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**Jimmy Widdifield, Jr.:**

Welcome everyone to the podcast “It Takes a Podcast,” which is a little tongue in cheek because we really want to use this time to get to know people in the field who’ve made significant changes and contributions to how children with problematic sexual behavior manage across our great country. Today we are super excited to have Julie Donelon from the Metropolitan Organization to Counter Sexual Assault, or MOCSA, join us. I had the pleasure of working with Julie and her team and some others in Kansas City, MO a number of years ago when they implemented a clinical treatment for this population. So, Julie thanks for being here today.

**Julie Donelon:**

Thanks, Jimmy. I’m honored to be here and excited to talk about this project we partnered with you on and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) as well, who provided the funding for us to work with you and implement the program in our community.

**Jimmy Widdifield, Jr.:**

Yeah. I worked with Julie when I was part of the National Center on Sexual Behavior of Youth. And I have since transitioned to working for the state of Oklahoma. But so excited to remain involved in the field of children with problematic sexual behavior. So, Julie, kind of just do a brief introduction. What do you want people to know about who you are?

**Julie Donelon:**

Sure. Well, I’ve been in the field of child abuse and sexual violence for over 20 years. My background is in social work. I started off working for the state of Missouri as a child abuse and neglect investigator and saw firsthand the struggle that families and parents had with children and youth that had sexual behavior problems. So that really sparked my interest and seeing there weren’t a lot of resources for families or for those children. From there, I transitioned to working as a forensic interviewer at our local child advocacy center, the Child Protection Center. Worked there for about 15 years and then transitioned over to my current role, which is president and CEO at MOCSA, which is a rape crisis center. We serve individuals of all ages who are impacted by sexual violence.

**Jimmy Widdifield, Jr.:**

That’s quite a history and I don’t think I knew that you had been in the field for more than 20 years. You really have had a chance to see how things have changed significantly in the field of child abuse and neglect, but also response to sexual assault.

**Julie Donelon:**

Yeah, it’s been fascinating to have been in the field during the period of time that I’ve been in it, like you Jimmy. Seeing back when I started working for the Children’s Division, back then it was called Division of Family Services, it was a much more punitive approach. We had just started the family preservation services at that time, but the focus wasn’t necessarily on keeping families intact with those supportive services that we do now. And even with sexual violence, I always told people I could shut down a cocktail party in minutes by just telling people what I did. Sexual violence wasn’t talked about. Child sexual abuse, sexual assault, it wasn’t talked about. And so now to see the MeToo movement and individuals coming out and being so supportive and sharing their stories about sexual violence, helping to, I guess, ease the burden, I would say, on other survivors who are still feeling shameful or embarrassed or that they can’t tell anyone. So, I’m really grateful for those individuals who come out and speak out.

**Jimmy Widdifield, Jr.:**

Absolutely. It’s been really an amazing evolution in the field, hasn’t it? And I agree with you, I have learned how not to engage with people when I’m traveling on an airplane when they ask, “What do you do for a living?” Right? Because it’s the same as your experience. It’s just really still so very awkward for most people to talk about just sex and sexuality, and once we put children in that then it’s all hands off. You know, as you were talking, I think I really want to hear kind of what your observations were when you got into the field. You mentioned there was a much more punitive response as kind of a standard early on. Were children often engaged by the system, how were they engaged 20 years ago, and what’s different now where you’re at?

**Julie Donelon:**

I would say that the approach by the system has evolved. It went from coming from a social work background, being trained on strength-based assessments. I don’t feel like back in the early 90s we were doing that really well or very well, if at all. I’ve seen that evolve over the years and I’m very excited and hopeful with what I see now. Really working to keep families intact, support them, understand what trauma does to families and how that impacts their decision-making and maybe some of the challenges that they’re in, risks they might be taking as a result of that trauma. So, I think all of that has really evolved in the years since I’ve been involved. Before it was, I remember having the feeling of, well that may have happened to you and I’m sorry, but you should have known better than to allow your child around that person. So really taking a very maternal, as an investigator, that maternalistic approach to the child — like I’ve got to come in and protect this child because, clearly, this person isn’t doing that. And not recognizing what is keeping them from being able to protect their child and helping them work to protect their child and make a safe environment for them.

