The Oregon Department of Human Services

Child Welfare Practices for Cases with Child Sexual Abuse

This is the first edition of Child Welfare Practices for Cases with Child Sexual Abuse. One of the goals of the Department of Human Services (DHS) is to help protect children and promote children’s safety in their homes. Assisting victims of child sexual abuse and their families helps us achieve this goal.

Acknowledgements

The collaborative group effort resulting in the development of these guidelines was funded by a federal grant under the Child Abuse Prevention and Treatment Act (CAPTA). The initial work group was made up of community experts who have an active role in the sexual abuse field, including victim treatment providers, sex offender treatment providers (adult and juvenile), child welfare staff, law enforcement agency (LEA) staff, child abuse intervention center (CAIC) staff (interviewers and medical providers), district attorneys, providers for exploited youth, and probation officers. Using a multidisciplinary approach, they created these guidelines for DHS staff to provide training assistance for effective intervention in child sexual abuse. These guidelines are also based on the work and ideas from DHS child welfare staff, specifically the Child Protective Services (CPS) Program.

These guidelines were developed by Karen Gibbs, DHS Child Protective Services Consultant, and Skylar Kendoll, DHS CPS caseworker, with considerable assistance from the following individuals:

Kim Goldstien – CARES NW Interviewer
Katie Gotch – Multnomah County Department of Community Justice, Clinical Coordinator
Kim Jacobowitz – CARES NW Family Support Team
Cory Jewell-Jensen – Center for Behavioral Intervention (Sex Offender Treatment)
Dawn Montgomery – Child Protective Services Supervisor (Retired)
Keith Ovelmen – Cordero Janus Youth (Adolescent Sex Offender Treatment)
Judith Swanson – Multnomah County District Attorney

Published – (September 2012)

Oregon Department of Human Services – Children, Adults and Families Division
Office of Safety & Permanency for Children – Child Protective Services Program
500 Summer Street NE, Salem, Oregon 97301
# Table of Contents

Child Welfare Practices for Cases with Child Sexual Abuse ......................................................... 1

**Section I. Introduction** .................................................................................................................. 5

I. How to Use These Guidelines ........................................................................................................ 5
II. Definitions ...................................................................................................................................... 6
III. Prevalence of Child Sexual Abuse .............................................................................................. 10

**Section II. Working with Victims of Child Sexual Abuse .............. 13**

I. How Children Disclose .................................................................................................................. 13
II. Poly-victimization .......................................................................................................................... 14
III. Understanding Trauma ................................................................................................................ 15
IV. What Is Recantation? .................................................................................................................... 17
V. Reducing the Risk of Recantation .................................................................................................. 18
VI. Representing Recantation as a Child Safety Issue .................................................................... 20
VII. Creating Emotional Safety for Children: Assessing Non-offending Parents ...................... 22
VIII. Assessment and Treatment for Child Victims .......................................................................... 25
IX. Tips for Interviewing Children .................................................................................................. 27

**Section III. Understanding Sexual Offenders ............. 39**

II. Criminal Intervention and Child Safety .................................................................................... 40
III. The Importance of “Crossover” or “Crime-Switching” Data ................................................ 42
IV. Understanding Recidivism Versus Re-offense .......................................................................... 44
V. Special Population Considerations .............................................................................................. 45
VI. Sex Offender Evaluations .......................................................................................................... 50
VII. Caseworker Guide to Determining the Appropriateness of an Evaluator ....................... 56
VIII. Sex Offender Treatment .......................................................................................................... 58

**Section IV: Familial Sexual Abuse ........................................ 65**

I. Understanding Familial Sex Abuse ............................................................................................... 65
II. Familial Sexual Abuse: Screening ............................................................................................... 67
III. Familial Sexual Abuse: Initial Contacts ..................................................................................... 68
IV. Familial Sexual Abuse: Assessing Safety .................................................................................. 74
# Section V: Threat of Harm Sexual Abuse .............................................. 84

I. Threat of Harm and Child Pornography ........................................... 84
II. Threat of Harm Sexual Abuse: Screening ........................................ 86
III. Threat of Harm Sexual Abuse: Initial Contacts ................................ 88
IV. Threat of Harm Sexual Abuse: Assessing Safety .............................. 95
V. Threat of Harm Sexual Abuse: Dispositional Guidance ...................... 100
VI. Threat of Harm Sexual Abuse: Summary ...................................... 104

# Section VI: Abuse Between Siblings and Other Young Children... 106

I. Introduction ...................................................................................... 106
II. Child Sexual Behaviors ................................................................. 107
III. Child Safety and Adolescent Sexual Offending Behavior: Changing Our Practice.... 110
IV. Abuse Between Siblings and Other Young Children: Screening .............. 112
V. Abuse Between Siblings and Other Young Children: Initial Contacts .......... 113
VI. Abuse Between Siblings and Other Young Children: Assessing Safety ........ 118
VII. Abuse Between Siblings and Other Young Children: Dispositional Guidance .. 124
VIII. Abuse Between Siblings and Other Young Children: Summary ............. 126

# Section VII: Teen “Compliant” Sexual Abuse .................................... 128

I. Perception of Teens as Victims ........................................................ 128
II. Adult Offenders of “Compliant” Sexual Abuse .................................... 130
III. Teen “Compliant” Sexual Abuse: Screening ...................................... 132
IV. Teen “Compliant” Sexual Abuse: Initial Contacts ............................. 133
V. Teen “Compliant” Sexual Abuse: Assessing Safety ............................ 137
VI. Teen “Compliant” Sexual Abuse: Dispositional Guidance .................... 139
VII. Teen “Compliant” Sexual Abuse: Summary .................................. 141

# Section VIII: Commercial Sexual Exploitation of Children ............ 143

I. Understanding Commercial Sexual Exploitation of Children .................. 143
II. Commercial Sexual Exploitation of Children: Screening ....................... 149
Section IX: Case Planning and Resources

I. Conditions for Return and Expected Outcomes ........................................... 169
II. Requesting Records ....................................................................................... 173
III. Child Abuse Intervention Centers and Regional Service Providers ............. 175
IV. Sexual Assault Resource Centers ................................................................. 176
V. Relevant Websites ......................................................................................... 177
Section I. Introduction

“Child safety is the fundamental right of every child in our state and the paramount concern of the child welfare system.”¹

The intent of these guidelines is to offer DHS staff best practice standards for assessment, intervention, and planning throughout the life of cases involving child sexual abuse. These guidelines do not replace existing administrative rules or procedures, but build on them.

One key to effective intervention discussed throughout these guidelines is forming a collaborative relationship often known as a multidisciplinary team (MDT). Together, DHS staff, courts, law enforcement, parole/probation, victim and offender providers, child abuse intervention centers, and community partners can establish a coordinated response for more effective services and outcomes for children.

Although females do commit sexual assaults, the majority of child sexual abuse perpetrators are males. The pronouns used throughout this document will reflect this, except in instances specifying a female perpetrator.

The term “sex offender” will be qualified for the purpose of this document. This term will encompass the following types of people: a person who has been convicted of a sexual offense; a person who has a history of sexual offending behavior; and/or a person who has a Founded disposition for sexual abuse of a child in a child welfare database. This term may also apply to people who have been or who are the subjects of a current sex abuse assessment or investigation.

I. How to Use These Guidelines

After an overview of Working with Victims of Child Sexual Abuse and Understanding Sexual Offenders sections, these guidelines follow the stages of case planning from referral to child protective services through safety planning, potential court proceedings, and case management issues. This is intended to be used as a hands-on reference tool for specific case practice needs. These guidelines address the various challenges that may arise in the life of a case and are divided into nine sections.
Section I: Introduction
This section explains why certain words or terms are used throughout these guidelines. It provides an operational definition for child sexual abuse and other sexual abuse-specific terms. Please refer to Child Welfare Policy 1-AB.1, Oregon Administrative Rule (OAR) 413-015-0115 for a complete list of definitions used in child protective services. An overview of child sexual abuse in Oregon provides a foundation for understanding DHS’s role in intervention.

Section II: Working with Victims of Child Sexual Abuse
This section provides information on effectively working with children who have experienced sexual abuse. Understanding the complexity of abuse for children can be challenging. Utilizing the information provided regarding trauma, victimization, the disclosure process, emotional safety, and assessment and treatment needs will improve caseworkers’ ability to support children and their families and create child safety.

Section III: Understanding Sexual Offenders
This section explains current research about sexual offenders and how it relates to child safety. At every contact with a family, child welfare workers are tasked with child safety decisions. Having a working knowledge of this section will provide an essential foundation for understanding the case practice applications and interventions described below.

Sections IV: Through VIII: Specific Case Practice Applications
These sections assist DHS staff in how to intervene in child sexual abuse cases. The sections are separated into categories of sexual abuse children suffer, specifically: Familial; Threat of Harm; Abuse Between Siblings and Other Young Children; Teen “Compliant” Sexual Abuse; and Commercial Sexual Exploitation of Children. Each section includes educational material, suggestions for interviewing, examples of safety threat and dispositional language, and decision-making assistance. These sections are intended to be used as a hands-on guide throughout screening and assessment.

Section IX: Case Planning and Resources
This section assists DHS staff with conditions for return and expected outcomes, requests for records, child abuse intervention centers and regional service providers, sexual assault resource centers, and relevant websites.

II. Definitions
- **Association for the Treatment of Sexual Abusers (ATSA)** “is an international, multidisciplinary organization dedicated to preventing sexual abuse. Through research, education, and shared learning, ATSA promotes evidence-based practice, public policy, and community strategies that lead to the effective assessment, treatment, and management of individuals who have sexually abused or are at risk to abuse.”²
Child abuse intervention centers (CAICs) are designed to minimize trauma to child abuse victims by coordinating the local community's response for the purpose of investigation, assessment, and intervention in reports of suspected child abuse.\(^3\)

Child Abuse Prevention and Treatment Act (CAPTA) provides federal funding to states in support of prevention, assessment, investigation, prosecution, and treatment activities. CAPTA also sets forth a minimum definition of child abuse and neglect.

Child sexual behavior problem (SBP) refers to children who are under 12 years “who initiate behaviors involving sexual body parts (i.e., genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves or others. Although the term sexual is used, the intentions and motivations for these behaviors may or may not be related to sexual gratification or sexual stimulation.”\(^4\)

Coercion is the use of threats, force, and/or intimidation intended to cause a person to believe that failure to perform an act would result in serious harm to themselves or others.\(^5\)

Compliant victim “is used to describe those child victims who in any way, partially or fully, cooperate in their sexual victimization without the threat or use of force or violence.”\(^6\)

Criminal court is the judicial process that focuses on the person who is criminally charged. This court is “offender specific” and utilizes a judge and jury. The timeline from arraignment to resolution is typically 120 days to 150 days. The burden of proof for prosecution is “beyond a reasonable doubt.”

Crossover sexual offenses or “crime switching” relates to the various types of behaviors offenders engage in that are different from the crime that was initially reported or detected. Many offenders abuse boys and girls, young children and teens, or children and adults. Offenders can also have both “hands on” and “hands-off” offenses, which include sexual abuse or sexual assault crimes, plus crimes that involve exposure or voyeurism. In addition, many offenders abuse children in more than one relationship category, such as immediate and distant family members or family friends.\(^7\)

Commercially sexually exploited children (CSEC) are forced and coerced into performing sexual acts for the purpose of sexual exploitation. Methods of force and coercion include multiple forms of physical, sexual, and emotional abuse.

Dependency court is the judicial process that addresses child safety needs. This court is “family specific” and addresses both the immediate and long-term safety needs of children. This court utilizes a judge whose court orders typically focus on services designed to remediate the family safety concerns.

Dispositions are a part of completing the CPS assessment. The CPS worker must determine whether there is reasonable cause to believe child abuse or neglect occurred. The possible determinations are: “Founded,” which means there is reasonable cause to believe that child abuse or neglect occurred; “Unfounded,” which means no evidence of child abuse or neglect was identified or disclosed; and “Unable to Determine,” which means there are some indications of child abuse or neglect, but there is insufficient data to conclude there is reasonable cause to believe that child abuse or neglect occurred.\(^8\)
• **False allegations** are intentionally fabricated allegations of abuse, typically influenced by outside circumstances such as “coaching” or pressure by another person.

• **Fetish** refers to deriving sexual gratification from nonsexual objects or actions.

• **Forensic interviewing** is the interviewing of a child in an unbiased, developmentally appropriate, fact-finding manner that supports multidisciplinary teams and criminal justice systems in making accurate and fair decisions related to child safety.

• **Grooming** refers to the behaviors sex offenders engage in prior to, during, and following sexually abusive and exploitive incidents. Grooming involves techniques that are geared to determine which children (or families) are the most vulnerable to abuse, facilitates the development of an intimate/caretaking relationship with the child (and family), and then gradually moves into a process of sexualizing and exploiting the relationship with the child. While grooming is taking place with the child victim, the offender is usually engaging in grooming behavior with other adults to undermine the child’s credibility and interfere with possible avenues of protection. This process can result in a non-offending parent becoming non-protective.

• **Hands-off offense** is any offense that involves the sexual abuse or exploitation of a child without physically touching the child. (This term is also used with adult victims.) Examples include possession and/or distribution of child pornography; exposing child to pornography or adult sexual interactions; sexting; indecent exposure; voyeurism; obscene telephone calls; and Internet activities.

• **Harm** “means any kind of impairment, damage, detriment, or injury to a child’s physical, sexual, emotional or mental development, and/or functioning. Harm is the result of child abuse or neglect and may vary from mild to severe.”

• **Informed supervision** means the ongoing, daily supervision by an adult of a person who has committed a sexual offense. This person, also known as an approved chaperone or an approved supervisor: must be aware of the sexual offending history and behaviors; does not deny or minimize the offender’s responsibility for or the seriousness of sexual offending; is aware of the dynamic patterns (cycle) associated with abusive behaviors and is able to recognize such patterns in daily functioning; if applicable, understands the conditions of community supervision and treatment; can design, implement, and monitor safety plans for daily activities; is able to hold the offender accountable for his behavior; has the skills to intervene in and interrupt high-risk patterns; can share accurate observations of daily functioning; and communicates regularly with members of the multidisciplinary team.

• **Mandatory reporter** is a person who is legally obligated due to employment, position, or ethical responsibilities to report any incidents of child abuse or neglect.

• **Minimal facts interviewing** is a form of field interviewing that establishes enough information to determine child safety needs (who/what/where/when).

• **Multidisciplinary team (MDT)** is a team comprising representatives from a variety of agencies, including but not limited to, law enforcement agencies, district attorneys, child
welfare, child abuse intervention centers, and other community partners who collaborate to ensure child safety.

- **Non-offending parent** is a parent or caregiver who has not sexually abused or exploited a child, but whose child has suffered abuse.

- **Normative sexual behaviors** describe a continuum of developmentally natural and healthy sexual behaviors that are displayed by children. These may include masturbation, curiosity about other’s private parts, and other associated behaviors.

- **Ongoing safety plan** “means a documented set of actions or interventions that manage a child’s safety after the DHS has identified one or more safety threats to which the child is vulnerable and determined that the parent or caregiver is unable or unwilling to protect the child. An ongoing safety plan can be in-home or out-of-home and is adjusted as necessary to provide the least intrusive interventions.”

- **Out of control** “means family behaviors, conditions, or circumstances that can affect a child are unrestrained, unmanaged, without limits or monitoring, or are not subject to influence or manipulation within the control of the family, resulting in an unpredictable and chaotic family environment.”

- **Protective action** “means an immediate, same-day, short-term plan sufficient to protect a child from a safety threat in order to allow completion of the CPS assessment.”

- **Protective capacity** “means behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person’s ability to care for and keep a child safe.”

- **Recantation** occurs when a victim later states that his or her original report of abuse was untrue and/or minimizes the extent of the abuse. This is most often done in an attempt to restore normalcy to the family and current situation. Recantation does not mean the report was untrue.

- **Safe** “means there is an absence of safety threats; the child is not vulnerable to identified safety threats; or there is sufficient parent or caregiver protective capacity to protect the vulnerable child from the identified safety threats.”

- **Safety services** “mean the actions, assistance, and supervision provided by safety service providers to manage the identified safety threats to a child.”

- **Safety service provider** “means a participant in a protective action or ongoing safety plan whose actions, assistance, or supervision help a family in managing a child’s safety.”

- **Safety threat** “means family behavior, conditions, or circumstances that could result in harm to a child.”

- **Severe harm** means “substantial,” as used in ORS 419B.005; immobilizing impairment, life-threatening damage, or significant or acute injury to a child’s physical, sexual, psychological, or mental development or functioning.”

- **Sex offender**. This term will be qualified for the purpose of this document. The term “sex
offender” will encompass the following types of people: a person who has been convicted of a sexual offense; a person who has a history of sexual offending behavior and/or a person who has a Founded disposition for sexual abuse of a child in a child welfare system database. The information contained here may also apply to people who have been or are the subject of a current sex abuse assessment or investigation.

- **Sexting** refers to the sending, receiving, or use of written text messages and/or images for sexual purposes.

- **Sexual abuse** “includes a person’s use or attempted use of a child for the person’s own sexual gratification, the sexual gratification of another person, or the sexual gratification of the child. Sexual abuse includes incest, rape, sodomy, sexual penetration, fondling, and voyeurism.”

- **Sexual exploitation** “includes the use of a child in a sexually explicit way for personal gain, for example, to make money, in exchange for food stamps or drugs, or to gain status. Sexual exploitation also includes using children in prostitution or using children to create pornography.”

- **Sexual offender treatment** includes cognitive-behavioral treatment directed at identifying and addressing sexually abusive behaviors.

- **Sexual reactivity** refers to sexual behaviors displayed by a child following a sexual abuse experience. Children who display these behaviors often have significant anxiety or confusion about the abuse, and their sexual reactivity is an attempt to make sense of their experience.

- **Sibling sexual abuse** includes sexual activity between two siblings, one of whom may be more powerful or older or stronger, uses bribes or threats, uses coercion or force, or offers special attention or gifts to the other child for the purpose of engaging in sexual activity.

- **Threat of harm** “means all activities, conditions, or circumstances that place a child at threat of severe harm of physical abuse, sexual abuse, neglect, mental injury, or other child abuse or neglect.”

- **Vulnerable child** “means a child who is unable to protect him- or herself. This includes a child who is dependent on others for sustenance and protection. A vulnerable child is defenseless, exposed to behavior, conditions, or circumstances that he or she is powerless to manage, and is susceptible and accessible to a threatening parent or caregiver. Vulnerability is judged according to physical and emotional development, ability to communicate needs, mobility, size, and dependence.”

### III. Prevalence of Child Sexual Abuse

#### A) National Statistics

Research indicates that “children are the most criminally victimized population.” The following statistics indicate just how widespread the victimization is.
• By age 18, 1 in 4 females and 1 in 8 males will be sexually abused.\textsuperscript{25}
• Once abused, children are 3 to 6 times more likely than non-abused children to be re-abused.\textsuperscript{26}
• Among children and youth who are commercially sexually exploited, national estimates indicate that 95% of them were sexually abused prior to being exploited.\textsuperscript{27}
• Of those who sexually abuse children, adolescents comprise more than 25% and commit one third of the sexual assaults.\textsuperscript{28}
• Nearly half (46%) of children who are sexually abused are abused by family members; a quarter (26%) are abused by family friends and acquaintances; and a slightly smaller number (22%) are abused by youth service workers such as teachers and coaches. The remaining 6% are abused by strangers.\textsuperscript{29}

**B) Sexual Abuse in Oregon**

In 2010, Oregon investigated more than 29,000 reports of child abuse or neglect. Of those reports, 7,306 were founded for child abuse and neglect. Sixteen percent of those assessments involved sexual abuse, either direct (8.7%) or threat of harm sexual abuse (8.05%).\textsuperscript{30}

The information illustrated in the following pie chart is taken from the 2010 Child Welfare Data Book.

![Incidents of Child Abuse/Neglect](chart.png)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>31.4%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>8.4%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>8.7%</td>
</tr>
<tr>
<td>Threat of Harm</td>
<td>49.6%</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>18.2%</td>
</tr>
<tr>
<td>Mental Injury</td>
<td>1.9%</td>
</tr>
</tbody>
</table>

**Threat of Harm includes:**
- Domestic Violence: 18.2%
- Neglect: 16.75%
- Sexual Abuse: 8.05%
- Physical Abuse: 5.55%
- Mental Injury: 1.45%

\textsuperscript{1} DHS Child Welfare Procedure Manual (Oregon) (2007). \texttt{www.dhs.state.or.us/caf/safety_model/procedure_manual/ch01/chapter 1-section2.pdf}
\textsuperscript{2} Association and Treatment for Sexual Abusers. \texttt{www.atsa.com}
\textsuperscript{3} http://www.childabuseintervention.org/about.cfm
8 Child Welfare Policy I-AB.5 CPS Assessment Dispositions, OAR 413-015-1000
9 Child Welfare Policy 1-AB.1 Oregon Administrative Rule (OAR) 413-015-0115
11 Child Welfare Policy 1-AB.1, Oregon Administrative Rule (OAR) 413-015-0115
12 Ibid
13 Ibid
14 Ibid
15 Ibid
16 Ibid
17 Ibid
18 Ibid
19 Ibid
20 Ibid
21 Ibid
22 Ibid
23 Ibid
Section II. Working with Victims of Child Sexual Abuse

While it may seem obvious that sexual abuse harms children, the effects are not readily observable. Generally, society believes that sexual abuse creates observable physical harm to children. It is true that in some cases children are injured, contract sexually transmitted diseases, or become pregnant, but this occurs very rarely — in less than 4% of the cases.31

“Medical, legal, and social professionals as well as lay jurors need to understand that, in most cases of child sexual abuse, there will be few if any clinical findings that are diagnostic of penetrating trauma. Once professionals understand that a lack of diagnostic clinical findings is expected, they can focus appropriate attention on the importance of the child’s history.”32

All children who are sexually abused experience some degree of emotional trauma. However, emotional trauma in the absence of physical symptoms tends to be overlooked. Caseworkers must understand that the harm done by sexual abuse impacts children’s functioning, adversely affects their ability to form safe and stable relationships, and damages their world view.33

Given the magnitude of potential harm involved, it is imperative that child welfare workers familiarize themselves with current research and their implications for case practice. Caseworkers must be familiar with the following:

- Disclosure: How children disclose abuse
- Poly-victimization: Likelihood of re-abuse
- Understanding trauma: Targeting DHS interventions
- Recantation
- Reducing the risk of recantation
- Representing recantation as a child safety issue
- Creating emotional safety for children: Assessing non-offending parents
- Assessment and treatment for child victims

I. How Children Disclose

A) What Is Delayed Disclosure?

There is a general assumption that because sexual abuse is so horrible, of course children will tell right away. When they don’t, which is actually more frequent than not, this “delayed disclosure” is often met with disbelief.

However, multiple research studies have consistently demonstrated that children often do not or are not able to immediately disclose the abuse. In fact, studies indicate that 60% to 70% of adults do not remember telling anyone about their abuse during childhood, and only 10% to 18% remember that their abuse was reported to authorities.34
B) Impacts on CPS Assessment and LEA Investigation

This delay in disclosure (usually coupled with a lack of physical evidence) is often a large factor in determining responses by law enforcement agency (LEA) investigations and Child Protective Services (CPS) assessments of child sexual abuse. This means cases don’t get prosecuted, and CPS assessments are often coded as Unable to Determine or Unfounded, both of which impact child safety. LEA and child welfare workers need to understand the disclosure process and how it can bolster a child’s credibility.

Despite the disposition of previous contacts, multiple reports of sexual abuse of a child indicate that the child has either likely been abused or is at significant risk of being abused. What is known about the disclosure process helps caseworkers understand that it may take multiple assessments for disclosure to occur.

C) Undetected Crimes

Delayed disclosure greatly impacts the statistics of sexual abuse: Abuse is occurring and going undetected. Because of the undetected incidents of child sexual abuse, it is impossible to fully understand the scope of this problem. As a result of the significant amount of unreported and thus uninvestigated sexual abuse, the majority of adults and juveniles who offend are never openly accused of sexual offenses.

D) Educating Parents

An important component of DHS intervention is to help educate the family about sexual abuse. Informing families that allegations of sexual abuse are uncommon helps prevent the family from minimizing the allegations. When allegations are made, comprehensive assessments must include a clear understanding of how delayed disclosures impact families. If there are concerns about abuse occurring, but not enough information to warrant interventions, parents must be educated about delayed disclosure and families encouraged to seek counseling services.

Unfounded or Unable to Determine dispositions should include clear documentation about the reasons for the decision. Unless the documentation clearly indicates that abuse did not occur, the disposition statement should also include the possibility that children may not be ready or able to make disclosures of abuse at the time of the assessment.

II. Poly-victimization

A) Importance of Case History Review

It is essential to complete a thorough history of the family. Knowing this can help caseworkers more critically assess the likelihood of re-abuse. Examining the child’s welfare history and reviewing past concerns with the child and parents during interviews helps the caseworker gather important information about the child’s vulnerability and likelihood of re-abuse.
B) How Any Abuse Type Increases Risk of Sexual Abuse

Children who have been sexually abused are \textbf{6.9 times} more likely to be sexually abused again. In addition, children who have experienced other forms of abuse are at increased risk to be sexually abused. Research indicates that the following abuse types increase the risk of sexual abuse:

<table>
<thead>
<tr>
<th>Abuse Type</th>
<th>Risk Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>2.8 times more likely to be sexually abused in the future</td>
</tr>
<tr>
<td>Peer/sibling abuse</td>
<td>3.2 times more likely to be sexually abused in the future</td>
</tr>
<tr>
<td>Neglect</td>
<td>4.3 times more likely to be sexually abused in the future</td>
</tr>
<tr>
<td>Witnessing victimization to siblings, peers, other family members</td>
<td>6.4 times more likely to be sexually abused in the future</td>
</tr>
<tr>
<td>Poly-victimization: suffering multiple types of abuse such as physical abuse, neglect, and exposure to domestic violence</td>
<td>6.8 times more likely to be sexually abused in the future</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>6.9 times more likely to be sexually abused in the future</td>
</tr>
</tbody>
</table>

III. Understanding Trauma

Criminal codes are based on the age of the victim, frequency of the abuse, presence of violence, and penetration. These categories do not always translate into how a victim is traumatized. Each child responds differently to the trauma of sexual abuse.

While trauma effects are individualized, certain well-known factors are commonly associated with increased trauma response. Understanding these factors will assist caseworkers in minimizing the effects of trauma and advocating for the right services for children and families.

A) Traumatic Sexualization

As noted above, delayed disclosure is the norm for child sexual abuse victims. When children don’t tell immediately and intervention isn’t received, children are forced to “make sense” of the sexual abuse. Without intervention, they often understand sexual abuse and human sexuality as the same thing. Traumatic Sexualization is a term used to describe the effects of sexual abuse.

“Traumatic Sexualization refers to the process in which a child’s sexuality is shaped in a developmentally inappropriate … fashion as a result of sexual abuse. Traumatic Sexualization can occur when a child is repeatedly rewarded by an offender for sexual behavior that is inappropriate to his or her level of development. It occurs through the exchange of affection, attention, privileges, and gifts for sexual behavior, so that a child learns to use sexual behavior as a strategy for manipulating others … It occurs when certain parts of a child’s
anatomy ... are given distorted importance and meaning ... and it occurs when very frightening memories and events become associated in the child’s mind with sexual activity."

Without help, children are unable to process the abuse. This may result in young children becoming sexually reactive or sexually aggressive. Without help these children grow into adults whose functioning is greatly impeded. An adult victim’s body image, understanding of sexual relationships, view of partners, and parenting are often negatively impacted.

B) Betrayal

In more than one way, children who are sexually abused experience betrayal. This happens when children are offended by someone they love and trust or are dependent upon. This also happens when a family member they trusted was unable or unwilling to believe or protect them.

Obviously, familial sexual abuse, more so than sexual abuse by a stranger, creates a much stronger sense of betrayal. When children are disbelieved or ostracized, this sense of betrayal is stronger, as is the child’s experience of trauma.

Some effects of betrayal are seen in children who are seeking trust and safety. These children may be exceedingly anxious and dependent. They may be especially clingy and have difficulty sleeping or going to new places. This behavior often carries into adulthood when abuse victims have impaired judgments about trustworthiness of other people in their lives. Adult women who were victims of childhood sexual abuse often experience significant vulnerability in their adult relationships, which can include physical as well as sexual violence.

C) Powerlessness

Sexually abused children feel an overwhelming sense of powerlessness. Their bodies are used against their will, and threats from their abuser discourage any attempt by the child to get help. When children are not able to get help or effectively stop the abuse, this sense of powerlessness intensifies.

This feeling of powerlessness over their perpetrator is intensified when the offender is a family member. In situations of familial abuse, children may believe that they have to comply with the abuse; may believe that they are bad if they don’t follow through; and/or may believe that the abuse is normal behavior.

Reactions to powerlessness include many of the symptoms frequently observed in child victims: fear, anxiety, nightmares, hyper vigilance, clinging, and somatic complaints. These fears often extend into adulthood as well.

D) Stigmatization

Stigmatization refers to the negative connotations of the abuse, — badness, shame, and guilt — that are communicated to the child that then become incorporated into the child’s self-image."

When offenders (or families) directly blame and demean the victim, or indirectly
imply shame and guilt based on pressure to not tell of the abuse, children internalize these feelings as their own. These feelings are intensified by what the child generally knows about sexual abuse — that it’s bad and wrong, which can translate into them feeling as if they are “bad and wrong.”

If at disclosure children are also blamed or shunned by their family, this feeling further intensifies. The harm caused by sexual abuse is made much worse when adults do not believe and support child victims or when children go unprotected from further abuse.40

Some of the effects of stigmatization on children are observed in the way they manage their feelings of guilt and shame. Often these children experience self-destructive behavior and suicidal feelings and attempts. Substance abuse and criminal activity are also more common.

E) Minimizing Trauma and Long-Term Effects

Often child welfare organizations (e.g., LEA, juvenile court) are concerned with ensuring the victim’s physical safety from the offender. While this is paramount, child welfare interventions can be targeted in ways to reduce long-term trauma. DHS interventions should assess the family’s ability to provide emotional protection for the child, and assist children and families with obtaining therapy.

IV. What Is Recantation?

Recantation occurs when a victim later states that his or her original report of abuse was untrue and/or minimizes the extent of the abuse. Recantation is not a false report. Rather, children who have been sexually abused can be greatly impacted by their disclosures, which might include police involvement, foster care, and family disruption. In these cases, “taking back” their disclosure is an attempt to re-establish normalcy in their lives.

When a child recants, child welfare systems have had difficulty ensuring that child’s safety. Historically, when a child recanted an allegation, the case was closed, dispositions of Unfounded or Unable to Determine were made, and no further intervention occurred. This response leaves children unsafe.

A) Who Is Most Likely to Recant?

Recantation has been widely studied. It is generally found that up to 23% of victims of substantiated sexual abuse recant their disclosures.41 Knowing which situations are more likely to produce a recantation can assist workers in protecting the child.

Recantation is most likely to occur under the following circumstances:

- The child has been abused by a member of the household.
- A non-offending parent expresses disbelief.
- The child is younger than 10 years old. The highest rates of recantation are from 8-year-olds and 9-year-olds.

According to the study cited above, if all three of these factors are present, the child is 50% more likely to recant than not.
Other factors that may increase the possibility of recantation include situations in which family members (including siblings) threaten, pressure, or intimidate the child. Remember that allegations of sexual abuse create significant disruption — including incarceration, financial distress, and foster care, housing problems, and strained relationships — for all family members.

**B) How Does Recantation Differ from False Allegations?**

As stated above, recantation is not rare: It occurs in up to 23% of substantiated sexual abuse cases. However, false allegations are rare. The term “false allegation” does not solely mean a child has lied about sexual abuse. It includes non-abusive events that a child misinterprets as sexual abuse; use of a child by a parent to purport sexual abuse for a specific gain; and; “made-up” accounts of abuse. False allegations may have little to do with what the child said and more with how adults misinterpreted a child’s statements. Research has also shown that fictitious accounts account for 2.5% of all sexual abuse allegations. Out of that 2.5%, only 1.5% includes intentionally false abuse accounts. 

**V. Reducing the Risk of Recantation**

A rapid response to sex abuse allegations is helpful in reducing the risk of harm from recantation. Using a multidisciplinary approach in early investigation and ongoing case planning can assist in preventing recantation and reducing associated trauma.

**A) Early Detective Assignment**

When a child is ready to disclose, the best response includes having both child welfare workers and detectives (not patrol officers) present for the first child interview. Both child welfare workers and detectives can clearly document a minimal facts interview that will provide a foundation for necessary family interventions.

**B) Well-Documented Field Interviews That Establish Clear “Minimal Facts”**

Minimal fact interviewing helps establish the safety of a child now and in the future. The field interview should include enough detail about an abuse event to protect the child even if the child later recants. Field interviews are not forensic interviews that outline abuse in great detail. *Section II: Working with Victims of Child Sexual Abuse - Tips for Interviewing Children* provides further details about minimal facts.

**C) Pretext Calls by Law Enforcement**

Pretext phone calls, a tape-recorded telephone call between the victim and the offender, are used by law enforcement to gather incriminating statements and further details about the abuse. The suspect is unaware that the call is being recorded and is often willing to engage in conversation with the victim. Pretext calls are *only* done by law enforcement and are not appropriate in all situations.
D) Same-Day Consultation with Child Abuse Intervention Center
Not every child sex abuse case will include an evaluation. However, it is important to consult with the local Child Abuse Intervention Center (CAIC) about the appropriateness of an evaluation. Contacting the CAIC to discuss the need for an evaluation may assist with further planning and resource gathering. Some CAICs have a mental health component that provides therapeutic intervention for victims and their families. Consultation with mental health professionals can be beneficial in many cases, especially those at high risk for recantation.

E) Gather Information from Every Person Child Has Told
When DHS is able to obtain names of people the child has previously told about the abuse, caseworkers are responsible for interviewing each of them. The context of how they were told and the details provided can assist in child protection if a child later recants.

F) Obtain Supportive Counseling for the Child and Family
Parents and children, including siblings of the victim, all need supportive counseling to help re-establish normalcy in the family. Caseworkers can help direct families to trauma-informed therapists and work with the family about following through with counseling. Having professionals work directly with the family can help minimize recantation and/or, assist families when children do recant.

G) Support and Validate the Victim
Having early and ongoing in-home contact with the child and family helps to validate the child’s disclosure and potentially reduce the likelihood of recantation. To be a supportive presence for the child, child welfare workers must develop a consistent relationship with the child. This includes making frequent face-to-face visits, providing the child with contact information, and responding when the child contacts caseworkers.

This level of contact with the child will also benefit the family by demonstrating the seriousness of the allegations, regardless of whether criminal prosecution proceeds or the child recants. Frequent contacts with the child and family help increase the emotional safety of the child as the caseworker continues to assess the family’s response.

H) Demystify the Criminal Justice System
As their case moves through the criminal court system, it is essential that the family is supported in understanding steps and timelines involved. Caseworkers can assist the family by providing information for those involved in the case, such as detectives, district attorneys, and victims’ advocates. Caseworkers should encourage families to ask questions about the criminal justice process for child sexual abuse cases and communicate regularly with the prosecuting attorney involved in the case.
VI. Representing Recantation as a Child Safety Issue

Children who have recanted need representation and the support of child welfare to ensure their ongoing safety. Parents need continued assistance to enable them to understand that recantation does not mean that abuse did not occur but that it in fact often supports the original disclosure. Child welfare workers must be knowledgeable about these dynamics and the ramifications recantation may have on the future safety of the child.

A) Presenting Recantation in Juvenile Court Proceedings

Children who recant may need child welfare workers to represent them in the dependency system. Child welfare workers can explain to the court that recantation is not a false allegation but an attempt by the child to re-establish normalcy in his or her life. When possible, the caseworker should use corroborative details that validate the original disclosure, such as:

- Clarify the original disclosure, including the child’s demeanor at disclosure. Explain why the disclosure is credible.
- Identify the threats or pressure or intimidation the child felt, such as any direct statements made to the child or disclosures from the child about pressure from family or friends or the perpetrator.
- Discuss any relevant witness statements, such as siblings “walking in on” something or the mother indicating her child told her “he was bothering her.”
- Discuss the child’s demeanor upon recantation versus child’s demeanor upon the initial disclosure.
- Explain that the information given in the original disclosure is beyond what the child would know if abuse had not taken place.
- Discuss the child’s ability to explain (or not) the original statements, such as “Tell me about what it meant when you said ‘stuff’ came out of his privates?” Explain to the court that the child’s statements of “I don’t remember” or “I was lying” do not negate prior, clear disclosures of abuse.
- Submit information gathered from interviews with others whom the child has told. This can help to corroborate timelines and context.
- Discuss any corroborating details provided in interviews with the alleged offender, for example being in the same place at the same time the child reported the abuse to occur. Document these corroborating details, because they lend credence to the child’s original disclosure.
- Discuss and document any admissions or partial admissions made by the alleged offender. Instead of outright denying the abuse, some offenders may state that they “don’t remember” or they “blackened out” or “I was really drunk that night.” These statements allow for the possibility that something may have happened. Most people do not provide possible explanations for circumstances in which they might have sexually abused a child.
B) The Impact of Recantation on CPS Dispositions

When children recant, CPS dispositions can still be supported as Founded. Take, for example, the following Founded disposition:

*The allegation of sexual abuse and sexual exploitation of 9-year-old Joanna by her mother’s boyfriend, Mr. Max, is Founded. Joanna made clear, detailed disclosures, both to this CPS worker and to the interviewer at the Child Abuse Intervention Center, of ongoing sexual abuse by Mr. Max that started when she was 7 and continued until age 9, stopping when she disclosed. Though Mr. Max has denied these allegations and Joanna later recanted her disclosure, her original statement of fondling and being made to perform oral sex on Mr. Max were clear and had contextual details. Joanna’s 7-year-old brother has also indicated seeing Mr. Max go into Joanna’s room during the night — the same context Joanna describes in which the abuse would occur.*

It is useful to document reasons why the recantation may have occurred:

*Though Joanna later recanted these original statements, it should be noted that Joanna was experiencing extreme pressure and intimidation when she was still placed with her mother in her home. Joanna has indicated that her mother told her she would have to go to church “every Sunday to ask God for forgiveness for what she was doing to this family.” Joanna talked about her mother “crying all the time” and being fearful of where they could live now that Mr. Max was in jail and her mom “has no money.” In addition, Joanna’s recantation statement was unable to be explained in any way other than Joanna stating, “I don’t really remember anything happening … I just want my mom to be happy again.”*

C) The Impact of Recantation on Case Planning

Recantation is an indicator of serious psychological distress and does not indicate a reason to close a case. A child’s recantation is not a false allegation. Recantation does not change the direction of case planning. Instead, it offers a sign to caseworkers to take more actions, including these:

- Conduct further assessment of the child’s emotional safety in his or her living environment
- Consider whether family members may be negatively impacting the child through threats or coercion to “change their story”
- Consider whether current visitation or phone contact plans between the child and family need to be amended
- Utilize local child abuse intervention centers to obtain trauma-informed therapeutic services for the child and family
VII. Creating Emotional Safety for Children: Assessing Non-offending Parents

Children experience much less trauma and are less likely to recant when their family believes their disclosure of abuse and is willing to engage in supportive services. Caseworkers can help minimize the trauma victims experience by wrapping multiple supports, including the following, around the child immediately following a sex abuse disclosure.

- Assess and assist non-offending parents in their ability to be supportive
- Obtain supportive counseling for the child and family
- Have early and ongoing in-home contact with the child
- Support and validate the victim
- Demystify the criminal justice and child welfare systems

A) Assess the Non-offending Parent’s Response

While it is common for there to be initial disbelief by non-offending parents, this does not mean parents are incapable of protecting their child. The caseworker’s role is to assess the parent’s belief and response. Assessment requires in-depth conversations that attempt to gauge the parent’s ability to protect the child both physically and emotionally. When talking with parents, the caseworker must be sure to ask what they believe about the abuse: Do they believe their child? Why or why not? What do they think should happen now? What are they most worried about?

It may be helpful to think of the parent’s response on a continuum. When a parent is totally disbelieving or blaming or is questioning the disclosure, it is exceedingly important for DHS to work with the parent to help move him or her along the continuum to believing and supporting the child.

Continuum of Parental Responses
1) Parents Who Believe and Support Their Child

Some parents readily believe and support their child. They may even be the ones who brought the information to DHS or LEA. They may already have taken supportive steps such as contacting the Child Abuse Intervention Center (CAIC), leaving the offender, or seeking counseling. In these cases, DHS’s response is to assist these parents in continuing to be protective, reaffirming their actions, and helping them access the appropriate services for the child and family.

2) Parents Who Are Questioning the Disclosure

For whatever reason, some parents are less able to believe their child. These parents may be unsure what to believe. They are not blaming their child or accusing her or him of lying, but they struggle to understand why they did not know or how the offender (partner, husband, sister, father) could do such a thing.

These parents need assistance in understanding child sexual abuse and the importance of supporting their child. A strong multidisciplinary team (MDT) response, including a CAIC, LEA, and DHS, can assist these parents in accepting the realities of the abuse. Although these parents could continue to parent their child in the home, other safety service providers will be required. It is not enough for these parents to say they will “keep [the offender] out” if they may not be emotionally supportive of their child. Providers and DHS can help maintain the child’s emotional safety by continuing to support the parent and gather information about any changes in the parent’s response.

3) Parents Who Blame or Don’t Believe Their Child

If in the course of the assessment it appears that the parent does not believe the child or blames the child for the abuse, it is clear that the parent is unable to provide the emotional support necessary. Some indicators include the following:

- Parents who believe their child should be punished for making a disclosure
- Parents who are adamant that their child was not abused (child is “making this up”; child “is a liar”)
- Parents who believe abuse occurred but blame the child (“You should see how she dresses! She’s always crawling all over him!”)
- Parents who threaten the child (loss of housing, financial concerns, offender going to jail)

In these cases, although the child is not able to remain with the parent, DHS’s response should include helping move the parent from a position of blame or disbelief to that of a supportive parent.
B) Assisting the Non-offending Parent to Emotionally Protect the Child

Assisting parents to move along the continuum to believe and support their child is part of the role of DHS caseworkers. The majority of parents question what has occurred and what to do next.

