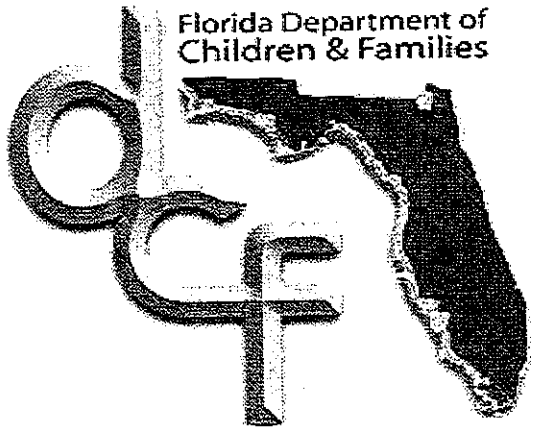
Gabriel Myers Workgroup
Fort Lauderdale, Florida
January 7th, 2010

Powerpoint Presentations and Handouts

- Gabriel Myers – An Overview of Child On Child Issues pertinent to GM Case (DCF, Kim Welles)
- Alert Categories (ChildNet, Inc.)
- ChildNet Family Safety Contract (ChildNet, Inc.)
- Child-on-Child Sexual Abuse (Howard Talenfeld, Esq.)
- The Comprehensive Approach to Sex Offender Management (DJJ – Pat Tuthill)
- A Review of Findings 2005 Task Force on Juvenile Sexual Offenders and Their Victim (Dr. Imhof)
- ChildNet Policy – Prevention & Placement of Child Victims and Aggressors (Alerts)
- Confidential Sexual Behavior Specific Evaluation (Juliana Gerena, Psy.D. P.A. & Associates)



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Gabriel Myers

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An overview of the COC issues pertinent to the GM case

June 29, 2008

- Broward Sheriff's Office Protective Investigations received a report alleging that youth (Gabriel) was a subject of physical injury; sexual abuse; substance misuse; and threaten harm.
- Gabriel was removed from mother's custody.
- Temporary Intervention Emergency Services (TIES) assessment completed.
- An additional supplemental report was received the same day alleging, "Gabriel disclosed he was sexually abused."
- Gabriel reported "that someone inappropriately touched him underneath his bathing suit areas in a way that made him feel uncomfortable for more than once."
- Due to the allegation of sexual abuse, an additional Abuse report was called and Gabriel was assigned a 'D' alert [sexual victim].
- Gabriel was placed in the licensed foster home McGuigan through Kids In Distress.
- Family Safety Contract was signed (A safety plan created for children with alerts to ensure safe and appropriate placement).

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June 30, 2008

Gabriel seen by Child Protection Team
- physical exam was unable to determine physical abuse/neglect.
- participates in an forensic interview at CPT observed by Law Enforcement.
- During the interview, Gabriel denied that anyone touched him inappropriately.

Broward Sheriff's Office Investigator found no indicators of sexual abuse based on Gabriel's denial that anyone touched him inappropriately.

July 8, 2008

- Gabriel is placed in the custody of his maternal uncle/aunt (Johnathon Myers and Elizabeth Myers).

July 14, 2008

- Relative caregivers signed the Family Safety Contract.

July 16, 2008

- Therapy was initiated for Gabriel with Craig Handwerker, LMHC, of Sheridan House, the service provider selected by the relatives.

August 4, 2008

- Smith Community Mental Health completed a Comprehensive Behavioral Health Assessment (CBHA).
- CBHA references the original sexual abuse allegations. Gabriel made no disclosure to assessor of sexual abuse.
- CBHA recommended:
  - continued individual counseling with Sheridan House
  - request records for child protective services in the State of Ohio (see Appendix 1)
- CBHA was filed with the court and a copy provided to all parties.

October 10, 2008

- Correspondence from Craig Handwerker, LMHC addressed to the Broward County Courts, requesting "the court to take care of the full cost of Gabriel being placed in a residential program that deals with children who have been sexually assaulted/molested and who are now acting out in sexually deviant behaviors." It is unclear as to whom or when this correspondence was provided. No documented clinical or relative reports were received.
- Broward Sheriff's Office Protective Investigations received an abuse report alleging that Gabriel was a subject of sexual abuse.
- Broward Sheriff's Office Investigator found no indicators of sexual abuse after completion of investigation on 11/24/2008.

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October 13, 2008

- An unannounced home visit was conducted by the Child Advocate at the home of the relative placement. Relatives informed Child Advocate that "Gabriel was having problems at school with girls." Relatives reported that Gabriel had stated that he was touching classmates in inappropriate ways. The relatives "refused to send Gabriel back to school and asked that he be removed from their care."
- Gabriel was removed from relative placement and transported to SafePlace when another TIES Brief Crisis assessment was conducted. The assessment recommended in-home counseling, further assessment of sexual acting out behaviors, with the overall risk indicated as minor.
- Gabriel was placed in the original foster home (McGuigan) and a new Family Safety Contract was signed at time of placement.
- Broward Sheriff's Office Protective Investigations received a COC report alleging that Gabriel "has been kissing and rubbing on girls at school. He has been feeling between their legs, touching their rears and hugging them." Gabriel admitted to the Protective Investigator; however, the two girls denied such actions. Case was staffed at Broward Sheriff's Office and no recommendations from staffing.

October 15, 2008

- An additional report was received on October 15, 2008, alleging Gabriel was a subject of physical abuse.

October 16, 2008

- Gabriel was evaluated by CPT
  - As to the investigation of physical abuse, CPT determined that "medical assessment supports the allegation of abuse/neglect." Exams showed bruising on the left buttock and the right hip indicative of physical abuse. Gabriel stated "You want to know why I spanked on the butt, it was for lying and sneaking food. [Johnathon Myers] spanked because I got kicked out of [Private School] for touching girls . . . "
  - As to some past incidents, Gabriel made disclosures that while in Ohio, where he resided with David Myers, the maternal grandfather, there were a couple of sexually related incidents. Specifically, "he saw a movie at his grandfather's house and the girls did not have any clothes . . . boys and girls touched one another and that is where he learned the behavior of touching girls in school." In addition, Gabriel reported "'I did something with a boy before [in Ohio] . . . he said he touched [the boy's] penis." This is the first documented indication of any concerns being raised as to the maternal grandparents.

October 23, 2008

- The Chrysalis Center is in receipt of the referral for sexual specific therapy for Gabriel.

October 24, 2008

- Alert Staffing conducted and determination made to maintain current alert code of D (Victim) with a re-staffing upon receipt of psycho-sexual evaluation. Child Advocate instructed to follow up with The Chrysalis Center for sexual specific therapy for Gabriel.

Gabriel is placed in the respite foster home of the Goulds for the dates of 10/24/08 until 11/05/08. Respite foster parents Gould sign the Family Safety Contract on 10/30/08.

October 28, 2008

- Gabriel underwent a Sexual Behavior Specific Evaluation with Dr. Quina Munson from Dr. Juliana Gerena & Associates to "assess current level of functioning, evaluate risk for engaging in sexually inappropriate behaviors, and identify treatment needs applicable to any psychological and/or psychosexual issues." The written report was prepared on 11/19/08 and provided to ChildNet on 11/21/08. (see Appendix 2)

November 13, 2008

- The Chrysalis Center conducted the intake for sexual specific therapy for Gabriel. (intake delayed due to respite care of Gabriel)

November 20, 2008

- Parent Notification of Incident Report form from La Petite Academy documents: "Gabriel showed his private to another boy on the school bus and then Gabriel told the boy to show his private to him." (see Appendix 3)
- Child Advocate received Notification from La Petite Academy on 12/01/2008 and then called the Abuse Hotline. The hotline indicated this incident did not warrant an investigation. (see Appendix 4)

November 24, 2008

- Child Advocate Supervisor (CAS) emails Director of Service Coordination a copy of Gabriel's psychosexual evaluation; a 'B2' alert is added (assigned to children with sexually reactive behaviors). Family Safety Contract to be updated to reflect the additional alert.

