



# Risk assessment and casework

See, understand and respond  
to child sexual abuse.

Issued by DCJ for use by Child Protection Practitioners.

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Family &  
Community  
Services



# Resources

The kit contains a number of practical resources for you to use in your work with children and families. Below are the resources for the Risk assessment and casework chapter.



**Genogram:** A simple tool to help you understand who is in the family and the relationships between people in the family.



**Eco-map:** A visual representation of the social supports and connections a child or young person or parent has in their life. It can be used to explore positive and stressful relationships.



**Family Safety Circles:** A tool to help children and parents to discuss 'who should know what' about child protection concerns.



**Bears cards:** A practical resource to explore emotions with parents and children.



**My Place My Story:** An illustrated book for Aboriginal children which contains activities designed to open up a conversation about child sexual abuse.



**Safe / Unsafe cards:** A group of cards that help children to identify and discuss safe and unsafe feelings and circumstances.



**Helping to Make It Better:** Factsheets in clear, plain English that respond to common concerns for parents, address myths about child sexual abuse and provide parents with advice.



**Some Secrets Should Never Be Kept:** A children's story book about a young knight's experience of child sexual abuse. It explores grooming, sexual abuse and common worries children have about disclosing.

# Risk assessment and casework

## About this chapter

### About this chapter

The process of risk assessment and risk reassessment is an opportunity to establish relationships with the child, the family, the suspected offender and the community, and to understand their worries, strengths and protective factors. This chapter reflects the parallel process of risk assessment with case planning and will provide you with knowledge and practical approaches to guide your work.

#### The SARA tools and this chapter:

- This chapter, alongside the Structured Decision Making (SDM) risk and risk reassessment tools, will help to inform your professional judgement when working with children who are at risk of sexual abuse. The chapter can be used to guide your conversations with children, parents, the suspected offender and the community. It will help you to understand how the child's relationships, their environment and other contextual factors such as poverty and social isolation can impact on their level of risk. The chapter will also provide you with practical casework approaches and guidance around strengths and protective factors to notice and build upon in your casework.

#### This chapter is intended for:

- Practitioners who have previously completed SDM SARA training.

#### IMPORTANT

When assessing the risk of child sexual abuse where the offender is likely to have access to the child, the risk assessment outcome for the child will be very high, regardless of any other circumstances. This policy override acknowledges the high risk of sexual abuse for any child living with a suspected offender.

18+

The ideas for risk assessment in this chapter are for circumstances where the suspected offender is over the age of 18. The strategies used in this chapter are not appropriate for children with sexually harmful behaviour.



Go to



the '[Working with children with sexually harmful behaviour](#)' chapter for information on working with children under the age of 18.

This chapter introduces the child's community as an important aspect of case planning and risk assessment. The child's community may include extended family, neighbourhoods, friends, school networks and other professionals. We know children thrive when they are valued and supported by their community. We also know that children who are marginalised and disconnected from their community are at greater risk.



## 1 Part one: Seeing and understanding

### Key questions:

- What risk factors increase the likelihood that children will be targeted by an offender?
- What factors should I consider when assessing the risk posed by the suspected offender?



## 2 Part two: Casework approaches for responding to risk

### Key questions:

- What strengths and protective factors should I look for and build on when addressing the risk of child sexual abuse?
- What casework approaches can I use to increase the child's safety and their ability to let trusted adults know that they feel unsafe?





## ① Part one: Seeing and understanding

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**Key questions:**

- What risk factors increase the likelihood that children will be targeted by an offender?
- What factors should I consider when assessing the risk posed by the suspected offender?

# 1 Part one: Seeing and understanding



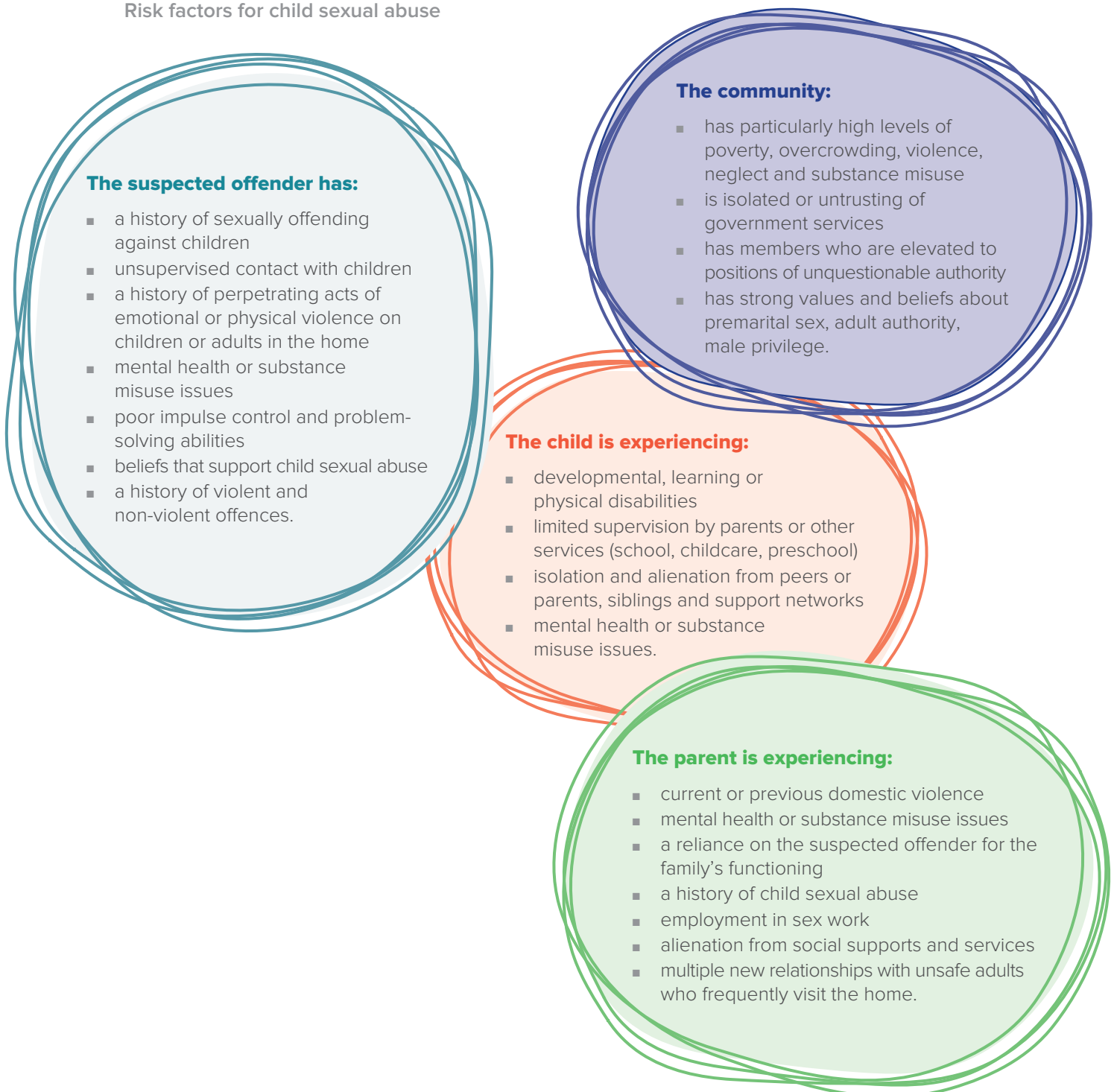
## Seeing and understanding the risk of child sexual abuse

The diagram below outlines key risk factors for the child, parent, suspected offender and community.

It is based on current research and risk assessment tools and will complement the SDM tools you use in your daily work. Understanding risk factors alone will not be enough to get a clear picture of risk. It is important that you work with the child, their parent, the suspected offender and the community to get a clear picture of what these risk factors mean for each child.

### Diagram One

Risk factors for child sexual abuse





## Seeing and understanding the risk of child sexual abuse



### Evidence

Sexuality, gender and sexual abuse:

#### Girls are:

- two to five times more likely to be sexually abused than boys
- more likely than boys to be abused by a step father, biological father or other male relatives in the family home
- more likely than boys to be abused over a longer period of time.

#### Lesbian and bisexual girls are:

- one and a half times more likely to be sexually assaulted than their heterosexual peers.

#### Boys are:

- more likely than girls to be abused by a stranger or non-family member outside the home (at the offender's home, institutions or in public spaces) and have witnesses to their abuse
- more likely than girls to be abused by peers or children of similar age including siblings, cousins, other relatives and residents in institutions
- more likely than girls to have their experiences of sexual abuse minimised as less serious, especially if the abuse was perpetrated by a woman.

#### Gay and bisexual boys are:

- five times more likely to be sexually assaulted than their heterosexual peers.




### In Practice

**A rejection by JIRT or the Reportable Conduct Unit (RCU) does not mean that the risk is reduced for this child.**

Both units have eligibility criteria that are influenced by legislation and considerations other than the risk level.



