

Safety Planning for Children and Adolescents with Problematic or Illegal Sexual Behavior

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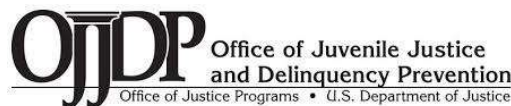


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Placement disruption (change) and lack of reunification efforts increases risk of adverse impact for all children involved and their families beyond that of the problematic sexual behavior.

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Children's Advocacy Centers and multidisciplinary teams are ideally situated to contribute to family healing via support, when indicated, for visitation and reunification.

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What would you want for your child and family?

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Learning Objectives – You Will Be Able to

1. Describe factors that impact out-of-home placement for children and adolescents with problematic or illegal sexual behavior;
2. List basic components of a basic family safety plan following intrafamilial sexual abuse by a child or adolescent; and
3. List common factors that indicate when to allow visitation and/or reunification of children and teens with problematic sexual behavior with the recipient and other children and their families.

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Professional Resources: Safety Planning

National Center on the Sexual Behavior of Youth
www.ncsby.org

- *Reintegrating Juvenile Offenders into the Family* (Chaffin, n.d.)
- *Family Reunification Following Teen Sexual Abuse: A Step-by-Step Guide* (ATSA, 2019)
- National Children's Alliance
learn.nationalchildrensalliance.org/psb
- *Family Safety Plan* (NCSBY, n.d.)
- *Considering Family Reconnection and Reunification After Child Sexual Abuse* (Tabachnick & Pollard, 2016)



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Misconceptions that Impact Case Decisions

- Child or teen who initiated PSB
 - Has psychopathology
 - "Lifelong abuser"
 - Requires intensive, long-term out-of-home treatment
 - Can never live with other children
- Recipient child "broken," will need long-term treatment
- Children involved can never have contact



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Initial CAC/MDT Intervention

- Evidence-based, trauma-informed response
- Systems involvement
 - Child Protective Services
 - Law enforcement, if needed
 - Advocate
- Investigation of allegation
- Assess
 - Recipient child's needs for protection and services
 - Initiating child
 - Parents/caregivers, initiating child's social ecologies
- Integrated treatment plan for all children involved and collaboration among partners



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Safety Planning Foundations and First/Second Response



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Foundations of Safety Planning

- Purpose is to quickly implement clear strategies to enhance safety when children involved in PSB have contact
- Best time to develop and implement individualized safety plan is when family is receiving professional services during which guidance on modifications over time as the child or teen and family demonstrate progress (or lack thereof)
- One professional (e.g., Child Protective Services, Victim Advocate, or mental health) should be assigned to facilitate process and collaboration, coordinate efforts, and develop and manage safety plan
- Should be a dynamic document that is responsive to available data



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Foundations of Safety Planning

- Under the guidance of knowledgeable professionals, families should individualize the safety plan
- Have clarity on terminology
 - “Caregiver” = Any caregiver in the home (e.g., parents, other responsible adults)
 - “Brother / Sister” = Any children in the home or social network
- Collaborative and ongoing process with caregivers and family, MDT partners, and possibly others



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Foundations of Safety Planning

- Safety plan address vulnerabilities and matching safety measures, as well as implement basic common-sense rules
- Should not keep children or adolescents from engaging in most typical childhood and teen activities, nor should it pose a heavy burden on the caregivers



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First Responders: Core Safety Planning Components

- Identify available caregivers and their ability to provide high level of visual (eyes-on) supervision when child/teen who initiated the PSB is with other children
- Identify play/social, sleeping, and bathing arrangements
- Identify child/teen access to electronics and internet



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Professional Initial Assessment and Key Screening Items

- Children in and visiting the home
- Play/social, sleeping, bathing arrangements
- Access to electronics and internet
- High level of visual supervision: Who, when, where, how
- Implementation of Sexual Behavior Rules

Identify barriers and concerns and potential solutions.



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Sexual Behavior Rules for Children (and Teens?)

- It is not OK to look at other people's private parts.
- It is not OK to show your private parts to other people.
- It is not OK to touch other people's private parts.
- It is not OK to use sexual language.
- It is not OK to make other people uncomfortable with your sexual behavior.

It is OK to touch your own private parts as long as you are in private and do not take too much time.



