



Safety Planning for Adolescents Who Engage in Sexually Abusive Behaviours

Participants Workbook

2014

Workshop Outline

Session	Title & Content	Time
1	Welcome & Introductions	9.30-10.00am
2	Our Context for Safety Assessment	10.00-10.30am
3	Contexts in which Adolescent Sexual Behaviour Problems Develop	10.30-11.15am
MORNING TEA 11.15-11.25pm		
4	Individual Assessment of Safety	11.30-12.30pm
LUNCH 12.30-1.15pm		
5	Risk & Protection, Separation & Supervision, Safety Planning	1.15-2.45pm
6	Debrief and Closure	2.50-3.00pm
END OF WORKSHOP		

Author

This workshop was written by Laura Luchi, Principal of Cara House Centre for Resilience & Recovery for JIRT and FACS staff. The author is grateful for the contributions of Dale Tolliday who provided consultation to the content of this workshop.

This workshop has been developed for caseworkers with current knowledge and experience interviewing young people with sexual behaviour problems. It does not explore the necessary introductory theory and practice around the identification of adolescent's sexual abuse, dynamics associated with adolescent sexual behaviours and consequences of the behaviour. This workshop focuses on initial safety assessment and presumes this introductory knowledge.

Learning Outcomes

By the end of this workshop, participants should be able to

1. Explain the factors to consider when assessing safety for adolescents with sexually abusive behaviours.
2. Identify placement considerations, when assessing young people with sexually abusive behaviours.
3. Demonstrate an understanding of safety issues when considering
 - Placement
 - Contact
 - Daily activities
4. Apply professional judgement and analysis when making a safety assessment.

SESSION 2: OUR CONTEXT FOR SAFETY ASSESSMENT

Your notes about what safety means for the child harmed by the sexual abuse. . . .

Your notes about what safety means for the child doing the sexual abuse. . . .

Your notes about what the field has learned over the last twenty years. . . .

SESSION 3: CONTEXTS IN WHICH ADOLESCENT SEXUAL BEHAVIOUR PROBLEMS DEVELOP

The following are four notable pathways along which sexually abusive behaviours may develop:

- ✓ The sexual activity is the main focus of the behaviour and the use of violence and aggression is a means to this end;
- ✓ The aggression and violence are the main aim of the behaviour and the sexual abuse is secondary to this behaviour;
- ✓ The aim of the abuse is exploration and there is little understanding of the broader consequences;
- ✓ The behaviour is in the context of mental illness, developmental delay or cognitive impairment leading there is little understanding of the implications or consequences of these actions.

Sexually abusive behaviours have also been identified as occurring on the context of:

- ✓ Performing an anxiety reducing function
- ✓ Re-enactment of past trauma

“It has become apparent over three decades of research that clinical work that, for most juveniles, sexually abusive behaviour is much more related to their capacity to be abusive than some sexually deviant condition.” Ryan 2010, p80.

Case Study 1

Child: Mark WILLIAMS Age/DOB: 01/01/2000 – 14 years	Name: Adam CAR Age/DOB: 05/03/1979 Relation to child/YP: Step father
Child: Simon WILLIAMS-CAR Age/DOB: 29/05/2001 – 13 years	Name: Rachel WILLIAMS Age/DOB: 05/03/1979 Relation to child/YP: Birth Mother
Child: Steve WILLIAMS Age/DOB: 01/01/2005 – 9 years	

On the 20/02/2014 Kogarah JIRT received a report in relation to Mark WILLIAMS.

The allegations stated that Mark had been displaying sexualised behaviours at school. The behaviours included walking up to students and thrusting his groin towards them.

On the date above Mark was overheard by a teacher telling another student Ray that he wanted to suck his penis. Mark said to Ray that it was ok because his brother Simon did this to him all the time. Mark also said that Simon would do the same to his neighbour Sam SHELL (DOB 01/01/2008 – 6 years).

History checks were conducted on the family. CS records indicate that Mark's brother Simon has been known on the system since he was 2 years old. There are 15 risk of sexual harm reports in relation to Simon. The first was when he was 2 years old at childcare where he attempted to bite another child's penis.

Two subsequent reports were made to the helpline made by his mother when Simon was 5 stating that he returned from contact with his father and had said he saw his father's girlfriend naked and was watching porn. The plan was transferred to the CSC and closed. Three reports were received by the helpline when Simon was 9 stating that he was having sex with students in the school bathroom. CSC spoke to the mother and step father about these concerns. Simon was placed on a program and the case was closed.

On the above date JIRT officers attended the high school in an attempt to speak to Mark regarding the allegations. Mark was initially reluctant to speak to staff. When the allegations were put to him, he said that he loves his brother and that he does not want to get him in trouble. JIRT staff reassured him that they were there to help keep him safe.

Mark disclosed that there has been one time that something may have happened with Simon involving his penis. Mark was reluctant to speak with JIRT staff around what he meant. Mark appeared protective of his brother and did not want to engage with JIRT staff.

JIRT officers interviewed Sam SHELL on the same day. Sam disclosed 3 offences pertaining to anal sex. Sam said that it began last month and Simon told him it was a game. Sam said that

on one occasion Mark was present and watching. Sam said that he could not do anything about it as Simon was much bigger than him and told him he would give him lollies.

JIRT action

JIRT charged Simon with 3 counts of aggravated sexual assault and he was refused bail. Simon's parents were informed and they denied that their son is capable of this. They acknowledge his sexualised behaviour but not the offences.

