

The Australian and New Zealand association for the treatment of sexual abuse



KEYNOTE AND WORKSHOP ABSTRACTS

# NEW BEGINNINGS

KEEPING SOCIETY SAFE THROUGH  
COLLABORATIVE INTERVENTIONS

OCTOBER 16–18, 2013



## THURSDAY 17<sup>TH</sup> OCTOBER 2013 – KEYNOTE ADDRESS ABSTRACTS

### INDECENT IMAGES OF CHILDREN AND THEIR ROLE IN INTERNET OFFENDING

Ethel Quayle

Typologies of internet offenders have tended to categorise them as those who produce, disseminate or download indecent images of children. An additional category of offender is someone who engages in online solicitation, or grooming, and who may, or may not also collect indecent images. We have always known that these categories overlap and indeed the work of Krone (2004) acknowledged that a 'Producer' may be someone who entices a young person to submit indecent images, while a 'Groomer' may use images to facilitate the abuse. This presentation revisits our understanding of the role of indecent images in internet offending in the light of recent research, and considers them in relation to fantasy and the risk of contact offending.

### THEN, AS IT WAS, THEN AGAIN IT WILL BE

James R. P. Oglloff

Centre for Forensic Behavioural Science

Monash University & Victorian Institute of Forensic Mental Health

Considerable attention has been paid to the damage that occurs to child sexual abuse (CSA) victims over time. Evidence exists to show that CSA victims are at increased risk for a range of harms, including mental illness, suicide, self-harm, and death by drug overdose. Less attention has been paid to the relative risk of subsequent offending and victimisation by CSA victims. In particular, despite the presence of anecdotal evidence, few studies have systematically investigated whether having been a victim of CSA increases the risk that they will engage in sexual offending. Similarly, information regarding the link between CSA and increased risk for future victimisation has not been adequately explored. Employing a data linkage study, contemporaneous forensic medical records on 2759 (2201 females, 558 males) sexually abused children (between 1964 and 1995) aged 16 years and younger ( $M=10.22$ ;  $SD=4.44$ ) were obtained from a state-wide forensic medical service in Victoria, Australia. Cases were linked with state-wide criminal offence and victimisation information as well as coronial databases up to 44-years later, capturing peak age periods for outcomes. These data were compared to the general population using a matched control group. Results show that the risk of offending, including sexual offending, was significantly greater for people who had confirmed sexual abuse during childhood. The picture was particularly bleak for boys who were sexually abused after the age of 12 years, where almost 1 in 10 went on to accrue a conviction for sexual offending as an adult. Results from this important study will be presented, followed by a discussion of the relevant policy implications for early identification and intervention with victims of CSA.



## FRIDAY 18<sup>TH</sup> OCTOBER 2013 – KEYNOTE ADDRESS ABSTRACTS

### COGNITION AND EMOTION: HOW DO OUR THOUGHTS AND FEELINGS LOOK INSIDE OUR BRAIN AND IN OUR HEART

Robert Longo

In recent years there has been a focus on the use of self-regulation skills to address trauma and other mental health disorders, as well as mindfulness training. Cognitive behavioral therapies and emotional regulation are often a mainstay in working with youth, both victims and perpetrators of sexual abuse.

Biofeedback, a non-invasive form of treatment, is a process that enables an individual to learn how to change physiological activity for the purposes of improving health and performance. Precise instruments measure physiological activity such as brainwaves, heart function, breathing, muscle activity, and skin temperature. These instruments rapidly and accurately “feedback” information to the user. The presentation of this information — often in conjunction with changes in thinking, emotions, and behaviour — supports desired physiological changes. Over time, these changes can endure without continued use of an instrument. The therapist attaches sensors or electrodes to the body and these sensors provide a variety of readings – feedback – which is displayed on the equipment for the patient to see. The signals typically measure skin temperature, muscle tension and/or brainwave function.

With this information, sexual abusers (and victims of sexual abuse), can learn to make changes so subtle that at first they cannot be consciously perceived. With practice, however, the new responses and behaviors can help to bring relief and improvement to a variety of disorders. These technologies and specialised training, are readily available to clinicians and practitioners at reasonable costs. Case examples of sexual abusers and victims will be presented.

### BEYOND EMPATHY: ALTRUISM AND THE TREATMENT OF SEX OFFENDERS

Tony Ward

Treatment programs for serious offenders such as sex offenders typically include an empathy training component as part of a comprehensive intervention package. The reasons for doing so are partly based on research evidence indicating that social disconnection and relationship ruptures often trigger offending and also because it is hard for people to grasp how individuals can inflict severe harm on others without lacking empathic capacities. In this paper I examine Philip Kitcher’s concept of psychological altruism and altruism failure and consider its conceptual relationship to empathy and morality. I then apply Kitcher’s multidimensional concept of altruism to the field of sex offender rehabilitation and argue that it can provide a useful theoretical framework through which to approach the various tasks of practice.



## THURSDAY 17<sup>TH</sup> OCTOBER 2013

### CONCURRENT SESSIONS 1: 11.00am–12.30pm

#### Concurrent Session 1.1

**Eric Hudson, Ivan Clarke & Hector Terare**, Education Centre Against Violence – NSW

##### **Strong Aboriginal Men (SAM) (90 mins)**

The strong Aboriginal men's workshop is designed to support Aboriginal men in both rural and metropolitan settings to address the issues of child protection and domestic violence in their respective communities. The structure of the workshops is designed to firstly create a safe environment where men can talk openly about their own experience of growing up in trauma (including sexual assault). This is achieved by educating the men about what trauma is, their own experience of trauma and how they have possibly structured their lives around that trauma by learnt behaviours. The men are supported to discuss the impact of colonisation, displacement and stolen generation by a patriarchal system and how it was used to disempower Aboriginal men and dissolve their roles and responsibilities. SAM explores the trans-generational impact and the ongoing affect for Aboriginal people in a modern context and how these issues (sexual assault, domestic violence and family violence) have become so prevalent for Aboriginal people. SAM is presented in conjunction with ECAV's Strong Aboriginal Women's program with a desired outcome of getting communities to work unitedly for the safety of women and children in their communities and to develop projects and programs that maintain wellbeing and safety for future generations.

