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KH/JY

### Guidelines for working with CSV (Service Agreement)

#### Sexually abused children and adolescents:

##### Clinical Management Issues:

- variations and additions to current work practices to cover CSV Expanded Treatment Options
- characteristics of client group that must inform expanded work practices

##### (i) Multi-problem families:

- work with abuse issues within family system
- assess major problem areas as seen by family (this may not be the sexual abuse)
- work on varying levels of family issues

##### (ii) Generational abuse:

- develop understanding of family system
- work with parental abuse (if possible)
- identify blurred boundaries within family system
- interview on various levels within family

##### (iii) Intra familial abuse:

- gain understanding of family system ie through assessment
- recognise family system is crisis
- work with family members and implications for them
- recognise family splits and separations (even disintegration)

- major issue with victim betrayal of family trust
- often if is first disclosure for entire family system

(iv) Ongoing non-voluntary client families:

- initial contact absolutely crucial. This must strengthen relationship with non-offending parent and help with potential ambivalence of non-offending parent. This is crucial for effective intervention for the child victim.

(v) Clarification of roles within CSV: meeting, case conferences, or clear discussion must take place to clarify:

- if CSV still involved?
- CSV role
- CSV expectations of CPU role
- CPU planned intervention

(vi) Working with new young clients and family:

- requires general psychosocial assessment
- play therapy to be included
- non verbal behaviours discussed and assessed

(vii) Group work:

- therapeutic
- time limited (8-10 weeks approx)
- planned program
- evaluated (and observed from behind screen)

(viii) Outreach group work:

- consideration be given as adolescents not to come to Child Protection Unit
- same principles to apply

Crisis intervention:

- principles apply but also recognise CSV system which must work out for benefit of child and family
- if can engage family at this stage of presentation to hospital most effective therapeutic intervention will result

**General comments: Issues****(i) Re CSV client and their families:**

Referrals multi problem: complex work.

Difficult to engage: don't give up!

Intra familial abuse: major crisis for family, numbers of clients within family

Protective issues: assessment may highlight this.

Joint work with CSV: information sharing, communication

Non voluntary clients: engage them, do not wait for request for help.

Very young clients: play therapy and observe

Outreach work with an adolescent service to be considered.

**(ii) For the worker:****Re CSV clients and their families: because of abuse:**

- CSV referrals to make up part of caseload
- Class II social workers expected to take on increased number of these cases.
- Gain understanding of CSV system and work with CSV workers.
- Require proforma completed
- Completed information sheet on CPU contact
- Only cases where CSV remain involved with family fit into Service Agreement categories, others accepted as general referrals.

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