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Post-Assessment Feedback

- Provide information that will inform safety plan and individualization
- Discuss more detailed aspects of the plan
 - Vulnerabilities in and out of the home
 - Incorporating opportunities for praise and social skills development
 - Identify behavior management plan, that is, rewards and consequences associated with specific behaviors



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Collaboration and Communication

- Thoughtful and intentional process of sharing information so that the child/teen and their family have support, and to ensure community safety
- Who should have knowledge of the safety plan and what is their role?
- Identify the best way(s) to establish, cultivate, and maintain collaboration relationships and effective communication
- Incorporate into monitoring the plan and providing feedback to inform modifications (e.g., Weekly Behavior Report or similar system)



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Modifying the Safety Plan

- No progress, barriers, additional PSB
 - Nonjudgemental, curiosity approach
 - Identify and strive to understand context and reasons plan was not implemented or followed
 - Brainstorm solutions to implement/test and update monitoring plan
 - Re-evaluate often until there is confidence barrier has been resolved
- Progress, success
 - Praise family
 - Collaborate with other professionals to ensure next steps are agreed upon
 - Slowly and methodically modify to reintroduce developmentally appropriate or typical activities
 - Re-evaluation often
 - Adjust accordingly

Based on available data, preferable from multiple sources



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Timeline for Modifications

- About three months after implementation (and involvement in services) and nearing end of services; more often on case-by-case basis
- Child/Teen has no known ongoing and/or new PSB or other significantly concerning behaviors
- Child/Teen and caregiver(s) actively attending and participating in services
- Re-assess; consider use of assessment measures used at initial assessment



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Safety Plan Creation and Implementation



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Supervision and Privacy Components for Caregivers

- Establish supervision and privacy rules and expectations to promote compliance and healthy behaviors
- Caregiver should be an adult with appropriate level of knowledge of PSB and children involved, and fully informed of safety plan
- Caregiver should have continuous visual (eyes-on) supervision when child/teen is with other children
- Plan for times when caregiver needs privacy or time away from child/teen
- Caregiver and other adults reinforce rules and expectations through modeling
- Guidance for adapting from high level requirements to “new normal” level



Silovsky, 2009



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Addressing Child/Teen Privacy

- Self-care should happen in private
 - Hygiene, toileting, dressing, self-touch
 - Bathroom, own room + alone, doors/curtains closed
- Sleeps solo in own bed and, ideally, bedroom
- Monitored closely when using electronic devices
 - Phone, camera, audio recorder, computer, tablet, television, gaming system
 - Access to internet, texting, media, and/or social media
- Prevent or minimize child/teen access and exposure to sexually explicit materials across formats



Adapted from www.ncsby.org




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Use of Video Cameras

- Start with least invasive safety monitoring measures (i.e., not video cameras)
- Has strong potential to give confusing messages to children and adolescents who are learning about privacy, consent, trust, etc.
- Decisions to use video cameras should be well-informed and used only when necessary
- Recording children/teens adolescents engaged in typical behaviors, such as dressing, bathing, or other personal behaviors (e.g., masturbation in private) could have legal implications




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Sections of Family Safety Plan >>

- Expectations of child/teen who initiated PSB ≥
- Activities that children can do together ≥
- Family activities, supports, and agreements ≥
- Caregiver responsibilities with focus on ensuring support and compliance ≥
- Clear instruction for what to do when plan is threatened or not followed ≥

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Rules for < CHILD/TEEN > (who initiated the PSB)

1. < CHILD/TEEN > will not babysit or supervise other children for any amount of time or provide any discipline.
2. < CHILD/TEEN > will not go into their siblings' bedrooms without adult supervision. If they are invited into one of their bedrooms, then they will say, "No."
3. < CHILD/TEEN > will not have their siblings come into their bedroom without adult supervision.

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Rules for < CHILD/TEEN > (who initiated the PSB)

4. < CHILD/TEEN > will not be in the bathroom if one of their siblings is in there.
5. < CHILD/TEEN > will keep the bathroom door closed when they are in there alone.
6. < CHILD/TEEN > will not engage in any “horseplay”, wrestling, or tickling with their siblings or any other young children.



Adapted from www.ncsby.org



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Rules for < CHILD/TEEN > (who initiated the PSB)

7. < CHILD/TEEN > agrees not to watch any movies or video, TV shows, social media, other Internet material, or listen to music that their caregivers have not approved.
8. < CHILD/TEEN > agrees that they won't talk about sexual things or make any sexual comments or sexual jokes around their siblings or other children.



Adapted from www.ncsby.org



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Rules for < CHILD/TEEN > (who initiated the PSB)

9. < CHILD/TEEN > will not be alone with a child.
10. < CHILD/TEEN > will refer other children to an adult if they ask them questions about sexual matters.
11. If < CHILD/TEEN > thinks about breaking a sexual behavior rule or engaging in an illegal behavior, then they will first talk with a caregiver.