#### Concurrent Session 1.2

**Professor Stephen Smallbone & Sue Rayment-McHugh**, Griffith University – Qld

##### **Measuring and reporting outcomes of sexual offender treatment services (90 mins)**

Service providers are increasingly subject to demands from funding agencies to demonstrate the effectiveness of their services. This workshop will address a range of challenges associated with designing evaluations, and obtaining, analysing, interpreting and reporting outcome data. We will use examples from our own service – Griffith Youth Forensic Service (GYFS) – to illustrate these challenges and to facilitate a focused discussion. Among the topics covered will be 1) are randomised control trials (RCTs) viable, and if not what are the best alternatives? 2) when is the right time to obtain recidivism data? 3) what else can be evaluated before recidivism data are obtained? 4) how can outcomes of non-RCT designs be attributed to interventions? and the big questions 5) what works, for whom, under what circumstances, and how?

#### Concurrent Session 1.3

**Jenny Wing**, Children's Protection Society – Vic.

##### **Who cares for the children who can't live at home? (45 mins)**

The Children's Protection Society (CPS) in Melbourne, Victoria, has been providing treatment for young people who have engaged in sexually abusive behaviour since 1994. The majority of young people we work with can be safely maintained within their families while they engage in the therapeutic process of addressing their sexually abusive behaviours. However a small minority of adolescents are removed from their families in an effort to keep themselves and/or siblings from experiencing further harm.

But where do they go? Remember that we are talking about children under the age of 18. Many of these young people have never lived outside of their family environment before, and suddenly find themselves in residential care having to negotiate their own safety amongst a group of adolescents who all have varying issues and needs. Furthermore, young people who have been charged with a sexual offence and require secure containment are often vulnerable if incarcerated in a secure facility that is not set up to meet their particular care and treatment needs.

With support from Barnados New Zealand, CPS completed a scoping project to identify the specific care needs of young people who have caused sexual harm. This presentation will discuss the key elements of care young people who have engaged in sexually abusive behaviours require to support their treatment while assisting them to process their own traumatic wounds.

### Concurrent Session 1.3

**Lisa Cox**, Gippsland Centre Against Sexual Assault – Vic.

#### **In or out? (45 mins)**

This paper describes the development of a framework to guide decision making regarding the placement of young people who have sexually harmed. Current practice in the region of Gippsland reflects a lack of consistency in placement decisions through an absence of shared framework across the service system. There is a predominate focus on the individual who has sexually harmed and determining a categorical level of risk. Consideration of systemic and situational factors is limited in formulating placement decisions.

Recent work addressing situational principles in the prevention of child sexual abuse (Wortley and Smallbone 2006 and, Smallbone et al 2008) has adopted a broader perspective in assessing signs of safety and elements of risk. To address concerns identified in current practice and to strengthen placement decision making GCASA is developing a framework that can be utilised across the service system. The proposed framework is informed by Finklehor's 'Four preconditions of sexual assault' model, situational prevention principles and Western Australian Child Protection Signs of Safety practice (2011).

GCASA will partner with the service system to apply the framework to cases of young persons who have sexually harmed where placement is under consideration. The framework aims to inform placement decision making at the initial point of notification of sexual abuse and throughout the period of intervention. The aim of applying the framework is to increase levels of consistency in the placement decision making process and enhance understanding of factors contributing to safety. It is hoped that this work will be an initial step towards safe placement for both young people and children at risk.

### Concurrent Session 1.4

**Dr Chris Lennings**, LSC Psychology & Charles Sturt University, Faculty of Policing & Law Enforcement – NSW

#### **Damned if you do and damned if you don't: Sexual abuse claims in clinical and forensic psychology (90 mins)**

There is a tension between assessing (forensic interviewing) and treating professionals (clinical approaches) to reports of child abuse in family referrals. A forensic approach has an over riding duty to the court for impartial reporting and a skeptical approach to claims made, a treating expert on the other hand is expected to validate a client's account, develop a working rapport and engage in providing assistance. On the face of it the two approaches can be contradictory, leading to uncomfortable tensions between professionals when called to give evidence, where the clinician acts as if they have a factual understanding of a matter that is yet, in fact, to be decided or adjudicated. The tensions involve ethical, professional and human responses to allegations and the harm children encounter from both parents and family friends, and from the "system". The current seminar reviews the various professional association position statements on working with children and families in allegations of sexual abuse, discusses some recent cases in which clinical and forensic psychologists/psychiatrists had different understandings, and the issues professional allegiance brings to bear in such difficult matters. In the process methods for assessing risk of harm to children, not only from sexual abuse but from false claims of sexual abuse, will be discussed.

### Concurrent Session 1.5

**Kiri Luther & Joanna Morrison**, WellStop – NZ

#### **From deviant sexual fantasies to healthy sexual behaviour (45 mins)**

This presentation will discuss the case of a married man who struggled to have a healthy sexual relationship with his wife, choosing child internet pornography as a way of fulfilling deviant sexual fantasies. We will present a therapeutic journey/treatment that outlines the steps in which the client and his wife are supported back into a safe and intimate, trusting, sexual relationship. Exploring the difficulties, the fears, the vulnerabilities and how sex therapy supports the process of rebuilding intimacy within a sexual relationship. Assessment and homework exercises that offer an opportunity for improved communication and a new sense of pleasure will be discussed.



## Concurrent Session 1.5

**Chris Kozar**, Deakin University – Vic.

### **The role of the therapeutic alliance in the treatment of sex offenders (45 mins)**

The importance of attending to group process issues in the delivery of offending behaviour programs, particularly in the treatment of sex offenders, has more recently received greater attention. Qualitative research is described in which therapists of offending behaviour programs discussed their views about the therapeutic alliance and the strategies they used to respond to problems in the alliance. Results suggest that therapists work in three different alliance modes depending on their experience, theory of change, and the nature of the program being delivered. A range of ruptures were also found to occur at different aspects of the therapeutic alliance: the negotiation of tasks, formation of treatment goals and development of a therapeutic bond. Strategies to assist rupture resolution are outlined that include identification of the rupture, engagement with clients and techniques to foster a better understanding of the link between ruptures and problematic behaviours linked to offending. Recommendations are made for clinical practise and on how correctional administrators can support therapists to enhance treatment outcomes in sex offender programs.

## THURSDAY 17<sup>TH</sup> OCTOBER 2013

### CONCURRENT SESSIONS 2: 1.30pm–3.00pm

## Concurrent Session 2.1

**Joy Te Wiata & Russell Smith**, Korowai Tumanako – NZ

### **Rethinking clinical practice (45 mins)**

Joy and Russell share their journey to establish the only Indigenous Sexual Violence Prevention and Intervention (Treatment) Service in Aotearoa New Zealand which works collaboratively with families and their communities towards the elimination of sexual violence.