**Jimmy Widdifield, Jr.:**

I think that’s just really fascinating. You know, particularly what we know now about best practices and from the research on children with problematic sexual behavior. There can be so many factors that contribute, kind of how I’m saying it now, that contribute to the manifestation of a problematic sexual behavior. Ultimately, the child makes that decision to engage in that behavior, but there are lots of things in their world and inherent to them, right, that can influence that. And now it’s this approach of not looking at the caregiver as being an issue, but more as a key part of that solution to helping their children.

**Julie Donelon:**

Can I add to that? I think back when I was doing the work at the state that the focus… so if we got a report or if we found out, and this is back in the early 90s, we weren’t even really necessarily getting reports on youth with problematic sexual behaviors. We would learn about that potentially during our interviews or assessments with the family. And then the assumption was always something must have happened to that child, they must have been a victim of sexual abuse themselves. And then it was like trying to claw down to, “Where did this come from?” I think, in that sense to what you were saying, that has really evolved in our understanding of trauma and what causes youth to act out.

**Jimmy Widdifield, Jr.:**

And that’s, I think, been another beautiful piece of evolution of the field of children with problematic sexual behavior. I’m sure similarly in sexual assault and really all areas of child abuse and neglect that the research is happening, is getting done, and we’re learning just so much more from people that have brilliant minds. And I say that because those are the people who come up with the questions and ways to figure out how to get really good science-supported information and responses to those questions. So, your comments, I think, are a great segue into another question I wanted to explore with you. Just from your perspective, and you’re in Kansas City, MO, we were talking just a little bit before the episode about some things that I thought were significant changes that you and your organization were part of. So just share with us what have been some of the accomplishments of MOCSA and serving children with problematic sexual behavior and what have been some of the challenges, too. And if you’ll start really quick with: When did MOCSA start implementing services for children with problematic sexual behavior?

**Julie Donelon:**

That’s a great question, Jimmy. We actually started working with children with problematic sexual behavior even before I was here. Rene McCreary, who was our clinical director prior to me coming on and then she worked here while I was here, we overlapped for a little bit, had actually had a strong interest in assisting that population. So, she had started developing a curriculum. And then, when I got here, we both had a very strong interest in in this population of children and youth. I had seen it from the Children’s Division side, Child Protective Services (CPS) side, going out and responding to calls and then also seeing it at the child advocacy center-level where children would be referred because they had problematic sexual behaviors and so, again, that assumption was they must have been abused. Let’s interview them as a potential victim. And then back in the days when I was at the Children’s Division, knowing there were no resources for these children and youth and, the Children’s Division if we got involved, we didn’t know where to send these children. If it was a situation where it was maybe a neighbor or a family friend or somebody at school, police might get involved, and they might look at it from that criminal lens, juvenile delinquency lens, and then family court getting involve. But there was nowhere to refer families when they were struggling with this at the very onset. I had just seen it progress through in severity for a lot of the kids where then they did come to the attention of law enforcement or the family court. And so, Rene and I both had this interest, and as we were talking about it, we had seen the request for proposals (RFP) for the OJJDP grant for youth with problematic sexual behaviors, we decided to apply for it. We talked with our multidisciplinary team (MDT). Again, one of the things I think that really set us up for success on this was that we have a really strong multidisciplinary team here in Kansas City. And I was very familiar with it because of my background both at the Children’s Division, but also the Child Protection Center, which is our child advocacy center. It was an easy call to contact Lisa Mizell over there, who is their CEO and say, “Hey are you interested, you know we’re looking at this grant, we would really love to partner with you on it. We think the MDT, the multidisciplinary team, would be a great avenue to bring people together, to bring the team together to talk about these children and how we can help them?” And so I also then reached out to Matthew Roberts at family court, Jackson County Family Court, to talk with him because I knew also that he had an interest in this population as well. It was kind of like bring all your friends together that I know that have an interest and let’s see if we can make use of this grant to help improve our community and to help these kids that we all know that they and their families are struggling.

