Working with the suspected offender

See, understand and respond to child sexual abuse.

Issued by DCJ for use by Child Protection Practitioners.

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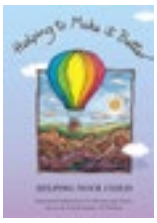
Resources

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 Working with the suspected offender section.

Traffic Lights: ☜ A resource that describes age-appropriate and concerning sexual behaviour in children. It breaks this behaviour into green (normal) orange (outside normal) and red (problematic or harmful). Note: this resource should be applied as a guide only. It is not sensitive to diversity (cultural, religious and familial) and should be used only by practitioners with an understanding of the dynamics of child sexual abuse.



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.

Working with the suspected offender

About this chapter

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Suspected offenders are generally closely connected to children. By working with the suspected offender we will improve children's safety by:

- understanding the child's relationship with him and how they view him
- listening for discrepancies between his story and what we know from other sources
- understanding how he is representing the child to others
- understanding how he is representing the risk of significant harm concerns to others.

Working with suspected offenders, and indeed confirmed offenders, is challenging for many practitioners. You need to assess risk and safety while you manage your emotional responses, remain aware of the impact of any grooming tactics on your practice and respond to likely denial and minimisation by the suspected offender. You may feel angry with him or he may make you feel uncomfortable.

Child protection practitioners are most likely to work with a suspected offender where we are trying to establish safety and assess the risk of harm to a child and there is not sufficient information for a JIRT or police response. There may also be times when you are working with someone who has been substantiated as a Person Causing Harm (PCH) for one child and we are trying to assess the risk he poses to another child. This chapter will assist you to work with the suspected offender, assess the risk he poses to the child and gain valuable insight about his relationship with the parent and the child.

PLEASE NOTE

You will notice that the offender is referred to as a man in this chapter. This reflects the fact that the overwhelming majority of child sex offenders are men. It is however, recognised that offenders can be female.

18+

This chapter is for suspected offenders who are over the age of 18. Many of the strategies used in this chapter would not be appropriate for children with sexually harmful behaviour.

Go to

the **'Working with children who display sexually harmful behaviour'** chapter for information on working with children under the age of 18 who have sexually harmful behaviour.

In Practice

The suspected offender will generally be well known to the child and family. To these people he will be known and defined by his relationships and not by the title 'suspected offender'.

Use the child and family's words when describing the suspected offender (for example, uncle, and dad) and avoid bureaucratic language. Look for opportunities to show that you understand that the suspected offender is someone they are connected with.

Go to

page 21 of **this chapter** for more information on women who sexually abuse children.

1 Part one: Seeing and understanding

Key question:

- How can I be aware of the impact of grooming on the way I work with the child and the family?

2 Part two: Responding

Key question:

- How can I work effectively with the suspected offender to build safety for the child?

Part one: Seeing and understanding

Key question:

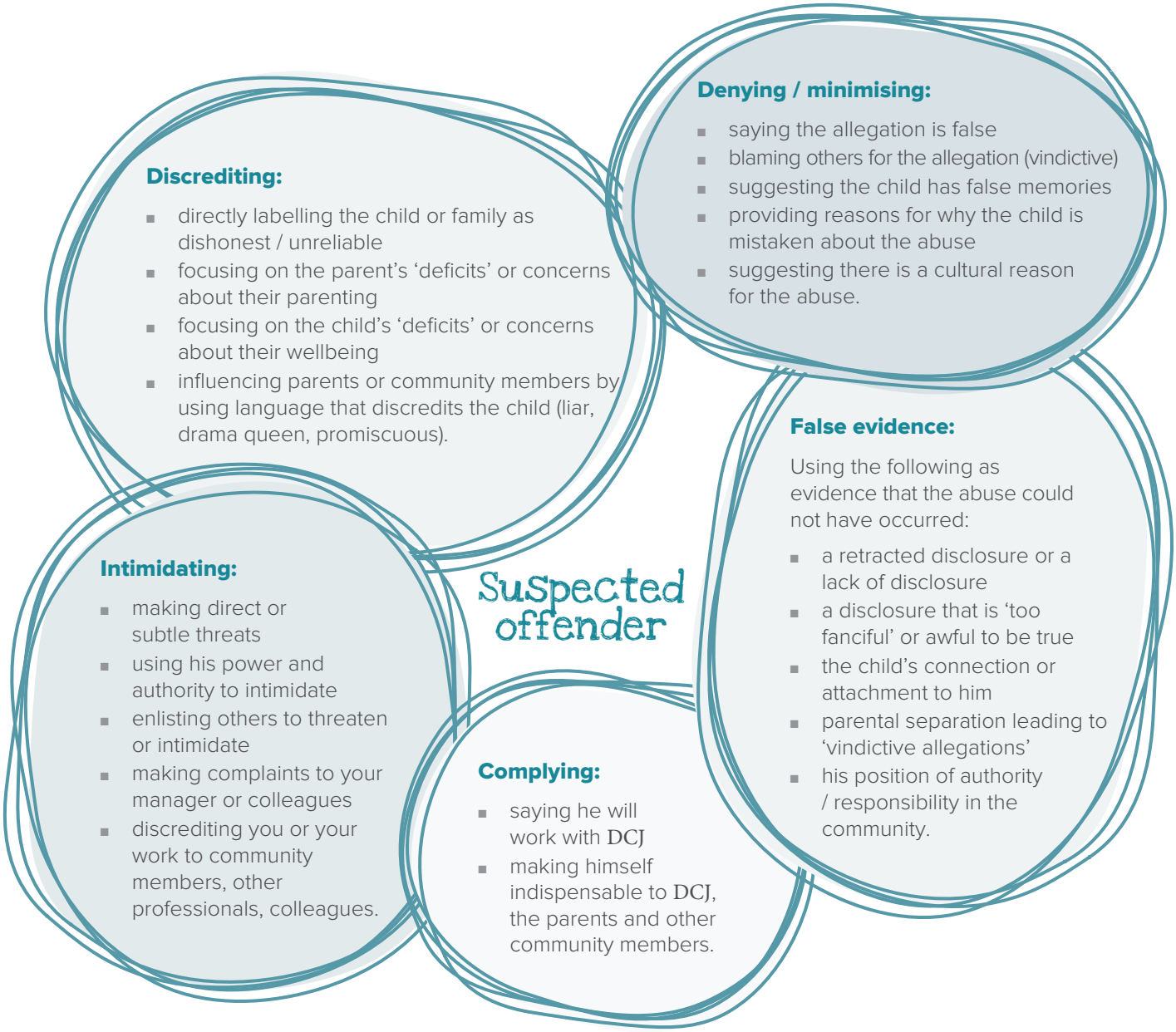
- How can I be aware of the impact of grooming on the way I work with the child and the family?