This workshop asks participants to step outside of often rigidly held boundaries that separate the clinical from the cultural and which frequently result in one being rejected in favour of the other. In the Harmful Sexual Behaviour sector scientific knowledge is primarily privileged over cultural knowledge.

Mason Durie (2011) states that such contests between the validity of Indigenous Knowledge and Scientific Knowledge, the key informant of Western practice, distracts from the exploration and production of practice at the interface of both systems of knowledge without compromising the integrity of either.

Without engaging in this debate, Russell and Joy discuss the production of some alternative clinical interventions that have arisen from NZ Indigenous knowledges and practices. They discuss the applicability and effectiveness of these interventions within Maori and diverse communities in Aotearoa New Zealand. They also invite participants to consider how their own culture informs their clinical practice and how an exploration of culture creates space for the generation of innovative practice.

**Moana O'Brien & Sue Burns**, WellStop – NZ

### **A Maori perspective on working with clients with harmful sexual behaviour (45 min)**

All of the models in the international literature are based on a Western academic framework. However over time these have not necessarily provided the best way of engaging with Maori clients and their families. In this seminar we intend to explore some Maori approaches to therapy and social work and to consider the usefulness of Western models with Maori clients. We will discuss cases that illustrate the range of options for working with Maori and consider the broader question of the interface between Western and Maori systems of knowledge.

**Nola Forsyth**, SAFE Network – NZ

**Sexual till the day we die? Working with older men who have exhibited sexually harmful behaviour towards children. What does the research tell us? What are the issues which present in treatment? (30 mins)**

This 30 minute presentation summarises what is known in the international research about age and sexual recidivism. It also examines practice experiences – key themes emerging from treatment of a group of men, child sexual abusers, over 60 years of age at SAFE network Inc, New Zealand's largest community based clinical service for the treatment of sexually harmful behaviour. Implications for treatment are discussed.

**Richard Parker**, Juvenile Justice – NSW

**Low self control or just doing what you want? Reconceptualising the role of emotions in child sexual assault (30 mins)**

All major theories of child sexual assault posit that low self-control is a contributing factor to some assaults. Low self-control has a number of conceptual problems, including circularity of definition and the problematic concept of “out of control”. An alternative proposition is that, at the time of the offence, the offender wanted to commit the offence more than they wanted not to. This conceptualisation allows space for moral emotions to be considered as potential restraints to offending. Data from a group of adult child sexual offenders is presented to support this hypothesis.

**Sam Kilby**, Griffith Youth Forensic Service – Qld

**Understanding and managing the occupational health impacts on investigators of internet child exploitation (30 mins)**

There is an increasing supply and persistent demand for internet child exploitation (ICE) material, requiring committed efforts from law enforcement agencies and others to control the problem. An unfortunate but necessary drawback from the investigation process is that investigators must be exposed to ICE material and other potentially disturbing content. At present, the impact of ICE investigation on investigator wellbeing is under-researched and poorly understood. This paper will present new data on personal and work-related factors that may influence ICE investigators' psychological and physical health as well as social and other outcomes. A mixed-methods approach was used, consisting of quantitative (n = 331) and qualitative studies (n = 32) with employees of all nine Australian law enforcement agencies. Results indicated that most ICE investigators are resilient to this work, but that there may be certain individual and organisation factors that are related to poorer outcomes. This research may have implications for recruitment and other organisational practices within ICE investigation agencies, which may assist with promoting employee wellbeing and longevity in the role. The wider implications of the findings for others working in the sexual abuse field (e.g. victim and offender services) will also be considered.

**Jenny Wing**, Children's Protection Society – Vic.

**Angry boys/wounded children (60 mins)**

There are a small number of young people in Victoria whose harmful behaviours cannot be managed within their family, and existing out of home care programs struggle to support consistent safety plans as well as respond to sexually abusive behaviours that can continue while young people are in care. However, in Victoria there are extremely limited options for addressing the problem of 'what to do' with very aggressive young people who are also some of the most traumatised children in the state.

How do we ensure that community safety concerns are not manifested in a way that compromises or precludes treatment? Community safety should be the primary concern, however we need to take a long term rather than short term view of community safety. How do we ensure that a short term response of securely containing young people who have engaged in sexually abusive behaviours supports the longer term goal of community safety?

In an effort to explore this question, the Children's Protection Society (CPS) in Melbourne undertook a scoping project in 2012 to identify the key elements of care required to appropriately manage the aggressive behaviours of this cohort of adolescents within a secure therapeutic environment that responds to their traumatic histories and vulnerabilities. This workshop will engage participants in a discussion of the dilemmas that arise when considering the question of secure containment of young people who cause sexual harm:

1. Should young people be incarcerated for engaging in sexually abusive behaviours?
2. Is it ethical to remove young people from society?
3. Is it ethical not to?
4. Is a youth justice response to sexually abusive behaviours appropriate?
5. Is a developmental approach to addressing sexual behaviours, even very dangerous behaviours, more appropriate?
6. Can a developmental approach and a containment policy sit together?
7. What are the ethical considerations for containing young people who have caused sexual harm in secure facilities designed to respond to particular treatment and care needs?

**Damien Gafforini**, Children's Protection Society – Vic.

**Therapeutic advisor: Reflections (30 mins)**

There is abundant anecdotal evidence which highlights a proportion of young people who reside within the residential care system have engaged in some form of problematic sexualised behaviour. While there have been significant movements towards a more therapeutic approach to the care of young people who find themselves residing out of home, there is an immediate need to better equip those staff who currently work within the residential system. In late 2012 The Children's Protection Society was granted funding to develop a pilot that would provide a specialised service to the residential care sector. The focus of this pilot was to develop the role of therapeutic advisor that would provide both a consultative and training service to staff who provide care for those young people residing out of home, with the particular focus of those young people in care who have engaged in problematic and sexually abusive behaviours. The purpose of this 45 minute presentation is for the therapeutic advisor to reflect on his experiences in the role and some of the systems challenges he has faced when providing support to residential services for some of the most complex and traumatised young people. This presentation will also reflect on some of the key components of therapeutic residential care and how some of these could be readily applied to the wider residential system.



## Concurrent Session 2.4

**Helen Sullivan**, Wellington Sexual Abuse HELP Foundation – NZ  
**Kim Lund**, Wellington Sexual Health Service – NZ

### **Who are you? A sexual violence prevention program (45 mins)**

Who Are You? is a multi-media sexual violence prevention campaign using the guiding principles of the ethical bystander concept (Carmody, 2009).

