Considerations in the Reunification of Sexually Abusive Youth With The Families Where the Victims (or other vulnerable children) Reside

The following criteria are recommended guidelines for reunification of Sexually Abusive Youth (persons age 13 and over) back into the home where the victim resides. Each item in the criteria represents an element that should be considered and weighed carefully in a professional staffing that includes the DCS case manager, treatment professionals, and service providers working with the individuals and family and with consideration of any court orders which may be in place. There is no magic formula or combination of factors that will guarantee a successful reunification. The consideration of each issue in concert with other professionals may help to identify gains in the treatment process thus far and potential pitfalls in the reunification effort.

I. The Sexually Abusive Youth (**SAY**) has undergone an adequate risk/needs assessment to explore issues, behaviors, and conditions related to the sexually abusive behavior. This assessment may have, but not necessarily will have, been conducted as part of a "psychosexual evaluation."

II. The Adolescent has participated in a treatment program in which issues related to re-offending have been addressed. This covers a variety of issues which MAY include the following:
   a. Sexual Deviance
   b. Ability to establish and maintain peer relationships
   c. Anger management
   d. Thinking errors and attitudes that support re-offending behavior
   e. Impulse control
   f. Concomitant psychiatric/psychological issues
   g. Other issues as appropriate

III. There is an adequate Relapse/Safety Plan that is "do-able" (it is within the realm of possibility that these persons could "reasonably" live within the confines of this plan). The plan should account for issues that may include:
   a. work schedules of parents or persons overseeing the children
   b. schedules of children in the home
   c. physical proximity of possible victim's bedroom from SAY's bedroom
   d. physical layout of the home and how that layout lends itself to monitoring activity within the home
   e. Issues of personal space, securing boundaries and privacy of individuals in the home (e.g. doors on bathrooms)
   f. Established rules for expected behavior and how misbehavior will be dealt with
   g. Any court orders which may be in place.

IV. There must be an established plan for gradually increasing visitation between the SAY and the victim. This visitation would ***typically*** begin with initiation of contact in a therapeutic setting (clarification), progressing to short visits in a neutral setting, to short visits in the home that gradually increase over time. Family members or other people external to the family may supervise the visits. Visitation may unfold differently in each case situation but the steps of the visitation plan for each case should be clearly established in concert with therapists for all parties prior to initiation of the plan. The plan should include steps to evaluate the impact of visits on the victim at each stage of the progression.

V. Victim Re-assessment – In considering the reunification, there should be statements from a therapist who can speak to the impact of the reunification on the victim, the victim's understanding of the reunification and how it will affect the victim's life and lifestyle, and the victim's knowledge and understanding of all of the provisions of the safety plan.

VI. There should be an assessment of parents'/caretakers' willingness to enact the safety plan. One would expect these persons were actively involved in developing this plan; that they show an understanding of the plan; and illustrate a commitment to implement the plan. The assessment would likely address parents'/caretakers' comprehension of how this plan will impact their lifestyles.

VII. Availability of Follow-up Services. The reports should indicate that the some type of supportive services are available to the SAY, the victim, and family as they strive to live by the safety plan for AS LONG AS THEY NEED THESE SERVICES. These services may include

a. treatment/therapy services for individuals and for the family,
b. home based crisis intervention type services to intervene in crisis or particularly challenging situations
c. services to meet basic needs such as child care or economic needs
d. advocacy to help in navigating other systems (e.g., schools) and connecting with other community resources

Background

The Treatment Committee of the Joint Task Force on Child Sexual Abuse and Children's Justice has been working for several years to develop recommendations for improving the system's effectiveness in dealing with Sexually Abusive Youth (**SAY**, formerly referred to as Adolescent Sex Offenders). These are individuals age 13 and older who have committed a sexual crime or who have perpetrated sexual abuse on another child. These youth are involved with the system in various ways:

* They may have been prosecuted and adjudicated through the juvenile justice system.
* They may have come to the attention of DCS through an abuse report (CPS).
* They may be in the Foster Care system for various reasons, either related or unrelated to their sexually Abusive behavior.

The problems of SAY present in many different contexts and involve different components of the child welfare and juvenile justice system. Consequently, the Treatment Committee had some trouble getting its arms around the problem. We decided early on to narrow our efforts down to one particular group of SAY, namely those facing possible reunification with families where victims or other vulnerable children reside.

A major system problem in dealing with SAY is that professionals within the system (judges, juvenile court staff, DCS workers, therapists, and others) have widely varying levels of knowledge and sophistication regarding SAY. At one end of the spectrum is a naivete that assumes if a SAY has had treatment of any kind, his/her offending issues must have been addressed. Professionals at this end of the spectrum do not have the knowledge to judge appropriate treatments or treatment providers for these youth. The "Considerations" were developed in part to aid this group in identifying whether effective treatment has taken place by identifying some elements that are likely to be present.

At the other end of the spectrum is a division of opinion among therapists treating SAY about best practices and what constitutes appropriate treatment. While there is general agreement that treatment should have some "offender-specific" components, there is not agreement on what these components should be, and research data do not support the efficacy of a single model. Research also points to considerable heterogeneity among SAY, such that there should not be a "one size fits all" approach. The "Considerations" address this problem by listing elements that **ma**y be present without specifying that all **must** be present.

The document was written as "Considerations" rather than "policy," to avoid the unintended consequences of a policy too slavishly adhered to. It is intended for use in various areas of DCS: child protective services, juvenile justice, and foster care. It is also intended to be useful to courts and treatment providers.