Adapted from www.ncsby.org



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Some things <CHILD/TEEN> can do at home, if OK with siblings and caregivers, and while supervised by a responsible adult:

1. Watch TV, read, listen to music, play sports or play games with siblings.
2. Talk and joke politely with siblings.
3. Be part of family activities and outings.
4. Ride in the car with their family.
5. Eat meals or go to restaurants with their family.
6. Show appropriate affection to siblings if the sibling initiates it and if a caregiver is there to watch. <<Hugs are OK. No kisses.>>*



Adapted from www.ncsby.org



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Some things < CHILD/TEEN'S > caregivers will do

1. Supervise interactions between < CHILD/TEEN > and all children, including their siblings, and not ask < CHILD/TEEN > to babysit.
2. If caregivers are not around to supervise interactions between < CHILD/TEEN > and other children, then they will make sure that there is another informed, responsible adult who will take on this responsibility.
3. Make informed choices about and supervise use of TV shows, movies, videos, print materials, music, phone and other electronic devices, and Internet material and activity.



Adapted from www.ncsby.org



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Some things < CHILD/TEEN'S > caregivers will do

4. Monitor < CHILD/TEEN'S > activities, such as school, homework, type of friends, whereabouts, and so forth, and help them make good choices.
5. Help < CHILD/TEEN > follow her/his rules by reminding her/him if needed.
6. Make sure that all the children are clothed unless they are in their own room with the door closed, in the bathroom with the door closed, or in bed.
7. Be open and accepting about talking with < CHILD/TEEN > about any sexual questions or thoughts.



Adapted from www.ncsby.org



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The family agrees to

1. Treat each other with respect.
2. Respect the caregivers' authority and follow their house rules.
3. Listen to each other.
4. Be kind to each other.
5. Dress respectfully/appropriately.
6. Have fun activities with each other.
7. Have time so the children and teens in the home can talk privately with their caregivers about important matters, including questions about sex and relationships.
8. Help each other be successful and follow the rules of the family.
9. <<Other rules?>>



Adapted from www.ncsby.org



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What to do if you need help

1. If < CHILD/TEEN > is thinking about breaking sexual behavior rules or the rules of the family safety plan, then they will first talk to their caregiver.
2. If someone did not follow the family safety plan, then tell an adult as quick as possible.
3. If a caregiver needs help with the family safety plan, then they will ask another adult for help.



Adapted from PSB-CBT



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Placement Decisions

Placement, Visitation, Reunification



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Placement Considerations and Decision Making

- Impact on and strengths/needs of recipient child
- Child/Teen with PSB generally in control of self, responsive to intervention, some acknowledgement of impact and responsibility
- Extent, impact of the PSB



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Placement Decision Making and Considerations

- Caregiver capacity for supervision, safety, support
- Participation in treatment services
- What are potential adverse impacts of removal?



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Removal of a Child in Cases of PSB

- Child who initiated PSB (typical and ideal) or recipient child and other children
- Placement to least restrictive environment as indicated for safety and treatment
- Begin planning reunification as tentative goal or non-reunification long-term placement
- Coordination and collaboration of systems



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Considerations for In-patient and Residential Treatment

- Recurring PSB despite intervention (i.e., treatment, supervision, safety planning)
- Child/Teen has additional significant negative and/or severe behaviors, symptoms that interfere with functioning in typical settings
- Lack of placement options that can provide high level of supervision and participation in treatment



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Implications of In-patient and Residential Treatment

- Ability of parent/caregiver, family to participant in treatment
- Impact on natural supports, family attachments
- Inherent challenges of being aggregated with other children/teens with significant emotional, behavioral symptoms
- Comprehensive cost to family



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Planning Reunification: Initial Considerations

- Collaborate with partners, court
- Determine if appropriate
- Identify who should be involved and roles, responsibilities
 - NOTE: Must include considerations for child recipient and, if appropriate, their service providers
- Timeline



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General Contraindications for Reunification

- Extreme or severe PSB
- Evidence of pressure, coercion to reunify
- Recipient child
 - Has intense adverse reaction to reunification
 - Persistent significant trauma and/or other symptoms



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Contraindications for Reunification

- Child with PSB has ongoing or recent..
 - PSB
 - Aggressive behavior
 - Non-compliance with rules
 - Denial of PSB
- Caregiver
 - Denies PSB
 - Blames child recipient
 - Demonstrating trauma and/or symptoms in response to PSB
 - Inability to provide supervision and safety



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Characteristics of Reunification Protocol

- Collaborative, consent and goal-based, intentional
 - Slow, steady step model
 - On-going assessment
- Transparency, collaboration, and communication among partners and family
- 5 Step Process
 1. Planning sessions with caregivers and partners
 2. Separate planning sessions with involved children/teens
 3. First contact
 4. Ongoing contacts and return home
 5. Maintenance and closure



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Discussion and Thanks

Did you...

1. Learn three factors that impact out-of-home placement for children and teens with problematic or illegal sexual behavior?
2. Identify four components of a basic family safety plan following intrafamilial sexual abuse by a child or teen?
3. Identify three factors that indicate when to allow visitation and/or reunification of children and teens with problematic sexual behavior with the recipient and other children and their families?