1 Part one: Seeing and understanding

The signs of grooming

We know that offenders do not just groom children. They also groom adults who are connected to the child and family. This includes professionals.[1] The diagram below describes common and well-evidenced techniques that may be used by the offender to prevent adults from noticing and responding to their sexual abuse. You may wish to use this diagram to inform discussions during supervision, discussions with your colleagues, case conferences, and to inform your own critical reflection.

Diagram One
Strategies that offenders use to groom adults



[1] Tanner,S. and Brake, J. (2013) *'Exploring sex offender grooming.'* www.kbsolutions.com

Being aware of grooming in your casework

Offenders groom adults who are important to the child. This includes parents, community members, professionals and institutions such as schools, churches, and residential care providers.[2]

Offenders groom adults to gain their trust and prevent them from noticing the abuse. Grooming adults is different to grooming children because the focus is on making people like the suspected offender and making sure they do not notice the abuse.

In Practice

Grooming is not just something that happens to you. If you are aware of this behaviour you are in control of your own responses.

Use the diagram on page 8 to reflect on the way that your behaviour, beliefs and assessment may be impacted by the suspected offender.

Experts say...

'In order to escape accountability for his crimes, the perpetrator does everything in his power to promote forgetting. Silence and secrecy are the perpetrator's first lines of defence. If secrecy fails, the perpetrator attacks the credibility of his victim. If he cannot silence her absolutely, he tries to make sure no one listens.'

Judith Herman, 1997 Author and academic. Professor of psychiatry, Harvard University and psychiatric director at the Women's Mental Health Collective in Somerville Massachusetts.

[2] Office of the Senior Practitioner (2016). *Child sexual abuse - what does the research tell us?* Department of Family and Community Services, Sydney: Esposito, C.

Being aware of grooming in your casework

continued...

Professionals who have regular contact with the child, the family and the offender may be deliberately groomed. Without awareness, reflection and supervision, the way in which you respond to and report allegations of abuse can reflect this grooming.

This table outlines some common signs that you (or other professionals) may have been groomed and some questions you can ask to minimise the impact of this on your case work.

Instead of conversation ideas, this table provides some reflective prompts to use in your own personal reflection, supervision or discussions with your colleagues or professionals from other agencies.

SIGNS OF GROOMING IN PARTNER AGENCIES: (police, education, early childhood, family support services)	REFLECTIVE PROMPTS:
The partner agency may be: ▪ describing the offender in a positive way ▪ describing the children in a negative way ▪ describing the mother and family in a negative way ▪ minimising or denying the sexual abuse allegation ▪ focused on the strong relationship they have with the suspected offender ▪ focused on the offender's position within the family and community or within the agency.	'How might the child be experiencing this agency?' 'Where have these negative labels come from?' 'Who do these labels help?' 'What is the impact of the suspected offender's position in this community on the child / family?' 'Who is this professional focused on? Who are they advocating for? How might this impact on their perception of the suspected offender?'

In Practice

The community may react to the offender in a very negative, angry and blaming way.

It is hardly surprising that offenders put a significant amount of effort into making sure their abuse is not discovered.

SIGNS OF GROOMING IN CASEWORK:	REFLECTIVE PROMPTS:
Practitioners may be: ▪ using language in conversations and records that stigmatises the child or family and casts doubt on their reliability. For example, '[child] is promiscuous' ▪ avoiding interactions with the child or parent ▪ reluctant to engage with the suspected offender and placing the responsibility for safety on the parent ▪ overly worried about the suspected offender's well being and the impact of the allegations on him ▪ overly worried that the allegations are false. **Casework is focused on:** ▪ responding to the child's behaviour rather than exploring the underlying reasons for the behaviour ▪ responding to other risk of harm concerns and minimising the child sexual abuse concerns ▪ fear of high level and costly complaints proceedings that the suspected offender has instigated or threatened to instigate ▪ making sure that the reported allegation is not malicious or otherwise rather than focusing on the child's safety ▪ the suspected offender's versions of events rather than the child's safety ▪ making sure the suspected offender is able to remain in the family home, particularly where his presence is seen as being central to the family's functioning.	**'What might the suspected offender be doing to prevent me from seeing and understanding the risk they pose?'** **'What is the impact of this label on the child?'** **'What do I believe offenders look like and how might this impact on the assessment?'** **'What would safety look like for the child?'** **'Who is the central person in this story?'** **'Where am I sitting on a scale of belief (one = I do not believe the allegation 10 = I completely believe the allegation)? Why am I sitting there? What would move me to a two? What would move me to an eight?'** **'How can I make sure the suspected offender's version of events does not divert me from building safety for the child?'** **'If the suspected offender is using these strategies to silence me, what strategies might they be using with the child?'** **'What does this information mean for the sexual abuse concerns and the safety of the child?'** **'Is the child's relationship with their parent being impacted by the suspected offender?'**

2 Part two: Responding

Key question:

- How can I work effectively with the suspected offender to build safety for the child?