**Jimmy Widdifield, Jr.:**

I think one thing that is maybe unique to MOCSA, or MOCSA falls into a very small group of organizations. There are across the country — so many children’s advocacy centers that want to serve these youth, or mental health agencies similar to MOCSA that see a need. But here it was really MOCSA that kind of started the whole movement there in Kansas City around serving the youth. I love how you said it’s like you just get together all of your friends and how wonderful that you knew in your community, right, and the different circles, the different disciplines, who had similar interests and then how to pull them together to figure out how do we move forward, how do we get funding. And that you already have that connection to the multidisciplinary team at the children’s advocacy center. I mean that’s phenomenal. I think many other communities have to work to get those connections established and try to figure out who the champions are in their communities and then try to figure out funding. Whereas MOCSA was like, “Oh here’s funding, and we know who to reach out to and get.” Were there any significant challenges kind of in the beginning of that or even since the program has been established? What’s been difficult?

**Julie Donelon:**

That’s a great question. I think at the very beginning, and it’s been fun to be able to have some time to think through, “Gosh, what did we do back then?” I remember there was concern initially with, as you can imagine, law enforcement and the family court and some hesitation. Matthew Roberts obviously was a huge ally, and he was at family court. But convincing the attorneys and convincing the judges that this was a good idea, not to get kids wrapped up, not to adjudicate all of these children, but instead to try to work with them before that happens so that they don’t have to have this court involvement unnecessarily. So that was a challenge, but again I think one of the things that just, quite honestly, because I’ve been in the field and I knew all of those people, I had been an investigator for the Children’s Division. I’d been a forensic interviewer. So, I was oftentimes in front of the judges and commissioners and working with the lawyers. We had already been having these conversations in our community, which really helped. We talked a lot and spent a lot figuring out what the procedures were, on what the process would be for youth. And at what point was it significant enough that it did need to have a law enforcement investigation and a referral to the family court. I think the other thing that helped with that is the multidisciplinary team. The team, knowing that we would all be coming together and sharing this information and making those decisions … or that was another little hiccup. We didn’t make decisions for law enforcement or for the family courts or for Children’s Division for that matter, but they would take into account the information we provided in making those decisions so they could have a full picture of what was going on with the child and family and whether or not we felt like the program would be a benefit to them.

**Jimmy Widdifield, Jr.:**

You know, that last piece in particular sticks with me. In the white paper on the CAC and MDT response to these cases, the recommendation is there should be modifications to the protocol for how these cases are staffed. And really it’s just people coming together with the available information, so that each person at the table then can make a more informed decision about what do. What as law enforcement do I do with this information? What as the child protective services worker do I do with this information? We don’t always need to use maximum response. Let’s be trauma-informed, developmentally-informed, and research-informed on just how we make our decisions to help children and their families. So, you were already doing the work well before the white paper was even a twinkle in someone’s eye. That just shows the strength right there of the group of people that you pulled together. So, there is one thing in Missouri that happened that I’d love for you to talk about a little bit, and that was a change in statute around how these cases are reported. We know that throughout the United States, there’s no really consistent response to who gets involved, which disciplines get involved with these cases. Is it law enforcement, but if they’re not of a certain age, law enforcement typically won’t get involved. Is it Child Protective Services, but if the allegation wasn’t initiated by a person responsible for care they may not get involved. And then all of a sudden these cases are just kind of left dangling out there without any really helpful response. But Missouri did something to help address that. Tell us a little bit about what happened.

**Julie Donelon:**

Sure. So back in the spring of 2012, there was a task force that was put together by the governor’s office to look into the prevention of child sexual abuse. And that task force divided up into a sub-task force and, as you can imagine, I was on the youth with sexual problematic behavior subgroup, subcommittee. And so, we were looking into again just recognizing, the whole committee that was made up of statewide leaders and practitioners, recognizing that youth with problematic sexual behavior was a problem in our community, in our state of Missouri. And so, this subcommittee focused on what could we do. We looked at different states and what they were doing and how they were responding. Eventually, that led us to a recommendation that - well, let me back up a second. In Missouri, as you were saying, the only time that youth with problematic sexual behavior may get involved is if law enforcement were the one to get involved and do an investigation. So only if it rose to a really high level of severity, or at least perceived severity in the behavior by the child would that go to law enforcement. Otherwise, the Children’s Division may not even go out or they would do a phone call to the family, to see if the family needed any services, but it didn’t prompt them to do anything more than that. So, we recognized this as an issue and looked at other states to see what they were doing. We worked with our legislators to implement a law that would require in cases where a youth was hotlined because of problematic sexual behavior that there would be a Children’s Division response so that we could look at this from the family’s perspective, and to help that child with whatever trauma they’re experiencing so that we can work with the family and the child in the home to help them with that situation and to help avoid that behavior becoming more problematic and the child getting then pushed into the family court system.

