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| Good Practice Bulletin |
| Spotlight on Therapeutic Treatment Orders  Office of Professional Practice, Issue 19, March 2019 |

# Chief Practitioner’s welcome

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**Tracy Beaton**

Welcome to this latest edition of the bulletin where we address the importance of practitioners examining, understanding and assessing sexually abusive behaviours and the changes to therapeutic treatment orders (TTO). From 29 March 2019, the age cohort of reports child protection can receive for children who exhibit sexually abusive behaviours and who are in need for therapeutic treatment will increase from the current age of 10 to 14 years to young people up to the age of 18 years. The amendment to the *Children, Youth and Families Act 2005* (the Act) is in response to a recommendation made by the Victorian Royal Commission into Family Violence.

Child protection must investigate all reports of children and young people who exhibit sexually abusive behaviours and are believed to need therapeutic treatment. Following an investigation child protection must determine if a TTO is required for the child or young person’s engagement in treatment. A therapeutic treatment placement order (TTPO) may also need to be considered where it is necessary for the treatment of a child. Prior to making an application for a TTO and TTPO child protection must seek advice from the Therapeutic Treatment Board (the Board) where a report is made from Victoria Police or the Criminal Division of the Children’s Court.

The change also includes the requirement for child protection to develop a Therapeutic Treatment Plan (TTP) for a child or young person upon the making of a TTO. Other changes to child protection practice will include:

* A case plan and a TTP is required for TTPOs
* The court may include a condition on a TTO requiring child protection to report to the Court at the time or times specified by the Court of the child’s progress and attendance at therapeutic treatment
* Where a TTPO is made, the TTP must support the case plan
* TTO remains in force even if the child turns 18 after the order is made.

# Case study

You are the practitioner for James. James is a 16-year-old boy on a family preservation order living at home with his mother Janet, and 12-year-old sister Catherine. Child protection has been involved with James and his sister several times over an eight-year period. Both children were in the home when their mother was physically and verbally abused by their step-father Patrick. Over the past years James’s behaviour has changed from being a quiet and conscientious boy, to a boy who missed large amounts of school, started drinking excessive amounts of alcohol and using and selling marijuana. James went to live with his maternal aunt Michelle when his mother couldn’t manage his behaviour and was worried about the effect he was having on Catherine. He spent six months with Michelle and then came back to live with Janet and Catherine.

Catherine told her mother that when she is home alone with James, he tries to get Catherine to touch his penis. Catherine said that when she refuses, he threatens to hurt her but hasn’t physically harmed her. Catherine is scared James will hurt her. Child protection report the concerns to Victoria Police and Catherine is interviewed. James denied the allegations. Police and child protection discuss the situation and police advise that they will not proceed with charges and support a therapeutic treatment order for James. The child protection practitioner is concerned that James may not engage in treatment voluntarily due to his denial and following discussion and endorsement of her team manager and principal practitioner, completes and submits a referral to the Board.

**Role of the Therapeutic Treatment Board:** The Board comprises 16 representatives, four each from: Victoria Police, Office of Public Prosecutions, health services and the Department of Health and Human Services. One of its functions is to provide advice to the Secretary as to whether it is appropriate to seek a TTO in respect of a child. This advice must be considered before an application for a TTO is made to the court.

# Discussion prompts

In your referral to the Board, what is your assessment about the need for a TTO? Consider the following:

* Pattern and context of the abusive behaviour. Consider any history of sexually abusive behaviours, capacity for the victim to provide consent, intention to cause harm versus exploration and seeking gratification.
* What else is going on for James where he is now engaging in a range of harmful and high-risk behaviours?
* Does the family understand the seriousness of the behaviours and is the family able to provide a therapeutic environment and support attendance and engagement at treatment?
* What is the safety plan you and the family have developed?
* Are the Sexually Abusive Behaviour Treatment Service able to work with James and his family? If there is a waiting list impacting on access to treatment, how and who will support James?
* What are the considerations to support James’ engagement in treatment at the age of 16?

# Tips

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| Ok, Check, Todo, Agenda, Icon, Symbol, Tick, To Do, Gui | Refer to the specialist practice resource: *Adolescents with sexually abusive behaviours and their families* andreview the updated *Therapeutic treatment reports and orders* advice in the Child Protection Manual. |
| Ok, Check, Todo, Agenda, Icon, Symbol, Tick, To Do, Gui | Your divisional Principal Practitioner can provide further support and the Office of Professional Practice is also available for advice. |
| Ok, Check, Todo, Agenda, Icon, Symbol, Tick, To Do, Gui | A practice guide *Responding to adolescents aged 15-17 years with sexually abusive behaviours and their families* will be developed – you will be alerted once it is available.  **Look out for CRIS enhancements – coming soon! See the new, easier to use referral form via the manual link** |

If you have any feedback or ideas about what you would find useful to include in the bulletin this year, please email *officeofprofessionalpractice@dhhs.vic.gov.au*

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