2 Part two: Responding

Responding to the suspected offender

CSC practitioners will need to talk to the suspected offender in circumstances where the child is not eligible for JIRT involvement. You should always talk to your local JIRT Referral Unit (JRU) or Local Area Command (LAC) before talking to a suspected offender. You can also use your local JIRT, casework specialist and the clinical issues team (**clinical.issues@dcj.nsw.gov.au**) as a resource to help you plan for your interview. Remember, if in doubt call your local JIRT.

Part two will provide you with information on:

- working with the suspected offender
- addressing historic allegations / reports with the suspected offender
- making decisions about contact with the suspected offender.

Evidence

Although figures vary, many studies have shown that people who have committed serious and repeated violent offences against adults or children have experienced poor quality childhood attachments and significant trauma in childhood as a result of neglect, physical abuse, sexual abuse or other issues.

In general, isolation and alienation experienced by offenders is a critical factor in starting and maintaining their sexual abuse of children.

How could this information help us understand and respond to the suspected offender?

Go to

chapter four of the **OSP Child Sexual Abuse Literature Review** for more information on risk factors for child sexual abuse offending.

Working with suspected offenders can be challenging. Preparation can help you to be in charge of the interview and to remain focused on building safety for the child.

Some ideas to guide your preparation

- Think about when to interview the suspected offender and the timing and sequence of interviews. For example, what are the pros and cons of interviewing the suspected offender before or after the child, the parent, and other agencies?
- Gather as much information as possible (from police, agency partners, child protection history) before interviewing.
- If child protection concerns have been raised with the suspected offender previously, understand how the concerns were raised, who raised the concerns and how the suspected offender responded.
- Think about how the suspected offender may react to the child protection concerns and how you might respond to him. For example, plan how you will respond to charm, aggression, minimisation or denial.
- Be aware of signs that you are becoming upset, angry or stuck. For example, raising your voice, clenching your hands, becoming flushed. Work on strategies to calm yourself. For example, taking a big breath, taking a break.
- Discuss your signs of stress with your colleague and plan for how they will step into the conversation if you become upset, angry or they believe the interview is becoming sidetracked.

Some ideas to guide your preparation
continued...

- You should always have another practitioner with you when you meet with the suspected offender, however the first interview should not involve any other people. Plan for how you will respond if there are children or other people close by when you interview the suspected offender.
- If you conduct further interviews with the suspected offender together with other family members, plan for how you will respond to observable grooming. For example, if the suspected offender is using negative labels to describe the child in front of the parent. Always plan for how you will make sure the children are not present or in immediate proximity when you are interviewing the suspected offender or other family members.
- Arrange enough time to debrief with your manager before you go home.

Go to

the **'Safety planning'** chapter to understand key concepts for working with the child, parent and suspected offender to build safety for the child.

Go to

the **'Risk assessment and casework'** chapter (pages 17-23) for information on assessing the risk posed by the suspected offender.

Working with the suspected offender to understand current concerns

Working with suspected offenders is difficult for many practitioners. People who sexually abuse children are generally seen as the most undesirable and the least worthy of support or connection in our communities.[3] Practitioners commonly report feelings of disgust, mistrust and fear of the suspected offender. While these feelings are common, they can be a stark contrast to the child and parent's experience of the suspected offender, which may be quite positive. It is important that you monitor your feelings towards the suspected offender through self-reflection and supervision. This will help you to make sure your feelings towards the suspected offender do not prevent you from understanding the child and parent's experiences, assessing risk and building safety.

Experts say...

'The suspected offender should be doing most of the talking. If you find that you are doing most of the talking or that the focus of the meeting is on justifying your concerns, pause, reflect and change course. It can be helpful to sit in silence after asking a question. Practice sitting in silence to make sure that you can allow this to occur.'

Dale Tolliday, Clinical Advisor, New Street Services.

Your capacity to build a professional relationship with the suspected offender is critical to helping you understand the:

- experience of living with the suspected offender for the child and the parent
- way in which the suspected offender is representing themselves and the allegations to others
- barriers that may be impacting on the child's ability to tell others about the abuse
- barriers impacting on the parent's ability to believe.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
Ask the suspected offender about the child. ▪ How did they meet the child? ▪ How would they describe their relationship with the child? ▪ Do they have any worries about the child?	'I am here today to talk about [child]. Can you tell me about them? Can you tell me about your relationship with them?' 'If [child] was here today, what do you think they would say about you?' 'Do you have any worries about [child] at the moment? Does anyone else share these worries?'

[3] Best, D. W., & Lubman, D. I. (2012). The recovery paradigm: A model of hope and change for alcohol and drug addiction. *Australian family physician*, 41(8), 593.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
Discuss the current child protection concerns directly. ▪ Have they heard about the concerns from another person? ▪ Where did they get this information from? ▪ How have they responded to this information?	'Child protection does not get involved with a family unless we have very serious concerns. What do you think I might be worried about? What makes you say that?' 'I have information that makes me worried [child] has been sexually abused. Why do you think I might be worried about that? Have you seen / heard anything that might make you worried also?' 'I am here because I am worried that [child] is being sexually abused. I am talking to you because a number of people have said things that make me think you might be hurting [child] sexually.'
Ask the suspected offender for their explanation about the child protection concerns. This may provide you with information about how they are representing the concerns to others. It may also give you an understanding of their level of empathy for the child and their willingness to work with you.	'This kind of thing (child protection investigation about child sexual abuse) doesn't happen in most families. There is normally a reason why it is happening. Do you have any ideas why?'
Discuss how and where the suspected offender spends time with the child. This will give you an understanding of their opportunity to groom and sexually assault the child.	'What things does [child] like doing with you?' 'How does [child] respond when you show them affection?' 'When do you spend time alone with [child]?'

Go to

the responding section of 'Safety planning' chapter for ideas on talking with the child, parent and suspected offender about the safe family rules. The safe family rules respond to circumstances where child sexual abuse is suspected but not confirmed, and aim to make sure the suspected offender does not have the opportunity to sexually abuse the child.