Conclusion

JIRT staff holds concerns for Simon and Mark's brother Steve. Steve has an intellectual and physical disability. He has not made any disclosures at this time.

There are supervision concerns in relation to parents as they were aware of the sexualised behaviour and possible offences perpetrated on Steve and Mark by Simon.

FACS ASSESSMENT of SEXUAL ABUSE by a YOUNG PERSON

Research Summary

The following is a summary of some areas of research relevant to FACS assessment. Caseworkers should be aware that some of the following research will not be relevant to the young person currently under assessment. This research can be a valuable guide and adjunct to the information gathered through interview, observation and other sources – it serves only as a guide to individual assessment and understanding young people’s unique circumstances, not as a definitive picture of all young people engaging in sexually abusive behaviours. Finally, the caseworker must keep in mind that research in this area is continually changing and developing and so staying up to date on developments is crucial to accurate assessment and the safety of children and young people.

Some of the factors that arise in the family related research:

- Physical violence carried out by parent/s seems to be an important factor in sibling sexual abuse including harsh physical punishment
- Domestic violence dynamics present in the family – coercion, control, abuse of power
- Previous child protection history
- Gender dynamics within the family that favour/ privilege males
- Distorted expectation about gender roles
- Permissive & disempowered parenting styles
- Marital discord
- Family disorganisation or dysfunction is common
- Negative atmosphere within the home environment
- Inappropriate parent-child interactions
- Poor personal boundaries
- Sexualised home environments
- Other sexual abuse within the family
- Previous adults charged with sex offences or disclosures about this in family or extended family
- Environments of neglect
- Lack of supervision
- Emotionally unavailable or disengaged parent/s – parental rejection
- Disrupted attachment
- Parents own unresolved experiences of child sexual abuse

Critical Questions:

- *Is there some form of abuse happening in this family?*
- *Are there problematic dynamics going on in this family?*
- *How are these factors supporting the young person's abusive behaviour?*

Some of the factors that arise in the sibling related research for Sibling Abuse:

- The existence of other forms of bullying present between siblings
- The privileging of the abusive sibling over the abused sibling within the family
- The use of coercion and force
- The use of tactics traditionally associated with child sexual abuse
- Dynamics of enforced secrecy

Critical Questions:

- *Are there other forms of bullying present?*
- *To what extent can we identify the privileging of one child over the other?*

Some of the factors that arise in the trauma & abuse related research:

- Almost half of boys abusing siblings have had a past child protection report or child protection history
- In NSW there is most often exposure to a combination of forms of maltreatment
- Experiences of abuse are a common feature of children who sexually abuse – sexual abuse is prevalent and domestic violence features heavily in the research

Critical Questions:

- *Is there identified abuse in the young person's history OR do the young person's circumstances indicate that abuse is probable?*
- *Is the young person currently at risk?*

Some of the social and individual factors that arise in research about young people who sexually abuse:

- Boys generally do the abusing – in over 90% of cases
- Poor interpersonal skills with peers
- Peer groups that condone or promote violence
- Peer groups that include anti-social influences/ attitudes/ beliefs
- Bullying behaviour or being a victim of bullying
- Adult role models that promote irresponsible sexual behaviour
- Harming animals or sexual behaviour with animals
- Common diagnosis of CD, ADD, ADHD, PTSD.
- Developmental or cognitive delay.

Critical Questions:

- *Are there social factors that support or enable the sexually abusive behaviour?*
- *Are there personal factors that shed light on the nature of the sexually abusive behaviours?*

Some of the factors that arise in the research about children who are sexually abused by young people:

- The child's experience of the sexual harm is often minimised
- Children often experience disbelief by adult, particularly in the case of sibling sexual abuse
- Safety for the child can be severely compromised

Critical Questions:

- *Is the child's experience of being sexually abused being denied or minimised in any way by parents? By the abuser? By professionals?*

References

- Caffaro, John, V. *Sibling Abuse Trauma, Assessment and Intervention Strategies for Children, Families and Adults* 2nd Ed 2014 Routledge.
- Pratt, R., Miller, R. *Adolescents with Sexually Abusive Behaviours and their Families* Best interests case practice model, Specialist practice resource 2012 Vic Department of Human Services.
- Ryan, G., Lerversee, T., Lane, S. *Juvenile Sexual Offending, Causes, Consequences and Correction* 3rd Ed 2010, Wiley & Sons.
- Tolliday, D. *Sibling Sexual Abuse eLearning DVD* 2013, NSW Department of Human Services, Family & Community Services.

SESSION 4: INDIVIDUAL ASSESSMENT OF SAFETY

In order to be accurate and therefore effective, our safety assessments must take into consideration the whole child in the context of their history, family, relationships and community. If we focus only on the child and their behaviours, we risk missing critical information that is likely to place the child and others at risk of further harm.

NSW FAMILY & COMMUNITY SERVICES SAFETY ASSESSMENT RESOURCE: Critical Areas to Explore for Young People who have engaged in Sexually Abusive Behaviours

This list outlines only the critical areas for initial exploration and is by no means an exhaustive list. More extensive assessment will accompany any treatment the abusing young person is referred for. The caseworkers may find that individual circumstances will require exploration of areas not outlined in this resource. Accurate assessment is highly dependent on the caseworker's ability to identify areas relevant to each unique assessment.

