Tasmanian Standards of Practice

For Problem Sexual Behaviour and Sexually Abusive Behaviour

Intervention and Treatment Programs

SASS
Recover Reclaim Rejoice

Sexual Assault Support Service

TASMANIAN STANDARDS OF PRACTICE

for

PROBLEM SEXUAL BEHAVIOUR
and
SEXUALLY ABUSIVE BEHAVIOUR

INTERVENTION AND TREATMENT PROGRAMS

October 2012

The Pathways for Change Project – overview

The objective of the FAHCSIA funded Pathways to Change Project is to identify key service deliverers to children and young people displaying PSB and SAB behaviours and develop a consistent practice response built on best practice principles involving effective early intervention and collaborative case management.

In order to devise Standards of Practice for the Tasmanian context the Project has identified the Victorian CEASE Standards of Practice for Problem Sexual Behaviours and Sexually Abusive Behaviour Treatment Programs (2012) as the most comprehensive set of practice principles currently being used within Australia. Aspects of these standards have been adopted for the development of a southern Tasmanian response to the issue of PSB and SAB in children and young people.

Terms of Reference

1. To provide a central contact point for the development of practice frameworks in relation to problem sexual behaviours and sexually abusive behaviours.

2. Membership is open to all agencies working with children and young people exhibiting problem sexual behaviours and/or sexually abusive behaviours.

3. To share information and knowledge in relation to current issues and trends within the field and encourage collaborative practice, skills development and communication.

4. To provide advice to the Government on the improvement of services for children and young people with problem sexual behaviours and sexually abusive behaviours.

5. To develop standards for service provision within the field.

6. To provide leadership in the field.

7. To promote best practice in the field.

8. To adhere to and review annually the Standards of Practice.

STANDARDS OF PRACTICE FOR

PROBLEM SEXUAL BEHAVIOUR AND SEXUALLY ABUSIVE BEHAVIOUR

INTERVENTION AND TREATMENT PROGRAMS

Definitions:

Problem Sexual Behaviour (PSB) is behaviour "*of a sexual nature irrespective of age that is both outside that behaviour accepted as "normal" for their age and level of development and occurs to the detriment of the child's or young person's engagement in activities of normal functioning. This may include behaviours such as excessive self-stimulation or excessive preoccupation with pornography that isolates them from normal social and/or learning opportunities and does not include the sexual abuse of others*" (CEASE 2012, p6). This term is to be used generally in reference to children and young people up to and including the age of 17.

Sexually Abusive Behaviour (SAB) is defined as a sub-set of Problem Sexual Behaviour displayed by children and young people, which include *"the absence of consent; involve[ing] the use of threat of force or force; coercion, and [may include] a disparity of age, level of development or size*" (CEASE 2012, p6).

The following definitions are for the use of practitioners within the context of therapy and case management.

Policy and service provision responses will take into consideration that young people aged 10 years and older may be subject to legal consequences for such behaviour. Responses to children and young people displaying SAB must always include risk and safety management.

The Pathways to Change project uses language which externalises problem sexual behaviours and sexually abusive behaviours from the child/young person. It is not about avoiding responsibility for actions rather it recognizes that developing children are likely to internalize a label such as 'sex offender' as part of their identity. A child does not have the capacity and perspective to separate the behaviour from the developing self. Many children and young people outgrow the behaviour and generally, after therapeutic treatment, do not continue to sexually abuse.

It is equally important to include immediate and extended family members in treatment to gain new understandings of the behaviour and to promote acceptance of the child or young person as a fully functioning family member. Exclusion, hostility and a stance which continually blames the child/young person can be counterproductive and push that child/young person to an isolated position within the family. Such a position can leave the child/young person with few options for socialization and healthy family and social relationships.

Essentially, there is no one size fits all approach to the treatment of children and young adolescents who exhibit PSB or SAB and their families. This work requires a broad based ecological approach to assessment for each child or young person and family and the treatment plan is then informed by this.

What we know is that families can provide a protective environment and reduce risk. They are pivotal to a shared understanding of the sexually abusive behaviours and the therapeutic process. It is understood that the child and/or young person, within their level of developmental understanding, is responsible for their behaviours; however, not for the social context in which they are performed. The child/young person subjected to the abuse is never to blame for the abuse.