### Go to

chapter three of the **OSP Child Sexual Abuse Literature Review**  for more information about individual vulnerabilities that increase the risk a child will be targeted by an offender.



# 1 Part one: Seeing and understanding



## Seeing and understanding the risk of child sexual abuse

continued...

### Disability and sexual abuse

There is clear and reliable evidence that children with a disability (both physical and intellectual) are at greater risk of all types of abuse and are more likely to have experienced sexual abuse than other children.

The prevalence rate for sexual abuse in the general population of children is nine per cent. This rises to 11 per cent when a child has a physical disability and 15 per cent when a child has an intellectual disability, autism or ADHD.

Despite this heightened risk of abuse, a relatively low number of children with disabilities are known to the child protection system. Researchers believe that children with disabilities are less likely to report or disclose sexual abuse because they may have:

- fewer supports to help them to speak out about their abuse
- fear they will not be believed
- a lack of words or language to understand or name the abuse
- a reliance on the abuser to meet their daily needs
- limited information about their safety
- limited knowledge and skills to escape unsafe situations.

### Go to

chapter three of the [OSP Child Sexual Abuse Literature Review](#) to understand more about the increased risk that children with a disability will be targeted by child sexual abuse offenders.

### Go to

the ['Working with Children'](#) chapter (page 20-26) for information on how to support children to talk about sexual abuse.

### Children tell us...

**'To begin with when I was fairly young, it was hard for my nan to see. She just saw that I was a child playing up and that's why the abuse was happening. Because my mum was good at twisting stuff. Whoever I spoke to for, like, help it would be twisted around.'**

Young woman, sexually abused by a neighbour and physically and emotionally abused by her mother.

### IMPORTANT

Because child sexual abuse is widely silenced and minimised, be aware of risk factors when responding to serious risk of harm concerns that appear to be unrelated to sexual abuse.

<sup>1</sup> Allnock, D. and Miller, P. (2013). No-one noticed, no-one heard. UK: NSPCC.

## Working with children to assess risk

Offenders may target children who are isolated, marginalised and already victims of other types of child abuse because they believe they will be more vulnerable to their attempts to groom and entrap them, less likely to disclose abuse and if they do disclose, they will be seen as less credible.

PRACTICE CONSIDERATIONS: assessing risk	CONVERSATION IDEAS: talking to the child
<p>What might this child's behaviour (sometimes labelled offending, challenging, attention-seeking, promiscuous or self-harming) tell us about how they view themselves, the people they are close to and their experience of abuse?</p> <p>Have the labels used by others become part of this child's identity? For example: 'everyone knows I am just a slut' or 'people think I am a liar.'</p>	<p>'What do you think your [friends/siblings/mum/teacher] would say about you? How do those words make you feel?' How does this change what you can say to them? How does this change what you do around them?</p>
<p>Are any of the following factors contributing to the child being marginalised by their family and community:</p> <ul style="list-style-type: none"> <li>■ a developmental or learning disability</li> <li>■ isolation from friends or protective adults</li> <li>■ a poor relationship with parent/s</li> <li>■ offending or risk-taking behaviour, or challenging behaviour</li> <li>■ suicidal ideation or self harm</li> <li>■ regular truanting.</li> </ul>	<p>'Most kids feel worried sometimes. Can you tell me about your worries?'</p> <p>'How would you describe your [mum/dad/siblings]? What about them on a good day / bad day? What do they do? What do you do?'</p> <p>'In lots of families the kids have a role - the quiet one, the good one, or the funny one. Do you have a role in the family? What about your siblings?'</p>

# 1 Part one: Seeing and understanding

## Working with children to assess risk

continued....

PRACTICE CONSIDERATIONS: assessing risk	CONVERSATION IDEAS: talking to the child
<p>Do any of following factors provide the suspected offender with greater opportunity to abuse the child sexually?</p> <p>The child is known to:</p> <ul style="list-style-type: none"> <li>not be adequately supervised for their age</li> <li>seek out assistance from unknown adults to meet their basic needs</li> <li>have low self-esteem which may lead to the child seeking attention and affection from adults.</li> </ul>	<p><b>‘Tell me about yesterday - how did you</b> [wake up/get breakfast/have lunch/get to school/get home/do homework/go to bed]?’</p> <p><b>‘Who do you go to when you are having a tough time? What does</b> [the person suggested by child] <b>do to help?’</b></p>

### Children tell us...

**‘My father was not a violent man. When I was younger my parents were going through a difficult time. My brother was my mother’s favourite and that made my father very jealous. I was my father’s favourite and that in turn made my mother very jealous. The family structure was very manipulative. My father protected me a lot when I got into trouble from my mother. He was my ally. There was always a lot of screaming in our family. My role was that of pacifying.’**

Adult survivor of sexual abuse by her father talking in ‘It happened to me’: Women talk about child sexual abuse. (2013). Victoria: South Eastern Centre Against Sexual Assault (CASA).



## Working with parents to assess risk

### Substance misuse and mental health issues

We know that offenders often target children whose families are under stress. Stressors such as substance misuse and mental health issues have been shown to increase the risk of child sexual abuse, particularly sexual abuse that is perpetrated by someone outside the immediate family. Researchers believe this is because parents with these concerns may provide less supervision and be less alert to risk. Parents who are under stress may also be in greater need of support (both financial and practical) and be more susceptible or willing to allow the suspected offender into their life and the lives of their children.

### Domestic violence

Domestic violence has also been shown to be a risk factor for child sexual abuse in a number of studies particularly for abuse that occurs inside the family. The tactics used to groom, isolate and manipulate family members by men who use violence can closely mirror and mask child sexual abuse. Domestic violence may also be used as a deliberate strategy by some offenders to gain access to children, incapacitate their mothers and instill fear in both mother and child.

### Parent's history of childhood abuse

The parent's history of childhood abuse, particularly child sexual abuse, has been linked to a higher likelihood of child sexual abuse for their own children. This may be because parents with an abuse history are aware of the signs of abuse and are therefore more likely to report it. It may also be that offenders target parents who are stressed and vulnerable due to their abuse history.

### Values and beliefs

Parents may also hold values and beliefs that may obviously or subtly influence the child's perception of themselves, their family and the offender. These values may not directly increase risk but can provide an environment in which the suspected offender has a high level of control, the child is fearful of disclosing the abuse or the child is not confident in their parent's ability to protect them.

### In Practice



**When you meet with a parent remember that you are talking with them about highly personal information which may irrevocably change their relationships, their family and their view of the world.**

There is a risk that a parent may feel blamed for choosing the wrong partner or for not noticing the abuse. It is important that during your assessment period you continue to build a relationship with the parent, acknowledge their challenges in believing DCJ worries and make sure they have support.

A supportive, empathetic approach that normalises their responses may help them to support their child. 'I wonder what it is like for you - trying to keep your kids safe while you are still working out what has happened'.



Go to

chapter three of the [OSP Child Sexual Abuse Literature Review](#) for more information on family factors that can increase the risk of child sexual abuse.



Go to

the ['Working with parents'](#) chapter (page 9-10) to understand how grooming by the offender can shape the parent's perception of the abuse.

# 1 Part one: Seeing and understanding



## Working with parents to assess risk

continued....

PRACTICE CONSIDERATIONS: assessing risk	CONVERSATION IDEAS: talking with the parent
<p>Consider how the following stressors and dynamics may affect the opportunity for the child to be sexually abused and their ability to tell their parent about the abuse:</p> <ul style="list-style-type: none"> <li>■ mental health</li> <li>■ substance misuse issues</li> <li>■ domestic violence</li> <li>■ cramped housing with shared sleeping quarters and a lack of privacy</li> <li>■ reliance on the suspected offender for financial support</li> <li>■ the suspected offender controlling the home environment</li> <li>■ the suspected offender being seen as instrumental to the functioning of the family or the parent.</li> </ul>	<p>‘Tell me about the last time things were really tough. What helped you? What didn’t help? What were the warning signs that you were finding it hard to cope?’</p> <p>‘Do you ever use drugs like prescription medications / alcohol / any other drugs? What happens to the kids when you are drinking / using other drugs?’</p> <p>‘Does [suspected offender] help with the kids / supervise the kids? How do you think you would cope without them?’</p> <p>‘Where does everyone sleep?’</p> <p>‘It is very common to have arguments in relationships. How do you and [suspected offender] manage arguments? What do you do? What do they do? What do the kids do?’</p> <p>‘What happens when you have an argument with the kids? What does [suspected offender] do?’</p>

### In Practice



#### Parents are likely to be feeling distressed and anxious about meeting with you.

The questions in this section about relationships, mental health, substance misuse and history of sexual abuse are sensitive and could bring up strong emotions.

Take the time to build a relationship with the parent and acknowledge the personal nature of these questions. Watch their body language for signs that they are distressed, and give them the option of taking a break or returning to the question another time if it is too difficult to answer.