November 25, 2008

- Foster parent (McGuigan) signs the updated Family Safety Contract.
- Family Safety Contract documents that "the foster parent (John Michael McGuigan) should be involved in Gabriel's treatment to the extent that he be educated in sexually reactive behaviors that Gabriel may be exhibiting so as to be comfortable in providing consistent and adequate monitoring and supervision."
- Multi-Disciplinary Assessment Team (MAT) staffing conducted as a result of COC report of 10/13/08. MAT staffing recommends Gabriel receive sexual specific treatment and follow the recommendations of the psychosexual evaluation. (see Appendix 5)

December 11, 2008

- Gabriel initiated individual sexual specific therapy with The Chrysalis Center therapist which occurred in both foster home and school settings. The sessions continued on: 12/18/08, 12/22/08, 12/30/08, 01/14/09, 01/15/09, 01/21/09, 01/22/09, 01/28/09, 01/29/09, 02/03/09, 02/05/09, 02/10/09, 02/12/09, 02/17/09, 02/24/09, 02/26/09, 03/03/09, 03/05/09, 03/10/09, 03/12/09, 03/17/09, 03/19/09, 03/24/09, 03/26/09, 04/02/09, 04/08/09, 04/15/09. (Change in therapist occurred on 03/30/09).

January 9, 2009

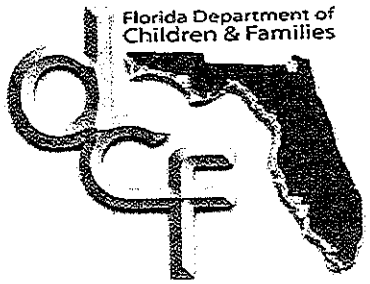
- Parent Notification of Incident form from La Petite Academy documenting an event on the school bus in which the school bus driver witnessed another boy reaching towards Gabriel's "private."
- Gabriel reported to the staff member that he had asked the other boy to touch him. Therapist notes reflect teacher intervened and no touching occurred.

January 10 – April 16, 2009

- No further reported incidents of sexually acting out.

March 25, 2009

- The Family Service Planning Team (FSPT) was conducted for Gabriel. Plan of action recommended by committee included that Gabriel be referred to an Enhanced Foster Home and continue Sexual Specific Therapy. The committee did not recommend a residential placement.



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Our array of services for COC youth in Broward County

- Safety
  - Child Protection Investigators,
  - Safety Alerts,
  - Family Safety Contract /Plan,
  - Training of ChildNet Child Advocates, School Board of Broward County Staff and Service Providers.
- Assessment
  - Child Protection Team Medical Exams,
  - Sexual Assault Treatment Center,
  - Therapeutic and Intervention Emergency Services (TIES) (ChildNet funded contract designed to conduct a brief crisis assessment at the time of removal for children three years of age and older for behavioral and/or mental health),
  - Comprehensive Behavioral Health Assessment (CBHA),
  - Multi-Disciplinary Assessment Team Staffing (MAT) (ChildNet funded contract designed to assess the needs of children who have allegedly been involved in cases of Child on Child (COC) and make recommendations),
  - Psychosexual Evaluation,
  - Sexual Abuse Evaluation.

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Our array of services for COC youth in Broward County

- Treatment
  - Outpatient (SATC, Chrysalis, private therapist),
  - Therapeutic Behavioral Onsite Services (Chrysalis),
  - Enhanced Foster Care (The Twelve for Children and Families),
  - Therapeutic Group Home (Monarch House for Adolescents)
- Broward Sexual Abuse Intervention Network (BSAIN) – A collaborate partnership of professionals working to reduce the incidents of sexual abuse in Broward County.
- Diversion Program – COC sexual offenses committed by children under 12 years of age are given an opportunity to complete a diversion program instead of delinquency prosecution. Referred by Juvenile Division of the State Attorney's Office Circuit 17.
- Broward Children's Strategic Plan- a delinquency subcommittee whose goal is to reduce COC sexual offense arrest and prevent COC.

How youth are referred for COC treatment

Referral for treatment of COC can be initiated from a variety of service providers including but not limited to:

- BSO / CPI, Law Enforcement, ChildNet, MAT staffing process, private providers, TIES, Broward County School Board, Self-referral, Parents, Department of Juvenile Justice, State Attorney's Office, Public Defenders, Judges, Medical Doctors, Henderson Community Mental Health Targeted Case Management, and FSPT (Family Service Planning Team).

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Appendix 1

Then: Behavioral Health Specialist reviewed the CBHA with Child Advocate, advising of behavioral health recommendations only.

Now: ChildNet Behavioral Health Specialist conducts a formalized scheduled CBHA Staffing to review all recommendations of the CBHA with both the Child Advocate and the CA Supervisor, follow-up with Child Advocate at 30-day and 45-day following staffing.

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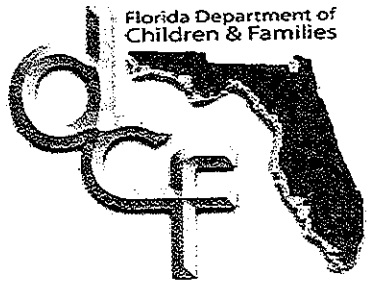
Appendix 2

The Sexual Behavior Specific Evaluation revealed Gabriel has displayed evidence of psychosexual maladaptation specific to sexual reactivity.

The evaluation recommended the following:

- Gabriel should remain within his current residential placement as his behavioral difficulties appear to have significantly decreased.
- John Michael McGuigan receive an extensive education specific to parenting children with sexually reactive behaviors.
- Gabriel should attend individual therapy and the treating professional should be learned at treating children who have a history of sexual reactivity.
- The safety plan should continue to be implemented.
- ChildNet should receive frequent updates from all mental health professionals working with Gabriel and both ChildNet and all mental health professionals working on the case should be provided a copy of the aforementioned report.



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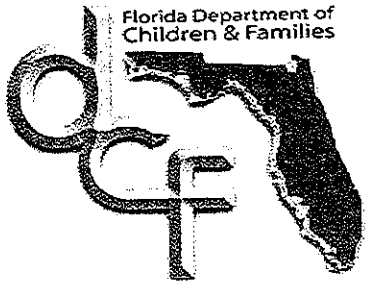
Appendix 3

Issue: School personnel as a mandated reporter did not call Abuse Hotline



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Appendix 4

In FSFN, note entered on 12/02/2008, Child Advocate reported that the Hotline operator indicated that this incident "did not warrant an investigation as no child was forced to do anything, and no one was injured in any way."

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Appendix 5

Multi-Disciplinary Assessment Team (MAT) staffing

For all COC reports, Broward Sheriff's Office Investigations make a referral to The Chrysalis Center, typically within 24 hours, by courier, for a MAT staffing.

The Chrysalis Center will then schedule a MAT staffing, based on available time slots, for Thursdays between 9:30 AM – Noon.

