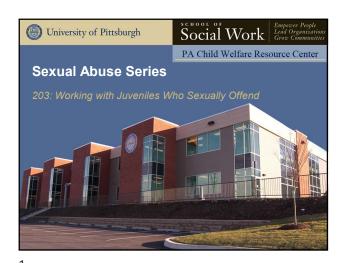
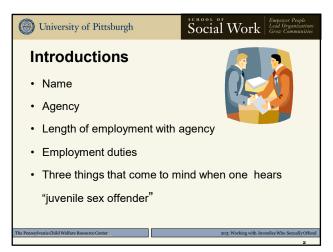
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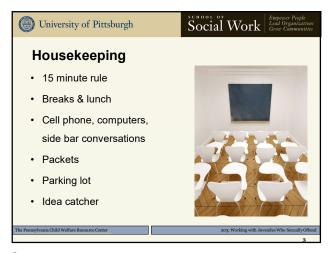
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I. Welcome and Introductions

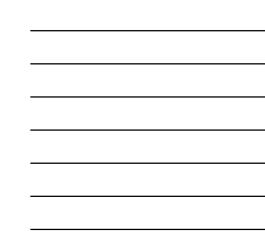
IV. Victim-Centered Approach

II. Understanding Sexual Behaviors

Day One

III. Characteristics of Juveniles Who Sexually

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V. Assessment

Offend

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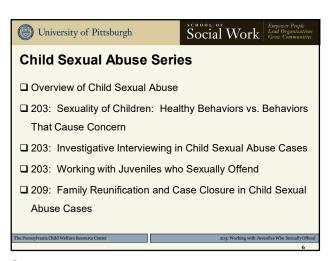
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Day Two

- VI. Treatment and Supervision Interventions
- VII. Case Planning With the Family
- VIII. Reunification and Case Closure
- IX. Closing and Evaluation



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Learning Objectives					
 The child welfare professional understands the importance of his/her responsibility to protect the victim(s) from further abuse, to prevent juveniles who sexually offend from re- offending, and knows how to assure that the juvenile is held accountable for his/her behaviors. 					
 The child welfare professional can identify and coordinate multiple services to multiple parties including the victim, the juvenile who sexually offends, the juvenile's parents/caregivers and siblings. 					
 The child welfare professional knows the components of a comprehensive and individualized psychosexual assessment, how to obtain the assessment, and can use the assessment to plan services for the juvenile and his/her family. 					
The child welfare professional is familiar with various treatment modalities and understands the complex issues involved in reunification, service termination, and case closure.					
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7					

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True or False Quiz	True or False Quiz					
Directions: Respond to the follow	wing statements by saying "True" or					
"False."						
1. Children age 0 – 3 will watch or	poke at others' bodies.					
2. Children age 9 – 12 do NOT val	lue privacy.					
3. Children age 4 – 5 play games like "Doctor."						
4. Children age $6-8$ prefer to socialize with the opposite gender than						
with their own gender.	with their own gender.					
5. Most adolescents age 18 and over understand their sexual orientation,						
although they may still experiment.						
6. Children age 4 – 5 experience vaginal lubrication or erection.						
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	g.					

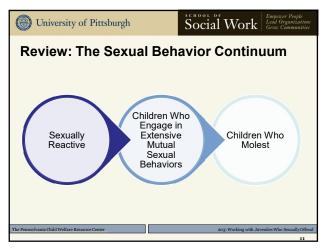
University of Pittsburgh	Social Work Lead Organization Grow Communitie	is s				
True or False Quiz						
7. Children age 13 – 17 do NOT understan	d consequences of sexual					
expression.						
8. It is "normal" for a 15 year old boy to ru	b his penis until it becomes raw.					
9. It is "normal" for a child to draw pictures in which the genitals are the						
predominant feature.						
10. It is NOT "normal" for children to engage in sexual behaviors with those						
who are much older or much younger.						
11. It is "normal" for male and female sibli	ngs (age 8, 11, 14, and 15) to play					
"Spin the Bottle" with one another.						
12. It is "normal" for a child to request that an adult touch his/her genitals.						
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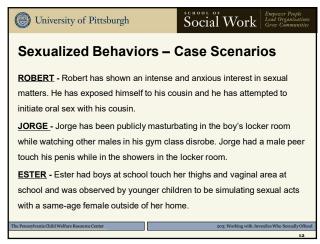
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Three Different Grou	ps
Children Under Age 12 Adolesce Ages 13	
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· Biological factors Behavioral factors