The Victorian Approach

The SABTS (specifically funded Vic sexually abusive behaviour treatment services) program has been developed with the underpinning philosophy that first and foremost the "clients" are children and young people who, due to their age and level of development, are understood and engaged within the context of their families and the broader ecological systems with which they interact. This includes systems such as their peer group, school community, and the communities in which they live and the associated community organisations they may belong to.

The focus is, therefore, upon drawing from all of these areas to develop an understanding of the *PSB or SAB* for each individual and family in terms of the dynamic relationships between the identified strengths, risks and needs both within and across these ecological domains.

The theoretical areas of influence that have informed the development of the Therapeutic Treatment Model in Victoria include Feminist and Child Development theories, integrated with findings from the neurobiological, trauma, attachment and post-traumatic stress fields.

This has reflected the consistent findings in the peer reviewed literature that identified common sets of risk variables within the developmental histories of these children and young people that may include disrupted attachment patterns, early persistent experiences of trauma, early exposure to sexually explicit material, exposure to family violence, impoverished and under resourced sole parents and neglect. A further consistent finding however is that despite these findings there is no predictive set of variables or typology for *PSB or SAB* as these variables are also evident in the histories of other same-aged clinical populations (Chaffin, Letourneau & Silvosky, 2002; Duane & Morrison, 2004; Elcovitch,Latzman,Hansen & Flood, 2009; Creedon, 2004; Perry, 2001; Rich, 2006; van der Kolk, 2003).

Standards of Practice

Aims

The Standards of Practice present a minimum set of requirements for services and service goals to ensure equity of access and quality of care for delivery of services. The Standards define and describe the quality of service provision.

The Standards of Practice Manual sets out standards that are benchmarks in providing quality service which act as guidelines for workers in organisations providing treatment for children and young people with problem sexual behaviours and sexually abusive behaviours. The Standards include minimum requirements for working collaboratively with statutory agencies and other services.

Objectives

- To provide an accountability mechanism to service users, Department of Health and Human Services, Department of Justice, and organisation providing treatment
- To provide standards for service provision
- To provide a framework for developing consistency of quality across the program
- To provide guidelines for service development
- To foster innovative and creative practice
- To encourage communication and collaborative practice with key partners including Tasmanian Police, Child Protection and Out of Home Care providers
- To provide leadership in the field
- To ensure culturally sensitive and diverse services
- To recognise the specific vulnerability of children and young people with PSB/SAB and their families

Overarching Principles

The Problem Sexual Behaviours and Sexually Abusive Behaviour Treatment Program rely on the Best Interest Principles outlined in the *Children, Young Persons and their Families ACT 1997,* Section 8 (2) as its guiding principle when providing services to children and their families.

8. Principles to be observed in dealing with children

(2) *In any exercise of powers under this Act in relation to a child –*

(a) *the best interests of the child must be the paramount consideration; and*

(b) *serious consideration must be given to the desirability of –*

(i) *keeping the child within his or her family; and*

(ii) *preserving and strengthening family relationships between the child and the child's guardians and other family members, whether or not the child is to reside within his or her family; and*

(iii) *not withdrawing the child unnecessarily from the child's familiar environment, culture or neighbourhood; and*

(iv) *not interrupting unnecessarily the child's education or employment; and*

(v) *preserving and enhancing the child's sense of ethnic, religious or cultural identity, and making decisions and orders that are consistent with ethnic traditions or religious or cultural values; and*

(vi) *preserving the child's name; and*

(vii) *not subjecting the child to unnecessary, intrusive or repeated assessments; and*

(c) *the powers, wherever practicable and reasonable, must be exercised in a manner that takes into account the views of all persons concerned with the welfare of the child.*

Along with *the principles to be observed when dealing with children*, the program will be guided by the United Nations Convention on the Rights of the Child, to which Australia is a signatory. Articles 19 within the Convention stipulate the need for state responses which act to protect children from abuse including sexual abuse, and therefore support the existence of state services for children and young people displaying PSB and SAB, as part of its protective strategies.