Who are you? asks each viewer to consider:

- becoming an 'ethical' bystander rather than simply a 'bystander'
- taking action to help keep others safe
- how can I better look after myself and others?

Who are you? focuses on the small ways individuals can intervene safely and positively in situations, long before they get to the point of harm.

Who are you? has been informed by Moira Carmody's Sex and Ethics programme for sexual violence prevention. It utilises radio segments which link listeners to a powerful short film via the internet and invites people to take small actions to help keep others safe. The initial campaign was run in Wellington, New Zealand in October 2011. The social media campaign incorporated radio, internet and ground events and was timed to coincide with the NZ Rugby World Cup. The successful local grassroots project was nationally promoted in February 2012, and once again in 2013. The campaign is a collaboration between commercial radio, sexual violence and health services, and Police. During the first two campaigns, there were over 48,000 views of the film and over 62,000 unique visits to the dedicated website. Facebook and direct visits were the highest ranked means by which people accessed the short film. This seminar will discuss the genesis of the project, the collaborative process, and the future of Who are you?. There will also be a presentation of the campaign material and a toolkit that was developed subsequently to accompany the film.

**Melissah Stubbs & Cara Hammond**, SECASA AWARE – Vic.

### **Eyes up! The challenges faced by female clinicians working with violent men, sex offenders and young people with sexually abusive behaviours (45 mins)**

This presentation examines the experiences of women who have worked with violent men, sex offenders and young people with sexually abusive behaviours.

There are limits to what can be achieved in a therapeutic relationship generally. In a prison setting there are even more limits. For female clinicians there are additional issues that present as challenges. These include, amongst others, wariness of female clinicians, general negative views of women, and the scrutiny of female therapists for evidence of sexualised behaviour.

How does this compare to the world of children and adolescents who have engaged in problem and sexually abusive behaviours. Are there similar challenges? Do the same influences exist?

## Concurrent Session 2.5

**Dr Karen Owen & Bea Raymond**, VicPsychPlus – Vic.

### **Assessment of deviant sexual arousal: the Australian context (90 mins)**

Best practice methods of assessment stipulate that an independent measure of sexual arousal/sexual interest should be incorporated into every comprehensive sexual offence risk assessment. There are a variety of methods to undertake measures of arousal around the world. In Victoria and presumably Australia use of these methods have been limited to date. This workshop will overview current available methods and debate their use in the Australian context.

## THURSDAY 17th OCTOBER 2013

### CONCURRENT SESSIONS 3: 3.30pm–5.00pm

#### Concurrent Session 3.1

**Andrea Guest**, Children's Protection Society – Vic.

**A balancing act: The dilemmas and challenges of taking a family approach to sibling sexual abuse (30 mins)**

This presentation will focus the complexity of working with the whole family in cases where a young person has engaged in sexually abusive behaviour of their younger sibling or other children in their family network, including considerations of separation and reunification issues. The importance of integrating traditional approaches to this work will be discussed, to ensure that the needs of each family member are honoured in the healing process of the family.

The Sexual Abuse Counselling and Prevention Program (SACPP) at CPS are particularly exercised by the challenge of achieving a balance in individual safety and the wellbeing of all family members. This presentation will look at case studies in which balancing the best interests of different family members, which at times were in potential if not actual conflict, has posed challenges and dilemmas. These challenges and dilemmas exist not only for the families but also for the counsellors working with them and their supervisors. This presentation will provide ideas and approaches to consider for those programmes that walk this difficult journey with families.

**Julianna Demetrius**, NSW Ombudsman – NSW

**Findings of the NSW ombudsman audit: Aboriginal child sexual assault (45 mins)**

At last year's ANZATSA conference, the NSW Deputy Ombudsman/Community and Disability Services Commissioner, together with the Director, Strategic Projects Division, addressed delegates about our work in relation to addressing Aboriginal disadvantage, including our then on-going audit of the NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities.

In January this year, the Ombudsman released his final report detailing the findings and recommendations of the comprehensive, three-year audit. The NSW Government is currently considering the audit's findings and recommendations.

The issues explored by the audit cut across many of the specific themes identified for this conference. Given the currency, breadth, evidence-based focus and practical application of the audit, a paper based on its findings would be of considerable interest to conference delegates.

Rather than submit a specific abstract, we would welcome the conference committee's direction as to the particular themes it would like our paper to explore – we have made a number of suggestions below for the committee to consider. Alternatively, a paper providing an overview of the audit, focusing on key findings and recommendations overall, and the NSW Government's response, could be delivered. A third option would be a paper combining an overview and a more in-depth discussion of one or two specific themes.

Specific themes for consideration:

- improving the provision of therapeutic responses to victims of child sexual abuse and children and young people who display sexually abuse behaviours
- resolving issues of access to forensic medical examinations for victims of child sexual assault in rural and remote areas
- operational challenges to the effective joint investigation of child sexual assault: a review of the NSW Joint Investigation Response Team
- law reforms that could improve the criminal justice response to child sexual assault.

**Cleave McDonald & Kelly Strange**, Sex Offender Registry, Victoria Police – Vic.

**The other side of compliance: Innovation in police management of registered sex offender risk (30 mins)**

The Sex Offender Registry unit within Victoria Police maintains the register of sex offenders, coordinating the registration and reporting process, collecting information and maintaining the database system. The Offender Management Framework is a Victoria Police innovation designed to:

- Complement the registration (data-collection) process through gathering risk related intelligence
- Optimise resources to monitor registered sex offenders in the community
- Provide a flexible long-term strategy for the prioritisation of high-risk registered sex offenders

The process of sex offender risk assessment is increasingly relied upon by such preventative schemes to identify offenders who pose the highest risk of further offending. In accordance with the literature the new framework introduces a comprehensive 3 step process to guide the supervision and surveillance of registered sex offenders:

1. Static risk assessment using specialised, validated tool
2. Dynamic risk assessment using a newly designed tool especially for police
3. Offender management plans for priority cases

The key features of the framework will be outlined as well as their benefits and limitations. The innovative components of this approach, especially within a policing agency will be highlighted as will the crucial strategies being employed to support a successful implementation. There is scope for some preliminary data to be presented regarding the number of offenders targeted, number who have been found to be in breach of obligations and reduction in reoffending. This will be presented alongside anecdotal accounts from field detectives about the impact of the improved intelligence capability on their work with registered sex offenders.

