

**Gabriel Myers Child on Child Sexual Abuse Work Group  
December 17, 2009  
Tampa**

**Meeting Notes**

**Call to Order** -- Meeting was called to order at 10:05 a.m. by Work Group chair, Dr. Jim Sewell.

**Introduction of Members** -- Present: Robert Edelman, Craig Latimer, Dr. Mike Haney, Robin Rosenberg, Bill Janes, Betty Busbee, Judge Frusciante, Dr. Jim Sewell

**Charge to the Work Group** -- By George Sheldon, Secretary, Department of Children & Families

“To act with a sense of urgency on how we deal with the health and behavioral needs of children we serve.” He stressed the need for training and oversight within the Community Based Care agencies and to have statewide protocol in this area. He discussed legislative concerns in terms of funding and the use of psychiatrists. He discussed the need to be concerned about children’s sexual behaviors and then ensure that other children they come in contact with are not affected (when children are not identified and treated.)

**Overview of the Problem** -- Robert Edelman, CEO/President of Village Counseling Center, Gainesville, FL

Robert Edelman stated there is no profile available to identify Child on Child (COC) Offenders vs. Child Molester Offenders (there is need to ensure children are assessed properly). The reporting for COC in Florida and nationally is under reported and it is probably two-three times more than the actual numbers. Research in this area is very minimal and there is a lack of specialized training for providers and no training for case managers, child protective investigators and/or therapists. Although mandated by law to have “safety plans,” it is not consistent and this needs to look more consistent statewide. He reports many Florida schools still do not have curriculum to teach about “good, bad and secret touch.” Schools are to be notified of “at risk kids” in order to have safety plan in place. These children have multiple placement changes which increases stress/anxiety; there are lack of placements possibilities, lack of collaboration, coordination and information between agencies involved with the child. He also stated that relative/foster caregivers don’t have a lot of specific information about the child’s behaviors and/or offenses; there is a lack of step down placement for children when they leave SIPP programs, especially when it is either unsafe or unable for a child to return home. There is a lack of providers (in close proximity); there is no training in the area on how to deal with 5- 7 year old

children; most kids misdiagnosed by inexperienced mental health providers; and very few males and people of color are providers.

Robin Rosenberg mentioned the need for treatment options of children with cognitive impairments. Dr. Haney added that the use of good touch/bad touch curriculum is being debated. There is need for more research before recommendations are made. Child care curriculum needs to be updated.

Judge Frusciante expressed his concerns with word usage, specifically the labeling of sexual offenders and particularly of younger children. It is detrimental to use "offender" especially when a child has been a victim. He prefers the term "children with sexual behavior problems". Some judges want the clinical diagnosis before use of term "offender".

Robert Edelman stated that "offender" should be used on the very high risk youth. He also recommends changing the label. There are also "sexually reactive" children.

Bill Janes ask that Laurie Blades with DCF Children's Mental Health be made available for the remainder of the Task Force. He requested that scenarios of several different types of incidents (low, moderate, high events) be presented at one of the meetings. He added the need to provide statutory requirements and who is involved. Who are the players? Schools also need to be participants in the process.

There was a request for data for those children not adopted that have Child on Child involvement. (Also data on how many children had offenses as a child and received treatment, and how many were not treated in child welfare system)

Ask the Department of Juvenile Justice and Dr. Turner for follow-up on the recommendations from workgroup and 2005 Task Force.

Dr. Sewell stated that the Department plans to develop a process map on Child on Child referrals. It should involve all players and funding.

Bill Janes asked Robert Edelman about the local task force in Gainesville (COC task.force.org), and specifically its training and standards. How could we certify agencies? It was suggested that we work with Dr. Jane Streit for certification. The question was raised regarding whether national standards are available. It was recommended that SAMSHA is contacted to find out what is available nationally. Additionally, Mr. Janes asked if we train on issues other than the awareness of the environment.

Robert Edelman stated that Illinois may have helpful information. There is a need for specialized training. Judge Frusciante stated that trauma in children is

new. The field is developing. Mike Haney volunteered resources from the Chadwick Center (will send report) that focuses on the issue.

Need early linkage with the Department of Juvenile Justice and particularly data. Dr. Turner, formerly with DJJ and now with Department of Health, is a great resource.

Robert Edelman expressed concern that there is there is no specialized treatment standard for sexual abuse, with some children having to register as sexual offenders and funding for services/treatment through Medicaid, Megellan/Mediciad . He stated that children with sexual behavior problems pose a unique challenge to adoption. He stated that more data is needed on children who are sexually acting out and that statewide we need to do a better job of collecting this data. (Powerpoint available)

**Child on Child Abuse Hotline Reporting** -- Presenter – Robert Yeager – Florida Abuse Hotline Policy Specialist -10 years of experience (handouts available, titled “Department of Children and Families Hotline and Child Protective Investigations for Child on Child.”)

