

**Gabriel Myers Child on Child Sexual Abuse Work Group  
January 7, 2010  
Ft. Lauderdale**

**Meeting Notes**

**Workgroup Members Present:**

Dr. Jim Sewell, Chair  
Robert Edelman  
Judge John Frusciante  
Dr. Mike Haney  
Bill Janes  
Craig Latimer  
Mez Pierre  
Robin Rosenberg

**CALL TO ORDER**

The meeting was called to order at 10:12 a.m. Dr. Sewell welcomed all in attendance. He noted that the Gabriel Myers Work Group has focused on specific circumstances relating to Gabriel's death and psychotropic medication for children in foster care. The Report issued in November to the Task Force on Fostering Success showed 147 findings and 90 recommendations. A work plan is being developed with the community with the next step of drafting legislation. Some members of the Work Group have changed to reflect the group's focus on child on child sexual abuse. The next meeting will be held in Jacksonville.

**WORKGROUP INTRODUCTIONS**

Dr. Sewell asked Work Group members and advisors to introduce themselves. He expressed his appreciation to the Department of Children and Families (DCF) staff for their assistance in hosting the meeting. DCF Southeast Regional Director, Perry Borman welcomed the group, and Circuit 17 Administrator Nancy Merolla introduced herself and thanked the group for the opportunity to host the meeting and offered to support the group in any manner. Dr. Sewell stated that all the presentations would be posted on the Gabriel Myers website following the meeting.

**A REVIEW OF THE ISSUE OF CHILD-ON-CHILD SEXUAL ABUSE IN THE CASE OF GABRIEL MYERS**

Kim Welles, Southeast Region Family Safety/CPI Region Manager, presented an overview of the Gabriel Myers case as it relates to child on child sexual abuse. It was noted that the presentation filtered out non pertinent information. It was also noted that although this Work Group has a statewide focus, the presentation reflects what is done in Broward County. The presentation covered events occurring between June 29<sup>th</sup>, 2008 and March 25<sup>th</sup>, 2009.

Neiko Shea, ChildNet, Inc. presented a handout on Alert Categories and discussed each alert code: A = Alleged Juvenile Sexual Offender, B1= Sexually Aggressive, B2=Sexually Reactive without sexual aggression, C=Physically assaultive (unprovoked), D=Sexual Abuse Victim and E=Arson.

Questions/Comments/Discussion:

1. Alert Categories: Bill Janes asked if these codes were in effect during Gabriel Myers' case as the handout was a ChildNet form. Is it a contract requirement that ChildNet does training? Does ChildNet engrain this into the culture?

Neiko Shea confirmed that these codes are unique to Broward County and that there is training on this process. Kim Welles also responded that for any child with alerts assigned from this list, or even if there is more than one has notes as to why the alert(s) have been assigned and the case worker indicated specific requirements for the child. Notes also include who is approved to supervise the child. The form was recently revised to include specific names of who could supervise as well.

2. References to Victims and Labeling: Judge Frusciante expressed concern that we call one child a victim and another child a sexual offender. All children are victims in sexual abuse. There is a mindset. Children are at different points in their trauma.

Neiko Shea responded that all are victims in need of treatment and agreed that they are looked upon as a victim. Categories help determine treatment and services, for example: separation from other children or from siblings.

3. Judge Frusciante noted the re-victimization with the separation of children.

Neiko Shea noted in terms of treatment, the needs of the child to be addressed. ChildNet wants to ensure that children are safe. Children are only separated if there are concerns with their safety.

Judge Frusciante discussed that when there is separation, he is not sure that we are dealing with the child's psyche, and this affects everything we do. Doesn't necessarily mean separation from home. We need to develop boxes on how we develop our lives. It should be reviewed every six (6) months, may be changes. We do not want to label a child for life. The foster parents, biological parents and Guardian ad litem should be included in safety plan meetings. There are seven (7) new "Alert A" children in Broward County.

Neiko Shea discussed the Family Safety contract handout. The policy was developed in 2003; and discussed revisions to include specific timeframes which should be completed at placement and a line added so caregiver can have telephone numbers.

4. Notes in Florida Families Safety Network (FSFN): Craig Latimer asked if there is any reference to Alerts in FSFN in the note section?

Neiko Shea stated that the Alerts are indicated in the FSFN notes. It was noted that with children from other areas, a child's history is not always available.