Parents need help to understand the nature of sexual abuse and offenders and believe their child’s disclosures. Providing parents with information about the general nature of sexual abuse (grooming by offenders, offender behaviors that keep abuse secret, and delayed disclosures), can be done by caseworkers with the assistance of child abuse intervention centers and therapists.

Some parents struggle to believe their child’s disclosure based on lack of evidence of abuse. It is important to inform parents that there are limited ways to prove that sexual contact occurred, aside from the child’s disclosure. Because of the limited physical evidence, it is necessary to stress the importance of children’s disclosures of sexual abuse.

“Proof” findings such as “examination findings of penetrating genital trauma; recovery of assailant’s semen or sperm from the victim’s body; confirmation of a sexually transmitted disease in the victim; videotape of the sexual act in progress; and perpetrator confession” happens infrequently. Because of the limited physical evidence, it is necessary to stress the importance of children’s disclosures of sexual abuse.

In cases where there is a degree of certainty that the parent will not share information with the perpetrator and in coordination with LEA, caseworkers can provide some details of the child’s disclosure to the non-offending parent. This information could include the time frame of the abuse, general details of the seriousness of the disclosure, and the child’s perception of the parent’s response (e.g., “I tried to tell them before”). This can be helpful for some parents in moving along the continuum of believing and supporting their child.

Parents in all stages of belief need assistance in how to respond to their child’s disclosure. Caseworkers should provide the following guidelines for parents:

- Children should not be questioned about their disclosures. If the child decides to share information, the parent’s role is to listen and take note of what is being said, and then pass this information on to caseworkers and LEA.
- Children should not be exposed to adult conversations about the abuse. This includes information about the criminal process or court hearings.
- Children will model their parents’ responses.

“Proof” findings such as “examination findings of penetrating genital trauma; recovery of assailant’s semen or sperm from the victim’s body; confirmation of a sexually transmitted disease in the victim; videotape of the sexual act in progress; and perpetrator confession” happens infrequently.
Parents need to be aware of this and monitor their behaviors, demeanor, and attitude. Parents should be encouraged to seek their own therapy.

- Children are especially fragile at these times and may need more love, support, and structure. It is important to keep the same routine and schedule to maintain normalcy.
- Children may also experience behavioral changes. Parents need to be aware of these potential behavior changes and increase their patience and tolerance.

VIII. Assessment and Treatment for Child Victims

While DHS has the role of ensuring children’s physical safety, DHS is also responsible for ensuring children’s emotional safety needs are met. This includes referring child victims for assessment and treatment. Caseworkers should have an understanding of basic assessment and treatment for victims to ensure that clients experience optimal success.

It is well known that there are many possible psychological impacts of sexual abuse on children, both during childhood and extending into adulthood. It is now widely acknowledged that children experience a range of difficulties following sexual abuse and that there is no one set of specific symptoms that describe or define all victims. In fact, approximately 40% of children with Founded cases of sexual abuse display no discernible changes in their affect or behavior. Some children present with no symptoms at the time of disclosure but go on to become symptomatic 12 to 18 months later. Because symptoms are so varied and often not initially evident, it is important for all children who have experienced sexual abuse to undergo an assessment to further identify their treatment needs.

A) Locating an Appropriate Treatment Provider

Therapists who use trauma-specific techniques and interventions are most likely to create best outcomes for children. Trauma-specific or abuse-specific interventions are designed to reduce immediate symptoms as well as to prevent negative long-term effects. Trauma focused cognitive behavioral therapy (TF-CBT) is the most extensively studied and most widely accessible of these kinds of therapies. TF-CBT was developed specifically for treating child sexual abuse.

To ensure the client is receiving appropriate treatment, it is important for the caseworker to be involved in the referral and treatment process. When making referrals, the caseworker should contact therapists directly to ascertain their level of experience working with the client’s population (age range, abuse issues, and cultural background). The local CAIC can be used for referrals to trauma-specific therapists in the caseworker’s area.

Children who have experienced chronic and pervasive maltreatment and who have developed complex mental health issues as a result may need to be referred for therapy designed to meet broader emotional and relational needs.

B) Therapy Process

Because of their experience, children need a chance to talk through what has happened, understand it, and feel safe talking about their feelings. Children sometimes blame themselves
or hold other unrealistic beliefs about the abuse that need to be corrected. The therapeutic process is designed to assist children in changing potential cognitive distortions that the offender or other people impart to them about the abuse, their support system, or the offender. While all children need the opportunity to express themselves in a therapeutic setting, not all will need lengthy and intensive therapy.

C) Therapy Components
Components of therapy include the following:

- A strong therapeutic relationship
- Psycho-education about normal responses to trauma
- Assistance in development of emotional expression and regulation skills
- Promotion of anxiety management and relaxation skills
- Cognitive processing or reframing
- Construction of a coherent trauma narrative
- Gradual exposure to traumatic memories and difficult feelings
- Personal safety training
- Parental support, conjoint therapy, or parent training

Non-offending parents have their own reaction to their child’s abuse and so should be encouraged to seek therapy for themselves.

D) Modalities and Best Fit
Multiple forms of therapy are available to children who have been victims of sexual abuse. Ideally, the child would start with an individual therapist who can assess the child’s functioning and immediate treatment needs. From that point, a child could be referred to the most appropriate form of treatment — group, individual, or family. An individual assessment can also help decipher other issues that may need to be addressed such as potential mental illness, substance abuse, other abuses, domestic violence, or exposure to violence.

Group therapy can be very beneficial for some children because it can help address potential feelings of isolation and stigma. Some worry that children hearing the abuse stories of other children run the risk of experiencing more trauma or feelings of re-traumatization. Although it is true that the group setting is not for every child, it is important to recognize that there is no research to suggest that group therapy creates additional trauma.

E) Non-offending Parent Intervention
The involvement of the non-offending parent depends on his or her ability to be emotionally supportive for the child. Parents who blame their child or believe their child is lying are not able to support their child’s therapy. When parents or caregivers are supportive, it is essential to have them participate in parent/child components of the treatment process.
In addition, parents are often managing the loss of a relationship or partner, experiencing financial stress, and feeling pressure from other family members. Parents may benefit from a non-offending parenting class to educate themselves on sexual offenders and how they abuse children.

**F) Clarification Process**

Clarification is a process in which the offender and the victim meet to help resolve some of the victim’s emotional trauma. Despite the treatment process, sometimes victims are not ready or interested in participating in clarification. This is a process to meet the victim’s needs, not the offender’s.

For clarification to begin, offenders must have accepted responsibility for their offense, recognize the harm that has been done, and want to make amends. This gradual process includes letters, phone calls, and in-person visits.

Clarification is never to be done at the direction of DHS but rather at the initiation of the child’s therapist. Clarification should never be done at the request of the offender only or if the offender is not actively in treatment.

If the victim is in therapy and is interested in and able to participate, clarification begins with the child’s therapist and offender’s therapist coordinating with one another to prepare their clients for this process. Victims should not have contact with their offender without the input of both therapists.

**IX. Tips for Interviewing Children**

Interviewing children is a primary tool in determining child safety. CPS policy states as follows:

“The purpose of the face-to-face contact and interview with the alleged victim, his or her siblings, and other children living in the home is to gather information regarding possible child abuse and neglect, assess if the children are vulnerable to identified safety threats, and assess the children's immediate safety.”

All caseworkers are expected to conduct these interviews with objectivity and accuracy. Though this is an essential component of casework, it is understood that interviewing children about abuse, particularly sexual abuse, is an acquired skill that takes practice.

This section is intended to supplement caseworkers’ knowledge of how to conduct a field interview. It is a quick reference guide that includes dos and don’ts and nevers. Caseworkers are encouraged to take opportunities to observe skilled interviewers such as seasoned coworkers and/or trained forensic interviewers at the local CAIC. Caseworkers should also reference the *Oregon Interviewing Guidelines*:

[http://www.doj.state.or.us/crimev/pdf/orinterviewingguide.pdf](http://www.doj.state.or.us/crimev/pdf/orinterviewingguide.pdf)

CPS policy also stipulates the following:

“The CPS worker must notify parents of the intent to interview a child, unless notification could compromise the child's safety.”
Each case must be considered individually. While some circumstances would allow for prior notification, many cases of child sexual abuse allegations by a parent or other family member would not.

**A) Setting**
Caseworkers often do not have the ability to pick the setting or location of the interview, but the setting can drastically affect the information provided by the child. What follows are some tips on providing a neutral setting.

**DO**
- Provide a distraction-free setting.
  - Try to be in a room where other people are not coming and going.
  - Limit the child’s view of outside activities.
- Ensure the child’s privacy from peers (at school), from siblings (at home).
- Consider using tactile objects as they can assist with children’s focus: squishy balls, silly putty, slinky, crayons/paper.
- Utilize a well-lit private space.
  - Arrange the room to be inviting.
  - Allow the child to sit near the door.
- If in principal’s office at school, remind the child that he or she is not in trouble for any reason.

**DON'T**
- Don’t interview the child in the presence of others (unless the child requests it).
- Don’t interview the child in the room the abuse occurred (if known).
- Don’t interview the child in the presence of a verbal sibling. Children may speak for each other or be influenced by one another.

**NEVER**
- Never interview the child in the presence of or within hearing or visual range of the alleged perpetrator.
- Never interview the child in the presence of a non-supportive adult.
B) Introducing the Interview

Remember that most children have only experienced interactions in a conversational manner and have no understanding of the structure of an interview. Providing a clear introduction can reduce the child’s anxiety and provide more validity to the interview.

If there is more than one interviewer, workers should decide who will take the lead in asking questions. This should be done before the interview begins. Be aware that the child may gravitate to one person over another, and workers should adjust accordingly. The person not acting as the primary interviewer should be taking notes of the interview, including both the questions asked and the child’s responses. This person should also be aware of questions to ask the child for follow-up at the end.

Remember, if an interpreter is needed, inform that person he or she may be called to testify.

Before interviewing, be sure to check your own biases. What is alleged in the screening narrative may have multiple potential explanations. Do not jump to conclusions. When you remain open to options, you are more likely to be neutral and objective and less likely to use suggestive or leading questions.

DO

- Introduce yourself and anyone who may be accompanying you (e.g., coworker, LEA staff).
- Ask the child if he or she is willing to speak with you, and if not, ask why and document the response. If possible, this question should be asked in the presence of school staff.
- Document if the child requests the presence of another person (parent, counselor, sibling, or friend).
  - Remember that a worker “must allow a child who is the victim of a person crime as defined in ORS 147.425 and is at least 15 years of age at the time of the abuse to have a personal representative be present during an interview. If a CPS worker believes that the personal representative would compromise the CPS assessment, the CPS worker may prohibit a personal representative from being present during the interview.”  
- Clearly explain your role to the child. Inform him or her of how your job works.
  - My job is to talk to kids to find out if kids are safe. I talk to lots of kids and families every day. We talk about how things are at home and school.
- Be aware of the child’s perception of DHS and police.
  - Child may have had a previous negative experience with DHS and police and may be distrustful.
  - If this is the case, spending more time on rapport building will be helpful.
- Explain why notes are taken.
  - Due to suggestibility, be sure to write down both abuse and non-abuse statements.
  - I take a lot of notes to be sure I remember what we talked about. You can see my notes if you like.
DON’T

- Don’t interview a child with more than two people present.
  ➢ If a police officer and two DHS workers are present, decide who is sitting out.

NEVER

- Never pretend that you are someone you are not.
- Never pressure a child to talk with you.
- Never lie to a child about your job.
- Never make promises about what may or may not happen.

C) Establishing Ground Rules for the Interview

Ground rules are an important start to a field interview. These tips can help decrease children’s suggestibility, help to provide children with a sense of comfort and what to expect, and can increase the accuracy of the information provided.

DO

- Explain the interview process.
  ➢ Part of my job is to ask lots of questions, but you can ask me questions too.
- Remind the child that you both will only talk about “real” things or things that really happened.
- Give the child answer options.
  ➢ It’s OK if you don’t know an answer, just tell me, “I don’t know,” or “I don’t understand.”
- Let the child know that some of the questions may be difficult and to let you know if he or she is having a hard time.
  ➢ If I ask you a question that’s hard to answer, please let me know. I’ll see if I can figure out another way to ask.
- Explain that the child can correct you if you get something wrong.
- Remind the child that there are no wrong answers.
- Explain that if you repeat a question, it doesn’t mean they gave a wrong answer.
  ➢ If I ask you the same question more than once, it might be because I forgot I asked you or that I didn’t understand.
- Give the child permission to leave at any time (consent issue).
  ➢ If you need to take a break, let me know.
DON'T
- Don’t use “good touch/ bad touch” language.
- Don’t discuss the difference between truth and lies.

NEVER
- Never ask rapid fire questions of the child.
- Never have two interviewers alternate questions back and forth.

D) Rapport Building
Use rapport building to establish comfort between the child and yourself. This will help lessen a child’s anxiety. A child who talks more during rapport building will often be more willing to talk when abuse-related questions are asked. Rapport building also helps children to practice a “free narrative” response. This is best accomplished with open-ended questions.

DO
- Be friendly and genuine.
- Talk to the children at their developmental level. Model the child’s language ability.
  - Keep sentences shorter for younger children.
- Listen and show interest in what the child has to say.
- Ask open-ended questions.
- Talk about neutral topics: interests, school, pets.
  - Tell me everything you remember about your best day ever.
  - Tell me about your last birthday.
- Take your time and be patient. For some children rapport will be established immediately; for others it may take longer.
- Pay attention to a child’s demeanor throughout the entire interview.
  - Children often communicate their emotions nonverbally Read the child’s cues to tailor the interview to his or her needs.
  - I see you look teary. Tell me about that.

DON’T
- Don’t immediately ask about the abuse allegations.
An exception to this is if the child has an obvious injury. In these situations it is appropriate to assess the child’s demeanor and ask about the visible injury if the child seems amenable.

It may take time for some children to talk about their injury. Others, however, may be eager to share their story.

- Don’t repeat the same question multiple times.

NEVER

- Never force, bribe, or coerce a child to respond to questions.

E) Minimal Facts Interviewing

CPS assessments require interviews of all children in the home, including children who visit. Remember that children should not be interviewed in the presence of the alleged offender or a non-supportive adult. All interviews must be comprehensive and address the following topics:

- Domestic violence
- Substance abuse
- Physical discipline
- Physical abuse
- Sexual abuse
- Neglect
- Presence of weapons
- Exposure to sexual activity or pornography
- Treatment of other children or pets in the home

F) Purpose of Minimal Facts Interviewing

Minimal facts interviews are not forensic interviews. These interviews focus on the who, what, where, when, and how of the abuse incident. Minimal facts interviewing is used to determine if any of the following are evident:

- The child expresses fear of someone, of going home, or of repercussions.
- There needs to be law enforcement involvement. If a child makes a disclosure of abuse or a crime, notify law enforcement immediately.
- The child is Safe or Unsafe
- Legal intervention is necessary to create child safety (juvenile court petition, domestic relations).

Minimal facts interviewing does not need to establish how many times something has happened (e.g., the caseworker does not need details about every incident); exactly where it happened (which room(s) in the house); or specific sensory details (such as how something
Victims are often interviewed more than once, and many of these details are elicited during a forensic interview at a CAIC.

Determining the extent of the field interview is difficult. If the child is unwilling to continue the interview at a CAIC and is providing detailed and substantive information, continuing beyond minimal facts interviewing may be appropriate. In these cases, the worker should proceed as follows:

- Let the child talk.
- Follow the child’s lead in continuing the interview.
- Take accurate and comprehensive notes. When a child discloses abuse, be sure to document both the interviewer’s questions that elicited the disclosure and the child’s answers.

Not all regions have CAICs. Consult with your supervisor and local MDT about how to proceed.

**WHO**

- **Who is /are the alleged offender(s)?** What is the child’s relationship to the offender? How old is the offender? What is the frequency of contact? Is there more than one offender? Ask specifically for the offender’s name, not simply the “title” the child may use for the offender.
- **Who are the witnesses?** Who knows about the abuse? How do they know? Has the child told anyone else about the abuse? If so, what did that person say?
- **Who are the victims?** Are there other victims? Was anyone else present for the abuse?

**WHAT**

- **What is the abuse type? Did sexual abuse occur?** Consider how the child was touched, how the child was made to touch the offender, and whether a “hands-off” offense occurred such as voyeurism, exposure of genitalia, or exposure to sexual material. Were photos or videos taken of the child?
- **What was the result of the abuse?** Is there an injury? Ask the child if he or she is in pain or if the abuse ever caused pain. Ask how it felt going to the bathroom. Does the child need medical attention?
- **What happened next?** Did anyone intervene to help? What did the offender say about what happened? Were threats made? Was the child told to keep it a secret?

**WHERE**

- **Where did it happen?** Ask for the location. At home? At a relative’s home? Daycare? Pay attention to the jurisdiction and whether the abuse occurred at more than one location.
- **Where was everyone?** Where were other members of the household?
• **Where were your clothes?** Learning how access was acquired, such as “He took my clothes off,” or “She told me to take my clothes off,” can assist in future interviews with the offender.

---

### WHEN

- **When did it happen?** Document the child’s statements and use other details to assist in establishing time frames.
  - Keep in mind that children’s perception of time may not be accurate. Questions about when the abuse started, when was the last time it occurred, or how old they were the first or last time the abuse happened are difficult for children to answer.

### G) Question Types

#### Open-Ended Questions/Narrative Requests

Many types of questions are used in an interview. It is important that the majority of your questions are open-ended, because open-ended questions provide opportunities for a free narrative and use the child’s language. Open-ended questions do not have a yes or no answer. Maintaining a broad focus will help to elicit a narrative from the child. If it is necessary to ask closed-ended questions, follow up with an open-ended question. As the interview progresses, always be mindful to return to open-ended questions, as shown in the following example.

Interviewer: *What happened after he took off his clothes?*
Child: *He made me touch his penis.*
Interviewer: *Tell me more about that.*
Child: *I was on the couch, and he said, “Touch it.”*
Interviewer: *Then what happened?*
Child: *I said, “No way,” and he grabbed my hand and made me. He was mad.*
Interviewer: *Tell me about what happened when he was mad.*

#### Focused or Specific Questions

Focused questions are used to gather further information regarding the child’s statements. These are more specific to a person, place, or event. They can be used when a child is hesitant to answer open-ended questions. Examples of focused or specific questions follow:

- *What do you like to do with your mom? Who helps get you ready in the morning? Where do people sleep at your house?*
- *What happens when you get in trouble?*

These kinds of questions can also be used during a body review to clarify names of body parts:

- *What do you call the part where you go pee?*

#### Multiple-Choice Questions
Multiple choice questions should be used on a limited basis. Information provided from these questions is not as reliable as a free narrative response. These can be used to help clarify an already obtained answer. If using these, be sure to have an open-ended option for the child to select. Here are examples of appropriate multiple-choice questions:

- When your mom touched you there, were your clothes on, off, or something else?
- Did this happen in the house you live in now or somewhere else?

Remember to follow up with an open-ended question.

**Direct Questions**

Direct questions have only yes or no answers and should be used sparingly. When used, they should only be used to clarify disclosures already made, as in the following examples:

- Child stated that his mother hits him if he won’t touch her breasts
  - Have you ever had a bruise or something else after your mother spanks you?
- Child stated uncle poked his finger inside her bottom
  - Did he poke with anything else?

Remember to follow up with an open-ended question.

**Leading Questions**

Leading questions provide an answer in the question itself and should never be used. These type of questions are most commonly used during cross-examination in a court proceeding and have no place in child interviewing. Information obtained in this way is unreliable as children often feel pressured. Here is an example of a leading question:

- Your daddy sucked your penis, didn’t he?

**H) Tools**

In many interviews, props or tools are used to assist children in discussing sexual abuse. The Oregon Interviewing Guidelines indicate that using tools can help children discuss abuse by reducing their anxiety; allowing them to focus on something else, and; enabling children to show what happened rather than communicating it verbally.49

Having a child draw a picture of what happened or using a stick figure to name body parts and describe what happened to them can assist children during an interview. Using drawings of anatomically detailed people, or anatomically detailed dolls, are NOT appropriate for field interviewing.

**I) When Interviews Are Difficult**

Difficult interviews may be the result of several factors. What follows is intended to help the caseworker deal with some the circumstances commonly encountered during interviews with victims of child sexual abuse.

**Understanding Avoidant or Reluctant Children**
When children are reluctant to talk, do not assume it is because they have something to hide, or that they have been abused, or that they have been told not to tell. Consider other possible causes:

- Confusion about the purpose and outcomes of an interview
- Previous system exposure and lack of trust
- Awareness of the parents’ discomfort with the interview process
- Lack of readiness due to mood, hunger, or fatigue. All of these and more can impact a child’s willingness to talk.
- Child’s perception of interviewer’s discomfort. The interviewer’s presentation style, gender, or demeanor may negatively impact the child.\textsuperscript{50}

In other cases, children may have disclosed some abuse-related information but may get “stuck” when talking about the abuse event. This may be for many reasons, including fear of repercussions, lack of verbal ability, or fear of what might happen next.

**Engaging Avoidant or Reluctant Children**

When children say “I don’t know,” sometimes it’s because answering the question is uncomfortable. Give them permission to let you know it’s just hard to say.\textsuperscript{51} Explain to the child that you talk with many children and that sometimes children have a difficult time talking about what happened. Tell them about the following ways in which some children have found it easier to communicate:

- **Use art.** Ask the child if he or she could draw a picture of what happened.
- **Write.** Ask child if he or she could write down the answer instead of saying it out loud.
- **Show.** You can ask younger kids to “show” what happened instead of “tell.” At no time should anatomically correct dolls be used in field interviewing.
- **Lower the voice.** The child can whisper the answer or can take a deep breath and then tell.
- **Create a distraction.** If you notice that the child appears anxious or uncomfortable, talk about something else. Try again later to ask abuse-related questions.

**Interviewer Awareness**

To assist in making a child comfortable during an interview, it is important for caseworkers to be aware of their own demeanor. If you are hungry, tired, or sick, it will impact your ability to engage the child. Enlist help from coworkers when needed. Be aware of the following throughout the interview:

- **Your reaction to the child’s presentation.** Some children are unfortunately accustomed to abuse and may be unaware that what is happening is unsafe. Their presentation style may not coincide with what you believe their demeanor should be.
- **Your emotional tone in the interview.** To maintain an unbiased and neutral presence, you must monitor your emotions (anger, sadness, disgust).
- **Your selective reinforcement.** Nodding your head, making affirmative statements such as “You’re doing such a good job!,” and saying, “Uh huh” only at times when the child is
disclosing abuse may encourage the child to disclose inaccurate information. Keep your nonverbal responses to the child consistent

- **Your body language.** Remain open, keeping arms and legs uncrossed. It can be helpful to mirror the child’s position. Remember not to tower over the child; try to be at eye level. Do not look at your watch or text during the interview. Try to lean forward and look interested.

### J) Closing an Interview

As you notice that the interview is wrapping-up, always ask the child if there is anything else he or she would like to talk about or tell you. This allows the child to provide any further details that you were not able to obtain earlier in the interview. It also offers an opportunity for the child to make further disclosures of other types of abuse or neglect.

- *Is there anything else I should know to help keep you safe?*
- *I asked you a lot of questions. Do you have any questions for me?*

### K) Safe People

Talk to the child about safe people in his or her life or people who the child feels comfortable talking with.

- *If you are afraid or something bad happens, is there someone you feel safe talking to?*

If the child does not/cannot identify a safe person, offer suggestions such as a teacher, a police officer, a social worker, a grandparent, or a neighbor. Leave your business card with the child and point out your phone number and email.

### L) What Next?

Notify the child that you will be talking with the parents and closely observe the child’s response to determine his or her comfort level. Ask the child how he or she thinks the parent will respond to your contact. If the child expresses discomfort, reassure the child and talk more about your role in providing safety. At the conclusion of the interview, be sure to do as follows:

- Attempt to finish on a positive note by either reassuring the child of safety decisions or talking about the child’s interests.
- Tell the child it was nice to meet him or her and say thank you for talking.
- Tell the child you hope you will meet again some time. This will help normalize the prospect that you may see the child again.

---


Ibid

Ibid

Ibid


Ibid

Ibid


Ibid
Section III. Understanding Sexual Offenders

At every contact with a family, caseworkers are tasked with child safety. It is impossible to create safety in child sexual abuse cases without an understanding of sexual offending behavior. To best utilize these guidelines, it is essential that caseworkers understand relevant and current information about sexual offenders. This section will provide information regarding interpreting legal and DHS histories of people accused or convicted of sex offenses; understanding “crossover” or “crime-switching” behavior; recidivism versus re-offense; adolescent, developmentally disabled, female, exploiter offenders, and child pornography offenders; sex offender evaluations, and; sex offender treatment. Here are some quick facts about sex offenders:

- Contrary to public opinion, the majority of sex offenders were not sexually abused as a child.\(^\text{52}\)
- In 2012, Oregon’s population included nearly 23,000 registered sex offenders. (C. Jewel-Jensen, personal communication with Department of Corrections and Oregon State Police, 2012). Because fewer than 10% of sexual crimes are reported, the number of sex offenders living in Oregon is likely much higher.\(^\text{53}\)
- An Oregon study suggests that offenders abuse an average of 12 children prior to apprehension.\(^\text{54}\) Another study indicated that while they were in treatment, offenders admitted they had committed an average of 120 separate sexual crimes prior to apprehension.\(^\text{55}\)
- A landmark 2000 Colorado study that has been repeated multiple times determined that offenders whose convictions were for adult rape were very likely to also have unreported child victims. This study also indicated that 64% of “incest” offenders also had unreported “out of home” child victims as well.\(^\text{56}\)
- Contemporary studies indicate that 55% to 85% of offenders who are convicted of possessing and distributing child pornography have frequently molested children as well but have never been caught.\(^\text{57}\)
- Approximately one-third of sexual offenses against children are committed by teenagers.\(^\text{58}\)
- Most sex offenders begin sexually inappropriate behavior and/or sexual offending during childhood or adolescence.\(^\text{59}\)
- Although the majority of sexual crimes are committed by males, national criminal justice statistics suggest that about 10% of the sexual offenses against children are committed by girls and women.\(^\text{60}\)

A) Relevance to Child Welfare

While it is helpful to be familiar with some of these statistics, treatment goals, and success and failure rates, the intent of these guidelines is to specifically address caseworkers’ roles in helping keep children safe. How to interpret an offender’s history, how to understand the risk sex offenders represent, and how to accurately assess threat of harm are complicated tasks. However, this kind of information is crucial to the various professionals who are responsible for
developing safety plans, drafting court orders, and approving and planning family visits, particularly when considering unsupervised visits. Understanding this information also assists caseworkers in conducting more thorough assessments.

II. Criminal Intervention and Child Safety

A) Pyramid of Prevalence: Understanding Convictions as They Relate to Child Safety

The majority of people who commit child sex offenses are never known. They are often not the subject of a child sexual abuse allegation; they are not arrested, nor are they convicted. The below pyramid details how few cases are reported to police and of those, how few offenders are successfully prosecuted. This 2007 study included a sample size of 143,900 now-adult victims indicating their experience with reporting sex abuse when they were children. Note that authorities were notified in only in 18.9% of the cases. This means that in 81.1% of the cases alleged offenders were never identified.
B) Historical Allegations and Current Implications

Although these statistics are consistent across many studies in multiple countries, there is a general societal perception that people who commit sexual offenses are prosecuted and incarcerated for their crimes. People tend to believe that if a person was accused (interviewed by a law enforcement, arrested, convicted), but no legal intervention occurred, then the offense must not have happened or wasn’t “serious.” In child welfare cases, when a person accused of child sexual abuse has an Unable to Determine or Unfounded disposition, families often dismiss the original concerns and in some cases, blame the disclosing child and label him or her a “liar.”

It is important to understand how to interpret these kinds of histories as they relate to safety threats. Caseworkers must understand that allegations of sexual abuse are serious. In many cases, lack of LEA follow-through, lack of conviction, or an Unfounded or an Unable to Determine disposition does not mean that the child wasn’t sexually abused. It is important to examine each allegation to gain a more comprehensive understanding of risk.

C) Official Charges Do Not Accurately Reflect History

Research continues to demonstrate that the majority of sex offenders have far more extensive histories of sexual and criminal behavior than initially reported. Official records typically represent only a fraction of most offenders’ histories and in some cases, distort the true nature of the offender’s behaviors.

Convictions are often pled down to lesser charges that do not represent the severity or variety of sexually abusive behavior. When assessing child safety, caseworkers cannot accurately assess child vulnerability using only conviction history. For example, knowing only the accepted plea of harassment (in lieu of the original Sexual Abuse I charge, which involved sodomy of a 7-year-old) does not assist caseworkers in understanding the risk a sex offender may pose.
D) Discharge from Probation, Parole, or Post-Prison Supervision Does Not Equal Child Safety

Following conviction, offenders are placed on community supervision (probation, parole, or post-prison supervision). All three groups require that offenders serve a certain number of months or years on supervision. The specific conditions they are required to abide by vary and are only enforceable while they are under the legal authority of the criminal courts and/or, the Board of Parole & Post Prison Supervision. Most people on supervision for sex offenses have conditions regarding their contact with children.

Decision-making about referring a report, making an Unfounded disposition, or determining if children are Safe — solely due to the person no longer having any court-ordered restriction regarding contact with children — will not ensure child safety.

III. The Importance of “Crossover” or “Crime-Switching” Data

Obtaining an accurate picture of an offender’s history and risk is imperative to child welfare. Many offenders often commit more than one type of sexual offense and engage in a variety of sexually deviant behaviors. This information is particularly important when assessing the potential access an offender might have to children. Accurate information increases the effectiveness of child safety and helps the system avoid putting children in situations that increase their risk of abuse.62

A) Known Victim Populations Do Not Accurately Reflect Risk

Many people believe that offenders only target victims of a certain gender or age group and are therefore not a risk to individuals outside of that group. Instead, research consistently demonstrates that most offenders have multiple sex offenses outside of their reported criminal history. Many have more than one victim type, abuse both boys and girls, target different age groups, and engage in a variety of sexually deviant behaviors. This phenomenon is referred to as “crossover behavior” or “crime switching.”63

Because of this, experts caution against orders that specify, for example, “no contact with minor females,” but allow for contact with male children. If a person was convicted of having illegal sexual relationships with underage girls, he might have restrictions against having contact with teenage girls, but no restrictions against having contact with babies, toddlers, boys, or elementary school children. These kinds of orders do not meet child safety needs, and workers cannot rely on these as any kind of safety standard.

B) Important Research for Child Welfare Workers

As polygraph examination became the norm in working with sexual offenders, the sex offender treatment field recognized that a significant portion of offenders engage in a various types of sexually deviant and criminal behaviors:
- 89% of sex offenders admitted more than one type of sexual offense while in treatment programs that required offenders to complete sexual history polygraph examinations.  
- 70% admitted sexual crimes against both children and adults.
- 40% of the men whose crime of record involved a child admitted that they had also raped adult women, and 50% of the rapists admitted that they had also sexually assaulted children.
- Many of the offenders in these studies (35% to 67%) also reported that they engaged in “hands-off” crimes such as exhibitionism and voyeurism or exposed children to adult sexual interactions or pornography in an effort to desensitize the child and sexualize the relationship prior to offending the child.

The above research about “crossover” is extremely relevant to child welfare workers in that it helps caseworkers be aware of additional safety needs of children who are having contact with sex offenders. It also assists DHS in understanding the relevance of use of polygraphs in evaluation and treatment.

C) Is an Adult Who Sexually Abused (Raped) an Adult Female a Risk to Children?

In a Colorado research study, sex offenders who were convicted of a sex offense of a female victim over the age of 18 years (and who had no other convictions for sex abuse against other ages or genders) were asked pre- and post- polygraph questions to determine whether they had unknown victims in other age and gender categories. Through polygraph exam, these offenders admitted to having victims in the following categories:

<table>
<thead>
<tr>
<th>Male Victims</th>
<th>Female Victims</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 years</td>
<td>9%</td>
</tr>
<tr>
<td>6-9 years</td>
<td>16%</td>
</tr>
<tr>
<td>10-13 years</td>
<td>11%</td>
</tr>
<tr>
<td>14-17 years</td>
<td>6%</td>
</tr>
<tr>
<td>Over 18 years</td>
<td>16%</td>
</tr>
<tr>
<td>Elderly</td>
<td>1%</td>
</tr>
</tbody>
</table>

D) Is an Adult Who Sexually Abused a Teen Female a Risk to Children?

In this same Colorado research study, sex offenders who were convicted of a sex offense of a teenage female victim between the ages of 14 and 17 (and who had no other convictions for sex abuse against other ages or genders) were asked pre- and post- polygraph questions to determine whether they also had unknown victims in other age and gender categories. Through polygraph exam, these offenders also admitted to having victims in the following categories:
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male Victims</th>
<th>Female Victims</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 years</td>
<td>11%</td>
<td>32%</td>
</tr>
<tr>
<td>6-9 years</td>
<td>12%</td>
<td>41%</td>
</tr>
<tr>
<td>10-13 years</td>
<td>10%</td>
<td>56%</td>
</tr>
<tr>
<td>14-17 years</td>
<td>10%</td>
<td>100%</td>
</tr>
<tr>
<td>Over 18 years</td>
<td>11%</td>
<td>42%</td>
</tr>
<tr>
<td>Elderly</td>
<td>0%</td>
<td>5%</td>
</tr>
</tbody>
</table>

**E) Is an Adult Who Was Convicted for Possession/Distribution of Child Pornography a Risk to Children?**

People who are arrested and convicted of possession or distribution of child pornography are referred to as “child pornography offenders.” This differs from a person who uses children to produce child pornography because that is “hands-on,” active sexual abuse. Child pornography offenders raise several concerns: that they may be pedophiles (sexually attracted to children); that they may have undetected “hands-on” victims; and that they may have a high risk for offending children. These concerns are currently being researched.

Several preliminary studies suggest that the sex offender field needs new tools to help evaluate the risk child pornography offenders pose for offending children. Because there are conflicting studies and this subject is new to research, child welfare workers will need the assistance of sex offender treatment professionals to assist in making decisions about risk and threat of harm. For more information, see Special Population Considerations, Child Pornography Offenders in Section III: Understanding Sexual Offenders. Also see Section V: Threat of Harm Sexual Abuse.

**F) Relevance to Child Welfare**

When a person is accused of or convicted of a sexual offense, caseworkers must learn as much information as possible from collateral sources such as original police reports, child welfare history, parole and probation records, sex offender treatment records, and child abuse intervention center (CAIC) reports. LEA reports can be helpful because they may detail “subjects of report of sexual abuse” regardless of whether there was a resulting conviction. This information will help caseworkers work more comprehensively with offenders. Also, collaborating with any other current providers such as treatment programs or parole or probation will help child welfare workers make more-informed plans for children.

**IV. Understanding Recidivism Versus Re-offense**

**A) What Recidivism Means to Child Welfare**

In the sex offender field, in treatment, court, and parole and probation, there is an emphasis on data about recidivism and an individual offender’s risk for re-offense. Caseworkers must understand that their mandate in ensuring child safety goes beyond recidivism data. Recidivism data only includes data related to offenders who were reported and prosecuted twice.
Many studies detail recidivism rates for sexual offenders. In most studies, the average rate of offenders being re-arrested of a sexual crime is about 12%. However, it is important to note that the estimated rate of re-offense is closer to 30% to 40% in five years and 40% to 55% in 20 years. What these estimates mean is that one out of every two offenders may re-offend at some point in their lives. Understanding this will assist caseworkers in more comprehensively assessing offenders who are older or for whom many years have passed since their conviction.

B) Predicting Re-offense

While no one knows the true rate of re-offense, large studies on convicted sex offenders have assisted the sex offender management field in establishing a list of identifiable characteristics that most accurately predict re-arrest:

- Overall sexual preoccupation (numerous sexual partners, impersonal sex, paying for sex acts,)
- Sexually aroused by children and/or violence
- History of criminal and violent behavior
- Substance abuse
- Relationship instability
- General lifestyle instability (inability to maintain employment, housing)
- Inability to develop healthy and appropriate social/recreational pursuits
- Associations with other criminals
- Emotional volatility (impulsiveness, antisocial and/or psychopathic personality traits)

C) Are Some Offenders at No Risk to Re-offend?

The risk of re-offense should never be assumed to be either zero or 100%. The typical offender will live 30 years to 50 years after their first conviction, and very few studies provide follow-up data beyond 20 years. A certain percentage of low-risk offenders re-offend, and some high-risk offenders successfully avoid re-offending. Therefore, even low-risk offenders should be required to abide by safety plans that optimize the potential for success, rather than maximizing the chance of failure by allowing risky situations to occur and additional children to be harmed.

V. Special Population Considerations

Much of the above information is specific to research about adult males. Below are some “quick facts” about other offending populations.

A) Adolescent Sex Offender

Adolescents need a collaborative response to address their ever-changing needs. There is no one agency that is able to fully understand and meet their needs. The most educated and
comprehensive case plans that include informed supervision call upon the resources of law enforcement, juvenile courts, mental health providers, schools, safety service providers, and family.

- “Juveniles under the age of 18 make up just under 20% of those arrested for sex offenses. Each year, there are approximately 2,200 arrests of juveniles for forcible rape and an estimated 9,200 arrests of juveniles for other types of sex offenses. More than 90% of the juveniles who are arrested are male.”
- “In general, juvenile sex offenders appear to have lower recidivism rates and perform better in treatment than adult sex offenders.”
- Adolescents who engage in sexual abuse are a diverse population with varying victim preferences and levels of risk. They may or may not have mental health needs, delinquent behaviors, or a supportive family system.

While sexual offenses committed by adolescents are similar to those committed by adults, an adolescent's level of emotional and mental maturity and the fact that the adolescent's sexual behavior has not become habituated, make for extremely important differences between adult offenders and adolescents who sexually abuse. Experts also believe that unlike adult offenders, whose sexual preference patterns have often become fixed, adolescents have the ability to develop other, healthier sexual interests with treatment and over time. This makes obtaining treatment imperative and an important role of DHS.

**B) Developmentally Disabled Sex Offender**

Developmentally disabled (DD) is a broad term with many legal and professional definitions. Developmentally disabled people have severe impairments that begin at birth or during childhood. They affect a person's ability to learn and process information. People with developmental disabilities have difficulty learning and performing daily life skills. The term typically refers to mental retardation, autism spectrum disorders, and learning disabilities. DD can also refer to intellectual disabilities that typically involve diagnosis of a full scale IQ of 70 or below before age 18.

Some people with developmental disabilities do commit sexual crimes and require specialized evaluation and treatment for their behavior. People with DD often lack sexual knowledge and misperceive social boundaries and rules. Some people with DD may engage in behavior that is perceived as deviant but that actually reflects the individual’s lack of understanding of social rules. For these individuals, the label of sex offender can be misleading. Social skills training and support for positive social relationships is of paramount importance for these individuals. Other individuals with DD have deviant sexual arousal and are drawn to sexually abusive behavior for the same reasons as other sexual offenders and will need specialized treatment and supervision as sex offenders.

Evaluation is important because it can assist in understanding differences between a lack of boundaries versus more typical offending behavior. Having a developmental disability does not cause sexual offending. It will be important for caseworkers working with DD people who have engaged in some kind of sexual behavior with a child to obtain an evaluation with a professional skilled in working with this population.
C) Female Offender

While caseworkers are making strides in accurately assessing and creating safety in cases where children are sexually abused by adult male sex offenders, working with adult female sex offenders presents a host of additional challenges: limited research on this population; bias when mothers sexually offend; and lack of available interventions in the community to assist child welfare in creating safety for children. Although far under investigated, information suggests that female offending varies significantly from male offending. Some examples of this include:

- The female offenders most commonly seen in the child welfare system are more likely to be younger than their male counterparts, single, of low socio-economic status, and unemployed.
- As opposed to males, they are also more likely to have problems with substance abuse and have a confirmed history of severe childhood abuse and maltreatment.  
- Due to societal biases, female offenders are also less likely to be detected due to “gender role stereotypes about women as nurturing, caretaking individuals who are, by their very nature, unlikely to engage in aggressive or harmful behavior,” particularly against children. 
- Female offenders are better equipped to mask their offending as caretaking behaviors, such as bathing and diapering duties, and their crimes frequently go unreported. 
- Boy victims may have difficulty perceiving the sexual contact as abuse. In addition, the stigma girl victims may feel about homosexual activity may make it as difficult for them to report their abuse as it is for boys who are abused by older males. 
- Risk of re-offending is especially difficult to determine because there is no validated tool to date to assess females’ risk for sexual re-offense. 
- A small percentage of female sexual offenders sexually abuse with a co-offender, usually a romantic partner who may be abusing them as well.

As a group, female offenders also appear to have difficulties with intimate relationships, poor coping skills, cognitive distortions about sexual contact between adults and children, and victim empathy deficits. Female sex offenders want nurturing relationships but often lack the skills to develop this type of adult relationship. Their impressions of children are positive, whereas their perception of themselves and adult men are often negative.

When asked about their offenses, female sex offenders often respond in terms of how it made them feel or how it affected them. When asked about the effects of the offense, they discuss emotions and relationships and rarely identify sexual response as a motivating factor in the abuse.

Given the challenges in working child welfare cases with this population, obtaining an evaluation and utilizing community partners will help in creating the best outcomes for children.
D) Exploiter Offender

While popular culture identifies these offenders as pimps, for the purposes of this document they will be referred to as exploiters.

“The word ‘pimp’ has become synonymous in popular culture with ‘improve’ or ‘better.’ In fact, nothing could be further from the truth. Pimps have a significant number of psychopathic qualities.”

When assessing cases where an exploiter is a parent, it is essential to remember that although they may seem cooperative, helpful, and dedicated to their children, their behaviors as an exploiter present significant concerns for abuse in their homes. Taken from the “Pimp Game Instructional Guide,” the excerpt below demonstrates insight into how these people become exploiters and how little empathy they have:

“You’ll start to dress her, think for her, own her. If you and your victim are sexually active, slow it down. After sex, take her shopping for one item. Hair and/or nails is fine. She’ll develop a feeling of accomplishment. The shopping after a month will be replaced with cash. The love making turns into raw sex. She’ll start to crave the intimacy and be willing to get back into your good graces. After you have broken her spirit, she has no sense of self value. Now pimp, put a price tag on the item you have manufactured.”