**Astrid Birgden**, Just Forensic – Vic. & Anni Hesselink, University of South Africa

**Sex Offender Registers and Community Notification In Australia and South Africa – Are they Likely to Work?**

Legislation has been applied in South Africa and Australia to manage serious sex offenders. A contextual issue in South Africa is a belief that sex with a virgin will cure a man of HIV/AIDS. The *Criminal Law, Sexual Offences and Related Matters Amendment Act 2007 (South Africa)* has included sex offender registers and there have been calls for the compulsory testing of suspects because of the high rate of HIV/AIDS. In Australia, legislative developments have included state-based sex offender registers, extended supervision orders, and indefinite detention, and now progression to community notification. These strategies are designed to manage the risk of sexual re-offending, and may or may not be based on predicted risk of re-offending. Either way, social science evidence indicates that such strategies alone are unlikely to reduce re-offending. The presentation will consider the role of deterrence-based law in Australia and South Africa, whether contemporary legislative developments will reduce the likelihood of sexual offending and so enhance community protection, and the human rights implications.

**Nadine McKillop**, Griffith University – Qld

**Comparisons between adolescent-onset and adult-onset sexual offences against children: an examination of first offence characteristics (30 mins)**

It is often assumed that adolescent and adult sexual offending is, in many respects, only distinguishable by stage of development (e.g. Abel, Osborn & Twigg, 1993) often leading to the adoption of blanket approaches to its prevention. The question remains as to why some individuals begin sexual offending in adolescence, whilst others do not begin to offend sexually until adulthood despite often having similar dispositional and developmental vulnerabilities. To our knowledge, no research has directly compared the contexts and circumstances in which adolescent and adult sexual offences first occur in order to determine whether any differences (or commonalities) in fact exist. We integrated three datasets in order to conduct a direct analysis of adolescence-onset and adult-onset sexual offences against children. In this presentation we discuss the commonalities and differences found between the two onset-groups and what this may mean for understanding life-stage origins of child sexual abuse and its prevention.

### Concurrent Session 3.3

**Brooke Harris & Shanthani Ponnusamy**, SECASA AWARE – Vic.

#### **Therapeutic treatment of children, young people and their families – HOW we do it! (90 mins)**

The South Eastern Centre Against Sexual Assault SECASA, AWARE Program (originally Southern SACPP) has been providing assessment and treatment of problem sexual and sexually abusive behaviours for children and young people in Victoria for the past 12 years (2001). The AWARE program treatment provisions include individual, dyadic, group and family therapy/ treatment.

The AWARE treatment provision includes a newly piloted 15 week group treatment program for young people and their parents/ carers. The group program will be showcased in the context of providing a dynamic experiential workshop, intended to provide professionals with innovative practise techniques currently used in providing treatment to children, young people and their families. Also showcasing work practises, professional reflections and treatment outcomes for young people and their families attending the AWARE group treatment program.

### Concurrent Session 3.4

**Hector Terare & Julie Shelley**, New Street NSW

#### **Connectedness and identity: Addressing sexual abuse with Aboriginal families living in urban areas (60 mins)**

The principal objective of this paper is to present a model to assist in understanding important aspects of Aboriginal identity. This understanding is then used to explore the importance of identity issues when addressing sexual abuse with Aboriginal families. A focus of this paper will be considering identity issues for Aboriginal families living in urban areas.

**Rebecca Biggs & Chris Kozar**, Sex Offender Programs – Corrections Victoria

#### **Piloting a Dialectical Behaviour Therapy with high risk and complex needs sex offenders: Lessons learnt following one program cycle (30 mins)**

In Victoria, there are a growing number of offenders placed on post-sentence Supervision Orders due to the 'unacceptable risk' they pose to the community. These offenders have largely 'failed' treatment due to a range of pervasive dynamic risk factors stemming from personality dysfunction, such as poor insight, emotion regulation problems, and interpersonal difficulties.

In response to this growing demand, a Dialectical Behaviour Therapy (DBT) program that incorporates the concept of 'risky mind' has been adapted and piloted with high risk and complex needs sex offenders. A number of measures have been used to assist in the evaluation of the program, including administration of the Structured Clinical Interview for the Diagnosis of Axis II disorders. Data will be presented to describe the range of clinical traits of individuals included in the program to date and case examples will be described to demonstrate the utility of using DBT with these clients. Central themes that have emerged following the completion of a program cycle will be described along with plans for more formalised evaluation processes.

**Lynn Romeo**, Senior Gita Yoga Teacher and Social Worker – Tasmania

**Making whole with yoga (60 mins)**

MAKING WHOLE WITH YOGA – Is a gentle journey, using metaphor and research to glimpse the blockages that trauma can create and the various ancient Yoga techniques which quite naturally support people in their quest for inner safety, well-being and wholeness (healing).

Gita Yoga is designed specifically for Western bodies and minds, with a background understanding of the role the sub-conscious plays in guiding and protecting us. Students find their own gradual path through progressive stretches, postures, breathing exercises, relaxation and meditation techniques. Along the way, some dissolve the effects of past trauma without necessarily knowing so. Once in a while, others, like Lynn, find themselves gently cradled towards their inner black holes and blockages, eyes wide open, completely under their own steam, and are surprised by the sense of liberation, health and clarity that come from facing the challenges.

This presentation will offer fresh, creative views on some of the essential elements of the trauma transformation process. It will give participants an affirming experience of simple Yogic balancing strategies and the growing body of research that shows the tangible value of learning how to be in the moment, create rhythms, make conscious choices, take effective action, be in touch with one's body and sense internal and external change.

**Jenny Howell**, Forensic Psychology Practice – NSW

**Problems with community reintegration after conviction for child sexual assault (30 mins)**

Through the use of a case study we will examine the difficult balance between an individual's and the community's interest; the need for effective rehabilitation that supports an individual's physical, emotional and psychological needs. Michael was convicted of four counts of sexual assault of a minor. He served five years in custody and has two years probation to serve. Given the nature of Michael's crime and the current laws in NSW, restricting the residency options for convicted sexual offenders; acceptable housing was not found for Michael prior to his release. as a consequence Michael was housed in community housing provided by the Department Of Corrective Services, in a country town in rural NSW. Michael is frustrated and is unable to see change in the future. He has begun to use self-injurious behavior to manage feelings of hopelessness and argues that returning to full-time custody for the remaining period of his parole would greatly reduce his stress, anxiety and frustration.