The Young Person

- What abusive behaviours is the young person able to acknowledge – severity, frequency, contact sexual abuse, non-contact sexual abuse, whether force used, penetration, patterns of abusing. . . . ?
- What is the young person's motivation for the abuse? (the more we can understand the antecedents to the behaviour, the more we can understand the safety and treatment needs)
- Are there other forms of bullying present?
- What is the young person level of motivation for treatment?
- Does the young person appear to accept some or all responsibility for the abuse? How is this demonstrated?
- What resources or strengths is the young person demonstrating throughout the course of the assessment process?
- Are there social, personal or family factors that appear to be supporting or enabling the abusive behaviours?
- Are there social, personal or family factors that appear to support the young person to resist the abusive behaviours?
- What is the young person's current general level of functioning – health, mental health, school participation, peer relationships, social isolation, current risk of harm?

The Parents/Carers & Family

- What was the family's reaction to the disclosure?
- What is the family's understanding of how this behaviour came about?
- What is the family's ability to protect the victim if this is a sibling? How is this demonstrated?

- With sibling abuse – is there evidence of divided loyalties among the parents? Among children? What does this imply about physical and psychological safety of the harmed child?

More broadly:

- What strengths has the family demonstrated over the course of the intervention so far?
- What resources does the family have access to that would assist in keeping all children safe - extended family, other people, community resources, connections with school or groups?
- Is there a child protection history?
- Is there evidence of a sexualised environment in the home - privacy, nudity, access to porn, incidents of sexual abuse . . . ?
- Is there any form of violence in the family? Has there been in the past?
- Are there problematic dynamics between parents? Between siblings? Between all family members?
- To what extent can we identify the privileging of one child over the other?
- How stable or unstable is the family's functioning – living arrangements, AOD, mental illness, DV, cycling functioning . . . ?
- On the basis of this, can the family effectively engage with all elements of a safety plan and carry out agreed plans in the medium term?

And importantly:

- Where do the parents or carers stand in relation to **belief** of the victimised child?
- What have the family demonstrated about belief in the facts of the abuse (some researchers would say that denial of the facts of the abuse is more significant than denial of other areas).
- Is there evidence of minimising the abuse or denying all or parts of the harmed child's disclosure?
- What has been demonstrated in relation to belief that the abuse was initiated by the abuser? Belief about the dynamics that therefore exist between the children?
- What has been demonstrated about how this belief is conveyed to the victimised child? What is the understanding the tactics employed by the abusing child and what this was like for the harmed child?
- Do the parents or carers demonstrate no suggestions of blame or responsibility for the abuse towards the harmed child?
- How have the parents or carers demonstrated a commitment to and a belief that the child is entitled to be safe?

Belief in the harmful behaviour is critical in understanding the current safety for the victimised child/ren and whether separation is likely to be needed for a time.

The Victimised Child/Children

- What sources of support and acknowledgement exist for the child?
- Does the child have an independent point of reference or contact outside the context in which the abuse happened?
- Does the child's needs or wishes clash with the family's needs/ wishes?
- Are there any evident barriers to the harmed child disclosing more of the abuse?
- Is this likely to be the full story? – assume this is the beginning of the story.
- Is there any suggestion that this child may be overtly or subtly silenced by the abusing child, the family or others - and therefore possibly retract the disclosure?

Other Sources

Who else is likely to have valuable information that could shed light on the victim's context, the abusing young person's context or the family context? Consider the young persons school, other relevant professionals that may already be involved, extended family.

The process of obtaining this information is likely to involve numerous interviews with the young person and family and as many interviews as are in the victimised child's best interests. Planning ahead is very important. Think about whom you want to talk to and in what order, where you want to have the conversations and what you would like to cover at each interview. Balance is the key here—planning is important however being flexible and prepared to go with the flow can yield important information in interviews of this nature.

*Remember that research also tells us assessments of **current risk** are only relevant for 6 months given the rate of dynamics of adolescent development.*

References

- Caffaro, John, V. *Sibling Abuse Trauma, Assessment and Intervention Strategies for Children, Families and Adults* 2nd Ed 2014 Routledge.
- Pratt, R., Miller, R. *Adolescents with Sexually Abusive Behaviours and their Families Best interests case practice model, Specialist practice resource* 2012 Vic Department of Human Services.
- Ryan, G., Leversee, T., Lane, S. *Juvenile Sexual Offending, Causes, Consequences and Correction* 3rd Ed 2010, Wiley & Sons.
- Tolliday, D. *Sibling Sexual Abuse eLearning DVD* 2013, NSW Department of Human Services, Family & Community Services.

Case Study Discussion Questions

1. Your initial impressions/ what stands out at this point?

2. What are the immediate implications about the young person's personal abuse history?

3. What do you notice about the sibling relationship? What do you want to explore further in this regard?

4. What is implied about the parent's relationships and responses to the abuse? What do you want to know more about here?

5. What other research based risk factors appear to be present or require further exploration?

6. What could be a plan of approach in terms of an assessment?

FACS ASSESSMENT of SEXUAL ABUSE by a YOUNG PERSON

Research Summary: Risk & Protection

The following is a summary of some areas of research relevant to FACS assessment. Caseworkers should be aware that some of the following research will not be relevant to the young person currently under assessment. This research can be a valuable guide and adjunct to the information gathered through interview, observation and other sources – it serves only as a guide to individual assessment and understanding young people’s unique circumstances, not as a definitive picture of all young people engaging in sexually abusive behaviours. Finally, the caseworker must keep in mind that research in this area is continually changing and developing and so staying up to date on developments is crucial to accurate assessment and the safety of children and young people.