Working with the suspected offender to understand current concerns continued...

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
Suspected offenders tend to be people who are closely connected to children. By asking about the kind of activities and relationships they have with children you are able to understand: ▪ their relationships with children generally ▪ the opportunities they have to sexually abuse the child ▪ the way that they view their role in the child's life ▪ their ability to empathise with the child and notice their verbal and non-verbal cues.	'You seem to be someone who enjoys spending a lot of time with children - what do you like about children? What activities do you like doing with children?' 'Tell me about hanging out with [child]. Where do you hang out? Who is there? Where do you sit? What about [child]?' 'How do you know when [child] is feeling safe?'
Be alert to the suspected offender's: ▪ activities that involve a significant amount of physical contact, nudity or near nudity ▪ contact with children that is not closely supervised. For example, watching television on the couch while another adult is in the room but cannot see exactly what is happening ▪ statements that indicate the suspected offender overly identifies with children or aligns himself with children. For example, 'I am very childlike'.	'How do you know when [child] likes what you are doing together? When is the last time that happened? Who else was there?' 'How do you know when [child] is not enjoying what you are doing together? When is the last time that happened? Who else was there?'

In Practice

Offenders may sexually abuse children when they are in the same room as other adults.

This can help to make the abuse appear 'normal' or 'sanctioned' by the other adults. Be alert to times the suspected offender is with the child and is not closely supervised. Be particularly alert to blankets or other items that could be used to cover up acts of sexual abuse. For example, reading stories or watching television while the child or suspected offender's lap is covered by a blanket.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
Be curious about the suspected offender's beliefs about: ▪ what children need from adults ▪ what children should know about sex ▪ when children should become sexually active (including differences between boys and girls). **Be alert to:** ▪ indicators that the suspected offender has been involved in prompting talks about sexual development with the child and parent ▪ indicators that the suspected offender is heavily involved in offering advice or opinions about sexual development ▪ beliefs that may indicate thinking errors that justify child sexual abuse. For example, 'children like being close to adults' or 'children are sexual beings.'	'Who does [child] talk to about growing up, sex, relationships? Have you been there when [child and parent] have had these kinds of chats? What is your role in these kinds of chats?' 'What do you think children need from adults?' 'When do you think children should first find out about sexual things? How should they find out? How about [child]? What do they know? What do you plan to tell them?'
Ask about the future. A suspected offender may find it difficult to identify any problems with their abuse now but may recognise the harm they are doing if they are asked questions about the future impact on the child.	'Let's fast forward 15 years to when [child] is the same age as you are now. Children tend not to forget things like this. What do you think they will say about this time of their life? What will they say about you?'
Find the common ground you share with the suspected offender and focus on the shared desire to keep the children safe.	'We both want [child] to feel safe at home and we both want to be sure that they are not being sexually abused. What do you think needs to happen for me to be sure the children are safe?'

Working with the suspected offender to understand current concerns continued...

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
Discuss the child, the parent and other family members with the suspected offender. How does the suspected offender view them and represent them to others? What purpose does this serve? Be alert to dynamics that isolate the child or make them special. Be alert to the suspected offender's behaviour and beliefs that undermine the child's relationship with their parent or other trusted adults in their life.	'What is [child] good at? What is frustrating about living with them?' 'Who is [child] close to? What do you think about this relationship?' 'Tell me about [parent]. What kind of a parent are they?' 'Are there things [child] finds easier to talk to you about (rather than the parent)?'
Involve other agencies in noticing the suspected offender's behaviour. Ask them to be actively involved in supporting the child and monitoring their interaction with the suspected offender: ▪ talk openly to the agency and explain your child protection concerns ▪ tell the agency how the suspected offender is likely to represent the concerns to them ▪ invite the suspected offender to speak about the allegations in interagency meetings (where appropriate) ▪ invite the suspected offender to consider who can be involved in the safety plan (where appropriate).	We are very worried about [child] because (name the non-verbal behaviour, partial disclosure or help-seeking behaviour that is of concern). This can be a sign of sexual abuse. We are worried about their contact with [suspected offender] but we don't have enough information to say that [child] is definitely being sexually abused. We would like the childcare centre to be involved in keeping [child] safe and we would like to have a meeting with everyone so that we are all on the same page. [Suspected offender] will also be there. It is important that we listen to his version of events and that we are also very clear that [child's] behaviour is very concerning.' 'It would be very helpful if you could come to the meeting to be part of explaining why DCJ is involved with your family.'

Go to

the 'Working with children' chapter (pages 27 35) for information on different ways that children may tell adults about their abuse. This information will help you notice when a child is trying to tell you about their abuse and how to respond supportively.

Evidence

Women who sexually abuse children

Females can and do perpetrate child sexual abuse. Cortini and Hanson looked at the rates of female-perpetrated sexual abuse from both court and police records across Australia, New Zealand, the United Kingdom and the United States of America and found that when averaged across those countries, women were responsible for a combined average of four point eight per cent of all child sexual abuse offenses.

While there is not a large body of research to draw on, what is written strongly suggests that a child who is sexually abused by a female will experience similarly negative impacts including depression, self harming, suicidal ideation, fear, anxiety, social isolation and substance abuse. These negative impacts can be compounded by community perceptions that minimise and trivialise the abuse. An Australian study of 231 psychiatrists, psychologists and child protection workers found that both male and female practitioners described sexual abuse by a female as less damaging and less worthy of professional intervention and criminal prosecution than male-perpetrated sexual abuse.

Working with female suspected offenders

Current research shows that all adult women who sexually offend against children have had abusive childhood experiences. This finding is repeated for girls with sexually harmful behaviour. As adults, they experience repeated domestic violence and isolation and may have a co-perpetrator who is participating in the sexual abuse.

Researchers who have developed models for understanding female offending advocate strongly for an approach that takes into account the female's safety, her past trauma, her social and emotional functioning and her relationships with others.