PRACTICE CONSIDERATIONS: assessing risk	CONVERSATION IDEAS: talking with the parent
<p>Consider how the parent's history of sexual abuse may impact on the child's risk of sexual abuse.</p>	<p>'Do you know anyone who has been sexually abused as a child? What do you think that was like for them?'</p> <p>'Being hurt as a child can have a big impact on people later in life. I am going to ask you some very personal questions. You may not be able to answer them today and that's okay, but it can help me understand more about your kids and what is happening for them. Did anyone ever hurt you when you were a child?'</p>
<p>Consider how the following parental values and beliefs may impact on the child's risk of sexual abuse and their ability to disclose abuse:</p> <ul style="list-style-type: none"> <li>■ men should have authority over women and children</li> <li>■ children should obey adults</li> <li>■ the parent's primary role is to have authority and discipline over their children.</li> </ul>	<p>'What is the most important rule for the kids? What happens if one of the kids breaks that rule? Who disciplines the kids if they break a rule?'</p> <p>'Which adults in your kid's life can have a say about what happens if they break a rule? Does this change depend on what kind of rule is broken?'</p> <p>'What does [suspected offender] believe should happen if the kids break a rule?'</p> <p>'What happens if [the boy] breaks the rule? How about [the girl]?'</p> <p>'What do you think a man should do in the family? What about a woman? What about the kids?'</p> <p>'What is the role of men in your household and your community? What is the role of women? What is the role of children?'</p>

# 1 Part one: Seeing and understanding



## Working with parents to assess risk

continued....

PRACTICE CONSIDERATIONS: assessing risk	CONVERSATION IDEAS: talking with the parent
<p><b>Explore the parent's capacity to:</b></p> <ul style="list-style-type: none"> <li>■ recognise when their child is distressed</li> <li>■ respond to their child's emotional distress</li> <li>■ put themselves in their child's shoes.</li> </ul>	<p>'What are the signs that [child] is worried about something?'</p> <p>'Have you noticed times when [child] looks uncomfortable? When was the last time this happened?'</p> <p>'What do you tend to do when [child] is worried?'</p> <p>'How does [child] like to be comforted?'</p> <p>'How do you think [child] might be feeling about me [DC] visiting today?'</p>
<p><b>Be aware of potential sexual abuse when talking to parents about a new partner. Asking parents about how children are responding to a new situation or person can provide you with important information.</b></p>	<p>'How do the kids react when they find out [new partner] is at home?'</p> <p>'How do you know that the kids get along with [new partner]? Are there any times when things don't go so well?'</p> <p>'What have you noticed about the kids since [new partner] has started staying over?'</p>



### In Practice

#### Asking questions about sexual intimacy and other sexual matters is difficult for many practitioners.

These questions may be even more challenging when working with a parent or a suspected offender who is of a different gender, cultural group or has a significant age difference to you.



**Go to**

the '[New partners](#)' Practice Advice Topic on the Casework Practice site.



### In Practice

#### Prepare for these difficult conversations by:

- practising with colleagues
- making sure your co-worker is able to step in (if needed)
- consulting with an Aboriginal practitioner or a practitioner of the parent's culture
- preparing the parent / suspected offender: 'I am about to ask you some personal questions'.

#### Debrief after difficult conversations by:

- noticing your emotional state and the impact of the conversation on you
- asking your co-worker for feedback about how they think the conversation went
- reflecting on the conversation in supervision and being honest about what went well and what you could have done differently.



## Working with the suspected offender to assess risk

### PLEASE NOTE

In this section we use the term 'he' when talking about the suspected offender. This is because while women can and do sexually abuse children the overwhelming majority of child sexual abuse offenders are men.

### Understanding the characteristics of sex offenders

**Current research has focused on assessing the risk that an adult male sex offender (who has been convicted of sexual abuse) will reoffend.**

This can make it challenging for child protection practitioners to assess the risk posed by a suspected offender who has not been convicted through the criminal justice system (but who may have been substantiated as a Person Causing Harm or had a number of allegations of sexual abuse made about him).

While child sex abuse offenders do not differ significantly from those who sexually abuse adults, they do have several characteristics which set them apart from non-sex offenders. Understanding these characteristics can help us assess the risk posed by a suspected offender who may or may not have a conviction for sexual assault.

See what the characteristics of sex offenders might look like in practice in the tables on the next two pages.



### In Practice



**When you are determining if a suspected offender has sexually abused a child before, look at the pattern of previous allegations on DCJ records as well as police records.**

Even if the allegations were not substantiated or investigated at the time, a pattern of allegations is a significant indicator that sexual abuse has occurred.

Consult with your DCJ psychologist, casework specialist or the OSP's clinical issues team to understand how these factors may help you to determine the risk posed by the suspected offender.



### Go to

chapter four of the [OSP Child Sexual Abuse Literature Review](#) for more information on characteristics of child sexual abuse offenders.



# 1 Part one: Seeing and understanding



## Working with the suspected offender to assess risk continued...

### Understanding the characteristics of sex offenders

Things to look out for when working with a suspected offender	What you might see:
<p><b>A general preoccupation with sex.</b></p>	<p><b>The suspected offender may</b></p> <ul style="list-style-type: none"> <li>■ talk explicitly about sex during your conversations</li> <li>■ be described by others as being ‘sex obsessed’</li> <li>■ use pornography to the extent that it prevents them from engaging in other activities.</li> </ul>
<p><b>Behaviour that may indicate they have a preference for sexually abusing children over having sex with consenting adults.</b></p>	<p><b>The suspected offender may</b></p> <ul style="list-style-type: none"> <li>■ consistently seek out opportunities to be alone with children</li> <li>■ take holidays alone with children</li> <li>■ sleep in the same bed / bedroom as children</li> <li>■ have a history of allegations made about them sexually abusing children. These may or may not have been substantiated by child protection or proven in a court of law</li> <li>■ not have had many long term intimate relationships with adults</li> <li>■ prefer child pornography to adult pornography or watch ‘barely legal’ pornography (where adults are made to look like children).</li> </ul>
<p><b>Has previously used intimidation and manipulation to sexually assault adults or children.</b></p>	<p><b>The criminal history/police events/DCJ records for the suspected offender show a pattern of intimidation or manipulation to sexually assault adults/children.</b></p>
<p><b>Has sexual interests that are likely to cause humiliation, pain or distress to others.</b></p>	<p><b>The suspected offender may be viewing, creating or disseminating pornography or engaging in sexual behaviours that:</b></p> <ul style="list-style-type: none"> <li>■ are without consent</li> <li>■ are degrading</li> <li>■ cause humiliation to others</li> <li>■ disregard the sexual needs of others.</li> </ul>
<p><b>Has attitudes that support the sexual assault of children / adults.</b></p>	<p><b>The suspected offender may have attitudes that:</b></p> <ul style="list-style-type: none"> <li>■ men are dominant over women</li> <li>■ men are entitled to sex</li> <li>■ men cannot control their desire for sex</li> <li>■ children ‘flirt’</li> <li>■ children ‘want sex’ or ‘like sexual activity’</li> <li>■ children ‘lead adults on’.</li> </ul>
<p><b>Has emotional similarities to children.</b></p>	<p><b>The suspected offender may:</b></p> <ul style="list-style-type: none"> <li>■ identify children as his primary friends</li> <li>■ identify himself as being ‘childlike’</li> <li>■ identify that he prefers the company of children.</li> </ul>

Things to look out for when working with a suspected offender	What you might see:
Lacks emotionally intimate relationships with adults.	<p><b>The suspected offender may</b></p> <ul style="list-style-type: none"> <li>■ have few adult friends</li> <li>■ observed to be more comfortable relating to children than adults.</li> </ul>
Has low levels of self-control.	<p><b>The suspected offender may have:</b></p> <ul style="list-style-type: none"> <li>■ difficulty managing his anger</li> <li>■ difficulty managing personal finances</li> <li>■ substance misuse issues.</li> </ul>
Is experiencing chronic instability in many aspects of his life.	<p><b>The suspected offender may be unemployed, living in unstable housing, experiencing financial stress.</b></p>
Has poor problem-solving skills.	<p><b>The suspected offender may have difficulty organising his thoughts, following through on plans and understanding complicated instructions. These difficulties may be observed in his challenges sustaining employment or participating in safety planning/ case planning discussions with child protection or other agencies.</b></p>
Is resistant to rules and supervision.	<p><b>The suspected offender may</b></p> <ul style="list-style-type: none"> <li>■ take pride in being ‘a rebel’</li> <li>■ have difficulty sustaining jobs that require him to follow rules and procedures</li> <li>■ be very resistant to child protection supervision or involvement.</li> </ul>
Has negative social influences.	<p><b>The suspected offender may have friends that are or have been:</b></p> <ul style="list-style-type: none"> <li>■ engaged in criminal activity</li> <li>■ substance misusing</li> <li>■ violent</li> <li>■ known to child protection</li> <li>■ alleged, charged or convicted of sexually assaulting children or adults.</li> </ul>



## Evidence

**Recent research suggests that the following characteristics are also likely to be risk factors for reoffending:**

- hostile beliefs about women
- machiavellian behaviour (deviousness, use of cunning to get their own way)
- lack of empathy and concern for others
- lack of coping skills
- using sex to manage emotions
- responding to emotion in an impulsive or reckless manner.



