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 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?**	☒ Yes	☐ No	☐ Unknown
1.	Known educational support plan?	☐ Yes	☐ No	☐ Unknown
2.	Known educational support plan?	☐ Yes	☐ No	☐ Unknown
3.	Known educational support plan?	☐ Yes	☐ No	☐ Unknown
4.	Known educational support plan?	☐ Yes	☐ No	☐ Unknown
5.	Known educational support plan?	☐ Yes	☐ No	☐ Unknown
6.	Known educational support plan?	☐ Yes	☐ No	☐ Unknown
7.	Known educational support plan?	☐ Yes	☐ No	☐ 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?**	☒ Yes	☐ No	☐ Unknown
1.	Known educational support plan?	☐ Yes	☐ No	☐ Unknown
2.	Known educational support plan?	☐ Yes	☐ No	☐ Unknown
3.	Known educational support plan?	☐ Yes	☐ No	☐ Unknown
4.	Known educational support plan?	☐ Yes	☐ No	☐ Unknown
5.	Known educational support plan?	☐ Yes	☐ No	☐ Unknown
6.	Known educational support plan?	☐ Yes	☐ No	☐ Unknown
7.	Known educational support plan?	☐ Yes	☐ No	☐ 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)*

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

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

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

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

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

SEXUAL BEHAVIORS GUIDE
AGES 5-9 YEARS

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

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

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

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

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

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

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

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

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

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

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

SEXUAL BEHAVIORS GUIDE
AGES 13-18 YEARS

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

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

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

- ☐ Masturbates, touches/rubs, or exposes genitalia in public
- ☐ Engages in unsafe sexual behavior *(e.g., multiple sexual partners)*
- ☐ Preoccupied with or anxious about sex
- ☐ Spying on others who are nude or engaged in sexual activity
- ☐ Attempts to expose others' genitals
- ☐ Engages in frequent sexual relationships about which they feel uncomfortable
- ☐ Using themes or obscenities involving sexual aggression

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

- ☐ Compulsive masturbation in private or public
- ☐ Self-touch that causes harm or damage to genitalia, breasts, or buttocks
- ☐ Engages in unwanted touching of others' genitals, breasts, or buttocks
- ☐ Forcing or coercing others to participate in any sexual behavior *(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)*
- ☐ Penetrating another person forcefully *(e.g., causing pain or injury)*
- ☐ Engages in sexual behaviors with another child/youth who is much younger or older in chronological age *(special attention paid to 2–5 year age differences and any developmental or power differential differences)*
- ☐ Repeatedly *looks* at others' genitals, breasts, or buttocks; *shows their own* genitals, breasts, or buttocks; or *rubs their own* genitals, breasts, or buttocks against others, after adult redirection and beyond developmental expectations
- ☐ Sexual contact with animals
- ☐ Making written/verbal sexually explicit threats
- ☐ Making obscene sexual phone calls or texts
- ☐ Displaying exhibitionism or voyeurism or sexually harassing others
- ☐ Taking sexual images of others to exploit them, with or without their knowledge
- ☐ Taking and/or sharing nude sexual images of themselves or others without their knowledge on social media, text, and/or internet
- ☐ Bullied or coerced others to send sexual content *(text, videos, or images)* via cell phone or internet
- ☐ Having nude images of others without their knowledge
- ☐ Accesses sexually aggressive/violent pornography and/or child pornography
- ☐ Forces or coerces others to watch pornography *(e.g., refusing to leave until the child/youth watches pornography or threatening to share a secret)*

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 *Cautionary Sexual Behaviors Guide* for the exhibiting child's chronological age listed on pages 4-7?	☐	☐
2) Does the behavior(s) fall under the *Problematic Sexual Behaviors Guide* for the exhibiting child's chronological age listed on pages 4-7?	☐	☐

	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? ***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).*** If no developmental gap was identified in Question 5 in Part 1, select "Don't Know or N/A".	☐	☐	☐
4) Did the behavior persist after adult redirection despite what you would normally expect for the developmental age of the child exhibiting the behavior?	☐	☐	☐
5) If redirected, did the child exhibiting the behavior display anger or irritation *(e.g., yelling, using profanity, physical aggression)*?	☐	☐	☐
6) Was physical aggression, coercion, intimidation, or force used *(e.g., pushing, slapping, holding, grabbing, causing pain or injury)* towards the impacted child(ren)?	☐	☐	☐
7) Was emotional coercion or intimidation used *(e.g., making threats to share a secret or exclude the child if he or she did not participate)* towards the impacted child(ren)?	☐	☐	☐
8) Did the child(ren) impacted display emotional distress and/or somatic symptoms *(e.g., crying, stomach pain, headaches, changes in sleep patterns, decreased appetite)* after the incident?	☐	☐	☐

**** 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.

Section 2B. Answer questions 1-4 if the behavior exhibited by the child **did not involve another child**

	Yes	No
1) Does the behavior(s) fall under the *Cautionary Sexual Behaviors Guide* for the exhibiting child's chronological age listed on pages 4-7?	☐	☐
2) Does the behavior(s) fall under the *Problematic Sexual Behaviors Guide* for the exhibiting child's chronological age listed on pages 4-7?	☐	☐

	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?	☐	☐	☐
4) If redirected, did the child exhibiting the behavior display anger or irritation *(e.g., yelling, using profanity, physical aggression)*?	☐	☐	☐

**** If "Yes" was selected for any of the questions with a Red box** *(i.e., question 2 or 4)*,
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.

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 or 3)*,
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 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.

**** If "No" was selected for questions 1-4**, 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.

***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.*

***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.*

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