5. Who follows up with an Alert? Craig Latimer questioned who is responsible to follow up according to policy?

Neiko Shea responded that the one who witnesses the behavior should follow-up, and it generally should be the caregiver. A request was made by Robert Edelman for a copy of the Family Safety Contract prior to the revisions to see the differences. (note: Copies were

provided to the Workgroup). Robert Edelman also requested copies of the safety contracts implemented for Gabriel Myers. Neiko Shea indicated that these would be located and provided to the Work Group.

6. Electronic filing of Alerts: Craig Latimer asked if Alerts are input electronically?

Neiko Shea responded yes.

7. Placement of Child with Alerts? Judge Frusciante asked if there are problems getting placements for children with Alerts?

Neiko Shea responded that yes, it is a problem at times, although the child may be the victim of a sex alert category.

8. Victim Categories: Judge Frusciante discussed the development of a box note who received the documentation so that they get the material, but don't have specific knowledge of this. As an example, there are seven (7) victims in category "A".

Neiko Shea responded that the child would also have a "D" Alert, both.

9. Child with Sexually Reactive: Judge Frusciante inquired as to the number of children who have "Sexually Reactive" alerts who are not victims?

Neiko Shea responded that she did not have the numbers beyond Alert "D" as to exposure or exposure to pornography.

10. Safety Plan: Bill Janes referred to documents of child on child sexual abuse which were mentioned in the safety plan, including: supervision and monitoring plan, and communication with other adults. Is there a modification of the safety plan over time?

Neiko Shea responded that many modify the Safety Plan with new contracts as needed. The caseworker is the author.

11. Question of Plan: Bill Janes inquired if there was a question of plans being suspect, and would they have to be carried forward.

Neiko Shea responded that they try hard to be sure that the Plans are documented with caseloads.

Bill Janes responded that in the case of Gabriel Myers – there was a red flag, Management by exception; needs to be drilled up. Supervisors have the same requirement of review Safety Plans. We may not be able to review effectively based on caseloads.

Neiko Shea responded regarding paperwork with the psychotropic medication has caused increased paperwork. Safety Plans have been in effect since 2003 with no change. Bill Janes stated that the easy part is to identify the problem. We need to know how to do this. Paperwork is the problem. Case managers should have the level of skill required, but coordination issue is a problem.

Judge Frusciante stated there is a specific liaison with the School Board of Broward County – Debbie Wynter. They provide information to us; a conduit for us to use. We use it sometimes; it is a connection and it should not be ignored.

Emilio Benitez, CEO of ChildNet, Inc. stated that Broward County has an unmatched relationship with the School Board of Broward County. Each foster child has a liaison in the school. There is an Agreement between the School Board of Broward County, DCF, ChildNet and others. This Agreement has been shared with Miami-Dade, Orange and Hillsborough Counties, but they have not adopted it yet. They may not have chosen to adopt it.

Bill Janes stated that there are privacy issues that are crossing boundaries. With Gabriel Myers, there was a lack of participation. There was a need for dialogue if parties aren't able to be at the table. Emilio Benitez stated that Safety Plan Alerts were created for placement issues, and prevention of child on child abuse after removal. The Plan would be open to look at Alerts and to expand.

Dr. Haney stated his concern that if a child denies abuse, there is simply one (1) interview. Many kids require several interviews. Sometime it requires going to the Judge to encourage the need for more time. Example: child has issues, need "X" amount of time. Events drive the bus. If there are no clinical reports with the therapist of what is going on, nothing sexual – Gabriel Myers made no disclosures, no documentation or clinical report with the investigation, false statements with this child – not a lot of follow-through. There was a lack of communication with this child.

Judge Frusciante commented that the denial could be expected, yet more obvious is the recanting. Studies show as many as 92-94% of children who report sexual abuse recant. Even those who confessed for numerous reasons are still being given in courtroom as recanted or no indicators. There is a need to train that we can expect recanting. We have a tool yet we are not utilizing it in Broward County. The effects are still present. Execution of the tool is the name of the game. Bill Janes stated he didn't believe there was a liaison to energize a team, especially with high profile cases.

Judge Frusciante informed the Work Group that he has met with the Broward County School Board Superintendent who has also visited the courtroom. They discussed that there must be a stronger effort to work with the School Board. Schools have a tremendous response and it is the best place to monitor the victim - to help children.