Exploiters differ from other types of sexual offenders. Rather than gaining sexual or emotional gratification through their abusive behaviors, their motivation is primarily financial. Their main strategy is to exploit women and children for their own wants and needs, treating them as property. Exploiters’ behavior also reflects characteristics more indicative of domestic violence perpetrators than of typical sexual offenders.

Limited research has been conducted on individuals who perpetrate commercial sexual exploitation or sex trafficking. Some information is available from law enforcement that assists in identification of these individuals, as well as providing strategies for assessing risk with this type of offender. While research is limited, understanding psychopathology assists child welfare workers in assessing how exploiters function in their multiple roles as family members (e.g., parents, partners, and siblings).

Although the majority of exploiters are male, there are female exploiters, known as madams. Caseworkers must be aware that the exploiter-victim relationship is always abusive. In addition to sexually abusing their victims, they use psychological intimidation, manipulation, and physical force to assert control. They tend to be controlling, financially motivated, and criminally versatile (e.g., involved in gangs, drug possession and/or dealing, and weapons). These behaviors not only impact their victims, but also their families.

When assessing these cases, the caseworker must be aware of worker safety issues. Contact should not be made in an exploiter’s home without LEA (which could include parole and probation officers). When meeting with exploiters, having a co-worker or supervisor also present can assist in documenting observations. Because most exploiters are not forthcoming
with information and their accounts likely change over time, thorough documentation will assist with case planning.

Caseworkers should be cognizant of what information is shared with the exploiter. In addition to worker safety issues, it is necessary to try to ensure the safety of people in the exploiter’s life, including victims, partners, and children. Details of victim statements or who initiated reports should be withheld from the exploiter. Due to safety concerns, there may be the need for “in chambers” discussions during court proceedings. There is often sensitive information that if shared with the exploiter may put another person in danger.

For more information about how exploiters control their victims, see Section VIII: Commercially Sexually Exploited Children.

E) Child Pornography Offenders

Caseworkers must understand that child pornography does not mean pictures of naked children or provocatively dressed teens. Fifty-eight percent of children used in the production of child pornography are prepubescent, and 6% of children used in the production of child pornography are infants. Child pornography includes pictures, videos, and images of children actively being sexually abused. Federal law (18 U.S.C. §2256) defines child pornography as follows:

> “Any visual depiction, including any photograph, film, video, picture, or computer or computer-generated image or picture ... of sexually explicit conduct ... engaging in graphic bestiality, sadistic or masochistic abuse, or sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal ... masturbation, or lascivious exhibition of the genitals.”

Child welfare has seen an increase in threat of harm sexual abuse cases due to the use of child pornography. This is a national trend; the number of arrests for Internet sexual offenses has tripled from 2001 to 2009. From 2006 to 2009, arrests for child pornography possession increased by 50%. The increased use of child pornography is due to high accessibility via the Internet and the low cost of obtaining the images, as well as the anonymity of the offender. Offenders are able to view child pornography from their home, often without suspicion.

It is important for child welfare workers to understand what is currently known about child pornography offenders and the risk they pose:

- Unlike typical contact sexual offenders, online offenders are, on average, younger (20s to 30s), better educated (college), and have less prior criminal history. The majority are
male (99%) and Caucasian. Many lead stable lives with no known history of substance abuse.88

- Sex offender research suggests that sexual interest in children (arousal to children, coercive sex), coupled with antisocial tendencies (indicated by criminal history, antisocial traits, antisocial attitudes, and beliefs), can predict contact sexual offenses against children.89 Preliminary research also suggests that a criminal history, self-reported sexual interest in children, and an unstable lifestyle (e.g., substance abuse problems) can help identify which child pornography offenders are more likely to commit a contact sexual offense in the future.90

- Studies also indicate that offenders who use child pornography were “more likely than not to have sexually abused children and that they had multiple victims of varying gender and age.”91

- Other studies suggest that the risk of child pornography offenders committing sexual abuse against children is much greater if a child pornography offender had victims prior to their arrest for child pornography.

- “Child pornography offending might be a stronger indicator of pedophilia than is sexually offending against a child. People are likely to choose the kind of pornography that corresponds to their sexual interests, so relatively few nonpedophilic men would choose illegal child pornography given the abundance of legal pornography that depicts adults.”92

While almost two-thirds of child pornography offenders showed equal or greater sexual arousal to children than to adults, many do not display the antisocial tendencies that are found to predict contact sexual offending.93 Because of this difference, these cases are thus particularly challenging. While these offenders are viewing graphic images of children being sexually abused, they may not have documented histories or current allegations of “contact” sexual offenses against children.

The research suggests that new tools are needed to evaluate child pornography offenders’ risk due to the paradox of infrequent antisocial behavior. Given these challenges, caseworkers must include sex offender treatment professionals to assist in evaluating these clients’ risk.

As new information becomes available, it may be helpful to access Association and Treatment for Sexual Abusers (ATSA) Fact Sheets: Internet-facilitated Sexual Offending. Association and Treatment for Sexual Abusers, www.atsa.com.

“Child pornography offending might be a stronger indicator of pedophilia than is sexually offending against a child ... People are likely to choose the kind of pornography that corresponds to their sexual interests, so relatively few nonpedophilic men would choose illegal child pornography given the abundance of legal pornography that depicts adults.”94

VI. Sex Offender Evaluations

In many cases, child welfare caseworkers need to secure sex offender evaluations on alleged or convicted sex offenders. These are also referred to as “psychosexual evaluations” or “risk
assessments” or “sexual offense specific evaluations.” For the purpose of this document, this type of evaluation will be referred to as a “sex offender evaluation.”

The scope and comprehensiveness of evaluations vary greatly and are most useful when the evaluator is familiar with the specific issues pertinent to child welfare cases. Evaluations are also most helpful when the evaluator specializes in evaluating sex offenders and child abuse cases.

Obtaining a sex offender evaluation is occasionally done on a voluntary basis, but usually it requires a court order. Making proper referrals for this type of evaluation is exceedingly important but is often hampered by multiple factors, including the following:

- A lack of understanding about what an evaluation should and should not include
- A lack of understanding of the specific types of information required prior to testing
- The additional costs involved in psycho-physiological assessment (arousal assessment and polygraph examination)
- In some cases, a variety of objections from attorneys

As with all evaluations, it is important for caseworkers to match their client’s needs with a “best fit” provider. It is likely that not one provider will be able to meet all of the needs of DHS clients. The below information is provided to assist caseworkers regarding standards for evaluating sex offenders, what to expect from a sex offender evaluation, and questions workers can use to determine the professional’s appropriateness in evaluating a specific client.

A) Standards

Many states, including Oregon, have created a certification and oversight process for practitioners who specialize in the evaluation and treatment of sex offenders. Oregon’s Sex Offender Treatment Board (SOTB) adopted and adheres to the international standards created by ATSA. The Oregon Adolescent Sex Offender Treatment Network (OASOTN) includes specific guidelines for adolescent offenders as well.

Since its inception, ATSA has spent decades developing and refining research-based standards and guidelines for the evaluation, assessment, and treatment of adult, juvenile, and sex offenders with developmental delays. The ATSA standards regarding evaluation of sex offenders include recommendations for the type of testing necessary, specific risk-assessment tools, and areas of focus that should be included in an evaluation.95
B) What Sex Offender Evaluations Should and Shouldn’t Include

It is important for caseworkers to understand what a sex offender evaluation should and shouldn’t include. This understanding will assist caseworkers as they examine reports for adherence to standards and applicability to child safety needs.

Sex offender evaluations should provide information about the client’s cognitive functioning, cultural issues, learning style, and physical disabilities. All sex offender evaluations, regardless of the type of offender (adult, female, adolescent, developmentally disabled, exploiter), should provide the following information:

- Clear statements regarding the offender’s dynamic (changing) risk factors
- Risk for re-offending
- Specific treatment needs, strengths, and amenability to treatment
- Recommendations regarding the intensity and type of intervention that is required
- Risk management strategies

No sex offender evaluation should ever offer conclusions regarding whether or not an offender has engaged in a specific act of sexual offending, nor should it include any statements about guilt or innocence.

C) Information Gathered During Evaluation

Evaluators will use a variety of types of information gathering, both subjective and objective. Because sex offending often co-occurs with both substance abuse and domestic violence, it is important to provide the evaluator with any police reports or history DHS has regarding these concerns as well. Depending on the type of offender being evaluated (adult, adolescent, female, developmentally delayed), testing will vary considerably. Below are types of information gathering that should be expected:

- A review of official documents provided by DHS, such as criminal justice records, police reports, witness statements, victim impact statements, prior evaluation/assessment reports, prior treatment records, polygraph examinations, and medical records
- Client interviews to obtain information regarding the client’s history in the following areas: social, criminal, sexual, substance abuse, prior treatment, any amenability or special needs noted
- Interviews with collateral informants as applicable (family members, romantic partners/spouse, employer, prior treatment providers, parole/probation officers)
- Objective measures of sexual arousal or sexual interest (such as a penile plethysmograph). This will vary based on the client’s abilities and needs.
- Relevant psychometric testing such as MMPI, MCMI, PAI
- Validated risk assessment instruments that identify risks, needs, and responsivity factors such as Static-99R/Stable & Acute – 2007; LS/CMI; RSVP; Sex Offender Treatment Needs & Progress Scale; PCL-R. Again, this will vary based on the client’s abilities and needs.
D) Important Qualifier: Review of Historical Information

Review of prior evaluations and treatment records provide the evaluator with information about the offender’s prior disclosures, treatment history/amenability, and risk factors. It is important to note that evaluations apply for the period in which they are completed and that a discharge from treatment does not equate safety.

For example, an offender may have previously participated in treatment and been deemed to present a low risk for sexual re-offense at the time he was discharged. However, five years later, the offender is found living in a home with children, has a contentious relationship with his partner, and has resumed a previous pattern of drug use. This situation portrays some of the empirically based risk factors that demonstrate a substantial increase in the offender’s risk for sexual re-offense.

Sometimes offenders are discharged from treatment as “maximum benefit.” This means the offender gained the maximum amount of benefit he was capable of. This does not mean that all aspects of treatment were necessarily completed. Sometimes too, offenders leave treatment with irresolvable problems and/or were deemed to present a high or moderately high risk to re-offend. All of this information is relevant to a current sex offender evaluation and when available, should be provided on any new referrals.

E) Evaluations of Adolescent Sex Offenders

Although evaluations of adolescents are often done for the same reasons as evaluations of adults, it is important to understand that frequent evaluations are part of the therapeutic process while adolescents are in treatment. The changing developmental needs of adolescents will impact their risk of re-offending as well as safety planning and treatment strategies. Caseworkers must recognize that because of adolescents’ developmental stages, evaluation reports “more than 6 months old should be regarded with caution.”

Evaluators must utilize evaluation procedures that are appropriate for adolescents and the individual circumstances of each case. This means that risk assessment tools and procedures used with adults are not appropriate or applicable for use with adolescents. Evaluations should address the adolescents’ strengths, risks, and deficits in these areas:

- Cognitive functioning and thought processes
- Personality, mental disorders, and mental health
- Social and developmental history
- Current individual functioning
- Current family functioning
- Environmental situation
- Sexual evaluation
- Delinquency and conduct/behavioral issues
- Assessment of static and dynamic risk factors
- Risks of criminal involvement/behavior
- Community risks
- Client’s awareness of impact on victim
• External protective factors, including informed supervision
• Amenability to treatment.¹⁰⁰

F) Evaluations of Developmentally Disabled Sex Offenders

Specialized experience, training, and tools are required to conduct evaluations with sex offenders who are developmentally disabled. The evaluator should be familiar with characteristics of persons with developmental disabilities such as impaired cognitive functioning, communications styles, mental health issues, vocabulary and language skills, and other significant limitations. In addition, evaluators need to assess the ability of the individual to understand and provide informed consent to the process or gain consent from a legal guardian. When possible, instruments should be used that have relevance and demonstrated reliability and that are supported by research in the mental health and sex offender fields as they relate to persons with intellectual or developmental disabilities. Evaluators must assess the level of adaptive functioning and any neuropsychological concerns. In some cases, it is not appropriate to assess sex offenders with developmental disabilities via polygraph examination and/or phallometric assessment.

The Oregon SOTB recommends that the following areas be evaluated in terms of strengths, risks, and deficits for people with developmental disabilities:

• Psycho-social history, including sexual history
• Cognitive functioning
• Adaptive functioning (independent living skills, social judgment and competencies, impulse control, treatment amenability, and/or ability to participate in group settings)
• Sexual information and comprehension level
• Expressive and receptive language skills
• Developmental/social level of functioning
• Family and community support systems
• Assessment of static and dynamic risk factors
• Specific interventions recommended
• Feasibility of polygraph testing or similar surveillance techniques

As with other offenders, collateral information may be more reliable and valid than self-report data, but all self-report information should be included in the evaluation. Experts also suggest that an emphasis should be placed on assessing the following:

• The ages, genders, and types of victims targeted by the offender
• Whether the offense occurred while the offender was allegedly being supervised
• Whether the offense involved violence
• Whether the offender has problems with substance abuse
• Whether the offender targets lower-functioning peers for sex
• Whether or not the offender understands the laws related to sexual behavior
• Whether the offender has the ability to delay immediate sexual gratification
• Whether the offender is able to comply with supervision or DHS safety plans.
• Whether the offender harbors pro-offending attitudes
• Whether the offender is aroused by children or is hypersexual.\textsuperscript{101}

G) Evaluations for Female Sex Offenders

Currently, there are no recommended guidelines for evaluating female sex offenders. Therefore, evaluators frequently use similar tools and adapt the protocols used for male offenders. Caseworkers must ask if the evaluators have experience with working with female offenders and if not, ask if they can consult and/or refer out to someone who has the necessary expertise.

H) Evaluations for Exploiter Sex Offenders

As noted earlier, the behavior of exploiters is highly similar to that of psychopathic offenders. In addition to the general components used with adult male sex offenders, evaluation of exploiter sex offenders usually requires the use of tools that measure psychopathic traits such as the Hare Psychopathy Checklist-Revised, 2nd Edition or PCL-R. Some of the specific traits that are assessed by this tool include the following:\textsuperscript{102}

- Glibness, superficial charm
- Grandiose sense of self-worth
- Pathological lying
- Callous, lack of empathy
- Lack of remorse or guilt
- Failure to accept responsibility for actions
- Promiscuous sexual behavior
- Lack of realistic, long-term goals
- High need for stimulation
- Irresponsibility\textsuperscript{103}

In addition, polygraph examination and arousal assessment measures are important tools because offenders who have exhibited such extreme degrees of coercion and violence are unlikely to be honest during the evaluation. To develop a thorough case analysis, caseworkers should also collect as many police reports related to the offender’s criminal history as possible.

I) Evaluations for Child Pornography Offenders

ATSA has up-to-date information regarding child pornography offenders that will be helpful in determining what kind of evaluation can assist in determining risk to children in contact with these offenders.\textsuperscript{104} There is no risk measurement specifically developed for use with child pornography offenders who have no known history of contact sexual offenses. It is important to note that self-reporting by these offenders suggests they have a high number of undetected contact offenses. It will be helpful to contact professionals who do sex offender evaluations to determine their ability to work with this population.
J) Accessing Sex Offender Evaluations

Because of the specific and thorough nature of a sex offender evaluation, multiple medical funds must be accessed for payment through “Procedures for Authorization of Medical Expenses - Policy I-C.4.2.1.” These usually include the following funding sources:

- Comprehensive Psychological or Psychiatric or Psychosexual Evaluation (#90801)
- Psychological Testing with Interpretation and Report (#96101)
- Preparation of Report (#90889)
- Polygraph (#PIN02)
- Case Record Consultation (#99244)
- Penile Plethysmograph (#54240)

VII. Caseworker Guide to Determining the Appropriateness of an Evaluator

Caseworkers can ask proposed evaluators several questions to determine whether the evaluator is qualified to conduct sex offender evaluations; if the evaluator adheres to treatment standards; and if the evaluator is a good fit with the client. Following are some questions and answers that may be helpful:

A) “What are your qualifications and/or certification related to the evaluation and assessment of sex offenders?”

Education and graduate degrees are necessary, but they are not sufficient. Not all sex offender treatment professionals are adept at evaluation and risk assessment. It is important to ask the individual about licensure in a mental health field, as well as specific experience and training regarding assessment, human sexuality, diagnosis, psychological testing, and treatment of sex offenders.

It may also be important to ask evaluators how many sex offender evaluations they’ve completed, how long they’ve been working in this field, and how comfortable they are with an evaluation for the specific concerns outlined in your case. Also ask specific questions about whether the evaluator thinks he or she is a good fit for your client (culturally appropriate, good understanding of the needs of this type of offender).

If the evaluation is for a specific population of offender (adolescent, developmentally disabled, female, exploiter, child pornography), ask evaluators about their experience with this population. Are the types of tools they use appropriate for this population? How many evaluations have they done? Do they also do treatment for this population?

B) “Are you certified by the Oregon SOTB? Are you a clinical member of OASOTN or ATSA?”

Many associations have ethical guidelines and standards of practice for their members. Oregon’s SOTB certifies therapists to provide sex offender-specific therapy. The board does not certify providers as sex offender evaluators. Therefore, determining which providers to use for
evaluating sex offenders becomes the role of each caseworker and his or her supervisor. Workers may also contact other related professionals in their local jurisdiction, such as the district attorney’s office or probation and parole for recommendations. The SOTB can also be helpful in locating sex offender treatment providers who have the experience to conduct evaluations. If the provider is not a member of ATSA, the caseworker should inquire if the provider is familiar with ATSA standards and whether or not he or she incorporates the guidelines listed above. If an evaluator is not SOTB-certified or a member of ATSA he or she still may have the experience and training necessary to provide assessments. It is DHS’s role to determine each provider’s qualifications as they relate to specific client needs.

If the evaluation is for an adolescent, the caseworker should inquire about the provider’s adherence to the Oregon Sex Offender Treatment Board - Practice Standards and Guidelines for the Evaluation, Treatment and Management of Juvenile Sex Offenders. If the provider doesn’t utilize these standards, ask what he or she utilizes instead.

C) “As part of the assessment, do you use the penile plethysmograph (PPG) to assess patterns of sexual arousal?”

A self-report is rarely a reliable way to obtain accurate information about deviant sexual arousal. It is imperative that an evaluator recognize the limitations of self-report and incorporate collateral information and objective testing.

Research indicates that the single best predictor of re-offense is arousal to children and/or violence as demonstrated by the penile plethysmograph (PPG). The data resulting from a PPG has been found to be one of the most highly correlated factors in predicting risk. In some cases, arousal assessment can help a client understand and accept the sexual disorder, which can increase participation in treatment and improve long-term prognosis.

Although this type of testing is critical, it is important to note that these objective measures are not always appropriate for all populations (adolescent, developmentally disabled, female). The caseworker should be sure to question the evaluator about the testing utilized and whether the tests that are being using are appropriate for the type of individual being evaluated.

D) “Do you use visual reaction time (VRT) instruments such as the Abel Assessment of Sexual Interest or the Affinity to assess sexual interest?”

The Abel Assessment of Sexual Interest (AASI) is a visual reaction time measure of sexual interest, but it provides less scientific evidence for predicting risk than the PPG. The AASI is less invasive than the PPG and is sometimes substituted when the PPG is not appropriate or usable — e.g., when the client is a female or has flat-lined a previous PPG, or when medication interferes with the results of the test.
E) “Do you utilize polygraph examinations as part of the evaluation process?”

A comprehensive sex offender evaluation will include a polygraph.\textsuperscript{108} In addition to official documentation, psychometric testing, clinical interviews, and assessment of sexual arousal/interest, a polygraph examination can provide information about an offender’s sexual history and honesty. Numerous studies have demonstrated that most offenders admit additional information about the chronology, frequency, and type of offending they have engaged in when subjected to polygraph examination.

Similar to sex offender treatment providers, polygraph examiners have certification and licensure procedures. The caseworker should be sure the polygraph examiner used by the evaluator is certified to provide post-conviction sex offender testing (PCSOT). In rare situations, there may be a clinical or medical issue that inhibits the use of polygraph testing.

F) “What documentation do you utilize for the evaluation process? Does this include previous evaluations and treatment reports?”

Unlike other types of evaluation, sex offender risk assessments rely heavily on historical information about the individual’s interpersonal, sexual, and criminal behavior. Research has indicated that additional problems with substance abuse, anger and aggressive behavior, emotional instability, failure to cooperate with correctional supervision or treatment intervention, and other seemingly unrelated pieces of information relate significantly to the risk of future sexual offending and must be considered and weighted during the evaluation process.

In addition to the official records related to past sex abuse investigations (e.g., police reports, criminal records, pre-sentence investigation reports, treatment records, and victim statements), caseworkers are strongly encouraged to supply the evaluator with any and all possibly relevant DHS reports and records. Most evaluators will consider all of the information and may identify and assess risk factors not previously addressed.

It is important to note that evaluations apply for the period in which they are completed and may need to be updated if more than a year has passed since the previous evaluation and circumstances have changed.

VIII. Sex Offender Treatment

People convicted of sex crimes or those accused of sexual offenses are routinely required to participate in sex offense-specific treatment as a condition of supervision or family reunification planning in dependency court. Caseworkers have contact with sex offender treatment providers in trying to ascertain a client’s past treatment involvement and in making referrals for treatment, as well as working with treatment providers as part of a team making family reunification decisions.

Because of a lack of uniformity of treatment or a lack of understanding of treatment objectives and desired outcomes, treatment referrals can be a complicated process for caseworkers. This section will provide some guidance addressing these issues in the hopes that a better
understanding of treatment outcomes will lead to better decisions involving sex offenders and their families.

Most of the below section about sex offender treatment is incorporated from a position paper developed by the Attorney General's Sexual Assault Task Force - Offender Management Committee and from the Guidelines for Sex Offender Treatment & Assessment developed by the Multnomah County Multi-Disciplinary Sex Offender Management Meeting - Treatment Workgroup.

A) Treatment Effectiveness

It is important to understand the effectiveness of sex offender treatment. Early studies suggested that treatment did not appear to have an effect. Poor outcomes appear to be more common with older treatment models, such as those offered in the 1980s and early 1990s. As such, cases that resurface usually require an updated assessment and booster sessions to amend the deficits or “slippage” that is likely to occur over time.

Fortunately, there are some recent studies, such as the ATSA Collaborative Data Base, that suggest that comprehensive sex offender treatment can reduce re-offense rates by 5% to 40%. It is important to note that treatment for sexual offenders has changed markedly in recent years. At one time, Relapse Prevention (RP), a model adapted from the substance abuse treatment field, was the dominant theoretical approach used with sex offenders, with its emphasis on avoidance of problematic or high-risk situations. More recently, RP has been joined by an equal emphasis on the development of positive alternatives to those people, places, and things offenders have been conditioned to avoid. In other words, the treatment literature supports a strength-based approach that allows offenders to develop greater motivation to remain offense-free. This is not to imply that treatment does not still support the advantages of a relapse prevention model, only that it is joined by models that support skill-building and positive goal-setting.

Unfortunately, “comprehensive” programs are not always available, and many offenders drop out shortly after being enrolled or as soon as parole or probation ends. In many states, including Oregon, many incarcerated offenders are released back into the community with insufficient parole time to adequately complete formal treatment, let alone the necessary follow-up. As such, an alarmingly large number of sex offenders leave the correctional system without adequate treatment and support systems in place. Many are later identified by DHS as presenting a threat of harm to children when they are found to have moved back in with their family, fathered children, or are found living in a home with a partner and his or her children.

B) Sex Offense-Specific Treatment Certification

Sex offense-specific treatment is specialized and complex. It takes a great deal of specialized knowledge to deliver services to this population, and it takes the same specialized knowledge to assess treatment progress. In 2007 Oregon created the SOTB, which certifies practitioners to “provide services for the treatment and rehabilitation of sex offenders.”

Clinical sex offender therapists must have a minimum of a master’s degree in the behavioral sciences and an active Oregon mental health professional license, or the equivalent, as well as a
minimum of 2,000 hours of direct clinical contact with sex offenders and at least 60 hours of formal training. Associate sex offender therapists must have a minimum of a bachelor's degree in the behavioral sciences and be under the direct supervision of a clinical sex offender therapist. They also must have a minimum of 1,000 hours of direct clinical contact with sex offenders and at least 30 hours of formal training. Oregon’s certified sex offender therapists can be accessed at http://www.oregon.gov/OHLA/SOTB/about_us.shtml.

C) Outpatient Treatment

In the state of Oregon, sex offense-specific treatment for adults is largely provided in outpatient settings by practitioners utilizing an array of treatment approaches. Some practitioners run structured programs with a clear beginning, middle, and end of treatment; clients who “complete” treatment graduate. Other providers run open-ended groups, some structured, others less structured. Those that lead open-ended groups generally do not conceptualize treatment as having an endpoint, but rather, as in substance abuse treatment, consider a client’s participation in treatment to be ongoing, seeing the “maintenance” phase as a lifelong process. The latter approach has gained wide acceptance in the sex offense treatment field in recent years, replacing the concept that sex offenders ever “complete” treatment and instead may require lifelong, perhaps intermittent, “booster” sessions.

D) Sex Offense-Specific Treatment Goals

Despite differences in treatment delivery, the general consensus among leaders in the field is that cognitive-behavioral approaches that target criminogenic risks and needs continue to represent the gold standard. “Criminogenic” refers to research-based factors related to risk for re-offense such as substance abuse, domestic violence, deviant sexual interests, lifestyle instability, and an antisocial lifestyle.  

Consistent with current standards of practice, most sex offense-specific treatment is delivered via group psychotherapy with intermittent individual sessions. Most treatment programs currently emphasize skill building, specifically in areas identified as being associated with offense behavior. Best practice standards include targeting the following domains in sex offense-specific treatment: accountability, pro-offending attitudes, general self-regulation, sexual self-management, social skills, relationship skills, and relapse prevention.

Some criminogenic factors, such as deviant arousal, may require specific treatment interventions and maintenance (e.g., arousal reconditioning along with periodic phallometric assessment). In addition, individuals with co-occurring disorders, such as substance abuse or mental illness, may be referred to groups that target chemical dependency and/or medical professionals for medication.

E) Treatment Success

Unfortunately, sex offenders will continue to pose at least some degree of risk to relapse for the remainder of their lives. However, this risk can be reduced. A large part of assessing child safety includes understanding the unique risk level each offender presents to specific children. Potentially lower-risk offenders include people who exhibit the following behaviors:
- Are transparent about their sexual offense history and their current risk
- Are current on the sex offender registry
- Are maintaining a crime-free lifestyle
- Are in good standing with community supervision
- Are willing to cooperate with the DHS process
- Have participated in evaluations (described in the risk assessment section) and have followed the recommendations
- Have constructed appropriate safety plans for all the children involved in their lives
- Have included support systems in the safety plans and/or treatment process
- Have a fully informed support system that holds the offender accountable
- Recognize that managing their risk is a lifelong process
- Were successfully discharged from treatment and continued to maintain their after-care plan. Offenders should be able to articulate what they’ve learned and how they are actively keeping children safe.
- Do not blame their victims. They take responsibility for their offense history.

Part of a DHS assessment involves assessing the offender’s transparency (cooperation, accountability, honesty) or lack thereof. A large part of assessment activities includes multiple collateral contacts to verify and determine the offender’s transparency.

Caseworkers must recognize that an assessment is a snapshot of a current point in time. If an offender was deemed to be a low risk during a past assessment, but DHS learns that the previous circumstances have changed (the offender has recent criminal involvement, recent substance abuse concerns, or is living with or caring for different children than in the previous assessment), a new 307 must be considered for assignment to determine the threat of harm to the children being currently cared for.

Treatment success means something different for each offender. Simply put, treatment success means the offender has been addressing his risk factors in treatment, and the treatment provider has confirmed that he has made substantial progress in addressing those factors. It is imperative that the treatment provider develop a treatment plan that specifically identifies an offender’s risks and needs and document progress made in those identified areas.

F) A Note About Treatment Received Prior to 2004

Given developments in treatment, individuals who participated and even “completed” treatment in years past have not benefited from new approaches. As such, it is likely that those individuals would not meet current standards for having achieved the treatment goals now recognized as essential in the reduction of re-offense risk.

In such cases, individuals who were treated in the past should still be required to attend and demonstrate the level of knowledge and skill they may have acquired. The treatment provider will then develop an appropriate treatment plan to target their specific needs based upon a current risk and needs assessment.
G) “Maximum Benefit”

Some individuals have impairments that prohibit them from benefiting from sex offense-specific treatment. Whether these impairments are due to profound intellectual disability, dementia, or other extenuating circumstances, it is important to appreciate that some offenders will reach “maximum benefit” without achieving all treatment goals. In circumstances such as this, a containment model, which offers supervision as an external means toward managing an offender’s risk, is likely the only method appropriate to reduce re-offense risk.

H) Treatment Failure

Sex offenders who drop out of treatment are considered treatment failures. Generally, sex offenders who drop out do so because they lack a sense of responsibility and/or self-awareness, are overly confident, or do not see the need for treatment. Also, in some cases, sex offenders who adamantly deny their offense behavior(s) can be considered treatment failures.

Denial of offense behavior is generally considered to be clinically significant to the extent that offenders cannot develop plans to avoid behaviors they do not admit having or develop the skills needed to meet their needs appropriately. However, it is important to be aware that in many cases, denial may not represent a treatment failure but rather an early stage in treatment engagement. That is, most offenders beginning treatment deny at least some aspect of their offense behavior. It is through treatment that most begin to admit the behaviors that have been attributed to them and therefore begin to make progress in treatment. This process is referred to as “stages of change.” In this process, offenders initially deny having a problem, but they will over time begin to acknowledge the problem, though they lack the readiness to address it.

With encouragement and support, most offenders become aware that a problem exists and needs to be addressed. Many take active steps to address the problems they have and some succeed in managing them. For those individuals, periodic maintenance with a former provider during the after-care phase ensures that they retain their treatment gains. In cases where an offender may engage in inappropriate or concerning behavior following discharge from treatment, he may be required to return to treatment.


*http://oregonsatf.org/*


Association for the Treatment of Sexual Abusers. (2004). “Phallometric testing using penile plethysmography involves measuring changes in penile circumference or volume in response to sexual and nonsexual stimuli.” *Practice Standards and Guidelines for Members of the Association for the Treatment of Sexual Abusers*. Beaverton, Oregon.
Section IV: Familial Sexual Abuse

“Incest is especially damaging because it disrupts the child’s primary support system, the family. Incest can damage a child’s ability to trust, since the people who were supposed to protect and care for them have abused them.”

For the purposes of this chapter, familial sexual abuse, often referred to as incest, is meant to encompass sexual abuse situations in which an adult family member is sexually abusing a child or adolescent. Family member here is defined as someone the victim child identifies as family, such as father, mother, uncle, aunt, grandparent, stepparent, or parent’s partner. In some cases, a child may define a close family friend as a relative. While DHS classifies these reports as third-party sex abuse, they often mimic some of the same traits and challenges of familial sexual abuse and will also be considered here.

This section is not intended to assist caseworkers in understanding all of the dynamics of familial sexual abuse. An exceptional amount of information on this topic can be found through literature such as research, books, and journal articles. Instead, the intent here is to assist caseworkers in best serving families impacted by familial sexual abuse by helping workers understand the following:

- How family dynamics impact DHS interventions
- The emotional impact of familial sexual abuse
- How to create effective child safety

I. Understanding Familial Sex Abuse

A) Complicated Family Dynamics

This type of abuse by a family member is insidious. When children are abused by someone who is supposed to love and care for them, it becomes especially difficult for them to tell someone they’ve been abused or get help or support. The non-offending parent’s role is critical for child safety, but frequently, these parents are compromised for various reasons and are unable to provide the help their children need.

“When a child is abused by someone outside the family, the child’s family is often able to offer support and a sense of safety. When the abuser is someone in the family, the family may not be able to provide support or a sense of safety. Since the children (especially younger children) often have limited resources outside the family, it can be very hard for them to recover from incest.”

B) How Child Sexual Abuse Is Kept Secret: Perpetrator Control

Child molestation usually begins with a sex offender gaining a child’s trust and friendship. The offender then begins “testing” the child’s ability to protect him- or herself by telling sexual jokes, engaging in horseplay, back rubs, kissing, or sexual games. If the child appears comfortable with or curious about this type of behavior (and most healthy, normal children are), the offender will slowly increase the amount and type of touching to include more direct
sexual touching. Most offenders know that if they physically harm a child while molesting her or him, the child is more likely to tell. Offenders are also clever enough to make the child feel as if he or she is equally responsible for the contact. Many children do not understand that what is happening is sexual or wrong. “Children become trapped and are unable to tell anyone what is happening. Children are not in a good position to protect themselves from adults, especially if the adult offender is a parent or caretaker.”

Much research has been conducted about how children disclose abuse (see above: Section II: Working with Victims of Child Sexual Abuse – How Children Disclose). It is widely believed that familial sexual abuse is the most difficult type of abuse for children to disclose.118 There are numerous studies detailing some of the reasons children are not able to disclose familiar sexual abuse:

- The child is often told that what is happening is normal or happens in every family, and the child may not understand it as abuse.
- The child often cares about the offender (family member) and is afraid of consequences for the relative if he or she tells.

C) How Child Sexual Abuse Is Kept Secret: Lack of Protection by Non-offending Parents

“Unfortunately, many non-abusing parents are aware of the incest and choose not to get their child out of the situation, or worse, to blame their child for what has happened. This makes the long-term effects of incest worse.”119

While the trauma associated with child sexual abuse is related directly to the abuse, caseworkers must also understand the trauma and damage done to children when the non-offending parent or other family members are disbelieving or blaming the child. DHS has a role in minimizing that damage. While none of the following excuse non-offending parents’ inability or unwillingness to protect their child, these are areas of consideration and intervention for workers:

- In some cases, non-offending parents may feel that they are dependent on the abuser for shelter or income.
- Non-offending parents who were themselves victims of incest may have distorted beliefs about what is “normal” for families.
- Some non-offending parents may feel that allowing the incest to continue is the only way to keep their partner.
- Non-offending parents may feel that their child was “asking for it” by behaving in ways that the parent perceives as provocative or seductive. 120
When a parent is aware of the abuse and chooses — for whatever reason — not to take action to stop it, there is an obvious lack of protection, and DHS can easily intervene. What is sometimes more difficult for caseworkers is gauging the parent’s reaction following a disclosure. Caseworkers must be aware that a large part of the assessment involves assessing and reassessing the non-offending parent’s ability to provide both physical and emotional safety:

- Were they aware of the abuse and unable or unwilling to stop it?
- If this is new information to them, are they able to understand their role in providing protection, both physical safety from the offender and emotional safety?

For more information about how to assess non-offending parents’ ability to protect their children, see Section II: Working with Victims of Child Sexual Abuse - Creating Emotional Safety for Children: Assessing Non-offending Parents.

II. Familial Sexual Abuse: Screening

As with all calls, screeners must gather and analyze all available information to effectively determine if the caller is reporting child abuse or neglect as defined in ORS 419B.005. In addition to gathering the standard information about victims, alleged offenders, and any specifics of the abuse, it is important that the screener gather information about any other children exposed to the alleged offender. It is also important to ascertain whether the non-offending parent(s) are aware of the abuse and what steps they have or have not made to protect the child. In addition to sexual abuse allegations, the screener should also consider neglect and threat of harm, as applicable.

A) A Word About Timelines: Within 24 Hours Versus Up-to-Five-Day Response

Depending on the alleged offender’s access to the child, most reports of familial sexual abuse will be assigned within 24 hours. However, even in cases where the child will not have contact with the alleged offender within 24 hours, screeners must still consider the role of the non-offending parent in determining timelines.

If it is learned that the alleged offender has current access to other children outside of the victim’s home, a threat of harm referral will often be required. In these cases, both the original sexual abuse referral as well as the threat of harm referral will likely require a 24-hour response timeline to ensure the safety of all the children.

B) Interpreting Historical Allegations

Some child welfare cases will include previous concerns about sexual abuse that were closed at screening due to lack of context, clarity, or sufficient information to constitute an allegation. Some cases will also include the history of a person who was accused of child sexual abuse but whose disposition was decided as Unable to Determine or Unfounded. Other cases will include allegations of sexual abuse that were Unfounded due to a child recanting his or her original disclosure of sexual abuse.
When screening cases that involve a history of varied concerns for sexual abuse, it is important to consult a supervisor. Because of the complexity involved in child sexual abuse cases, the screener must look at each case carefully and with the understanding of how children disclose (see Section II: Working with Victims of Child Sexual Abuse - How Children Disclose). In addition, screeners must understand that in many cases, lack of law enforcement agency (LEA) follow-through, lack of conviction, or Unfounded or Unable to Determine dispositions do not mean that the child wasn’t sexually abused. When making screening decisions, it is necessary to examine this history.

III. Familial Sexual Abuse: Initial Contacts

A) Collateral Contacts

In these cases, an assessment must go beyond interviews of the alleged victim and alleged perpetrator. By utilizing a multitude of collateral contacts, caseworkers can move an allegation beyond “he said/she said.” In addition to a thorough review of the child’s welfare history, LEA history, and child abuse intervention center (CAIC) history, the caseworker should consider the following:

- Review of medical records. Were any prior concerns noted, however vague?
- Review of any counseling records. Were any partial statements made that were not fully explored?
- Review of school information. Did the child utilize a school counselor or school nurse? What concerns were noted?
- Interviews of any adult siblings of the alleged offender. Were any concerns noted about the alleged offender’s behavior when he was young?

B) Interviewing Children

If the child stated that he or she told another person about the abuse or that another person witnessed the abuse, that person must be interviewed, for details of the disclosure or what was witnessed.

Specific tips regarding interviewing children for sexual abuse, including rapport building, rules of the interview, minimal facts interviewing, and sex abuse-related questions can be found in Section II: Working with Victims of Child Sexual Abuse - Tips for Interviewing Children. It is imperative that caseworkers do not ask about sexual abuse using “good touch versus bad touch” kinds of questions.

The purpose of the child interview is to gather enough details to understand if sex abuse occurred, determine if there is a protective parent, and assess the emotional and physical state of the child. If a safety plan is needed, these details will assist in crafting that plan.

As with all assessments, it is necessary to interview all of the children in the home, including children who visit. Children should not be interviewed in the presence of the alleged offender or a non-supportive adult. Interviewing children regarding any allegation requires a comprehensive approach to determine whether there has been domestic violence; substance...
abuse, physical abuse, or sexual abuse; mistreatment of other children or pets in the home; or neglect.

While caseworkers often have some training in how to interview children about physical abuse, sexual abuse, neglect, domestic violence, and/or substance abuse, not many have had specific training in how to assess the child’s emotional safety. Yet providing for both the physical and emotional safety of the child is an essential part of a caseworker’s role. In addition to the information found in Section I: Working with Victims of Child Sexual Abuse - Tips for Interviewing Children, caseworkers will find the following tips helpful when asking children questions related specifically to their emotional protection.

Open-ended beginning questions

*Has anyone been worried about you?*

*Remember I told you my job was about keeping kids safe. Do you know why someone would think you were not safe?*

Others’ knowledge of the abuse

If a child states he or she told someone about the abuse, the caseworker should ask the child what was said. Sometimes children tell their parent that “he’s bothering me,” or “I don’t like her,” but may not have disclosed clear abuse.

*Does anyone know what happened? How do they know?*

*What did you tell your mom?* (Ask for specifics. Try to ascertain what details were provided. This will help you to understand the parents’ role in protection).

*What did they do when they found out?*

*Did anyone see this happen? What did they do?*

If the child states that no one knows

*How does it feel to think about people knowing? Or people finding out?*

*Is there someone that you are comfortable talking with?*

*Are you worried about somebody knowing what happened? What are you worried or scared about?*

Protective parent

The caseworker must assess the child’s concerns about the disclosure. The child should be asked what he or she thinks the family’s response will be. Also, the caseworker should make it clear to the child that the parent(s) will be told about the disclosure so the caseworker can elicit their feelings, fears, and thoughts on what might happen.

*What do you think your mom will do when she finds out what has happened?*

*Are you worried about your mom knowing?*

*What do you think your dad will tell your mom? Who do you think your mom will believe?*

Emotional state of the child

The caseworker should ask the child what he or she wants to happen now. Oftentimes the child simply wants the abuse to stop, but children have no understanding of the system response
that will follow a sexual abuse disclosure — LEA, the court, potential foster care. It is helpful to hear the victim’s perspective on what he or she wants or needs.

_How are you feeling about your dad?
_How are you doing now that someone knows what happened?
_What do you want to happen?
_Do you have someone to talk to about what happened? Do you want someone to talk to?

_How secrecy was obtained

The caseworker should ascertain whether threats have been made to the child or to other family members, pets, or friends.

_What did ___ say about telling about this?
_What do you think your step dad will do if he knows you said something?
_Has anything happened when you said something before?

_Use of pornography

Because pornography use has increased dramatically, remember to include some questions that encompass the concern of both a child’s exposure, as well as the possibility that the child has been used in the production of pornography.

_Does your family take pictures or make movies? What kind of movies do you make? Is there a special place to make movies?
_When people take pictures of you, do you ever have to wear special clothes? What do they look like?
_Has anyone ever taken pictures or movies of you when you didn’t have any clothes on? Tell me more about that.
_Do you see pictures (in books, on computers, in movies) where people don’t have clothes on?
.Does anyone else in your house see these pictures? Are there any pictures of kids without clothes on?

_C) Interviewing the Non-offending Parent

_The non-offending adult is the key to the child’s safety._

It is important to gather information that will assist in determining if the non-offending adult was aware of the abuse and failed to intervene, or if upon becoming aware, he or she was able to provide both physical and emotional safety to the child. Some ideas for these types of questions include the following:

_Parent’s belief about child sex abuse generally

It is helpful to ask some general questions about the parents’ understanding of sexual abuse to gauge how much intervention the non-offending parent will need.

_Why do you think people sexually abuse children?
What do you think sexual abuse means? What does it look like?
What do you think happens to some children who are sexually abused?
What would you do if you learned that he had sexually abused your son?

