | <input type="checkbox"/> Discussing genitals or reproduction  |
| <input type="checkbox"/> Wanting <u>privacy</u>   | <input type="checkbox"/> Plays games with same aged <u>peers</u> related to sex and sexuality <i>(e.g., Show me yours, I'll show you mine behavior)</i> |
| <input type="checkbox"/> Kissing, holding hands, flirting   | <input type="checkbox"/> Increases in sexual thoughts and feelings  |
| <input type="checkbox"/> <u>Occasional</u> flashing or mooning  | <input type="checkbox"/> Observing sexual content through media <i>(e.g., magazine or television)</i>   |
| <input type="checkbox"/> Using profanity  | <input type="checkbox"/> Having own social media accounts that are supervised by parents/caregivers   |
| <input type="checkbox"/> Telling inappropriate jokes and/or uses sexually explicit gestures                   | <input type="checkbox"/> <u>Access</u> to pornography   |

### Cautionary “Less Common” Sexual Behaviors *(X as applicable)*

- |  |   |
|--|---|
| <input type="checkbox"/> Masturbates, touches/rubs, or exposes genitalia in <u>public</u>  | <input type="checkbox"/> Discussing fear of getting pregnant or a sexually transmitted infection                            |
| <input type="checkbox"/> <u>Occasional</u> incidents of looking at others’ genitalia, breasts, or buttocks; <i>showing</i> their own genitalia, breasts, or buttocks; or rubbing their own genitalia, breasts, or buttocks on others, <u>after adult redirection and beyond developmental age expectations</u> | <input type="checkbox"/> Taking nude, sexual images of themselves   |
| <input type="checkbox"/> Attempts to expose other’s genitals   | <input type="checkbox"/> <u>Voluntarily</u> exchanges sexual content <i>(text or images)</i> via cell phone or internet     |
| <input type="checkbox"/> Simulating foreplay or intercourse <u>with peers, clothed</u>   | <input type="checkbox"/> <u>Secretive</u> about using the internet/social media <i>(risk of being groomed or exploited)</i> |
|  | <input type="checkbox"/> <u>Seeking out</u> pornography <i>(e.g., non-accidental, finds ways to watch pornography)</i>      |

### Problematic “Uncommon” Sexual Behaviors *(X as applicable)*

- |   |  |
|---|--|
| <input type="checkbox"/> <u>Compulsive</u> masturbation in <u>private or public</u>   | <input type="checkbox"/> <u>Forcing</u> or <u>coercing</u> others to participate in any sexual behavior <i>(e.g., physically holding the child or threatening to exclude the child if they don’t undress or expose their genitals)</i>       |
| <input type="checkbox"/> Sexual play or masturbation with an object that involves anal or vaginal penetration   | <input type="checkbox"/> Making written or verbal <u>sexually explicit threats</u>   |
| <input type="checkbox"/> Self-touch that causes harm or damage to genitalia, breasts, or buttocks   | <input type="checkbox"/> Degrading/humiliation of themselves or others using sexual themes <i>(e.g., offensive jokes, name calling, insults)</i>   |
| <input type="checkbox"/> Mutual masturbation <u>with a peer or group</u>  | <input type="checkbox"/> Taking and/or sharing nude sexual images of themselves or others <u>without their knowledge</u> on social media, text, and/or internet  |
| <input type="checkbox"/> Engages in <u>unwanted</u> touches of others’ genitalia, breasts, or buttocks  | <input type="checkbox"/> <u>Bullied</u> or <u>coerced</u> others to send sexual content <i>(text or images)</i> via cell phone or internet <i>(e.g., exclude the child or threatens to share a secret if the child does not participate)</i> |
| <input type="checkbox"/> Penetration of dolls, other children, or animals   | <input type="checkbox"/> <u>Repeatedly</u> seeks out adult pornography <i>(i.e., non-accidental, finds ways to watch pornography)</i>  |
| <input type="checkbox"/> Engages in sexual behaviors <u>with another child who is 2+ years younger or older in chronological age</u> <i>(special attention paid to 2+ year age differences and any developmental or power differential differences)</i>   | <input type="checkbox"/> Interest in child pornography <i>(e.g., looking at images, watching videos)</i>   |
| <input type="checkbox"/> Simulating intercourse or foreplay with <u>peers, unclothed</u>  | <input type="checkbox"/> <u>Forces</u> or <u>coerces</u> others to watch pornography <i>(e.g., refusing to leave until the child watches pornography or threatening to share a secret)</i>   |
| <input type="checkbox"/> <u>Repeatedly</u> looks at others genitalia, breasts, or buttocks; <i>shows their own</i> genitalia, breasts, or buttocks; or <i>rubs their own</i> genitalia, breasts, or buttocks against others, <u>after adult redirection and beyond developmental age expectations</u> | <input type="checkbox"/> Meets <u>friends</u> met online face to face <i>(risk of sexual assault)</i>  |