Bill Janes stated there is a silo around "ongoing investigations". Multiple agencies investigating are not sharing, including the Department of Juvenile Justice, Broward County School Board, DCF, etc. We need synergy versus silos. He questioned what can we do to work with partners? Dr. Haney stated language in the Agreement with partners to talk about a child.

(Note – Robin Rosenberg arrived at 11:02am – weather/flight delay from Tampa).

12. Therapist: Robert Edelman asked if Craig Handwerker is a trained sexual abuse therapist.

Kim Welles responded that Mr. Handwerker was not.

Judge Frusciante stated sexual abuse gives the child information beyond their years. The child needs to be taught boundaries. Boundaries that Gabriel Myers, at age six didn't understand. The challenge is to recognize issues upfront. Example: 75% have been called victims, where he believes it is closer to 95%. Children who have been sexually abused do not want to talk about it. They want to hide the abuse. The most difficult part is to get the child to disclose.

Dr. Haney followed noted two (2) issues: one is getting the child to talk about it. The second is interviewing a child, rather than treatment, which runs from 30 to 40%. Some children offer to share information with the Judge. A lot depends on active disclosure. Robert Edelman noted that it depends on who is interviewing (the Protective Investigator?). The percent is higher for those not trained to do interviews than those specifically trained.

Angel Junquera, Chrysalis Center, stated that the first person involved in the case of Gabriel Myers was a representative of the Child Protection Team. The person was experienced when the first evaluation was conducted – very qualified. The document only states “Denial”, but most certainly Gabriel was evaluated by a qualified interviewer.

Dr. Haney stated that often one interview is not enough. There is a need to be more proactive. There are gaps with Gabriel's background information from Ohio. We need a better system to respond to children in or possibly in disclosure with support services.

Kim Welles continued with the presentation.

Broward Sheriff's Office (BSO) Commander Harn stated that Gabriel Myers was placed based on the family's request. Relatives had asked that he be removed from the school as another parent had asked his Aunt to tell Gabriel to stop touching his/her daughter, followed by disclosure.

13. Placement for Gabriel Myers: Bill Janes - question on placement – did the relatives state they could no longer keep him in their home?

Emilio Benitez stated that relatives requested Gabriel's removal from the home based on an investigation.

Kim Welles continued with the presentation, noting there were three (3) reports. October 10<sup>th</sup> noting Gabriel was subject to sexual abuse, October 13<sup>th</sup> noting child on child, and October 15<sup>th</sup> – an additional report of physical abuse.

14. Entry into the Home: Judge Frusciante inquired if we could not get into home based on abuse issues; the uncle punishing Gabriel for sexual activities?

BSO Commander Harn responded that in the home there were behavioral issues. There was a private behavioral therapist the whole time that the family had hired. ChildNet didn't know this was going on. On October 9<sup>th</sup>, the comment to the Aunt from another parent was to keep Gabriel away from his (her?) child.

15. Efforts to Reunify: Judge Frusciante discussed disciplining children and attempts to reunify them. Did we try to redirect the caretaker to handle these issues without removing him from placement?

BSO Commander Harn noted it was very hard to say if the foster parents were trying different methods of discipline to keep him in care.

16. Judge Frusciante inquired into the in house information. Child advocate may not have shared all the information.

BSO Commander Harn reported that the therapist apparently didn't know the appropriate mechanism and sent the report directly to the Court. Robert Edelman noted a lack of education to caregivers. Caregivers don't have more children for placement, new Safety Plans, children act out again – these are systemic problems.

17. Documents: Bill Janes asked if there is a mechanism to document action as to why we did it?

Kim Welles responded no. The change should be in FSFN, but is not at this time.

A request was made from the Work Group to be provided copies of a Safety Plan and handout copies of the links to the presentation.

Angel Junquera, Chrysalis Center, reported that MAT was created by DCF prior to the creation of ChildNet. It is a product of lawsuits in the late 1990s within the Florida system. The idea was to get the community to meet weekly for the child on child for child protective investigators to staff the team to process cases and look at angles of safety plan issues, alleged perpetrators in the home, safety measures, parent needs, foster parent needs, issues in the home putting children at risk, hopefully to bring more safety into the home. ChildNet decided to continue this process. Chrysalis Center coordinates and staffs it. BSO has representatives, State Attorney's Office, ChildNet, etc. It is a good team that works well together to prevent occurrences again, and to assure doing it correctly, a good tool.