Offender’s role in the family

Asking questions about the offender’s relationship with the child can help the parent understand how the abuse happened. The caseworker can help educate the parent in some of the dynamics of abuse such as secrecy and isolation.

How does he get along in the family?
What are his responsibilities when it comes to caring for the children?
How well does he know your daughter? Does he know what kind of music, clothes, video games, and other things your son enjoys?
What does he like to do with your son? What kind of time do they spend together? Are they alone frequently? Do they have special routines or activities?
What is their relationship like?
What does your daughter say about him?
What does he say about your daughter?

Parent’s knowledge

It is imperative to gain information regarding the parent’s knowledge of the abuse and his or her response. This will be crucial information in safety planning for the child.

What do you know about the abuse?
Has your daughter ever said something to you? What did she say?
Have you been concerned about your son’s behaviors or demeanor? Noticed any changes?
What did you do when you learned of the abuse?
What did your husband say about the abuse?
Did you tell anyone else about the abuse?

Parent’s ability to support the child

What do you think about what your son said?
Do you think what he said was true?
Knowing what your daughter said, what do you think about your partner?
What do you think should happen from here?
What do you think your daughter needs from you? What are the most important things to tell her right now?

Use of pornography

Have you seen your boyfriend looking at pornography? What type of pornography? Have you ever seen him looking at child pornography?
What do you know about child pornography?
Have you worried that your children may have seen pornography? Why? Have you found your children viewing pornography?
Have you ever worried that your husband has taken inappropriate photos or movies of the children?
It is absolutely normal for non-offending parents to have incorrect assumptions about offending behavior. The caseworker’s intervention can focus on helping educate non-offending parents on risk and their role in keeping their children safe. As part of this education, the parent should be informed on techniques offenders use to gain access to children:

- Pays attention to your child and makes her or him feel special
- Knows your child’s likes and dislikes very well
- Goes out of his way to buy gifts or treats your child will like
- Isolates child by involving her or him in fun activities so they can be alone together
- May prey on your fears about your child lacking a father figure or stable home life
- Knows more about what kids like than you do (music, clothing, video games, language)
- Makes comments like “Anyone who molests a child should be shot!”

When working with non-offending parents, it is important to be empathetic and to take time to recognize the challenges they are facing. Non-offending parents must wrestle with the beliefs that they had about the offender and the new information they have learned.

“I can only imagine what you’ve been through. I’ve talked to many women who are in your same shoes, and most of them have so many mixed feelings about this. It must be really hard to even consider the possibility that someone like John, someone you love, could have a problem like this. Tell me the worst part of this for you so far.”

D) Interviewing Other Legal Parent

It is important to interview the non-custodial parent. This parent may provide a valuable protective resource for the child, and this interview can assist in case planning. Valuable information to gather in interviewing non-custodial parents includes the following:

- Their belief about their child’s disclosure
- Their ability to identify the offender as a perpetrator of abuse
- Their understanding of their child’s needs

E) Interviewing the Alleged Offender

When disclosures of abuse are made, LEA assistance is required during the alleged offender’s interview. If there is a designated child abuse unit, the caseworker should request detective assistance. When partnering with detectives, caseworkers will find it beneficial to observe the detectives’ interview with the perpetrator. Some detectives will invite caseworkers to participate in these interviews. If they’re not invited to participate, the caseworker should try to learn what information was obtained through the LEA interview. The caseworker should collaborate with LEA to get safety-related questions answered, because there are questions that caseworkers will need to ask the offender that are outside the scope of LEA. If possible, LEA should join the DHS caseworker while the caseworker asks the necessary questions for the comprehensive assessment.
F) Interviewing and Observing Other Children in the Home

When caseworkers interview other children in the home or children who visit the home, the type of interview or observation will depend on the age and developmental level of the child. In addition to questions about whether the other child is also a victim of abuse, or has witnessed abuse of another child, the caseworker must ask questions about threat of harm sexual abuse. See Section V: Threat of Harm Sexual Abuse - Interviewing Children. The interview should also include questions about the other child’s knowledge of the victim’s abuse. The interview should begin with broad questions to measure what the child may or may not be able to understand.

Offender’s role in the family
Tell me about your mom’s boyfriend.
Where does everyone sleep? What do people wear to bed?
What do you like to do with your step dad? Not like to do?

Offender’s involvement in caretaking
Tell me about who takes care of you. How do they take care of you?
Who helps you get dressed? Helps you in the bathroom (on the toilet)? Helps you get clean (take a bath, shower, dried off)?
Who makes your breakfast? Dinner?
Who puts you to bed?
Who is home when you wake up? Go to bed? After school?
What happens when your mom/dad is at work? Who’s home?

House rules
What are some of the rules at your house?
Are there rules for adults? For children?
Are there rules about being alone with anyone?
Do you have privacy at your house? Are there bedroom and/or bathroom doors?
Have you heard anything about ____ that worries you?

Grooming
What kinds of things do you do with ____? What kinds of games do you play?
Do you have a game that you are only allowed to play with one person?
Are there any games you don’t like?
How do your sister and dad get along? What do they like to do? Do they spend time together?
Who cuddles with you? How?
Who gives you kisses and hugs?
Who gives you presents?
Does anyone wrestle? Rough-house? Tickle?
Where are you when you change your clothes? Does anyone see you when you get undressed?
When you go to the bathroom or bathe?
Have you seen other people getting undressed or going to the bathroom?
Do you go into a room when someone doesn’t have clothes on?
Do you see pictures, books, computer screens, or movies where people don’t have clothes on?
Does anyone else?
Does anyone talk with you about secrets?

Sexual abuse

Tell me what the rules about your private parts are.
Has anyone ever tried to touch or look at your private parts? How did that make you feel?
Do you worry about anyone wanting to look at or touch your penis?
Has anyone ever taken pictures of you without clothes? What parts of your body?

Knowledge of sibling’s abuse

Do you have worries about your sister? What are they?
Are you worried about someone hurting your brother? Who are you worried about?
Have you told anyone what you are worried about?
Have you ever seen anyone touching your sister in her private parts?
Has your brother ever told you about someone touching him?
Consider using questions such as these around the context of the victim’s statements:

Who slept in the tent with your sister on your camping trip?
Did your grandpa give your brother a present the other day?
Who drove your sister to the movies?

IV. Familial Sexual Abuse: Assessing Safety

DHS intervention must focus on the emotional protection of the child. While child sexual abuse rarely has a long-term physical impact, it often has multiple emotional impacts. It has the potential to damage relationships, children’s view of themselves, their understanding of self worth, and even their understanding of what it means to be safe. Non-offending parents must be able to provide not only for the physical safety but also the emotional safety of their child. In its intervention, DHS must assess the non-offending parent’s ability to keep the child safe as it makes protective action plans and ongoing safety plans focused on emotional protection.

For more detailed information, see Section II: Working with Victims of Child Sexual Abuse - Creating Emotional Safety for Children: Assessing the Non-offending Parent.

Parents at all stages of belief need coaching in responding to their child’s disclosure. Caseworkers should provide parents with the following guidelines:

- Children should not be questioned about their disclosures. If the child decides to share information, the parent’s role is to listen to what is being said and pass it along to caseworkers and LEA.
- Children should not be exposed to adult conversations about the abuse. This includes information about the criminal process or court hearings.
- Children will model their parent’s responses. Parents need to be aware of this and monitor their behaviors, demeanor, and attitude.
- Children are especially fragile at these times and may need more love, support, and structure. It is important to keep the same routine and schedule to maintain normalcy.
• Children may also exhibit behavioral changes. Parents need to be aware of these potential behavior changes and increase their patience and tolerance.

A) Protective Action Plan

Because of the complexity of sexual abuse cases, a protective action (PA) plan is almost always necessary, and it may require regular adjustment. The caseworker should consider the following questions in drafting a PA plan:

• Is the non-offending parent emotionally supportive? If not, is there an immediate intervention that can assist the parent in being emotionally supportive?
• Is the non-offending parent able to provide physical protection from the offender?
• What safety service providers are available to support the family? Relatives? Community providers? Relatives and friends must be fully interviewed to determine their ability to believe, support, and protect the child.
• What type of DHS contact is required to ensure the PA is followed?

Remember the policy requirement to inform the District Attorney’s office when DHS requests that a parent leave the home for more than three days.  

B) Parents Who Believe and Support Their Child

Some parents readily believe and support their child. They may be the ones who brought the information to DHS or LEA. They may already have taken supportive steps such as contacting the CAIC, leaving the offender, or seeking counseling. In these cases, DHS’s response should include assisting the parents in their efforts to be protective, affirming their actions, and helping them access the appropriate services for themselves, their child, and their family.

C) Parents Who Are Questioning the Disclosure

For whatever reason, some parents are less able to believe their child. These parents may be unsure what to believe. They are not blaming their child or accusing him or her of lying, but they struggle to understand why they didn’t know or how their partner (husband, sister, father) could do such a thing.

These parents need assistance in understanding child sexual abuse and the importance of supporting their child. A strong multidisciplinary team (MDT) response including a CAIC, LEA, and DHS can assist these parents in accepting the realities of the abuse. Although these parents could continue to parent the child in the home, other safety service providers will be required.
It is not enough for these parents to say they will “keep ____ out” if they may not be emotionally supportive of their child.

In some cases it will be necessary to craft a short PA plan that provides a brief separation between the child and non-offending parent. Doing this in cases of a questioning parent can assist that parent in getting much-needed support for the changes in the family’s life and how to assist the child. If the child is able to stay with a relative or friend who believes him or her, it will help ensure the emotional protection children need immediately following a disclosure.

When these plans are crafted, it is important for DHS to continue to assist parents by educating them on the nature of the abuse. It is helpful to engage community partners to provide both supportive and educational roles to help the parent accept the realities of the abuse. Providers and DHS can help maintain the child’s emotional safety by continuing to support the parent as well as noting any changes in the parent’s response.

**D) Parents Who Don’t Believe or Who Blame Their Child**

An in-home plan is not effective with a non-believing parent who reluctantly “agrees” to keep the offender out of the home. Even if the caseworker believes the parent’s statement that he or she will “do whatever DHS says” to provide for the physical safety of the child, the following circumstances indicate some situations that are not conducive to an in-home safety plan:

- Parents who are adamant that their child was not abused (child is “making this up”; child “is a liar”)
- Parents who believe their child should be punished for making a disclosure
- Parents who believe abuse occurred but blame the child
- Parents who threaten the child due to concerns such as loss of housing or money or the offender going to jail

Although the child cannot remain with the parent in these cases, DHS should help the parent move from a position of blame or disbelief to one of support. In addition, DHS should support the child and obtain whatever professional and other familial support is available.

**E) Assisting Non-offending Parents to Emotionally Protect Their Child**

Assisting parents to move along the continuum to believe and support their child is part of the DHS caseworker’s role. The majority of parents question what has occurred and what to do next.

It is important to assist parents throughout the assessment. Parents need help to understand the nature of sexual abuse and offenders and believe their child’s disclosures. Providing parents with information about the general nature of sexual abuse (grooming by offenders, offender behaviors that keep abuse secret, and delayed disclosures) can be done by caseworkers with the assistance of CAICs and therapists.

In cases where there is a degree of certainty that the parent will not share information with the perpetrator and in coordination with LEA, caseworkers can provide some details of the child’s disclosure to the non-offending parent, such as the time frame of the abuse, general details of the seriousness of the disclosure, and the child’s perception of the parent’s response (e.g., “I
tried to tell them before”). This can be helpful for some parents in moving along the continuum of believing and supporting their child.

F) Ongoing Safety Plans

Much like the non-offending parent, relatives may be torn about the disclosures and may be trying to reconcile the person they thought they knew with the abuse that occurred. Caseworkers are responsible for assessing safety service providers’ ability to respond to the child’s emotional needs.

Safety plans will require frequent contact in the home by DHS and safety service providers. It is almost always necessary to have at least one professional safety service provider involved with the family to assist in the therapeutic process of supporting the child, reducing the impact of trauma, and aiding parents in understanding their relationship with the perpetrator. Frequent contact increases the protective ability of parents as they are able to more easily accept the realities of the abuse and develop a new environment for their child.

G) Further Assessment May Be Indicated

It may be necessary to gain a professional assessment of the non-offending parent’s ability to believe and support his or her child. This type of assessment will help direct safety planning efforts. This assessment should examine the following:

- The parent’s ability to move along the continuum of protective responses
- The nature of the relationship between the two parents
- The parent’s belief system surrounding sexual abuse
- The parent’s relationship with their child
- The parent’s willingness or desire to understand the abuse and disclosure process

H) Safety Threat Guidance

The safety threshold criteria must always apply when determining if a family behavior, condition, or circumstance is a safety threat. The following are the most commonly used safety threats. Examples are shown in italics.

#3. “One or both parents’ or caregivers’ behavior is impulsive or they will not/cannot control their behavior.”

*The father sexually abused his three children. He is unable or unwilling to control this abusive behavior. While he does not admit to the abuse, all of the children are able to articulate the nature and extent of the abuse.*

*Mr. and Ms. Blue are unwilling or unable to control their sexually abusive behavior. Their behavior is out of control, and their desire to sexually abuse their daughter surpasses their ability to recognize or promote their daughter’s need for safety. Their behavior is beyond manageable; both parents articulate that Sophie enjoys “sexual experiences” and “likes being videotaped.”*
#8. “A situation, attitudes, and/or behavior is such that one or both parents or caregivers lack parenting knowledge, skills and motivation necessary to assure child safety.”

_The father is aware of the sexual abuse his daughter sustained by his live-in partner. He is unable to be sensitive to her emotional needs. He does not understand how to provide emotional safety for his daughter or respond to her needs regarding her abuse. The father believes that his daughter should “move on” and “get over it.” While he did discontinue his relationship with his partner, he fails to demonstrate the skills necessary to support his daughter in overcoming the abuse._

#15. “Because of a perception, attitude, or emotion, parents or caregivers cannot, will not, or do not explain a child’s injuries or threatening family conditions.”

_The mother is aware of the sexual abuse of her children by her husband; however, she does not believe the allegations. She has been unable to place her children’s needs above her own, which negatively impacts the children’s safety. Though she indicates she will not allow contact between the children and her husband, she has clearly stated to this worker, and to the children, that she does not believe sex abuse occurred. Despite DHS and a therapist explaining the impact her disbelief has on the children, the mother continues to maintain sex abuse did not occur._

I) Child Vulnerability

Vulnerability for each child in the home differs. The caseworker must be clear in discussing how each child in the family home is vulnerable to the abuse. The caseworker also must explain that the child is defenseless against familial abuse and relies on the non-offending parent for protection. The child’s physical and emotional vulnerability should be articulated. Information on the developmental levels of each child and the ability or lack thereof to provide for his or her emotional and physical safety should be included in this discussion.

J) Parents’ Ability to Protect

A CPS assessment requires documentation of the parents’ ability to protect their children. This includes both the offending and non-offending parent. In these cases, the caseworker must note that the offending parent is not in a position to provide for the child’s protection given his or her sexually abusive behavior.

It is necessary for the non-offending parent to provide both physical and emotional safety for the child, so this will require the parent to understand the fundamentals of sexual abuse. The parent’s abilities in the following areas should be documented:

- Is the non-offending parent aware of how the abusive relationship occurred? Does he or she believe that the abuse occurred? Is he or she willing to seek treatment for the child?
- Is the non-offending parent aware of any role he or she may have unknowingly played in the abuse such as failing to recognize when the child was disclosing or regularly allowing the child to be alone with the partner when the partner asked?
- Does the non-offending parent assign blame? To whom? Can he or she articulate why?
• Is the non-offending parent able to provide protection? Will he or she allow the offender contact with the child in the home, on the property, or anywhere else? Has he or she obtained sole custody or sought assistance from a supportive community?

K) Safety Analysis: Safe Versus Unsafe

To conduct a thorough safety analysis, workers must identify whether a safety threat exists; whether the children are vulnerable to the threat; and whether there is a parent willing and able to protect.

An example of language used in a Safe finding follows:

*The child is Safe at the conclusion of the CPS assessment. He is living with his father and having no contact his mother, who has sexually abused him. The father is currently in the process of changing the custody agreement to provide the necessary protection. The father is supportive of his son and has already engaged counseling services. He understands that there is to be no contact between his son and ex-wife without agreement between both therapists. His son’s therapist and ex wife’s offender treatment therapist will coordinate if and when it is appropriate for contact to occur. The father is able to ensure that no contact will occur without professional involvement.*

Here is an example of language used in an Unsafe finding:

*The child is Unsafe at the conclusion of the CPS assessment. The child was sexually abused by her mother’s partner. She is defenseless and unable to protect herself. The mother does not believe her daughter was sexually abused and continues to try and get the child to change her story. The child’s biological father is mostly absent and has been unavailable to his daughter for the past year due to ongoing alcohol and drug problems. Because of the mother’s lack of support or belief in her child, there is no assurance that she’ll follow through with ensuring no contact between her child and boyfriend. In addition, there is no information to ensure the mother is emotionally supportive of her daughter. DHS intervention is necessary to ensure this child’s safety.*

L) Seeking Juvenile Court Petition

Several situations may warrant juvenile court involvement:

• If the offender is the sole caretaker for the child (there is no non-offending parent or other involved family member or appropriate caregiver who can assist with supervision and safety planning during the course of the assessment)
• If the offender is a legal parent to the children and the caseworker has gathered information that indicates the need to restrict the offender’s access
• If the non-offending parent does not believe the sexual abuse disclosure and is unwilling to cooperate with the assessment
• If the caseworker is unable to conduct an assessment due to the parents’ unwillingness to allow contact with the children
V. Familial Sexual Abuse: Dispositional Guidance

The findings of a disposition do not equate to a determination that a case will open or close. Children who are Unsafe will have open DHS cases.

A Founded disposition for sexual abuse should be considered when there is reasonable cause to believe that the child was sexually abused. It is often helpful to detail the nature of the disclosure and the credibility of the child, including delayed disclosure and recantation as needed. Additional information that supports the allegations, such as context, witness statements, medical findings, and interviews with both the perpetrator and non-offending parent, should be included. For very young children, it is important to document how the abuse differs from basic care (bathing, diapering, toilet training).

Recantation is not a reason to Unfound an allegation. Recantation is also not a reason to label it Unable to Determine because it does not constitute “conflicting information.” See Section II: Working with Victims of Child Sexual Abuse - What is Recantation.

A) Considerations for Sexual Abuse Dispositions

A Founded example may read something like this:

_The allegation of sexual abuse of Adam by his father, Mr. Purdue, is Founded. Adam made clear disclosures to his school counselor, this DHS worker, as well as CAIC staff, about his father fondling his genitals. The disclosures are in the context of a sexual nature and not any kind of caretaking behavior (e.g., toileting or bathing). Please see CAIC report dated 7/5/08 for further details. The father did not admit to sexually abusing his son, but did state to police, “Sometimes I black out when I drink.” Please see police report 08-011234._

_A Founded child pornography example_

_Based on CPS assessment and LEA investigation, this referral is Founded for the sexual abuse of Carrie by her father, Thomas Cotton. During the LEA investigation regarding the suspected child pornography production and distribution, images were located of Carrie being sexually assaulted by her father. Multiple video and still photos of Carrie being abused by her father were sent to other users of child pornography. Because of Carrie’s young age, 3, she is unable to articulate the abuse that occurred to her. Carrie’s medical exam did find some evidence of trauma. Please see medical report dated 6/2/2010._

_Mr. Cotton is not willing to explain the abuse of his daughter. Despite the video and still image of him abusing his daughter, Mr. Cotton denies that he has sexually abused his daughter. Mr. Cotton states that “all I have ever done was love her.” Despite the overwhelming evidence of child pornography on his computer and in his home, Mr. Cotton denies that he has ever viewed children being sexually abused. He states that he “loves children and only wants the best for them.”_
An Unfounded example may read something like this:

Based upon CPS assessment, the allegations of sexual abuse of Francine by her stepfather, Mr. Jones, are Unfounded. While Francine reported that Mr. Jones walked in on her while she was showering, which made her uncomfortable, at this time there is no information to indicate this was a sexual abuse event. Francine reports that Mr. Jones left the bathroom when he realized that she was in the shower. Interviews with Mr. Jones, siblings, and Ms. Jones do not provide any further information that this was an abuse-related incident. Mr. Jones denies any sexual intent of the incident and has no other history of sexually abusive behavior.

An Unfounded child pornography example

Based upon CPS assessment, this referral will be Unfounded for the sexual abuse of Joey by his father, Fred Nelson. While the FBI initially believed that Joey was a victim of sexual abuse by his father due to the child pornographic images found on Mr. Nelson’s computer, after further investigation it was determined that Joey was not observed in any images. Joey (14) was evaluated at the CAIC; however, he adamantly denies any sexual abuse occurring. Mr. Nelson visited Joey every other weekend as part of the custody arrangement. He adamantly denies ever sexually abusing his son. Ms. Nelson, mother of Joey, reports no concerns of sexual abuse of Joey. She has noted no behavior changes or any concerning statements made by Joey. Because of the current lack of information of sexual abuse, this allegation of sexual abuse will be Unfounded. Please note a Founded disposition will be made for threat of harm sexual abuse.

B) Considerations for Neglect Dispositions

When determining dispositions for neglect in these cases, the caseworker should pay particular attention to concerns about lack of supervision and protection. These dispositions can be appropriate in cases where non-offending parents have the capacity and knowledge to understand the disclosure of sex abuse but are unable or unwilling to believe the disclosure and support their child. Caseworkers should base the disposition of their referral on the response after the parent has time to process the current circumstances.

The following is a Founded example:

Based upon CPS assessment, the allegation of neglect of Susanna by her father, Mr. Simpson, is Founded. During the interview with Susanna at the CAIC, Susanna reported that she informed her father of the sexual abuse by her mother, Ms. Simpson. (See CAIC report dated ___ for details.) She disclosed that Mr. Simpson told her not to say anything about what had happened. He also stated that he would tell Ms. Simpson to leave the home. Mr. Simpson never followed through, and Ms. Simpson remained in the home having full access to her daughter, until DHS’s intervention. Mr. Simpson admits that he was aware of what his daughter told him, but did not know what to do. Mr. Simpson knowingly allowed Ms. Simpson to remain
in the home providing her with access to Susanna and compromising Susanna’s safety.

This is an example of an Unfounded determination:

*Based upon CPS assessment, the allegation of neglect of Freddie by Ms. Lewis is Unfounded. Upon Freddie’s disclosures of sexual abuse by his uncle, Ms. Lewis provided adequate care and protection of her son. Ms. Lewis did not allow her brother to continue residing in her home and sought the necessary counseling services for Freddie. Ms. Lewis has informed family members what has occurred, so that Freddie is not exposed to his uncle at family gatherings or other events.*

**C) Considerations for Mental Injury or Psychological Neglect**

Sometimes the non-offending parent’s response to the disclosure is emotionally abusive. In addition to a neglect disposition, caseworkers should consider the necessity of a disposition related to mental injury or psychological neglect of the child in regard to the non-offending parent. This will require an assessment of the non-offending parent’s response to the child’s disclosure. Depending on the type of sexual abuse, a disposition concerning the offender and the psychological treatment of the child may also be required.

The following is a Founded example:

*The additional allegation of mental injury to Bart is Founded as to his mother, Marge Johnson. There is reasonable cause to believe that Ms. Johnson’s actions and statements about her disbelief that Bart was abused by her boyfriend, and her attempts to get Bart to change his story, have had an observable and substantial impairment to Bart’s functioning (see interview in assessment narrative). Bart frequently cries about his mother “not loving me anymore,” and states he wishes he had never told in the first place. His father indicates Bart has frequent nightmares and is often inconsolable.*

*The additional allegation of mental injury to Sarah by her stepfather, Mr. Sims, is also Founded. During the course of sexually abusing his stepdaughter, Mr. Sims made multiple statements to Sarah about how the abuse was her fault. Mr. Sims actively made threats to harm Sarah’s siblings if she didn’t comply. On one occasion, he kicked Sarah’s dog to get her to comply with the abuse. In addition to the trauma Sarah suffered due to the sexual abuse, she has experienced insomnia, hyper-vigilance, and suicidal ideation.*

This is an example of an Unfounded determination:

*Based upon CPS assessment, the allegations of mental injury to Ryan by his mother, Ms. Harris, are Unfounded. Ms. Harris has provided for both the emotional and physical safety of her son. Ms. Harris believed Ryan’s disclosures of sexual abuse by her boyfriend, Mr. Toole. She immediately removed Mr. Toole from the home and sought counseling services for her son. Ms. Harris has been supportive of Ryan throughout the criminal process. Ryan has been doing well in both his counseling and schooling.*
VI. Familial Sexual Abuse: Summary

Assessing cases of familial sexual abuse requires caseworkers to be alert to more than the physical safety of the child. Understanding the dynamics of the victimization these children experience will assist caseworkers in creating effective safety plans that meet both the physical and emotional needs of children. In these cases, pay particular attention to the following:

- **Family’s history of abuse.** Multiple reports of sexual abuse of a child, despite disposition or criminal consequences, indicate that the child has either likely been abused or is at significant risk of being abused. What is known about the disclosure process helps caseworkers understand that multiple assessments may in and of themselves be an indicator of risk.

- **Family’s awareness of sexual abuse.** Informing families that allegations of sexual abuse are uncommon helps prevent the family from minimizing the allegations. When allegations are made, comprehensive assessments must include a clear understanding of the disclosure process.

- **Family’s understanding of emotional safety.** Child welfare interventions must be targeted in ways to reduce long-term trauma. In its interventions, DHS should assess the family’s ability to provide emotional protection for the child and assist children and families with obtaining therapy.

---

115 RAINN: Rape, Abuse & Incest National Network. [www.rainn.org](http://www.rainn.org)
116 Ibid
119 RAINN: Rape, Abuse & Incest National Network. [www.rainn.org](http://www.rainn.org)
120 Ibid
121 Child Welfare Policy. I-AB.2, Oregon Administrative Rule (OAR) 413-015-0200 thru 0225
122 Child Welfare Policy. I-AB.4, Oregon Administrative Rule (OAR) 413-015-0400 thru 0485
124 Ibid
125 Ibid
Section V: Threat of Harm Sexual Abuse

Threat of harm is challenging to assess and is further complicated by issues related to sexual abuse — specifically, the risk sex offenders pose to children. Fortunately, research as outlined in Section III: Understanding Sex Offenders has contributed a wealth of information that can assist DHS in making informed and empirically guided decisions. Advances in science have enhanced understanding of crossover behavior, the expected outcomes of sex offender treatment, re-offense rates (both detected and undetected), and the degree of risk posed by different types of offenders. To make informed decisions about the safety and welfare of children, child welfare workers must be familiar with this information.

It is important to be open-minded when assessing threat of harm sexual abuse cases. Making assumptions based on how caseworkers did their job in the past or on outdated beliefs about sex offenders does not improve DHS’s ability to keep children safe. DHS can improve child safety by taking the following measures:

- Doing a comprehensive job in screening and assessments
- Being mindful to include a variety of collateral sources of information
- Utilizing community partners in the assessment
- Being inclusive in interviews with children and the adults in their lives

When assessing threat of harm sexual abuse, the most important thing to remember is that not all sex offenders and their families are the same. Whether the offender is a partner with prior child sexual offenses, a parent viewing child pornography, or an offender with multiple allegations of child sexual abuse but no criminal consequences, each family will require a thorough and unique assessment. Families will respond differently to information about the offender’s past and/or present behavior. Some families may be involved in multiple assessments, because there can be changes in the offender’s behavior, family dynamics, and structure, as well as the child’s vulnerability. To begin this section, it is important that the caseworker review Section III: Understanding Sex Offenders and be aware of definitions specific to threat of harm:

- **Threat of harm.** This includes all activities, conditions, and circumstances that place the child at threat of severe harm of physical abuse, sexual abuse, neglect, mental injury, or other child abuse or neglect. (OAR 413-015-1000)
- **Severe harm.** This means “substantial,” as used in ORS 419B.005; immobilizing impairment; life-threatening damage; or significant or acute injury to a child's physical, sexual, psychological, or mental development or functioning. (OAR 413-015-0115)

I. Threat of Harm and Child Pornography

Allegations involving a parent’s use or possession of child pornography are considered allegations of threat of harm sexual abuse and sometimes an allegation of sexual abuse and sexual exploitation. See Section IV: Familial Sexual Abuse cases in which the child is used in the production of child pornography.
Caseworkers must understand that child pornography does not mean pictures of naked children. Rather, child pornography is defined as pictures, videos, or images of children actively being sexually abused. Federal law (18 U.S.C. §2256) defines child pornography as follows:

“Any visual depiction, including any photograph, film, video, picture, or computer or computer-generated image or picture ... of sexually explicit conduct ... engaging in graphic bestiality, sadistic or masochistic abuse, or sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal ... masturbation, or lascivious exhibition of the genitals.”\textsuperscript{127}

Following are the three main factors to consider when assessing these cases where children live with a parent or caregiver who uses child pornography:

- Are the children being sexually abused by the parent? Are the children in the home being used to produce child pornography?
- Are the children at threat of harm for sexual abuse by their parent due to the parent’s viewing and/or possession of child pornography?
- Are the children being neglected as a result of their exposure to the pornography and other highly sexually explicit material?

With the continuing advancement of technology, problems related to child pornography are becoming increasingly prevalent. Child pornography can be obtained, stored, and shared from almost any electronic device.

Many families do not recognize the severity of this type of abuse and how it impacts children. Frequently, it is believed that child pornography involves “other children” and does not have an impact on “these children” (the children involved in the case). It is also assumed that child pornography is less egregious than it actually is.

Research has indicated that the majority of those who possess child pornography are white males. Many people who possess child pornography also have direct access to children. Of those who possess child pornography, only 11\% had been previously arrested for committing a sexual offense against a minor. However, several studies have determined that 55\% of people who possess child pornography had either offended or attempted to offend a child.\textsuperscript{128}

Part of a caseworker’s role is to understand the risk a parent who has been using child pornography presents to his or her own children. This is difficult to do, because researchers have yet to create actuarial tools to assess this population of offenders. When working a case involving threat of harm sexual abuse due to use of child pornography, it is necessary to consult with sex offender treatment professionals to guide the safety analysis and case plan.

\textbf{People believe that child pornography is naked children or provocatively dressed teens. They do not realize that it is rape, bondage, and sexual assault of children, including children as young as infants.}
II. Threat of Harm Sexual Abuse: Screening

As with all calls, screeners must gather and analyze all available information to effectively determine if the caller is reporting child abuse or neglect as defined in ORS 419B.005.\textsuperscript{129} Calls about threat of harm sexual abuse involve reports that children are being exposed to people who have some kind of history of sexual offending behavior, including the use of child pornography. While the following information may be useful to the CPS worker, this information should \textbf{not} be used to make a screening determination:

- The Sex Offender Registry printout indicates a check box of “yes” for completed treatment. It should be noted that this check box is often inaccurate and has little to do with a person’s risk for further sexual offending. See above Section III: Understanding Sexual Offenders: Sex Offender Treatment.
- Child welfare documentation indicates that this offender has completed treatment in the past.
- The offender is no longer under community supervision and therefore has no legal conditions restricting contact with children.

A) Screening Decisions

To clarify an allegation of threat of harm sexual abuse, screeners must gather specific information related to whether a possible offender \textit{lives in the home, is a caregiver, or has access to children}. The screener also can gather valuable information by determining whether any of the following apply to the alleged offender:

- Is an admitted perpetrator of sexual assault
- Is the subject of a current child sexual abuse allegation or of a child pornography investigation
- Has a Founded disposition for sexual abuse of a child in a child welfare system data base
- Was identified as the perpetrator in a credible, detailed, documented report of child sexual abuse reported from a victim who is now an adult

If a report is received about a person who “only” has a history of offending as an adolescent and no known offenses as an adult, the caseworker must carefully screen the available history to gather specifics about the abuse. Based on prior practices, some people were named as Founded perpetrators of sexual abuse at a very young age (e.g., 7 years old) and some named as perpetrators for what could be considered normative sexual play. These cases likely do not rise to a current threat of harm sexual abuse allegation. However, if the history includes clear sexual offenses, these cases likely do constitute a threat of harm sexual abuse allegation. For more information, please see Section VI: Abuse Between Siblings and Other Young Children.

B) Closed at Screening

When there is no information to indicate that the above conditions of sex offender status and child access are met, reports such as follows may be closed at screening:
- If a report is received that a person is a sex offender (verified by history), but there is no information about the offender having unsupervised contact with children, or is living with children, an allegation of threat of harm sexual abuse does not exist.

- If a report is received that a person “is” or “might be” a sex offender and living with children, but no subsequent collateral information (e.g., the Law Enforcement Data System (LEDS) or the Oregon Judicial Information Network (OJIN) or child welfare history) is obtained to verify this or the reporter does not have details to support the allegation that the person is an offender, an allegation of threat of harm sexual abuse does not exist.

C) A Word About Timelines: Within 24 Hours Versus Up-to-Five-Day Response

In some sexual abuse referrals, the child victim is reported to be currently Safe due to no current access by the alleged offender. This is referred to as the “foundational” case and is often assigned as an up-to-five-day response or is referred to a law enforcement agency (LEA) as a third-party report of abuse. However, this timeline can put other children at risk.

Screeners must attempt to determine where the alleged offender is living and whether he has access to other children. If so, and if the report indicates that these children are at risk for a severe threat of harm, regardless of whether the foundational sex abuse case has begun, the screener often will need to generate a threat of harm referral. These kinds of referrals are described as “within-24-hour-response cases,” given the current access.

In these cases, both the foundational and the threat of harm cases should have a 24-hour response timeline to ensure the safety of all of the children. When the foundational case is not assigned for Child Protective Services (CPS) assessment (e.g., third-party report, the alleged victim is now an adult), the assigned worker for the threat of harm case must attempt to gather information about the allegations, either through contact with LEA if it is investigating or through collateral contact with the family of the victim. The following is a screening example:

*Though the victim child is reportedly Safe in the care of her mother, a 24-hour response timeline is necessary as the alleged offender has access to other children. Contact needs to be made in 24 hours to accurately assess the safety of all involved children.*

D) Additional Considerations for Child Pornography Reports

When information is received about child pornography concerns, do not have callers send photos or videos of the child pornography. This would be construed as “distribution of child pornography.” Instead, gather as much information as possible about how the reporter knows child pornography is being accessed, identification of children at risk, and any other information required at screening.

If the reporter indicates there are images, LEA must be immediately notified. To do this, the caller can be directly connected to a live CyberTipline call taker at 1-800-843-5678. The CyberTipline is operated through the National Center for Missing &
Exploited Children (NCMEC). This Tipline is a resource for law enforcement agencies that can assist LEA in determining the appropriate LEA response. If there are jurisdiction questions, and/or the offense was facilitated through the Internet, the CyberTipline will refer the information to the responsible Internet Crimes Against Children (ICAC) task force. The Oregon Department of Justice (DOJ) operates the Oregon ICAC task force. If the caller is unwilling to contact the CyberTipline, screeners can also access them directly through the above number or at www.cybertipline.com.

III. Threat of Harm Sexual Abuse: Initial Contacts

A) Collateral Information

Comprehensive assessments include a thorough gathering of information from the family and collateral contacts. In some cases, the information in the referral will dictate the need for an immediate PA plan, which could include removal of the child. In other cases, the caseworker may have time to gather collateral information before face-to-face contact. Whether this occurs prior to or following the initial contact, the caseworker should attempt to gather specific information from collateral contacts when assessing threat of harm cases:

- If there is a Founded report in a child welfare system, the caseworker should read that report and, if needed, order the original file. If applicable, an out-of-state child welfare history may need to be ordered.
- If the alleged offender has a record, the caseworker must get the police report of the original offense. Looking solely at what the offender was convicted of does not give a clear picture of the offense. Often convictions are pled down to a lesser offense (Sodomy 1 pled down to Harassment), or the offender may not have been convicted of the criminal charge.
- If the alleged offender is currently represented, the caseworker should work with his attorney to obtain the necessary records.
- The caseworker must not rely solely on the offender or other family members for the sexual offense history.
- If the offender was convicted, the caseworker should obtain community supervision records. See reference section “How to Obtain Records.”
- If the offender is currently under community supervision, the caseworker must talk with the parole and probation officer (PPO). It is important to find out if treatment or probation includes regular polygraphs or physiological testing (plethysmographs PPG/Visual Response Time VRT). Sometimes PPOs can order a current risk assessment specific to the offender’s current living situation and the children he’s involved with.
- If the offender was previously or is currently being treated, the caseworker must obtain a release and contact the treatment provider for consultation regarding the current case as well as treatment records. To better understand case planning, it is important to check whether the treatment provider has obtained certification through the Sex Offender Treatment Board (SOTB) and/or is a member of Association and Treatment of Sexual Abusers (ATSA).
In cases of child pornography, the caseworker is advised to notify and coordinate with the FBI and/or Internet Crimes Against Children (ICAC) task force.

B) Interviewing Children for Threat of Harm Sexual Abuse

As with all assessments, it is necessary to interview all of the children within the home, including children who visit. Children should not be interviewed in the presence of the alleged offender or a non-supportive adult. Interviewing children regarding any allegation requires comprehensive questioning to determine whether there has been domestic violence, substance abuse, physical abuse, sexual abuse, exposure to pornography, mistreatment of other children or pets in the home, or neglect.

When assessing for threat of harm for sexual abuse, it is important to ask questions specific to whether the child has been sexually abused by this person. However, if the child denies sexual abuse, further questions must be asked specific to threat of harm (access, grooming concerns). Below are helpful reminders (not to be used verbatim) of how to question children specifically regarding threat of harm for sexual abuse.

More specific information on how to interview children about sexual abuse can be found in Section II: Working with Victims of Child Sexual Abuse - Tips for Interviewing Children.

Offender’s role in the family

Offenders can be anyone: male or female, adolescents, babysitters, cousins, stepsiblings, aunts, uncles, grandparents, daycare providers.

Tell me about your mom’s boyfriend.
Tell me about your brother.
How do you feel when your cousin comes over?
How do you feel when she spends the night?
Where does everyone sleep? What do people wear to bed?

Offender’s involvement in caretaking

Tell me about who takes care of you. How do they take care of you?
Who helps you get dressed? Helps you in the bathroom (on the toilet? Helps you get clean? (take a bath, shower, dried off)?
Who makes your breakfast? Dinner?
Who puts you to bed?

Offender contact with children

Who is home when you wake up? Go to bed? After school?
What happens when your mom is at work? Who is home?
Who takes care of you/siblings when your mom is gone?
Does ___ ever take care of you?
Rules about contact with offender

Sometimes families are well aware of the risk the offender presents, and rules have been established for safety. If an offender has engaged in treatment, he may have created rules to restrict unsupervised contact with children.

What are some of the rules at your house?
Are there rules for adults? For children?
Are there rules about being alone with anyone?
Do you have privacy at your house? Are there bedroom and/or bathroom doors?
Have you heard anything about ___ that worries you?

Grooming

What kinds of things do you do with ___? What kinds of games do you play?
Do you have a game that you are only allowed to play with one person?
Are there any games you don’t like?
Who cuddles with you? How?
Who gives you kisses and hugs?
Who gives you presents?
Does anyone wrestle? Rough-house? Tickle?
Where are you when you change your clothes? Does anyone see you when you get undressed?
When you go to the bathroom or bathe?
Have you seen other people getting undressed or going to the bathroom?
Do you go into a room when someone doesn’t have clothes on?
Does anyone talk with you about secrets?

Use of pornography

Who spends time on the computer? What do they do? Are there rules about the computer?
Does your family take pictures or make movies? What kind of movies do you make? Is there a special place to make movies?
When people take pictures of you, do you ever have to wear special clothes? What do they look like?
Has anyone ever taken pictures or movies of you when you didn’t have any clothes on? Tell me more about that.
Do you see pictures, books, computer screens, or movies where people don’t have clothes on?
Does anyone else in your house see these pictures? Are there any pictures of kids without clothes on?

It is important to remember that if one child makes a disclosure of sexual abuse, the caseworker’s assessment will have a dual focus: both threat of harm to the other children in the home and the sexual abuse of the disclosing child or children. The caseworker should be sure to request LEA assistance.
C) Interviewing Non-offending Adults

The non-offending adult is the key to the child’s safety. It is important to gather information that will assist in determining if the non-offending adult is able to provide both physical and emotional safety.

This interview should occur privately, without children or the alleged offender present. The alleged offender should not be used to “watch” the children while the caseworker interviews the non-offending adult. The interview questions below are not all-inclusive but are suggestions for areas of focus in the following areas:

Offender’s role in the family

The non-offending parent’s role with the alleged offender — husband, partner, another child, other relative — bears close attention. Their relationship may have an impact on the non-offending parent’s ability to understand the concerns and his or her ability to protect the child (e.g., new boyfriend versus one of the other children). See Section VI: Abuse Between Siblings and Other Young Children for questions specific to this area.

Tell me about your relationship with your boyfriend? How long have you been together?
Where does your girlfriend sleep when she spends the night?
What kinds of things does your family do together?
When do your son and your boyfriend play together? What do they play?

Offender’s involvement in caretaking

What does this parent see as the alleged offender’s caretaking responsibilities? Is the offender an equal partner in caregiving? If it’s an older teen in the family, what is that teen’s involvement in caring for the siblings?

Who helps get the children ready in the morning? Breakfast? Getting dressed?
What is the bedtime routine like? Baths?
Does your child need help with toileting? Who helps?

Offender contact with children

The caseworker should ask about the offender’s access to children. Is he alone with children? What are the rules about contact between the children and the offender? If so, who initiated these rules?

Who takes care of the children when you are at work? After school? In the morning?
Does ___ ever babysit? Or take the children to activities?
What kind of privacy do people have in your family?

Awareness of offender’s history

What does the non-offending adult know? What did the offender report to him or her? Has the non-offending parent reviewed any outside sources of information or had contact with a PPO, treatment providers, police reports, or prior DHS contacts?

What has ___ told you about his past? Do you know specifically what he did and not simply what he told you he was convicted of?
Have you seen the original police report of his offenses?
Have you ever talked to any of his friends or relatives about this? What did they tell you?
What do you believe really happened?