## In Practice

**When assessing a suspected offender’s beliefs about women, if possible, it may be helpful to have a male and female child protection practitioner working together.**

You will then be able to observe the way the suspected offender interacts and responds to each of you.

# 1 Part one: Seeing and understanding



## Working with the suspected offender to assess risk continued...

### Understanding the risk posed by the suspected offender

The table overleaf focuses on the suspected offender's opportunity to sexually assault a child and the impact that his values, beliefs and personal attributes have on the likelihood of offending. It draws on two standardised tools<sup>2</sup> that are used to assess the risk that a suspected offender will reoffend. These tools can only be administered by qualified assessors.

While child protection practitioners will not administer the tools, having a broad understanding of the risk factors they assess can help guide your overall risk assessment.



### In Practice

**Remember that the suspected offender will be unlikely to give you a clear indication of the risk they pose to the child.**

Instead they will probably want:

- to be seen in the best possible light
- to minimise the likelihood of being labelled an offender
- to maintain a relationship with the child / parent / other family and community members.



### Go to



the responding section of the **'Working with the suspected offender'** chapter for additional guidance on talking with the suspected offender to understand the current concerns and historic reports. This section will also provide you with guidance when you are considering contact between the child and suspected offender.



### Go to



the **'Working with the suspected offender'** chapter (page 8) for information on strategies that offenders use to groom adults.



### Go to



chapter four of the **OSP Child Sexual Abuse Literature Review** for more information on how the suspected offenders values, beliefs and attitudes can increase the likelihood that he will sexually offend.

<sup>2</sup> The Static 99 R Actuarial risk assessment tool was created by R. Karl Hanson, Ph.D. and David Thornton, Ph.D. for use with adult male sexual offenders who have been incarcerated and are at least 18 years of age at time of release to the community. The RSVP guideline was created by Hart, S. D., Kropp, R., Laws, D. R., Klaver, J., Logan, C., Watt, K. and Simon A. at the Mental Health Law and Policy Institute, Fraser University in 2003 for use with adult women and men over the age of 16 who are suspected or convicted of violent sexual offences.

## Understanding the risk posed by the suspected offender

PRACTICE CONSIDERATIONS: assessing risk	CONVERSATION IDEAS: for talking to the parents and suspected offender
<p>Ask about when the children spend time with the suspected offender. Be particularly curious about times when the suspected offender has unsupervised contact with the children. Ask about the sexual environment in the home. While this can be uncomfortable it is an important aspect of assessing risk. Offenders can deliberately create overtly sexual environments. They may also target families where sexual activity occurs in front of children. This can make it appear that sexual abuse is normal or that parents agree with the sexual abuse.</p> <p><b>Look for:</b></p> <ul style="list-style-type: none"> <li>■ nudity, highly sexual language, or pornography in the family</li> <li>■ sexual or highly sexual acts between adults</li> <li>■ pornography</li> <li>■ previous sexual abuse.</li> </ul>	<p>Talking to the parent: <b>'What does [suspected offender] like to do on his own with the kids?'</b></p> <p>Talking to the suspected offender or parent if they are in a relationship: <b>'I need to ask you a few personal questions about intimacy. How do you let each other know you are interested in being intimate? How does that change when the kids are around?'</b></p> <p><b>'Is there pornography in the house? Where is it? Who looks at it? When do they look at it? What about pornography on the internet?'</b></p>



### Evidence

Rates of recidivism can be difficult to measure because of different definitions of what constitutes an offence (conviction, arrest, charges), different time frames used for measuring recidivism and different types of child sexual abuse that have been perpetrated (inside the family, outside the family).



### Go to



the safe family rules in the responding section of the **'Safety planning'** chapter, to understand the suspected offender's opportunity to sexually harm the children.



### Go to



chapter four of the **OSP Child Sexual Abuse Literature Review** for more information about risk factors for reoffending.

# 1 Part one: Seeing and understanding



## Working with the suspected offender to assess risk continued...

### Understanding the risk posed by the suspected offender

PRACTICE CONSIDERATIONS: assessing risk	CONVERSATION IDEAS: for talking to the parents and suspected offender
<p><b>To understand the suspected offender's values, thoughts and relationships you may want to focus on his:</b></p> <ul style="list-style-type: none"> <li>■ childhood history of physical / emotional / sexual abuse or neglect</li> <li>■ beliefs about children and women that can support the sexual abuse of children. For example: 'children are sexual beings', 'men should have authority over women and children'</li> <li>■ ability to sustain a long-term (more than two years) relationship</li> <li>■ willingness to accept supervision.</li> </ul>	<p>'Can you tell me about your childhood? What were the good experiences? What were the not-so-good experiences?'</p> <p>'What happens if you and your partner argue? Who do you believe should 'win' an argument?'</p> <p>'Can you tell me about your other relationships?'</p> <p>'What do the children know about sex? Who teaches them that?'</p>
<p><b>To understand the suspected offender's ability to not act impulsively you may want to focus on his:</b></p> <ul style="list-style-type: none"> <li>■ history of substance misuse or mental health issues</li> <li>■ denial or minimisation of the abuse</li> <li>■ ability to understand information</li> <li>■ ability to remember information</li> <li>■ ability to manage stress.</li> </ul>	<p>'When do you drink alcohol? How much do you drink?'</p> <p>'Why do you think I am worried about the kids?'</p> <p>'How do you cope during tough times? What helps you? What doesn't help you?'</p> <p>'How do you help [parent] when they are having a tough time?'</p>



## Experts Say...

Denial can be confusing and confronting for practitioners. Denial is associated with a real but low risk of reoffending for offenders who have sexually abused a family member.<sup>3</sup> This may be because denial 'works' in convincing people around the child that the offender is innocent. This then leads to less protective intervention than would be imposed if the person is known to be a sex offender.

Dale Tolliday, Clinical Advisor to New Street services



<sup>3</sup> Nunes, K. L., Hanson, R. K., Firestone, P., Moulden, H. M., Greenberg, D. M., & Bradford, J. M. (2007). Denial predicts recidivism for some sexual offenders. *Sexual Abuse: A Journal Of Research And Treatment*, 19(2), 91-105. Goodman-Delahunty, J. (2009). *The NSW Pre-Trial Diversion of Offenders (Child Sexual Assault) Program: An evaluation of treatment outcomes* (Research report). Sydney, Australia: Sydney West Area Health Services.



## Experts say...

Pornography:

**A significant amount of child sexual abuse offences happen after a child has been shown adult or child pornography. The child could be shown pornography deliberately or in a way that was made to look 'accidental'.**

**There is limited research on to what extent viewing child pornography affects the risk that the suspected offender will then sexually abuse a child.**


**It is important that practitioners are clear about the difference between viewing child pornography and creating child pornography. Creating child pornography (recording sexual abuse of children or altering images of children to make them pornographic) that exploits a child is an act of child sexual abuse.**



Dale Tolliday, clinical advisor to New Street services



### Go to

chapter four of the [OSP Child Sexual Abuse Literature Review](#)  for more information about female offenders.



## Evidence

### Female offenders:

The body of evidence around male offenders of sexual abuse means that it can be tempting to ignore the risk posed by women. While men certainly account for the majority of sexual assault of children it is important to be aware that women also sexually abuse children, knowingly, and of their own accord.

International studies suggest that female perpetrated sexual abuse against both adults and children accounts for a significant minority of sexual offending. In Australia the rate is close to five per cent. However, the actual proportion may be higher. Many victims of sexual abuse by a female feel too embarrassed to tell others, or think they won't be believed.


Female offenders who sexually abuse children are often marginalised and lonely. They may have experienced abusive childhoods (including sexual abuse), intimate partner violence and mental health issues.

### IMPORTANT

**Risk assessment of girls (between 10 and 17 years of age) who engage in sexually harmful behaviour should be conducted differently to risk assessment of adult female offenders.**



### Go to

the ['Working with children who display sexually harmful behaviour'](#)  chapter to understand risks and protective factors for girls (page 20).

# 1 Part one: Seeing and understanding



## Working with the community to assess risk

### IMPORTANT

The community section of this resource focuses deliberately on a general concept of community rather than one that applies to a specific cultural group. The community could include the child's school, neighbourhood, town, religious group or culture.

In communities that have elevated rates of child abuse and neglect, violence and inadequate housing, child sexual abuse is less likely to be detected and violence can be normalised.