Article 19

1. *States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*

2. *Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.*

Additionally the convention outlines principles which should be upheld in relation to children's rights and more particularly to principles governing the interventions of 'social welfare institutions' within children's lives and which would be applicable to the approach of PSB and SAB Treatment Services.

Article 3

1. *In all actions concerning children, whether undertaken by public or private social welfare Institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.*

Program Goals

In preparing this section of the Standards of Practice, acknowledgement is given to ideas drawn from the New Street Ethos Statement developed by New Street Adolescent Service, Sydney West Area Health Service, NSW regarding that organization's underlying principles and philosophies.

<u>Protection of children</u>

- To assist children and young people to:
  - Cease their sexually abusive behaviours.
  - Address the harm caused by their past behaviours.
  - Develop safe, respectful and responsible ways of behaving.
  - Address harm caused by their own experiences of abuse, if this has occurred.
  - Reduce their vulnerability and increase resilience.

- To assist families to:
  - Meet the emotional and physical developmental needs of their children.
  - Address the harm caused to relationships resulting from sexual and other abusive behaviours.
  - To promote and nurture safe respectful family practices.

- To challenge secrecy and promote open communication within the family and healthy family relationships

- To contribute to community awareness of issues relating to sexual abuse and promote community safety.

- To contribute to the growth of knowledge and experience in addressing sexually abusive behaviour by children and young people.

Program Principles

- Safety of children and young people is paramount.

- Children sexually abused by children and young people experience comparable harm to those abused by adults.

- Children and young people who have abused must be considered within the context of their age, development, family, education and broader community.

- Sexual Abuse is not the identity of children and young people who sexually abuse.

- All children and young people have the capacity to develop healthy and respectful ways of being and not continue to engage in sexually abusive behaviour.

- Measures to treat a young person who has been sexually abusive should promote and take into account their wellbeing.

- It is important that family/carers participate in all interventions to contribute to the progress and changes for their child and to ensure open communication and improved family relating, where this is deemed to be in the young person's best interests.

- Practitioners need to be clear and inform the young person and parents/carers about their responsibilities for PSB/SAB and the implications of having a police charge and record.

- It is imperative practitioners work to establish collaborative practices with all agencies and professionals involved with the family.

REFERRAL PATHWAYS AND PROCEDURES

Criteria for Referral

Children and young people referred for treatment to address problem sexual behaviours or sexually abusive behaviours must meet the following criteria:

- The child/young person has displayed problem sexual behaviours or engaged in sexually abusive behaviours;
- The child/young person is aged between 0-18 years;

- The child needs to be assessed to determine if they are at risk of abuse or at immediate and serious risk of further SAB. If so, a report to child protection should be made;
- If the sexually abusive behaviours constitute a criminal offence, a report to Police is required.

Referral Pathways

Individual agencies receive referrals from families, Child Protection, Police, schools and other community organisations. The family of the child/young person being referred for treatment must consent to the referral.

Information Exchange

It is generally agreed that an ecological approach to sexually abusive behaviour treatment is in the child/young person's best interests. Sharing information between service providers can be important in ensuring that treatment needs are being met. It is critical that children/young people and their family are informed about their rights to confidentiality and informed consent is obtained prior to exchanging information.

Information is generally exchanged in the following ways:

- secondary consultation for non-statutory service providers, such as out of home care agencies, education staff, Family Services practitioners, and other professionals working with the child/young person;
- case and care meetings:
- referral to other agencies:
- reports to Police, Department of Health and Human Services, Department of Justice and other statutory agencies as required:

PRACTITIONER REQUIREMENTS

Education and Training

Practitioners providing treatment for young people who have engaged in sexually abusive behaviours need to be trained, resourced and supervised regularly to maintain professional standards, provide a leadership role in providing training and education to the broader community in this area.