18. Gabriel Myers Team: Bill Janes questioned who participated with the Gabriel Myers team?

Angel Junquera, Chrysalis Center reported that the referral was from BSO for a staffing. All staff from the community, not just foster care staff, are invited to attend meetings that are relevant to a particular child.

Bill Janes stated that we determined that for Gabriel Myers the system was not working. Not always a strong team. If identified child on child sexual abuse, where is it funded for care and treatment? Angel Junquera, Chrysalis Center responded that there is never enough funding. If it is a child in the system, ChildNet goes out of their way to provide services. Many children not in the child welfare system also are served. If they are low income, we try to get a provider or funding under Medicaid. There are a few grant slots for children with no insurance.

Neiko Shea reported that children may not have insurance, however services will be provided regardless.

19. Craig Latimer questioned the Ohio System and stated that we should have gotten information.

Emilio Benitez responded that the question was if information was available at that time. Commander Harn also stated that this subject would be addressed later during the presentation.

20. Judge Frusciante asked what kind of communication there was between the prior therapist and the new team?

Angel Junquera responded none. We did not have knowledge that there was a private sector therapist and did not have information.

21. Robert Edelman asked about the barrier.

Angel Junquera responded that at some point, we received a copy of a letter from the private therapist sent to the court. Gabriel had two (2) therapists. One had a family issue and moved to Poland. Staff was unable to contact her late, and she may have been able to have filled in the blanks.

22. Judge Frusciante inquired if the process changed to get priors?

Angel Junquera responded that if we don't have knowledge, it's hard to ask the right questions. Robert Edelman stated that generally we go to case managers. Neiko Shea responded that it is usually part of the initial intake questionnaire.

Sheila Rapa, Chrysalis Center, was told only that Henderson Mental Health Center was involved. Nothing else was listed regarding the interviewed therapist.

Kim Welles proceeded with the presentation, noting enhanced foster home with therapeutic services, 24 hour crisis, behavioral health, like therapeutic foster care, not ACHA related, no Medicaid. ChildNet contracts with four agencies to provide enhanced care. Robert Edelman inquired as to the number of hours for training was required. Neiko Shea responded that she would look at the training issues and the number of hours and topics.

(Meeting break at 11:54am for 10 minutes – resumed 12:03 pm).

### **Child on Child Sexual Abuse**

Dr. Sewell introduced Howard Talenfeld, President of the Board of Directors of Florida's Children First. Also introduced as a Work Group member was Robin Rosenberg, Attorney and Deputy Executive Director from Florida's Children First. Mr. Talenfeld presented a Powerpoint presentation regarding Child on Child Sexual Abuse.

Howard Talenfeld stated that the information being shared is very meaningful, and he appreciates the opportunity to meet with this group. Having twenty years of history in Florida to address these issues, he believes we have come full circle – with no real progress. We are dealing with a problem. Sexually reactive – results in another victim. A study was conducted of 10% of children in the system showing a systemic problem and epidemic problem. If sexually abused in care, it is like a match with gasoline - posttraumatic, placement disruptions, changing schools, and other problems. There is an underreporting of 10%, and he suspects it is actually higher. Specialized foster care placement is not available. Look at plans of care – mandated 17 years ago in 1992, now referred to as Safety Plans. Broward County understands levels of practice are higher. He stated that he guarantees that the largest providers don't complete

Family Safety Plans. Broward County is sensitive to criticism. There is a public health issue in foster care. The Hotline has no appropriate mechanism for recommendations.

Mr. Talenfeld's presentation included a number of discussion topics:

- Study of sexual Assault among Foster Children in Florida (1991)
- 1995 Task Force Goal-Specific Recommendations
- Legislative Changes Resulting from Task Force Recommendations
- Introduction – Ward Class Action and Settlement
- DCF's 1999 Operating Procedure
- 2005 Task Force
- 2005 Task Force Recommendations
- Criminal vs. Civil Components of Child on Child Sexual Abuse
- Understanding DCF's Distinct Roles
- DCF's Primary Role as a Child Welfare Agency has been Virtually Eliminated
- The Continuing Epidemic
- The Path of a Victim to an Aggressor
- Florida Abuse Hotline and Protective Investigations
- Hotline Received a Call Alleging Child on Child Sexual Abuse
- Procedure for Children 12 Years of Age or Younger
- Procedure for Children 13 Years of Age or Older
- Procedures for Investigations of Caregiver Neglect
- Solutions to Prevent the Continuing Epidemic
- Recommendations
- Florida Must Pay for Appropriate Treatment by Quality Providers