Concerns for the children
Has the parent had concerns for the children in the home due to the offender’s behavior or to the children’s behavior? Have the children made any statements that raise concerns?

What do the children say when their sister babysits?
Have you ever been concerned about the children’s behavior after your boyfriend has been over?
Have your children ever told you that ____ has done something they don’t like or makes them uncomfortable?

Parent’s belief about any risk this offender presents
Does the non-offending adult believe the offender poses a risk to children in the home? Why or why not? Does the information the caseworker provides such as a police report discussing specifics about original offenses cause the non-offending parent to reconsider the children’s safety?

Tell me how you decide whether people are safe to be around your children.
With the specific information I’ve provided you about his history, tell me if that changes your mind about his ability to be a good caregiver for your children.
What would it take for you to believe he presents a risk to your child? Would something have to happen first?

Parent’s belief about child sex abuse generally
What is the non-offending parent’s belief about sex offenders? Why does he or she think people offend children? What is the parent’s understanding of the damage inflicted on children by sexual abuse? What would the response be if the parent found out his or her child had been abused? Would the child be believed? What steps would the parent take?

Why do you think people sexually abuse children?
What do you think happens to children who are sexually abused?
What would you do if you discovered that he sexually abused your son?

Grooming
Tell me about how your brother plays with your children: Computers? Video games? Wrestling?
Do you ever feel uncomfortable with the way your uncle looks at your daughter?
Does your boyfriend talk openly about sexual things in front of the children or with the children in hearing range?
Does your partner touch or grope you sexually in front of the children?
Is there anything ____ does that makes you uncomfortable for yourself or your children?
**Use of pornography**

Does the adult understand that child pornography is not pictures of naked children, but images of children being sexually abused? Does the adult understand how viewing pornography impacts children? Try to identify who uses the computer and how often.

*Who spends time on the computer? – What do they do?*

*Are there rules about the computer?*

*Do you know about your boyfriend’s pornography use? Have you ever seen pornography that he has? Has any of his pornography made you uncomfortable?*

*Have you ever seen him looking at child pornography? Does he talk about child pornography?*

*Have you worried that your children may have seen pornography? Why? Have you found your children viewing pornography?*

*Have you ever worried that your husband has taken inappropriate photos or movies of the children?*

---

**The caseworker must remember that it is absolutely normal for non-offending parents to have incorrect assumptions about offending behavior. DHS intervention needs to focus on helping the non-offending parent become more educated about risk and his or her role in keeping children safe.**

---

**D) Interviewing Other Legal Parents**

It is important to gather information from the children’s other parents (custodial or non-custodial) surrounding the situation. This parent may act as a valuable protective resource for the children, and the information gleaned through an interview can assist in case planning. Through questioning, the caseworker can gauge the following:

- Parent’s awareness of threat. Is this parent aware of the child’s contact with a sex offender? If so, how?
- Parent’s concern for the children. Have there been any concerns for the children due to the offender’s behavior? The children’s behavior? Any statements the children have made?
- Parent’s belief about any risk this offender presents. Does the parent believe the offender poses a risk to children? Why or why not? Does information you provide (sharing a police report, discussing specifics about original offenses) help the parent to reconsider the children’s safety?
- Parent’s concern for child’s safety. What does he or she believe about the custodial parent’s ability to recognize risk and protect the children?
- Does the parent have any other concerns regarding the children’s safety in this home? Prior disclosures? Symptoms? New behaviors?
E) Interviewing Alleged Offender

It is necessary to gather information from the alleged offender. However, that information must be compared with information that has been gleaned from collateral sources.

If one of the children makes disclosures of abuse by the offender, the caseworker will need to contact the designated child abuse unit at the LEA to request a detective’s assistance. If no disclosures of abuse were made, the caseworker may still cross-report to the LEA and request assistance or information about the offender. If the offender is on community supervision, another option might involve a joint interview with the Parole and Probation officer (PPO). The PPO can also inform you about the conditions of community supervision. Note that some conditions may include restrictions regarding contact with certain persons, ages, or genders or a ban on visiting a home where children reside. If the offender is violating these conditions, consult the PPO on how to proceed. The PPO (and sex offender treatment provider) may not be aware of the violations but need to be informed of potential violations.

When interviewing the alleged offender, remember you are asking about his general involvement with the children and his overall role in the family, including dispensing discipline and caregiving), as well as attempting to learn if he has sexually abused these children. Below are some tips about additional topics to address in the interview, as well as questions specific to threat of harm for sexual abuse. Some of these questions are more relevant for offenders who have been convicted of a sexual offense and who have been involved in sexual offender treatment. Remember: Don’t use these suggestions verbatim.

First, establish the offender’s role in the family (father, boyfriend, cousin, brother).

What name or title does the child use to refer to you?
How long have you been involved with this family?

Offender’s involvement in caretaking

How involved are you in caretaking (bathing, toileting, dressing)?
What caretaking responsibilities do you hold? What degree of physical contact do you have?
What activities do you participate in with the children?
Do you put them to bed? Help with bathing (toileting, dressing)?
What games do you play with the children?

Offender contact with children

Are there rules about your contact with the children? Do you abide by them? Did you recommend them?
What actions have you taken to ensure the children’s safety?
When are you alone with the children?
Tell me about your contact with other children. Relatives? Friends of the children?

Grooming

Have you exhibited any inappropriate sexual behaviors to any child since your offense? To these children in the home?
Are there behaviors you’ve engaged in that are not in your best interest?
If I spoke to your relatives, family, and friends, what would they say about your behavior? What would the children say about you?

Offender’s safety planning

Are you currently in treatment? Were treatment professionals and this family part of an arranged supervision plan? Are you willing to do a risk assessment? How much detail did you give your partner about your offense history? What are you doing to keep yourself and others safe? Would you be able to pass a polygraph specific to these children? Tell me about the treatment you were/are in. What did you learn? What is your relapse plan? What is your risk management plan? Do you have rules/regulations about contact with children? Who are your supports? When you were in treatment, what rules did your therapist suggest you incorporate into your risk management plan?

Use of pornography

How much pornography would we find if we looked at your computer? Would we find child pornography? Where are the children when you’re on the computer? Have you ever shown your children pornography or allowed them to see it? Have you ever produced child pornography? Would we find videos or images of your children? What does your partner know about your pornography use? Has your partner participated in the pornography?

IV. Threat of Harm Sexual Abuse: Assessing Safety

A) Protective Action Plans

Because of the complexity involved in threat of harm sexual abuse cases, a protective action, or PA, plan is almost always necessary. Gathering information from multiple sources is imperative. This will likely occur following the caseworker’s initial contact. What follows are questions to consider in drafting a PA plan:

- Can you rely on the non-offending adult or other parent (custodial or non-custodial out of the home) to provide safety while DHS assesses the situation? Can you clarify this adult’s suitability to protect? Remember, you cannot rely on the offender as part of the PA plan.
- If the offender is incarcerated, consider obtaining records from the correction facility reflecting visitation logs and phone contacts (list of approved visitors versus list of everyone offender has requested to be on the list). This can assist in determining the non-offending parent’s ability to follow through with the PA plan.
- Can the offender remain living in the home while the assessment (information gathering, including treatment history and risk assessment) is under way?
• What kind of in-home plan could work, if any? Can another protective adult move in? Be specific as to how the risk can be mitigated.
• Is a juvenile court order necessary to ensure child safety?

B) Further Assessment May Be Indicated: Sexual Offender Evaluation and Risk Assessments

A sex offender evaluation can assist a worker in gathering additional information that may be useful in case planning. Not every threat of harm sexual abuse case requires such an evaluation, but it can be helpful when information is insufficient (e.g., children are nonverbal; treatment recommendations are needed; and current risk remains a question despite interviews). It also can useful in gathering collateral information.

Sex offender evaluations should be specific to the children at threat of harm and the circumstances surrounding the family. When engaging a family in a sex offender evaluation, caseworkers should make no promises about their decision-making based on this evaluation. The caseworker needs to rely on all the information obtained, not simply the results of a sex offender evaluation.

For more specific information about these evaluations, please see Section III: Understanding Sexual Offenders - Sex Offender Evaluations.

C) Safety Threat Guidance

When determining if a family behavior, condition, or circumstance is a safety threat, the safety threshold criteria must always apply. The most commonly seen safety threats in threat of harm sexual abuse cases, along with examples, are given below:

#3. “One or both parents’ or caregivers’ behavior is impulsive or they will not/cannot control their behavior.”

The father, Mr. Myers, has a significant history of sexually offending behavior. His sexual offending behavior is clearly related to his lack of self-control as evidenced by his numerous past convictions as well as having several Founded dispositions for sexual abuse in our child welfare system. Mr. Myers is unable to set aside his own needs and manage his behavior. Despite having engaged in sex offender therapy in the past, there is no information that his out-of-control behavior has been mitigated. He has continued to exhibit concerning behavior related to lack of self-control as observed by his denial of risk and lack of follow-through regarding his prior relapse prevention plan and his continued involvement with law enforcement. (See police reports list numbers.)
Though this mother, Ms. Jones, has no convictions for sexual abuse, the information from multiple collateral sources indicates that when she was an adolescent, she sexually offended her two younger siblings on an ongoing basis over the course of five years. As she has never admitted to the abuse or engaged in any treatment, little is known about her lack of self-control or motivation for sexual offending behavior. Given the significant details provided about the prior abuse, along with no intervention to ameliorate the past concerns, allowing her to continue parenting her two nonverbal children presents a significant safety threat.

**Child pornography example**

According to the LEA/FBI investigation, Mr. Bow is being investigated for possession and distribution of child pornography. They have seized over 500 images of child pornography from his computer. His lack of self-control is evident; he was knowingly downloading hundreds of images of children being sexually abused. As Mr. Bow was also parenting his two young children during this time frame, it is clear that he lacks self-control and the ability to set aside his own needs.

#8. “A situation, attitudes, and/or behavior is such that one or both parents or caregivers lack parenting knowledge, skills and motivation necessary to assure child safety.”

The mother is aware of her boyfriend’s past sexual offending behavior but does not believe this presents a current threat to her children. She is well-informed about these past offenses as those police reports were shared with her. Despite being provided with information about offending behavior and treatment prognosis, the mother maintains that her boyfriend is “fixed” and would not harm her child.

**Child pornography example**

Ms. Bow is unable to understand the risk Mr. Bow poses to her children. Ms. Bow believes that the allegations of child pornography and sexual abuse are “blown out of proportion.” Ms. Bow is supportive of her husband and does not believe that he could have committed such offenses. Because of this, Ms. Bow is unable to ensure the safety of her children and has demonstrated as much by continuing to allow Mr. Bow access to the children.

#15. “Because of perception, attitude, or emotion, parents or caregivers cannot, will not, or do not explain a child’s injuries or threatening family conditions.”

Though her husband has current pending criminal charges due to sexual abuse of their niece, this mother is unable to believe that her husband is responsible for this sexual abuse. She does not appreciate the risk his behavior presents to their children and as such is not able to make any sustainable plan for protection.

**D) Child Vulnerability**

Each child in the family may have varying degrees of vulnerability to a threat of harm sexual abuse situation. While one child in the family may be vulnerable due to a higher level of care needed (e.g., toileting, bathing), another child may be vulnerable due to his or her particular
developmental stage or abuse history. Recall that children who have previously suffered abuse of any kind are more vulnerable to be re-victimized by sexual abuse, and those who were victims of sexual abuse are 6.9 times more likely to experience future episodes of sexual abuse, increasing their vulnerability to sexual offenders. It is important to keep these facts in mind when measuring the vulnerability of a child. Conversely, some children can be less vulnerable to this type of abuse because of their developmental ability, their personality, and support system.

E) Parents’ Ability to Protect

Parents’ ability to protect their children greatly depends on their knowledge and awareness of the risk the offender poses. At the end of an assessment, caseworkers should be aware if DHS intervention assisted the parent in becoming protective, both physically and emotionally.

If the offender is also the parent, consider this parent’s ability to recognize the risk they pose to their children and what they have or have not done to keep their children safe.

F) Safety Analysis: Safe Versus Unsafe

To conduct a thorough safety analysis, workers must identify whether a safety threat exists; whether or not the children are vulnerable to the threat; and whether there is a parent willing and able to protect the children.

Not all threat of harm sexual abuse cases will result in a need for further intervention. In the following instances, the caseworker arrived at a Safe determination:

The child is Safe at the conclusion of the assessment. A safety threat was identified due to the father’s prior sexual offending behavior (convicted of Rape III when he was 19 and the victim was 15; the original police report was reviewed as well as all available LEA history). The baby is vulnerable to this threat. However, this risk is mitigated because the parents are able to protect. The father admits to the prior offense and is engaged in probation services including treatment which completes sexual history polygraphs and arousal assessments. His treatment team believes the father made progress in treatment and that he poses a low risk to his child. The mother has developed a plan with the treatment provider and has demonstrated the ability to protect. The plan developed by the family and treatment provider include confirming the baby is not left alone with the father until approved by the treatment provider; utilizing multiple family supports (who have been approved by the treatment provider) to ensure no unsupervised time; understanding the specific threat he presents; and the mother’s role as a protective parent. She has consistently expressed her belief that the father is in need of help and supports the father getting help.

The child is Safe at the conclusion of the assessment. A safety threat was identified due to the mother’s boyfriend’s prior sexual offending behavior, of which the mother had no prior knowledge. The children are vulnerable to the threat he poses. However, this threat is mitigated because the mother is intent on physically and emotionally protecting her child. She has demonstrated this ability to protect by immediately separating from the boyfriend and by demanding the boyfriend leave the home.
When he returned, she contacted the police who arrived in time to witness her throwing his belongings into the yard (see police report #...). In the police report it is articulated that the mother presented as “exceedingly” protective of her children. In addition, through interviews with the non-custodial father and various relatives, it is clear that there is sufficient familial support to maintain protection of these children.

**Child pornography example**

Sam and Eli are currently Safe in the care of their mother, Ms. Lucas. Ms. Lucas was unaware of Mr. Lucas’s use of child pornography. Upon learning this information, Ms. Lucas has been protective of her children. Ms. Lucas has not allowed Mr. Lucas to have any unsupervised contact with her children. She has requested that he leave the home, which he did. Ms. Lucas is cooperating with the LEA and DHS investigations. Ms. Lucas has allowed her children to participate in CAIC evaluations and has sought family counseling for her and the children.

Some threat of harm sexual abuse cases will result in the need for further intervention, as demonstrated in the following examples:

The children are Unsafe at the conclusion of the assessment. A safety threat was identified due to the mother’s boyfriend’s prior sexual offending behavior, of which the mother had prior knowledge, though she didn’t believe it posed a risk to her children. The children have described grooming behavior by the boyfriend, specifically: walking into the bathroom while they’re in the shower and making suggestive comments like “you look hot.” The mother does not believe the children are vulnerable to this behavior and instead has indicated her children “make things up.” She has been unable to demonstrate an ability and willingness to protect.

The children are Unsafe at the conclusion of the assessment. The children’s mother has past sexual offending behavior that has not been mitigated by any treatment services. She is the sole caregiver for her vulnerable children and must attend to their everyday care giving needs as they are both toddlers. Though she admits to the past sexual abuse, she denies any current abuse of her children and denies that she is a risk in any way. She is unwilling to engage in any protective plans.

**Child pornography example**

Sophie is not currently Safe in the care of either her father or mother, Mr. and Ms. Blue. Mr. Blue has been producing child pornography at his home. He has used some of Sophie’s friends in the production of various videos and images. Ms. Blue was aware of what was occurring and assisted Mr. Blue in perpetrating the abuse. Ms. Blue would arrange play dates for Sophie’s friends, shop for particular outfits for the children, and film the videos. Because both parents were active in the production of child pornography, Sophie needs the intervention and protection of DHS and the court system.
G) Seeking Juvenile Court Petition
In the course of an assessment, several situations may arise that warrant juvenile court involvement particularly surrounding threat of harm sexual abuse:

- If the offender is the sole caretaker for the child (there is no non-offending parent or other involved family member or appropriate caregiver who can assist with supervision and safety planning during the course of the assessment)
- If the offender is a legal parent to the children and the caseworker has gathered information that indicates the need to restrict the offender’s access
- If both parents or the sole parent are under investigation for possession, distribution, or creation of child pornography, and there is no one available to assist with safety planning
- If there is evidence that the child was used in the production or creation of child pornography, and there is no supportive parent
- If the non-offending parent does not believe the offender presents a risk and is unwilling to cooperate with the assessment
- If more information is needed about the offender’s behavior, and the offender is unwilling to cooperate with the assessment process
- If you are unable to conduct an assessment due to the parents’ unwillingness to allow contact with the children.

Juvenile courts and attorneys may have a difficult time understanding how the possession of child pornography can present a risk to children in the home. It is part of the caseworker’s role to assist in educating others about such risks and be an advocate for child safety.

V. Threat of Harm Sexual Abuse: Dispositional Guidance
The DHS CPS Assessment Disposition policy provides further assistance on this topic. If the caseworker’s assessment discovered sexual abuse, it is critical that this is reflected in the disposition, i.e., the disposition should be for sexual abuse and sexual exploitation, not threat of harm sexual abuse. There may be a sexual abuse and sexual exploitation finding on one child in the family and a threat of harm-sexual abuse finding for the other children.

While images, video, and other evidence of sexual abuse may be present in cases involving child pornography, it can take LEA a significant amount of time to locate such evidence. It is important that caseworkers consult with their supervisor regarding the timeline of the assessment, because extensions may be necessary depending on the progression of an LEA investigation.

A) Considerations for Threat of Harm Sexual Abuse Dispositions
The caseworker must be sure to specifically indicate which type of threat of harm abuse applies — e.g., sexual abuse, neglect, domestic violence. When determining whether the information gathered meets the definition of threat of harm sexual abuse, it is critical to determine whether the perpetrator’s past or current behavior did or did not severely impact the specific child. Consider the following criteria:
• **Access.** Was the offender a caregiver, having unsupervised access to the child? How much access did the offender have?

• **History.** How much information does DHS have about the offender’s past sex offending behaviors? How severe or out of control were those behaviors?

• **Current circumstances.** Are there current behaviors that demonstrate a continued pattern of chaotic and unhealthy behavior — e.g., substance abuse, criminal conduct, domestic violence, residential and employment instability, sexually risky behaviors?

• **Grooming.** Were grooming behaviors identified?

A Founded disposition for threat of harm sexual abuse should be considered when there is reasonable cause to believe that the offender’s behaviors placed the child at threat of severe harm for sexual abuse. The following are Founded examples:

*The allegation of threat of harm sexual abuse is Founded as to the mother’s boyfriend, Mr. Mason. There is reasonable cause to believe that Mr. Mason presents a threat of harm to these children, Karly and Simon. Mr. Mason’s risk to the children is not ameliorated, even though Mr. Mason is no longer on probation for his sex offense and thus has no court-ordered restrictions on his contact with children. Mr. Mason denies that he ever offended any child and does not believe he poses any risk to these children, despite his conviction for Sex Abuse I to a minor female. There has never been a therapeutic approved plan of reunification with this family (or any other family). During interviews with the children, they both indicated that Mr. Mason makes them uncomfortable by coming into their rooms at night and staring at them. His current behavior and circumstances place these children at threat of harm for sexual abuse.*

*The allegation of threat of harm sexual abuse is Founded as to Mr. Bole. There is reasonable cause to believe that Mr. Bole presents a threat of harm to these children, Sara and Michael. Although Mr. Bole completed treatment in 2002, his treatment did not include a relapse prevention plan regarding the children in the current household and did not determine that Mr. Bole is safe to be caretaking these children. Mr. Bole chose to live with a woman with two children. He put no plan in place to provide for his supervision around these children and in fact, was their sole caretaker at night. He did not make his new partner aware of his history of child sexual abuse. These behaviors indicate that Mr. Bole has not ameliorated the circumstances that resulted in his past offending behavior, and his unrestricted contact with these children placed them at threat of harm for sexual abuse.*

An Unfounded disposition for threat of harm sexual abuse should be considered when no evidence of child abuse or neglect was identified or disclosed that places the child at threat of severe harm for sexual abuse:

*The allegation of threat of harm sexual abuse is Unfounded as to Mr. Whitaker. During the course of this assessment, all interviews indicate that Mr. Whitaker has not had unsupervised contact with the children, nor has he been involved with caretaking of these children. The children do not report any concerns about Mr. Whitaker’s behavior and confirm that they are never alone with Mr. Whitaker. Mr.*
Whitaker has been transparent with the family about his past sexual offending behavior and created a safety plan that allows for no unsupervised access to these children. Various family members are part of this plan, including the non-custodial legal father and maternal grandmother. Contact with his current sex offender specific treatment provider and probation officer has assisted in this decision.

The allegation of threat of harm sexual abuse is Unfounded as to Mr. Farley. Mr. Farley has significant sexual offending behaviors as evidenced by four Founded child welfare reports for sex abuse and six police reports naming him as the subject of report for child sexual abuse, as well as a conviction in 2005 for Sodomy II. However, Maribelle had no contact with Mr. Farley, and Mr. Farley has not been established as the legal father. The mother has no plans to establish Mr. Farley as a legal father or allowing him to have parenting time with Maribelle. If Mr. Farley were to have had caregiving time with Maribelle, it is likely this disposition would have been different.

**B) Considerations for Neglect Dispositions**

When determining dispositions for neglect in these cases, the caseworker must pay particular attention to concerns for lack of supervision and protection. These dispositions can be appropriate in cases where non-offending parents have the capacity and knowledge to understand the threat the offender poses, but do not intervene to provide the appropriate supervision necessary to ensure their children’s safety. Consider the following in making a disposition:

- **Parental intervention.** Base the disposition of your referral on the response after the parent has had time to process the current circumstances. What was the protective response?
- **The emotional safety of the children.** Does the parent tell the child what to say about the offender? Is the parent available to listen and respond if the child were to make a disclosure? What is the parent’s response plan if the child were to make disclosures?
- **Non-offending parent’s history.** Has DHS already addressed this concern with the parent previously?

The following is an example of a Founded disposition:

*There is reasonable cause to believe that the allegation of neglect is Founded by Mrs. Sue, to her child, Eric. Mrs. Sue’s lack of intervention and her failure to provide adequate supervision and protection constitutes neglect. Mrs. Sue had prior knowledge of Mr. Banks’ sexual offending behavior. Despite this knowledge, DHS intervention, and her knowledge of her child’s statements, Mrs. Sue continued to allow Mr. Banks unrestricted contact with her children.*

An Unfounded disposition might read like this:

*At the beginning of the assessment, Ms. Bell was unaware of her new boyfriend’s sex offense history. DHS assisted her in understanding how Mr. Cane’s history impacts her children’s safety. Once Ms. Bell became aware of*
the concerns, she took immediate action to remove Mr. Cane from her home.
Therefore, the allegation of neglect to Jimmy and Lucy is Unfounded.

C) Considerations for Neglect Dispositions in Cases of Child Pornography

In some cases, in addition to a disposition regarding threat of harm for sexual abuse due to child pornography possession or use, it may also be relevant to consider an allegation of neglect. In this instance, neglect can be considered due to the children being exposed to child pornography, and the caseworker may want to examine and articulate how a parent’s use of child pornography impacted the developmental, emotional, and safety needs of the children. In addition to the children’s exposure to pornography, the caseworker should include the parent’s time spent consuming child pornography. Was the parent spending an excessive amount of time on the computer such that the children were unsupervised, not fed in a timely manner, or missing school or medical appointments?

A Founded example may read like this:

Based upon CPS assessment, this referral will be Founded for the neglect of Charlie and Eden by their parents, Mr. and Ms. White. Though they deny this, Mr. and Ms. White have regularly viewed both child and adult pornography in the presence of their children. Charlie (5) reported seeing his mother and father watching the computer, on which there were images of “kids having sex.” Eden (6) has begun to display some sexually inappropriate behaviors with peers at school. Eden’s exposure to pornography has likely contributed to her behaviors. Mr. and Ms. White placed their own desire for sexual gratification above the safety and well-being of their children. (Note: This circumstance would also include a Founded disposition for threat of harm sexual abuse).

An Unfounded example may look like this:

Based upon CPS assessment, this referral is Unfounded for the neglect of Belinda by her mother and father, Mr. and Ms. Sousa. While it is true that Mr. Sousa was recently arrested for the distribution of child pornography, there is no information to support the neglect of Belinda. Belinda (10) articulated that her father spent a lot of time in his room on the computer. She reported that she was not allowed in his room, but she believed that he was playing games. Belinda denies ever seeing any pornography — child or adult — and denies ever hearing conversations about pornography. Ms. Sousa was aware that Mr. Sousa was viewing pornography, but she believed that it was adult pornography. Ms. Sousa stated that she did not like to view pornography and was unaware of the material Mr. Sousa was viewing. Ms. Sousa reported that while Mr. Sousa was in the bedroom, she kept Belinda occupied. She states that Belinda never saw any pornography or other sexually explicit material. (Note: This circumstance would include a Founded disposition for threat of harm sexual abuse).

D) Considerations for Threat of Harm Sexual Abuse: Child Pornography

A threat of harm sexual abuse disposition related to child pornography possession and use can be difficult to make. These cases may require a professional assessment to assist in determining
a parent’s risk to children. As caseworkers, it is important to look at all the circumstances of the family:

- Ages/vulnerability of the children
- Access to the children
- Extent and use of child pornography
- Previous allegations of sexual abuse against the parent
- Criminal history
- Domestic violence
- Substance abuse
- Stability of the family

Refer to Section III: Understanding Offenders - Child Pornography Offenders for further information.

Following is an illustration of a Founded determination:

*Based on CPS assessment, this referral for threat of harm sexual abuse to Kyle and Andy by their father, Mr. Bow, is Founded. Because of Mr. Bow’s use of child pornography which was located on his computer, his continued use of alcohol, and unsupervised access to Kyle and Andy, they are at threat of harm for sexual abuse. Prior to this referral and during the time that he was actively drinking and using child pornography, Mr. Bow was living with and providing regular care for his children. Mr. Bow had unrestricted access to his children and was often alone with them. The criminal investigation is still under way. For further information specific to the type of pornography he was using, please see police report # and FBI report #...*

Here is an Unfounded example:

*Based upon CPS assessment this referral will be Unfounded for threat of harm sexual abuse of Sue and Sally by their father, George Willis. While there were images of child pornography located on Mr. Willis’s computer, it was determined that these images were downloaded and transmitted by his adult nephew, Brady Willis. Brady Willis was visiting the home for a two-week period over the holidays and had access to the computer. LEA investigation confirmed that all of the images were viewed and transmitted during this 2-week period. There is no other information to support that the images belonged to Mr. Willis. Both Mr. and Ms. Willis ceased all contact with Brady since they learned of the images on the computer.*

**VI. Threat of Harm Sexual Abuse: Summary**

Every case in which a child is exposed to a sex offender deserves scrutiny, caution, expert safety planning, and long-term follow-up.

Because of the complexity of these cases, threat of harm sexual abuse assessments will rarely be closed after one contact with the family. In fact, these assessments can require multiple extensions, because there may be coordination with the FBI, treatment providers, and
professional sex offender evaluators. A comprehensive assessment will require connecting the collateral sources, completing thorough interviews with all involved, and thinking critically about the family situation. A thorough assessment should include information specific to the child’s vulnerability as well as the offender’s risk. An offender may not pose a risk to one child, but he may to another due to that child’s level of vulnerability (e.g., development, maturity, demeanor, history as a victim of sexual abuse.) The caseworker must be sure that the comprehensive assessment includes information surrounding the non-offending parent’s interventions and reactions.

126 Child Welfare Policy. I-AB.1, Oregon Administrative Rule (OAR) 413-015-0100 thru 0125
129 Child Welfare Policy. I-AB.2, Oregon Administrative Rule (OAR) 413-015-0200 thru 0225
131 www.atsa.com
133 Ibid
134 Ibid
136 Child Welfare Policy. I-AB.5, Oregon Administrative Rule (OAR) 413-015-1000
Section VI: Abuse Between Siblings and Other Young Children

I. Introduction

DHS response and intervention influences the future success of families. In situations involving sexual abuse between children, families often look to caseworkers as “experts.” Families seek information on how they should respond to their children, what will happen next, how to create safety in their homes, and whether things will improve. If caseworkers respond in a manner that minimizes or dismisses the concerns, families are less likely to be successful. However, if caseworkers respond in a manner that promotes treatment and intervention when necessary, families are more likely to succeed.

A) Intention

The purpose of this section is to offer guidelines for child welfare workers to accurately screen calls of “kids touching kids”; to complete comprehensive assessments; to correctly identify each child’s needs; to understand the parents’ protective capacity given their potentially dueling interests for each child; and to create successful interventions with community partners that ensure child safety now and in the future. This section will specifically detail information about the following:

- Sibling sexual abuse. Sexual touching or abuse among children in the same home or family
- Threat of harm. Risk for sexual abuse to siblings of an alleged minor offender
- Neglect. Concerns regarding parents not meeting their children’s need for supervision when there is some type of sexual touching among the children. This may also include families who have only one child in their home, but that child has serious sexual acting out behaviors in the community. In this case, if parents are not increasing supervision or initiating therapeutic services, DHS intervention around neglect should be considered.

B) Complexities

Cases of minors engaged in some sort of sexual touching or abuse inherently include complex family dynamics. This makes assessment and creation of successful interventions especially challenging. Caseworkers will encounter complicating factors such as these:

- Children exhibit a range of sexual behaviors. Some of those behaviors are normal or “typical.” If caseworkers do not understand the type of sexual behavior involved, interventions may not be effective.
- The information known at initial disclosure is often misidentified. Offending or atypical behaviors may be minimized as normal behavior, while typical sexual behaviors in children may be exaggerated and result in a higher-level response than is needed. This can lead to inappropriate interventions or a lack of response, leaving child safety unaddressed.
A multidisciplinary response to children with sexual behavior problems (SBPs) is lacking. This often leaves child welfare workers without resources and assistance to best assess the family’s needs.

Parents are caught in a bind between advocating for and protecting both of their children. Each of the children will have significantly different needs (i.e., victim’s emotional and physical safety needs versus “offending child’s” pending criminal charges and treatment needs). Also, siblings often use more subtle forms of manipulation, coercion, and threats, making it more difficult to understand the victim and “offender” identities. This presents a challenge to child welfare workers when it comes to accurately understanding parents’ protective capacities.

Information about family functioning is often difficult to obtain. Frequent characteristics of families with sibling sexual abuse include boundary problems, impaired empathy, ineffective parenting, and parental favoritism, all of which are difficult to gather in typical interviews.

Child welfare workers and parents often misunderstand how detailed safety plans need to be. Lack of detail in these plans may lead to parents minimizing the concerns. This makes effective treatment for the offender difficult and compromises child safety. Safety plans need to be developed that consider the victim child’s need for emotional safety, which will often include separation from the offending child. Finally, safety plans need to be enforced. When there is no enforcement, “safety” has little meaning to a victim (and offender).

II. Child Sexual Behaviors

To create effective interventions, it is important to decipher what is and what isn’t abuse among children. Child welfare workers must understand these differences so that DHS interventions are well-matched to the children’s and families’ needs. It is important to understand the nature of the behaviors, the intention of the child or youth, and the developmental differences among the children involved. The following areas should be included in the discussion:

- Normal or typical child sexual behavior
- Atypical child sexual behavior
- Sexual reactive behaviors
- Child SBPs
- Sexual offending behaviors

A) A Word About Labels

For the purposes of this section, it is helpful to have a general guide labeling types of behaviors and age ranges. Because a youth has been identified with “sexual offending behavior” it does not mean that youth is a sex offender. Rather, the term “sexual offending behavior” will be used along with other terms to help classify and understand behavior.
There are many reasons for children to have atypical sexual behaviors. These types of behaviors require specific interventions. While caseworkers need to focus on safety-related interventions, it is important to understand how to advocate for the right kind of treatment for these children. From screening through assessment, understanding these classifications can help caseworkers understand what the best interventions are and how to advocate for these families.

Children who are sexually reactive (SR) include young children who act out sexually due to a known history of sexual abuse. Treatment interventions with these children are aimed at processing abuse and identifying and reducing the behavior.

Children with SBPs will be classified as children younger than 12 exhibiting serious sexual behaviors that fall well outside acceptable limits. These are children who may have a significant abuse history. Treatment will not only include therapy focused on reducing the behavior, but will also address the abuse history.

Youth with sexual offending behaviors will be classified as youth 12 years of age and older who have engaged in sexual behavior that is atypical (see below), due to the ages and mental and developmental levels of the children involved. Treatment includes specific therapeutic interventions focused on the offending behavior.

B) Typical Child Sexual Behavior

It is common for young children to be curious about their bodies, which will include exploring genitalia. Parents do not always understand this as normal child development. Parents may believe their child has been abused or may think there is “something wrong” with their child. To accurately assess these cases, it is important for child welfare workers to understand some typical behaviors that are within the realm of normal childhood development. The following behaviors are considered developmentally appropriate examples of sexual play in children:

- “Sexual play” means looking at private parts, unsophisticated touching (not insertion or using mouths on private parts), and masturbation (touching or rubbing, no insertion)
- The play is between children who have an ongoing mutually enjoyable friendship
- The play is between children of similar size, age, and social and emotional development
- The play is lighthearted and spontaneous. Children may be giggling and having fun when discovered.
C) Atypical Child Sexual Behavior

Concerning sexual behavior in children will likely include one or more of the following components:

- **The touching involves children of different sizes, ages, and social and emotional developmental levels.** By intention, no age range is specified here. Caseworkers must include questions about size and developmental abilities of all of the involved children. When children are significantly delayed, it will not be as relevant if they are older or bigger.

- **The touching is upsetting.** Children may express fear and be tearful when “caught.” The touching may cause pain.

- **The touching may involve force, coercion and/or threatening statements.** The touching is sophisticated — e.g., sodomy or penetration.

- **The touching involves children with different levels of authority.** The victim may look up to the older, offending sibling and not feel empowered to report the abuse.

- **The touching continues despite parental redirection.** Despite increased supervision, review of appropriate boundaries, and/or professional interventions there is no resolve.

- **Masturbation may be compulsive in nature and/or results in physical injury.** Behaviors may interfere with normal daily activities.

D) Sexual Reactive Behavior

Young children who are sexually reactive include children who act out sexually due to a known history of sexual abuse. These children are trying to “make sense” of the sexual abuse they have experienced by acting out such behaviors with other similar children.

While younger children are seldom considered to be legally culpable for their behavior, it is important to accurately intervene with the appropriate level of treatment. These behaviors are often correctable for children. They sometimes associate guilt and shame with these behaviors and are open to assistance in redirecting the behaviors.\(^{138}\)

E) Sexual Behavior Problems

By definition, children who have SBPs are children under the age of 12. These children have pervasive sexual behaviors with peers, which can include various forms of intercourse. The origins of SBPs in children are not clearly understood. Some current theories suggest that children who display SBPs often come from home environments where they have experienced physical or sexual abuse, neglect, substandard parenting practices, exposure to sexualized adults or media, and family violence.\(^{139}\) Children with SBPs are a diverse group in terms of the kinds of behaviors they engage in, personal demographics, familial factors, and socioeconomic status. Some children who engage in SBPs are entirely self-focused, while others involve other children in their sexual behaviors. Unlike adult or adolescent offenders, children with SBPs include a substantial number of young girls.\(^{140}\)

Again, because children under the age of 12 are generally considered not to be culpable for their behavior, they require significant intervention and safety planning. Without proper
treatment, including a parent/caregiver component, children will often continue to engage in sexualized behaviors that can progress as they mature. Research suggests that children with SBPs respond well to specialized treatment.\textsuperscript{141}

It is important to note that some children under 12 display offending behaviors that are particularly concerning. The use of or display of weapons and/or fairly sophisticated grooming scenarios combined with animal abuse or fire-setting are much greater causes for concern.

F) Sexual Offending Behavior

The terms “sexual offending behavior” or “offending behavior” will be used in this section to identify a child who is 12 years old or older who has been alleged to have sexually abused a sibling or another child. Treatment and intervention for these youth need to focus both on the sexual offending behavior as well as any possible underlying issues for these youth. Many have a history of abuse, have been exposed to domestic violence and substance abuse, and have lived in a chaotic and sexually inappropriate or neglectful environment. Others may have no abuse history.

The availability of pornography has impacted youths’ sexual development. Today children and youth can easily access pornography via multiple forms of technology (e.g., iPods, cell phones, and games systems). Pornography has drastically changed in content and availability over the years. Pornography today is not pictures of naked people — rather, it is pictures and videos of sexually explicit and often violent and/or bizarre sexual behavior. The impact of this repeated visual imagery on youth greatly influences their understanding and interest in sexual behaviors.

Without treatment or intervention, youth who have engaged in sexual offending behavior will likely continue to offend other children. Behaviors often increase in frequency and intensity. Interventions and treatments for these youth are often long-term and require the participation and support from appropriate caretakers and oversight from DHS to help manage child safety needs. Safety plans are intensive and span home, school, and leisure activities.

III. Child Safety and Adolescent Sexual Offending Behavior: Changing Our Practice

It is essential for caseworkers to understand the prevalence of adolescent sexual offending behavior and what types of interventions are required.
• Approximately one-third of sexual offenses against children are committed by adolescents.\textsuperscript{142}
• Most adult sex offenders (68% to 76%) began sexually inappropriate behavior and/or sexual offending behavior during childhood or adolescence.\textsuperscript{143}

In managing child welfare cases, myths about adolescent offenders have previously misdirected caseworkers’ practice. In many cases, DHS under-intervened, believing adolescents were no longer a danger once they were caught or other agencies were involved. There is also still a belief that treatment or counseling is a “fix.” Instead, DHS must intervene in ways that provide safety to all of the children impacted.

A) Sexual Offenses Committed by Adolescents Need Significant Intervention

Sometimes DHS, family members, and community partners believe that because an adolescent committed the behavior, it is easier to change. Caseworkers have closed cases when offenses were committed by an adolescent because the worker and family believed that DHS intervention and/or law enforcement agency (LEA) contact meant the behavior was “fixed.”

Just being caught and confronted is insufficient intervention. Caseworkers must make and follow through with referrals for specific sex offender assessment and treatment. While most youth who offend also have underlying issues that can benefit from general counseling, referrals to nonspecific mental health counseling only address a portion of the problem. Sex offending youth need specific treatment to cover all aspects of their behavior and the underlying causes.

In addition, what is known at first disclosure is minimal in contrast to the number of times the youth has actually offended.

B) LEA Response Does Not Equal Safety

There is an assumption that LEA involvement always results in the juvenile justice system “taking over.” Based on this fallacy, DHS has made initial safety plans with the family and youth, but then abdicated follow-up intervention to the juvenile justice system and closed cases.

Today, we understand that LEA response does not always mean youth will be charged. Not all youth who are charged will be convicted and receive juvenile justice services (e.g., probation, treatment, placement, family therapy). It is also very common for the juvenile department to get cases months after the initial disclosure. By then, DHS has often closed its case. When DHS closes cases, the juvenile department often finds that safety plans have not been followed, treatment services have not been obtained, and oftentimes, the offending youth has returned to the home.
These cases are complex and require ongoing intervention and oversight to ensure that parents understand the gravity of the situation and the need for follow-through with extensive supervision/no contact plans.

IV. Abuse Between Siblings and Other Young Children: Screening

Screening calls regarding concerns of sex abuse between siblings and other young children is complicated. While callers may describe concerns about children engaged in some type of sexual behavior, they often do not specify allegations of sibling sex abuse, or threat of harm sex abuse, or neglect due to lack of parental supervision or intervention. Many reports come to screening with concerns of “kids touching kids.” Screeners then have the following tasks:

- Trying to identify if the type of sexual contact and behavior reported constitutes an allegation of abuse
- Gathering the right information to make screening decisions
- Appropriately coding the abuse type

A) Typical and Atypical Sexual Behaviors in Children

Having an understanding of common or typical sexual behaviors in children can assist screeners in making sound screening decisions. Reports concerning atypical behaviors are likely to include an allegation of abuse and result in a referral to the field. Trying to gather pertinent details around the circumstances of the incident will assist screeners in making their decision.

B) Gathering the Right Information at Screening

When possible, gather the following information:

- Specific ages of the children involved, their size, and their developmental abilities.
- The kind of touching observed and its severity. Remember, young children’s knowledge about private parts involves things coming out of their bodies, not things going in. When this is reported, it often raises serious concerns for sexual abuse.
- Whether threats, weapons, or grooming were involved in the behavior, which indicates a serious concern for abuse.
- Relationship and continued access of the involved children — friends, relatives, siblings, neighbors.
- Any statements the children may have made about where they learned the behavior.
- The living environment as it may relate to children’s exposure to adult sexual activity.
- Prior victimization of any of the children in the home, including adult children.
- Whether the parents were victims of child sexual abuse.
- If there are other family members who have a history of offending behavior.
- Any knowledge the children’s parents have of the behavior and what if anything the parents have done to intervene. If the parents have knowledge about this behavior, ask questions about their response:
  - What was their response upon learning about the touching?
Have the parents intervened to provide a higher level of supervision?

Consider that sometimes a child's behavior may be a “disclosure” in and of itself. Preverbal children inserting objects into their rectum or vagina or putting mouths on private parts may be indicators of sexual abuse or exposure to sexual behavior and/or materials.¹⁴⁴

C) Selecting the Correct Allegation(s) of Abuse

After gathering information that indicates the type of sexual touching reported is atypical and that there is continued access between the children, or a threat of harm to younger siblings, the caseworker should consider the following abuse types:

- **Sexual abuse.** Sexual abuse codes are most appropriately used in cases where there is information about atypical sexual contact regardless of the age of the alleged offender. This does not mean that a child will be named as a perpetrator of sexual abuse. Even though designating a sexual abuse code implies a minor is an offender, remember that screening allegations differ from disposition. The CPS worker has the option to not enter the minor as a Founded perpetrator of sexual abuse, even if it’s determined the abuse occurred.

- **Threat of harm sexual abuse.** When the allegation involves a youth engaged in sexual offending behavior and the youth lives in the home with other children or has unsupervised access to other children (such as a daycare setting or relative’s home), a threat of harm sexual abuse allegation is appropriate.