**Jimmy Widdifield, Jr.:**

If I remember correctly, the original kind of expectation is that it might increase calls to the hotline by, what, a few hundred?

**Julie Donelon:**

600 was what the original estimate was.

**Jimmy Widdifield, Jr.:**

And what was the reality?

**Julie Donelon:**

I believe it was over 3500 in the first year. And it has remained, I was just looking at some of the state reports, it has remained about 3500 to 3700 except for ‘21 and ‘22, which makes perfect sense because children aren’t in schools as much or as frequently and don’t have that interaction with mandated reporters.

**Jimmy Widdifield, Jr.:**

That’s a huge difference. I’m just kind of curious what are maybe some of your thoughts? I mean if the expectation was about 600 more calls a year, but clearly that quadrupled, a lot more than quadrupled, right, I can’t do math in my head that quickly. But what do you think made the difference there?

**Julie Donelon:**

I really think it was education. Part of the grant that we had was really working with mandated reporters on identification of youth with problematic sexual behavior. So we were in schools, we were working with counselors, we were talking with law enforcement, police officers, the court systems. We were doing a lot of education within the community. And that was just in the greater Kansas City metro area. And then we started doing more throughout the state, so we took the training that we had developed here in Kansas City, and we were funded to go out and do some training in other areas of the state to let them know, number one, how to respond. We provided training for Children’s Division and their multidisciplinary team to help them understand what are the resources that you all need in order to address this issue. I think that training, the issue was always there, but I think what had happened is that mandated reporters, because they knew nothing would happen, they stopped referring, they stopped calling the hotline, and so we didn’t have a baseline, we didn’t have a solid baseline. So, I think we all knew anecdotally it was going to be higher than 600. I don’t know that we knew that was going to be 3500.

**Jimmy Widdifield, Jr.:**

That’s just such a big jump, right. And really, I think it gets to the success and then the ultimate goal. I think education on what are problematic sexual behaviors in children, what do we know about these kids, is just so critical to help other people know what to do, how to respond. Particularly, like we were talking earlier, about shutting down a cocktail party or your conversation on a plane where people are just so uncomfortable. But now giving them really in a lot of ways permission to be willing to talk about this, and like we want to help kids and we know you do too. It just means getting over this discomfort and it sounds like there’s been tremendous success.

**Julie Donelon:**

I was just going to tag on to that and say the parents, I never knew that there would be the level of engagement with the parents and the caregivers as there is. I thought, initially, that they were going to begrudgingly come to the sessions and do what they needed to do just to move along. What I found is that parents were eager for this information. The groups for parents and talking about how to talk to their children about sexualized behavior — they were so grateful to have the words and to be able to know how to have a conversation with their children around that. Which I think just every parent needs to have. I think these groups could benefit a lot of different people, or the style or structure of that group of having parents educated on how to have those challenging conversations. Because we don’t prepare parents for those conversations, and that is critical to the youth’s success in the program.

**Jimmy Widdifield, Jr.:**

Yeah. Just for our listeners, MOCSA received training and continues to implement a clinical treatment program for evidence-based treatment, the Problematic Sexual Behavior Cognitive Behavioral Therapy (PSB-CBT) model, that requires caregiver involvement. Thinking through the research, we talked about that earlier, we know that when caregivers are involved in treatment with their children, in this instance for problematic sexual behavior, but it’s similar for trauma-related interventions or disruptive behavior disorder interventions, other types of diagnoses as well, that when caregivers are actively involved in treatment, treatment success is just super high. And your experience, I think, is similar to other programs across the country, at least the ones that I was knowledgeable of. There’s a lot of concern that caregivers are not going to want to engage. And it’s true, there are some that are really challenged to be involved. But once you get them in the door, once you get that first session and they realize that you’re not judging them or their family, you’re not defining their child by the problematic sexual behavior, that you have an open, curious mind about, “Great, you’re new to me, and we’re going to problem-solve this together based on the treatment that we have and the expertise you have on your family and your child and your parenting and we’re going to fix this.” And research strongly supports that when families get evidence-based treatment, like PSB-CBT, success rates are as high as 98% and that’s research looking at outcomes over a 10-year period. So, caregivers are key and engaging them is super important. I’m happy to hear that MOCSA has had that experience and that ongoing success. So, I wonder, Julie, just kind of as we’re starting to wind down some of our time together, you’ve been in the field more than 20 years, and you’ve seen a lot happen, a lot of growth. I was really happy to hear you mentioned even some more current movements, like the Me Too movement, and the conversations we’re having about some more of the higher profile cases of adults engaging in sexually harmful behaviors. What are your hopes and dreams for the field of children with problematic sexual behavior? What are the things that you want to see happen or that you’re starting to see happen that make you really excited?