Some of the risk factors that arise in research related to ongoing offending:

Van der Put et.al. (2013) – these authors found that:

- Social isolation more frequently occurred with sexually abusing adolescents than delinquency alone and was more common in young people committing more serious sex offences.

Spice et.al (2013) – these authors found that:

- Opportunity to re-offend was a risk factor for youth who had left a residential treatment program.

Hatch (2005) – in this Australian study on sibling sexual abuse it was found that:

- Access to victims was the biggest factor in choosing victims.
- Where there was a sibling in the home, they were victimised, followed by a step-sibling, cousin then family friend – in that order.

Carpentier et.al (2011) – addresses the question of why some adolescents stop offending and others continue:

- The co-occurrence of both aggressive and sexually deviant behaviours in childhood is associated with continuation of sexually abusive behaviour.
- Continued criminal sexual abuse or violent behaviour could be differentiated for adolescents with criminal only behaviour (not sexual or violent) by differences in child development factors – those being sexual victimisation and long term paternal absence which increased risk (the implication being that early intervention with child victims of CSA who are engaging in antisocial behaviour may be a critical preventative measure).

Worling & Langstrom (2006) in Ryan et.al (2010) – explore extensive research and categorised risk factors for re-offending according the level of research evidence support them:

- **Empirically –supported risk factors:** deviant sexual interest, prior legal sanctions for sexual offending, sexual offending against more than one victim, sexual offending against a stranger victim, social isolation, uncompleted sex-offence specific treatment.
- **Promising risk factors** (with some empirical support): problematic parent-adolescent relationships and attitudes supportive of sexual offending.
- **Possible risk factors** (lack of empirical support): high-stress family environment, impulsivity, antisocial interpersonal orientation, interpersonal aggression, negative peer associations, sexual preoccupation, sexual offending against a male victim, sexual offending against a child, threats, violence, or weapons in sexual offence, an environment supportive of offending.
- **Unlikely risk factors:** adolescents own history or sexual victimisation, history of non-sexual offending, sexual offending involving penetration, denial of sexual offending, low victim empathy.

Ryan et.al (2010) – these authors note the research that relates to concerns that adolescents who are sexually offending may be on a path to adult paedophilia:

- *“A minority of sexually abusive youth actually have significantly established deviant sexual interest and arousal patterns. Deviant sexual arousal is more clearly established or ‘fixated’ as a motivation in adult sexual offending, particularly as it relates to paedophilia. A small subset of juveniles who offend against children may represent early onset paedophilia. The highest levels of deviant sexual arousal are found in juveniles who exclusively target young male children, specifically when penetration is involved.”* (p213)

J-SOAP-II & ERASOR – these are the areas considered significant to explore when assessing risk of re-offence with these two assessment tools:

- Family functioning
- Social skills
- Connection to family & society/ social isolation
- Antisocial behaviours/ negative peer groups
- A history of sexually abusive behaviours
- Openness to treatment and attitude to offending
- Parental support for treatment

Some of the protective factors that arise in research related to cessation of offending:

Carpentier et.al 2011:

- Attachment to family and school are essential protective factors against further delinquency

van der Put et.al 2013:

- Having strong attachments and bonds serve as a protective factor against non-violent recidivism

Prentky & Righthand (2003) J-SOAP-II in Ryan et.al: the factors considered to be protective relate to:

- Stability of the current living situation
- Stability in school
- Evidence of a positive support network (which can include supportive family members, extended families, foster families, friends, members of the multidisciplinary team such as counsellors, JJ officers and caseworkers.
- May also include participation in organised after school sports and activities and involvement in church related functions

Other factors considered to be protective:

- Attending specialised treatment programs for sexually abusing behaviour
- Parental support and participation in treatment programs

Notice that the theme of protection is around family and community CONNECTEDNESS and SUPPORT. Young people who have sexually abused do not benefit from isolation and exclusion; in fact these are considered risk factors for offending.

Careful consideration needs to be made that places the victimised child's need for safety at the forefront of planning but also considers the young persons need for support and connectedness without compromising safety.

Protective factors for young people who have sexually abused are about identifying and building on strengths within the young person, the family and the community.

References

Carpentier, J., Leclerc, B., Proulx, J. (2011) Juvenile sexual offenders: correlates of onset, variety, and desistance of criminal behaviour. *Criminal Justice and Behaviour*, 38, 854-873.

Hatch, J. (2005) Adolescents who sexually abuse their siblings: a study of family factors and victim selection, cit.in Pratt, R., Miller, R. Adolescents with sexually abusive behaviours and their families, Best interests case practice model, *Specialist practice resource* 2012 Vic Department of Human Services.

Prentky, R., Righthand, S. (2003) *Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II) Manual*, Office of Juvenile Justice and delinquency Prevention Juvenile Justice Clearinghouse, US.

Ryan, G., Leversee, T., Lane, S. (2010) *Juvenile Sexual Offending, Causes, Consequences and Correction* 3rd Ed, Wiley & Sons.

Spice, A., Viljoen, J., Latzman, N., Scalora, M., & Ullman, D. (2013) Risk and protective factors for recidivism among juveniles who have offended sexually. *Sexual Abuse: A Journal of Research and Treatment*. Sage Publications

Van der Put, C.E., van Vugt, E.S., Stams, G.J.J.M., Dekovic, M., & van der Laan, P.H. (2013) Differences in the prevalence and impact of risk factors for general recidivism between different types of juveniles who have committed sexual offences (JSOs) and juveniles who have committed non sexual offenses (NSOs). *Sexual Abuse: A Journal of Research and Treatment*, 25, 41-68

Worling, J.R., & Curwen, T, (2001) *Estimate of Risk of Adolescent Sexual Offence recidivism (ERASOR). Version 2.0* Toronto, Canada; Safe-T Program, Thistletown Regional Centre for Children and Adolescents, Ontario Ministry for Social and Community Services.