- **Neglect.** The role of parents when there is an allegation of sexual abuse is also an important consideration in making your determination. While the caller may be reporting sex abuse concerns, an additional allegation of neglect on the part of the parents may be appropriate. Try to determine whether there is inadequate supervision or if the parents are failing to seek necessary interventions for their child. Keep in mind adequate supervision of a youth offender is a very tough concept for many people to incorporate, especially parents of the offender. While parents may believe they are willing to protect their children, they may not be able to do the necessary tasks because of their emotional attachments and intensive level of supervision needed.

V. Abuse Between Siblings and Other Young Children: Initial Contacts

A) Collateral Contacts

When assessing a report of sibling sexual abuse or sex abuse by a minor, seek collateral information from people who have frequent contact with the children: schools, daycare providers, relatives, therapists, and physicians can all be good sources. Be sure to gather information regarding the children’s behaviors, attitudes, and emotional state. Note if there were any changes in the child’s presentation and when those occurred. When speaking about the child with the sexual offending behaviors, try to ascertain if the child has engaged in any sexual behaviors with other children or in other settings. This will be helpful in later determining the needs of the children in the family.
B) Review of History

If possible, review the history, specifically noting any of the following:

- Prior victimization of any of the children in the home, including the alleged offender
- Whether the parents were victims of sexual abuse as children
- If other family members have a history of offending behavior. This information is helpful in assisting with open-ended questions about who perpetrated the abuse and also to future safety planning.

C) Interviewing Victim Children

As in any interview, it is important to be open-minded about multiple allegations of abuse by multiple perpetrators. The caseworker should follow multidisciplinary team (MDT) protocols for whom to include in these interviews.

When assessing a sibling sex abuse case, be aware that additional abuse may be occurring by other perpetrators. While there are some specific questions to ask, the caseworker’s questions also need to be broad enough to reveal information about other potential perpetrators. Overall, interviewing children for sexual abuse by a sibling or other child is much like interviewing a child for sexual abuse by any other person. For more information, please see Section II: Working with Victims of Child Sexual Abuse - Tips for Interviewing Children.

However, there are some key differences in tailoring some questions.

**Access.** When children abuse children, it’s important to gather information about how access is gained by centering questions on game-playing, wrestling, computer/video use, sleeping arrangements, bathing, and babysitting. Remember that pornography can be accessed through many gaming systems and is frequently a factor in this type of abuse.

*What kinds of things do you do with ___? What kinds of games do you play?*
*Do you have a game that you are only allowed to play with one person?*
*Where does everyone sleep? Do you like sharing a room?*
*Does anyone wrestle; rough-house; tickle?*
*Do you play video games? Who else uses ___ (Xbox, Nintendo, PlayStation, Wii, )? What do they use it for?*

**Perception of abuse.** It is also important to note how this type of abuse is perceived by victims. Children are often taught about abuse in school and how to report and prevent abuse occurring to them. However this is usually in the context of adults as perpetrators and not other children. Children may not recognize offending behavior by their siblings as offending behavior, especially if there is a family culture of abuse. Being aware of this will assist you in asking questions differently.

*Tell me how you get along with your (brother, sister, babysitter, cousin)? What do you like to do together? Is there anything you don’t like about ___?*
*What’s your favorite thing about your brother/sister? Is there anything you don’t like about him/her?*
*Do you have a babysitter? Who watches you when your parents aren’t home?
Has anyone asked you to keep secrets from your parents or play secret games?
What are some of the rules at your house? Do people get in trouble? What for?
Tell me about who takes care of you. How do they take care of you?

Parents’ knowledge. When children disclose abuse, whether they recognize it as abuse or not, it is important to find out about the parents’ knowledge. If the parents are aware of the abuse, be sure to ask questions about what has changed.

What did your mother do/say when she found out?
Did anyone get in trouble?
Are there new rules at your house now?
Has it happened again since your parents found out?

D) Interviewing Parents

In a sibling sex abuse case, interviewing parents is a delicate process. Parents are forced to look at their children in two different lights — offender and victim. These involve competing interests, and it is important to appreciate the impact on parents. To get sufficient information from the parents without pitting one child against another, focus on the separate needs of each child.

Child with the offending sexual behavior: general functioning and family relationships.
Gathering information about the child with the sexual offending behavior and his or her general functioning will assist in determining how to best serve that child. Information about exposure to sexual material and any previous abuse incidents where the youth was victimized will be essential in establishing the appropriate treatment. The caseworker should ask about the youth’s relationship with all members of the family.

How does your child generally get along with her siblings?
What behaviors have you seen in your son that have caused you concern?
Are you aware of your child accessing pornography? Being exposed to pornography? Use of chat lines?
Has your child ever been involved with the juvenile justice system? What for?
Have you had concerns about your child using drugs or alcohol?
Does your child babysit his siblings or other children?
What do you think you can do to help your child?

Victim child general functioning and family relationships. Information regarding the victim child includes their general functioning. The caseworker should ask if there have been behavioral changes, changes in the child’s demeanor or emotions, and what the parents’ response to these changes has been. The nature of the victim child’s relationship with the offending child should also be documented.

How does your child sleep? Eat? Have you noticed any recent changes?
How do your children generally get along? Have you noticed any recent changes?
Has your son talked to you about his brother ‘bothering him’? What did he say?
Has anyone else expressed concerns about your daughter’s behavior?
Have you ever seen your child doing something sexual? Masturbating? Playing with other children, pets, or toys in a sexual way?
How can you keep your child safe? What about the other children in the family?

Note: Many child victims, especially victims of sibling abuse, frequently do not display overt changes in demeanor or behavior. Often, the manifestation of the abuse is easier to see years later as the victim ages. Lack of overt symptoms in the victim does not rule out sexual abuse. However, the presence of overt symptoms increases the need for immediate and appropriate intervention for the victim.

Parents' knowledge. As always, it is crucial to establish when the parents became aware of the offending behaviors and their initial responses. Determine if the parents are blaming the victim, expressing disbelief, or making excuses for the child with the offending behavior. These types of statements can be indicators of potential recantation. It is also an indicator that the parents do not understand how to create emotional and physical safety for both the children.

When were you first aware there was a problem?
What was your reaction to your child (both children) upon learning about the touching?
Did you consider some form of intervention? Treatment? If yes, what kind?
What do you think about these concerns? Do you believe this happened?
Do you believe children can be sexually abused by another child?
What do you think should happen next?
How can you keep all of your children safe?

While it is incredibly difficult for families when their biological children are involved in the abuse, the burden on blended families in coming to grips with the situation and accepting and responding to it may present additional difficulties. When there is an adopted, step- or half-sibling relationship, there is a potential for more complicated emotions on both the parents’ and the children’s part. While any parent can have strong emotions toward the child with the offending behavior, excessive blaming and discipline and inappropriate responses are more likely to occur with a non-biological parent. Part of DHS’s role in providing child safety includes also providing safety for the child with the sexual offending behaviors.

E) Interviewing Other Legal Parent

When speaking with non-custodial parents, the caseworker must attempt to gauge their knowledge of the abuse and their response; how they learned of the concerns; whether they intervened previously, and; whether they have seen behaviors in their child that concern them. It is also helpful to ask whether they believe the custodial parent can and will intervene to protect the child and attempt to measure their ability to participate in a safety plan. The caseworker should ask questions similar to those shown above.

F) Interviewing the Child/Youth with Sexual Offending Behavior

Given the circumstances and the child’s age, LEA coordination may be required for this interview. Children who are 12 years and older are more likely to be charged with crimes, though younger children can be charged as well. The caseworker must be familiar with MDT protocols.
Children and youth in DHS custody on dependency cases have an attorney’s representation. In these cases, while the caseworker does not have to notify the attorney prior to the interview, it is customary and best practice to do so. If the youth is already on a delinquency petition, this attorney represents the youth criminally, and the caseworker must contact the attorney before an interview. And as in all interviews, consider the CPS policy regarding parental notification: “The CPS worker must notify parents of the intent to interview a child, unless notification could compromise the child's safety.”

This interview should be done in a neutral, non-intimidating environment. When possible, position the youth closest to the door. Be sure to let the youth know he or she can leave at any time. Document the room’s neutral setting and explain what steps were taken to assure the youth that he or she had a choice in proceeding with the interview. Detail the youth’s demeanor. If the youth admits to the abuse, record both the questions asked and the youth’s responses.

As with all child/youth interviews, ask general functioning questions and questions about the child’s own safety.

Knowledge of the concern.

Do you know why I wanted to talk with you today?
Did your mom tell you I was coming?

Access. When children abuse children, it’s important to learn how he or she gained access to the other children. Questions should center on game playing, wrestling, computer/video use, sleeping arrangements, bathing, and babysitting.

What kinds of things do you do with ____? What kinds of games do you play?
Where does everyone sleep? Do you like sharing a room?
Do you play video games? *Do you ever play ____ (Xbox, Nintendo, PlayStation, Wii, etc.) with your sister?
Tell me about when you babysit for your brother. Do you like to babysit? When do you babysit?
What do you do when your brother gets in trouble?

If a time frame was given for when the abuse occurred, such as after-school, ask questions about access during that time.

Circumstances of the abuse.

When you babysit, how do you help your sister in the bathroom? Who washes her hair? Her body?
I heard that you have watched pornography on the computer. Tell me where your brother was when that happened.

Denial of abuse. While some youth admit to sexual touching, many do not. If the youth denies touching siblings, ask specific questions about why he or she thinks the allegation was made.

Why would your sister say this about you?
What do you think your brother is trying to do by saying this?
Has anyone else ever said this about you? Why would they say this?
Parents’ reaction. If the parents are aware of the abuse, ask about their reactions, what they believe, and if they’ve intervened. Some parents’ reactions can include physical abuse or threats to the youth. Ask about the youth’s safety.

What did your mother do/say when she found out?  
What did your step dad do?  
Has it happened again since your parents found out?  
Are there new rules at your house now? Do you still babysit?

G) Interviewing Other Children in the Home

Although some children in the home are not originally named as victims, given the youth’s access, these children may in fact be victims. It is also possible that the other children are aware of or have witnessed some of the abuse. The caseworker may want to interview children who have previously lived in or visited the home (e.g., stepchildren, now-adult siblings).

VI. Abuse Between Siblings and Other Young Children: Assessing Safety

A) Protective Action Plan

Before establishing a protection action, or PA, plan, it is necessary to determine what is occurring, i.e., if the behaviors are typical sexual play between the children or are offensive in nature.

If the behaviors are typical sexual play, it is not necessary to craft a PA plan. Discussions with the family should focus on increasing supervision, helping bolster appropriate boundaries in the family, and exploring potential therapeutic services.

If the caseworker determines that a youth has sexually abused another child in the family or that children under the age of 12 are engaged in atypical sexual behaviors, a PA plan needs to be immediately implemented. Remember that it is very rare for all of the information to be revealed in the initial disclosures. Because the extent of the abuse will likely not be known for some time, if ever, it will be difficult to provide emotional safety for children residing together in the same home. If enough information is known that clearly details sexual abuse, the PA plan must strongly consider separating the children.
Families may have a difficult time accepting the separation of their children. Parents often believe that the children will do worse if they are separated. If possible, it is best not to displace the victim but rather the offending child. It is also important to remember that if the safety plan has the youth with the offending behaviors residing out of the home, he or she must not reside with or around other vulnerable children.

Often families struggle to create a plan for their children, expressing a lack of financial or social resources. It is the responsibility of caseworkers to assist families in becoming creative and exploring multiple resources in planning for their children. Remember, if parents are not able or willing to separate the children, it may be necessary to consider voluntary custody, voluntary placement, or juvenile court involvement to ensure the safety of all of the children.

When the behavior is clearly sexual abuse and if the parents are considering not separating the children, the local CPS consultant should be called in on the planning.

**B) Ongoing Safety Plans**

Below is an example of an ongoing safety plan where the victim child remains in the home and the youth with offending behaviors is out of the home:

**List the current identified safety threats that exist within the family**

1) #8. A situation, attitudes and/or behavior is such that one or both parents or caregivers lack parenting knowledge, skills, and motivation necessary to assure a child’s safety.

   *Mary has been sexually abused by her half-brother John for the past three years. Though her parents didn’t initially believe the disclosure, they do now. However, the parents still lack the knowledge and ability to maintain Mary’s long-term safety. They need assistance to understand the treatment and supervision needs of both of their children.*

2) What is the plan to manage these specific safety threats?

   *Mary is residing at home with her mother and father. Her brother is out of the home, living with maternal grandparents with no other children residing in or frequenting that home.*

   *The parents agree to allow and be cooperative with safety-service providers (including DHS) to monitor the safety of Mary, which includes the following conditions:*

   - Parents agree to get trauma-informed therapy services for Mary and themselves.
   - Parents agree to get sex offender-specific therapy services for John and to participate in John’s treatment.
   - Parents agree that Mary will have no contact with John, in person, on the phone, through text, at church, at family gatherings, via email or written letter, etc. No contact includes contact that is supervised.*
3) Describe each safety service and include the start date, frequency it will occur, person responsible for the service(s) and the method used to monitor the service(s).

**Grandparents.** Maternal grandparents, agree to be a safety service provider for Mary. They agree to have John live with them and monitor him so that he does not have any contact with Mary or children younger than John. They recognize John’s increased need for supervision and will work with John’s therapist to understand and comply with John’s treatment safety plan. This includes informed supervision of John in the community (family and friend gatherings, school, extracurricular activities).

**Sex offender treatment providers.** Mr. Smith agrees to provide outpatient treatment to John, and include the parents and maternal grandparents in treatment and safety planning. Mr. Smith also agrees to be a safety service provider for Mary. Mr. Smith will immediately alert DHS to any concerns about John’s or his parents’ or grandparents’ compliance with the treatment safety plan. Mr. Smith agrees to coordinate with Mary’s therapist around treatment and safety planning for John.

**Victim treatment providers.** Ms. Jones of the Treatment Center agrees to provide outpatient treatment to Mary, and include her parents. Ms. Jones also agrees to be a safety service provider for Mary. Ms. Jones will immediately alert DHS to any concerns about Mary’s parents’ or grandparents’ compliance with the treatment safety plan that includes no contact between John and Mary. Ms. Jones agrees to coordinate with John’s therapist around treatment and safety planning needs of the family.

**In home safety service provider.** Mr. Johnson, family therapist, agrees to provide in-home therapy services to the parents. Mr. Johnson will provide support around the significant family changes, trauma, and family disruptions. Mr. Johnson will also help strengthen the parents’ understanding of the treatment and supervision needs of both of their children. Mr. Johnson also agrees to be a safety service provider for Mary. Mr. Johnson will
immediately alert DHS to any concerns about Mary’s safety or the parents’ or grandparents’ lack of compliance with the treatment safety plan.

**DHS caseworker.** The caseworker will monitor Mary’s and John’s safety by conducting announced and unannounced visits at least twice a month; meeting alone with Mary on a regular basis to ensure her continued safety; meeting alone with John at his grandparents’ home to ensure his safety and compliance with safety planning; contacting every safety service provider on a biweekly basis to ensure Mary’s continued safety, John’s engagement in treatment, and caretakers’ compliance with the safety plan.

4) If the plan is an out-of-home ongoing safety plan, explain why it is the least intrusive and document the conditions for return.

*John is residing with maternal grandparents and has frequent contact with his parents. He is able to attend the same school.*

*John may return home when treatment providers for both Mary and John have determined John’s return to the family home to be safe and in Mary’s best interest.*

**C) Further Assessment May Be Indicated: Evaluations and Risk Assessments**

Evaluations of adolescents are not only done to provide a risk assessment and treatment recommendations. Treatment programs utilize frequent evaluations because it is understood that adolescents have changing developmental needs, which will impact their risk of re-offending as well as influence safety planning and treatment strategies. Caseworkers should understand that because of adolescents’ developmental stages, evaluation reports more than 6 months old should be regarded with caution. 

When utilizing an evaluation, caseworkers must understand that the CPS assessment disposition and safety planning does not rely solely on the evaluation’s outcome. No promises should be made to the youth or family about decision-making based on this assessment.

For further information about evaluations for adolescents, see **Section III: Understanding Sexual Offenders.**

**D) Safety Threat Guidance**

When determining if a family behavior, condition, or circumstance is a safety threat, remember that the safety threshold criteria must always apply. What follows are examples of the most commonly used safety threats in these cases.

#8. “A situation, attitudes and/or behavior is such that one or both parents or caregivers lack parenting knowledge, skills, and motivation necessary to ensure a child’s safety.”

*Bradley has been sexually abused by his brother, Jacob. His mother, Ms. Doe, has been unable to recognize the severity of the abuse that has occurred to Bradley and has not been able to provide the necessary protection. While Ms. Doe recognizes that something occurred between Bradley and Jacob, she states “kids are kids” and has*
not intervened in a protective manner. Ms. Doe believes that DHS is overreacting to the abuse and is not willing to abide by safety plans or access the necessary services.

#10. “Parents’ or caregivers’ attitude, behavior, or perception result in the refusal and/or failure to meet a child’s exceptional needs, that affect his/her safety.”

Ms. James has failed to recognize the severity of her son Duke’s sexually offending behaviors. Duke has sexually abused at least seven children in the apartment complex. (Several children he babysat were nonverbal and unable to be interviewed.) His offending behavior has resulted in recent action in juvenile court. Both DHS and juvenile court staff have explained the severity of the behavior and the need for Ms. James to restrict Duke’s access to children in the community. However, Ms. James does not believe that Duke presents a risk and continues to allow him to be home unsupervised and to go out at night.

#14. “The situation is such that a child is fearful of the home situation or people within the home.”

John has expressed that he fears to return home where his brother Fred is living. John disclosed that Fred has been sexually abusing him for the last 5 years. The abuse has included the use of weapons, threats, and violence. John reports that he has informed his father, Mr. Blue, who has laughed at him, stating “quit making this stuff up.” Mr. Blue has failed to respond to the abuse of his son, resulting in John’s increased fear of returning home.

#15. “Because of perception, attitude or emotion, parents or caregivers cannot, will not or do not explain a child’s injuries or threatening family conditions.”

Ms. Croft is aware of the sexual abuse of her son, Kevin, by her daughter, Susan; however, she does not believe the allegations. She has been unable to place her children’s needs above her own, which negatively impacts their safety. Though she indicates she will not allow contact between Kevin and Susan, she has clearly stated to this worker, and to Kevin, that she does not believe sex abuse occurred. Despite DHS and a therapist explaining the impact her disbelief has on Kevin, the mother continues to maintain that the sexual abuse did not occur.

E) Child Vulnerability

In assessing child vulnerability, it is important to remember to look at both the youth with the offending behavior and the child victim’s various needs. The youth with offending behavior will have special vulnerabilities, including higher supervision needs, treatment needs, community safety needs, and self-protection. A child victim will also have specialized emotional and therapeutic needs. They may also need additional supervision to prevent further sexual abuse or monitoring for any sexually reactive behaviors.

F) Parents’ Ability to Protect

Individual children have different vulnerabilities; parents likewise have different protective capacities. A parent may be able to protect one child but not the other (i.e., believe the victim
and excessively blame the offending child). It is important to consider the parents’ understanding of both the short- and long-term needs of all their children, including children who have not been victimized. Parents need to understand and engage in the long-term supervision and treatment process.

**G) Safety Analysis: Safe Versus Unsafe**

To conduct a thorough safety analysis, workers must identify whether a safety threat exists; whether the children are vulnerable to the threat; and whether there is a parent willing and able to protect.

The following is an example of a Safe finding:

*Jan is currently Safe at the conclusion of this CPS assessment. While Ms. Jones and Mr. Smith have a history of a contentious custody battle, they have been able to work together for the safety of Jan. Jan continues to reside with her mother, Ms. Jones, while Tom has since moved in with his father. Because of the sexual abuse by Tom of Jan, there is currently no contact between the siblings. To offer continuity for both children, visitations have been arranged so that the parents change locations every other weekend. Ms. Jones and Mr. Smith are both involved in Jan’s therapy and Tom’s treatment services. They are working together with professionals to ensure that both children’s emotional needs are being met before consideration of any type of contact between the siblings.*

Some sibling sex abuse cases will result in the need for further intervention. The caseworker should be sure to analyze the parents’ ability to meet their child’s specialized needs. An example of an Unsafe finding might read as follows:

*Joseph is Unsafe at the conclusion of the CPS assessment. He was sexually abused by his older sister, Sally. He is defenseless and unable to protect himself. Ms. Smith does not believe her son was sexually abused and continues to try and get him to change his story. She has made no safety accommodations for Joseph, nor sought any intervention services for Sally. Ms. Smith believes that Sally is perfect and would not do such harm to her brother. Because of the mother’s lack of support or belief in her son, or her recognition of Sally’s offending behaviors, there is no security for either Joseph’s or Sally’s safety.*
H) Seeking Juvenile Court Petition

In the course of your assessment, there are several situations that may warrant juvenile court involvement particularly surrounding sibling sexual abuse:

- If the parent or caregiver is unable to recognize the child’s abusive behaviors and is unwilling or unable to seek necessary treatment services for the child
- If the parent or caregiver is unwilling or unable to create safety for the victim child and/or blames the victim child for the abuse (regardless of whether the offending child is no longer in the home)
- If the parent or caregiver is unable to safely manage the child’s sexualized behaviors and safety interventions cannot be obtained through other means

VII. Abuse Between Siblings and Other Young Children: Dispositional Guidance

See DHS CPS Assessment Disposition policy for further assistance.

A) Considerations for Sexual Abuse Dispositions

Remember that the findings of a disposition do not equate to a determination that a case will open or close. Children who are unsafe will have open DHS cases.

When considering a disposition involving a minor as a perpetrator of child abuse, it is important to factor in the age and/or developmental level of the offending child, the extent of the abuse, and the circumstances of the victim. While many times the younger child’s experience definitely constitutes sexual abuse, if the offending child is younger than 12, the caseworker should consult a supervisor and CPS consultant prior to making a Founded disposition. There are circumstances when consideration should be given to an Unfounded statement, even though the victim experienced sexual abuse.

*The allegation of sexual abuse will be coded as Unfounded due to the ages of the involved children. It is true that 6-year-old Alex experienced a sexually abusive event by 9-year-old Lance that included Lance putting his mouth on Alex’s penis. However, given Lance’s young age and his lack of understanding of his actions, a Founded disposition naming Lance as a perpetrator of abuse is not appropriate.*

The following is a Founded example of a sexual abuse disposition:

*There is reasonable cause to believe that sexual abuse occurred to Rachel (8) by her cousin Ralph (14) resulting in a Founded disposition. Rachel made detailed disclosures of sexual abuse by Ralph that started when she was 6, and continued until the time of this assessment. The abuse included fondling and sodomy on multiple occasions. See the detailed report from the child advocacy interview dated June 12, 2010. Though Ralph didn’t admit to the abuse, he did provide details that coincided with Rachel’s disclosures of location and time frames.*
The following is another example of an Unfounded disposition:

The allegation of sexual abuse of Alicia (8) by Rosa (9) is Unfounded as there are no indications of abuse. The information gathered includes the girls playing in a bathtub and touching each other’s genitals. This play included giggling and was light-hearted. Neither girl disclosed fear or pain involved with this touching. Their actions were easily redirected by their parents, who are providing additional supervision that includes no shared baths. There was no other information detailing any other incidents of sexual behaviors.

B) Considerations for Neglect Dispositions

When determining dispositions for neglect in these cases, pay particular attention to concerns about lack of supervision and protection. These dispositions are appropriate in cases where parents have the capacity and knowledge to understand the abuse one of their children has endured but have not intervened appropriately to protect that child. It is also important to examine the parents’ response to the youth with the offending behaviors and determine whether they took the necessary steps to access treatment and intervention.

A Founded disposition for neglect should be considered when the caseworker has reasonable cause to believe that the parent or caregiver has failed to provide the necessary safety and protection for the children.

Here are two Founded examples of a neglect disposition:

An allegation of neglect of Rochelle by her parents is Founded. During the course of this CPS assessment, Mr. and Ms. Cook were made aware of their daughter Rochelle’s victimization by her older brother, Samuel. Mr. and Ms. Cook took no action to respond to Rochelle’s emotional and safety needs. Mr. and Ms. Cook were provided with various resources to assist in creating safety for both Rochelle and Samuel, however they failed to access such resources. They express disbelief regarding Rochelle’s victimization by Samuel and have not made any accommodations to address Rochelle’s safety or Samuel’s treatment needs.

An allegation of neglect of Randy (14) by his parents is Founded. During the course of the assessment, Mr. and Mrs. Bell were informed by both DHS and LEA of Randy’s sexual offenses involving multiple children at the apartment complex. They were informed of the need to provide Randy with adult supervision at all times, including not walking to school alone, not being allowed to babysit neighbors, or to play outside unsupervised. However, both parents have indicated that they believe their son “didn’t do anything wrong,” and “doesn’t need a babysitter.” They do not agree with a need for therapeutic or family intervention and have refused all services to meet their son’s high needs for supervision.

Here is an Unfounded example of neglect:

The allegation of neglect is Unfounded as to Alex by his parents Jon and Mary. The parents were not aware of their niece, Ronda's sexual behavior toward their son, but
once they were aware, they responded appropriately and have since stopped the contact between Alex and Ronda. The parents sought out medical and therapeutic treatment on their own. They have followed through with therapeutic intervention and recommendations.”

VIII. Abuse Between Siblings and Other Young Children:
Summary
After completing a comprehensive assessment, DHS will decide whether to close a case without further intervention or open a case for ongoing services. When cases open, the transition between workers needs to be fluid. Safety plans in these cases need to be highly detailed with significant oversight. The new caseworker must be fully aware of all of the details of the safety plan and provide the same level of oversight. Involving ongoing workers early in the process can assist families in understanding the long-term involvement of DHS and other agencies as well as improve collaboration.

This section benefited from the considerable assistance of the following individuals:

Scott Brown — Director Counterpoint Adolescent Treatment
Ken Chapman — Crime Victims United
Larry Fritz — Juvenile Court Counselor Multnomah County
Silvia Gomez — Juvenile Court Counselor Multnomah County
Keith Ovelman — Janus Youth Programs, Director Adolescent Treatment
Zach Raschke — DHS Caseworker

147 Child Welfare Policy I-AB.4, Oregon Administrative Rule (OAR) 413-015-0400 thru 0485
148 Ibid
149 Ibid
150 Ibid
151 Child Welfare Policy. I-AB.5, Oregon Administrative Rule (OAR) 413-015-1000
Section VII: Teen “Compliant” Sexual Abuse

This section focuses on teens who are sexually involved with unrelated adults. Teens experiencing familial sexual abuse, teens of similar ages involved with each other, or commercially sexually exploited children are not included in this section. For those cases, see Sections IV, VI, or VIII. However, be aware that some cases that present as teen “compliant” abuse cases may in fact be commercially sexually exploited children (CSEC) cases.

The term “compliant” is used here in the context of the minor’s belief that they are a willing participant and consenting to this contact. These teens are also referred to as consensual victims, meaning victims who in any way, partially or fully, cooperate in their sexual victimization without an overt threat or use of force or violence.¹⁵²

I. Perception of Teens as Victims

- One quarter of births to adolescents who are younger than 15 years of age were fathered by adult males. These males are typically nearly nine years older than the mothers.¹⁵³
- Thirteen percent of females and 5% of males reported their first sexual experience occurred at age 15 or younger with a person who was three or more years older.
- Almost two-thirds of females who were age 13 or younger when they first had sexual intercourse did so with a male who was at least three years older.¹⁵⁴

A) Is Sex with Teens Wrong?

Part of the problem in identifying and intervening in these cases is a societal perception that this type of sexual contact isn’t really abusive or harmful. Using terms such as rape, sexual violence, assault, or unwanted sexual activity when discussing sexual victimization of teens implies that teens are only victims when they resist sexual advances by adults but are overpowered by coercion, threats, or physical force. Society as a whole does not recognize these teens as “real” victims.¹⁵⁵

“Sympathy for victims is inversely proportional to their age and sexual development. Many people using the term sexual abuse of children have a mental image of children 12 or younger. The main problem, therefore, is with the 13- to 17-year-old age group. Those are the child victims who most likely look, act, and have sex drives similar to adults, and who may or may not be considered children under some laws and by society.”¹⁵⁶

This perception impacts which cases are reported to child welfare and how cases are screened, as well as how caseworkers respond.¹⁵⁷
In Oregon, a child is defined as a person less than 18 years of age.\textsuperscript{158} It is important for caseworkers to recognize that children under the age of 18 having sexual contact with an adult constitutes sexual abuse.

**B) Why Do Teens Need Protection?**

"When an adult and a child have sex...the adult is always the offender and the child is always the victim."

Caseworkers tend to assess the circumstances of the sexual contact, whether the teen was forced or agreed to the sexual contact, but not the needs of the teen. Teens are young and still developing. Teens struggle with cognitive decision-making and judgment, which limits their ability to consent.

When teens initiate sexual contact with adults, there is a perception that they are not victims. However, “when an adult and child have sex ... the adult is always the offender and the child is always the victim.”\textsuperscript{159} Since teens are still developing, the legal responsibility is on the adult to not engage in such a relationship. Sexual activity with adults is a form of abuse, no matter if the teen believes it is “wanted” or not.\textsuperscript{160}

“Relationships between adolescent males and adult females are the relationships most likely to be viewed by youth and society as sexual initiation rather than sexual exploitation.”\textsuperscript{161}

Both teen boys and girls are vulnerable to adult sexual advances. The ways in which adults gain access to and abuse teens are similar to other sexual offending behavior, though teens do have specific vulnerabilities that make them easier victims for adults.

**C) Developmental Considerations That Make Teens More Vulnerable to Adults**

Part of normal teen development is to seek autonomy and separate from their parents. Teens spend more time without adult supervision and have more freedom in the community. They walk and drive and take public transportation. They can be home alone. Teens often have access to computers or smart phones with Internet capability and various social networking sites with little monitoring by parents.

In seeking autonomy, many developmentally on-track teens experience parent-child conflict and feel as if their parents don’t understand them, or care about them. At times, teens make decisions to spite their parents. Teens are likely to attempt to receive acceptance and approval from other sources than their parents. Teens welcome flattery and are attracted to risk-taking. Many are interested in consumer goods and people who can provide them.

Furthermore, part of normal teen development is sexual curiosity and a desire for romantic relationships. Teens view themselves as capable of consenting to sex. Their knowledge of
sexual activity is increased due to the media. Teens often believe that they are more mature than their parents believe them to be and that they can handle sexual relationships.

While developmentally teens want and need more independence, their underdeveloped abstract thinking skills increase their vulnerability. Though these are all expected parts of teenage development, it is easy to see how adults can recognize these characteristics as ways to access or groom teens.

D) Increased Vulnerability

In addition to normal developmental concerns that make teens more vulnerable to adults, some teens have increased vulnerability due to the following:

- Poor attachment to parents, school, or community
- Association with a high risk peer group
- Lower levels of self-esteem
- Previous experience of physical or sexual abuse or neglect
- Substance abuse concerns

Because of these additional vulnerabilities, adolescents may seek out older partners. These teens are also at an increased likelihood of being targeted by older partners.

E) Teen’s Perception of the Relationship

Teens generally believe that age does not matter in their relationships. They believe if they are “choosing” the relationship, it is not abuse.

“They [teens] have also been influenced by the media, professionals, and prevention programs that either state or imply erroneously all child victims are forced or tricked into unwanted sexual activity with adults. These child victims, even after becoming adults, often either deny their victimization or disclose it in inaccurate, but more socially acceptable ways, because they suffer from varying degrees of shame, guilt, and embarrassment. Society tells them in so many ways they are not “real” victims.”

II. Adult Offenders of “Compliant” Sexual Abuse

A) How Adults Target Victims

Adults are well aware of teen vulnerability and use this to target and gain access to victims. Part of what makes it easy for adults to engage in relationships with teens is the adult’s ability to achieve the following:

- Gain access by taking advantage of developmentally appropriate freedom (time away from family, adult supervision)
- Develop friendly and trusting relationships with the victim and their parents (coaches, mentors, religion, online computer, family friends)
- Obtain information about teens’ interests
• Understand teen’s emotional and physical needs and work to meet these needs

While all teens are vulnerable, adult offenders are more likely to target teens who have a history of abuse or neglect, substance abuse problems, poor parent-child relationships, low self-esteem, and/or are more susceptible to bribery with consumer goods. When adult offenders offer their home, offer to provide financial assistance, commiserate with how “bad it is at home,” this strengthens the teen’s engagement and further reinforces the teen’s belief that she or he is choosing this relationship.

B) How Adults Manipulate Teens: Grooming or Seduction

“Any child can be groomed by any reasonably nice adult with interpersonal skills.” 164

Adult offenders groom children in much the same way as adults seduce one another. Teens are even easier to groom because they are developmentally curious about sex, typically easily sexually aroused and because they can be rebellious. Adult offenders understand teen development and use “the most effective combination of attention, affection, kindness, privileges, recognition, gifts, alcohol, drugs, or money until they have lowered the victims’ inhibitions and gained their cooperation and ‘consent.’” 165

Many adult offenders perfect their grooming and interpersonal skills over time and often have multiple teen victims. The success of their grooming depends on the following factors:

• How well they select their victims
• How good they are at identifying and filling their victims’ needs
• How much time they have to invest in the process
• How proficient they are at seducing and controlling their victims
• How proficient others who might observe the process are at recognizing and responding to it 166

When adult offenders do this well, it not only gains the teen’s cooperation, but also decreases the likelihood the teen will report the relationship. The adult offender understands teen’s desire for risk-taking and how keeping their sexual relationship secret fulfills this desire.

C) Special Considerations

Typically when referring to “compliant sex,” people think of an adult male with a teen girl. However, many of these victims are boys who have been preyed upon by both adult male and female offenders. Given societal stereotypes about male sexuality, teen boys may be particularly vulnerable. Teens who are questioning their sexual orientation are easier for adult offenders to target. The adult plays the role of helping the teen explore his sexuality, often through affection and friendship. 167 The adult takes on a teaching or mentoring role with the teen.

Teen boys are also easy targets for adult female offenders. Due to societal perceptions that a boy would be “lucky” to learn about sex through an “experienced woman,” teen boys are less likely to resist such advances. Many times the adult female offender considers herself to be in a
lasting relationship and believes herself to be “in love” with the youth. Other times, the adult female views herself as simply providing sexual initiation but does not see it as a relationship.  

III. Teen “Compliant” Sexual Abuse: Screening

Screening for teen “compliant” sexual abuse can be challenging. DHS has often closed these reports at screening because they were considered third-party abuse and then forwarded the reports to law enforcement. However, screening policy explains that a CPS assessment is required whenever the following apply:

- A report “constitutes a report of child abuse” (sex between an adult and a teen constitutes abuse)
- And “the alleged perpetrator may have access to the alleged child victim
- And the parent or caregiver may not be able or willing to protect the child.”

A) Gathering the Right Information at Screening

When DHS receives a report about a teen involved in sexual contact with an adult (not familial or CSEC), the caseworker should consider the following factors:

- **Coercion, control, and/or violence in the adult-teen relationship.** Note any history of domestic violence for the victim or the adult perpetrator. Include a review of the teen’s child welfare history regarding any familial concerns of domestic violence as this relates to teen vulnerability.
- **Teens have additional vulnerability.** Including developmental delays, mental health impairments, history of abuse or neglect, prior victim of sexual abuse, substance abuse concerns, isolated teen
- **Adult offender’s criminal history.** Note if there is a pattern of exploitation of children, allegations or convictions for sexual abuse, assaults, other violent crimes, CPS history, substance abuse, and/or mental health concerns.
- **The parental response to the teen’s relationship.** If available, determine if the parent is aware of the relationship and what if any steps he or she has taken to prohibit or promote the relationship.
- **The adult offender’s access to the teen.** Consider if the teen resides with or is dependent upon the adult offender.
- **Consider whether the report is about a commercially sexually exploited youth.** Is there information that the youth is a victim of prostitution, pornography, trafficking, or other sexual exploitation? See CSEC chapter for additional screening support.

Not all reports of teens involved in a sexual relationship with an adult will need to be assigned. If there is information at screening that the parents are aware of the abuse and are intervening to protect their teen, it is likely that these cases would not need to be assigned but forwarded to LEA for follow-up.

In other cases, screeners will not have information about the parents’ knowledge or response. Some assignment decisions can still be made based on the teen’s vulnerability (e.g., prior sex
abuse victim, delayed disclosure), and/or the offender’s history (e.g., prior sex offenses, domestic violence).

B) Selecting the Correct Allegation(s) of Abuse

- **Neglect.** Unlike other forms of sexual abuse, neglect will often be the primary abuse code selected in these cases. The caseworker must attempt to gather information about the parents’ response to their teen’s victimization and their ability to meet their teen’s needs. This code may be appropriate when the adult offender has moved into the family home; when parents do not intervene to protect their teen; or when the teen is living with the adult offender.

- **Sexual exploitation.** If there are indications that the parents are gaining from the relationship, this code would be appropriate. This is most commonly seen in cases where the adult offender is assisting financially in the home.

- **Sexual abuse.** Sexual abuse codes will also be used when the information indicates an adult is having sex with a teen.

IV. Teen “Compliant” Sexual Abuse: Initial Contacts

A) Collateral Information

Gathering additional information from police reports and child welfare history will be helpful in determining how to initiate contact with these teens. Knowing about the adult offender’s criminal and DHS history can also assist.

Part of the assessment may need to include a medical evaluation of the teen. In many cases, teens will need assistance with pregnancy tests, birth control advice, sexually transmitted disease testing, and education.

If the teen already has a therapist, contact the therapist to alert him or her to DHS intervention. Oftentimes, DHS intervention can be stressful for the teen, especially when that intervention is aimed at protecting the teen from the adult offender. In some cases it may be essential to initiate therapeutic intervention for the teen.

B) Interviewing Teens for Sexual Abuse

Some teens may disclose sexual activity if the adult offender becomes too aggressive or controlling or if the offender is grooming a friend or sibling. Sometimes teens may disclose when they become jealous or angry at the offender for ending the relationship. Often though, teens are hesitant to disclose, as they may be in the following situations:

- They lack family or friend support
- They are embarrassed or fearful of repercussions
- They fear the stigma of homosexuality
- The teen does not believe he or she is a victim but rather is “in love” with the adult offender
Remember, too, the policy related to interviewing teens 15 years of age and older:

“A CPS worker must allow a child who is the victim of a person crime as defined in ORS 147.425 and is at least 15 years of age at the time of the abuse to have a personal representative be present during an interview. If a CPS worker believes that the personal representative would compromise the CPS assessment, the CPS worker may prohibit a personal representative from being present during the interview.”

When interviewing teens, always start where the teen is. Be aware that emotionally, teens are often connected to their adult offender and may be hostile. Teens are likely not to cooperate with an LEA investigation and will often deny sexual involvement or minimize the relationship. Teens will want to protect their offender and will try to explain how he or she is not a victim.

It is helpful to maintain a neutral demeanor. Do not confront the teen’s perception of the relationship. Shared Hope International is an organization that rescues and restores women and children from sex trafficking. The following ground rules from Shared Hope International for interactions with CSEC youth, can also apply to these teens:

1) Be nonjudgmental and kind. *Have a friendly presence, make positive comments*
2) Address emergency and basic needs first — e.g., *food, clothing, sleep*
3) Check your environment. *Provide a private, neutral, comfortable setting*
4) Time. *Allow for as much time as necessary*
5) Be flexible. *Allow the youth to guide the conversation; don’t get stuck on your “agenda”*
6) Be up-front. *Clearly state your role and its functions at the beginning*
7) Ask permission to take notes
8) Language. *Use youth-friendly language; mirror the youth’s language when appropriate*
9) Body language. Having *open body language indicates that you want to hear what youth has to say*
10) Limit personal references. *Balance the amount of information shared with the youth*
11) Minimal interjections. *Limit interruptions; allow the youth to speak; decrease invasiveness*
12) Meet youth where they are. *Youth may not have an understanding of their victimization. Don’t force a change in the youth’s thinking pattern; this takes time*
13) Setting boundaries for youth. *Do not touch the youth without permission; respect his or her space*
14) Setting boundaries for caseworkers. *Make only promises that can for certain be met; have realistic expectations of the youth*
15) Professionalism. *Do not speak negatively about the youth or other members of the treatment team; keep a positive attitude*
16) Be transparent. *Trust has to be earned. Involve the youth in the process to more quickly gain trust*

The caseworker’s role is to gather information related to the youth’s immediate and ongoing safety. Below are questions frequently used with CSEC youth. Many of these types of questions apply in teen compliant cases.
**Living situation** (from Shared Hope)\(^{172}\)

“Do you currently live with your parents? If not, where do you live and with whom?”
“What is your relationship like with your parents/guardians and siblings?”
“Do you go to school? What subjects do you like/dislike?”
“Are you involved in any activities at school? (Yes: Which? No: Do you wish you were?)”
“Have you ever left home without parent/guardian knowledge?”
“Do you feel safe now?”
“Do you have a best friend? Who is that?”

**Dating status/sex related** (from Shared Hope):

“Do you have a boyfriend or girlfriend? How did you meet? What do you two do for fun? Where do you go?”
“Every couple has problems. What are some things about your relationship that you don’t like?”
“What are some of the things that person does to show he or she cares for you?”
“How old is he/she?”

*(From GEMS)\(^{173}\)*

Girls Education & Mentoring Services is an organization specifically designed to serve girls and young women who have experienced commercial sexual exploitation.

“Are any of your friends sexually active?”
“Are you sexually active? Do you use contraception? What kind?”
“How frequently do you have sex?”
“What happens if you don’t have sex?”
“Have you ever had sex in exchange for money, food, somewhere to stay, or anything else?”
“Are you fearful to stop? Why? What would happen?”
“Have you ever had a sexually transmitted disease? What type?”
“Have you ever been pregnant? Have you ever had an abortion?”

**Substance abuse-related** (from GEMS):\(^{174}\)

“Do the people you hang out with use drugs? If yes, what types of drugs?”
“Do members of your family use drugs? If yes, what types of drugs?”
“Do you or have you used drugs? If yes, what type of drugs and when do you use them?”
“How do you get and/or pay for these drugs?”

**Mental health status** (from GEMS):

“Do you currently have any thoughts about suicide?”
“Have you ever tried to commit suicide?”
“Have any of your friends ever committed suicide or attempted suicide?”