## FRIDAY 18<sup>TH</sup> OCTOBER 2013

### CONCURRENT SESSIONS 4: 10.30am–12.00pm

#### Concurrent Session 4.1

**Claire Wyatt**, STOP Adolescent Programme – NZ

##### **Actions speak louder: Using active methods with families and adolescents to consider and support change (90 mins)**

Activity based family work is a personal, powerful and appealing approach to therapy. Based on adventure therapy ideas, we have adapted these activities for families of adolescents in our programme who have engaged in harmful sexual behaviour. Families seem to find it both engaging and memorable and counsellors are able to explore family dynamics as they happen. Families are often surprised by their ability to work together in supportive and trustworthy ways (unique outcomes) which often differs from their usual way of operating (problem story). This experiential medium brings life to conversations of change.

Workshop participants will be able to experience several interactive activities that any counsellor can run in the counselling room. These activities have engaged a number of families in discussions about safety, trust, support, ways of communicating, sorting out conflict, and caring for individuals. This workshop will include experiencing and learning how to process these activities with families and take a brief look at research that asks families what they have found useful in active and adventure based approaches.

#### Concurrent Session 4.2

**Lesley Ayland**, WellStop – NZ

##### **Using the Good Way model to address trauma and reactive behaviour with clients who are younger and/or have lower cognitive functioning (180 mins)**

The Good Way model is an integrative model that is grounded in the language and conceptual framework of clients with an intellectual disability. It draws from both strengths based and relapse prevention approaches and uses techniques from narrative therapy. While originally developed by Lesley Ayland and Bill West for adolescents with harmful sexual behaviour, it has been used in wider contexts with other behavioural concerns, especially, though not exclusively, those behaviours that occur as a reaction to a history of trauma and abuse. This interactive workshop will introduce the key concepts of the Good Way model and then focus specifically on its use with assisting clients with issues of trauma. The Good Way model has been used with both male and female clients and with clients from age 8–70. It has also been modified for the non-disabled population.

*NOTE – Continued to Session 5.2*

#### Concurrent Session 4.3

**Ivan Trofimoff**, SAFE Network – NZ

##### **Positive sexuality (90 mins)**

The goal of this seminar is to present the topic of sexual health and positive sexuality as a focus for clinicians who discuss sexuality with their clients. It is not exclusive to the treatment of adults or adolescents who have committed sexual offences or who have been sexually abused themselves. The concept of sexual education for single adults and couples is becoming more widely accepted. Sexuality is a quality of life issue; the aim of positive sexuality treatment is not only to avoid dysfunctions but to improve sexual health and sexual enjoyment through better quality information. It is about reinforcing the healthy aspects of the person's sexuality by building on them and reconstructing sexuality into a more positive and health oriented aspect of their daily lives. This contrasts with the relapse prevention or deficits models that were traditionally used to work with clients in sexual offending treatment programs, models that are still in use in some programs today.

The presentation also covers the need for doctors, psychiatrists, psychologists, psychotherapists and other health professionals to have correct information about normal and healthy sexual functioning, and be able to give a balanced view in order to deliver an informed treatment that builds on strengths and appropriate sexuality as a way to redirect inappropriate, unhealthy and dysfunctional sexual fantasies or actions. The presentation also focusses on the historical understanding of healthy sexuality in various societies, up to the current definition of the World Health Organization (WHO) and The World Association for Sexual Health (WAS). Sexual health, and sexual education and therapy, are not exclusive to younger persons but a lifelong adaptation to our changing bodies. Several therapeutic approaches to sexual health are discussed and an integrated positive sexuality model is proposed.



#### Concurrent Session 4.4

**Neil Whitla**, Children's Protection Society – Vic.

##### **Thinking of risk (45 mins)**

Thinking about risk more than the risk of doing it again.

As a therapist working in the field of sexual abuse by adults and more recently, adolescents and children who have sexually harmed, assessing risk has become a much broader consideration than just the 'level of risk and associated management strategies'. While this focus is important, it seems too narrow and does not encompass the much broader context of 'who and what is at risk'. To better understand this and gain an appreciation of others experiences, it was important to look at my engagement with other professionals, individuals, families and the broader community and integrate the knowledge's gained, into my risk assessment and subsequent recommendations.

This presentation will address a variety of factors relevant to risk which are of importance to individuals, families and other professionals that I work with. I will speak to how these factors are integrated into risk assessments and recommendations, which not only support greater safety, but also limit unintended harm.

**Kiri Luther & Jo Morrison**, WellStop – NZ

##### **Mindfulness: Its role in a community based treatment program for people who have sexually harmed others, and the use of biofeedback to facilitate learning (45 mins)**

Mindfulness was first introduced in Western Psychotherapy at the end of the 1970s as a way of regulating emotions and behaviour and becoming aware of the thoughts that drive these processes. Since then it has been integrated into a number of therapies such as Cognitive Behavioural Therapy and Group Therapy, with positive results. This presentation will outline what mindfulness is and how it is used in a sexual offender treatment program based in Wellington, New Zealand. Through the presentation of two case studies, we will then discuss the use of biofeedback methods as a way of teaching young people and individuals with intellectual disabilities the art of mindfulness.

## FRIDAY 18<sup>TH</sup> OCTOBER 2013

### CONCURRENT SESSIONS 5: 1.00pm–2.30pm

#### Concurrent Session 5.1

**Bea Raymond & Dr Karen Owen**, VicPsychPlus – Vic.

##### **Vicarious trauma, resilience and self-care in working with sexual offenders (90 mins)**

Those who work with sexual abusers are frequently exposed to the victimisation of others. Given the nature of the work, professionals can be particularly vulnerable to the experience of vicarious traumatisation. Vicarious trauma is viewed as a normal reaction to extremely stressful work which comes at a high cost for both the individual and the workplace. Vicarious trauma impacts upon the physical and emotional health of the individual, which in turn affects their capacity to perform work tasks. This workshop is planned to be a fun and interactive way to identify sources of potential trauma. The workshop is formatted to allow participants the opportunity for participants to have the opportunity for debriefing in a supportive environment with like minded professionals doing similar work and provide participants a framework and strategies for developing resilience and self care plans.

#### Concurrent Session 5.2

**Lesley Ayland**, WellStop – NZ

##### **Using the good way model to address trauma and reactive behaviour with clients who are younger and/or have lower cognitive functioning (180 mins)**

*Continued from Session 4.2.*

### Concurrent Session 5.3

**Cyra Fernandes & Jessica Murphy**, Australian Childhood Foundation – Vic.  
**Anne Welfare**, Department of Human Services – Vic.