Minimum Standards for Practitioners

Practitioners are required to:

- Be currently working in a professional counselling capacity
- Be qualified as a social worker, psychologist or other relevant professional
- Practice in accordance with the Code of Conduct and Ethics of both their own profession and the Australian and New Zealand Association for the Treatment of Sexual Abuse (ANZATSA)
- Have extensive experience working therapeutically with children, young people and their families.
- Have a minimum of fortnightly supervision with a supervisor experienced in the area of working with children and young people with PSB/SAB and families.
- Have experience in understanding the impact of PSB/SAB on the family
- Use an ecological approach to counselling

RISK ASSESSMENT - *Key Issues to Consider in Preparing a Risk Assessment*

Risk of continuing to engage in problem sexual behaviours/sexually abusive behaviours

Risk can be broadly understood in terms of key issues:

- Are there any factors in the child/young person's life that may prevent the young person from ceasing the behaviour
- Will the child/young person engage in this behaviour again?
- If so when and with whom?
- What are the emerging patterns of behaviour?
- Where do they sit on the continuum of behaviours (severity)?
- What are the risks?
- Why is the young person exhibiting the behaviour?
- Important to look at context for both children and young people
- What was happening in child's/young person's history?
- Length of time behaviour was occurring?
- What are the triggers to the behaviour?

Timing and Timeliness of Report

It is important that assessments are conducted in a timely manner and a caution placed on reports that assessments may no longer be applicable beyond six months or if major changes have occurred in child/young person's life.

Risk to the Child

- Is child/young person exposed to environmental factors such as drug abuse, domestic or family violence, and/or emotional abuse?
- Has child/young person been sexually abused? Is the child/young person having ongoing contact with abuser? A report may need to be made to DHHS Child Protection under the *Children, Young Persons and their Families Act 1997* and the *Principles to be observed when working with children.*
- Danger of disconnection from family as a result of being out of home.

Risk Assessment

Risk assessment should recommend the least intrusive option to bring about change. It should include any key elements of treatment that need to be included in any therapeutic intervention.

Risk assessment documents need to identify the dynamic nature of engaging in sexually abusive behaviours. Risk in re-engaging in sexually abusive behaviours will increase and decrease according to the absence or presence of a range of factors and circumstances. For example,

where a particular stressor is present in the young person's environment, risk may increase, whereas risk may decrease when that stressor is mitigated by access to specific support people and supervision.

Assessments should emphasise that:

- Adolescent sexually abusive behaviour and adult offending are not the same
- Adolescent sexually abusive behaviours are generally motivated by different factors and cannot be categorized as one homogenous group
- The field is developing an increased understanding of different client groups and behaviour such as:
    - Sexually reactive behaviour as a result of sexual abuse
    - Non-sexually reactive behaviour – no history of sexual victimization. Behaviour occurs in context of other family/environmental and sociological factors including gendered, cultural, structural and social factors.
    - Behaviour which is anxiety driven, poor coping and social skills, ADHD, impulsive behaviour, developmental and/or intellectual disabilities.
    - Anti-social Sexually Abusive Behaviours (it is unclear how dominant these issues are). High risk of non-sexual criminal type behaviour patterns emerging.
    - Sexually Abusive Behaviours as mechanism for coping with poor family circumstances.
    - Sexually Abusive Behaviours as comfort or curiosity about sex.

Appendix 1 provides useful information to assist practitioners when making an assessment. Please note the information contained therein is intended to be used as a guide only. Professional judgement should guide practitioners' use of recommended assessment measures and suggested assessment format. It is not intended that all measures be used in every assessment, or that the assessment format necessarily be followed precisely.

TREATMENT

Guiding Principles of Treatment Models

Treatment goals for these groups vary although there are commonalities in treatment. A review of the literature indicates that there are four essential components of treatment models:

- Community safety
- Preventing further harm
- Addressing harm caused
- Promoting well-being

Work with children and young people with problem sexual behaviours and sexually abusive behaviours, and their family, incorporates the Four Pillars of Trauma-Sensitivity (Sanctuary Model) –

- Safety
- Emotion management
- Loss
- Future

A combination of the following treatment modalities is essential:

- Individual work
- Family work
- Eco-systemic interventions
- Group Work (optional)

Treatment models need to be flexible enough to accommodate the developmental needs of all children and young people, and their families. This may include children with learning and language difficulties, developmental delays and varying levels of intellectual ability.