In 1995, DJJ created a Task Force to look at issues with juvenile offenders. The Task Force grossly under reported throughout the state for this most serious problem; another report that sat on the shelf. Cry for help not received, not responded to for Gabriel Myers. Recently, law enforcement has been looking at these issues. Belief is that every child, whether acting out aggressively or not – that all are victims. Mr. Talenfeld has seen a child age 14 with a history of sexually acting out, placed with children ages 3, 4, 5, and 7. Law enforcement has a role and he hope the Work Group puts it into perspective. There is a need to evaluate if for safety. We can't rely upon Medicaid.

In 1995, the Task Force made recommendations to track and report to strengthen the rule. In 1995, legislation was amended – alleged juvenile. He continued with discussing the history of a case of a 3 year old child abused by a 4 year old victim, including sexual behavior with the family dog. He is concerned with the data. A Camelot study found 50% of sexual assaults on others. 40% of the kids in Broward County with case management have been sexually abused or been subjects of sexual abuse. Those not identified, have not been treated. This ended with a settlement. The Department agreed to assess kids, provide services and placements to address issues. A good place to start is to look at providers, required creation of a Safety Plan, statewide procedure, operating procedures with performance on how to address the issues, and looking at criminal versus civil issues. Look at what purposes are conflicting, confusing and creating problems. The roles are for DCF and lead agency role – child welfare agency is to protect abused and neglected children. Work with the Department of Juvenile Justice. There are concerns with child on child sexual abuse.

Judge Frusciante asked Howard Talenfeld if he was comfortable with the child on child sexual abuse terminology. Mr. Talenfeld responded that he agrees there are issues of branding children versus victim. Terminology in CFO 175.988 recognizes that children are victims and that they deserve treatment. Bill Janes stated that DCF's primary role as a child welfare agency in this area has been virtually removed. Mr. Talenfeld responded that the primary concern should be DCF's.

Additional discussions continued that the Hotline cases should be investigated for caretaker abuse. Safety Plans must be in place to advise the foster parents what to do. Bill Janes stated that people are reluctant to take a child that has been sexually abused. Dr. Haney followed up by stating there is no accountability, no improvement process to help the child. No one is providing the clinical oversight, reviews, etc. if there is no plan. It is critical in working with agencies or setting standards with guidelines to hold them accountable.

Mr. Talenfeld reviewed the Abuse Hotline process for handling calls for children 12 years of age and under as well as 13 years of age and older relating to child on child sexual abuse. Ages 13 and over are seen as consensual behaviors, and not as a serious problem, or as child on child sexual abuse and are referred to law enforcement. Mr. Talenfeld stated that Secretary Sheldon is currently looking at this issue.

Recommendation presented to the Workgroup started with the statement that there is no statewide Alert System. Interviewing skills vary among professionals - look at other approaches when we get that first call, some kids are embarrassed to talk, some are worried about being threatened in the foster home. Getting all the records is a critical piece.

Bill Janes inquired if the Alert System was the same that we are using today? Mr. Talenfeld responded that there is an increased level of alert once a child acts out, or once a child is engaged. We do not want to label kids forever. There is a need for an Alert System that will get information out, not to just the case worker – but to the entire treatment team. Emilio Benitez stated it is important that once an alert has been assigned, that it doesn't travel forever with the child.

Recommendations included eliminating the age discretion, require the Abuse Hotline to accept all calls regardless of age possibly as a "Special Conditions" referral to see if it has been assessed appropriately. We need to look at lead agencies when a child is extremely sexually reactive as it represents an alarm going off, and caution in placing this child with another younger child. The agency placing the child may be more guilty than the child doing the abuse. We need to identify children and give them treatment.

Hampton Peterson, Office of the Attorney General, stated a lot of calls from caregivers and agencies. The question to Mr. Talenfeld was if he felt there is a problem with the Hotline not accepting these calls, and if the providers were in fear of no more referrals if they called the Hotline? Mr. Talenfeld responded that agencies would be prosecuted for failure to call and should have their licenses pulled should they fail to call the Hotline.