Go to

chapter four of the **OSP Child Sexual Abuse Literature Review** for more information on the research by Cortini and Hanson and other studies on women who sexually offend against children.

Working with the suspected offender when there are previous reports of sexual abuse

Previous reports of sexual abuse should be taken very seriously even if they were not investigated or substantiated at the time. Discussing previous reports with the parents and the suspected offender can also give you insight into risk factors for future sexual abuse and the way the suspected offender is representing their past behaviour to others.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
Discuss any previous allegations as this may give you an understanding of how the suspected offender is representing the allegations and himself to others. **Ask about:** ▪ the child ▪ the parent/s ▪ why the allegations were made.	**'Tell me about** [child who made previous allegations] **who you lived with between 2000 and 2008.'** **'Tell me about** [child's] **parents?'** **'Why do you think people were worried about your relationship with** [child] **back then?'**
Be clear about your concerns.	**'I have looked at the child protection records and I can see a pattern of reports about you sexually harming children. These kinds of reports don't just happen to all men. They tell me that something is not right. I am very worried for** [child]**.'**

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
Ask about what was happening at the time of the previous allegations. This may give you an understanding of patterns of behaviour, adaptive or maladaptive coping strategies and current risk factors for offending. What is the suspected offender's perspective on the allegations? ▪ Does he think the allegations were true? If they were true, what were the consequences? ▪ Did he attend counselling or seek any other kind of support as a result of the allegations? If so, does he give permission for DJC to speak to them? ▪ What was happening for him at the time the allegations were made? ▪ How did he respond to the allegations? ▪ How did he cope with the allegations? **Note: the absence of risk factors like substance misuse is not an indication that the risk is reduced.**	'Can you tell me about what was happening for you when the [specific sexual abuse concerns] came to light?' 'Most people have ups and downs in life. What do you generally do when things are tough?' 'What was it like hearing about the [specific sexual abuse allegations]? What did you do? How did you cope at the time?' 'Were the allegations true? Was there some part that was true? What did you do about the part that was true?'
Ask about the impact of the past allegations on others. Note whether the suspected offender acknowledges any impact on the child or parent, or if he is focused on the impact on himself.	'Who has been affected by these allegations?'
Ask about what is different now. ▪ What has changed for the suspected offender? ▪ What has changed for others?	'Two years ago you had DCJ knocking on your door about another child. Tell me what has changed since then?'

Go to

the 'Risk assessment and casework' chapter (pages 20-23) for more information on assessing the risk the suspected offender will reoffend.

Making decisions about contact with the suspected offender

Key safety indicators when considering contact with the suspected offender

There will be times when we have significant concerns about the risk of the suspected offender remaining in the home with the child and (as part of safety planning or formal legal action) we ask him to leave the home. When this occurs, we need to decide if contact is in the child's best interests and if there is sufficient safety for contact to occur. This section will help you to answer those questions and provide you with prompts to guide your conversations with the suspected offender. It will also outline key safety indicators to look for when working with the child, the parent and potential supervisors. This information can also be used to inform your reflection during supervision, case discussion or case planning meetings.

Go to

the responding section of the 'Safety planning' chapter to put in place rules about contact with the child where sexual abuse is suspected but not substantiated and the suspected offender remains in the home. These rules provide monitoring of the suspected offender, respond to the specific circumstances of the child, the parent and the suspected offender and focus on the details of their daily life.

IMPORTANT

There are some circumstances where contact with the suspected offender is not in the child's best interests and should not occur. This includes situations where the child is telling DCJ or other people that they have been sexually abused by the suspected offender, is fearful of the suspected offender or is exhibiting overtly sexual behaviour towards the suspected offender.

Key questions for the suspected offender

While it is our responsibility to make sure contact is in the best interests of the child and is safe for them, when a suspected offender has been directed to leave the home because he poses a high level of risk to a child, it is important to remember that the onus is on him to prove that he is a safe person to have contact with the child.

- What has the suspected offender done to prove they are safe?
- What process has he followed?
- Who has he involved who can also verify safety?
- Does he have a plan that addresses the risk he poses to the child? Is this plan available to others?

In Practice

In circumstances where the suspected offender is the child's parent it is important that we uphold their parental rights.

This can be particularly challenging where we have directed a suspected offender to leave the home as part of a safety plan but we do not have sufficient information to take legal action. Consult with your care legal team to make sure that your safety plan upholds the rights of the suspected offender.

Key safety indicators when considering contact with the suspected offender

Below are some key indicators that contact with the suspected offender may be suitable. These safety indicators are only to be used in the context of contact, they do not mean a child is safe from harm by the suspected offender.

Key safety indicators for the child

- The child is well supported by their parent and other safe people.
- The child is attending therapy.
- The child is able to tell their parent and supervisor if they are feeling uncomfortable, unsafe or unsure.
- The child has a plan for how they will tell their parent and supervisor if they are feeling uncomfortable, unsafe or unsure.

Key safety indicators about the parent

- The parent believes the child was sexually abused.
- The parent believes the child is at significant risk of harm from the suspected offender (where the child has not provided detailed information about the suspected abuse).
- The parent has support systems in place that have helped them to adjust and be able to support the child. For example, counselling or other formal support systems, support from friends or family.
- The parent is able to notice and respond to the child's cues of emotional distress.
- The parent has a plan for how they will respond if the child is distressed or uncomfortable after contact.

Key safety indicators for the supervisor suggested by the suspected offender or parent

- They are a Safe person for the child.
- They know everything about the child protection concerns.
- They are not denying or minimising the child protection concerns.
- They are willing and able to enforce the boundaries and limits in the contact plan.

IMPORTANT

You must be confident that the supervisor has all these safety indicators before deciding that they are able to supervise contact.

- They are aware of the subtle signs of grooming.
- They know the child and they recognise cues that they may be distressed or uncomfortable.
- They have a plan for how they will respond if the child appears to be becoming upset or uncomfortable.
- They can be a consistent supervisor.