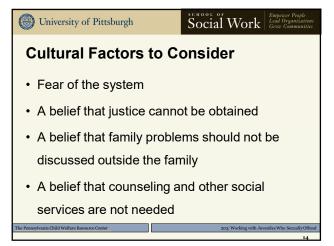
Sociocultural factors

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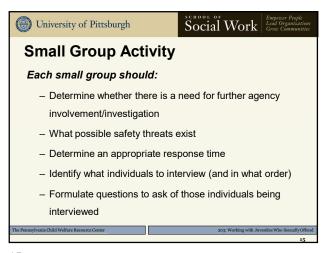
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Sexual Offending

Attachment intimacy factors



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To feel safe

Victim/Survivor Needs

To have some level of

influence/power

To be believed

To not be blamed

To have information

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Levels of Betrayal

· Caretaker/significant

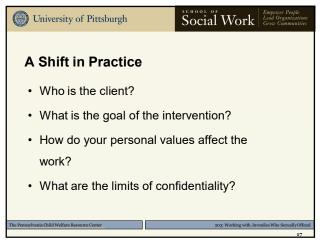
Self - both physical and emotional

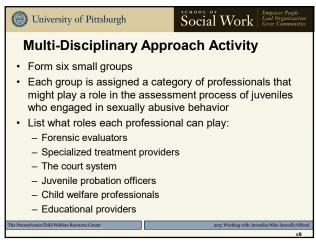
Offender

other

Professionals

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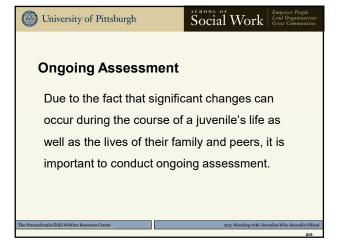
Assessment Tools

As a child welfare professional, you are not

is assigned to do the assessment should be aware of using different tools with different

kids who have different issues.

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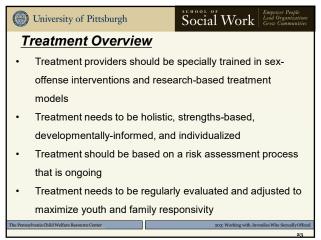
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Recidivism				
Between 2000 and 2014, the adolescen	nt recidivism rate is 2.75 %			
 This is 73% lower than the rate of 10.3% reported by studies conducted between 1980 and 1995 				
individualized treatment (especially tho community and emphasize family invol	Various research studies clearly demonstrated that providing individualized treatment (especially those that take place in the community and emphasize family involvement) for adolescents who sexually abuse significantly reduces their risk to reoffend.			
,,	Caldwell, 2016); (Schmucker & Losel, 2015			
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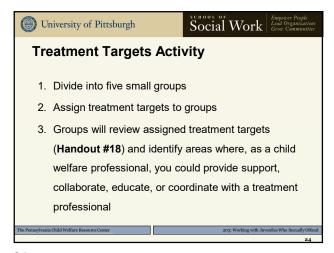
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Treatment + Supervision	on=Intervention
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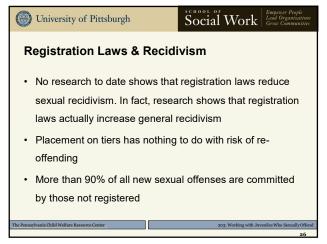
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Supervision Strategies

Incarceration
Probation
Electronic Monitoring
Residential Treatment
Group Home Placement
Foster Home Placement
Community-Based Treatment

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Establishing a Positive Working Relationship					
 Develop respectful relationships with the juvenile and their family 					
Encourage hope and change					
Engage the family in the assessment and treatment process					
Promote an environment for cooperation and compliance					
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