The work to build connections and decrease the child's alienation begins as soon as you start working with the child, family and community.

The conversation ideas below may be helpful in your work with other professionals or extended family members, or during your consultations with Aboriginal or multicultural practitioners.

### In Practice



#### We can only truly be an 'expert' in our own culture and community.

Consultation with Aboriginal and refugee and migrant practitioners who understand the child's culture, family and community will provide you with valuable knowledge for your assessment.

#### Go to

the ['Working with Aboriginal children, families and communities'](#) chapter for ideas for your cultural consultation and for understanding and responding to Aboriginal families and communities.

#### Go to

chapter four of the [OSP Child Sexual Abuse Literature Review](#) for more information on factors that may increase the risk that a child will be sexually abused in some communities.





<b>PRACTICE CONSIDERATIONS:</b> working with the community	<b>CONVERSATION IDEAS:</b> for talking with partner agencies, extended family members, other informal or formal support people
<p>Is this community using labels that stigmatise and alienate the child and family from support?</p>	<p>‘Tell me about [parent]. What are they good at?                      What are they not so good at?                      What kind of parent are they?’</p> <p>‘Tell me about why you think the kids behave that way?                      What do you think might be happening for them?’</p>
<p>Does this community:</p> <ul style="list-style-type: none"> <li>■ experience high rates of child abuse, neglect, substance misuse, violence and overcrowding</li> <li>■ hold patriarchal views about male privilege and power</li> <li>■ dislike the child or family</li> <li>■ elevate the suspected offender to a position of unquestionable authority</li> <li>■ minimise the likelihood of child sexual abuse in their community?</li> </ul>	<p>‘What do you think would happen for this family / child if people knew about my worries (about sexual abuse)?’</p> <p>‘Does [parent] have any friends? Does anyone reach out to her when she is having a hard time?’</p> <p>‘What words would you use to describe [suspected offender]?                      What things do they do for the community? What do they do with the kids in the community?’</p>
<p>Does this community have strongly held values and beliefs that may stop children from talking about abuse such as:</p> <ul style="list-style-type: none"> <li>■ children should always obey adults</li> <li>■ children should not discuss any circumstances or emotions that may bring shame on the family</li> <li>■ sex should not be discussed</li> <li>■ sex outside of marriage (particularly for women) is immoral</li> <li>■ homosexual sex is immoral.</li> </ul>	<p>Talking with parents about their community:</p> <p>Using the <u>Family Safety Circles</u> :</p> <p>‘What types of things about your family are generally shared (in the outside circle)? What things are only kept inside the family (inside circle)?’</p> <p>‘What do the kids know about sexual matters?                      How did they find this out?’</p> <p>‘Lots of families have rules about what sexual behaviour is okay. What are the rules in your family?’</p>

# 1 Part one: Seeing and understanding



## Working with the community to assess risk

continued...

PRACTICE CONSIDERATIONS: working with the community	CONVERSATION IDEAS: for talking with partner agencies, extended family members, other informal or formal support people
<p>Does this community have beliefs which may impact on reporting child protection concerns to authorities?</p> <p>For example:</p> <ul style="list-style-type: none"> <li>child protection concerns should be managed within the family and community</li> <li>suspected offenders should be provided with a therapeutic rather than criminal justice response</li> <li>welfare agencies can't be trusted and may not respond in a culturally appropriate manner</li> <li>sexual abuse is shameful and should be hidden.</li> </ul>	<p>Talking with parents about their community:</p> <p>'How is a problem like this responded to in your [home country/home town/family]? For example, what happens to the offender? What happens to the child who has been abused?'</p> <p>'When do you need to work with government [school/tax/voting/benefits]? What is that like for you? What is helpful? What is not helpful?'</p> <p>'Are there things you do tell DCJ about? Are there things you would not talk to DCJ about?'</p> <p>'How might people respond to your child/your family if people found out [child] had been sexually abused?'</p>

In Practice



**The 2006 NSW Aboriginal Child Sexual Assault Taskforce,<sup>4</sup> described the risk factors and the barriers to reporting child sexual abuse in some Aboriginal communities.**



Go to



the ['Working with Aboriginal children, families and communities'](#) chapter (pages 8-11) to understand the barriers to reporting for some Aboriginal people.

<sup>4</sup> Taskforce, A. C. S. A. (2006). Breaking the silence: Creating the future. Addressing child sexual assault in Aboriginal communities in NSW. NSW Attorney General's Department, Sydney.

## In Practice



**Children and families from migrant and refugee backgrounds can also be further silenced because of difficulties speaking English and a lack of understanding around the way government agencies work.**



## Our Aboriginal Practitioners Say...

'There are differences between non-Aboriginal culture and Aboriginal culture. It is important to think about the community and the impact of the community response on the parent and the child. Do not make assumptions about how Aboriginal children and their families will be supported by the community. An Aboriginal consultation will help you to understand the dynamics of the community and who is best placed to provide support.'



Kelly Ramsden, manager client services.





## ② Part two: Responding

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**Key questions:**

- What strengths and protective factors should I look for and build on when addressing the risk of child sexual abuse?
- What casework approaches can I use to increase the child's safety and their ability to let trusted adults know that they feel unsafe?

## 2 Part two: Responding



### Case planning approaches for responding to the risk of child sexual abuse

While you are assessing risk you will be starting to case plan with the child, parent and suspected offender (where they remain involved with the family). You will also be building links with extended family, other professionals and community members (referred to here broadly as 'the community').

This section contains ideas for case planning objectives when working with sexual abuse. It includes two practical casework approaches that may be useful in achieving these objectives: the safe people and safe object approaches. These were developed by Andrew Turnell and Susie Essex and presented in their book *Working with 'denied' child abuse, the resolutions approach*. (2006). (UK: OUP).

The safe people and safe object approaches were developed for circumstances where parents are minimising or denying child abuse and where the evidence suggests that at least one of them is responsible for the abuse. These approaches give children a voice and give parents and community members some responsibility for monitoring the suspected offender and supporting the child.

#### In Practice



**Diagram two on the opposite page refers to the safe family rules as a key concept and may help you to explore the parent and community's ability to implement the safe family rules and supervise the suspected offender.**

It is important that you assess this ability and do not simply take the parent's statement that they will supervise the suspected offender as fact.



#### Go to



the responding section of the '[Safety planning](#)' chapter for detailed information on the safe family rules and guidance for implementing and reviewing these rules in practice.

