



Safer Family Services

Practice Paper

The role of Intensive Family Services when working with families affected by child sexual abuse

Key messages

- Concerns relating to child sexual abuse do not preclude families from receiving support from a Safer Family Services' Intensive Family Service (IFS).
- IFS provide support to families to address a range of concerns of which sexual abuse may be one.
- The decision to accept a referral that involves child sexual abuse will be made on a case-by-case basis following careful assessment and consideration. This may include the acceptance of a component(s) of the referral.
- It is not the role of IFS to investigate the child sexual abuse concerns.
- Cases that involve concerns about child sexual abuse should be managed by IFS in partnership with the Department for Child Protection (DCP) to address the high level of risk and complexity.
- IFS practitioners have a legal responsibility to report new information about child sexual abuse to the Child Abuse Report Line.

The need to identify and take action to protect a child from sexual abuse

It is difficult to accurately determine the prevalence rates of child sexual abuse in Australia. However, best estimates suggest that 11% of women and 4.6% of men have experienced childhood sexual abuse.¹

The impact of child sexual abuse can be severe and lifelong. It can lead to a variety of detrimental and often inter-related outcomes including: depression, anxiety, sleep disorders, personality disorders and psychotic disorders, substance abuse, self-harm, eating disorders, conduct disorders and antisocial behaviour, as well as relationship difficulties, poorer physical health, and poorer educational and occupational achievement.²

It is important to identify children who are at risk of, or who have experienced, child sexual abuse as early as possible. This is critical to ensuring that the abuse is prevented or stopped, and children can get help to reduce the negative outcomes resulting from their experiences.

Working in the area of child sexual abuse is challenging and there is a role to be played by specialist services to provide treatment. However, delays or limited availability of services can result in families falling through gaps and risks further exacerbating the impacts of abuse.³

There is an important role that can be played by IFS practitioners to provide support to children to heal and avoid further traumatisation.

¹ Australian Bureau of Statistics 2021, *Sexual Violence - Victimization*, ABS, viewed 7 November 2022, <<https://www.abs.gov.au/articles/sexual-violence-victimisation>>.

² Bravehearts, 2021, *The impact of child sexual abuse*

³ Guy, S. Emerging Minds, Making use of practitioners' skills to support a child who has been sexually abused, 2020





When a referral to IFS includes sexual abuse concerns

IFS receive referrals from a range of organisations through the DHS Child and Family Support System Pathways Service. Eligible referring organisations include: DCP, SA Health birthing hospitals, the Department for Education (schools within the Child Wellbeing Program), and the Multi Agency Protection Service.

If an IFS receives a referral that includes information:

- about child sexual abuse
- sexualised behaviour, or
- living environments with perpetrators or alleged perpetrators of child sexual abuse

the IFS supervisor should discuss the referral with the referring organisation.

Concerns relating to child sexual abuse often arise in complex situations and are rarely standalone concerns that occur in isolation. The decision to accept a referral will be made on a case-by-case basis following careful assessment and consideration.

In making a decision to accept a referral, the IFS supervisor should:

- consider the nature of the referral, the capacity, skill base and the expertise of their practitioners.
- consider whether to accept a component(s) of the referral. For example: a referral may request family support to prevent young children from experiencing neglect, but also include concerns regarding child sexual abuse. In this instance, the IFS supervisor could accept the component of the referral to work with the family around neglect, but recommend the concerns relating to sexual abuse be responded to by DCP or SAPOL. These cases require ongoing discussion with DCP and a commitment to work in partnership to address the high level of risk and complexity.
- consult with the practice lead or regional manager when there are doubts around the suitability of the referral.

Following the acceptance of a referral, an important role of the IFS practitioner is to gather information to inform decision making and case planning. An IFS practitioner must make a report to the Child Abuse Report Line if:

- new information is received that provides suspicion on reasonable grounds that sexual abuse has occurred or is occurring, or
- risk factors escalate and there are concerns for the child's immediate safety.

When sexual abuse concerns are identified during an IFS intervention

There may be occasions when concerns regarding child sexual abuse are not present at the time of referral but are subsequently identified by the IFS practitioner during the course of delivering a case management response.

It is not the role of IFS practitioners to investigate concerns about child sexual abuse.

IFS practitioners should make a report to the Child Abuse Report Line.

Consultation should also take place with the IFS supervisor and practice lead to:

- facilitate an escalation process to DCP to seek an investigative response, and
- determine whether an immediate safety plan can be developed to mitigate the danger.

If an IFS is supporting a family and DCP begins an investigation and assessment, the IFS may continue to work with the family until the investigation and assessment is completed.

If, at the conclusion of the investigation and assessment, DCP determines that an ongoing statutory response is required, the IFS and DCP will negotiate if there is a continue role for the IFS. This may include:

- the IFS continuing to provide in-home services to address safety concerns, or
- case closure by the IFS.

This decision will be made on a case-by-case basis and will be informed by an assessment of the family's progress towards addressing the risks of harm.