**Julie Donelon:**

You know I think what my hopes are long term is that we continue to have professionals, therapists in this area who have the training and the skills and the background to work with these families. Some of the notes that families have written to us, that children 13 years old have written little thank you notes and saying you saved my family. So one is, I hope that more clinicians will get into this area of work and support these families, because they are such a joy to work with. And there is just such opportunity and willingness by both the youth and the families to see change and to have that happen. I want to see that increase, and I say that because we don’t have enough right now. We don’t have enough people providing this very skilled treatment to families, so in rural areas in the state of Missouri it’s just not available. I’d like to see a model that can be easily implemented in rural areas. We’re very fortunate here to have the ability to work with Oklahoma University to get training on this model. But I’d like to see more accessible models available to therapists in this field. I think one of the other things is I’m seeing schools open up about these conversations about talking with kids about consent, about body autonomy, and not being as scared to have those conversations because talking about body autonomy does not lead to having to explain to a kindergartener about reproductive health. I think you know as adults, we get caught up in our own heads about, “Well if I talk about this it’s going to lead down that rabbit hole.” It’s like developmentally appropriate conversations with kids are really helpful. I’m encouraged in seeing that. We do a lot of work in schools talking about body autonomy and body safety with little kids. I just see the increased desire for kids to have that information and schools to provide that. And also, in talking with school personnel about how to identify both individuals that may have concerning behaviors towards children and then children who may have signs of potential sexual abuse or harmful situations that they might be in.

**Jimmy Widdifield, Jr.:**

I think we need to get a campaign together and put you up for election to change the world because you’re saying things that are just music to my ears. How do we increase capacity professionally and make treatment and training in treatments more accessible, particularly in rural areas? But then this piece around education, I know that several people are kind of really focused on how do we help meet people where they’re at and often that means at schools? And how do we help those professionals support children, and really how do those professionals even engage caregivers and families and communities? That’s really a nice benefit. I’m going to go sideways for a second of a children’s advocacy center because they’re often seen as a hub in their community. Schools are also seen as a hub, with a different focus, of course, and how do we capitalize on that kind of strength in the community.

**Julie Donelon:**

Yeah. What I would love to see are the schools utilizing the expertise of our educators, MOCSA educators, and having the conversations between the educators and the parents trying to figure out how to make that happen. Parents have so many constraints on their time already. But in Kansas, we have an opt-in law, so parents have to opt-in to have their children in those classrooms having those conversations. And I just think if we could get in front of the parents and talk with them about what exactly we’re presenting, and how we’re doing it, they’d be okay with us talking with their kids about it. You know, because we’re not teaching sex education, we’re talking about body safety and body autonomy.

**Jimmy Widdifield, Jr.:**

Well, I’m keeping my fingers crossed that your hopes and dreams for the field come true. Because I think that would advance so much of the work with an ultimate goal of keeping children much safer. I just really enjoyed this conversation. It has been a long time since you and I have been together in person. It’s just great to reconnect and to know that the work is still being done, and there’s still success and progress in your community. I also want to mention to you, you said Matthew Roberts a couple of times. We had Matthew Roberts on a podcast episode. He had such a great perspective because he came from a different system, from family courts. And you really highlighted how it took pulling together partners in the community. And partners too that maybe had some reservations in the beginning, but clearly there were champions coming together that were eager to overcome those hesitancies. So, thank you so much for taking the time today and just sharing some of your thoughts. I know there’s going to be a lot of people who listen to this episode and will realize they have similar strengths in their communities and similar champions and will be inspired to achieve similar goals and success as you’ve done there in Kansas City.

**Julie Donelon:**

I hope so. Thanks for having me, Jimmy, I really appreciate it.