## SEXUAL BEHAVIORS GUIDE AGES 13-18 YEARS

### Normative “Common” Sexual Behaviors *(X as applicable)*

- |   |  |
|---|--|
| <input type="checkbox"/> Masturbating in <u>private</u><br><input type="checkbox"/> Need for privacy<br><input type="checkbox"/> Kissing, hugging, holding hands<br><input type="checkbox"/> <u>Voluntarily shared</u> engagement in sexual intercourse or sexual activity with a partner of <u>similar developmental age</u><br><input type="checkbox"/> Participating in sexually explicit conversations or obscenities <u>with peers</u> | <input type="checkbox"/> Telling inappropriate jokes<br><input type="checkbox"/> Sexual teasing and flirting<br><input type="checkbox"/> Sending/receiving sexual images of others or sexual material <i>(e.g., pornography, pictures, or movie/television clips)</i> <u>with their knowledge</u><br><input type="checkbox"/> <u>Viewing</u> sexual content through media such as pornography, pictures, or television for arousal <i>(e.g., viewing movies with sexual content)</i> |
|---|--|

### Cautionary “Less Common” Sexual Behaviors *(X as applicable)*

- |  |   |
|--|---|
| <input type="checkbox"/> Masturbates, touches/rubs, or exposes genitalia in <u>public</u><br><input type="checkbox"/> Engages in unsafe sexual behavior <i>(e.g., multiple sexual partners)</i><br><input type="checkbox"/> <u>Preoccupied</u> with or anxious about sex<br><input type="checkbox"/> Spying on others who are nude or engaged in sexual activity | <input type="checkbox"/> Attempts to expose others’ genitals<br><input type="checkbox"/> Engages in <u>frequent sexual relationships</u> about which they feel uncomfortable<br><input type="checkbox"/> Using themes or obscenities involving <u>sexual aggression</u> |
|--|---|

### Problematic “Uncommon” Sexual Behaviors *(X as applicable)*

- |  |  |
|--|--|
| <input type="checkbox"/> <u>Compulsive</u> masturbation in <u>private or public</u><br><input type="checkbox"/> Self-touch that causes harm or damage to genitalia, breasts, or buttocks<br><input type="checkbox"/> Engages in <u>unwanted</u> touching of others’ genitals, breasts, or buttocks<br><input type="checkbox"/> <u>Forcing or coercing</u> others to participate in any sexual behavior <i>(e.g., physically holding the child/youth, engages in unwanted sexual penetration, or threatening to exclude the child if they don’t undress or expose genitals)</i><br><input type="checkbox"/> Penetrating another person <u>forcefully</u> <i>(e.g., causing pain or injury)</i><br><input type="checkbox"/> Engages in sexual behaviors <u>with another child/youth who is much younger or older in chronological age</u> <i>(special attention paid to 2–5 year age differences and any developmental or power differential differences)</i><br><input type="checkbox"/> <u>Repeatedly looks</u> at others’ genitals, breasts, or buttocks; <u>shows their own</u> genitals, breasts, or buttocks; or <u>rubs their own</u> genitals, breasts, or buttocks against others, <u>after adult redirection and beyond developmental expectations</u> | <input type="checkbox"/> Sexual contact with animals<br><input type="checkbox"/> Making written/verbal <u>sexually explicit threats</u><br><input type="checkbox"/> Making obscene sexual phone calls or texts<br><input type="checkbox"/> Displaying exhibitionism or voyeurism or sexually harassing others<br><input type="checkbox"/> Taking sexual images of others to exploit them, <u>with or without their knowledge</u><br><input type="checkbox"/> Taking and/or sharing nude sexual images of themselves or others without their knowledge on social media, text, and/or internet<br><input type="checkbox"/> <u>Bullied or coerced</u> others to send sexual content <i>(text, videos, or images)</i> via cell phone or internet<br><input type="checkbox"/> Having nude images of others <u>without their knowledge</u><br><input type="checkbox"/> <u>Accesses</u> sexually aggressive/violent pornography and/or child pornography<br><input type="checkbox"/> <u>Forces or coerces</u> others to watch pornography <i>(e.g., refusing to leave until the child/youth watches pornography or threatening to share a secret)</i> |
|--|--|