FACS ASSESSMENT of SEXUAL ABUSE by a YOUNG PERSON

Research Summary: Supervision, Separation & Safety Planning

The following is a summary of research areas relevant to FACS assessment and decision making. Caseworkers should be aware that some of the following research will not be relevant to the young person currently under assessment. This research can be a valuable guide and adjunct to the information gathered through interview, observation and other sources – it serves only as a guide to individual assessment and understanding young people’s unique circumstances, not as a definitive picture of all young people engaging in sexually abusive behaviours. Finally, the caseworker must keep in mind that research in this area is continually changing and developing and so staying up to date on developments is crucial to accurate assessment and the safety of children and young people.

Factors to consider in decision making about separation:

Dale Tolliday, Clinical Advisor new Streets & Cedar Cottage Services promotes the following regarding “separateness” in his DVD address to FACS “Sibling Sexual Abuse”:

- When thinking about separateness, we need to consider the disclosure as only part of the full story, keeping in mind that often the victimised child is not aware of the full story as a result of the grooming and distortion they may have been subjected to.
- Separation, in some cases even for just a week post disclosure can be ideal for the child who has been victimised – it is pointed out that having to re-enter a home where the sexually abusing sibling lives immediately after making a disclosure about that sibling can be extremely distressing and may exacerbate dynamics that promote silencing of the victimised child. It is also noted that the abused child may have never had an opportunity to live at home free from the threat of abuse and can provide the child with opportunities to talk more freely about the abuse.
- One of the greatest risks that accompanies separation is that although separation may have been considered beneficial in the short term, it may become a long term solution and be counterproductive.
- In considering separateness, parental belief is a critical factor that will help determine whether supervision is a viable option (please refer to “Critical Areas to Explore for Young People who have engaged in Sexually Abusive Behaviours” resource in this workbook).

Regarding the age of the children involved, the following guidelines are offered:

- Where both children are primary school aged, it is generally safe for them to continue residing together however this is dependent on the individual circumstances of each situation.
- When the abusing young person is in middle high school it is implied that the abuse and related dynamics have been occurring for a longer period of time and are likely to be more entrenched – it is likely that in this case a period of separation of weeks or months (rather than days) will be required. Again, individual circumstances need to be considered.
- Where the young person is in between these ages – late primary school to early high school – there are no general rules to follow – the decision here is highly dependent on the assessment which needs to centre on the following:
 - The nature of the abuse
 - What is understood about the abuse
 - Safety for the abused child
 - The degree to which the abused child has been believed and understood
 - The capacity for parents/carers to provide a safe environment
 - A pathway for both children to have access to appropriate counselling
 - Parents/ carers to participate in the counselling
 - Counselling having a primary focus on the reality of the sexual abuse having taken place

And we can add to this list:

- Other risk issues being identified and taken into consideration

Factors to consider in decision making about separation:

When considering supervision keep in mind that parents or carers saying they will ‘supervise’ a young person does not mean they know how to do this and what to do differently. This is particularly important when we consider that the parent may not have been aware that the abuse was occurring and so did not notice subtle cues and indicators of grooming behaviours and tactics that may have been present or not known how to intervene. Awareness of the abuse does not automatically equate to the ability to detect abuse or intervene.

Gail Ryan (2010) outlines a clear definition of “Informed Supervision” that has been implemented as a state-wide standard for the management of juveniles who have

committed a sexual offence in Colorado, USA by the Colorado Sex Offender Management Board 2002. The following is taken directly from Ryan (2010) pgs. 232-233.

'INFORMED SUPERVISION'

At least one primary caregiver must meet these criteria, but other adults can also become “informed supervisors” as needed. An “informed supervisor” is an adult who meets the following requirements:

1. Is aware of the juveniles history of abusive and/ or high risk behaviours
2. Does not deny or minimise the youths responsibility for, or the seriousness of abusive behaviours
3. Does not allow the juvenile to be in situations that provide access or opportunity for such behaviours to occur, until there is evidence of decreased risk
4. Monitors all contact between the juvenile and “vulnerable persons” including siblings, peers, and past or potential victims.
5. Can define and recognise all types of abusive behaviours in daily functioning and in the environment(using the abuse is abuse concept)
6. Is aware of the dynamic patterns associated with abusive behaviours and is able to recognise such patterns in daily functioning (using the Cycle)
7. Has the skills to intervene in and interrupt high risk patterns that manifest in the youths daily functioning (Interrupting the Cycle).
8. Participate in designing, implementing and monitoring safety plans for daily activities (Risk Management).
9. Is aware of the laws defining legal behaviours of juveniles and relevant reporting requirements, informs children of such laws as they relate to their daily patterns of behaviour, and holds children accountable for responsible and legal behaviour
10. Clearly articulate the rules governing the child’s behaviour in their daily lives, and holds children accountable for following the rules (including conditions of probation and /or treatment)
11. Communicates openly with the child, and with other adults involved in the child’s life, making accurate observations regarding the youths daily functioning.