ALERT CATEGORIES
ATTACHMENT A

A = ALLEGED JUVENILE SEXUAL OFFENDER:

Defined as (according to s.39.01, F.S) –

(a) a child *12 years of age or younger* who is alleged to have **committed a violation** of chapter 794, ch. 796, ch. 800, s. 827.071, or s. 847.0133

OR

(b) a child who is alleged to have **committed any violation of law or delinquent act involving juvenile sexual abuse**. **"Juvenile sexual abuse" means any sexual behavior which occurs without consent, without equality, or as a result of coercion.** For the purposes of this paragraph, the following definitions apply:

1. "Coercion" means the exploitation of authority or the use of bribes, threats of force, or intimidation to gain cooperation or compliance.
2. "Equality" means two participants operating with the same level of power in a relationship, neither being controlled nor coerced by the other.
3. "Consent" means agreement, including the following:
    a. understanding what is proposed based on age, maturity, developmental level, functioning, and experience
    b. knowledge of societal standards for what is being proposed
    c. awareness of potential consequences and alternatives
    d. assumption that agreement or disagreement will be accepted equally
    e. voluntary decision
    f. mental competence

Juvenile sexual offender behavior ranges from non-contact sexual behavior such as making obscene phone calls, exhibitionism, voyeurism, and the showing or taking of lewd photographs to varying degrees of direct sexual contact, such as frottage, fondling, digital penetration, rape, fellatio, sodomy, and various other sexually aggressive acts.

- Also note, sexual offenders exhibit a **pattern of acting out behavior**

B1= SEXUALLY AGGRESSIVE:

These children have had incident(s) of sexually acting out on others, but ***have not had law violations*** and ***do not exhibit a pattern*** of acting out behavior sufficient to define the child as an alleged juvenile sexual offender. These incidents of acting out on others have been without consent, without equality, or as a result of coercion. This includes direct sexual contact such as frottage, fondling, digital penetration, rape, fellatio, and sodomy (per FS 30.01).

B2 = SEXUALLY REACTIVE WITHOUT SEXUAL AGGRESSION

These children have been victims of sexual abuse and are reacting to this victimization. This reaction may include sexual behavior that is not developmentally age appropriate or is considered excessive. This may include a range of behaviors, such as excessive masturbation, preoccupation with sexual themes, or indiscriminate sexual acts with others. However, this behavior ***is not known to be aggressive in nature toward others, is not known to be done without consent or equality of others, and is not known to be a result of coercion of others.***

C = PHYSICALLY ASSAULTIVE (UNPROVOKED)

A child who has demonstrated a documented pattern of physically aggressive behaviors that places other children or adults at risk of harm. There should be established documentation, such as incident reports or clinical evaluations, which reflect an actual pattern of behaviors, not isolated incidents. *This category would include a pattern of aggression/cruelty toward animals, as well.*

D = SEXUAL ABUSE VICTIM

These children have been victims of sexual abuse as defined below.

According to s. 39.01, F.S. and CFOP 175-88, sexual abuse of a child means one or more of the following acts:

1. any penetration, however slight, of the vagina or anal opening of one person by the penis of another person, whether or not there is emission of semen.

2. any sexual contact between the genitals or anal opening of one person and the mouth or tongue or another person.

3. any intrusion by one person into the genitals or anal opening of another person, including the use of any object for this purpose, except that it does not include any act intended for valid medical purpose.

4. the intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thigh, and buttocks, or the clothing covering them, of either the child or perpetrator, except that it does not include:

    a. any act which may reasonably be construed to be normal caretaker responsibility, an interaction with, or affection for a child; or,

    b. any act intended for a valid medical purpose

5. the intentional masturbation of the perpetrator's genitals in the presence of a child.

6. the intentional exposure of the perpetrator's genitals in the presence of a child, or any other sexual act intentionally perpetrated in the presence of a child, if such exposure or sexual act is for the purpose of sexual arousal or gratification, aggression, degradation, or other similar purpose.

7. the exploitation of a child, which includes allowing, encouraging, or forcing a child to:

    a. solicit or engage in prostitution (includes human trafficking, specifically commercial sexual exploitation of a child) ; or,

    b. Engage in a sexual performance, as defined in chapter 827.

E = ARSON

A child who has a history of **willfully** and unlawfully, or while in the commission of any felony, by fire or explosion, damaged or caused to be damaged: any dwelling, any structure, or any property (pursuant to FS 806.01).

FAMILY SAFETY CONTRACT

ATTACHEMENT B

Child's Name: _____ Date: _____

The _____ (Program / Family Name), agrees to the following rules designed for the protection of child(ren) in our care.

The above named child in your care, has the following alert(s) assigned:

- ☐ **ALERT A:** Alleged Juvenile Sexual Offender
- ☐ **ALERT B1:** Sexually Aggressive
- ☐ **ALERT B2:** Sexually Reactive Without Sexual Aggression
- ☐ **ALERT C:** Physically Assaultive
- ☐ **ALERT D:** Victim of Sexual Abuse
- ☐ **ALERT E:** Arson

Due to the following reason(s):

Please check all that apply:

☐ _____	Must be the only child residing in the home.
☐ _____	Must have his/her own bedroom.
☐ _____	May never be placed in a bedroom with a younger child or more vulnerable child (includes a developmentally delayed, medically fragile, or much smaller child).
☐ _____	May never be placed in a bedroom with another child with an alert or with a history of sexual abuse victimization, sexual aggression, or sexual reactivity.
☐ _____	Must have alarms on his/her bedroom door.
☐ _____	May not have access to items that could potentially be used as a weapon, such as knives or other dangerous items. These items will be kept in a locked area that is not accessible to the child.
☐ _____	May not have access to matches, lighters, or other items that could potentially be used to light a fire. These items will be kept in a locked area that is not accessible to the child.

PREVENTION RULES

Caregivers will enforce and discuss, if appropriate, the following prevention rules with all family members living in their home:

- Caregivers will establish reasonable guidelines concerning what level of supervision (auditory, visual, in the same room) is required for persons living in the home. All children with alerts that are newly placed with caregivers will require at least visual supervision until they become known to the caregivers.
- Older children will never be responsible for baby-sitting or supervising younger children.
- Caregivers will limit access to bedroom by establishing and enforcing ground rules on who is allowed to visit whose bedroom and under what conditions.
- Caregivers will encourage, model and support open communication among family members about important events occurring in the home. No secrets among family members allowed.
- No pornographic material (magazines, pictures or video) in the home.
- Caregivers will model and enforce appropriate physical boundaries among family members living in the home. Physical affection between children should be brief and should avoid bodily contact, such as lying together and sitting on laps.
- Children will never be together in a bedroom or bathroom behind closed doors.
- One family member uses the bathroom at a time with the door fully closed.
- All family members will sleep in their own beds.
- All family members bathe, shower and toilet separately.
- Family members will respect personal space such as knocking before entering a room.
- Caregivers will establish a dress code which outlines the type of clothing that is acceptable and under what circumstances.

The following people are approved to supervise the child (list specific names):	

INTERVENTION STRATEGIES

In the event that prevention measures break down, and dangerous behaviors occur or appear imminent, caretaker will immediately:

- ☐ Separate the child from others
- ☐ Report the incident to the child(ren)'s Child Advocate
- ☐ Report the incident to the Abuse Hotline at 1(800) 96-ABUSE / 1(800) 962-2873
- ☐ Immediately contact emergency clinical services, if client becomes a danger to themselves or others *(ie: call Youth Emergency Services at (954) 463-0911 or 911 if it is an immediate safety emergency).*
- ☐ Call your local fire department

The following behavioral health service providers are assigned to work with this child and should be informed if high risk behaviors occur (list professionals name, agency affiliation, and phone number, as applicable):

Behavioral Health Therapist:

Psychiatrist:

Other:

Some additional and more specific rules that apply to our family, based on the child's known history and high risk factors:

SIGNATURES

Printed Name	Signature	Date
Caregiver:		
Caregiver:		
Other (specify):		
Other (specify):		
Child Advocate:		
Child Advocate Supervisor:		

The Comprehensive Approach To Sex Offender Management

(Carter, Bumby, & Talbot, 2004)

FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Florida's Approach to Managing Juveniles Who Sexually Offend

Funded by Bureau of Justice Grant Award 2005-WP-BX-006 under Title IV of the Violence Crime and Law Enforcement Act of 1994

Florida's Comprehensive Approach to Managing Juveniles Who Sexually Offend

- Vision

Florida will be the nation's leader in protecting it's communities through measured and effective responses to juveniles who sexually offend and by promoting the wellness of victims and families

Role of the Leadership Council

▪Achieving the Vision

§ Ensure support for Florida's comprehensive approach to managing juveniles who sexually offend

§ Facilitate access to necessary information and data for the statewide assessment

P Promote long-term sustainability

Responses to the Problem of Sexual Victimization

- National, state, and local responses are generally well intended
- However, some responses are not fully informed
  - As such, may be ineffective
- Ideal policies and practices should be informed by empirical research and professional literature
  - What we know – and don't know – about sex offenders and victims

What We Know

- Much like the general population, sex offenders are a diverse and heterogeneous group
  - The label implies that they are all alike
- There is no "profile" or "typical" sex offender
- A number of key differences exist
  - Within the sex offender population overall
  - Between juveniles and adults

Why The Comprehensive Approach?