**Part 2. PSB-CY NCRT**

If more than one child or youth was involved (e.g., *one exhibited and one impacted child*) in the behavior exhibited, complete Section 2A found directly below. If the behavior exhibited by the child or youth did not involve another child or youth, please complete section 2B on page 9.

**Section 2A.** Answer questions 1-8 if **more than one child or youth** was involved in the behavior

	Yes	No	
1) Does the behavior(s) fall under the <i>Cautionary Sexual Behaviors Guide</i> for the exhibiting child's chronological age listed on pages 4-7?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Does the behavior(s) fall under the <i>Problematic Sexual Behaviors Guide</i> for the exhibiting child's chronological age listed on pages 4-7?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	Don't Know or N/A
3) If "No" was selected for Question 5 in Part 1, did the developmental gap cause a potential power differential where an impacted child was taken advantage of? <b>For example, although both children involved are at a chronological age of 14 years, the child exhibiting the behavior has no developmental delays and the impacted child has cognitive and/or social, emotional delay(s).</b> If no developmental gap was identified in Question 5 in Part 1, select "Don't Know or N/A".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Did the behavior persist after adult redirection despite what you would normally expect for the developmental age of the child exhibiting the behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) If redirected, did the child exhibiting the behavior display anger or irritation (e.g., <i>yelling, using profanity, physical aggression</i> )?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Was physical aggression, coercion, intimidation, or force used (e.g., <i>pushing, slapping, holding, grabbing, causing pain or injury</i> ) towards the impacted child(ren)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Was emotional coercion or intimidation used (e.g., <i>making threats to share a secret or exclude the child if he or she did not participate</i> ) towards the impacted child(ren)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Did the child(ren) impacted display emotional distress and/or somatic symptoms (e.g., <i>crying, stomach pain, headaches, changes in sleep patterns, decreased appetite</i> ) after the incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*\* If "Yes" was selected for any of the questions with a Red box (i.e., question 2, 5, 6, 7, or 8),**  
**For CD/YP or DoDEA, a referral to FAP should be made. FAP will review the information contained on the NCRT and provide information on FAP next steps for engagement of the MDT. Refer to Next Steps for CD/YP and DoDEA: When the Behavior falls under the Problematic Category on page 10 for further guidance.**

[For FAP personnel, follow Service FAP procedures on notifying the FAP Supervisor or Manager and engaging the MDT. Refer to Next Steps for FAP Personnel: When the Behavior falls under the Problematic Category on page 12 for further guidance.](#)

**\*\* If "Yes" was selected for any of the questions with a Yellow box (i.e., question 1, 3, or 4),**  
**For CD/YP or DoDEA, confer with FAP regarding the incident and a determination of engagement of the MDT will be decided with your input and participation. Refer to Next Steps for CD/YP and DoDEA: When the Behavior falls under the Cautionary Category on page 10 for further guidance.**

[For FAP personnel, review the information contained on the NCRT with input from the referral source. Make a determination for engagement of MDT with referral source input and participation. Follow Service FAP procedures for conferring with FAP Supervisor or Manager. Refer to Next Steps for FAP: When the Behavior falls under the Cautionary Category on page 12 for further guidance.](#)

