parenting plans after allegations or findings of sexual misconduct

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Sexual misconduct[1] may become a contested issue in a family court case. Such conduct almost always interferes with emotional connections among family members and can disrupt the healthy emotional development of children.

It is rare that arrest and conviction for a paraphilia[2] such as pedophilia lead parents in a contested custody matter to focus on sexual misconduct. More often, a parent[3] is discovered to have viewed violent and/or disturbing pornography, solicited sex acts or demonstrated questionable sexual boundaries with a child. Sometimes a child living at home is discovered to have sexually abused a sibling or a peer.

Allegations of sexual misconduct may be reported to the police but not prosecuted. Child Protective Services may investigate and conclude the allegation is unsubstantiated. Although a parent's sexual behavior may be within the law, one parent may allege the other parent is unfit following discovery of recurring Internet searches for violent or deviant pornographic images; accessing Internet dating sites related to sexual promiscuity; Internet phone or live webcam sexual contact with strangers; recent sexual involvement with a relative; applying perigenital cream to a female child without a doctor's supervision; or patronizing sex bars, gentlemen's clubs, massage parlors or escort services. When one parent suspects the other of such behavior, a parent and counsel's best option may be to engage a behavioral health professional[4] to investigate if the parent's behavior indicates underlying mental problems or poses a threat of harm to a child.

Forensic behavioral health assessments rely upon multiple methods and sources of information to gather data.[5] In addition to interviews and tests of psychopathology such as the MMPI-2-RF,[6] an evaluator may administer specialized tests

such as the Multiphasic Sex Inventory II (MSI-II),[7] which includes a Molester Comparison Scale,[8] or the Abel Assessment Questionnaire.[9] A sexual history polygraph examination may be employed to confirm the accuracy of a client's self-report of sexual history. Alternately, a polygraph could focus on a specific contested issue such as, "Since you have been 18 years old, have you had sexual physical contact with anyone under the age of 14 years old?"

After an evaluator or court concludes that sexual misconduct occurred, defining an appropriate parenting plan depends on multiple factors. These include the type and severity of the mental disturbance foundational to sexual misconduct. A sexual behavior problem may be related to the existence of another mental condition such as depression or substance abuse. Different threats for children are associated with different paraphilias.

As a group, for example, men who engage in exhibitionism frequently re-offend,[10] but they are less likely to commit a hands-on offense with a child than incest or extra-familial child molestation perpetrators. Pedophiles who assault male children are more high risk than those who assault females.[11] [12] Pedophiles who assault "stranger" children[13] are more dangerous than those who assault children with whom they have a relationship.

Age is another consideration; as men with pedophilia progress through the second half of their lifespan, their likelihood of re-offending diminishes.[14] The time duration since the most recent offense is important; convicted sex offenders who have lived in the community five years offense-free are about 50 percent less likely to be arrested or reconvicted for another sex offense.[15] The data regarding sexual re-offense rates for women and juveniles is different from the data regarding men.

How an individual participates in sex offender treatment helps to define the parameters of an appropriate parenting plan. Sex offender treatment, even with individuals who have been incarcerated for sexually violent offenses,[16] can reduce the risk of sexual acting-out for both "admitters" and "non-admitters".[17] The type of treatment needed depends on the nature and severity of the behavior. The court may wish to appoint a Therapeutic Interventionist (TI) and grant the TI authority to involve and organize a series of treatment interventions for various configurations of family members. A parent's family time with the children may be made contingent on the TI's favorable reports of treatment progress to a Parenting Coordinator (PC), who recommends implementation of a gradually increasing parenting time schedule. A TI might request follow-up polygraph examinations to motivate truthful participation in treatment and to inquire if "sexual sobriety" has been maintained. A spouse may be ordered to chaperone training as a non-professional supervisor.[18] Sometimes even after repeated competent investigations do not find sexual misconduct, a spouse insists "I know he is dangerous and I am not allowing my child to be around that man." Such a spouse needs specialized psychotherapy; her attitude may place the children at risk for an alienation dynamic.

Parenting plans reduce the risk that the children will be "sexualized" by identifying rules regarding sex-related behavior in the family. Sexual boundary rules apply when clinically significant allegations of sexual misconduct have been made and may include that family members, including parents, stepparents, siblings, extended family, and care providers, adhere to the following personal/family and media boundaries:

PERSONAL/FAMILY BOUNDARIES:

- **Nudity:** Adults and children are clothed at all times.
- **Private parts:** The non-accused/non-offending parent educates children on the function, proper names and rules for private parts.
- **Locked doors:** Adults lock their bedroom door during sexual contact. (Children have locks for their doors to limit further allegations of sexual misconduct.) An alarm device is installed on the bedroom door of a child who has had clinically significant sexual contact with a sibling to prevent them from leaving their bedroom after bedtime.
- **Bath time:** Children bathe separately from parents, siblings and friends. Children under age four wash their private parts with direction from the non-accused parent. Four-year-olds wash their private parts without adult assistance.
- **Bedtime:** Children, parents and siblings sleep/nap in their own beds and in their own bedrooms. Children are not permitted to play in the parents' bedroom.
- **Toileting:** Adults and children use toilets separately behind closed doors. Children wipe themselves after using the toilet. Diapers are changed by the non-accused parent.
- **Application of medication to private parts:** The non-accused parent applies medication to the children's private parts and teaches children over age five to apply medication themselves.
- **Pornography:** Pornography (written, in movies or on the computer) is prohibited in the home.
- **Adult conversations:** Adults do not discuss intimate or sexual topics in front of or within earshot of the children, and refrain from the use of profanity and swearing.