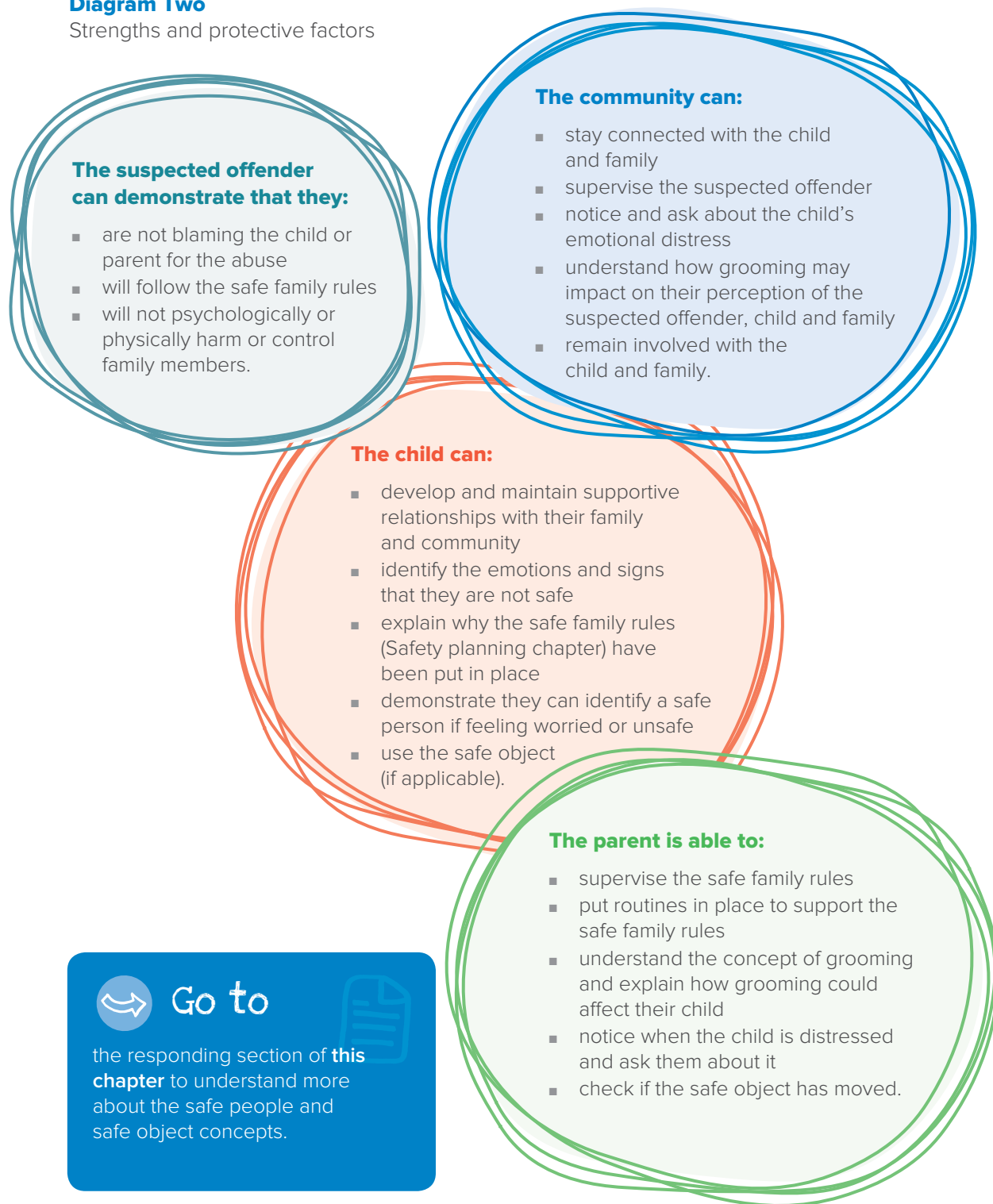




## Understanding the change you need to see

As you begin to case plan it is useful to identify the change you will need to see to show that the risk to the child has been reduced. This approach can help to focus your work with the child, family and community on measurable outcomes. The diagram below contains some strengths and protective factors to notice and build on when working with the risk of child sexual abuse. These ideas may need to be amended to reflect the needs, capacities and circumstances of all parties.

### Diagram Two

Strengths and protective factors



 **Go to**   
 the responding section of **this chapter** to understand more about the safe people and safe object concepts.

## 2 Part two: Responding



### Talking to children, parents and communities to build a connection to safe people

The safe people concept is about building connections between children and safe adults and friends to increase safety. For some young people, the concept of safe friends may be just as important as safe adults. Children are more likely to talk about the abuse to people they are connected to, and children who are connected to safe people and safe friends are more resilient after they have been abused and less vulnerable to further abuse.

**IMPORTANT**

The suspected offender should not be part of these discussions because of the risk that they may sabotage the relationship between the child and their safe person.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p><b>Use the following resources in this kit to engage the child in a discussion about potential safe people (you may be able to talk to the child and parent together, or it may not be appropriate):</b></p> <p><b>The ‘My Place My Story’ book</b> The tree of support tool can be used to represent a person who the child could tell when they are feeling worried, scared or unsafe. Balloons, stars or leaves can also be used. You should only add an object as the child tells you about a safe person.</p> <p><b>The ‘Safe / Unsafe’ cards</b> These cards can help children understand the concept of safety and to talk about times and people they feel safe and unsafe with.</p> <p><b>The ‘Some Secrets Should Never Be Kept’ Book</b> This fictional book uses the story of Little Sir Alfred to explore the dynamics of sexual abuse including grooming. It can help children to identify that they are experiencing sexual abuse and speak out about their experiences.</p>	<p>Talking to the child:</p> <p>The ‘My Place My Story’ book: <b>‘Who do you talk to when you are feeling scared? What do they do? What do they say?’</b></p> <p>The ‘Safe / Unsafe’ cards: <b>‘If you felt unsafe like this little boy, who could you tell? What would they do? How would you draw that person?’</b></p> <p>The ‘Some Secrets Should Never Be Kept’ book <b>‘Who would you talk to if you had feelings like Alfred in the book?’</b></p>





## Experts say...

'Hands are often used as the symbol for children to write down their safe people, naming a person for each of the five fingers on a hand. Be aware that for some children a hand could represent past experiences of abuse. Ask the child about safe people in their lives and what they would draw. The drawing needs to fit the child's experience and be something they can visually hold. If the child is struggling to think of a drawing you may want to suggest trees, circles, balloons or stars. Safe people could also be represented as beads on a necklace so children can have them with them. Sometimes we have used worry dolls as a version of safe people. They are small and in a bag and children can carry them around easily.'



Cathy Want, Manager, Rosie's Place.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p><b>Find out more about potential safe people by:</b></p> <ul style="list-style-type: none"> <li>■ asking about when, how often and the last time they saw the safe person. This will help to make sure they are present in the child's life</li> <li>■ being aware of the child's body language when you are talking about people in their life, and asking about any signs of distress.</li> </ul> <p><b>Important:</b> Never assume that a person is safe for the child until the child has told you they are.</p>	<p><b>Talking to the child:</b></p> <p>'When do you see [potential safe person]? What do you like to do with them?'</p> <p>'Is [potential safe person] an adult or a kid?'</p> <p>'You looked a bit upset when I mentioned [potential safe person] just then, can you tell me about that?'</p>
<p>Talk to the parent about who they consider to be safe people. An Eco-Map or the Family Safety Circles could be used to facilitate this discussion.</p>	<p><b>Talking the parent:</b></p> <p>'I can imagine thinking about your child being sexually abused must be terribly hard. Who can help you during this tough time? What do you think they will do to help?'</p> <p>Using the <u>Family Safety Circles</u> :</p> <p>'You said you can talk to [potential safe person] about DCJ worries. How much could you tell them? Are they someone who you would tell everything to or some things?'</p>
<p>Establish if the child and parent agree on who the safe people should be.</p>	<p><b>Talking to the child:</b></p> <p>'Let's look at this Tree of Safety (My Place My Story book) together- who would you put on the tree?'</p> <p>'I would like to talk about my worries with someone you trust. You put your teacher on the tree. Do you think we could talk to her together?'</p> <p><b>Talking to the parent:</b></p> <p>'[Child] told me that they would like to talk to [teacher] about DCJ worries. How would that be for you?'</p>

## 2 Part two: Responding



### Talking to children, parents and communities to build a connection to safe people continued...

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p><b>Build a connection to the child by helping community members to:</b></p> <ul style="list-style-type: none"><li>■ focus on the child's experience</li><li>■ recognise and challenge language that marginalises the child or minimises risk</li><li>■ understand how important it is for the child to experience positive responses from community members. For example, noticing how the child is feeling and responding with curiosity and empathy</li><li>■ understand the trauma that may be underlying the child's behaviour.</li></ul>	<p>Talking to community members / potential safe people:</p> <p><b>'You said [child] is hitting other children in the playground. Why do you think they are doing that? What do you think they might need from you to help them stop?'</b></p> <p><b>'What do you think life is like for [child] at the moment? How do you think they are feeling? What good things are happening for them? What hard things are happening? What do you think [child] might need from you?'</b></p>

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## Talking to the parent, children and the safe person to reach an agreement on what will be done

### Coming to an agreement with safe people

Becoming a safe person is a responsible role. Safe people need to be able to understand what is required of them before they agree to undertake this role. They should also have some support systems in place to help them to manage the emotional toll of being a safe person. This is particularly important when a young person has been nominated as a safe friend. The [‘What can a safe person do?’](#) factsheet on the Casework Practice site will help you to articulate their role.

PRACTICE CONSIDERATIONS: When case planning	CONVERSATION IDEAS: When talking with children, parents and safe people
<p><b>Come to an agreement with the parent and child about:</b></p> <ul style="list-style-type: none"> <li>what the safe person can do to support the child.</li> <li>how much the safe person should know about the concerns for the child.</li> </ul>	<p>Talking to the parent and children:</p> <p>Using the <a href="#">Family Safety Circles</a>:</p> <p><b>‘What does your {sister/aunty} need to know to be able to help you with the safe family rules?’</b></p> <p><b>‘Who knows / needs to know most things? Who knows / needs to know a bit, who doesn’t need to know anything?’</b></p>
<p><b>Provide the safe people with the ‘What can a safe person do?’ handout and talk to them about what they can do or say:</b></p> <ul style="list-style-type: none"> <li>to support the child and show them they care about them</li> <li>if a child discloses to them</li> <li>to make sure they are emotionally supported by people in their support network</li> <li>to understand how suspected offenders may groom and manipulate people who are close to the child so that the abuse can remain hidden.</li> </ul>	<p>Talking to the safe person:</p> <p><b>‘You are a really important person to [child]. I am worried they are being hurt at home. Sometimes kids don’t tell adults about all the things that are happening to them straight away. What do you think you could do to help [child] talk to you?’</b></p> <p><b>‘You can really help [child] by listening to their worries or fears and by letting them know you believe them and you care about them.’</b></p>



### In Practice

**For young people who are safe friends, it is especially important to explore their capacity to be a safe friend and their support networks.**

Use the [‘What is a safe person’](#) factsheet on the Casework Practice site.



Go to



the [‘Working with young people at risk of sexual exploitation’](#) chapter, (page 26) for guidance about how a safe friend can support a young person.

