

LCCASA Intake Guidelines and Eligibility Recognition Tool for Sexually Abusive Behaviour Treatment Service

Criteria	Indicators
Age	<ul style="list-style-type: none"> • Aged less than 15 years
Geographic location	<ul style="list-style-type: none"> • Resides within Loddon Campaspe LC CASA region
Referral source	<ul style="list-style-type: none"> • Family • DHS (email copy of referral form to DHS worker for completion) • SOCIT • School • Other agency or community group
Legal status	<ul style="list-style-type: none"> ➤ In care of parents/carers ➤ On an order from DHS ➤ On TTO or TTO pending •
<p>Behaviour Behaviour is significantly different from those exhibited by the child's/young person's peers</p> <p>For under 10s</p> <ul style="list-style-type: none"> - Penetration of children or animals. OR - Persistent touching of genitals of others without permission, OR - At least, 3 characteristics of concerning behaviours 	<ul style="list-style-type: none"> ➤ The details of the concerning behaviour(s) ➤ The context of the concerning behaviour(s) ➤ Is the behaviour causing problems for another (child/young person, animal, adult)? e.g. the behaviour is eliciting complaints from others; other children exhibit fear or anxiety around the subject child who exhibits the behaviours; other children are being exploited by the subject child ➤ Patten and history – how frequently has the behaviour(s) occurred? <ul style="list-style-type: none"> - Has occurred previously. If so, gather information about onset and frequency - Is occurring within the context of an escalating pattern of behaviour - Has been engaged in on previous occasions - Involves an escalating pattern <p>(The above indicators indicate a greater risk of the behaviour occurring again) NB: Consideration must be given to the seriousness of the behaviour. A single incident may constitute a high level of concern or risk if the behaviour is very serious such as if penetration or violence feature.</p>

<p>from “Traffic Lights” poster</p> <p>For 10 up to 15 years</p> <ul style="list-style-type: none"> - As above - 1 characteristic of concerning behaviours may be considered enough for eligibility to SABTS - Sexual abuse for this age group is seen as a criminal offence <p>Note: Report to DHHS <u>must</u> be made if behaviour fits the indicators and if the referring person/agency has not done so. This fits with our Duty of Care (CASA Standards)</p>	<ul style="list-style-type: none"> ➤ How intrusive/serious is the behaviour? <ul style="list-style-type: none"> - Occurring with coercion, intimidation, force or restraining - Being associated with emotional distress for the victim - Resulting in medical attention being required - Designed to demean, humiliate or hurt the victim (these are causes of serious concern) - Involving direct contact with the victim (e.g. being touched under clothing etc.) - Involves coercion where, for example, a younger child complies with “The Game”. The victim here will not necessarily show distress. ➤ Was the behaviour overt or covert? <ul style="list-style-type: none"> - Involving secrecy. This may include threats to the victim or others regarding the need to keep it secret or may involve ensuring that others did not observe the behaviour. Generally secrecy indicates that the person engaging in the behaviour knows it’s wrong, which may indicate intent and raises the level of concern. - Repeatedly occurring in secrecy after adult intervention ➤ Does the behaviour break a rule the child is aware of? <ul style="list-style-type: none"> - Relates to the previous questions. Look for evidence that the child has been informed that the behaviour is unacceptable/illegal. If the child knew it was wrong and continued the behaviour, it indicates that further instruction and correction, for example from the school or a parent, may not be sufficient, and mandated authority may be required. If however, the behaviour has not been addressed or the child spoken to, it may indicate the behaviour has emerged from the subject child’s misunderstanding or misinterpretation. Corrective intervention by a parent or school may be sufficient. However, this must be considered within the context of the seriousness of the behaviour. ➤ Consent/use of coercion <ul style="list-style-type: none"> - Evidence that either consent was not gained or was gained using coercion (persuasion, manipulation, force, threats etc). - Evidence that consent is not applicable. This may include where the victim is; <ul style="list-style-type: none"> - Under 10 years of age or - Is an animal or - Is under the authority or control of the subject perpetrator child by virtue of age, power or status, or where the victim
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has a cognitive impairment that results in them being unable to form consent.