Family members or carers need to be included in treatment for good outcomes.

Children and Young People with Autism Spectrum Disorder or Intellectual Disability

Bonner and Berliner provided two group treatment approaches for children aged 6 – 12 with sexual behaviour problems. Both CBT and dynamic play therapy were found to be effective in reducing children's inappropriate or aggressive sexual behaviour. Neither treatment approach was found to be significantly more effective than the other. At the two year follow up approximately equal numbers of children in each group CBT 15% and DPT 17% had an additional report of sexual behaviour problems. A ten year follow up study found the rate of sex abuse perpetration reports among former children with sexual behaviour problems who received brief focused treatment was no different from that found among general outpatient clinic children with ADHD (2 – 3%) (Chaffin 2008).

Children and young people with a disability tend to be overrepresented amongst those referred for treatment. Ayland and West (2006) developed The Good Way model, a strengths-based program using a Narrative Therapy approach. This approach is particularly relevant for children and young people with a disability as clients readily come to appreciate their strengths and good qualities and begin to step away from their own negative labels and in so doing begin to accept responsibility for the choice over which 'side' would have greatest influence over their behaviour.

An evaluation of the model noted the model is successful in facilitating engagement, disclosure and learning about programme concepts.

Young People 10 – 15 years

Adolescents are generally harder to engage in counselling than other age groups. Greenwald (2009) notes that young people with problem behaviours are notoriously difficult to help and that 'treatment often fails to lead to client change. The presence of neglect, abuse or abandonment in childhood as well as difficulties in developing close stable relationships, leading to social and emotional isolation are variables that appear to be correlated with sexually abusive behaviour.

The trauma and attachment treatment approach assumes that individuals have a universal need for safety, attention, acceptance, nurturance and care. Theorists argue that the process for meeting these needs is sometimes via abusive behaviour. They argue there are similarities between anxiety arousal and sexual arousal from a learning and limbic system perspective and these can lead to an overlap of the sexual and attachment behavioural systems. (Crittenden 1997 p 40) (Marshall 1989).

The focus of treatment (Crittenden, 1997 p 208) is on addressing the impact of trauma and attachment issues on behaviour and relationships. This includes gathering information on subtle or internalised cognitions and behaviours that were the consequence of the child's trauma experience.

A phase-oriented treatment approach which includes a shift of focus over time based on client needs, support tolerance, control and motivation is used (p209). Theorists argue the fundamental goal in treating abusive behaviour should not be defined merely as the absence of abuse in relationships but as the increased capacity to engage and maintain stable, mutual and intimate relationships with others.

Patterson, DeBaryshe & Ramsey (1989) Reid, Patterson and Snyder (2002), have developed a dynamic developmental model for antisocial behaviour. The reinforcement for coercive behaviour model describes an at-risk child who is reinforced in the family environment for acting-out behaviour and who learns to favour this behaviour as a way of managing impulses and frustrations to the exclusion of pro-social alternatives.

Alan Jenkins (1990, 1998, 2009) has developed an invitational model of engagement and intervention to assist young people who have sexually abused to make choices that will lead them towards responsibility and respect of self and others. The model invites young people to be accountable for their actions and to promote fairness, respect and an ethical stance

Individual Work

Treatment models will include individual work with:

- The child/young person who has engaged in the behaviours
- Their parent(s)/carer(s)
- Their siblings (including siblings they abused)
- Other significant people from extended family, Out-of-Home Care or community.

Victims of sibling sexual abuse and their family members should also be routinely referred for treatment. Their involvement in therapy is crucial to the 'recovery' of the family unit from the abuse, and ensures that the victims' experience remains a central part of treatment.

Non-sibling victims and their families should be supported and advised of treatment options. When victims and children engaging in PSB/SAB are members of the same extended family or close friends, it may be important to allow the separate treatment components to work closely together.