“Informed Supervisors”

Who:

- Primary caregivers
- May also be other adults

Qualifications:

- Not deny or minimise importance of abuse
- Available, Able and Willing
- No active criminal cases

Conditions:

- Aware of history: Sexual Offense
- Aware of Conditions: Probation, Treatment, Safety Plans
- Aware of Laws: Prevention and Accountability
- Acquires concept and Skills to Actively Supervise

Actions:

- Prevent Victim Contact: Except when approved by Multi-Disciplinary Team
- Observe and Monitor Contact: Past Victim(s), Siblings, Vulnerable Persons
- Hold Juvenile Responsible: Accountability and Consequences
- Consistently Define All Abuse: All types; All contexts
- Observe and Report Patterns and Changes in Daily functioning
- Safety Planning: Recognise Risk and use risk-management strategies

This clear definition of “Informed Supervision” can act as a guide to the requirements we would be looking for when considering supervision in the home and in the community where supervision is warranted.

Factors to consider in safety planning:

Safety planning in the initial instance centres around decisions about supervision and separation. Safety plans are generally the domain of therapeutic interventions as they take into account specific risks and triggers to the young person’s sexually abusive behaviour and ways of moderating those risks. It is however important for caseworkers to have a realistic understanding of safety planning at this level of intervention and may become part of the casework conducted following assessment.

Typically, the goal of safety planning is to know the risks for offending, know how to reduce those risks in planning daily activities and make informed decisions about the level of adult supervision and support required during those activities.

Safety planning can look something like this – as outlined in Ryan (2010) p237:

1. What are the risks?
 - What situations might be stressful and/ or bring up old triggers?
 - What situations might create access to vulnerable persons where re-offence opportunities might exist?
2. What would need to happen to moderate those risks?
 - Would skills would the young person need to handle the risks himself?
 - What's needed from others?
3. Is it possible to do the things that would moderate risk?
 - Does the young person have the skills and demonstrated motivation to use the skills when relevant?
 - Is the adult able to provide supervision and support when needed?

Case Study 2

Child: John GREG Age/DOB: 02/02/2000 – 14 years	Name: Scott HARRISON Age/DOB: 06/07/1980 Relation to child/YP: Defacto father
Child: Riley GREG Age/DOB: 02/03/2004 – 10 years	Name: Linda GREG Age/DOB: 05/07/1981 Relation to child/YP: Birth Mother
Child: Luke GREG Age/DOB: 02/04/2008 – 6 years	

Linda telephoned the reporter's service on 21/11/2013 and left a message for a call back. Due to a backlog of calls the reporter did not call Linda back until 05/12/2013. Linda was whispering during the call and provided limited information to the reporter because her partner Scott was in the home and she didn't want him to hear what she was saying.

Linda told the reporter that 'last week' John was having a shower with his 6 year old brother Luke. Linda witnessed John have his brother up against the wall 'like he was humping him'. The reporter does not know what Linda meant by 'humping', or what was said at the time. She could not provide any further information on the incident.

The reporter asked Linda if there had been any similar incidents. Linda told the reporter that approximately 12 month ago she 'caught John with his 10 year old brother Riley's penis in his mouth'. The reporter is unaware if Linda had reported this incident to anyone or if/what protection measures were put in place. The reporter knows no further information on the incident. The reporter asked Linda if there is any history which could explain John's behaviour. Linda was adamant that John has never been 'interfered with'.

On 11/12/2013 Riley and Luke were interviewed at Liverpool JIRT.

Luke was lead through the ROSH report regarding John and him being in the shower. Luke said that John was humping him. He said humping means sex and sex means "with a boy and a girl".

Luke was unable to provide further explanations. He said John always humps him and Riley however Luke had difficulty in explaining what humping involved. Luke said that John would move his hip up and down. Luke said that John did not touch him and that no part of John's body touches his body. Luke said that last time (no time frame given) when Riley and him were watching Pokémon movie, John was on the bed doing it to him and the bed was shaking. Luke said that Riley tells John to stop doing it but John does not stop.

Riley was also interviewed but denied the allegations and stated that John has not touched him as he doesn't allow him to do so. Riley however disclosed that he has witnessed John humping Luke.

JIRT staff met with their mother Linda after the JIRT interview. She agreed to a safety plan where John can be placed with their maternal grandmother until services are put in place for the three children.

John was also interviewed. John made admissions to both incidents. In relation to the incident with Riley he said that it was Riley's idea and Riley has asked him to suck his penis. He said he refused to do so and then Riley pushed John's head towards Riley's penis.

During the Christmas public holiday John was returned to the family home and a report was made to the helpline. CRT attended and John was returned to the m/grandparents' house.

In January 2014, a report was received to state that John had returned to the family home. Caseworkers from JIRT and Ingleburn CSC responded. A Temporary Care Agreement was signed by Linda, with an agreement for John to be placed in Foster Care until services commence working with the family.

Case Study 2

Discuss the **risks** and **protective factors** present in this scenario

On the basis of this very limited information, what are your initial thoughts about separation and supervision?

Compare the Colorado State “Informed Supervision” requirements to this scenario – what could happen for supervision to be improved?

EXAMPLE OF AN INITIAL SAFETY PLAN

PURPOSE:

Helping the young person implement safety strategies (as opposed to restraining a child that is likely to continue being abusive);

Helping the harmed child *feel* and *be* safe;

Helping the family address the issues that support offending and develop safe strategies for living and communicating within the family.

CONTENT:

Young Person – How, Who and When will the following be addressed:

- Sources of harm to the abusing child;
- Counselling or intervention;
- Contact;
- Supervision.