➤ **Child's response to the behaviour/allegation**

- Admission or acknowledgement of the behaviours. These are strengths and may indicate that the subject child may respond to correcting interventions and/or a lower level of intervention. If the child is denying, the level and type of denial constitutes useful information. Does the subject child deny it happened and/or denies responsibility etc?
- Lack of concern. If the child does not see a problem, the child will see no reason to cease in the future.
- Victim blaming. If the child believes that the victim 'deserved' the abuse or the behaviour was engaged in to hurt or punish the victim, concerns and risk is increased.

➤ **Parental response to the behaviour**

Carefully assess;

- The level of concern shown by the parents. If the parents are unconcerned, they are unlikely to take the necessary steps to ensure that the child receives any therapeutic treatment they require. It is further unlikely that they will provide helpful messages to the child regarding ceasing the behaviour in future. Look for what might be getting in the way of parental concern, for example, fear of statutory removal, shame, guilt, feelings of being overwhelmed, shock etc.
- Response to the victim. If the parents blame the victim, they may be unlikely to take the necessary steps to ensure that the child receives any therapeutic treatment they require. It is further unlikely that they will provide helpful messages to the child regarding ceasing the behaviour in the future. Consider why the parent(s) might not be adequately supporting the victim child (fear, own history of unresolved sexual victimisation, lack of knowledge or understanding regarding sexual assault etc).
- Denial, Disbelief or Defensiveness. If the parents(s) are unwilling to discuss the issues or deny them, they are unlikely to take the steps necessary to ensure the child doesn't pose an ongoing risk to others or that they receive the treatment they require, some levels of denial or disbelief may be expected, however this may shift with provision of information and support. Carefully assess the underlying reasons for disbelief or denial. Are the parents swayed by the subject child's denial/explanations? Why might the parent(s) respond this

way, what is getting in the way of them accepting the abuse occurred etc?

- Willingness to seek specialist advice and treatment for the child. Concerns increase if the parent(s) are unwilling or unable to access support and assistance for themselves and their child.
- Extreme shock or anger. If the parent(s) appears to be extremely shocked then their reaction will need to be re-assessed once they have a chance to calm down. If they are very angry – give consideration to child’s need for protection (some parent(s) have assaulted their children upon discovery of these behaviours).
- Parental capacity. Is the parent capable of following agreed plans for protection? If parental substance abuse, mental health problems or intellectual disability is present, consider the extent to which this may inhibit their parenting capacity

➤ **Family Context and Environment**

Consider risks associated with;

- The subject child residing with the victim or other vulnerable child (consider older siblings with developmental delay or other vulnerabilities such as communications difficulties, physical disabilities, past victimisation/trauma etc).
- Can safety be ensured with appropriate parental supervision and support to the children involved?
- The subject child having access to other vulnerable children/people
- Consideration to situations such as child care/babysitting, unsupervised access to cousins, extended family, activities that involve being away from supervision for example, is here a cubby house or other area where adults do not routinely supervise the children. Does the subject child attend day care, after school care etc?
- A sexualised home environment. Sometimes reports of problem sexual behaviour contain information regarding inappropriate sexual behaviours by the adults within the home, such as parents engaging in sexual behaviours in front of children. If so, consider if the subject child requires a protective response.

➤ **Report to Child Protection/Police**

While many professionals and service providers will not be mandated reporters, it is an expectation that they will report the matter to Child Protection where they become concerned that;

- A child is at risk of harm, or where
- Any incident of sexualised behaviour is disclosed

	<ul style="list-style-type: none">- Providers should be aware that this may in turn result in a report being made to Victoria Police.➤ Is the behaviour directed towards self?<ul style="list-style-type: none">- Must be directed towards another to be abusive. Consider whether there is a need for a child protection investigation response or for a Specialist Assessment- Is the behaviour causing problems for the child? If so, this is problematic sexual behaviour- Interferes with the subject child's social or cognitive development e.g. Isolates the subject child and is destructive of their relationships with peers and family; has become obsessive for the subject child; leaves the subject child feeling upset, angry or deeply confused after the behaviour; has become a self-soothing response when the subject child is agitated or distressed.
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Contact details

For more details, please contact LCCASA on 5441 0430 to be directed to the Children, Youth and Families team leader.