Individual treatment for children and young people who have engaged in problematic or sexually abusive behaviours may include the following themes:

- Rights and responsibilities (legal, social, familial)
- Impacts of problem sexual behaviours (on self and others)
- Victim experiences, including Trauma and Loss
- Identifying triggers
- Developing emotional intelligence and empathy (understanding one's own feelings, as well as those of others)
- Strengths based work developing social skills, self-esteem, confidence, communication
- Support networks
- Emotional and behavioural management/regulation
- Managing unsafe behaviours/creating safety
- Shame and disadvantage
- Healthy sexuality
- Gender/stereotypes/masculinity
- Other bullying behaviour and violence

Individual treatment for parents and carers may include the following themes

- Legal consequences of the behaviour for the child
- Managing unsafe behaviours/creating safety
- Providing appropriate supervision
- Rights and responsibilities (legal, social, familial)
- Parenting a child with emotional or behavioural difficulties
- Discussing puberty and sexuality and what constitutes healthy sexual behaviour.
- Impact of the problem sexual behaviours on parent's relationships, lifestyle and the family.
- Their own reactions – guilt, fear, loss, shame.
- Dealing with community responses
- Utilising support networks

- Rebuilding trust
- How to manage the PSB/SAB
- Addressing issues which may impact on parent's capacity to provide a safe and stable environment for their child/ren. Such issues may include mental health, substance use, and family violence.

Family Work

Family work is a valuable modality of treatment

- All family members must to be invited to be involved in treatment, unless such involvement is contra-indicated
- Practitioners need to assertively engage with families as there is significant shame and stigma associated with the behaviour which needs to be addressed to promote good outcomes.
- Such an approach is likely to promote better treatment options

The goal of family work is multifaceted:

a) To provide education and a frame of reference for parents

b) To provide skills to parents to help their children recover from and manage the behaviour.

c) To rebuild relationships in the family and extended family that have been damaged by the abusive behaviours

d) To use the enhancement of the relationships to:
    - provide a supportive environment for the young person to address their abusive behaviour
    - support the recovery of the victim/s of sexual abuse
    - support the recovery of the abusing child and
    - address attachment and antisocial difficulties

e) To address the safety needs in the family

f) To support strengths based approach in treatment.

Family work may include parent-child/carer-child, couple sibling and whole-of-family sessions. Sessions may focus on a range of treatment themes (see those listed above). It may also bring in extended family members and significant others. If a child or young person has been removed from home family work is critical, family reunification should remain a high-priority treatment goal unless irremediable risk issues exclude this option.

Many treatment providers deliver models of treatment that necessitate the involvement of families in therapy. Services which target children and young people have found that the involvement of families in treatment is essential in producing best outcomes for the child and young person exhibiting problem sexual behaviours. In cases of sibling sexual abuse, the involvement of the family in treatment is particularly vital. Funding arrangements take into account the need for family work.

Group Work

Treatment services in Victoria have demonstrated that the viability and efficacy of group work modalities of treatment for problem sexual behaviours/sexually abusive behaviours are dependent on several factors including:

- the age of the target group
- the nature of the sexual behaviours
- the number of clients who may be eligible
- the availability of appropriate facilities and adequately skilled facilitators
- the capacity of families and systems to support a young person's/child's regular attendance at group

Group work for parents can also be an effective form of intervention.

Group work for children, young people and parents may form a chosen modality of treatment where a service provider has identified that:

- there is a demonstrable need
- that sufficient client numbers exist to make this viable
- where such an approach is likely to promote better treatment outcomes i.e. not lead to iatrogenic effects

Group work may best act as a complementary treatment modality to individual and family-based methods of treatment and can be used to address issues related to problem sexual behaviours, such as social skills, rather than addressing the behaviours themselves.

Funding arrangements should allow for sufficient flexibility such that services can provide group programs when they are likely to prove viable and beneficial.

Eco-systemic Interventions

Eco-systemic interventions applicable to this population may include:

- working with schools
- working with extended family, significant others and occasional carers
- working with peers and the community
- collaboration with other professionals working the child/young person/family
- outreach to the client's local environment
- working with child protection and Police
- working with Out-of-Home care providers

Funding arrangements presume eco-systemic interventions. In many instances it is valuable to meet with schools to discuss management plans and to develop Safety Plans. In rural areas outreach capacity is essential to effective service delivery. Work with extended family, peer and community groups may be particularly important to children and young people in care, or who

are isolated from their immediate family. In rural areas practitioners can provide secondary consultation to other professionals in remote locations to assist them in providing the family interventions. Within funding provided the use of petrol vouchers, transport tickets and or video conferencing are recommended to assist families to access treatment.