**C) Interviewing the Teen’s Parents**

Interviews should focus on the parents’ role in protecting their teen and also on general family functioning. Consider the following focus areas in the interview:
What is your relationship like with your teen?
Are you aware of your teen’s relationship with ____? How did you become aware?
What attempts have you made to try and protect your teen? (e.g., sought community resource assistance, medical treatment, therapy)
What is your relationship like with ____ (the adult involved with the teen)?
What are the rules for the children in the home when the adults are away? Are other children, teens, or adults allowed to come over? Is there a curfew? Are they allowed to leave if adults not present?
Do you have concerns about your teen using alcohol or drugs?
What have your other children said about who your teen spends time with? Do they know what they do? Where do they go?
How much time does your teen spend with ____?

Part of the caseworker’s intervention needs to focus on helping parents become more educated about their teen as a victim and their role in keeping their teen safe. If the parents are aware of the relationship, try to ascertain if they have responded in a protective or non-protective way.

Encourage parents to have discussions with their teens about their relationship. Parents need to understand that teens are at risk for victimization by adults and that their normal desire for freedom and independence puts them at greater risk.

D) Interviewing Siblings of Teen
Since the teen may be reluctant to disclose information about his or her relationship, interviews with siblings should focus on questions about the siblings’ knowledge of the relationship. Also be aware that the adult offenders may be grooming younger siblings. Be sure to include questions around the siblings’ contact and interactions with the adult.

Have you met your sister’s friends? What are they like? How does your sister act around them?
What do they do together?
Do you ever spend time with your brother’s friends? What do you do?
Does your sister have a boyfriend? Who is it?
What are the rules for the children in the home when the adults are away? Does your sister follow the rules? Is there a curfew? Does your sister get in trouble?
Does your brother tell you any secrets? Have you ever been worried about your brother? Has your brother ever been hurt?
Have your sister’s friends ever bought you anything? Told you that you are pretty? Taken you out?

E) Interviewing Other Legal Parent
It is important to interview the non-custodial parent because he or she may provide a valuable protective resource for the teen. Information gleaned through the interview can assist in case planning.
Are you aware of your teen’s relationship?
How do you feel about this relationship?
Have you had concerns for your teen? What are they? What have you noticed? What changes have you seen? What have you done about these concerns?
What is your belief about the custodial parent’s ability to recognize the risk this relationship poses and their ability to protect your teen?

F) Interviewing the Adult Offender

Attempts must be made to interview the adult offender even though he or she may not be forthcoming or willing to participate in an interview. Nonetheless, it is important to try to meet the offender in person to assess the risk this person may pose.

Ask specific questions about the relationship with the teen, including how they met, what they do together, and any prior relationships they’ve had. Ask specifically if the offender had sexual contact with the teen. Remember to include LEA as necessary.

Remember that as a mandated reporter, if you learn that this adult is living with or has contact with children, it may pose a threat of harm and a new referral should be generated.

V. Teen “Compliant” Sexual Abuse: Assessing Safety

A) Protective Action Plan

In these cases, protective action plans and ongoing safety plans can be difficult to develop and implement. These plans require the teen’s engagement and participation, though oftentimes the teen does not recognize the need for protection. Furthermore, the adult offenders are third-party abusers, and while parents may be willing to protect their teen, they may be unable to follow a DHS plan that requires no contact with the perpetrator.

PA plans are necessary when the teen is willing to end the relationship but the parent is pressuring the teen to continue for reasons such as a pregnancy, “keeping the family together,” or monetary gains.

B) Safety Threat Guidance

In these cases, safety threats are specific to the teen’s parents and their ability or inability to protect the teen. The most commonly used safety threats in these cases are as seen below:

#8. “A situation, attitudes, and/or behavior is such that one or both parents or caregivers lack parenting knowledge, skills and motivation necessary to assure child safety.”

Ms. Loope believes that her son is an “adult” and able to handle “adult relationships.” Ms. Loope does not understand the developmental needs of her son and continues to promote the unhealthy and abusive relationship. Because of Ms. Loope’s beliefs about her son, she lacks any motivation to assist her son in ending the relationship.
#15. “Because of perception, attitude or emotion, parents or caregivers cannot, will not or do not explain a child’s injuries or threatening family conditions.”

Mr. and Ms. Schilling are unable to understand how their daughter’s relationship with Mr. Sano threatens her physical and emotional safety. Mr. and Ms. Schilling believe that the relationship is a healthy relationship for Leanne and the family. Mr. and Ms. Schilling continue to support Mr. Sano in maintaining the relationship, despite their daughter’s clear articulation that she wants to end her relationship and contact with Mr. Sano.

C) Child Vulnerability

Refer to the Developmental Considerations that Make Teens More vulnerable to Adults and the Increased Vulnerability sections above. Be sure to detail the following in your assessment:

- The teen’s developmental level and mental health needs
- The teen’s level of independence, e.g., school, employment, resources, maturity
- The teen’s level of self-esteem, assertiveness
- The teen’s history (previous sex abuse, runaway status, other abuse as a child, juvenile delinquency, substance abuse issues)
- Any health considerations (e.g., pregnancy, sexually transmitted diseases)
- Information about the adult offender’s access to the teen

D) Protective Parent or Caregiver

The caseworker should try to determine whether the parent is forcing an unwanted relationship on the teen or refusing to protect the teen. Consider the parents’ response to the relationship and what steps they’ve taken to protect their child.

E) Safety Analysis: Safe Versus Unsafe?

To conduct a thorough safety analysis, workers must identify whether a safety threat exists; whether the children are vulnerable to the threat; and whether there is a parent willing and able to protect.

The following is an example of a Safe finding:

The mother, Ms. Shale, has effectively intervened to provide safety for Laura from her adult offender. To prevent contact between Laura and Mr. Crum, Ms. Shale moved Laura to her sister’s home two hours away. She has arranged for Laura to attend school and participate in school activities and has arranged for counseling services. Ms. Shale regularly visits with Laura. Her intention is to move Laura back home once she believes Laura is able to understand the true nature of the relationship with Mr. Crum, and thereby eliminate any future contact.
The following is an example of an Unsafe finding:

Leanne is currently Unsafe in the care of her parents, Mr. and Ms. Schilling. Mr. and Ms. Schilling are unable to recognize both the physical and emotional safety needs of their daughter. Leanne describes wanting to end her relationship with Mr. Sano; however, Mr. and Ms. Schilling are unable to place the needs of their daughter above their desire for the financial support that Mr. Sano brings to the home. DHS intervention is needed to ensure that Leanne has her safety needs met.

Closing with Unsafe Youth

It is standard practice to open cases when children are Unsafe. However, there are some teen-compliant cases that may need to be closed with Unsafe children. These cases include situations where, though parents understand their teen’s need for safety and they are doing everything possible to create safety, they are unable to prevent contact between their teen and the adult offender. In these cases, clearly articulate the parents’ understanding of their teen’s needs and their attempts to provide safety.

Ms. Yule has taken the appropriate steps in attempting to eliminate the contact between Lee and his offender, Ms. Ray. Ms. Yule has scheduled an intake appointment for counseling for Lee to ensure that he has assistance in the dissolution of the abusive relationship. Ms. Yule has restricted Lee’s Internet and cell phone access. While Lee continues to have contact with Ms. Ray, this is outside of the control of Ms. Yule. Ms. Yule recognizes that her son is unaware of the abusive nature of the relationship and will continue to make efforts to support her son in ending this contact.

F) Seeking Juvenile Court Petition

In the course of the caseworker’s assessment, there may be situations that warrant juvenile court involvement:

- The parent is forcing the teen’s relationship with the adult offender.
- No parent is willing or able to provide for the teen (e.g., the teen is living with the adult offender).
- The parent is benefiting from the teen’s relationship (e.g., the adult offender is living in the home, assisting the family financially).

VI. Teen “Compliant” Sexual Abuse: Dispositional Guidance

Common abuse types identified in cases involving teen victims are sexual abuse and sexual exploitation and neglect. See DHS CPS Assessment Disposition policy for further assistance.

A) Considerations for Neglect Dispositions

Neglect dispositions regarding the alleged victim’s parents or caregivers are appropriate when there is evidence that the teen needed protection from the abusive sexual contact and that the caregivers were aware of this but did not provide it.
This is an example a Founded disposition for neglect:

The allegation of neglect of Louis (14) by his mother, Ms. Loope, is Founded. Ms. Loope has been aware of her son’s sexual victimization by Ms. Branch, a 22-year-old neighbor. Ms. Loope was aware of the sexual relationship between Ms. Branch and Louis and continued to promote this relationship. Ms. Loope would allow Ms. Branch to stay overnight in her home with Louis, as well as allow Louis to stay at Ms. Branch’s home. Ms. Loope stated that “if her son is going to have sex, at least it is here and she is not pregnant.” Louis had reported that on occasion he would inform his mom that he was going to stop seeing Ms. Branch. He stated that his mother would ask why the relationship wasn’t working, and identified Ms. Branch as a “nice girl.” Ms. Loope does not recognize the manipulative aspect of this relationship, or that her son is a victim of sexual abuse.

This is an example of an Unfounded determination:

The allegation of neglect of 16-year-old Julie by her mother Ms. Lane will be coded as Unfounded. While Julie stated she has had sexual contact with 20-year-old Jonathan Masters. Ms. Lane is not supportive of her daughter’s contact with Mr. Masters and has made multiple attempts to prevent her daughter from having further contact with him. Ms. Lane reports that she believes Mr. Masters is “using” her daughter. Ms. Lane has discussed this with her daughter but has not been able to persuade her to end the relationship, though Ms. Lane continues to attempt to restrict contact.

B) Considerations for Sexual Exploitation Dispositions

Sexual exploitation dispositions regarding the alleged victim’s parents or caregivers are appropriate when there is information that the parent has benefited from the abusive sexual contact between the teen and his or her “partner.”

This is an example of a Founded determination:

There is reasonable cause to believe that the sexual exploitation of Leanne (15) by her parents, Mr. and Ms. Schilling, is Founded. Leanne recently gave birth to her son, who was fathered by 24-year-old Jerry Sano. Mr. and Ms. Schilling are happy for their daughter and her relationship with Mr. Sano. Since Leanne’s pregnancy, Mr. Sano has moved into the family home. He is providing financial assistance and transportation to the family. Leanne is often crying and upset about her situation. Leanne reports that she does not want to be a mother or continue her relationship with Mr. Sano; however, her parents complain to her about him leaving the home and how that would impact them financially.

This is an example of an Unfounded determination:

The allegation of sexual exploitation of Lee (16) by his mother, Ms. Yule, is Unfounded. Ms. Yule has recently become aware of the sexual relationship between Lee and former babysitter, Debbie Ray (24). Ms. Yule reports that Ms. Ray has come by the family home on a few occasions and has brought various gifts for Ms. Yule (cookies, bracelet, etc.). Ms. Yule believed that Ms. Ray was being kind as she has
been a longtime family friend and former babysitter. When Ms. Yule learned that Ms. Ray had initiated a sexual relationship with her son, Ms. Yule discontinued all contact with Ms. Ray. Ms. Yule mailed the few gifts back to Ms. Ray’s family and asked that they not contact her or her son.

C) Considerations for Sexual Abuse Dispositions

Sexual abuse dispositions are appropriate when there is clear evidence of abusive sexual contact. This includes the obvious concerns about force and violence, though the caseworker must also be sure to consider the developing teen’s abilities to consent versus the adult offender’s ability to manipulate the teen.

This is an example of a Founded determination:

The allegation of sexual abuse of Naiya (15) by Mr. Sacks (24) is Founded. It was recently discovered that Naiya is 4-months pregnant. Naiya has been staying in the home of Mr. Sacks off and on for the past six months. Naiya identified that Mr. Sacks was her algebra tutor, but is now her boyfriend. Naiya states that Mr. Sacks loves her and “treats her well.” She reported that Mr. Sacks buys her clothes, purses, and other nice things. Naiya states that she was initially hesitant to have sex with Mr. Sacks, but he talked her into it. She states that she is happy with her relationship and their “sex life.” Naiya states that she will be assisting in providing for their unborn child. Mr. Sacks denies that he impregnated Naiya, that she has stayed at his home, or that there have ever been any sexual interactions. Because of Naiya’s young age and Mr. Sacks’s abuse of power, this referral will be Founded.

The following is an example of an Unfounded determination:

The allegation of sexual abuse of Gary Lang (15) by Sonny Ranger (27) is Unfounded. Though it was alleged that Mr. Ranger had engaged in sexual activity with Gary, there was no information learned during the course of the assessment to indicate this is true. Gary adamantly denies any such contact. Mr. Ranger is his soccer coach and has been for three years. While Gary has spent time outside of soccer with Mr. Ranger, other adults and teens have also been present. When those collaterals were interviewed, they also indicated no knowledge of sexual activity by Mr. Ranger. Mr. Ranger also adamantly denied any contact. He has no known prior allegations of sexual abuse. Both Mr. and Mrs. Lang also report no information about sexual contact between their son and any adult.

VII. Teen “Compliant” Sexual Abuse: Summary

Historically, these cases have been treated with little consistency in Oregon, but adherence to screening policy can assist in creating a more consistent practice: an allegation exists when a teen is involved in a sexual relationship with an adult. To meet the criteria for assignment, focus must be on the parents’ lack of protection for the exceptional needs of their teen as well as access by the adult offender.
By understanding how teens are victimized by adults, caseworkers assessing these cases will be able to clarify their role with these children and families. Understanding how teens’ developmental stages actually increase their vulnerability to this type of abuse will help caseworkers to provide more effective interventions.

156 Ibid
158 Child Welfare Policy 1-AB.1, Oregon Administrative Rule (OAR) 413-015-0115
160 Ibid
162 Ibid
164 Ibid
165 Ibid
166 Ibid
170 Child Welfare Policy 1-AB.4, Oregon Administrative Rule (OAR) 413-015-0420
172 Ibid
174 Ibid
176 Ibid
177 Child Welfare Policy. I-AB.5, Oregon Administrative Rule (OAR) 413-015-1000
Section VIII: Commercial Sexual Exploitation of Children

Commercial sexual exploitation of children (CSEC) and youth predates child welfare systems. Historically, victims of commercial sexual exploitation have been ignored or criminalized. DHS practice included closing these cases as third-party sex abuse without attempting to provide any intervention. Law enforcement would often charge the youth with prostitution and criminally prosecute him or her. There were no counseling or relief services to assist the youth in escaping the abuse.

Following recent shifts in community awareness, research clarified that these youth are victims of significant trauma. While services for victims are limited, the child welfare community is changing how it responds to CSEC youth. Recognizing the youth as victims of sexual abuse and exploitation, physical abuse, emotional abuse, and much more requires a significant shift in DHS case practice and law enforcement response.

With community assistance, DHS has developed new practice standards for working with these youth and their families. The purpose of this section is to inform caseworkers about best practices in responding to commercially sexually exploited children. It includes the following guidelines:

- Understanding commercial sexual exploitation of children
- Nuances of screening for sexual abuse and sexual exploitation as well as other abuse types, including threat of harm to siblings
- Tips around initial contact and interviewing
- Creative safety planning, including safety threat and safety analysis
- Dispositional language

I. Understanding Commercial Sexual Exploitation of Children

Previously, victims of commercial sexual exploitation were not recognized as victims but rather “teen prostitutes.” It was assumed that these youth “chose” to engage in prostitution and risky behavior — assumptions that are inaccurate and harmful. These youth are sexually victimized on a daily basis by their pimps, as well as multiple unknown perpetrators (“johns”), and are often in life-threatening situations. In addition to daily sexual abuse, the youth are also victims of multiple forms of abuse and neglect, including, but not limited to, physical assault, emotional abuse, psychological abuse, and neglect.

Below are true accounts taken from child welfare case documentation of youth in Oregon. The names have been changed for confidentiality.

*Jenny was 14 when her pimp kidnapped her from her parents’ home. She was held captive for two weeks, while he beat and raped her. When she fought back, he beat her worse. Eventually she quit fighting.*
Kelly is a transgender youth who was born male though identifies as female. When she was 10, her brothers began beating her up for ‘being a fag,’ and she would run away. While on the run, she “got a boyfriend” who was 20 years old. This “boyfriend” profits from getting Kelly high and selling her for sex.

From age 12, Amy was forced to stay for weeks at a time at her “boyfriend’s” house, a relationship her mother knew about. At age 14, she was adjudicated on prostitution charges.

Lois was 10 when her father gave her a hit of cocaine. He later began trading her body for drugs. At age 14, she was arrested with her 42 year old “boyfriend.”

From age 11, Jason has been known to the police as “‘a runaway,’” and found multiple times sleeping under bridges in Portland with his ‘street family.’ He has been hospitalized multiple times for life-threatening alcohol levels. While he reports to hospital staff that he is being sold by his “‘street family,’” he denies this when sober. Another youth reports that the “‘street family’” keeps Jason in an apartment “‘to have sex for money’” to provide for the family.

A) Definitions

In using these guidelines, caseworkers must be familiar with legal definitions specific to prostitution and human trafficking as they relate to child sexual abuse:

- **“Compelling Prostitution:** Encompasses aiding or facilitating a person under 18 years of age to engage in prostitution, inducing or causing the spouse, child or stepchild of the offender to engage in prostitution or use of force or intimidation to compel any person of any age to engage in prostitution.”

- **“Promoting Prostitution:** Encompasses owning, controlling, managing, supervising or otherwise maintaining a place of prostitution or prostitution enterprise, receiving or agreeing to receive money or other property derived from prostitution activity, or engaging in any conduct that instates, aids or facilitates an act or enterprise of prostitution.”

- **“Human Trafficking:** the recruitment, harboring, transporting, obtaining, or maintaining of a person by means of force, fraud or coercion, for purposes of involuntary servitude, debt bondage, slavery, or participation in the sex trade.”

DHS policy definitions for “Child Selling” and “Sexual Exploitation” further define trafficking specific to children in Oregon.

B) The Importance of Language

Language plays a significant role in a caseworker’s interactions and interventions on CSEC cases. Identifying these youth as victims and not prostitutes helps change how DHS, community partners, and family view these youth. So often youth have been considered “out-of-control” and have not been viewed as victims of significant abuse. Identifying these youths as victims validates their trauma. The focus on shifting the child welfare community’s language and attitude will resound throughout this section.
In order to understand CSEC youth and their daily functioning, caseworkers need to understand the terminology that is used by the youth and by the pimps who control their lives. Below is a list of terms caseworkers may commonly hear when working with these youth. The terms are from Shared Hope International:182

**Branded.** A tattoo on a victim indicating ownership by a trafficker/pimp.

**Bottom / Bottom Bitch.** A pimp who has multiple girls under his control will appoint one of them as the “bottom bitch” to supervise the others, report violations, and often help inflict punishment on them.

**Circuit/ Track/Blade.** A set area known for prostitution of activity. This can be an area around a group of strip clubs and pornography stores or a particular stretch of street. Within a country, it can be a series of cities among which prostituted people are moved.

**Daddy.** What pimps require their victims to call them.

**Date/ Lick/ Elbow.** Describes the exchange when prostitution takes place or the activity of prostitution.

**Exit Fee.** Money a pimp will demand from a victim who is thinking about trying to leave. It will be an exorbitant sum, to discourage her from leaving. Most pimps never let their victims leave freely.

**Family or Folks.** A group of victims under the control of a trafficker/pimp; the trafficker/pimp is attempting to recreate the family environment.

**The Game.** The subculture of prostitution. “The Game” functions as a subculture, complete with established rules, hierarchy, and language. People who do not actively participate in “The Game” are viewed as not understanding how it works nor understanding the people involved.

**Gorilla Pimp.** A pimp who controls his victims almost entirely through violence.

**Finesse Pimp.** A pimp who controls his victims without actually using violence

**Lot Lizard.** A derogatory term for a victim being prostituted at truck stops.

**Quota.** Amount of money a prostituted victim must turn over to the pimp every night.

**Seasoning/Breaking.** Combination of psychological manipulation, intimidation, gang rape, sodomy, beatings, deprivation of food and sleep, isolation from family, friends, and other sources of support, and threatening or holding of victim’s children. The purpose is to totally break down victim’s resistance and ensure that she will do anything she is told.

**Sister Wife / Wife-in-Law/Wifey.** What victims in a pimp’s “stable” call each other.

**Stable.** A group of victims under the control of a single pimp.

**Trafficker/Pimp.** Person who buys, trades, and/or sells women and children for sexual exploitation.

**Trick.** Describes both the act of prostitution and the person buying it. Usage: “turning a trick” or “with a trick.”

**Turn Out.** Used both to describe being forced into prostitution and a person newly involved in prostitution.

**C) Who Are Commercially Sexually Exploited Children?**

CSEC are male, female, and transgender. They come from all socio-economic backgrounds and include all races and ages. They are forced, coerced, or “tricked” into sexual acts or sexual
exploitation by another person. This definition makes it clear that these youth are not “out of control” or “compliant victims.”

While it is true these youth come from all walks of life, some are at increased risk of becoming victimized:

**Homeless, runaway youth.** Youth who do not have caretakers who provide care and supervision; youth who leave family homes due to abuse or neglect; or youth who are a sexual minority and/or gender nonconforming youth with lack of familial support.

**Throwaway youth.** Youth who are asked or told to leave their home by a parent or other household adult or youth who are away from home and are prevented from returning home by a parent or other household adult, without adequate, alternative care.

**Youth in the foster care and CPS system.** Youth who run from placements or youth who have had multiple contacts with child welfare in their biological families.

**Youth with histories of abuse.** Youth who have been previous victims of sexual abuse or other abuses.

### D) Identifying These Youth

Identifying a CSEC youth early in a child welfare case will impact the effectiveness of case intervention and assist workers in developing relationships with these youth. Though caseworkers are more likely to identify girls as victims than boys, caseworkers must be aware that male victims are greatly underreported and under-identified. In considering the following indicators and phrases that can be helpful in identifying CSEC youth, caseworkers should pay particular attention to how these may also relate to boys on their caseload:

- Youth is frequently “on the run” or regularly changes residence.
- Youth is homeless or “sleeping under a bridge.”
- Youth does not maintain family connections.
- Youth identifies the street family as his or her mother or father.
- Youth has a history of abuse or neglect in family of origin.
- Youth has physical injuries and does not have a reasonable explanation for how they were sustained.
- Youth is not engaged in schooling or work.
- Youth doesn’t know what drugs he or she has taken.
- Youth returns from the run and reports sexual assaults by strangers (e.g., rapes, gang rapes) He or she may make multiple reports of such abuse, especially if the youth is on the run regularly.
- Youth who are “picked up” from being on the run are often located at hotels, transit stations, or other known locations of prostitution. The youth may have multiple hotel keys, saying, “Some guy got me this hotel.”
- Youth may not be allowed to speak to the caseworker alone and is controlled by another person (a boyfriend, other adult, or even same-age peer).
- Youth has money without a clear explanation of where it came from — “I gotta go take care of my finances.”
• Youth is wearing expensive clothing and has hair and nails done regularly (acrylic nails), though she has no income to pay for such items.
• Youth has a “boyfriend” but does not provide an identity.
• Youth is preoccupied or fixated on his or her cell phone and becomes worried if there is no access to that phone. Youth has a cell phone but no apparent means to pay for it.
• Youth seems to have an obsession with MySpace, Facebook, craigslist, and other Internet sites.

E) Who Are the Exploiters?

“America’s pimps have learned that, when it comes to trafficking their victims, the younger and more child-like the body, the greater the demand, and the higher the profits. Consequently, they are constantly on the prowl for vulnerable children where they are likely to be found: living on the streets as runaways, hanging out at parties, malls, movies, bus stations, court house hallways, living in juvenile group homes, sitting alone during school breaks, or cruising Internet chat lines.”

Exploiters can be anyone — boyfriends, fathers, mothers, brothers, uncles, coaches, employers, teachers, or anyone exerting control over a minor, including a peer. There are various types of exploiters, including pimps, gangs, and street families, who all use power and control tactics to benefit (e.g., receive money or anything that has a monetary value, including drugs) from the commercial sexual exploitation of a minor.

Exploiters often befriend their victims. They initially treat them well but later coerce them into performing sexual acts. Other exploiters use violence (kidnapping, assault, rape) to force their victims to perform sexual acts.

F) Why Don’t Child Victims Just Leave?

No one ever asks victims of familial sexual abuse why they don’t leave.

It is unreasonable to expect that these youth are able to leave their abusive situations. Exploiters use many forms of violence, threats, and emotional and physical control to keep their victims subdued and to prevent them from leaving. Understanding some of these methods will assist workers in understanding how to best meet these youth’s need for safety.

These youth fear the physical abuse that the exploiters will use if the youth try to escape. They are fearful of repercussions for their families or loved ones who are often the target of the exploiter’s threats. Exploitors also maintain physical control of their victims by holding all of the money, frequently moving victims about from place to place, and sometimes literally confining or restraining the youth. When the exploiter is a family member, the dynamic between exploiter and victim makes it more difficult for the victim to escape.
Victims who do not follow their pimp’s commands, including not meeting a quota established by the pimp, are often subjected to rape, physical assault, and emotional abuse. Youth have to give their “wages” to the exploiters to please them, as well as to ensure the protection and safety of the youth. These types of abuse and other power and control techniques are similar to those used by domestic violence batterers.

To understand this further, see the diagram below, Domestic Minor Sex Trafficking Power and Control Wheel:185
G) Trauma Bonding

The power and control techniques used by exploiters is such that many of these youth are unable to identify themselves as “victims of crime” and often will blame themselves for what they have experienced. For some youth, using the term “victim” in interactions with them may actually inhibit a worker’s ability to build rapport.

Caseworkers need to understand that these victims often do not and cannot leave their situation. They are brainwashed into believing that they cannot escape. This phenomenon is known as trauma bonding, or the Stockholm Syndrome, some indicators of which include the following on the part of the victim:

- Displays hyper vigilance to exploiter’s needs
- Seeks to keep exploiter happy to decrease violence
- Tries to “get inside” pimp’s/trafficker’s/customers’ heads
- Sees world from exploiter’s perspective; may or may not have his or her own perspective
- Experiences sense of self through pimp’s/trafficker’s/customers’ eyes
- Denies violence when violence and threats of violence are actually occurring
- Considers outside authorities and people trying to win the victim’s release or escape as the “bad guys”
- Has been trained to distrust law enforcement and social service providers
- Views the pimp as the “good guy” and protector; has been brainwashed into “loving” the exploiter
- Is thankful and grateful pimp/trafficker/customer has not killed them
- Has been told that they are all alone and if they leave no one will take care of them
- Has been taught there is no safe place to go

Intervention needs to provide these youth with assistance to establish themselves outside the control of their exploiter. Usually these youth have no resources, connections, or abilities to escape. Through comprehensive DHS assessment, victims can be given assistance to help leave their abuser.

II. Commercial Sexual Exploitation of Children: Screening

A) Gathering the Right Information at Screening

Previously, DHS has closed these reports at screening, identifying concerns of the youth as being “out of control” or as “third-party abuse.” These reports were then forwarded to law enforcement. This screening practice is inconsistent with policy.

Reports of child sexual exploitation meet the statute definition for child abuse in ORS 419B.005. Screening policy indicates that a CPS assessment is required when a report “constitutes a report of child abuse” and “the alleged perpetrator may have access to the alleged child victim, and the parent or caregiver may not be able or willing to protect the child.”
In some reports it is easy to identify the CSEC concern as the caller is contacting DHS to specifically report concerns of exploitation. Other reports are more difficult to identify because although callers may suspect exploitation, they lack the language or knowledge about exploitation to clearly express their concerns. The most difficult reports involve callers who give vague information about risk factors that are commonly present in sexual exploitation but who do not recognize exploitation as a concern. Below are some suggestions for specific ways to gather this critical information.

1) LEA and community agencies frequently report concerns about youth who they suspect are being exploited—they may have arrested the youth for prostitution, or picked up the youth as a runaway or on “the track,” or they may have responded to an Internet ad for sex services and found a youth, or the youth has disclosed being trafficked). The following is useful information to gather in these types of reports:

- Do the parents have a role in the exploitation? Are they aware? Are they the exploiters?
- Do these agencies have history with this youth?
- Do these agencies know who the perpetrators are (pimp, gang, and/or john)?
- Was there a sex act within the past 72 hours? Are there concerns about the youth being assaulted? Does the youth need medical attention (Karly’s Law reference)?
- Does the youth have a safe place to go? Has he or she contacted the parents? If so, what was their response?
- Were other youth involved?
- Did the youth appear under the influence?
- Where was the youth located? Who was the youth with? What did the youth have on him or her (condoms, cell phones, drugs, money, phone numbers)?
- If the report indicates the youth was “advertised” on the Internet, craigslist, Backpage.com, or other site. If possible, the screener should go to site and print the ad because it will likely be erased by the time the caseworker is assigned. Remember that these images may need to be reported to the Cyber Tipline: www.cybertipline.com or 1-800-843-5678.
- Has the youth been trafficked in other locations? State? Country? Do those locations have a record of the youth?

2) Community partners, family members, and neighbors often report they believe youth are being exploited based on the way the youth dresses, rumors from other youth at school, observation of something on a social networking site (e.g., MySpace, Facebook). Screeners should attempt to gather the following information in their reports:

- What information do you have that leads you to believe this child has been sexually abused or “prostituted”?
- Has the youth disclosed having been raped, having an older boyfriend, or that he or she is being trafficked?
- What did you see on the Internet? Is it still there? What site?
- Do other people who have similar concerns? Are the youth’s parents aware of this concern? What is their response?
Where is the youth living? Is he or she homeless?

3) Many reports are more difficult to identify as CSEC concerns. Frequently callers have partial information about the youth: He or she exhibits “out of control behavior”; is a “chronic runaway”; or the youth is reporting third-party sex abuse by multiple perpetrators. Screeners can assist with reports by asking more questions that may elicit important information around risk factors such as the following:

- Describe what “out of control” is (e.g., drug use, running away)? When the youth runs away, where does he or she stay? Who takes care of the youth? Is there mention of staying in hotels, people “putting them up” in a hotel?
- Do you have concerns that this youth is being trafficked (or use the word “prostituted,” if that helps them understand the question)? Has the youth admitted to “prostituting?”
- Have the police been involved? Are there any other agencies involved?
- Are there any of the following signs indicative of exploitation?
  - Unexplained injuries
  - Sexually transmitted disease
  - Pregnancy
  - Unexplained money
  - Unusual cell phone activity
  - Reports that they are “having sex” with multiple partners (especially adult men)
  - A controlling or violent boyfriend
  - Trips out of town (Seattle, California, Las Vegas); gang involvement
  - Street family
  - Mention of someone providing “free” drugs

**B) Selecting the Correct Allegation(s) of Abuse**

There is a check box on the intake screen titled “Information reported identifies sex trafficking and/or child prostitution.” This box should be marked when the information provided indicates concern for sexual exploitation.

**Sexual abuse and sexual exploitation.** This allegation code will be selected on the majority of these reports detailing concerns that youth are being commercially sexually exploited.

**Neglect by parent.** Attempt to gather information about the parents’ response to their youth’s victimization and their ability to meet their youth’s exceptional needs. Sometimes a neglect code will be indicated when parents have knowledge of the victimization but do not intervene to protect their youth.

**Physical abuse.** Oftentimes these youth have been physically assaulted by the exploiter, and there is a current injury. Parents have also responded to their youth’s victimization with physical abuse. A physical abuse code may be indicated regarding historical physical abuse. Many of these youth become exploited due to abuse in the family home.

**Emotional abuse or abandonment.** Aside from the emotional abuse youth experience by their exploiters, they may also experience emotional abuse or abandonment by their parents.
Parents may not have an understanding of the victimization their youth is experiencing. They may respond by blaming their youth or forcing the youth out of the home.

**Threat of harm (TOH).**

Remember the term “crossover” and “crime switching” as it relates to concerns for threat of harm. In a Colorado research study, sex offenders who were convicted of a sex offense of a teenage female victim between the ages of 14 and 17 (and who had no other convictions for sex abuse against other ages or genders) were asked pre- and post- polygraph questions to determine whether they also had unknown victims in other age and gender categories. Through polygraph exam, these offenders also admitted to having victims in the following categories:  

<table>
<thead>
<tr>
<th></th>
<th>Male Victims</th>
<th>Female Victims</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 years</td>
<td>11%</td>
<td>32%</td>
</tr>
<tr>
<td>6-9 years</td>
<td>12%</td>
<td>41%</td>
</tr>
<tr>
<td>10-13 years</td>
<td>10%</td>
<td>56%</td>
</tr>
<tr>
<td>14-17 years</td>
<td>10%</td>
<td>100%</td>
</tr>
<tr>
<td>Over 18 years</td>
<td>11%</td>
<td>42%</td>
</tr>
<tr>
<td>Elderly</td>
<td>0%</td>
<td>5%</td>
</tr>
</tbody>
</table>

There are numerous occasions when a threat of harm allegation may be necessary:

- TOH to younger siblings due to their exposure to the older sibling’s victimization (pimp at home, pimp threatening family, having contact with pimp in the community)
- TOH to exploiter’s biological children or children in his home
- TOH to children in the care of “johns”
- TOH to other youth who were present when the exploited youth was located
- TOH to younger siblings if the exploiter is a minor living at home

For more information on crossover, see **Section III: Understanding Sexual Offenders.**

**C) Making Screening Decisions**

When screening new information on an open case, search ongoing safety plans or case notes for crisis response plans. Caseworkers often detail information on how to respond when a youth is located.

**Case note.** Case notes on open cases may be appropriate when the report is about a youth picked up on the run for whom there are no new allegations. It is important to remember that these youth are chronic victims of abuse, and it is likely that they may have experienced abuse while on the run. Be sure to ask additional questions as noted above.
Closed at Screening. Closed at Screening reports include information which “describes family conditions, behaviors, or circumstances that pose a risk to a child but does not meet the definition of a safety threat.” The following are examples:

- School reports indicate the youth is dressing “provocatively,” and there are rumors that the youth has condoms in his or her locker.
- Medical staff reports indicate that the youth has had multiple sexual partners.

An Up-to-Five-Day response is not appropriate for an allegation of abuse when the youth’s whereabouts are unknown. Remember this time line is only used when screeners have information that indicates the child will be safe for the next 24 hours.

Up-to-Five Day Response. An Up-to-Five Day Response is appropriate when information at screening clearly indicates an allegation of abuse, but the youth’s safety will not be compromised in the next 24 hours. This most often occurs when these youth are in detention, admitted to a hospital, or residential treatment setting.

Immediate Response. Because it is difficult to ensure the youth’s immediate safety, the majority of CSEC reports will likely be Immediate Response referrals. It is likely that multiple calls to the hotline will be received regarding these youth, who are repeated victims of various types of abuse. A new allegation of abuse should generate a new referral. As a result, there may be several open assessments at one time regarding a particular youth.

Worker Safety Section. Because of the high risks that exploiters pose to youth, the Worker Safety Section should list any information known about the exploiter, including violent history, weapons, and associated persons.

D) Language Considerations

Care must be taken with screening language so no blame attaches to the victim. Some callers may not accurately identify these youth as victims, but part of the screeners’ role is to interpret the language and word the referral appropriately. Avoid language such as “Jane is involved in prostitution,” or “The caller reports that Jane is prostituting herself.” Instead, consider wording the report as follows:

The caller reports that Jane is a victim of commercial sexual exploitation.
The caller reports that Gary is being sexually exploited.
The caller reports that Sally is being forced into sexual activities by her “pimp” Joey.
III. Commercial Sexual Exploitation of Children: Initial Contacts

A) Collateral Contacts

Collateral information shapes the DHS response to the referral and helps us better engage the youth. If the community has agencies that work directly with CSEC youth, collaboration can strengthen the caseworker’s ability to intervene. Collateral sources can include law enforcement, juvenile services, school, and any agency offering services for victims of CSEC. (In some communities, this may be the local rape crisis center.)

Many of these youth have been in contact with law enforcement. It is helpful to obtain police reports regarding the youth, even if the reports seem unrelated, because they may contain information regarding the youth’s location and associates. Often, youth are regularly associating with others who are being trafficked or who are exploiters. This information will later assist you in safety planning. As always, it is important to review prior DHS contacts as well as the criminal history of the adult caretakers.

In some areas across the state there are multidisciplinary (MDT) teams specifically designed to assist these youth. Members of the MDT may have additional information about the youth or exploiter, as well as information about resources for the youth and the family.

B) Making First Contact

CSEC cases require a delicate approach with both the youth and family. The most effective initial contact is a collaborative approach.

Advocates. Depending on what is available in your particular region, it is best to respond with a community-based advocate to whom the youth can speak confidentially. Youth often do not want to be involved with those in a position of authority. Establishing these connections will provide youth with continual opportunities to leave the situation they are in when they are able. Not all regions will have access to such advocates. In these situations it is even more important to develop a trusting relationship with the youth.

Connecting the youth with these community resources and advocates will help the youth and worker maintain professional communication. Community resources can provide the emotional support a youth may need but that DHS workers are unable to give youth because of the necessity for professionalism. Given the youth’s exposure to multiple traumas, workers can find it difficult to observe boundaries. Utilizing supervision more frequently can assist in maintaining a healthy worker-youth relationship.

Law Enforcement Agency (LEA). Law enforcement is often the party that reports exploitation of these youth. If LEA is not the reporting party, it is essential to involve law enforcement immediately. In some areas there are designated LEA personnel for CSEC cases. It is important that the law enforcement investigator be provided with all available information related to the youth and his or her exploitation, including information about the exploiter, areas where trafficking occurred (including travel out of the state), and others who may have been exploited or been involved in the exploitation. LEA may chose to respond on the initial contact, depending on the youth’s state of mind and willingness to engage.
Designated Medical Professionals (DMP). It is important to consult about these cases with the DMPs for your region. Youth often have medical needs that are unmet due to repeated sexual and physical abuse. In addition, they may need medical intervention for sexually transmitted infections or pregnancy. If the youth has had any sexual contact within the past 84 hours, LEA may offer the victim a sexual assault exam to gather further evidence, document injury, and address health and medical issues related to the sexual contact. A sexual assault examination is only conducted with the consent of the youth.

C) Preparation for Interviewing CSEC Youth

The most important outcome of the initial contact with the youth is to build rapport and establish trust. Youth who have experienced significant trauma may be extremely distrustful of others, including professionals. Developing a relationship youth know they can depend on will create further opportunities for them to escape the abuse. It is also important to recognize that opportunities to engage with youth are limited, so the caseworker should take every opportunity that presents itself. Use this time wisely to develop a relationship with the youth and offer support.

D) Interviewing CSEC youth

When the youth is being interviewed, be aware that the exploiter may be nearby and may have even brought the youth to the interview. To increase confidentiality and safety for the youth, be sure that interviews cannot be overheard by others. It is critical that steps be taken to protect the confidentiality of the youth, especially with respect to their contact with law enforcement and where they are living or receiving care. The following are ground rules for interactions with CSEC youth from Shared Hope International190:

1) Be nonjudgmental and kind. Have a friendly presence, make positive comments
2) Address emergency and basic needs first — e.g., food, clothing, sleep
3) Check your environment. Provide a private, neutral, comfortable setting
4) Time. Allow for as much time as necessary
5) Be flexible. Allow the youth to guide conversation; don’t get stuck on your “agenda”
6) Be up-front. Clearly state your role and its functions at the beginning
7) Ask permission to take notes
8) Language. Use youth friendly language; mirror the youth’s language when appropriate
9) Body language. Having open body language indicates that you want to hear what the youth has to say
10) Limit personal references. Balance the amount of information shared with the youth
11) Minimize interjections. Limit interruptions; allow youth to speak; decrease invasiveness
12) Meet youth where they are. Youth may not have understanding of their victimization. Don’t force a change in the youth’s thinking pattern; this takes time
13) Setting boundaries for youth. Do not touch the youth without permission; respect his or her space
14) Setting boundaries for caseworkers. Make only promises that can for certain be met; have realistic expectations of the youth
15) Professionalism. *Do not speak negatively about the youth or other members of the treatment team; keep a positive attitude*

16) Be transparent. *Trust has to be earned. Involve the youth in the process to more quickly gain trust*

Remember that your interview is not a forensic or LEA interview. Your role is to gather information related to the youth’s immediate and ongoing safety. A forensic interview may occur at a later date to obtain more specifics about multiple incidents of abuse. The following are some questions that can be used to gather information. They are not all inclusive but rather suggestions:

**Living situation** (from Shared Hope)

“Where are you from? Is this where you live now?”
“Do you currently live with your parents? If not, where do you live and with whom?”
“What is your relationship like with your parents/guardians and siblings?”
“Do you go to school? What subjects do you like/dislike?”
“Are you involved in any activities at school? (Yes: Which? No: Do you wish you were?”)
“Have you ever left home without parent/guardian knowledge?”
“How many times have you run away? Where do you like to go when you run away?”
“What were some of the ways you took care of yourself while you were away from home?”
“Did you do any traveling while you were gone? Where did you go? Can you describe what you saw? Who did you go with? How did you get from one place to the next?”
“While you were away from home, did anything keep you from going back? Did you experience anything that made you uncomfortable or scared?”
“Do you feel safe now?”
“Do you have a best friend? Who is that?”

**Arrest history** (from Shared Hope)

“Have you ever been arrested? For what? What happened when you were arrested?”
“Was there a person you could count on to help you through the experience? How did you know you could rely on them?”

**Dating status/ sex related** (from Shared Hope)

“Do you have a boyfriend or girlfriend? How did you meet? What do you two do for fun? Where do you go?”
“Every couple has problems. What are some things about your relationship that you don’t like?”
“What are some of the things that person does to show he or she cares for you?”
“How old is he/she?”

(From GEMS)

“Are you sexually active? Do you use contraception? What kind?”
“How frequently do you have sex?”
“Have you ever had a sexually transmitted disease? What type?”
“Have you ever been pregnant? Have you ever had an abortion?”
“Are any of your friends sexually active?”

**Visible tattoo** (from Shared Hope)

“What does your tattoo mean? When did you get it? Was someone there while you got it? Who?”

**Substance abuse related**: (From GEMS)

“Do the people you hang out with use drugs? If yes, what types of drugs?”
“Do members of your family use drugs? If yes, what types of drugs?”
“Do you or have you used drugs? If yes, what type of drugs and when do you use them?
“How do you get and/or pay for these drugs?”