Mr. Talenfeld suggested that we speak to Broward County schools about our juvenile sex offenders and involve them in the preparation of the child's Safety Plan if the child's clinician agrees. We must ensure the child is not ostracized or labeled as a result of the Safety Plan. Clinicians should drive the safety plan. Judge Frusciante stated he is concerned about

stigmatizing the child. Mr. Talenfeld states he believes we should decriminalize the sexual offender process and provide treatment except in the most egregious cases. Training and education need to be ongoing for child welfare workers. Robert Edelman asked Mr. Talenfeld if he feels there should be caseworkers specialize in this area. Mr. Talenfeld believes clinical teams should complete the safety plans. Discussion about having education on sexual offenders in the schools as part of prevention for kids over 13.

Final recommendations presented by Mr. Talenfeld were that DCF must monitor many areas to include getting appropriate treatment, contract with experienced agencies, and convening early enough. Questions pertaining to Gabriel Myers include asking if we could have saved the relative placement, obtain records, and understand the history. Though we are not sure if Gabriel disclosed enough, Chrysalis Center obtained good information.

Judge Frusciante stated that, of the recommendations, the first being the establishing a statewide Alert System and the second requirement of a Family Safety Plan, were easier than the third recommendation of "treatment of all children". In Gabriel's case, information may not have gotten to the therapist early enough. We know you do not put every child in residential. What could ACHA have done better? What critical concept of dealing with Medicaid for sexual and behavioral issues through their system of care? There are no services available, then a waiting list for children in level 4. The average length of stay for children with disabilities is 72 months. It is difficult to find homes for these children. They must deal with the system through a system of appeals. In the Gabriel Myers case, the issues were the medications and the child on child issues. Trying to get services becomes a critical issue.

Neiko Shea stated that services are not sacrificed at ChildNet regardless of income level. There have been concerns with Medicaid levels of payment for clinicians – payments of levels with licenses and reimbursement rates.

### **Juveniles Who Sexually Offend**

Dr. Sewell introduced Ms. Pat Tuthill, Department of Juvenile Justice. Ms. Tuthill provided a handout to the Workgroup and spoke about "The Comprehensive Approach to Sex Offender Management and Florida's Approach to Managing Juveniles Who Sexually Offend". Ms. Tuthill shared her experience with the needs of a child as she suffered the loss of her daughter who was a victim of sexual violence by a boy that had a history from the age 4 years old, and, based on his prior history indicator, "will harm". She applauded the Work Group's efforts to address this issue.

Ms. Tuthill discussed a statewide survey conducted in 2006 by stakeholders which included DCF. It was funded by the Bureau of Justice. The responses were difficult to obtain, however, they were successful in obtaining more qualified responses by a smaller stakeholder group throughout the state. A grant supported a pilot project with three juvenile sex offenders as these children had limited places to go if their families would not take them back. The first year of the grant was 2007 and was slated for a twelve month program. The research showed that 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 and commit the majority of sexual offenses, and females also commit offenses of a sexual nature. Some of the biggest issues are the lack of knowledge and training. Though focus groups were conducted, there is still miscommunication relating to sexual abuse. There is a lack of statewide

understanding and system wide planning for sex offender management resources and policies. There is also a lot of concern about not labeling youth. Family awareness is a critical piece.

Recommendations that resulted from the pilot included establishing policy guidelines to provider services and to manage juveniles who sexually offend, effective communications in all circuits through education and training to stakeholders, ensure juveniles who sexually offend are held accountable and receive appropriate intervention to maintain victim and community safety, conduct evaluations by qualified practitioners experienced in the evaluation and treatment of juveniles who sexually offend, assess regularly, and consider use of post adjudication polygraphs for treatment and assessment.

Ms. Tuthill also discussed the need for in-home therapy for all family members when there is a reunification. There are almost no options for transitional home placements, and it is very important for the juvenile to not stop treatment, including after care services to monitor the youth's progress and success.