SAFE PLACEMENT

Safe Placement Guidelines

A safe placement is one in which a child is safe from further sexual, physical and/or psychological harm. The risk to other children should be minimised. Such a placement is one that protects a young person with sexually abusive behaviours by minimising both the risk and opportunity of the behaviour re-occurring. Safe placement considerations have particular relevance for children who normally reside together. Typically this would be a sibling group in which an older sibling has sexually abused a younger sibling. However the considerations equally apply to other circumstances or family arrangements in which children reside together.

Basic Principles in Relation to Removal and Reunification

1. Removal should only be considered as last option
2. Reunification plan should be developed at the commencement of treatment
3. Safety plans always need to be in place
4. Review needs to occur on a regular basis

Statutory considerations

In discussion with parents it is not unusual to have to address the role, or potential role, of statutory agencies. Consideration must be given to reporting sexual offences committed by young people with sexually abusive behaviours. The following legislative framework guides the decision-making around reporting:

a) In accordance with the *Children Young Persons and their Families ACT 1997 S.8* all decisions should take into consideration the Principles to be observed when working with children. This can be complex when weighing up the best interests of the victim alongside the best interests of the young person alleged to have caused sexual harm. However the best interests of the victim would usually prevail over the young person engaging in the sexually abusive behaviour.

b) When making a decision around whether to report to Child Protection, defer to provisions made in *Children Young Persons and their Families ACT 1997 S.14(2)(b) "*that there is a reasonable likelihood of a child being killed or abused or neglected by a person with whom the child resides".

c) When making a decision to report to Police, consideration is given to the *Criminal Code Act 1924.* The reported sexually abusive behaviours must constitute a criminal act in accordance with the Act in order for treatment practitioners to consider reporting the disclosed information. Further considerations are set out below which inform a decision to report to Police.

Safety factors

Many factors must be taken into account when assessing whether a young person who has displayed sexually abusive behaviours can safely remain at home with other children. Consideration of such factors can be an ongoing process from the intake phase, through counselling and as a consideration at the conclusion of treatment. These include a combination of parental and child factors.

Parents

The role of the parents is crucial in ensuring safety. The following factors are important to assess:

a) The response of the parents to disclosure of abuse. It is recognised that parents can feel torn between the needs of their children, particularly in situations where an allegation is denied by a sibling. Preferably a parent believes a disclosure, or is at least open to the possibility of it being truthful. It is important to understand that parental response may change through the process of assessment and engagement.

b) The manner in which a disclosure is managed by parents can be an important indicator as to their capacity to maintain a safe environment. A contrast may be a parent who immediately sought help and a parent who sought to conceal a disclosure.

c) The parent's attitude toward their children and the abuse. The parents' attitude toward who is responsible for the abuse and the significance of the abuse is important to clarify.

d) The parents' commitment to a safety plan and likely capacity to implement this.

e) Parents need to cooperate with agencies. In particular, they need to be supportive of counselling for their children. For a young person who has caused sexual harm this would often be with a specialist treatment service and attendance at the insistence of the parents. Ideally the victim of abuse would be encouraged to attend their own counselling. A commitment for parental participation in the counselling process should also be sought (i.e. family work).

f) Parents must support and commit to restricting access of the young person to potential victims within or outside the household. This applies to all areas of the young person's life such as school, family, employment and social settings. A high level of supervision may be required.

Children

The following factors relating to all of the children in the family contribute to the assessment of safety:

a) The ages of the children in the home.

b) The nature of the relationship between the child/ren and the young person who has engaged in sexually abusive behaviours.

c) The history, nature and features the other children have of the young person's sexually abusive behaviours, including whether he/she has acknowledged the behaviour.

d) The history, nature and features of any other problematic or aggressive behaviour by the young person.

e) The response, presentation and view of the known victim following disclosure of abuse.

f) The young person's behaviour in other contexts such as school and with peers.

g) Whether the child/ren have been interviewed by Child Protection.

h) Current stressors in the young person's environment which could act as potential triggers for the sexually abusive behaviour.