- Increasing awareness that sex offender management is complex and multi-dimensional
- Recognition that agencies working in isolation have not solved – and will not solve – the problem
- Growing consensus about the need for more comprehensive, integrated, and collaborative approaches
  - A wide range of stakeholders should be involved

Key Questions Addressed By The Comprehensive Approach

- What can be done to manage sex offenders effectively?
- Who should be involved in sex offender management?
- How should we approach this work?
- Why should it be done this way?

Key Stakeholders

- Judges
- Prosecutors
- Defense bar
- Victims and victim advocates
- Law enforcement
- Legislators
- Agency administrators
- School officials
- Treatment providers
- Supervision officers
- Child welfare professionals
- Community members
- Youth and their families

Comprehensive Assessment Protocol (CAP) of Sex Offender Management Practices

(Center for Sex Offender Management, 2004)

Primary Goals of the CAP

- Provide a comprehensive review of key research and literature on effective interventions and promising practices
  - To ensure that all key stakeholders understand the contemporary literature and have a common fund of knowledge

Primary Goals of the CAP (cont.)

- Assist a multi-disciplinary, collaborative policy team in critically assessing current policies and practices relative to contemporary literature and practice
  - To ensure that all key stakeholders recognize the way in which the various components of their system work and how well they comport with "best practices"

Organization of the CAP

- Critical questions designed to identify and better understand current strengths and needs within the context of contemporary literature

Florida's Comprehensive Assessment

- **Highlight current strengths throughout the system**
- **Identify the range of gaps and needs**
- **Prioritize most critical needs for improvement**
- **Develop an implementation plan**
- **Monitor and evaluate change strategies**
- **Identify new targets of change**

Review of Research and Current Literature

- **Adolescent sex offenders are not identical to adult sex offenders.**
- **Most juveniles who sexually offend are not sexual predators.**
- **Juveniles are more responsive to treatment.**
- **Males commit the majority of sexual offenses, females also commit offenses of a sexual nature.**

Review of Research and Current Literature

- **The rates to sexually re-offend significantly lower than recidivism rates for other delinquent behaviors.**
- **While males who have history of being abused, the majority of these youth do not become adult sex offenders.**
- **While youth who commit sexual offenses have histories of being abused, the majority of these youth do not become adult sex offenders.**

Implications of Comprehensive Assessment Findings

- Florida lacks transitional or step down alternatives for juveniles who sexually offend and are released from residential programs.
- Often, juvenile sex offenders are unable to return to home where victim(s) reside.

Implications of Comprehensive Assessment Findings

- **Treatment services concentrated in mostly secure moderate risk and high-risk residential programs.**
- **To access publicly funded juvenile sex offender services, judges may have to commit youth to secure residential programs.**
  - **The 'deepest end" of juvenile justice system when families are unable to pay for outpatient treatment.**

Implications of Comprehensive Assessment Findings

- **Florida lacks publicly funded community resources for lower-risk juvenile sex offenders.**
  - Results in mixing low-risk youth with minor sexual offense with severely disturbed and often violent youth in highly secure programs.
    - **Low-risk youth at risk of victimization.**

Implications of Comprehensive Assessment Findings

- Lack of statewide understanding and systematic planning for sex offender management resources and policies.
- Most community stakeholders lack specialized training to effectively manage the special needs of juvenile who sexually offend.

What we Learned From Circuits

- Stakeholders are not aware of all services and resources available.
- Competent psychosexual are not available in many of Florida's judicial circuits, which may result in the juvenile sex offender not properly diagnosed for intervention and treatment.
- Full psychosexual assessments should be conducted by therapists with specialized knowledge of juveniles who sexually offend.

What we Learned From Circuits

- Most community stakeholders lack specialized training to effectively manage the special needs of juvenile who sexually offend.
- Full psychosexual assessments should be conducted by therapists with specialized knowledge of juveniles who sexually offend.

What we Learned From Circuits

- Misinformed regarding evidence based on current research and literature showing that most juveniles who sexually offend recidivate less than others or do not re-offend and that committing low risk offenders to high risk residential programs or adult court does not provide the best intervention, treatment and programs to reduce the risk of re-offending.

What we Learned From Circuits

- School participation and interest in juvenile sex offender management was very high throughout the state. Responses from educators in the state indicate there is lack of education and awareness for families regarding what constitutes a juvenile sexual offense. The consensus was that education and awareness are necessary for prevention.

What we Learned From Circuits

- Disconnects between communication exist between the Department of Children and Families, Juvenile Justice and other agencies that serve youth.
- Consensus that multidisciplinary approach results in the most effective treatment

What we Learned From Circuits

- Differences in the services provided by sheriffs' offices and police departments. Fewer services were offered by police departments overall, perhaps due to more limited budget resources.
- Concerns regarding lifetime registration requirements imposed by the Adam Walsh Act and 2007 Florida legislation for juvenile sex offenders.

What we Learned From Circuits

- Differences in the services provided by sheriffs' offices and police departments. Fewer services were offered by police departments overall, perhaps due to more limited budget resources.
- Concerns regarding lifetime registration requirements imposed by the Adam Walsh Act and 2007 Florida legislation for juvenile sex offenders.

Conclusions and Recommendations

- Policy - Policies establish guidelines to provider services and manage juveniles who sexually offend, it appears that discrepancies exist within circuits and all stakeholders are not fully informed of current practices and guidelines.
- Recommendations
  - Effective communication in all circuits
  - Deliver education and training jointly to stakeholders
  - Ensure youth services are suited to level of need: security, supervision level, intensity of service

Conclusions and Recommendations

- Assessment - When victims of sexual assault are identified, effective procedures and policies should be in place from the point of victim disclosure through the entire juvenile justice system process to ensure that juveniles who sexually offend are held accountable and receive appropriate intervention to maintain victim and community safety.
  - It appears there is not consistency in policies being followed or that all respondents are aware of established policies or guidelines within juvenile justice.

Conclusions and Recommendations

- Assessment (cont'd)
- Recommendations
  - Evaluations should be conducted by qualified practioners experienced in evaluation and treatment of juveniles who sexually offend.
  - Assessments should be more regularly included as part of a comprehensive approach to juvenile sex offender management.
  - Assessments should be used to inform the development of treatment and supervision plans.

Conclusions and Recommendations

- Assessment (cont'd)- Research suggests that polygraphs can be useful for self-disclosure and may result in offenders disclosing more victims.
  - Valuable tool to assess to ensure youth are participating honestly in treatment and complying with treatment plan.
- Recommendations
  - Post–adjudication polygraphs should be considered to assess and treat juvenile sex offenders 14 years of age or older with extensive histories of sexual offending, and/or those who self-report deviant sexual arousal and interest patterns and during treatment.
  - DJJ should establish work group to develop

Conclusions and Recommendations

- Assessment (cont'd)-
- Recommendations
  - Post–adjudication polygraphs should be considered to assess and treat juvenile sex offenders 14 years of age or older with extensive histories of sexual offending, and/or those who self-report deviant sexual arousal and interest patterns and during treatment.
  - DJJ should establish work group to develop standards and guidelines for the use of polygraph assessments.