- **Friends:** For sexualized children, sleepovers with friends are not permitted until sexual behaviors is in remission (has stopped) for six months. If the child has play dates with friends, cousins or siblings, they play in rooms with an open door, or their play is supervised by an adult.
- **"No, go tell":** Parents/stepparents review rules for privacy and boundaries with their children including: If anyone makes you feel uncomfortable or unsafe, say "NO!" and go tell two trusted grownups (e.g., teacher, minister, counselor or parent/stepparent).

PHYSICAL BOUNDARIES:

- Family members maintain good personal boundaries. For example, children are taught the "space bubble" concept: Everyone has a special space or bubble around their body (the length of their arms all the way around their body); no one is allowed inside their "space bubble" unless we invite them in or say it is OK.

MEDIA BOUNDARIES:

- **TV/movies:** Parents monitor children's access to TV and movies. Adults do not watch R-rated or sexually explicit movies in the home. Children watch television programming written for children. Movies appropriate for children are G-rated. Children do not have a television in their bedroom.
- **Video games:** Parents monitor video games to ensure games have no sexual content. Video games appropriate for children are rated E (everyone).
- **Computer:** Children's computer use is monitored by an adult. Children do not have internet access in their bedrooms. Televisions and home computers have media accountability and/or a hardware/software filtering device installed (e.g., *Covenant Eyes*, *Norton Online Family*, *K9 Web Protection*, *FamilyShield*). The accused parent may be required to have accountability software installed to be monitored by a behavioral health professional. The accused parent is not to share his/her computer with the children.

Allegations of sexual misconduct in family court cases are not rare.[19] Following investigation of an allegation the meaning of findings for the children and both parents are contextualized. Conclusions are translated into a treatment plan for the family supported by the court-ordered parenting plan. The types of family and individual treatment indicated may vary. In many if not most cases supervision by the court following dissolution is needed. Communication between the co-parents is usually limited by widely disparate beliefs and interpretations of family events. Co-parenting conflict limits the children's ability to enjoy and benefit from their family. A parenting plan can stabilize the family system and provide a platform for renewed development when the court, attorneys, and behavioral health professionals align to contain and support the relationships between the parents and the children. FL

endnotes

1. Problematic sexual behavior is described as, but not limited, to the following: incest, exposure or masturbating in public (with or without the intent of being seen) to unwilling persons for sexual purpose; bestiality; obscene phone calls to unwilling person(s) for sexual purpose; compulsive phone sex; writing and mailing obscene letters; sex with strangers; use of prostitutes; bondage and discipline to either a compulsive degree or with an unwilling partner; sadomasochism; frottage (rubbing one's genitals against another for sexual purpose without their permission); forced sex (rape); sexual conduct between an adult (over age 18) and a minor (under age 18); a minor having sex with another minor three or more years younger; voyeurism; compulsive masturbation; transvestism or fetishism; child pornography; urophilia or coprophilia; sexual exploitation of incapacitated persons; sex with subordinates; sexual harassment; use of paraphilic pornography; surreptitious sexual videotaping; Internet chatting/texting with a minor related to solicitation for sex; sexual stalking.
2. In the *Diagnostic and Statistical Manual of Mental Disorders*, 4th Edition, Text Revision (DSM-IV-TR; p. 522), Paraphilia is the category describing the sexually deviant behaviors.
3. The accused is most often a man. Usually, they are "non-admitters" to sexual misconduct, which has legal implications, although they may acknowledge using pornography (not child pornography), soliciting prostitutes, group sexual behavior or frequent masturbation.
4. An important distinction exists between forensic assessments and treatment assessments. A forensic evaluator does not offer treatment services to the parent. Treating professionals are advocates for the health of their clients, and their assessments are arguably less objective.
5. *Specialty Guidelines for Forensic Psychology*, American Psychological Association, 2011.
6. The Minnesota Multiphasic Personality Inventory-2-RF (MMPI-2-RF), a revised version of the MMPI-2, is an empirically based instrument for the assessment of adult psychopathology. The MMPI-2-RF was not designed to assess sexual misconduct. However, the presence of psychopathology may be related to sexual misconduct.
7. The Multiphasic Sex Inventory II Profile (MSI-II) is a theory-based, nationally standardized self-report questionnaire designed to assess the wide range of psychosexual characteristics of the sexual offender.
8. The Molester Comparison Scale of the MSI-II suggests commonality in thinking and behaving between the test-taker and a reference group of adult male sex offenders.
9. The Abel Assessment/Questionnaire is a visual reaction time test of sexual interest. It includes a Probability Score for clients who have been accused but deny sexually abusing a child. The higher the score the more likely the client is to match the denying child sexual abuser. It was developed using both extra-familial and incestuous sexual abusers of girls and boys, 17 years of age or younger.
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18. Arizona Association of Family and Conciliation Courts Guidelines for Non-Clinical Monitored Parenting Time 2012 Summit Project.
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