Key safety indicators for the contact

IMPORTANT

Contact should not occur in a child's home or safe place for the child.

- The suggested location is suitable. For example, somewhere that the child and suspected offender can remain in the line of sight of the supervisor.
- There are clear rules and boundaries imposed on the suspected offender. For example, no physical contact, no discipline, no discussions about the child protection concerns, no showing the child images.

In Practice

It is very normal for parents to struggle to immediately and fully believe that their loved one or partner has sexually abused their child.

Go to

the **'Working with parents'** chapter for ideas for empathic and relationship based practice with parents to increase their capacity to believe and respond supportively to their child.

Go to

the **'Risk assessment and casework'** chapter (pages 32-37) for information on what makes someone a safe person.

Case Study

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

Jayden and Matilda's Story

Jayden and Matilda's story - recap

Jayden was reported because of concerns that his step-father, Robert was sexually abusing 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 had been touching his 'willy' and that when she told him to stop he said that he was playing a 'touching game'. When spoken to, Jayden did not provide any more information about the touching game or what he didn't like about Robert. Margaret was also concerned that Jayden was scared to say anything else because Robert would stop paying for his computer games.

There are five reports on the computer system about Sarah's (Jayden and Matilda's mother) severe episodic depression and the impact of this on the children. The reports show a pattern of episodic neglect that appear to be linked to episodes of depression for Sarah. There are also long periods where there are no reports about risk of significant harm to the children. The reports were all closed by the triage team after Robert and Margaret were identified as protective people for the children and the family accepted a referral to a family support service.

Further information

After the report was received about Robert, Kerry (the caseworker) found that there was significant risk that Jayden was being sexually abused by Robert, but there was not sufficient evidence to substantiate that the sexual abuse was definitely occurring. 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 with the children and routines around sleeping, bathing, toileting and waking up. The safety plan also addressed specific risk factors for Jayden and Matilda including touching and tickling games with the children, buying gifts for the children and support for Sarah.

Kerry met with Jayden and Matilda two days ago and it was clear they were aware of the safe family rules and that adults in the home were following the rules. Jayden told Kerry that he liked that 'I don't have to go in the car with Dad.' He has also told her that Dad 'does silly things that make me feel sick in the tummy'. Kerry asked Jayden to tell her about the 'silly things Dad does' and Jayden said 'I can't remember'. Jayden was asked to think about who he could tell if his dad did silly things that made him feel sick in the tummy, and draw a balloon with their face inside. Jayden drew balloons with a picture of his granny (Margaret), his mum (Sarah) and his teacher, Mrs Jaclyn. Jayden told Kerry that she can talk to his granny and Mrs Jaclyn about how to keep him safe but that 'maybe you shouldn't talk to Mum because she is a bit unstable'. Kerry asked Jayden what that means and Jayden says she cries and shouts and that 'Dad says she has gone loopy'.

Go to

the **'Safety planning'** chapter for the first part of Jayden and Matilda's story.
It is also used in the **'Risk assessment and casework'** chapter (pages 42-45). These chapters will provide you with more information about Jayden, Matilda, Robert and Sarah.

Jayden and Matilda's Story - Update

Kerry and her colleague, Kath meet with Robert to understand how he is finding the safe family rules (safety plan). Robert says that wants to work with Kerry and Kath and he has been following the safe family rules 'to the letter'. He also says that he is very worried about Sarah.

He tells Kerry that Sarah is very down and that she never gets up in the morning with the kids. Robert says the kids have been really hungry in the mornings and have been 'begging' him to get up and make them breakfast like he used to but that he can't do that while Sarah is asleep because she isn't there to supervise him. Robert tells Kerry that he has always been Sarah's 'number one supporter' and now she is struggling without him. He says that Sarah seems to be 'a bit unstable' at the moment and has been 'losing it regularly with both him and the kids'. Kerry asks Robert if anyone else is helping and he says that Sarah's mum, Margaret has been coming over to get the kids ready. Robert tells Kerry that no one is really happy about that arrangement, especially the kids, because Margaret is old and cranky and makes the kids do everything themselves. Kerry asks Robert how he knows the kids are not happy and Robert tells her that he and the kids make a face behind Margaret's back and that the kids think it's funny.

Go to

pages 32-35 of **this chapter** to see suggested case plan actions for Robert.

Kerry acknowledges Robert's worries and says that taking responsibility for supervising the children is very hard work. She asks Robert if there are some other ways that he could help around the house while Sarah is doing all 'the heavy lifting' with the kids. They agree on some household tasks that Robert can take over so that Sarah is more available. Kerry also tells Robert that she has spoken with quite a few people who have all told her that while things are hard for Sarah, she is coping well with the children. Kerry says that Sarah will probably always need to do things to manage her mental health but that as long as she is managing these issues, DCJ will not be worried about the children in her care. Kerry tells Robert that she 'needs to be pretty upfront with him'. Kerry says that while Robert is telling her that he is following the safe family rules, some of his actions are not very supportive of Sarah and Margaret. Kerry talks specifically about the way that Robert has spoken about Sarah and her mental health and asks him if he is saying those things in front of the children. Robert agrees that he does say things about Sarah being 'a bit unstable and loopy'. Kerry also says that making faces behind Margaret's back undermines Margaret and sends a confusing message to the kids. Kerry and Robert agree on some measurable and specific things that Robert can do to support Sarah and Margaret to supervise the children and follow the safe family rules and these things are included in the case plan.