## 2 Part two: Responding



### Explaining the safe object concept to children, parents and safe people

The safe object is an item that the child can put in a particular place to let the parent or the safe person know that they are worried or unsafe. Children and young people may be cautious. They may not have the language to talk about the abuse they are experiencing or even their feelings of discomfort or worry. The safe object is a tool the child can use to alert safe people to any distress. It takes away the responsibility from the child to disclose their abuse and makes it the responsibility of the safe people to be curious about why the child is worried or scared. The [safe object factsheet](#) on the Casework Practice site will provide you with further information and can be given to the parents and safe people.

#### In Practice



**As you explore the safe object with a child and family it is important to remember that this object will not keep the child safe.**

The object is one idea you can use to help the child tell others about feeling unsafe or unsure.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p><b>Talk to the child to:</b></p> <ul style="list-style-type: none"><li>■ identify signs that they might be feeling unsafe or unsure</li><li>■ explain what the safe object is</li><li>■ explain when they can use the safe object (if they are feeling unsafe or unsure or if a safe family rule is broken)</li><li>■ practice the safe object concept with the child.</li></ul>	<p><b>Talking to the child:</b> Use the Safe / Unsafe cards</p> <p><b>‘Look at this card. How do you think this child is feeling? How would you be feeling if this happened to you? What would you do? Who would you tell?’</b></p> <p><b>‘How does your body feel when you are scared? When was the last time you felt scared? If you feel scared again, you can tell your mum by putting [safe object] on top of the bookshelf.’</b></p> <p><b>‘What would you do with your (safe object) if you were feeling worried or scared?’</b></p> <p><b>‘What would you do with your [safe object] if [suspected offender] comes into your room at night?’</b></p>



PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p><b>Talk to the parent and safe person to:</b></p> <ul style="list-style-type: none"> <li>■ explain what a safe object is and how it can help the child to talk about their worries or fears</li> <li>■ explain why the safe object is important</li> <li>■ encourage them to notice the child's feelings and check in with the child about their feelings regularly</li> <li>■ prepare them for the child talking to them about the abuse.</li> </ul>	<p><b>Talking to the parent and safe person:</b></p> <p><b>'[Child] has chosen a special teddy as their safe object. They will put the teddy underneath their bed if they are feeling worried or scared. I would like you to ask them about their worried or scared feelings if the teddy is underneath their bed.'</b></p> <p><b>'You also don't have to wait for [child] to move the teddy. If they look sad or worried or angry you can notice that and ask them about it. That might help them to be able to talk about what is going on and it will show them that you care.'</b></p> <p><b>'Kids often find it hard to tell adults exactly what is going on. If [child] talks about feeling unhappy or uncomfortable with [suspected offender] it is important to ask them about that and to let me know as well.'</b></p>

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## Case Study

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**Jayden (8) and  
Matilda's (6) story**

# Jayden and Matilda's story



Jayden (eight) was reported to DCJ because of concerns that his step-father, Robert was sexually assaulting him. Jayden had told his maternal grandmother, Margaret that he didn't like the touching game and he didn't like Dad (Robert). Margaret also reported that Jayden has been touching his 'willy' lately and that when she has told him to stop he says that he is playing a 'touching game'. Margaret was also concerned that Jayden was scared to say anything else because Robert would stop paying for his computer games.

**When Kerry talked and asked him directly about the touching game, he became upset and didn't want to talk anymore.**


A safety plan (using the safe family rules approach) was put in place. The safety plan allowed Robert to remain in the home and addressed the details of daily life including the need for constant supervision of Robert and routines around sleeping, bathing, toileting and waking up. The safety plan also addressed specific risk factors for Jayden and Matilda (six) including touching and tickling games with the children, buying gifts for the children and support for Sarah (Jayden and Matilda's mother).

## Jayden and Matilda's Story - Update:

Kerry the caseworker is now completing a risk assessment for Jayden and Matilda. Kerry meets with Jayden and he tells her that he knows all the safe family rules. Kerry asks him what rules he likes. He says 'I don't have to go in the car with Dad.' Kerry asks him about what he doesn't like about going in the car and Jayden tells her that Dad 'does silly things'. Jayden says the silly things make him feel sick in the tummy. Kerry tells Jayden that sick tummies can sometimes mean that kids are sad or scared. Jayden nods but tells Kerry he doesn't remember what the silly things are. Kerry asks Jayden to think about who he could tell if he felt sad or scared by asking him to draw a balloon with their face inside. Jayden draws balloons with a picture of his granny, his mum and his teacher, Ms Jaclyn. Kerry asks Jayden if it is okay for her to talk to Granny, Mum and Ms Jaclyn about how they can all work together to keep Jayden safe. Jayden tells her that 'it's okay but maybe you shouldn't talk to Mum because she is sick in the head'. Kerry asks Jayden what that means and Jayden says she cries and shouts a lot and that 'Dad says she has gone loopy'. Kerry acknowledges that it must be hard to see his mum crying and shouting. Kerry tells Jayden that she will make sure Sarah gets some help too. She explains that Sarah needs to know about how to keep Jayden safe at home and Jayden agrees that she can be part of the plan to keep Jayden safe.

 Go to



the **'Safety planning'**  chapter (page 32-33) to read example safety plans for Jayden, Matilda, Sarah and Robert.




## In Practice

**During this case study Kerry asks Jayden a series of questions.**

In your work with children, parents, the suspected offender and the community you would use your motivational interviewing engagement skills and would spend more time in reflecting and listening than you would questioning them.

 Go to



the **'Working with children'**  chapter (page 20-26) for ideas for engaging with children and helping them to tell their story.



Kerry also talks with Matilda. Matilda says that she knows the safe family rules and that they are stuck up on the fridge. Matilda says Jayden has been yelling about not getting games and that Mum has been sad and angry with Dad. Matilda also says that Granny has been coming over to help get her ready for school. Kerry uses the safe and unsafe cards to talk to Matilda about her safety. Matilda says she feels safe with Robert, Sarah, Granny and Jayden but she doesn't like it when they fight. Matilda says that she would talk to Granny or Mummy if she was sad or scared.

Kerry meets with Sarah to find out how the safe family rules are working for the family. Sarah tells Kerry that things have been hard. She has realised how much she was relying on Robert to care for the children. She tells Kerry that she talks to the children about the safe family rules every day and that they can recite their safety plan. Sarah states that she has been feeling 'pretty down' and has been struggling to get up in the mornings to get the children off to school. Sarah says that Belinda (family support worker) has been coming over once a week to talk about her worries. Sarah says that she also has a weekly appointment with her psychologist, Helen and that these appointments really help her to stay well. She says Belinda and Helen know a lot about 'this stuff' and have been helping her to understand her feelings and that 'all this is not my fault'. Sarah has also been calling on her mum, Margaret to come over and get the children dressed in the morning. Kerry acknowledges Sarah's commitment to the family rules and the safety plan. She also says that it sometimes it can be hard to reach out for support and praises her for accepting support from her family, family support worker and psychologist.



Go to




page 44-45 of **this chapter** to see suggested case plan actions for Sarah.

The case plan at the end of **this chapter** focuses on interventions with Sarah, children and safe people.



Go to



the **'Working with the suspected offender'**  chapter (page 32-33) for examples of case plan actions when working with the suspected offender.

# Jayden and Matilda's story



continued...

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Sarah tells Kerry she still loves Robert and thinks he is a good dad to Matilda but that she is now really worried that 'something might have happened to Jayden'. When Kerry asks about what is making Sarah worried she says that Jayden has thrown some really big tantrums about Robert not buying him computer games. Jayden has also told her that he 'wishes he had never said anything about the touching game'. Sarah says she has started to notice things, like the fact that Robert would never take Matilda out for long car trips, only Jayden. Sarah says that Jayden would always try to get out of going on car trips by saying he has a tummy ache. Kerry tells Sarah about her conversation with Jayden. Sarah begins to cry and says that she can't imagine that Jayden has been 'fiddled with' but she is getting more and more worried.

Kerry tells Sarah that Jayden has also spoken about the car trips and he has told her that he didn't like going in the car with Dad because 'he does silly things that make him feel sick in the tummy'. Kerry explains that it can take some time for children to speak out about abuse and that it is more common for children to give parents little snippets of information and to show their distress through their behaviour and symptoms like sore tummies.

Kerry asks Sarah what she could do or say to Jayden to show him that she is worried about him. Sarah says she would like to tell Jayden that she wants to keep him safe and that he can tell her anything without getting into trouble. Kerry shows Sarah the 'Some Secrets Should Never Be Kept' book and suggests that Sarah reads the book to Jayden and Matilda. Kerry tells Sarah that books can sometimes make it easier for children to talk about sexual abuse. She suggests that they have a talk about how scared Alfred was to talk to his mum and to reinforce that Sarah would keep Jayden safe just like Alfred's mum did.