**\*\* If "No" was selected for questions 1-8, the behavior should be considered Normative for the child(ren). Follow internal process and procedures for follow-up action. If applicable, provide caregivers with information for available resources on Normative Sexual Behaviors.**

<b>Section 2B. Answer questions 1-4 if the behavior exhibited by the child <u>did not involve another child</u></b>			
	Yes	No	
1) Does the behavior(s) fall under the <i>Cautionary Sexual Behaviors Guide</i> for the exhibiting child's chronological age listed on pages 4-7?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Does the behavior(s) fall under the <i>Problematic Sexual Behaviors Guide</i> for the exhibiting child's chronological age listed on pages 4-7?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	Don't Know or N/A
3) Did the behavior persist after adult redirection despite what you would normally expect for the developmental age of the child exhibiting the behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) If redirected, did the child exhibiting the behavior display anger or irritation ( <i>e.g., yelling, using profanity, physical aggression</i> )?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>** If "Yes" was selected for any of the questions with a Red box (i.e., question 2 or 4),</b>  <b>For CD/YP or DoDEA, a referral to FAP should be made. FAP will review the information with the referral source contained on the NCRT and provide information on FAP next steps for engagement of the MDT. Refer to Next Steps for CD/YP and DoDEA: When the Behavior falls under the Problematic Category on page 10 for further guidance.</b></p> <p><i>For FAP personnel, follow Service FAP procedures on notifying the FAP Supervisor or Manager and engaging the MDT. Refer to Next Steps for FAP Personnel: When the Behavior falls under the Problematic Category on page 12 for further guidance.</i></p> <p><b>** If "Yes" was selected for any of the questions with a Yellow box (i.e., question 1 or 3),</b>  <b>For CD/YP or DoDEA, confer with FAP regarding the incident and a determination of engagement of the MDT will be decided with your input and participation. Refer to Next Steps for CD/YP and DoDEA: When the Behavior falls under the Cautionary Category on page 10 for further guidance.</b></p> <p><i>For FAP personnel, review the information contained on the NCRT with input from the referral source. Make a determination of engagement of MDT with referral source input and participation. Follow Service FAP procedures for conferring with FAP Supervisor or Manager. Refer to Next Steps for FAP: When the Behavior falls under the Cautionary Category on page 12 for further guidance.</i></p> <p><b>** If "No" was selected for questions 1-4,</b> the behavior should be considered Normative for the child. Follow internal process and procedures for follow-up action. If applicable, provide caregivers with information for available resources on Normative Sexual Behaviors.</p> <p><b>**The PSB-CY NCRT is not designed to determine if a child's or youth's behavior is illegal. The servicing legal office and the Military Criminal Investigative Office (MCIO) are the appropriate agencies for determining if a behavior is illegal. The laws in each state define illegal sexual acts for which these acts are considered to be illegal.</b></p> <p><b>**At all times, prevention, outreach, and response will reflect and accommodate diversity in cultural norms, ethnicity, religion, socioeconomic status, disability, gender, gender identity and expression, and sexual orientation.</b></p>			

**PSB-CY NCRT Next Steps**

**CD/YP and DoDEA Personnel NEXT STEPS**

**When Behavior falls under the Normative Category**

- Follow internal process and procedures for notification of parents/caregivers and follow-up action
- Normative behaviors may be inappropriate for your setting, follow your organization's internal guidance for responding to these behaviors
- If applicable, provide parents/caregivers with information for available resources on Normative Sexual Behaviors

**When Behavior falls under the Cautionary Category**

- Follow internal processes and procedures for addressing immediate safety concerns for all children involved
- Gather and complete information on page 11 in preparation for conferring with FAP
- Provide copy of NCRT to the FAP POC
- Confer with FAP
- Review the information contained on the NCRT with the FAP POC and FAP will make a determination for engagement of the MDT
- Confer with the FAP POC and your Supervisor or Principal to discuss strategies for addressing the behavior (*e.g., close observation, supervision, redirection*)
- Follow internal processes and procedures for notification of parents/caregivers and follow-up action
- Keep communication open with the parents/caregivers and provide anticipatory guidance and support, as appropriate