#### **Working collaboratively with statutory and community organisations: The multi-systemic treatment of sexually abusive behaviour in young people (60 mins)**

There is an emerging body of evidence that indicates that best practice for the treatment of sibling sexual abuse (SSA) is a multi-systems approach. The importance of such collaborative practice is becoming increasingly evident in working with this population, and their network (for example, parents, family, school, other community and statutory agencies). Such issues are highlighted when working with clients who are subject to statutory orders. These clients attend treatment with an increased level of complex issues, often including histories of trauma, which require a cohesive intervention that addresses these in a timely, coherent and sequential way. This conference presentation will first discuss the associated theory around sibling sexual abuse and complex trauma. Further, it will explore a framework for working collaboratively (with multiple systems) with young people who have engaged in sexually abusive behaviour with their siblings. A case example of intervention for a client involved with both the Department of Human Services and a Sexually Abusive Behaviour Treatment Service (SABTS) provider will be discussed, which highlights the strengths and difficulties of working cross-organizationally with this group of clients. Implications for case management and clinical decision making will be explored along with creative ways of intervening and, managing risk.

**Nola Forsyth**, SAFE Network – NZ

#### **Sexual violence and the Arab spring – HarassMap – a grass roots response to the sexual harassment of women (30 mins)**

This 30 minute seminar describes a grass roots movement in Cairo, Egypt, which has developed “HarassMap” in response to women’s repeated experiences of sexual harassment in public and in political protests during the recent Arab uprising. “HarassMap” uses mobile technology, Google Maps, Facebook, Twitter and Youtube to report, track and expose incidents of sexual harassment in public in order to document the extent of the problem and to encourage social change. Community volunteers offer support to the women and educate local neighbourhoods to eliminate sexual harassment.

### Concurrent Session 5.4

**Jenny Howell**, Forensic Psychology Practice – NSW

#### **Autism Spectrum Disorder and sexual behaviour problems (30 mins)**

The presentation will examine a sample of young people with sexual behavior problems and a diagnosis of Autism Spectrum Disorder. We will examine the background issues, diagnosis, prevalence and conceptual perspectives of Autism Spectrum Disorders and the implications for assessment and treatment.

**Olivia Dwyer**, Gatehouse Centre, Royal Children’s Hospital – Vic.

#### **In him to do (60 mins)**

This proposed presentation will examine what contributed to the circumstances where an adolescent boy came to sexually abuse his sister. Psychoanalytic psychotherapeutic case material will be used to highlight how this the attachment hungry adolescent was able to successfully use the therapeutic relationship to transform his need to be close to another from abusive into healthier ways of connecting.

This adolescent’s childhood trauma impacted on his capacity to organise and regulate his sexual thoughts and feelings. In the therapeutic process the adolescent boy presented with risks of harm to himself and others including risk of causing harm to the therapist. The transference/countertransference relationship of the adolescent and therapist will be discussed to explore nuances of risk and safety including case material of the adolescent’s fixation on, and fantasies of, stalking the therapist as well as his risk of engaging in further sexually abusive behaviours within his family and broader community.

To understand this adolescent’s positive transformation psychoanalytic principles of sexual development, inter-parent pathological hatred, transference and countertransference will be discussed. Of focus will be the work of Ruth Stein, Anne Alvarez, Timothy Keogh and Steven Demby. The title of the presentation ‘In Him To Do’ is a reference to Alvarez (2012) who described how the impact of childhood trauma can be internalised and be ‘in them to do’. This case study describes how inter-parent pathological hatred was projected into this adolescent and in turn he acted this out. His parents could not meet his needs as he was used as an object in his parents’ battle of hatred. Contributing to this adolescent’s sexually abusive behaviors was a likely internalisation of his father’s attack on his mother as well as his desperate need to be close to another.

**Concurrent Session 6.1**

**Caleb Carati & Kiri Luther**, WellStop – NZ

**The real world programme: An overview of WellStop's group treatment programme (45 mins)**

An Overview of WellStop's Group Treatment – The Real World Programme Treatment for sexual offenders is constantly evolving as a result of upcoming research and clinical intuition. When it comes to working with clients with an intellectual disability, however, there is a paucity of research and guidance with this population. Therefore, WellStop has developed a series of modules that we believe address some of the key issues that impact negatively on clients' capacity to make healthy sexual decisions. This group has now been running for 18 months. We will describe the presentations and needs of the group members and the five modules we have so far developed with the techniques for their presentation.

**Dale Tolliday**, Clinical Advisor, Sydney Children's Hospitals Network – NSW

**Russell Pratt**, Statewide Principal Practitioner, Department of Human Services – Vic.

**Compelling issues facing those working with adolescents who have sexually harmed (45 mins)**

Looking at the development of theory regarding adolescents and children who sexually harm others the influence of adult models is notable. We are now 38 years down the track from when the first specialist service appeared in the US and approximately 20+ years since many programs began appearing in Australia from around the early 90s. But what legacy has been left and are there ongoing issues related to poor theory or application of inappropriate concepts for children and adolescents? The aim of the current workshop is to look at several 'hot' topics and invite audience participation around what current thinking and practice looks like. The presenters hope to challenge, agree, disagree and debate with each other and the audience about what we do and why we do it.

Compelling issues include:

- How are service providers invited to respond to SHB by children and adolescents? How does this typically impact on the lives of children and adolescents?
- The treatment world is risk averse. But what is 'risk'? What cautions should be noted and is there universal agreement on the use and limitation of formal risk assessment?
- Should we work with families? Some services do, some don't. Those that do have wide variations in approach. Why would you and if so, what does this optimally look like?
- A substantial proportion of adolescent sexual harm is by siblings, estimated as up to 50% of all. What are the key markers for good practice in sibling sexual abuse?
- How useful is a sex offender register – from 'not at all' through to 'absolutely vital to community safety'?
- What is the interface of SHB and children and young people in out-of-home care?
- Do we need to regulate and if so how do we regulate treatment providers?

## Concurrent Session 6.2

**James Ross & David Stracey**, Rural New Street Adolescent Service – NSW

### **Processing parental shame: Clinical experiences (90 mins)**

Shame; denial, minimisation, rejection, anger and abandonment have all been describe as parental or family responses to adolescents who have sexually harmed. The responses not only impact other family members and the adolescent that caused harm, they can also greatly influence the way organisations and individuals respond to the family.