Robert Yeager discussed Child on Child statutory requirements as related to consent, equality, coercion, and the jurisdictional age requirements. There are two databases in which COC information is documented: Florida Safe Families Network (FSFN) and phoeniX. The distinctions are as follows:

1. Accept a **child on child special conditions referral** (for alleged juvenile sexual offenders age 12 and under); which is essentially a report forwarded to the child protective investigator via the Florida Safe Families Network (FSFN).
2. If the alleged juvenile sexual offender is age 13 to 17 and resides within the community, then a **child on child template** will be generated in phoeniX. There is not any departmental involvement with this scenario per Chapter 39 FL Statute.
3. If the alleged juvenile sexual offender is age 13 to 17 and resides within DCF care (not a licensed foster home), then a **child on child referral** template will be generated and submitted to the circuit. This is a process that originated in May 2009. These are also entered into the phoeniX database.
4. If the alleged juvenile sexual offender is a foster child age 13 to 17 and resides within a DCF licensed placement, then a **foster care referral** will be generated within the Florida Safe Families Network (FSFN).
5. If the allegation of child on child sexual behavior doesn't meet any of the above guidelines, then it will be **screened** into the phoeniX database and the counselor will attempt to provide an appropriate referral within the community or the local sheriff.

\*All child on child sexual abuse allegations outlined in numbers one through four **require a transfer to the Sheriff's office** where the incident occurred per

Chapter 39 FL Statute. The Hotline also faxes copies of these allegations to the sheriff's office where the incident occurred within a 48 hour period.

Judge Frusciante asked Robert Yeager how the Hotline would handle a situation involving if two siblings, aged 15 and 16, who are participating in consensual sex. It was explained there are instances where statute and the design of Florida Safe Families Network (FSFN) do not permit the ability to accept a child on child intake. With this scenario, we would have to have coercion, inequality, or a lack of consent to move forward with a child on child template. In these instances, Hotline staff assess for supervision to determine if there is any knowledge of the caregivers inappropriately supervising their children. Based upon further assessment, there is the possibility the caller will be referred to either law enforcement or a county referral provider. Each call has to be handled according to the information provided by the reporter and can result in different outcomes.

A member of the Work Group wanted to know if the prevention referrals were being used to relay child on child allegations that don't rise to the level of reasonable cause to the local investigative office. Currently, prevention referrals are primarily designed to address concerns between a child and their caregiver. There are instances where this information might be relayed via a prevention referral. Generally speaking, this isn't an automatic protocol because there isn't any jurisdiction over the relationship between the children to each other.

There is a proposed new child allegation matrix, which may be effective January 2010. This will combine the two matrixes of the Hotline and investigations into one matrix. As a result, there will be more uniformity between the Hotline and field staff.

A question was posed by Robert Edelman as to what specific training a Hotline counselor receives in the area of child on child (COC) sexual abuse allegations. Pre-service training is nine weeks long and this subject is covered as a topic.

There is a need to look at the prevention protocol. The program office would want to know how to look at all calls to assess the background.

Judge Frusciante asked Robert Edelman if he felt obligated to label one as an offender. He added that exposure to trauma may be the issue. We need to look beyond the act.

Robin Rosenberg asked if child is in relative care, is the information entered into FSFN. (If not, then this presents a gap in communicating to the system once a child comes into system.) Robert Yeager responded by indicating age is a factor. Alleged juvenile sexual offenders age 12 and under are entered into FSFN. Alleged juvenile sexual offenders age 13 to 17 in DCF care (not a foster child or licensed placement) are entered into phoenix as a COC referral and forwarded to the circuits. However, this information isn't input into FSFN. Robert Yeager

further expressed that he is unable to speculate as to how the COC referrals are handled by the circuits.

Robert Yeager expressed that he is unable to specifically attest to how law enforcement handles allegations related to child on child sexual abuse when receiving information from the Hotline.

Craig Latimer stated that there is no crosswalk in the investigations. There seems to be no uniform procedures with the program offices. There are agreements with Law Enforcement

Robert Yeager will request additional data beyond what was presented.

Dr. Haney mentioned that Judge Gooding's Task Force Subcommittee on Safe Families is looking at the Hotline data issue. Dr. Haney chairs that subcommittee.

Several problems were outlined:

- Potentially, multiple reports involving the same child or family may not ever be relayed to investigative/services staff if it does not meet statutory requirements
- A referral may be sent to Law Enforcement (LE) by the Hotline and LE may contact the Hotline in an effort to generate an intake. In some circumstances, their request for an intake will not be met per statutory guidelines. Currently, at least one area of inequality, lack of consent, or coercion must exist. This is not optional per statute.

Robert Edelman stated that his Task Force has looked at local data with demographics. He requested this same data for the state by region. He specifically asked about a significant reduction in year 2007-08, and was curious if there a policy change. He stated that it would be good to have several years of data by region.