Bill Janes inquired if there are disconnects between DJJ and DCF? Ms. Tuthill responded that there are none. If the offender is going back to the home, DCF works with DJJ to develop a Safety Plan. DJJ doesn't license the home, DCF does. She continued by stating that she hopes the Work Group will address the zero budget for these types of cases. There is a tremendous need for care in the community versus residential alternatives. Previously there were 449 residential placements; this has been reduced to 349, reflecting a loss of 100. More youth now are served in the community. If the family doesn't qualify, the family must pay for services and thus many children are slipping through the system.

Robert Edelman inquired about the number of children in outpatient. Less children being treated, less slots, where are children going? Dr. Juiliana Gerana responded that Broward County is fortunate to have the Children's Service Council which provides funding for approximately 30/40 slots per year for children that cannot pay for services on a case-by-case basis.

Ms. Tuthill stated there are 70 juveniles who are registered as sex offenders in the state of Florida. Derrick Robert of ChildNet inquired if there are any children in the dependency system and if so, how are these juveniles being placed? Ms. Tuthill stated that, if adjudicated, specific sex offenders can register at age 14. They can apply to be removed from the registry after a certain age if no additional offenses have occurred. Schools are important as these offenders may be on websites at age 14. There are some foster parents who have been trained on these issues for placement.

### **A Review of Findings from the 2005 Task Force on Juvenile Sex Offenders and Their Victims**

Dr. Jim Sewell introduced the final presenter, Dr. Eric A. Imhof. Dr. Imhof was a member of the Governor's Task Force, and said he was encouraged that this Work Group finds interest in the 2005 Task Force study and is now focusing on this issue.

Dr. Imhof reviewed the highlights of the 2005 study which noted that it is estimated that nearly half of all child molestations and one-fifth of all rapes are committed by juveniles who are generally less aggressive and less serious in their sexual offenses than adults. Most

adolescents are not sexual predators and do not meet the definition of pedophile, do not have deviant sexual arousal, and do not have the same long-term tendencies as adults. Generally, juveniles are treatment responsive with a relatively low recidivism rate between 5-15%. Other topics reviewed in the study included an overview of juveniles with sexual behavior problems, post treatment recidivism rates in Florida, incidents and commitment of Florida youth, response to victims, prevention and awareness, assessment and evaluation and treatment and supervision.

Judge Frusciante asked: if someone is beyond age 21 abuses, why don't you see a significant value to treatment? Dr. Imhof responded that there have been research tools being developed for juvenile offenders to see the change of re-offending in that it works for youth reaching age 18. Once they reach adulthood, the variables fall apart. Judge Frusciante's asked for the percentage of juvenile offenders who offend reoffend when they are adults? Dr. Imhof responded that whether youth express trauma, it will have an impact on their life. They may not express the trauma sexually, but can also be noted in their behaviors of setting fires, vandalism, etc. Mr. Talenfeld asked: if there is not a connection of an act as a child, will they re-abuse? Judge Frusciante asked: is re-offending a result of not learning boundaries? Dr. Imhof responded that tools only cover small portions.

Dr. Haney inquired as to the role of the Community Based Care agency (CBC). The response was that the CBC provides for more protective services for the CPI, for the victim, for services as soon as possible.

The Work Group and presenter discussed the Sexual Abuse Intervention Network (SAIN) in Broward County. There is only one other similar group which is located in Hillsborough County. The group meets to discuss prevalent issues, education and include representatives from provider agencies such as the State Attorney's Office, Chrysalis Center, Children's Service Council of Broward County, DCF, ChildNet, Broward Sheriff's Office, and many more. There is no funding, so the group consists of volunteers. Many gaps in service have been identified. Dr. Imhof stated that the Hillsborough Task Force offers three to four training sessions per month, addresses children with psychological issues, and provides a lot of support. It has funding of approximately \$100,000 through a VOCA grant.

The Work Group and audience continued discussion that there is an increase in number of children downloading pornography and other sexual related activities which has a major impact on how they feel about themselves. It was discussed that, although children are graduating high school, how they feel about themselves has a major impact. It was mentioned that there is not enough focus on the prevention, an aspect which includes mental health. Not all children who victimize others have been sexually abused, but may act out from other abuse to include physical abuse and domestic violence.

Robert Edelman asked if there are any school trainings or formal programs as there appears to be a need for more formal education. It was responded that the Broward County School Board has a representative (Nina Hanson) who conducts training for teachers, case workers and child advocates (1-2 hour sessions). Generally children only get training if they act out. Through CSC prevention funding, there are special education classes, boundaries training and age appropriate sex education even for children even though they have not acted out. Mez Pierre noted that this education is not a mandate for children in foster care although most agencies do offer training and it serves as a prevention measure. It was recommended to the Work Group

that this type of education be incorporated into Independent Living skills for children ages 13 and up under the category of what to expect as a citizen.