Conclusions and Recommendations

- Legal -
  - Law enforcement and child protective services are the first agencies to have contact with victims and juvenile offender.
  - Effective and informed responses may not be in place in all circuits.
  - Overall lack of specialized knowledge or education (judges, public defenders and law enforcement) related to current research.

Conclusions and Recommendations

- Legal –
- Inconsistent responses from judiciary regarding policies or guidelines requiring psychosexual or sex offense-specific evals to inform disposition
- Recommendations
- Effective and informed responses should be in place from the point of a victim disclosure, and all other aspects of the juvenile justice and child protection systems to hold offenders accountable and protect victims.

Conclusions and Recommendations

- Legal -
- Recommendations
- Policies should require a psychosexual or sex offense-specific evaluation for all juvenile sex offenders for effective intervention.
- Juveniles should receive pre-placement treatment in the community if they are on a waiting list for residential commitment.

Conclusions and Recommendations

- Legal (cont'd)
- Recommendations
  - Improve communication between legal stakeholders and therapeutic providers for more systemic approach to hold offenders accountable, provide appropriate treatment for the level of risk, and provide alternative living options for the offender to protect child victims.
  - Establish specialized training that includes current research.

Conclusions and Recommendation

- Victims – Approximately 90% of child victims know their offenders.
- Policies promoting victim's rights appear to be in place in the majority of circuits as well as training regarding the impact of victimization.

Conclusions and Recommendations

- Victims – (cont'd)
- Often JSO are released and returned the same home environment where the victim(s) reside.
- Victims –With intra-familial cases DCF maintains limited or no continuing involvement in managing the relationships between the victim and the family.

Conclusions and Recommendations

- Victims – (cont'd)
- Recommendations
- Develop and provide transitional housing for JSO to protect child victims in home.
- Ensure victim (s) remain informed of legal proceedings and decisions and understand their rights.

Conclusions and Recommendations

- Victims – (cont'd)
- Recommendations
- Ensure that protection and therapeutic services are available for child victims of juvenile sex crimes and their family.
- Ensure that child protection teams and community mental health networks serve all victims and long term-treatment is available for victims under 18 years of age.

Conclusions and Recommendations

- Treatment - Lack of research currently to support a specific evidence-based model to treat juveniles with sexual behavior problem.
- No specific instruments validated to predict sexual re-offending in juveniles.
- Advancement in treatment options
  - Multisystemic Therapy for youth with Problem Sexual Behaviors (MST-PSB) designed to treat youth and their families for problematic sexual behavior.

Conclusions and Recommendations

- Treatment – (cont'd)
- Recidivism rates for juvenile sex offenders are in the 5% range and research suggests that most juvenile sex offenders are nonviolent and respond well to competent outpatient treatment.

Conclusions and Recommendations

- Treatment - (cont'd)
- Survey results suggest a lack of appropriate well-defined resources and procedures.
  - Adjudicated youth in Florida receive a "Comprehensive Evaluation" to assist in placement decisions
    - May not receive a full psychosexual assessment by a qualified sex offender practioner.

Conclusions and Recommendations

- Treatment - (cont'd)
- Family and vocational services are typically available in most areas
- Parent education and support groups are rarely available since youth are committed to residential programs not in close proximity to the family.

Conclusions and Recommendations

- Treatment - (cont'd)
- Recommendations
- Qualified therapist experienced with treating JSO should deliver treatment.
- Continue monitoring available clinical and research knowledge in an effort to ensure solid recommendations for future use.
- Recommend MST as an aftercare component to ensure youth are not retained in residential facilities due to a lack of viable sex offender treatment options in the community.

Conclusions and Recommendations

- Treatment - (cont'd)
- Recommendations
- Qualified therapist experienced with treating JSO should deliver treatment.
- Continue monitoring available clinical and research knowledge in an effort to ensure solid recommendations for future use.
- Recommend MST as an aftercare component to ensure that youth are not retained in residential facilities due to a lack of viable sex offender treatment options in the community.

Conclusions and Recommendations

- Treatment - (cont'd)
- Recommendations
- Treatment should be individualized and driven by sound theory.
  - Programs and providers should be able to clearly articulate the model used.
- The treatment components of both community-based services and residential commitment should be similar.

Conclusions and Recommendations

- Treatment - (cont'd)
- Recommendations
- All treatment components should be available. JSO should participate based on individual needs.
  - Participate in weekly group and individual counseling sessions facilitated by qualified practitioners. Family counseling sessions should be provided as needed.

Conclusions and Recommendations

- Treatment - (cont'd)
- Recommendations
- Treatment should average 12-18 months, with maintenance groups offered. All treatment components should be available. JSO should participate based on individual needs.
- Juvenile females with sexual behavior problems should have access to the same treatment components, and not be mixed with male offenders.

Conclusions and Recommendations

- Transitional/Aftercare
- Florida lacks a graduated continuum of treatment services.
- ATSA recommends that most JSO can be safely managed in community when JSO receives specialized treatment and court supervision.

Conclusions and Recommendations

- Transitional/Aftercare – (cont'd)
- Community based treatment offers opportunities for family involvement in the treatment process and reintegration into the community.

Conclusions and Recommendations

- Transitional/Aftercare – (cont'd)
- Recommendations
- Timely transition planning is required for juveniles returning from residential commitment.
- Whether the victim is in the home and received treatment should be considered in deciding whether the offender can return to the home safely or needs an alternate living arrangement.
- DCF, dependency case managers should receive specialized training in working with juveniles with sexual behavior problems.

Conclusions and Recommendations

- Transitional/Aftercare – (cont'd)
- Recommendations
- DJJ juvenile probation officers should request that the DCF conduct a home study to determine the safety of the victim.
- Case managers should facilitate the release planning process and involve key stakeholders
  - Parents/caregivers or transitional home provide
  - Treatment providers
  - Victim advocates

Conclusions and Recommendations

- Transitional/Aftercare – (cont'd)
- Recommendations
- Case managers should facilitate the release planning process and involve key stakeholders
  - Juvenile probation officers
  - School official
  - Community support networks

Conclusions and Recommendations

- Community –
- Many stakeholders are not aware of resources available to provide support services for youth returning to the community.
- Research shows multidisciplinary teams (MDT) effective.
  - Almost none of the circuits have multidisciplinary team such as the Hillsborough County Sexual Assault Intervention Network (SAIN.)

Conclusions and Recommendations

- Community – (cont'd)
- Incarcerated youth and those who have developed relapse prevention skills and plans, find the transition overwhelming and difficult without a community support system.
- Juvenile Probation Officers reported that community resource directories not adequately maintained.

Conclusions and Recommendations

- Community – (cont'd)
- Recommendation
- DJJ and other agencies should collaborate to establish and maintain community resource directories for their circuit of services available to the offender, victims and families.

Conclusions and Recommendations

- Community – (cont'd)
- Recommendation
- All circuits should develop local MDT and a staffing team for youth being transitioned from residential commitment back into the home community.

Conclusions and Recommendations

- Community – (cont'd)
- Recommendation
- When released from residential commitment, outpatient treatment should continue to be available via a continuum of services including:
  - Timely community-based treatment/referrals, for the youth and family.

Conclusions and Recommendations

- Schools – Excellent response rate from districts.
- Two thirds reported having specific policies addressing reintegration of JSO.
- Majority of districts contacted prior to a youths release to develop an attendance and reintegration plan.