**Exploitation/ abuse-related** (from GEMS)

“Have you ever felt pressured or forced to have sex? Who has pressured you?”
“What happens if you don’t have sex?”
“What type sex acts do you have to do? Is there any ‘compensation’?”
“What happens after you are forced to have sex?”
“Have you ever told anyone? Who?”
“When was the last time you had to ‘perform’ sex acts for someone?”
“How often are you forced to have sex?”
“Do you know anyone else who is forced to have sex? Friends involved?”
“Have you ever had sex in exchange for money, food, somewhere to stay, or anything else?”
“Are you fearful to stop? Why? What would happen?”
“Are any of your siblings in the same situation?”

**Mental health status** (from GEMS)

“Do you currently have any thoughts about suicide?”
“Have you ever tried to commit suicide?”
“Would you ever kill yourself?”
“Have any of your friends ever committed suicide or attempted suicide?”

**E) Interviewing the Parents/Guardians**

Be aware: Parents are sometimes the exploitors. If you have any information that this may be the case, the interview should be done in coordination with law enforcement and consultation with your supervisor.

It is absolutely normal for parents to have incorrect assumptions about exploitation. Your intervention needs to focus on helping them become more educated about their youth as victims and their role in keeping their youth safe, as well as maintaining the safety of other
children in the home. Try to ascertain if the parents have responded in a nonprotective way (e.g., kicked the child out of home, inflicted emotional abuse by name-calling, or abused the child physically).

Interviews should focus not only on the victimized youth but on general family functioning. It is also important to gather information from the parents about the threat of harm posed to their other children in the home. Questions that can help elicit the information needed include these:

- **Are you aware of your youth’s victimization? How did you become aware?**
- **What attempts have you made to try and protect your youth? Did you seek community resource assistance? Medical treatment? Therapy?**
- **What are the youth’s responsibilities in the home? Does he or she babysit siblings? How frequently? Does the youth spend time with siblings in the community? Go to the mall? Park? Participate in community activities?**
- **What have the non-CSEC children said about spending time with the youth? Are there certain people they spend time with? What do they do? Where do they go? Is it possible that the other children are exposed to the pimp?**
- **What are the rules for the children in the home when the adults are away? Are other children or youth allowed to come over? Is there a curfew? Are they allowed to leave if adults are not present?**
- **Are you concerned for your other children’s safety or concerned that they are also at risk for becoming sexually exploited?**

**F) Interviewing Siblings of Victim Youth**

Siblings of the youth often have some awareness of their sibling’s victimization, though they may not have the language or knowledge to express this. In some cases, siblings have been exposed to the exploitation and may be targeted by others to be exploited. Questions should focus on the siblings’ time spent with the youth, the pimp, and their potential victimization. Also be sure to ask open-ended questions about body safety and sexual abuse:

- **Does your sister babysit you? How frequently? What do you do with your sister?**
- **Do you spend time with your brother outside of the home? Where do you go? Do you go to the mall? Park? Participate in community activities?**
- **Have you met your sister’s friends? What are they like? How does your sister act around them? What do they do together?**
- **Do you ever spend time with your brother’s friends? What do you do?**
- **What are the rules for the children in the home when the adults are away? Does your sister follow the rules? Is there a curfew? Does your sister get in trouble?**
- **Does your brother tell you any secrets? Have you ever been worried about your brother? Has your brother ever been hurt?**
- **Have your sister’s friends ever bought you anything? Told you that you are pretty? Taken you out?**
- **Does your brother have a Facebook/MySpace page or any other pages? Have you seen what’s on those pages? (Be sure to ask questions around pornography use or exposure).**
Does your sister have any money? How does she get money?

G) Interviewing the Other Legal Parent

It is crucial that the caseworker interview the non-custodial parent, because he or she may act as a valuable protective resource for the children, and the information provided can assist in case planning. Questions to ask the non-custodial parent include the following:

- Are you aware of your youth’s victimization? If so, how?
- Have you had concerns for your youth? What are they? What have you noticed? What changes have you seen? What have you done about their concerns?
- Has your youth made statements? Asked strange questions?
- What is your belief about the custodial parent’s ability to recognize risk and protect your daughter? Do you have concerns for your other children?

H) Interviewing the Alleged Perpetrator

When interviewing the exploiter, there are serious worker safety considerations that require thoughtful planning. Interviewing the exploiter is also likely to increase the safety concerns for the youth. Given these concerns, any interview of an exploiter must be done in consultation with your supervisor and LEA.

Policy and procedure offer an exception for conducting this interview: “If the interview could make a child or adult victim unsafe, a CPS supervisor may authorize an exception to the requirement to conduct the interview based on documentation that supports this conclusion.”

However, there are circumstances when this interview must be attempted:

- If the exploiter is the parent to the CSEC victim
- If the exploiter is a parent to another child. Note: This will likely require generating a new referral for threat of harm sexual abuse
- If the exploiter is residing in the same home as the CSEC victim

IV. Commercial Sexual Exploitation of Children: Assessing Safety

Community response to these youth often uses a harm reduction model, but DHS is charged with child safety. Our interventions must utilize community assistance while working to ensure the youth’s safety. At times DHS intervention will include filing dependency petitions and procuring placement for youth in residential facilities or foster care. These safety decisions can create a conflict between DHS and community partners. However, it is important that the team of professionals around the youth maintain positive communication.

A) Protective Actions and Ongoing Safety Planning

In CSEC cases, Protective Action plans and ongoing safety plans are difficult to develop and implement. Plans require the youth’s engagement and participation. It may be difficult to protect the youth with a plan if the youth cannot safely admit he or she is in danger and is
unwilling to participate in a plan. Furthermore, the perpetrators are often third-party abusers, and while parents may be amenable to protecting their child, they may be unable to follow a DHS plan that requires no contact with the perpetrator. Following are some considerations that may be helpful in planning:

- **Youth in their family home.** The family agrees to notify LEA if the youth runs away. The family agrees to allow community resources in the home and to take their youth to specialized services.

- **Hospitalization.** Some youth will require hospitalization due to injuries sustained, sexually transmitted disease interventions, and other health crises. This can help stabilize the youth for transition into another setting. When a youth is in an acute mental health crisis, caseworkers need to advocate for the youth’s admission to the hospital. Emergency room staff may be unaware of the specialized care CSEC requires.

- **Youth shelter beds.** Youth shelters that are available in some communities can provide safe care while the youth is homeless or unwilling to return home.

- **Relative resources.** Relative resources may be able to provide safety for the youth. Be sure to explore relatives who reside at a distance. Youth can be successful in a setting where their exploiter does not have immediate access to the youth. However, it is also important to consider if the new environment presents more risks if the youth runs away.

- **Advocates.** As always, be sure to include advocates or community resources as safety service providers.

- **Residential placement.** There are a limited number of beds designated for victim youth. However, although there is a serious shortage of appropriate beds, youth are often able to be placed in mental health residential treatment settings. Caseworkers must advocate with the treatment team to access outside community resources that may be necessary to provide the additional trauma-informed treatment these youth require.

**B) Documentation**

In CSEC cases, ongoing safety plans often change on a regular basis. It is important to document the most recent safety plan because other caseworkers and after-hours staff may need to access these.

In addition to the ongoing safety plan, when a youth is picked up or comes in from being on the run, caseworkers create crisis response plans. These plans include information on arrangements for the youth such as who to contact and how to respond. If there isn’t yet an ongoing safety plan in a current CPS assessment, a crisis response plan can be documented in case notes.

**C) Safety Threat Guidance**

It is critical to select an accurate safety threat that does not blame the victim. The safety threat needs to address the inability of the family to protect and meet the needs of the child. Remember that in some cases the family may be doing everything they can and yet still be unable to provide safety. In other cases, the family may be actively involved in exploiting their child. Some common safety threats to consider in these cases are presented here.
#4 “Parents’ or caregivers’ perceptions of a child are extremely negative.”

Jennifer (Justin – transgender youth) has been a victim of sexual exploitation over the past year. Jennifer’s parents do not accept Jennifer’s identification as a female and believe the sexual abuse by numerous adult men are a result of her “asking for it.” Mr. and Mrs. Grey encourage their other children to ridicule Jennifer when she does return home. They actively encourage physical fighting as a way to try to get Jennifer to “man up” and “stop being a homo.” They tell Jennifer they hate her and “wish she’d never been born.”

#5. “A family situation or behavior is such that the family does not have or use resources necessary to ensure a child’s safety.”

Between her stays in foster care and at home, Ronnie has been victimized for several years by exploiters and sexually abused by many unknown adults. Mr. Thurston understands Ronnie’s need for safety and has attempted services with multiple social service providers. Given the nature of exploitation, Mr. Thurston has not been able to ensure Ronnie’s safety.

#8. “A situation, attitude, and/or behavior are such that one or both parents/caregivers lack parenting skills, knowledge, and/or motivation necessary to ensure child safety.”

Mary is a victim of sexual trafficking and has been sexually abused by multiple unknown adults. Her mother, Ms. Doe, has been unable to recognize the dangers that Mary has been exposed to and has not been able to provide the necessary protection, saying instead that “Mary knows what she is doing.” Ms. Doe places her own needs above those of her daughter and does not stay at home to provide supervision for Mary.

D) Child Vulnerability

Sometimes it is assumed that when youth are older, they are less vulnerable. However this is not accurate, especially for these youth. Youth who have been victims of exploitation are exceedingly vulnerable. As described above, it is difficult for youth to leave the situation because they are

These youth are victims and should not be categorized as “youth with behavioral issues.” While oftentimes youth are vulnerable due to previous abuses, delays, or other mental health issues, this does not mean that these youth are choosing to be exploited and sexually abused. If there is information about the youth's behavior outside of his or her exploitation, it may be appropriate to use safety threat #13, though do so with caution.
often experiencing trauma bonding, have no resources to leave, are threatened with harm to themselves and families if they leave, or are held against their will. Because of the difficulties in escaping, these youth are vulnerable to continued physical, emotional, psychological, and sexual abuse.

**E) Parents’ Ability to Protect**

While parents may be well-intentioned in protecting their youth, it is very difficult for them to do so. Because youth are unable to leave their exploiters, parents are often unable to protect their children. Assisting these youth in escaping the situation requires a community response.

Be alert too about recognizing when parents are the exploiters. Also describe how parents may be aware of the exploitation, though do not intervene to protect their youth.

**F) Safety Analysis: Unsafe Versus Safe**

To conduct a thorough safety analysis, workers must identify whether a safety threat exists; whether the children are vulnerable to the threat; and whether there is a parent willing and able to protect the children.

The following is an example of a Safe finding:

If the CPS assessment reveals that the parents or caregivers have provided safety for their youth and no safety threats are uncovered regarding this youth or other children in the family, the CPS referral can be closed with a Safe finding. With protective parents, DHS’s role becomes one of connecting families with community resources and services to assist parents in meeting their youth’s needs. Family support cases can be considered when parents are available, willing, and trying to care for their youth but seek additional support.

> While Mary has been a CSEC victim, her mother and father, Mr. and Ms. Jones have taken the necessary steps to ensure Mary’s safety. The parents have engaged Mary in services to protect and support her. At this time Mary is willing and able to participate in services as her exploiter is incarcerated. The parents are more aware of the signs of CSEC victimization and have made significant efforts to protect their daughter.

CSEC cases should always be opened when a parent has abandoned the child, blamed the child for the victimization, or is promoting the continued victimization of the child. DHS must become involved when these youth do not have parents who are willing and able to care for them.

Here are three examples of Unsafe findings:

> Gary is a CSEC victim who has been and continues to be sexually abused by various adults. Gary is unable to access services at this time. Neither of Gary’s parents is willing or able to protect Gary from the abuse he is enduring. Gary is not Safe.

> Stephanie is a CSEC victim whose mother alternates between supporting her daughter and blaming her. Ms. Crow is angry at the professionals involved who are not able to “lock her daughter up.” Stephanie continues to be gone for weeks at a time until picked up by LEA or presenting at the hospital as a victim of new assaults. While Ms. Crow wants to protect her daughter, she is unable to keep Stephanie Safe.
Ronnie is a CSEC victim whose guardian is her grandfather. Mr. Thurston is cooperative with partners, is aware of Ronnie’s victimization, and understands CSEC dynamics. Despite the efforts of Mr. Thurston and community partners (therapists, school, LEA), Ronnie continues to be exploited as evidenced by postings on Internet sites, absences of up to a month, being recovered in Las Vegas.

G) Closing with Unsafe Youth

It is standard practice to open cases when children are Unsafe. However, there are some CSEC cases in which children are Unsafe that may need to be closed. These cases include situations where, though the parents are doing everything possible to provide safety for their youth, (e.g., they are engaged with community resources, actively looking for the youth), the youth is missing.

There are usually two circumstances in which this occurs, and in both the youth are missing. In some cases, the caseworker may never have met the youth, but through collateral information (e.g., interviews with siblings and/or parents, police reports, Internet postings) the youth is confirmed as a CSEC victim. If the youth has been missing for more than 60 days, these cases can be closed with an Unable to Locate disposition. When an Unable to Locate disposition is used, there is no ability to document safety threats, child vulnerabilities, or parents’ ability to protect, and the safety analysis tab will automatically indicate “No Safety Analysis was Conducted.” It is important to document how the youth is Unsafe, even though the case is closing.

In other cases, the caseworker has had contact with the youth, but the youth then goes missing throughout the rest of the assessment (more than 60 days). Caseworkers can use the youth’s interview, as well as collateral information, to make a determination about the youth as a CSEC victim. In some of these situations, a Founded disposition can be made regarding sexual abuse by Unknown Perpetrators; in others, a Founded disposition for sexual exploitation can be made as to a known exploiter. Caseworkers can still identify the existing safety threats; how the youth is vulnerable; and how the parent is unable to protect the youth. The safety analysis section will indicate Unsafe.

Whenever closing a case with an Unsafe youth, be sure to explain the safety concerns. Include information about what steps will likely be needed when the youth is relocated (e.g., immediate medical attention, placement issues). Also include contact information for providers that will need to renew their involvement in the case. These cases can then be closed until the youth is relocated and DHS is re-contacted.

H) Juvenile Court Petitions

Juvenile court petitions must be sought when there is no parent who is willing to address the youth’s safety needs or victimization. As mentioned above, these will include cases in which parents have abandoned, blamed, or promoted the victimization of the youth.
V. Commercial Sexual Exploitation of Children: Dispositions

CSEC victims have been exposed to multiple types of abuse that will often require multiple dispositions in addition to sexual abuse and sexual exploitation. See DHS CPS Assessment Disposition policy for further assistance.\textsuperscript{198}

A) Considerations for Sexual Abuse Dispositions

The following is an example of a Founded determination:

\textit{There is reasonable cause to believe that the allegation of sexual abuse of Jane by unknown perpetrators is Founded. Jane has been a victim of sexual abuse since she was 8 years old. As a teen, Jane has been further victimized by sex trafficking as evidenced by: Jane’s initial account of abuse detailed in a Child Abuse Intervention Center interview on 1/10/09, including specific abuse with unknown adults in a car on 11/14/08 (see police report from that date).}

An Unfounded determination may read as follows:

\textit{The allegation of sexual abuse of Amy by unknown perpetrators is Unfounded. Though it was reported that Amy was being sexually abused by multiple people, there was no information learned through this assessment or corresponding LEA investigation to indicate this is true. Amy denied being sexually abused by anyone. The school reports that Amy is involved in multiple extracurricular activities and they have no concerns about who she associates with. Amy’s mother, Ms. Down, reports that Amy does well in school, follows house rules, and she is always aware of Amy’s whereabouts. No information was obtained to indicate that Amy is being sexually abused.}

B) Considerations for Sexual Exploitation Dispositions

When determining dispositions of sexual exploitation, the caseworker must explain how it is known that the child is being exploited. These dispositions are most appropriate when the victim has an identified exploiter and is able to articulate that there are “profits” for the forced sexual acts the victim has endured.

Examples of Founded dispositions may read like these:

\textit{There is reasonable cause to believe that the allegation of sexual exploitation of Susie by Mr. Zell is Founded. The Child Abuse Intervention Center report details specifics regarding Susie’s account of sexual exploitation by Mr. Zell. Susie articulated that she had to “earn $400 per night” and provide this money to Mr. Zell. If she didn’t provide this money, Mr. Zell threatened Susie with violence to herself and her family.}

\textit{The allegation of sexual exploitation of James by his father, Mr. Mason, is Founded. James clearly reports his father making him take pictures for postings on Backpage, which advertise James as a “companion.” James reports that his father has taken}
him to motel rooms where his father has taken money from the men that James is then forced to have sex with.

The allegation of sexual exploitation of Kelly by Ms. Pollack, is Founded. Ms. Pollack coordinates parties and knowingly invites minors to attend. Ms. Pollack has encouraged Kelly and other minors to strip for adults. While stripping, Ms. Pollack collected and kept all of the money thrown at the girls. Ms. Pollack has encouraged Kelly and other minor children to have sex with multiple adult partners in her home.

Here’s an Unfounded example:

There was no information learned to substantiate the allegation of sexual exploitation of Lisa by her parents. It was reported that Lisa’s parents were forcing Lisa to engage in sexual activities with their landlord in exchange for rent. There was no information learned through interviews with Lisa, her siblings, her parents, or the landlord to indicate that this allegation is true. It appears that this was a malicious report by another tenant. The reporter could not give details as to why they believed this was true. Multiple police reports were obtained regarding disputes between this reporter and the family. Additionally, this family receives Section 8 Housing Assistance and is not required to pay rent.

C) Considerations for Neglect Dispositions

When determining dispositions for neglect in these cases, pay particular attention to concerns about lack of supervision and protection. These dispositions can be appropriate in cases where parents have the capacity and knowledge to understand the abuse their child has endured and the need for protection, but they do not intervene. Base your disposition on the parents’ response after they have had time to process the information. This does not include parents who have attempted to protect their child but whose child is still being abused, despite their efforts.

An example of Founded language may read as follows:

There is reasonable cause to believe that the allegation of neglect of Charles by Mr. and Ms. Bronson is Founded. During the course of this CPS assessment, Mr. and Ms. Bronson were made aware of their son Charles’ victimization as a CSEC youth. Mr. and Ms. Bronson took no action to respond to Charles’ needs. Mr. and Ms. Bronson were provided with various resources to assist in meeting their son’s needs. Mr. and Ms. Bronson state that ‘Charles has always been a problem.’ They express disbelief regarding the victimization and refuse to access resources to keep Charles safe.

An example of Unfounded language may read as follows:

The allegation of Neglect to Sarah by her mother is Unfounded. At the beginning of the assessment, Ms. Johnson was unaware of her daughter’s exploitation. Since learning of Sarah’s abuse, Ms. Johnson has utilized multiple community resources (Child Abuse Intervention Center, Sexual Assault Resource Center, Mental Health therapist, school staff, medical professionals) to attempt to keep Sarah safe at home. Though Ms. Johnson’s response is protective and proactive, unfortunately these
efforts to date have not provided safety for Sarah. Ms. Johnson remains committed to her daughter’s safety needs.

D) Considerations for Mental Injury Dispositions

When determining the disposition for mental injury it is important to describe the injurious acts, (e.g., name-calling, blaming, intentionally withholding emotional support). For a Founded disposition, a direct correlation between these acts and the youth’s functioning must be detailed.

A Founded example is shown below:

There is reasonable cause to believe that the allegation of mental injury to Sarah by her mother, Ms. Bee, is Founded. Sarah informed her mother, Ms. Bee, of her victimization as a CSEC youth. Ms. Bee responded to Sarah’s disclosure by calling her a “whore” and “slut” and stating that she “asked for it” since she “dresses like a tramp.” While Ms. Bee continued to allow Sarah to reside in the home, she engaged in no social interaction with Sarah. Ms. Bee did not include Sarah in family activities, including family dinner. Ms. Bee would take the other children in the home on activities, but Sarah was not allowed to participate. Sarah reported that aside from calling her names, her mother has not engaged in any conversation with Sarah. Because of the treatment by her mother, Sarah reported becoming depressed; she disengaged in school (see attendance records); she suffered weight loss (per school based health clinic); and she eventually returned to her former pimp’s home.

Here’s an Unfounded example:

The allegation of mental injury to Kevin by his father is Unfounded. It was reported that Mr. Lyon berated Kevin due to his gender identity concerns and blamed Kevin for his victimization. While initially Mr. Lyon did not know how to respond to Kevin’s emotional or safety needs, he has since engaged in services to assist him in being supportive of his son. Through interviews with Kevin, he reported that his father is now supportive of him and their relationship is improving. Mr. Lyon admits that he needed help to know how to care for Kevin. Interviews with the mental health therapist indicate that their relationship is rebuilding and Kevin has not sustained any long-term harm due to his father’s initial response.

E) Considerations for Desertion Dispositions

Desertion should be examined in two perspectives: parents’ or caregiver’s response upon learning of their child’s victimization and/or parents’ or caregiver’s actions that may have been a factor in the youth’s victimization. In either circumstance, the youth does not have a parent or caregiver willing to provide or arrange appropriate care or supervision.

Following are examples of Founded dispositions for desertion:

There is reasonable cause to believe that the allegation of desertion of Sally by her parents, Mr. and Mrs. Allen, is Founded. For the past 7 months, Mr. and Mrs. Allen have been aware of Sally’s victimization. Mr. and Mrs. Allen have declared Sally is a
bad influence on the other children in the family and is no longer allowed in the home. Sally disclosed that Mr. and Mrs. Allen placed her belongings on the front porch and told her she was not welcome at their home. They made no attempts to secure alternate, safe living arrangements for Sally.

There is reasonable cause to believe that the allegation of desertion of John by his father, Mr. Zolo, is Founded. Mr. Zolo left the state without making proper arrangements for the care of his son, John. When he left, Mr. Zolo provided no housing, medical care, or food for John. Because of Mr. Zolo’s actions, John was forced to live on the “streets,” where he became a target of exploiters.

This is an example of an Unfounded disposition for desertion:

The allegation of desertion of Jade by her parents is Unfounded. It is true that upon learning of Jade’s victimization, the parents made alternate living arrangements for her. However, this was done in an attempt to maintain safety for their other children in the home. Jade is now residing with her aunt in Washington State. The parents maintain frequent contact with her and provide financial assistance for Jade’s care. The parents have ensured that Jade is connected with appropriate service providers.

VI. Commercial Sexual Exploitation of Children- Summary

CSEC cases require a delicate approach with both the youth and family. These cases are difficult for caseworkers and supervisors because there are rarely immediate positive outcomes for these youth. It is important to remember to use a collaborative approach.

Advocates. Whenever possible, respond with a community-based advocate with whom the youth can speak confidentially. Establishing these connections will provide youth with continual opportunities to leave the situation they are in when they are able. Community resources will be able to provide the emotional support a youth may need that DHS workers are unable to provide given the necessity for professionalism.

Law Enforcement Agency (LEA). In some areas there are designated law enforcement personnel for CSEC cases. LEA may have creative ways to engage the youth.

Designated Medical Professionals (DMP). It is important to consult about these cases with the DMP for your region. Youth often have medical needs that are unmet due to repeated sexual and physical abuse. In addition, they may need medical intervention for sexually transmitted infections or pregnancy.

These CSEC guidelines benefited from the considerable assistance of the following individuals:

Jamie Broadbent — DHS CSEC supervisor
Miriam Green — DHS CSEC Program Manager
Dr. Cory Grose — LifeWorks North West
Caroline Holmes — FBI Victim Advocate
Deborah Raffaell — DHS CSEC caseworker
Cindy Tillman — DHS CSEC caseworker
J.R. Ujifusa — Deputy District Attorney
The U.S Trafficking Victims Protection Act of 2000 (TVPA) 
http://159.121.4.213/ohttft/whatishumantrafficking.html#oregonstatues


Oregonians Against Human Trafficking. 
http://159.121.4.213/ohttft/whatishumantrafficking.html#oregonstatues


Ibid


Ibid


Ibid


Ibid

Ibid

Ibid

Section IX: Case Planning and Resources

I. Conditions for Return and Expected Outcomes

Return plans for cases that involve child sexual abuse can be complex. They must address not only the physical and sexual safety of the child, but also his or her emotional safety. In all cases, the following are required conditions for return:

- The home environment is stable enough to sustain the use of an in-home safety plan.
- Parents are willing to be involved and cooperate with the use of an in-home safety plan and agree to the expectations in the plan.
- Safety service providers are committed to participating in the in-home safety plan;
- Parents are willing for safety services to be provided in the home according to the ongoing in-home safety plan.
- Parents are willing to cooperate with the participants carrying out the ongoing in-home safety plan.
- Parents agree to the designated actions and time requirements in the plan.199

Expected outcomes outline how parents will resolve their diminished protective capacities to a level where they can regain and sustain primary responsibility for their child’s safety. When these are achieved, the case has reached closure.

These are practice requirements in all cases, but sexual abuse cases present additional challenges. These cases are lengthy and require the assistance of other professionals. Many decisions about conditions for return and expected outcomes must occur in conjunction with safety service providers (SSPs). The appropriate SSP can be challenging to obtain. The SSP must understand sexual abuse, believe the child’s disclosure and need for both physical and emotional protection, be someone whom the child trusts, and be able to carry out intervention plans as needed. Family members may or may not be able to assume this role, given their relationship to the offender.

All conditions for return and expected outcomes must consider how the child will be impacted by reunification. In some cases, children may express extreme fear and dislike for the offender. In other cases, for various reasons, sexually abused children request that the offender return home or ask to talk with the offender on the phone or send letters to the offender in prison. These requests do not mean that the child would be safe having contact with the offender or

Caseworkers may experience pressure from various sources such as family, the court, or parole and probation to “speed up” reunification based on the offender’s progress. It is the role of DHS to advocate for the emotional safety needs of the child and reinforce that contact does not occur due to the offender’s needs.
that DHS should accommodate these requests. Similar to domestic violence victims, children have a traumatic bond with their offender that makes them more vulnerable.

A) Conditions for Return

Cases that can be closed after the CPS assessment due to the protective abilities of the non-offending parent will not require ongoing safety plans and thus require no conditions for return. The CPS assessment should clearly document the parent’s ability and willingness to protect the child now and in the future (e.g., parent has intervened with legal custody, is working with treatment professionals).

Cases that open following the CPS assessment will include conditions for return, which are a mandated element of case plans. Conditions for return outline what would be necessary for managing child safety with an in-home ongoing safety plan: Safety threats do not have to be eradicated; parents do not have to have demonstrated sustained change.

There may be cases where it appears that parents may not be able to achieve conditions for return. It is important to remember that conditions for return are not established based on whether it is believed that parents can meet them but on what would need to happen for children to be physically and emotionally safe with an in-home ongoing safety plan.

1) Non-offending Parent

The non-offending parent’s protective capacities will be the determinant in maintaining an in-home safety plan. For specific ways to assess this parent’s ability, see Section II: Working with Victims of Child Sexual Abuse - Creating Emotional Safety for Children: Assessing Non-offending Parents.

An example of conditions for return includes the following:

- Mrs. Smith is willing to follow an in-home ongoing safety plan that includes her ability to keep Mr. Smith from having any contact with the children.
- Mrs. Smith is able to provide a home environment that is stable and safe from Mr. Smith.
- Mrs. Smith understands and believes her children’s disclosure of sexual abuse by her husband.
- Mrs. Smith is willing to be involved and cooperate with the SSPs who will visit the home, announced and unannounced, to ensure her children’s continued safety.
- The SSPs are committed to participating in the in-home safety plan and understand, believe, and support the children and their continued need for safety.
Mrs. Smith is taking active steps to learn about and understand her children’s experience of sexual abuse and her role in being a protective parent (therapy).

Mrs. Smith is taking active steps in understanding the risk her husband poses to the children’s safety (non-offending parenting classes, therapy).

2) Offending Parent

Several circumstances may apply to the offending parent:

- The parent has current allegations of sexual abuse against a child outside of the family home.
- The parent has past allegations (or convictions) of sexual abuse against a child outside of the family home.
- The parent has sexually abused a child in the family system.
- The parent has sexually abused children both outside of the home as well as children in the family system.

In all of these circumstances, the conditions for return will depend primarily on the non-offending parent’s ability to understand the risk to the children in the home. Offenders who engage in treatment and are compliant with probation do not automatically meet conditions for return. Instead, conditions for return must relate to how the offender’s presence in the home will affect the children.

Children and their offender should NEVER be reunited without the intervention and assistance of treatment providers; both victim and offender. All service providers and DHS should agree that enough progress has been made that an offender’s presence in the home will not negatively impact the child. An offending parent needs to recognize and understand that his behavior places his child at risk of harm and that following the safety plan helps ensure his child’s protection.

Offending parents need to understand that supervision between themselves and their child is essential. Offenders should be far enough along in their treatment to have demonstrated a commitment to becoming a safe parent. It is understood that the process of achieving conditions for return may be lengthy and is not possible in all cases. However, DHS must provide the parent with what conditions are expected of him, regardless of whether reunification could be achieved.

An example of a condition for return for this parent may include any of the following:

- Mr. Smith understands how his offending behavior places the children at risk and agrees to follow an in-home safety plan.
- There is an agreement among the non-offending parent and involved professionals (child’s therapist, offender’s therapist, DHS, probation/parole, legal parties) that the offender’s presence in the home will not negatively impact the child.
- Mr. Smith is willing to comply with the supervision requirements arranged between the professionals and the non-offending parent.
• Mr. Smith is willing to allow continued communication among the involved professionals. Mr. Smith is willing to allow various SSPs into the home, announced and unannounced, to ensure compliance with the safety plan.

B) Expected Outcomes

Expected outcomes outline how parents will resolve their diminished protective capacities to level where they can regain and sustain primary responsibility for their child’s safety. When these are achieved, the case has reached closure. While expected outcomes may not be achieved, they are a mandatory part of case planning. Regardless of their ability to meet these outcomes, parents must understand what is expected of them.

1) Non-offending Parent

The non-offending parent must demonstrate insight and understanding of the danger of child sexual abuse and his or her role in providing protection. Most important, if a child has disclosed sexual abuse, the non-offending parent must believe the child’s disclosure and support ongoing treatment. These parents will demonstrate an ability to recognize individuals who threaten the safety of their child and will articulate ways to protect their children from these threats.

In cases where a child has been sexually abused, the non-offending parent will be emotionally supportive of the children. This will be demonstrated through observable behaviors and statements made regarding the disclosed abuse. Non-offending parents will express empathy for and sensitivity toward their child. They will acknowledge what their child has experienced and the trauma the child has endured. Non-offending parents will value the importance of working with professionals to address their own part in that trauma. They will utilize professionals to assist them in supporting their child in the healing process.

Examples of expected outcomes for non-offending parents may include the following:

Mrs. Smith will be expected to understand the dynamics of family sexual abuse and be able to protect her children from further abuse. Mrs. Smith is expected to be emotionally supportive of her children, including continuing to believe the abuse occurred. Mrs. Smith will understand her role as a protective parent. She will understand the risk that her husband poses to her children and maintain the ability to provide both physical and emotional protection from him.

Mrs. Connor will place the needs of her children as a priority. She will validate her children through observable behaviors, including verbal affirmations, recognizing and intervening in threatening situations. Mrs. Connor will express empathy and sensitivity toward her children. She will acknowledge the experiences of the children.
and the trauma they have endured. She will work with professionals to address her role in their trauma.

2) Offending Parent

An example of expected outcomes for an offending parent may include the following:

Mr. Smith will demonstrate appropriate boundaries and control his impulses. Mr. Smith will have no sexualized or other inappropriate behaviors toward the children. Mr. Smith will be in compliance with sex offender treatment, which includes ongoing full disclosure polygraphs. Mr. Smith will be able to articulate “triggers” for his abusive behaviors and have a sufficient prevention plan in place. Mr. Smith will be able to express empathy for the harm he has caused his children. He will have established a positive support system that is aware of his offending behaviors and is willing to promote accountability and ensure child safety. Mr. Smith will be able to be emotionally supportive of his children and be able to place their needs above his own.

II. Requesting Records

A) Currently on Supervision

- It is public information who is on supervision and what they are on supervision for. Contact your local community corrections agency to check if the individual you are investigating is currently on supervision.
- Obtain a Release of Information (ROI) from the individual for the supervising agency and/or PPO.
- Notify the supervising agency and/or the parole and probation office (PPO) of DHS involvement with the individual. Send the ROI to the supervising agency/PPO. Make sure to identify the specific records you are requesting and the reason for the request.

Note: If the individual refuses to sign an ROI, you may still be able to obtain records based upon public records law.

B) Requesting Treatment Records

- If you know the individual is currently participating in treatment and/or previously participated in treatment, identify the treatment provider.
- Obtain an ROI from the individual for the treatment provider.
- Contact the treatment provider to notify it of the DHS record request. Send the ROI to the treatment provider. Make sure to identify the specific records you are requesting and the reason for the request.

Note: It is recommended you receive treatment information directly from the treatment provider or other official source (if applicable). Documentation provided by the individual may be partial, incomplete, and/or falsified.
C) Requesting Police Reports

- Identify the state, county, and city where the individual was charged and/or convicted.
- Directly contact the law enforcement agency (LEA) and request to speak with the records department.
- Access the site www.usacops.com for contact information for police and sheriff departments in all 50 states.
- When you have reached the records department, identify yourself as a caseworker with the Oregon Department of Human Services and say why you are requesting records.
- Provide the name, date of birth, and other identifying information (FBI number, State ID - SID -number) specific to the individual. If available, also include the specific crime(s) and date(s) of the crime(s).

**Note:** Retention of records differs from city to city, county to county, and state to state. Retention of records may also depend on the type of crime and whether the individual was charged or convicted of the crime. Public records law may also vary from state to state.

D) Requesting Oregon Youth Authority Records

- Obtain an ROI from the individual. Make sure to utilize the Oregon Youth Authority (OYA) ROI because OYA does not accept any other ROI.
- Send the OYA ROI to the OYA records department (currently Jessie Hopkins at Hillcrest, 503-986-0358, fax 503-986-0406). If you do not receive the records in a timely manner, follow-up via phone directly with the records department.

E) Other Possible Resources

- The Oregon State Police (OSP) Sex Offender Registration Unit website provides some information on registered sex offenders. OSP may also have additional records on the individual. Contact the OSP records department directly to request records. A signed ROI is preferable, but you may still be able to obtain records based on public records law.
- The district attorney’s office may also be a potential resource. Contact the district attorney’s records department directly to request records. A signed ROI is preferable, but you may still be able to obtain records based on public records law.
III. Child Abuse Intervention Centers and Regional Service Providers

**Indicates regional service providers

Linn County Child Victim Assessment Center — ABC House
1054 29th Ave. SW
Albany, OR 97321
Phone (541) 926-2203
Fax (541) 926-1378

The Lighthouse for Kids
1230 Marine Drive, Suite 310
Astoria, OR 97103
Phone (503)325-4977
Fax (503) 501-2973

Kids Intervention and Diagnostic Service Center **
1375 NW Kingston St.
Bend, OR 97701
Phone (541) 383 5958
Fax (541) 383 3016

Kids’ FIRST Center **
2675 Martin Luther King Jr. Blvd.
Eugene, OR 97401
Phone (541) 682-3938
Fax (541) 682-8743

Curry Child Advocacy Team Inc.
P.O. Box 746
Gold Beach, OR 97444
Phone (541) 247-6074
Fax (541) 247-9595

Klamath/Lake CARES Program
2220 Eldorado
Klamath Falls, OR 97601
Phone (541) 274-6289

Mt. Emily Safe Center**
PO Box 146
La Grande, OR 97850
Phone (541) 963-0602
Fax (541) 962-0345

Juliette’s House Child Abuse Assessment Center
1075 SW Cedarwood Ave.
McMinnville, OR 97128
Phone (503) 435-1550
Fax (503) 435-1435

Children’s Advocacy Center of Jackson County **
816 West 10th St.
Medford, OR 97501
Phone (541) 734-5437
Fax (541) 618-1094

Lincoln County Children’s Advocacy Center
122 NE 47th St.
PO Box 707
Newport OR 97365
Phone (541) 574-0841
Fax (541)574-0821

Star Center
PO Box 980
Ontario, OR 97914
Phone (541) 881-0153
Fax (541) 881-0862
Regional service providers are funded to support multidisciplinary teams and child abuse intervention centers across Oregon by assisting with the following:

- Complex case consultation
- Peer review for forensic interviews and medical assessments
- Forensic child interviewing training
- Medical assessment training
- Referral and information
- Outreach
- Expert witness testimony and referral

**IV. Sexual Assault Resource Centers**

**Sexual Assault Resource Center**

4900 SW Griffith Drive, Suite 100
Beaverton, OR 97005
Office (503) 626-9100

**Center Against Rape and Domestic Violence (CARDV)**

4786 SW Philomath Blvd.
Corvallis, OR 97333
(541) 758-0219
Hotline (541) 754-0110 or (800) 927-0197

**Saving Grace Administration**

1425 NW Kingston Ave.
Bend, OR 97701
V. Relevant Websites

1) Association for the Treatment of Sexual Abusers (ATSA)

http://www.atsa.com/

“The Association for the Treatment of Sexual Abusers is an international, multi-disciplinary organization dedicated to preventing sexual abuse. Through research, education, and shared learning ATSA promotes evidence based practice, public policy and community strategies that lead to the effective assessment, treatment and management of individuals who have sexually abused or are at risk to abuse.”

Available resources from ATSA include fact sheets, policy papers, up-to-date research, conference information, podcasts, and referral assistance. Below are links to useful publications by ATSA:

Fact sheets:

- Children with Sexual Behavior Problems
- Effective Community Management of Sex Offenders
- Internet-facilitated Sexual Offending
- Public Health Approach To Sexual Abuse/Assault Fact Sheet
- Risk Assessment
- Sexual Violence Prevention Fact Sheet
- Ten Things You Should Know About Sex Offenders and Treatment

Policy papers:

- The Effective Legal Management of Juvenile Sexual Offenders
- A Reasoned Approach: Reshaping Sex Offender Policy To Prevent Child Sexual Abuse
- Reducing Sexual Abuse Through Treatment and Intervention with Abusers
- Sexual Abuse as a Public Health Problem

2) Oregon Adolescent Sex Offending Treatment Network (OASOTN)

http://www.oasotn.org/Home.html
“The Oregon Adolescent Sex Offending Treatment Network (OASOTN) is dedicated to the effective management of sexually offending youth through professionally accepted standards of treatment and supervision. Our Mission:

- Provide and promote opportunities for training, professional support, and collaborative partnerships for professionals working with youth who sexually abuse and for the broader community.
- Advocate for the statewide implementation of the highest standard of practice to promote individual, family, and community safety.”

OASOTN has links to various resources around the state particularly for adolescent offenders. Newsletters are provided quarterly with updated legislative and practice issues for adolescents.

**3) Sex Offender Treatment Board (SOTB)**


SOTB “has established practice standards for the evaluation, treatment and management of juvenile, adult male, and developmentally disabled sex offenders .... The SOTB adopted the adult standards from the 2004 Association for the Treatment of Sexual Abusers (ATSA), Practice Standards and Guidelines.”

It is the role of the SOTB to certify qualified sex offender therapists and oversee the quality of treatment clients receive. The following defines a sex offender therapist:

"**Clinical sex offender therapists** provide services for the treatment and rehabilitation of sex offenders. They must have a minimum of a master’s degree in the behavioral sciences and an active Oregon mental health professional license, or equivalent, to be certified in Oregon."

"**Associate sex offender therapists** provide services for the treatment and rehabilitation of sex offenders. They must have a minimum of a bachelor’s degree in the behavioral sciences and be under the direct supervision of a clinical sex offender therapist to be certified in Oregon.”

**4) Oregon Sexual Assault Task Force (SATF Oregon)**


“Our mission is the effective prevention of and response to sexual violence through collaborative, comprehensive, survivor-centered strategies ... The SATF was formed in 1999 by Attorney General Hardy Myers at the request of a group of advocates and multidisciplinary responders in order to organize statewide efforts to address adolescent and adult sexual assault in Oregon ...”

This website has multiple resources, including position papers, training, webinars, legislative updates, and links to national resources. Below are links to some SATF position papers:

- [False Allegations, Recantations and Unfounding in the Context of Sexual Assault](http://oregonsatf.org/position.html)
- [False Reports and Case Unfounding: Recommendations for Law Enforcement Response](http://oregonsatf.org/position.html)
5) Girls Educational & Mentoring Services GEMS

www.gems-girls.org

“Girls Educational & Mentoring Services (GEMS) is the only organization in New York State specifically designed to serve girls and young women who have experienced commercial sexual exploitation and domestic trafficking...GEMS has helped hundreds of young women and girls, ages 12-24, who have experienced commercial sexual exploitation and domestic trafficking to exit the commercials sex industry and develop to their full potential. GEMS provides young women with empathetic, consistent support and viable opportunities for positive change.”

6) Shared Hope International

www.sharedhope.org

“Our Mission Statement: Shared Hope International exists to rescue and restore women and children in crisis. We are leaders in a worldwide effort to prevent and eradicate sex trafficking and slavery through education and public awareness.”

7) CyberTipline

www.cybertipline.com 1-800-843-5678.

The CyberTipline is operated through the National Center for Missing & Exploited Children (NCMEC). This Tipline is a resource for law enforcement agencies that can assist LEA in determining the appropriate LEA response. If there are jurisdiction questions, and/or the offense was facilitated through the Internet, the CyberTipline will refer the information to the responsible Internet Crimes Against Children (ICAC) task force. The Oregon Department of Justice (DOJ) operates the Oregon ICAC task force.

“The Congressionally-mandated CyberTipline is a means for reporting crimes against children including: Possession, manufacture, and distribution of child pornography; Online enticement of children for sexual acts; Child prostitution; Sex tourism involving children; Extrafamilial child sexual molestation; Unsolicited obscene material sent to a child; Misleading domain names; Misleading words or digital images on the Internet.”


Ibid

Oregon Adolescent Sex Offender Treatment Network. [http://www.oasotn.org/Home.html](http://www.oasotn.org/Home.html)


[www.gems-girls.org](http://www.gems-girls.org)

[www.sharedhope.org](http://www.sharedhope.org)

[www.cybertipline.com](http://www.cybertipline.com)