It is well documented that the response from adults to youth who sexually harm is vital in assisting the young person to begin a path of healthy behaviour; this presentation will advocate that specific attention and appropriate processing is required when parents respond from a position of shame. This presentation will outline the clinical observations of parental responses to sexually abusive youth and how this can impact on a young person's capacity to engage. The use of a 'shame lens' will be introduced and explored as a developing concept within our clinical work through the current practices of two of Rural New Street Adolescent Services clinicians. David and James would like to share the beginnings of a conceptual model of parents' responses to youth who have sexually harmed and the benefits of its use.

The use of family integrated practice at Rural New Street adolescent service has allowed David and James to begin to understand that the responses of shame, denial, minimisation, anger and abandonment are not always what they seem.

## Concurrent Session 6.3

**James Ogilvie**, Griffith Youth Forensic Service – Qld

### **Neuropsychological development and adolescent antisocial behaviour: Implications for working with adolescent sex offenders (30 mins)**

Adolescence is a unique and critical period of human development marked by dynamic brain changes that occur in the context of substantial biological, psychological, behavioural, and social maturational changes and transitions. Importantly, adolescence is also a period of development marked by increased rates of participation in risk-taking and antisocial behavior (ASB). A growing body of research is examining the role of neuropsychological factors in the onset, persistence, and desistance of ASB over the developmental lifespan. A review of theory and research linking neuropsychological development and adolescent antisocial behavior will be provided; including how neuropsychological development may assist in explaining adolescent sexual offending. Implications for working with adolescent offenders in general and adolescent sexual offenders specifically will be discussed.

**Christopher Dowling**, Griffith University – Qld

### **The situational context of male adolescent's onset sexual offence (30 mins)**

The aim of the current study was to empirically examine the situational context of adolescents' onset sexual offence. While the situational context of adult sexual offending has received increasing research attention, this has been much slower to emerge concerning adolescent sexual offending. Understanding the situations in which adolescents begin sexual offending is a crucial step toward the development of evidence-based situational crime prevention (SCP) measures to prevent this behaviour. Using an Australian sample of male adolescent sexual offenders referred for clinical assessment/treatment in the state of Queensland between the years of 2006–2013, the current study explores the situational context of their onset sexual offence, specifically victim characteristics, the presence of co-offenders, time and place, and potential crime controllers. Cluster analysis was employed to derive an empirical typology of male adolescent sexual offenders based on their onset sexual offence. The findings are discussed in light of the prevention of adolescent sexual offending, and intervention and treatment efforts to curb future offending.

### Concurrent Session 6.3

**Damien Gafforini**, Children's Protection Society – Vic.

#### **Million Adolescent Clinical Inventory: A profile of young people who engage in sexually abusive behaviours and some considerations for treatment (30 mins)**

Two years ago at a previous ANZATSA conference Damien Gafforini presented on research that he and his colleague Raymond Dalton were conducting within the Sexual Abuse Counselling and Prevention Program at The Children's Protection Society. The focus of this research was establishing a better understanding of some of the possible profiles of young people who engage in sexually abusive behaviours. With the use of the Million Adolescent Clinical Inventory (MACI) Ray and Damien have gathered data that provides a possible profile for this cohort of young people. This 45 minute presentation will provide details of the findings of this research and raise some questions regarding the possible treatment needs of this client group. This presentation will also compare data collected from past research related to this client group and how the findings of this current project differ to those past findings along with compare juvenile justice samples versus young people who engage in sexually abusive behaviours.

### Concurrent Session 6.4

**Nadine Hamilton**, Children's Protection Society – Vic.

#### **Reconciliation: A tale of two girls (30 mins)**

Since 1993, the Sexual Abuse Counselling and Prevention Program (SACPP) has been providing therapeutic support for victims of sexual abuse and adolescents who sexually harm. This presentation will present two sides of reconciliation and apology work, from a therapeutic and practice-based perspective. It will outline the stories of two female adolescents who have been involved with the SACPP program. The first case being a 14 year old victim of sibling sexual abuse and her journey around forgiveness. Secondly, a 17 year old female adolescent displaying sexually harmful behaviours, who has undertaken apology work with both her parents and her sibling victim. This presentation will highlight insights made by the adolescents during counselling and outline the steps taken by the girls, with the support of their counsellor, towards reconciliation with members of their families. Actual apology letters written by clients and their parents will be shared during the presentation. A component of this presentation will also reflect on how the counsellor's own practise around apology in sibling sexual abuse cases has been strengthened by her experience of working with both sides, as presented by these two clients. It is hoped that this presentation will provide an opportunity to share practise with colleagues who are embarking on similar therapeutic work with adolescent clients affected by sexual abuse.

**Gerard Webster & Joel Moffat**, Gerard Webster & Associates – NSW

#### **Self regulation and interpersonal regulation between children and their parents: Implications for the assessment and treatment of pre-pubertal children who have engaged in sexually inappropriate behaviours (30 mins)**

Developmental research has established that a child's capacity to self-regulate begins with regular experiences of 'good enough' parental attunement and responsiveness to the infant's affective states. Early patterns of self and interpersonal regulation in the parent-child dyad shift dynamically throughout childhood in response to the quality of relationships between the child and his/her attachment figures. Children with disorganised attachment are particularly vulnerable to forming 'controlling-punitive' attachment strategies that may be predictive of sexually inappropriate behaviour. This paper will describe the developmental pathways that facilitate or impair children's capacity to self-regulate and consider the implications of this for understanding, assessing and treating of pre-pubertal children who engage in sexually inappropriate behaviours. The paper will conclude with a description of the PhD research project currently underway by the presenter that uses micro-analysis of video recorded parent-child dyadic interaction to shed light on familial factors that relate to the emergence of sexually inappropriate behaviour.

**Sue Rayment-McHugh & Dimity Smith**, Griffith Youth Forensic Service – Qld

#### **Youth sexual violence and abuse: From clinical practice to engagement with a wider prevention agenda (30 mins)**

Griffith Youth Forensic Service (GYFS) has been contracted by the Queensland Government since 2001 to provide state-wide assessment and intervention services for court-referred youth sexual offenders. In 2013 GYFS was contracted by the Australian Government to design, implement and evaluate strategies to prevent youth sexual violence and abuse (YSVA) in two identified locations in Far North Queensland, a remote Aboriginal community and a suburban area in a major regional centre. In this seminar we will 1) outline the rationale and development of GYFS field-based clinical practice model, 2) explain how GYFS clinical fieldwork has led to the discovery of serious endemic problems with YSVA in two Queensland communities, and 3) set out our plan for the design, implementation and evaluation of prevention strategies targeting YSVA and related problems at the two sites.