Conclusions and Recommendations

- Schools – (cont'd)
- Schools reported having resource officers or administrators on MDT at school to monitor juvenile offender's behaviors and victim safety.
- Not clear if schools have resources and teams in place for ongoing assessment and monitoring the risks and needs of offenders throughout the treatment and supervision process.

Conclusions and Recommendations

- Schools – (cont'd)
- Recommendation
- Schools should provide resource officers or other staff time to consult with MDT or probation officer.
- Department of Education should provide education and awareness to students and families on consequences of inappropriate sexual behaviors and harm to victims.

Conclusions and Recommendations

- Supervison – (cont'd)
- Consistent and coordinated approaches to JSO reentry are lacking in most jurisdictions
- Supervision practices could benefit from community support networks, which are not available in all circuits due to financial constraints.

Conclusions and Recommendations

- Supervison – (cont'd)
- It is unclear whether supervision case plans are being effectively implemented because responsivity factors are not routinely assessed.

Conclusions and Recommendations

- Supervison – (cont'd)
- Recommendation
- Comprehensive informed decisions for re-entry
  - Release plans should promote continuity of care.
  - Summarize adjustment within residential program.
  - Assess youth's ongoing and anticipated needs and level of risk.

Conclusions and Recommendations

- Supervison – (cont'd)
- Recommendation
- Youth who recidivate should be referred back to probation officer sex offender specialist regardless of type offense.
- Probation officer should work closely with youth and family to develop plan for daily activities.

Conclusions and Recommendations

- Supervison – (cont'd)
- Recommendation
- Use of a Jimmy Ryce Tracking Instrument is recommended to ensure all statutory requirements are met.
- Database to track juveniles with sexual behavior problems is also helpful, generating reports on geographic location, school, etc.

Conclusions and Recommendations

- Training – Specialized training is required, but most stakeholders lack specialized knowledge and training to effectively manage juveniles who sexually offend. There has been limited training of for stakeholders in Florida.
- Recommendation
- Specialized training for juvenile probation officers should be annual eight-hour training.

Conclusions and Recommendations

- Training – (cont'd)
- Recommendation
- Establish specialized training for legal representatives that includes current research.
- Special programming should be reviewed to meet the needs of specialized populations, including those with developmental disabilities, major mental illness, and/or young children with sexual behavior problems.

Overview of Survey Findings Top 10

1. Florida lacks transitional or step down alternatives for juveniles who sexually offend and are being released from residential programs and rarely are foster homes or therapeutic foster care considered for youth who are not able to return to their home.
2. Often, there are concerns regarding juvenile sex offenders returning to the same home as their victim(s) and/or to homes where children who may be at risk to be victimized reside, based on the lack of transitional housing.
3. Florida lacks publicly funded community treatment resources for lower-risk juvenile sex offenders.
4. Treatment services are concentrated mostly secure moderate risk and high-risk residential programs.
5. To access publicly-funded juvenile sex offender services, may have no choice but to commit youth to secure residential programs; "the deepest end" of juvenile justice system when families are unable to pay for outpatient treatment.

Overview of Survey Findings Top 10

6. Lack of community resources results in mixing relatively low-risk youth who have committed minor sexual offenses with severely disturbed, often violent youth who have sexually offended, in highly secure programs.
7. Young, less serious offenders are routinely incarcerated with older, more predatory and violent offenders, where they are at risk of victimization and may also learn new delinquent behaviors.
8. Lack of appropriate well-defined resources and procedures. Although, adjudicated youth in Florida receive a "Comprehensive Evaluation" to assist in placement decisions, they may not receive a full psychosexual assessment by a qualified sex offender practioner.
9. Lack of a statewide understanding and systematic planning for sex offender management resources and policies.
10. Most community stakeholders lack specialized training to effectively manage the special needs of juveniles who sexually offend.

A Review of Findings from the 2005 Task Force on Juvenile Sexual Offenders and Their Victims

Eric Imhof, Psy.D.
Gabriel Myers Workgroup
January 7, 2010

1

Overview of Juveniles with Sexual Behavior Problems

- Juveniles who sexually offend vary considerably with regard to demographics, characteristics, and offense behaviors, which leads to difficulties with interpretation and generalizing study findings. [1]

2

Overview of Juveniles with Sexual Behavior Problems

- It is estimated that nearly half of all child molestations and one-fifth of all rapes are committed by juveniles.[2]

3

Overview of Juveniles with Sexual Behavior Problems

- Non-sexual delinquent behavior is typical among juveniles who sexually offend. [4]
- Juveniles who sexually offend are more likely to re-offend with non-sexual delinquent offenses than with new sexual offenses. [1]

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Overview of Juveniles with Sexual Behavior Problems

- Conservative estimates of sexual abuse histories among male juveniles who sexually offend indicate they are three to four times more likely to have been sexually abused than male adolescents in the general population. Various studies have found sexual abuse rates for juveniles who sexually offend have reported sexual abuse rates between 40% and 80% and physical abuse rates between 20% and 50%.[2]

8

Post Treatment Recidivism Rates in Florida

- In a cohort of youth released from Department of Juvenile Justice sex offender treatment programs between July 1, 2001 and June 30, 2002, the sexual offense recidivism rate was 1.6% over a one year follow up period.[5]

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- 18 findings across 6 areas:
  - Response to Victims
  - Prevention and Awareness
  - Assessment and Evaluation
  - Treatment and Supervision
  - Legal Issues
  - Interagency Collaboration

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Response to Victims

- Finding 1: Limited Resources for Victims and Families
  - Funding needed for long-term counseling
  - Expand role of CPT in child on child cases
  - DJJ & DCF to collaborate on development & delivery of training on the effects of trauma on child sexual abuse victims
  - Fund Sexual Abuse Intervention Networks (SAIN) in all 20 Judicial Circuits

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Response to Victims

- Finding 2: Family Relationships Need Attention
  - DJJ or DCF to conduct home studies and victim trauma assessments prior to placement or reunification in sibling incest cases

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Prevention and Awareness

- Finding 6: Lack of Educational Effort in Communities
  - DOH should encourage all school districts to include information on legal consequences of inappropriate sexual behaviors

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Assessment and Evaluation

- Finding 7: Sexual Offender Assessments are Under-Funded and Poor in Quality
  - Legislature should require and fund comprehensive psychosexual evaluations conducted by qualified practitioners post adjudication and presentence

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Assessment and Evaluation

- Finding 8: Inadequate Certification for Assessment Professionals
  - DJJ contract with qualified practitioners as defined by:
    - Active license under F. S. 458, 459, 490, or 491
    - 55 hours of post degree continuing education
    - Have 2,000 hours post-graduate supervised experience with youth who have committed sexually delinquent acts
    - 20 hours of biennial continuing education

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Treatment and Supervision

- Finding 12: Need for Use of New Treatment Technologies
  - Legislature to authorize and fund DJJ to utilize polygraph and physiological assessment as deemed appropriate by qualified practitioners

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Treatment and Supervision

- Finding 13: Lack of a Continuum of Treatment Options
  - Legislature should fund a pilot project to examine more effective ways to reintegrate youth back into the community
  - DJJ probation officer should begin working with youth and family 90 days prior to release
  - Legislature to should require DCF to participate in transition planning for youth
  - Legislature should fund transitional living facilities

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Treatment and Supervision

- Finding 14: Need for Specialized Quality Assurance Standards
  - DJJ to develop standards of treatment and quality assurance standards for the treatment of juveniles who have sexually offended.