**When Behavior falls under the Problematic Category**

- Follow internal processes and procedures for addressing immediate safety concerns for all children involved
- Gather and complete information on page 11 in preparation for referring behavior(s) to FAP
- Follow internal CD/YP and DoDEA procedures for reporting PSB-CY incidents to the FAP
- Provide copy of NCRT to the FAP POC
- Confer with the FAP POC and your Supervisor or Principal to discuss strategies for addressing the behavior (*e.g., close observation, supervision, redirection*) while FAP engages the MDT
- Follow internal process and procedures for notification of parents/caregivers and follow-up action
- Keep communication open with the parents/caregivers and provide anticipatory guidance and support, as appropriate

**CD/YP and DoDEA Personnel Next Steps Cont.**

Date:

1. Name, agency, and contact information of person completing the NCRT:

2. Were immediate safety concerns addressed for all child(ren) involved?

Yes  No If No, please explain:

3. What was the outcome of the NCRT for the exhibited behavior(s)?

Normative, no referral to FAP  Cautionary, consult with FAP  Problematic, referral to FAP

4. If consult/referral to FAP was made, please provide date of contact and by whom:

5. Name and contact information of FAP Personnel receiving consult/referral:

6. Was the parent(s) or caregiver(s) of the child(ren) or youth **exhibiting** the behavior(s) notified?

Yes  No If Yes, please provide date of contact and by whom:

7. Was the parent(s) or caregiver(s) of the child(ren) or youth **impacted** by the behavior(s) notified?

Yes  No If Yes, please provide date of contact and by whom:

8. Was law enforcement notified?

Yes  No If Yes, please provide date of contact and the contact information for the law enforcement personnel notified:

**DoDEA and CD/YP Section Ends**

**FAP Personnel NEXT STEPS**

**When Behavior falls under the Normative Category**

- Provide referral source with information on relevant educational resources, and if needed, strategies for addressing the behavior
- Normative behaviors may be inappropriate for your setting, follow your organization's internal guidance for responding to these behaviors
- Document the referral source's next steps for addressing and monitoring the behavior

**When Behavior falls under the Cautionary Category**

- Follow internal processes and procedures for addressing immediate safety concerns for all children involved
- Review the information contained on the NCRT with input from CD/YP or DoDEA personnel or other referral source
- Make a determination for engagement of the MDT (Consult with the FAP Supervisor or Manager, as needed)
- If MDT is engaged, follow internal processes for convening the MDT when the behavior falls under the Cautionary category
- If MDT is not engaged, provide referral source with relevant educational resources and if needed, strategies for addressing the behavior
- In coordination with CD/YP, DoDEA or other referral source, keep communication open with parents/caregivers and provide anticipatory guidance and support, as appropriate
- When a parent/child/youth self-refers a sexual behavior concern to a behavioral health provider for treatment and there are no other impacted children identified, no concerns about co-occurring child abuse or neglect, or no duty to warn requirements, follow guidelines for behavioral health referrals

**When Behavior falls under the Problematic Category**

- Follow internal processes and procedures for addressing immediate safety concerns for all children involved
- In coordination with CD/YP, DoDEA or other referral source, keep communication open with parents/caregivers and provide anticipatory guidance and support, as appropriate
- Follow Service FAP procedures for reporting PSB-CY referrals to the FAP Supervisor or Manager
- Provide the referral source with guidance on addressing and monitoring the behavior, as needed, while FAP engages the MDT
- FAP Manager will engage the MDT by contacting the core MDT members (i.e., DoDEA or CD/YP, and NCIO/LEA within the required timeframe)
- When a parent/child/youth self-refers a sexual behavior concern to a behavioral health provider for treatment and there are no other impacted children identified, no concerns about co-occurring child abuse or neglect, or no duty to warn requirements, follow guidelines for behavioral health referrals