Responsibility of Treatment Providers

Treatment providers need to recognise the onerous position of parents when considering if children can remain together following the disclosure or discovery of sibling abuse. When separation does occur, the prospect of reunification should be a focus of intervention from the commencement of assessment and treatment.

In order to be in a position to consider the best interests of all of the children, a care team approach to communication between counsellors is encouraged. This is particularly important when practitioners work in different programs within one agency or across agencies. Regular review meetings provide an opportunity to consider whether separation of siblings (should this occur) continues to be a therapeutic recommendation. Consent should be sought from parents and children for communication to occur between practitioners involved with family members.

Recommendation of Separation and Reunification

The therapeutic needs of victims of sibling abuse and of the sibling who has caused harm will be an important consideration, both in decision making about children residing together and their being reunited in the event of a prior separation.

From the perspective of the victim, the following factors are important:

- That a child has had an opportunity to process the experience of abuse. In particular that the child has an appropriate level of understanding for their age, as to who is responsible for abuse;
- That they will not experience a sense of blame, or at least this is minimised as much as possible, and that they form some understanding of the experience in the story of their life.
- To address any adverse impacts of abuse.
- That in future contact with a sibling that they have both a sense of physical and emotional safety. Some form of apology or restitution may assist in this regard.

With regard to a young person who has caused sexual harm, the following factors are important:

- A range of potential treatment factors has been discussed earlier in this document. Progress in these areas would be particularly relevant in sibling abuse situations.
- He/she is able to discuss his/her abusive behaviour and appropriate to his/her age, be able to acknowledge an appropriate level of responsibility.
- He/she is able to understand the influences/motivations of the abusive behaviour; to have strategies to manage these in the future.
- He/she is able to demonstrate some understanding of the impacts of the abuse upon the sibling and other family members. Some form of apology may follow from this.
- He/she is able to address other difficult behaviours such as aggression.
- He/she is able to communicate his/her views/needs, particularly to his/her parents.

Parental progress

The role of parents to support the children in counselling is of great importance. Working toward establishing a home environment that ensures physical safety and supports emotional well-being

is essential. A supportive stance to the sibling who has caused harm includes holding them to account for their actions. In turn the quality of the parental relationship will be a significant influence on the conduct of the children, particularly around managing conflict and restoring trusting relationships.

Table 1: Safe Placement Matrix

	FACTORS TO CONSIDER REGARDING REMOVAL	REUNIFICATION
Young Person with Sexually Abusive Behaviours	• Age • Progress in treatment admissions regarding alleged offences • Accepting of external limits/supervision • Willing to participate in treatment • Attending treatment regularly • Assessment of the young person's position? (Acknowledgment? Wants to cease? What are his special needs? Does he want the safety of being away from home?) • History of multiple and/or serious offences	Child Protection is responsible for making decisions regarding removal and reunification. However, the therapeutic treatment provider's assessment of safety should be provided to Child Protection for consideration in their decision making.
Victim(s)	• Age • Involved in treatment • Able to address abuse • Assessment of victim's position – how safe does she/he feel and what are her/his needs?	The victim's physical safety is maximised. The child does not feel pressure to be responsible for reunifying the family.
Family	• Parents' level of co-operation/ acknowledgment/ agreement to work with safety plan. • How easily can a safety plan be constructed? (What are the resources available for this family from the broader system and extended family? What are the options for placing the young person?) • How safe is the general community? • Developmental needs of all children? • What are the needs of the other siblings? • Does the family accept the need for supervision? • Have all children affected been referred for assessment and counselling? • Are parents willing to be involved in their children's treatment where appropriate? • Good capacity to supervise adequately? • Compliance with statutory and treatment service's recommendations?	Families develop at different stages. The young person may be ready for reunification before family, or vice versa. Care team reviews are important in tracking the readiness of all family members to ensure reunification occurs at the right time. Responsibility for reunification should not be placed with the victim child.

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