27

Interagency Collaboration

- Finding 18: Poor Coordination of Services for Juvenile Sexual Offenders and Their Victims
  - DJJ should take the lead to establish an on-going collaboration between DJJ, DCF, FDLE, DOH, DOE, & AHCA
  - Legislature should require DJJ to assemble a Task Force every five years to review the issue of juveniles who commit sexual offenses

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Summary

- Incidence of juvenile sexual offending has decreased in Florida
- Juveniles who commit sexual offenses have a very low recidivism rate
- A significant percentage of juveniles who commit sexual offenses where victims of sexual assault

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Summary

- Victims are often siblings or young neighbors for whom services should be ensured
- Public awareness must be increased to ensure youth understand what is inappropriate sexual behavior and the consequences

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If I Can Be Of Further Assistance

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References

[1] National Center for Sexual Behavior of Youth. (July, 2003). NCSBY Facts Sheet: What research shows about adolescent sex offenders [electronic version]. *National Center on Sexual Behavior of Youth*, No. 1, 1-3.

[2] Ryan, G., Miyoshi, T.J., Metzner, J.L., Krugman, R.D., and Fryer, G.E. (1996). Trends in a national sample of sexually abusive youths [electronic version]. *Journal of the American Academy of Child and Adolescent Psychiatry*, vol. 35, No. 1:17 – 25.

[3] Worling, J.R. & Curwen, T., (2000). Adolescent sexual offender recidivism: Success of specialized treatment and implications for risk prediction. Child Abuse and Neglect, 24(7), 965-982.

[4] Office of Juvenile Justice and Delinquency Prevention. (2001). Juveniles who have sexually offended: OJJDP Report [electronic version]. *Office of Juvenile Justice and Delinquency Prevention.*

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References

[5] Program Accountability Measures report, 2006, Florida Department of Juvenile Justice.

[6] Juvenile Sexual Offenders and Their Victims: Final Report (2006). Task Force on Juvenile Sexual Offenders and Their Victims. Available at: http://www.djj.state.fl.us/Research/Sex_Offender_Task_Force_Report.pdf

[7] Understanding Juvenile Sexual Offending Behavior: Emerging Research, Treatment Approaches and Management Practices (December 1999). Available at: www.csom.org/pubs/juvbrf10.pdf

[8] Finkelhor, D., Ormord, R., & Chaffin, M. (December 2009). Juveniles Who Commit Sex Offenses Against Minors. U. S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Available at: http://www.ncjrs.gov/pdffiles/ojjdp/227763.pdf

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Policy & Procedure: Prevention and Placement of Child Victims and Aggressors Involved in Child-On-Child Sexual Abuse, Sexual Assault, Seduction or Exploitation, and Other High Risk Behaviors, in Substitute Care (ALERTS)

ChildNet Number: CN 003.051
Original Approved Date: June 30, 2003
Revised Date(s): August 18, 2005; October 4, 2005; September 30, 2007; December 3, 2009
Sunset Date:

Statement of Policy:

It is ChildNet's policy to establish safeguards for identifying and assisting children in substitute care who are known alleged juvenile sexual offenders, sexual aggressors, or sexually reactive children, or who are known victims of sexual abuse and/or exploitation. These safeguards have been extended for children who are known to be physically assaultive and have been known to commit arson.

Definitions (If any):

Explanation of Terms: For the purposes of this operating procedure, the following definitions shall apply:

1. "Alert Categories/Codes" – alphanumeric coding assigned to identify the conditions in which special attention is required during placement. See Attachment A for a complete listing of Alert Codes.

2. "Assessment" – the gathering of information for the evaluation of a child's physical, psychological, educational, vocational, social condition and family environment as they relate to the child's needs for rehabilitative and treatment services, including substance abuse treatment services, mental health services, medical services, family services, and other specialized services, as appropriate.

3. "Data Information Systems" – the computer based information systems used to maintain, track, and record case information to be shared within the agency. (Statewide Automated Child Welfare Information System [SACWIS]).

4. "Substitute care" - any child in the care and custody of ChildNet in an out-of-home placement, which includes relative caregivers.

5. "Human Trafficking" - the practice of humans being tricked, lured, coerced or forced to work with no or low payment or on terms which are highly exploitative.

6. "Commercial Sexual Exploitation of a Child" – the use of any person under the age of 18 for sexual purposes in exchange for cash or in kind favors; it occurs between the child and a "customer." The pimp/trafficker or others who profit from the trade of children for these purposes (CFOP 175-14).

Statement of Procedure:

This operating procedure applies to ChildNet and authorized agents of ChildNet involved with the placement and care of children in out-of-home care. This policy also applies to children whose jurisdiction is with another county, when they are residing in Broward County and ChildNet is providing courtesy supervision

A. The Investigation of Child-On-Child Sexual Incidents Involving Children in Substitute Care.

1. If the alleged juvenile sexual offender or the victim is in care, comes into care or an incident occurs, ChildNet administrator will be notified and is to ensure that the assigned Child Advocate is involved in the response. If the child has a behavioral health therapist, the Child Advocate is to involve the therapist in the assessment process and interviews of the child, if this can be accomplished without delaying the investigation. If there is no behavioral health professional providing services to the victim or offending child, an assessment of each child is to be provided with recommendations for follow-up.

2. If a child-on-child sexual abuse incident occurs or is suspected to have occurred, immediate attention is to be given to the safety of all children residing in the placement. The protective investigator, the assigned Child Advocate(s), Child Protection Team (CPT), the child(ren)'s therapist (if assigned) and staff responsible for placement are to work together to determine the most appropriate placement(s) for all child(ren) in the placement who may need to be moved.

3. The investigator, the assigned Child Advocate(s), CPT and the child(ren)'s therapist (if assigned) are to determine if immediate services are needed to stabilize/support the child(ren) involved or the placement in which they live and complete the investigation.

B. Placements for Children in Substitute Care Who May Be Sexual Victims, Sexually Reactive, or Aggressors - Not all victims of sexual abuse become sexually aggressive towards others, however the possibility does exist. Placement needs and risk factors must be considered when selecting placements for children who have been sexually victimized or who are sexually aggressive.

1. The following procedures are to be followed to ensure appropriate placement and treatment for victims of child-on-child sexual abuse, children with sexually reactive behaviors, and children who are sexually aggressive towards others:

    a. ***For initial out-of-home placements:*** If a history related to the alert codes is reported in the case opening documents received by ChildNet, the Intake and Placement Advocate (IPA) Supervisor is to assign an appropriate alert code (See Attachment A) to a case, with specific report information referencing the incident, into ChildNet's data information systems with an alert effective date and review date, within 2 business days. If the IPA Supervisor is not available, then the IPA from SafePlace will forward case opening documents and related information to the Director of Service Coordination to make the initial alerts determination and add the data. The IPA is to write a Family Safety Contract to reflect appropriate actions and precautions to be taken in the placement of the child within 24 hours of the alert being assigned. During the same business day, supporting documents are to be securely electronically scanned to ChildNet's Director of Service Coordination in order to determine if the assigned alert code is appropriate and should remain in the system. If it is determined that a staffing is required to obtain more information, the Director of Service Coordination is to coordinate a staffing and complete an Alerts Review Form (See Alerts Review Form) within 30 days of the alert being initially assigned. Additional reviews are to be scheduled by the Director of Service Coordination ninety (90) days and then every six (6) months from initial placement to determine if a staffing is required to review alert status for all A, B1, B2, C, and E alerts. Generally, D alerts are not reviewed unless there is reason to believe the victimization did not occur and there is factual evidence to support this. However, for children believed to be victims of human trafficking, specifically commercial sexual exploitation of a child, an alert review staffing is to occur at initial alert assignment, 90 days later, and every six (6) months thereafter. In addition, notation of this specific type of sexual abuse is to be noted in the alerts data base in the comment box (designated by "HT"). At the alert staffing, the individualized Safety Contract and treatment recommendations will be discussed at that time.