Jayden and Matilda's Story

Kerry asks Robert to tell her about Jayden and how he is coping at the moment. Robert tells her that Jayden is often cross with Sarah and that he keeps asking Robert to buy him games. Robert says that Jayden has always been his 'number one little bloke' and that he thinks Jayden is feeling 'guilty for causing all this trouble'. Kerry asks Robert about his favourite activities with Jayden and Robert says they used to go on 'boys only car trips' together. Robert says that Jayden liked sitting up the front with him and that he would even let him drive the car when they went on the country dirt roads. Kerry asks Robert how he knew that Jayden liked the trips and Robert tells her that Jayden has 'never once said he didn't like the trips'. Kerry asks Robert to tell her about things that adults can do that are harmful to kids. Robert says things like yelling at kids and hitting kids are really harmful and can damage them for life. Robert says that Margaret used to hit Sarah and yell at her when she was a kid and that that's why Sarah is so damaged.

Further information

Kerry asks Robert to tell her about how much the children know about sexual development. Robert explains that Sarah is in charge of talking to Matilda about puberty and periods and that he is in charge of talking to Jayden about 'man stuff.' Kerry asks Robert about what Jayden knows about man stuff. Robert says 'He knows all about what to expect. Where he will get hair and all that stuff. We talk about everything. He is always asking me questions about that sort of stuff. He is interested, like any young boy.'

Kerry asks Robert about how Matilda has been going. Robert explains that Matilda is 'a quiet kid and it's difficult to know what's happening for her'. Kerry asks Robert about his favourite activities with Matilda and Robert says that 'Matilda is into drawing and beading and I am not very good at that sort of stuff.'

Kerry acknowledges that having child protection involved and monitoring the family is stressful for everyone. Kerry asks Robert how he is coping. Robert says that he has been very stressed and upset that anyone could think he would 'have sex with a kid'. Kerry asks Robert if he has spoken to anyone else about his feelings. Robert says that he talks to Sarah sometimes and she knows he is 'very very stressed and upset'. Kerry asks Robert what Sarah does when he talks about his feelings. Robert tells her that Sarah gets very emotional and sometimes even starts to feel sick. He explains that he has always 'been the strong one' in their relationship and now he still has to be strong for Sarah.

Robert tells Kerry that he would be happy to see a psychologist and get an assessment to prove that he is not a risk to the children. Robert says that he is happy to pay for this if it will 'prove to you that I love my family and I would never hurt them'. Kerry agrees to refer Robert to a suitable psychologist. She also lets Robert know that while this information will form part of the assessment, she will be looking at lots of different information to decide how to keep Jayden and Matilda safe. Kerry and Robert also agree that Sarah is finding it difficult to listen to Robert's feelings at the moment and that it would be good for Robert to have some professional help during this stressful time. They also agree that Robert will continue to observe the safe family rules for the next month.

Kerry and Kath bring their experiences with Robert, Sarah, Matilda and Jayden to a reflective case discussion with their team. During the discussion, Kerry describes her difficulty case planning and building a relationship with Robert when she is feeling sick about the things he 'has probably done to Jayden'. Kerry also says she feels terrible leaving Jayden in the home knowing that there is still a risk that Robert could sexually abuse him. Kerry says that she is struggling not to show her dislike for Robert in her conversations with him, Jayden, Matilda and Sarah.

Kath comments that she is worried that they have all decided that Robert is an offender when there is no 'concrete evidence' he has harmed Jayden. A team member asks Kath to tell them more about her worry. Kath explains that 'Robert has been doing everything we have asked, he has always supported Sarah and the kids and now we are putting him under so much pressure and stress. I am worried that this could break him and the family'.

Go to

the **'Risk assessment and casework'** chapter (pages 42-45) for case plan actions that relate to Sarah (Jayden and Matilda's mother).

The group acknowledges that Kath and Kerry's worries are understandable. One of the team members notices that Kath and Kerry have very different views about Robert and there is a discussion about how past experiences can inform how a practitioner might approach a family. Another team member asks Kath and Kerry to reflect on how their views influence their work with Robert, Sarah, Jayden and Matilda. Kerry says that she really values Kath's concerns as they 'keep me in check and make sure I don't lose track of the fact that Robert is a person and a father and deserves respect.' Kath also comments 'Kerry is an absolute professional, I think she is very respectful of Robert and she keeps me focused on Jayden.' A team member asks Kath and Kerry 'if you are having these experiences, what must it be like for Jayden, Matilda and Sarah?' The two practitioners acknowledge that the family is probably also struggling with 'different ideas of Robert'. The team asks Kath and Kerry to reflect on 'who is the central person in Robert's story?' Kath and Kerry acknowledge that Robert is trying to put himself and his behaviour in the best possible light. Kath says 'Robert will continue to want to keep the focus on him and his story but our job is to focus on Jayden and Matilda'. Together, the group brainstorm ways that they can continue to keep the focus on Jayden and Matilda's safety.

Experts say...

'Offenders can often concentrate their whole lives on their family. A principle of case planning should be to make sure the offender has a diverse range of activities and interests outside the family home. This can provide relief for the family from the intensity of his constant presence.'

Dale Tolliday, Clinical Advisor, New Street Services.

Jayden and Matilda's Case Plan:

#	WHAT NEEDS TO CHANGE FOR IT TO BE SAFER FOR MY CHILDREN:	WHAT WILL BE DONE TO MAKE THESE CHANGES:
1	**I will make sure Sarah and Margaret have the time to parent and supervise Jayden and Matilda. I will be supportive of the Safe Family Rules and Margaret and Sarah's role as the primary supervisors of the kids.**	Robert will take responsibility for some household jobs. Robert will not make faces with the kids behind Margaret's back or do anything to make the kids think he doesn't support Margaret. Robert will not talk about Sarah's mental health issues in front of the kids. He will not call her loopy or unstable. Robert will not complain about the Safe Family Rules in front of the kids. Robert will tell Jayden that the Safe Family Rules are not his fault. He will tell both kids that he agrees with the Safe Family Rules. Kerry will meet with Jayden and Matilda and will see if the Safe Family Rules are being followed and if Robert's actions are improving things for the kids. Kerry will discuss Robert's actions with Sarah and Margaret and see if his actions are supporting them to supervise and parent the kids.