Harmed Child – How, Who and When will the following be addressed:

- Other sources of harm within the child's context;
- Counselling;
- An independent advocate;
- How this child will communicate feeling unsafe and who they will communicate this to.

Family – How, Who and When will the following be addressed:

- Counselling
- Supervision
- Accountability to the safety plan and to the harmed child's right to safety.

The following can be useful things to think about in developing an initial safety plan:

What are the risks and protective factors present in this scenario?

On the basis of this limited information, what are your initial thoughts about separation and supervision?

Comparing the Colorado State “Informed Supervision” requirements to this scenario – what could happen for supervision to be improved?

What would need to happen to moderate the identified risks?

Is it possible to do the things that would moderate risk?

What more do we need to know for effective safety planning?

Sibling Case Coordination where JIRT and other CS unit involved

Practice

Used when a ROSH report is received by a CSC on sibling(s) of a child accepted by the JRU who reside in the same household (SDM definition) as the JIRT accepted child.

Upon receiving a report on siblings of an accepted JIRT child the CSC must immediately allocate the plan. If allocation to the CP team is not possible, it must be allocated to a Triage caseworker. The CSC caseworker must liaise with the JIRT MCW/CW about the timing of the Local Planning Response (LPR) briefing with Police, CS and Health. Where possible, the CSC caseworker should attend in person. If this is not possible then they must attend by phone.

41. Sibling Case Coordination

41.1 The JIRT report to be allocated to a JIRT caseworker.

JIRT MCW to liaise with CSC MCW to determine who the allocated CSC caseworker is for the siblings. Timeframe for Briefing to be decided between the agencies.

Completed by: JIRT MCW

41.2 The CSC report to be allocated to either a CP or Triage caseworker at the CSC. Liaise with JIRT MCW to determine time of Briefing between all agencies.

Completed by: MCW Triage

41.3 Briefing (LPR/PAC) between CS JIRT, Police JIRT, Senior Health Clinician and CSC caseworker to be held in person or by phone to plan for the response for the family.

Completed by: CW

Approved by: MCW

41.4 Interview of victim child/young person and non offending parent at JIRT or the location determined at the Briefing.

Completed by: CW

41.5 Debriefing (LPR/AC) between CS JIRT, Police JIRT, Senior Health Clinician and CSC caseworker to be held in person or by phone to discuss outcome of victim interview and other initial assessment information gathered. Determine which Unit has the lead for the family and allocate tasks to be completed.

Important note: Refer to Triage Assessment and Field Response Procedure, if a RoSH report is received on sibling(s) of a child accepted by the JRU, who reside in the same household (SDM definition) as the JIRT accepted child. There must be liaison with the CSC MCW about the outcome of the JIRT audio/visual interview and other initial assessment of the JIRT accepted sibling. If the report is considered for closure, it must be taken to the WAM for discussion prior to response / allocation / closure, and attendance of the MCW/MCS JIRT (by phone or in person) for the discussion.

Community Service Centre (CSC) as primary unit

The CSC takes the primary role for a family that is already allocated at the CSC in either Strengthening Families or in Child Protection. For OOHC matters case managed by the CSC, the CSC will also take the primary.

Important note: Regardless of whether JIRT has the Primary or Secondary role they will always be responsible for conducting the forensic investigative interview in conjunction with Police

Joint Investigative Response Team (JIRT) as primary unit

Children and young people who are allegedly assaulted by a non household member and where the child or young person is not at risk of ongoing physical or sexual harm will be investigated and managed by the JIRT. If siblings have been reported solely because of the alleged abuse to the (JIRT) victim and there is no CP history, then JIRT shall be the primary unit.

Determining a CSC/JIRT response

In some circumstances the CSC will be the primary worker and in some cases JIRT will be the primary worker. The other unit will be the secondary worker on the plan(s). The following list provides guidance on when JIRT or the CSC will take primary responsibility. Decisions regarding which unit takes the primary lead in a case will be made together by the JIRT MCW and the CSC MCW. Whilst these guidelines are designed to assist in decision making, it is recognised that the implementation of these guidelines will impact on the CSC's capacity to allocate other matters deemed to be of equal or higher priority. If the allocation of the primary remains unresolved then the matter goes to the JIRT MCS/ CSC MCS. If this remains unresolved the Director JIRT and the District DCS will liaise.

JIRT Primary

- Child/young person accepted by JRU AND
- The young person is at further risk of ongoing harm AND
- The alleged offender is a family member, close adult friend, neighbour or person in authority for the child (e.g. school teacher, football coach, scoutmaster) AND
- The siblings have been reported solely because of the abuse on the victim and not for any other reason OR
- The family has a small CP history with limited or no local CSC allocation
- The family is case managed by an NGO in either Brighter Futures or Out of Home Care.