    At any time, the Child Advocate may request an alert to be reviewed or removed from a case. If so, the Child Advocate Supervisor is to be notified of the request who will contact the Director of Service Coordination for a staffing. The Director of Service Coordination is to schedule and facilitate the staffing to include the Child Advocate,

Child Advocate Supervisor, the Site Director and ChildNet's Legal Staff, and other applicable multi-disciplinary team members (Guardian Ad Litem, behavioral health therapist, foster parent or residential caregiver, Targeted Case Manager). Should it be determined at the staffing that an alert code should be removed, the Director of Service Coordination is to document the decision and update ChildNet's data information system.

In addition, an alert staffing may be requested by a Child Advocate upon placement change of any child with an alert in order to review the placement circumstances, treatment needs, and safety of all children in the placement. If so, the Child Advocate or Child Advocate Supervisor is to contact the Director of Service Coordination to request and schedule the staffing.

b. ***Incidents that occur while in care;*** When an incident occurs the Child Advocate is to immediately notify the Child Advocate Supervisor. In addition, the Child Advocate or provider is to complete a Safety Concern Reporting Form per requirements of CN 013.006 Safety Concerns Identification & Response. The Safety Concern Forms for all incidents of "child-on-child" sexual abuse which require a report to the Florida Abuse hotline are to be forwarded to ChildNet's Director of Service Coordination. Upon receipt, ChildNet's Director of Service Coordination is to review the Safety concern form and make a determination as to whether an alert code shall be assigned. If it is determined that the behavior meets the criteria established for one of ChildNet's Alert Codes, then the Director of Service Coordination is to add the appropriate alert and update ChildNet's data system that tracks all alert codes. Data entered is to reflect the alert code(s) entered, effective date, and review date.

If a new placement is recommended, the Child Advocate Supervisor is to notify SafePlace to locate a new placement. The Director of Service Coordination is to run regular reports and conduct staffings as needed. It is the Child Advocates responsibility to invite all appropriate multi-disciplinary team members to the alert review staffings, which should include, but are not limited to, the following (as applicable): Guardian Ad Litem, behavioral health therapist, foster parent or residential caregiver, Targeted Case Manager . Reviews will be conducted every six (6) months from the initial ninety (90) day review for all alerts, except D only. However, if the child is believed to be a victim of human trafficking, specifically commercial sexual exploitation of children, the reviews are to be conducted at initial 90 days and then every 6 months.

2. Child Advocates are to follow the guidelines outlined in paragraph C below ("Prevention of Child-on-Child Sexual Abuse") when placing a child(ren) *currently involved* in a child-on-child sexual abuse incident.

3. If any child in substitute care is identified as having been sexually abused or as having a history of being either sexually reactive or sexually aggressive, the Child Advocate is to gather and consider all available pertinent historical information before selecting a placement. This information will include, but is not limited to, the following:

    a. Information related to the child's abuse history (FAHIS, CIS and Risk Assessment), Comprehensive Behavioral Health Assessments, other existing behavioral health assessments or evaluations, treatment records, support services, forensic/disclosure interviews (completed by Child Protection Team), placement recommendations, and progress related to treatment goals.

    b. The sexual behavior, family dynamics and vulnerabilities (developmental disabilities, physical disabilities, age, physical size) of all family members living in the home must be given thorough consideration when matching a sexually abused or sexually aggressive child to a substitute care placement.

4. If any child in substitute care has been identified as being a victim of sexual abuse or has a history of being sexually reactive or sexually aggressive, but has not had a clinical behavioral health services with a professional trained in childhood sexual abuse, a referral is to be *initiated* by the assigned Child Advocate or their supervisor *within three working days* of the need being identified.

C. Prevention of Child-on-Child Sexual Abuse. The following safeguards must be used when placing a child known to be a sexual abuse victim or a sexual aggressor:

1. Older sexual abuse victims are not to be placed with younger children, if treatment agents or therapists indicate in writing that it is not safe to do so.

2. ChildNet staff must provide caregivers (current and potential) with written, detailed and complete information related to sexual abuse victims and aggressors placed with them so they can prevent the reoccurrence of child-on-child sexual abuse incidents. The information given to caretakers must include, but is not limited to, the date of the sexual abuse incident(s), type of abuse, brief narrative outlining the event, type of treatment the child received and outcome of the treatment. If the child is currently in treatment when

placed with the caregiver, contact information for the treatment provider must also be provided.

3. Every effort must be made to place sexually aggressive children in homes where there are no other children. A sexually aggressive child is never to be placed in a bedroom with another child of the same sex that they are acting out against; Children age 5 or younger may be placed in homes with other children, if they are the youngest child living in the home. Consideration must be given to the sexual behavior and vulnerabilities of the other children in the placement, e.g., mental handicap, physical disability, chronic illness, and physical size, age.

4. Substitute caregivers for sexually abused and sexually aggressive children must be given specific information and strategies to provide a safe living environment for all of the children living in their home.

5. The caregiver must have access at all times to a Child Advocate or ChildNet Supervisor, if assistance is needed.

6. Prior to, or upon the date of placement, ChildNet staff and the caregiver must outline together a plan of care for a sexually abused child or a sexually aggressive child to manage any issues identified in the child's history and assessments. The information outlined in paragraph B3 above will provide a basis for this child-specific safety plan.

D. The following "house rules" are recommended when sexually victimized, sexually reactive, and sexually aggressive children are in substitute care placements:

1. *The children and the caregivers must be made aware of these rules and their purpose.*

2. A child who has been sexually abused or is sexually reactive shall be placed in a private bedroom until the child becomes better known to the caregivers. If this is not possible, the child must be monitored *very carefully and frequently* by the caregivers until a reduction in supervision is determined to be appropriate.

3. Never place a sexually aggressive child in a bedroom with another child of the same sex who they have acted out against.

4. Limit access to bedrooms by establishing and enforcing ground rules on who is allowed to visit whose bedroom and under what conditions.

5. Establish rules regarding bathroom utilization (one family member uses the bathroom at a time with the door fully closed).

6. Establish a dress code which outlines the type of clothing acceptable, where it is acceptable and with whom present (not walking around the house in underclothes or pajamas).

7. Establish reasonable guidelines concerning what level of supervision (auditory, visual, in the same room) is required for persons living in the home.

8. Appropriate physical boundaries and interactions with others are modeled and enforced by caregivers for the children placed with them (requesting and refusing affection/hugs, greetings and good-byes).

9. The caregivers will encourage, model and support open communication among family members about important events occurring in the home. No secrets allowed.

10. The Family Safety Contract (see Family Safety Contract Form) must be completed with the substitute caregiver prior to or upon the date of placement .

E. Family Safety Contracts (see Family Safety Contract Form)

1. A ChildNet Family Safety Contract *must* be completed by the Child Advocate for all children with <u>any</u> alert prior to, or upon, the date of placement.

2. The Family Safety Contract must be specific to the plan and safety precautions for the individual child.

3. The Family Safety Contract must be carefully reviewed with the child's caregiver. Upon review with the caregiver, the Child Advocate is to obtain the signature of the caregiver indicating their review and agreement to follow the plan.

4. The Child Advocate and their supervisor are to also sign the completed Family Safety Contract.

5. A copy of the child's completed and signed individualized Family Safety Contract is to be placed in the Child Resource Record at the child's placement. In addition, a copy is to be placed in the child's ChildNet case file.

6. The Family Safety Contract is to be updated upon *any change* in the conditions of the plan. The contract should be updated in any of the following

situations: a change in the child's placement; a change in the child's caregiver; an alert has been added, changed, or removed; or a new Child Advocate has been assigned. Furthermore, the plan must be updated to reflect any additional safety precautions that are to be added, changed, or removed in the plan.

President Signature: _____ **Date:** _____