Bill Janes asked if Chrysalis Center is doing these types of psychosexual assessments. Neiko Shea responded that ChildNet pays for assessments. They are not funded by Medicaid, and very little funding available for non-Medicaid children. Robert Edelman stated that in his circuit, there is also very little funding. Though CSC funds some, it is not at the same level. For sexual behavior, not as many assessment tools available if you need to conduct multiple interviews. It requires eight to ten hours to do a full psychosexual assessment. Sexual crimes are referred to as "level 3" in Broward and Palm Beach Counties, but not statewide.

Discussion continued on the need for specialized in the psychosexual area. Dr. Haney commented that it is a waste if you don't have continuity. Broward County has a specialized Juvenile Probation Office. Dr. Imhof stated that there is a lot of discussion regarding the use of polygraphs and physiological assessments with juveniles. The Legislature will need to authorize and fund DJJ to utilize these tools as deemed appropriate by qualified practitioners. Also noted in treatment are means to reintegrate youth back into the community, working with the youth and their families 90 days prior to release, requirements for DCF to participate in transition planning, and funding of transitional living facilities. Judge Frusciante asked what amount of funding is being over spent on facilities, e.g. residential facility versus community care option (10-15% of what it costs in residential). The response was, according to the Task Force Report, community based care can treat twenty-four (24) children equal to the cost to fund one juvenile in a residential bed.

Bill Janes inquired as to when the flag goes up, is there is a need for a comprehensive assessment - DCF comprehensive assessment, DJJ comprehensive assessment, should be within 24 days?

Dr. Imhof noted that every DOC – Sexual Violent Program prisoner is being screened when ready for release with two very expensive screens for doctors to evaluate them. Ninety 90% of those being released are screened with ten 10% being assessed. With a juvenile, there is not a good tool for initial screening to determine if an assessment is needed. A screening is generally conducted if there is a report of prior abuse. Dr. Haney stated that there is a risk when children decline to disclose as the process is being closed, yet there may be other information that something is going on. Generally there is a ten 10 hour limit on funding.

BSO Commander Harn stated we were where we should have been for Gabriel Myers. The letter from the private therapist recommended residential treatment for Gabriel. Systems of care do not have licensed therapists for treatment. Dr. Haney asked if there were artificial constraints in responding to children. It appears evident that there was no system of care for Gabriel. Robin Rosenberg stated that Broward County has best practices, where other parts of the state have no access to screenings and alerts. Concerns were expressed that Medicaid would not pay for some services and providers should not have to pay for these services from their general revenues. Mr. Talenfeld stated that he felt we should have gone to Ohio, should have gone to the therapist when the reports said there was abuse. Dr. Haney suggested that Medicaid representatives such as Tom Arnold speak to this topic at the next Work Group meeting in Jacksonville.

Kim Welles was called upon to complete her presentation from the morning session and presented an array of services provided for children in Broward County. The presentation

included safety, assessments, treatment, Broward Sexual Abuse Intervention Network (BSAIN), diversion programs, Broward's Children's Strategic Plan and the referral process and providers offering this type of treatment.

Discussions also reviewed ties to accusations occurring in Ohio and family connections to establish residence in Florida for Gabriel and his mother and issues she was undergoing. BSO Commander Harn reviewed steps taken by the Child Protective Investigator including interviews with Gabriel's aunt and uncle, conversations and denials of inappropriate touching, Gabriel's removal from private school, and what was reflected in case notes. BSO Commander Harn stated that there were ties to CPT and it was done appropriately.

### **Dates, Locations, and Information Needs of Future Meetings**

Dr. Sewell thanked the Broward County Child Welfare Community for all they have done. He then advised that the next few Work Group meetings will be held on January 29<sup>th</sup> in Jacksonville, February 17<sup>th</sup> in Tampa, March 11<sup>th</sup> in Tallahassee, and March 25 in Ft. Myers.

Potential speakers are requested to email Jennifer Prather or Jim Sewell for consideration on future agendas.

The meeting adjourned at 4:03pm.

### **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)