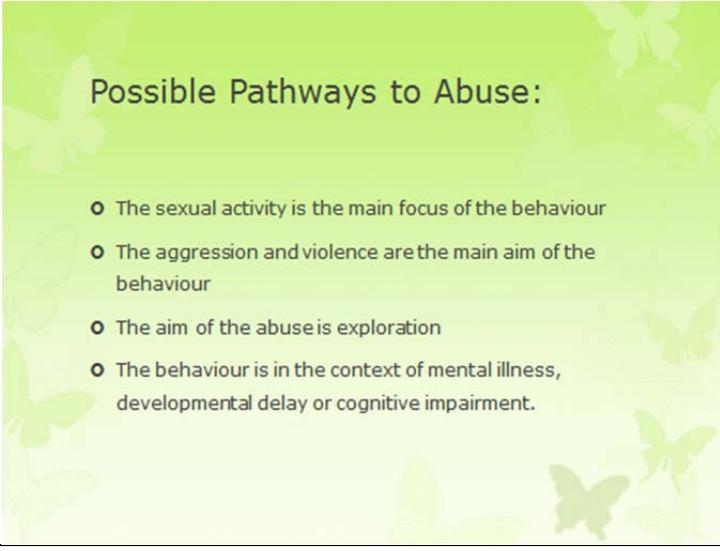
Community Service Centre Primary

- Child/young person accepted by JRU AND
- The child/young person (and/or siblings) is subject of an open allocated CP or SF Plan.
OR
- The child/young person (and/or siblings) is in OOHC case managed by the CSC. OR
- The child/young person (and/or siblings) has an extensive, allocated but recently closed history with the local CSC. OR
- The JIRT Plan is non ROSH

Completed by: CW**Approved by: MCW****41.6** Utilise existing assessment protocols – SARA or SAS2**Completed by: CW****Approved by: MCW**<http://cwp.docsonline.dcs.gov.au/en/Procedures/Specific-Report-Types/>

27/03/2014

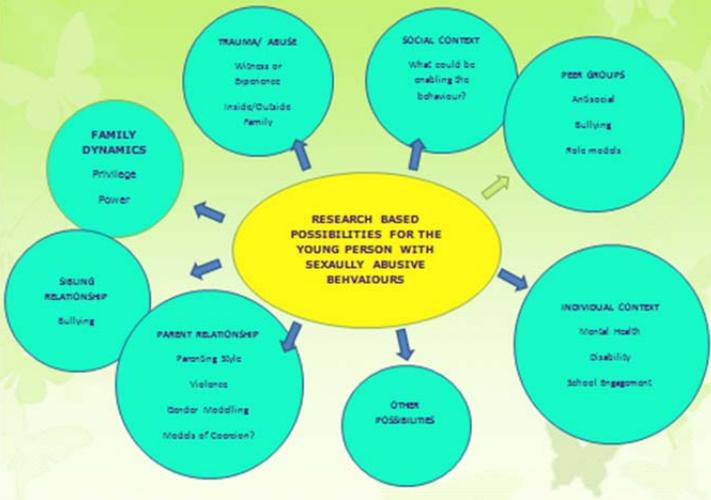
PowerPoint Slides	Notes
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 <p style="text-align: center;">Safety Assessment & Planning for Adolescents with Sexually Abusive Behaviours</p>	<hr/>
 <p style="text-align: center;">5 Critical things we have learned:</p> <ol style="list-style-type: none"> 1. Adolescents are not little adults 2. Most adolescents do not re-offend sexually 3. Assessment remains complicated – current measures help but are not stand alone instruments 4. The right “person centred” treatment can make a difference 5. Therapist qualities make a difference in outcomes 	<hr/>
 <p style="text-align: center;">Possible Pathways to Abuse:</p> <ul style="list-style-type: none"> ○ The sexual activity is the main focus of the behaviour ○ The aggression and violence are the main aim of the behaviour ○ The aim of the abuse is exploration ○ The behaviour is in the context of mental illness, developmental delay or cognitive impairment. 	<hr/>

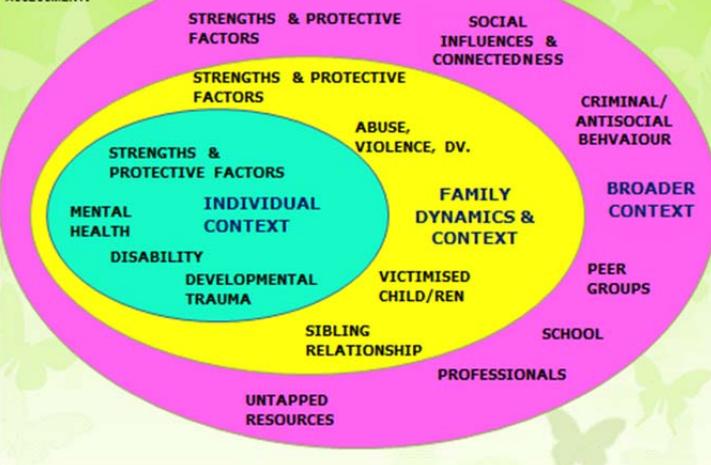
Trauma Re-enactment- Ryan 2010:

"Exploring antecedents often reveals that the first thoughts of doing something sexual prior to the first offence reflects normative sexual interest (doing something sexual) and the subsequent behaviour was influenced by factors of access and opportunity to actually engage in any sexual activity. For some, thoughts of past victimisation led to re-enactment, identifying with the aggressor in attempts to overcome or make sense of their own victimisation" (p211).

RESEARCH ASSESSMENT



ECOLOGICAL ASSESSMENT:



<p>Caffaro (2014) p133:'. . .steps towards increasing the protective capacity of the family environment':</p> <p>For children:</p> <ul style="list-style-type: none">● Have the child with sexual behaviour problems stay near the caregiver, teacher or childcare worker during nap times● Avoid leaving the child alone with other children in the bathroom or in changing areas● Provide appropriate reinforcement to other children for keeping their hands to themselves● Educate teachers, staff and caregivers that sexual behaviour problems are "not uniquely difficult behaviours to correct and that most children with SBP's will desist from the behaviour given appropriate guidance, structure and help".	<hr/>
<p>Thanks!</p> <p>and have a great afternoon 😊</p>	<hr/>