Actions that relate to Robert (Jayden's step-father and Matilda's father)

Family Goal Statement: ***I will show (DCJ) that the kids are safe while I am living in the home. This means I will continue to follow the Safe Family Rules and I will support Sarah and Margaret to keep the Safe Family Rules in place and supervise the kids.***	
Date: 09.02.2017	Next Review Date: 10.04.2017

WHO WILL DO IT AND BY WHEN:	WHAT WILL BE DIFFERENT? HOW WILL THE CHILD EXPERIENCE THIS CHANGE?
Robert - cook dinner everyday **Robert** - do the washing twice a week **Robert** - clean the house once a week **Robert** - every day **Robert** - every day **Robert** - every day **Robert** - from today (09.02.2017) **Kerry, Jayden and Matilda** - every two weeks starting 10.02.2017 **Kerry, Sarah and Margaret** starting 10.02.2017	▪ Sarah will have practical support and will not have to do the household jobs as well as supervise Robert with Matilda and Jayden. ▪ Sarah will not feel as tired and stressed and Jayden and Matilda will not feel as worried about Sarah's mental health. ▪ Jayden will not feel that the Safe Family Rules are his fault. ▪ Matilda and Jayden will know that Robert is 100% behind the Safe Family Rules. ▪ Sarah will feel that Robert is supporting her to supervise and parent the kids and keep the Safe Family Rules in place. ▪ Margaret will feel that Robert is supporting her to supervise and parent the kids and keep the Safe Family Rules in place.

Jayden and Matilda's Case Plan:

#	WHAT NEEDS TO CHANGE FOR IT TO BE SAFER FOR MY CHILDREN:	WHAT WILL BE DONE TO MAKE THESE CHANGES:
2	**I will take responsibility for my emotions. I will do things outside the home that make me feel happy and I will find a professional that I can talk to about my feelings of anger and frustration. I will not make Sarah feel worried about my feelings.**	Robert will renew his membership at Littleton golf club and will start playing golf again on a Tuesday and Saturday. Kerry will call Nadia, so that she knows that Robert needs to see a counsellor who can help him with his feelings of anger and frustration, and will tell her about DCJ worries. Kerry and Robert will meet with Nadia so that she understands DCJ worries about the children and can recommend a good counsellor. Nadia will give Robert a mental health care plan so that he can afford six sessions with a counsellor (he can have a further six sessions if needed). Kerry will call the counsellor before Robert's first session so that they understand FACS worries about the children. Robert will see the counsellor once a week for the next six weeks. When the six weeks is over, Kerry will meet with Robert, Nadia and the counsellor to understand what the counselling has achieved. Together, they will decide if Robert needs more counselling.
3	**I will go to a forensic psychologist that Kerry recommends. The forensic psychologist will complete an assessment that tells DCJ the risk I pose to Matilda and Jayden.**	Kerry will give Robert the names and numbers of two forensic psychologists who can complete a risk assessment and make recommendations about what needs to happen to keep the children safe. Kerry will contact the psychologist that Robert chooses and will provide them with information about DCJ worries about Jayden and Matilda and their contact with Robert. Robert, Sarah and Kerry will receive a risk assessment report from the forensic psychologist. The report will also have recommendations about what needs to happen to address the worry that Jayden and Matilda are at risk of being sexually abused by Robert. Kerry will discuss the forensic psychologist's recommendations with her manager, Jessica. Kerry will organise a case planning meeting with all the services involved and will share the recommendations of the forensic psychologist.

Actions that relate to Robert (Jayden's step-father and Matilda's father)

Family Goal Statement: ***I will show (DCJ) that the kids are safe while I am living in the home. This means I will continue to follow the Safe Family Rules and I will support Sarah and Margaret to keep the Safe Family Rules in place and supervise the kids.***	
Date: 09.02.2017	Next Review Date: 10.04.2017

WHO WILL DO IT AND BY WHEN:	WHAT WILL BE DIFFERENT? HOW WILL THE CHILD EXPERIENCE THIS CHANGE?
Robert 13.02.2017 **Kerry and Nadia** 10.02.2017 **Kerry, Robert and Nadia** 13.02.2017 **Kerry and counsellor** 15.02.2017 **Robert and counsellor -** once per week, starting next week **Robert, Kerry, Nadia and counsellor** - six weeks after counselling starts	▪ Jayden and Matilda will not feel as worried about Robert's mental health. ▪ Robert will be able to talk about his emotions and will feel less isolated. ▪ Robert will not feel as stressed. ▪ Sarah will not be as worried about Robert and will not feel sick as often.
Kerry 16.02.2017 **Kerry** by 20.02.2017 **Forensic psychologist, Kerry, Robert and Sarah** - within two weeks of Robert's appointment with the forensic psychologist **Kerry, Jessica and all services involved** - within two weeks of receiving the report from the forensic psychologist	▪ An expert will be able to give DCJ advice on how to work with Robert to address the worry that Jayden and Matilda are at risk of being sexually abused by him. ▪ DCJ and all the other services involved will take these recommendations into consideration when they are working out what needs to happen to keep Jayden and Matilda safe.

Key messages from this Chapter

Offenders do not just groom children and parents, they also groom professionals. Grooming does not just 'happen'. If you are aware of grooming strategies, you can manage your responses.

Prepare for your visit with the suspected offender to manage your emotional responses.

Be prepared for the likelihood that the child has had positive experiences of the suspected offender.

Be prepared for the likelihood that the parent will not immediately and unequivocally believe that the suspected offender poses a risk to their child. Empathic and supportive work with the parent, that acknowledges their challenges, will increase their capacity to support their child.

Direct work with the suspected offender is important to help you understand the parent and child's experiences and how they may be representing themselves and the child protection concerns to others.

Consultation with JIRT, the departmental psychologist, casework specialists and the clinical issues team is a valuable resource to assist you in your work with the suspected offender.

Notes

Notes

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