Kerry tells Sarah about who Jayden and Matilda have put in their balloons (representing people they could tell if they felt scared or sad). Sarah says she is not surprised that Jayden put Ms Jaclyn in a balloon. She said Ms Jaclyn seems to be a really nice woman who has taken 'a shine' to Jayden. Sarah and Kerry agree that Margaret and Ms Jaclyn will both be safe people but that Ms Jaclyn will not be told 'everything'. They agree that Ms Jaclyn will be told that DCJ is worried that Jayden is being hurt at home and that everyone would like her to be involved in a plan to help him talk about what is happening at home. Kerry also tells Sarah that Jayden is worried about her because she has been crying and has been angry with Robert. Sarah says that she is 'trying to keep it all together' but she does sometimes 'lose it with Robert'. Kerry asks what Robert does when Sarah loses it. Sarah says that he calls her 'sick in the head' and says the kids should be careful because she is 'loopy.' Sarah says that this 'makes her feel like crap'. Kerry agrees to talk to Robert about the way those words make Sarah and the kids feel.

Kerry also calls Ms Jaclyn, Jayden's teacher. Ms Jaclyn says that Jayden is a quiet, serious boy who doesn't have much confidence and is behind in his school work. She also says she has 'a real soft spot' for Jayden and that he is a kind boy who is always looking out for others. Kerry explains that she can't tell her everything but that Jayden and Sarah have both put a huge amount of trust in her and are willing to tell her some things about DCJ worries. Kerry explains she is worried that Jayden is being hurt at home and would like Ms Jaclyn to be part of a plan to help Jayden talk about what is happening. Ms Jaclyn says she is happy to 'be there for Jayden' and do whatever Kerry suggests.





**Further information**

Kerry meets with Belinda and Margaret, who agree to be part of the case plan and continue to support the family. Belinda tells Kerry that she is continuing to explore the worries about Jayden with Sarah and that she thinks Sarah is very protective of the children. Sarah has put the safe family rules on the fridge and has been very clear that she is making sure the rules are followed. Margaret also states that she is staying over some nights to help with the children. Margaret lives 10 minutes' drive away and tells Kerry that she is always 'up with the sparrows'. Margaret calls Sarah every morning at 7am to see if she needs help to get the kids ready for school and comes over if Sarah asks her, or if she doesn't answer the phone.

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# Family Case Plan - Sarah's actions:

In practice there would be a holistic family case plan; for the purpose of this chapter these actions relate only to Sarah (Jayden and Matilda's mother).

#	WHAT NEEDS TO CHANGE FOR IT TO BE SAFER FOR MY CHILDREN:	WHAT WILL BE DONE TO MAKE THESE CHANGES:
2	<b>I will make sure Jayden and Matilda can tell me (or other safe people) if Robert breaks the safe family rules or if they feel scared or worried.</b>	<p>Kerry will meet with Jayden and Matilda to talk about how they are coping with the safe family rules and their feelings.</p> <p>Sarah and Margaret will notice if the children seem upset and will ask them about it.</p> <p>Sarah, Kerry and Margaret will explain the safe object concept to the children.</p> <p>Sarah and Margaret will check under Matilda's bed and in Jayden's bookshelf to see if the safe object has been moved before dinner every night. If it has been moved, they will ask Jayden about it.</p> <p>Ms Jaclyn will check if Jayden moves the safe object every afternoon. She will also will notice if Jayden is feeling upset and will ask him about it.</p> <p>Sarah will tell Kerry and Belinda if one of the kids moves the safe object.</p> <p>Sarah will tell Kerry and Belinda if Robert breaks one of the safe family rules.</p> <p>Sarah will call Kerry if she is finding it difficult to keep the safe family rules in place.</p>
11	<b>I will continue to manage my depression with medication and counselling. I will notice if I am feeling down and I will get help from my mum, Belinda, Kerry, Helen (psychologist) and Nadia (general practitioner).</b>	<p>Sarah will continue to take Effexor every morning.</p> <p>Sarah will notice any signs of becoming unwell (eating too much, not going to the gym, difficulty sleeping, sleeping during the day) and will call Nadia.</p> <p>Kerry and Sarah will meet with Nadia so that she understands the worries about Jayden and can monitor Sarah's mental health and Jayden and Matilda's wellbeing.</p> <p>Kerry and Sarah will meet with Helen so that she understands the worries about Jayden and can provide targeted counselling and support to improve Sarah's mental health.</p> <p>Belinda will visit Sarah at home. She will check in with Sarah about her mental health. Belinda will also transport the children to homework club.</p> <p>Margaret will sleep overnight to help with the morning routine as needed.</p>
2	<b>I will learn more about sexual abuse and why Kerry (and other people) are worried that Robert is fiddling with Jayden.</b>	<p>Sarah will write her feelings down and will take notice of times when she is really worried that Jayden has been fiddled with and times when she doesn't believe it has happened. She will talk about these feelings with Helen, Belinda and Kerry.</p> <p>Sarah will read information from 'Helping to Make It Better' to understand how she can help Jayden talk to her and why children can't just make sexual abuse stop.</p> <p>Helen will share her knowledge about child sexual abuse with Sarah. Helen will ask Sarah about her feelings about Jayden at counselling every Monday. Helen and Sarah will talk about times when she believes that Jayden has been fiddled with by Robert and times when Sarah believes Robert.</p> <p>Kerry will talk with Sarah about Jayden every week. They will meet once a fortnight and talk on the phone on the other week. Kerry and Sarah will talk about times when she believes that Jayden has been fiddled with and times when she believes Robert.</p>

Family Goal Statement:	
Date: 02.02.2017	Next Review Date: 02.04. 2017

WHO WILL DO IT AND BY WHEN:	WHAT WILL BE DIFFERENT? HOW WILL THE CHILD EXPERIENCE THIS CHANGE?
<p><b>Kerry</b> - every two weeks</p> <p><b>Sarah and Margaret</b> - every day</p> <p><b>Sarah, Kerry and Margaret</b> - 02.02.2017</p> <p><b>Sarah and Margaret</b> - every day</p> <p><b>Ms Jaclyn</b> - every day</p> <p><b>Sarah</b> - whenever needed</p> <p><b>Sarah</b> - whenever needed</p> <p><b>Sarah</b> - whenever needed</p>	<ul style="list-style-type: none"> <li>■ Jayden and Matilda will tell Sarah, Margaret and Ms Jaclyn (for Jayden) if the safe family rules are broken or if they feel scared and worried.</li> <li>■ Sarah, Margaret and Ms Jaclyn (for Jayden) will notice if the children are upset and will ask about it.</li> <li>■ Jayden and Matilda will feel confident that they won't be in trouble for speaking out about their worries.</li> <li>■ Jayden and Matilda will feel safe to talk about their feelings with Sarah, Margaret and Ms Jaclyn (for Jayden).</li> </ul>
<p><b>Sarah</b> - every morning</p> <p><b>Sarah</b> - whenever needed</p> <p><b>Sarah, Kerry and Nadia</b> - 08.02.2017</p> <p><b>Sarah, Kerry and Helen</b> - 08.02.2017</p> <p><b>Belinda and Sarah</b> - every Tuesday at 2.30 pm and every Wednesday afternoon</p> <p><b>Margaret</b> - every Monday and Wednesday night</p>	<ul style="list-style-type: none"> <li>■ Jayden and Matilda will be at school on time and will have all their needs met.</li> <li>■ Jayden and Matilda will be able to see that their mum is taking care of herself and taking her medication so that she can care for them.</li> </ul>
<p><b>Sarah</b> - every day</p> <p><b>Sarah</b> - starting today</p> <p><b>Helen and Sarah</b> - every Monday</p> <p><b>Kerry and Sarah</b> - every week</p>	<ul style="list-style-type: none"> <li>■ Matilda and Jayden will see that their mum is getting support.</li> <li>■ Sarah will be able to talk to people who can understand sexual abuse and can help her understand why DCJ, Margaret and other people are worried about Matilda and Jayden.</li> <li>■ Sarah will be able to notice if Robert is doing things that make her feel worried that he has fiddled with Jayden.</li> <li>■ Sarah will be able to notice if the children are doing or saying things that make her feel worried that Robert has fiddled with Jayden.</li> </ul>



Key messages  
from this  
Chapter

Children and families who are isolated, marginalised and otherwise silenced are significantly more likely to be targeted by offenders.

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Many parents may struggle to believe unequivocally that their child has been sexually abused or is at risk of sexual abuse. Belief takes time and it is not uncommon for parents to move on a continuum between believing the abuse and denying the abuse.

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Notice and respond to signs of sexual abuse even when responding to other abuse types.

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Connect children and parents to supportive adults and friends to shine a light on the risk, provide children with supportive connections and give them an opportunity to speak out about abuse.

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Encourage children to talk about their worries to you, their parents and other safe people. Educate people around the child on how best to respond.

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# Notes



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Communities  
& Justice