Robin Rosenberg asked if there were any changes in reports in institutions. Robert Yeager responded that now DJJ referrals are captured in phoeniX. A report is run daily by DJJ staff. This is a good, additional measure.

Bill Janes stated that Gabriel Myers was abused in Ohio and asked if this would be a referral. Robert Yeager responded "yes." The Hotline would look at the jurisdiction of where children are located. Bill Janes asked to pull Gabriel Myers search for hotline calls. What are the ways to search? Robert Yeager explained that there are numerous methods in which calls or screened documents can be located in FSFN, phoeniX, or the Ultra System.

## **Juvenile Sexual Offenders and their Victim: Final Report**

Mark Fontaine, Executive Director, Florida Alcohol and Drug Abuse Association presented on "*Juvenile Sexual Offenders and their Victim: Final Report*", a summary of the 2005 Task Force.

Mr. Fontaine provided a PowerPoint presentation reference the findings of Task Force for Juvenile Justice, treatment, and returning back into the community. The discussion indicated the need for reinstatement of community dollars, requires funding for psychological evaluations, the Department only contracts with qualified professionals, modification of statute reference the juvenile sexual offenders, legislative recommendation were to provide long term adequate funding for long term counseling services for ALL sexual abused victims 18 years and younger.

Robin Rosenberg stated that children in foster care are at a disadvantage in that they are without parents who can hire lawyers and advocate on their behalf. It was suggested that the group look at the sex offender registry to see how many of those on the registry were formerly foster care youth. Systems of care should be responsible to educate.

Members requested a presentation on the Adam Walsh and Jimmy Ryce Acts.

Craig Latimer asked about the success of DJJ facilities. (DJJ recidivism - 23% for high risk and 18% moderate risk)

He also inquired as to how many beds/slots for sex offenders are currently available.

## **DJJ Data system versus DCF Data System**

Judge Frusciante mentioned that crossover children in Broward are increasing but the circuit is working to look at the issue jointly. There are still issues between DJJ and DCF pre and post information sharing. There is a need for a coordinated plan to share data at all levels. The Children and Youth Cabinet is working on a data sharing project. There is the need to ask strategic questions about data base coordination.

**COC "Investigations"** Presenter -- Kimberly Williams, Department of Children and Families, SunCoast Region

Kimberly Williams provided COC overview of receipt/response of investigation and reporting back to Hotline and the electronic responses to law enforcement (LE). Investigators are to assess reports with caregivers, discuss safety plans, and need for counseling for children. She also discussed law enforcement's role when responding to COC reports. She reports COC reports are *Special Conditions* calls, therefore difficult to track. Also she stated that special condition

reports/institutional reports are not reviewed by Quality Assurance. Training for COC for investigators is at a minimum. (They receive minimum training in pre-service.) Currently they look at certain risks factors, but need more specific training on COC reports. Discussed the lack of services/funding for COC responses. Hotline matrix and abuse investigation matrix is being aligned. She also mentioned that Chapter 39, F.S., discusses the labeling of "juvenile sexual offender" and "juvenile sexual victim". There was a discussion on need for review of wording for COC minors.

Kimberly stated that some COC reports are staffed for ongoing services with the CBC agencies and that FSFN is not updated once investigation closed. If it does not require input, then there may not be any follow-up treatment for the children.

**Family Safety Protocols --** Presenter- Sunny Hall, Hillsborough Kids, Inc. (HKI) Sunny Hall spoke about HKI's involvement with the Children's Justice Center (CJC) and COC reports. The CJC facility, located in Tampa, is a one-stop shopping model for children with sexualized exposure and behaviors. CBC provider agencies can assess the services through law enforcement and Child Protection Teams to include any home under supervision (i.e., foster, relative and non-relative placements). She stated safety plans are developed without a report to the Hotline. She discussed problems with getting psych-social assessments thru Magellan and private funding. Many times they use internal funds. Prevention is not addressed effectively within the system. She stated families must be engaged in the process of children who are sexually abused (this is the philosophy of Family Centered Practice).

One strategy that they have is to train foster parents (thru mentoring) by trained and experienced foster parents who have worked with child sexually acting behaviors. Currently HKI has a Diversion Program co-located at Hillsborough County CPI office to assist and determine available client services. She recommended additional training on COC

Sunny also stated that they created their own alert system (HKI Kidsdirect - profile system for placement). There currently is no central database for victims' sexual reactive or sexual acting out.

Robert Edelman asked if placement is an issue for youth involved in COC. Her response was that many times youth will age-out and go into other adult systems (Corrections, Mental Health and Substance Abuse)

A request was made to see if data is available on the percentage of kids in out-of-care with sexual issues.

**Child on Child Sexual Abuse by the Justice Research Center (JRC) -** Presenter Dr. Kristin Winoker with the Justice Research Center (PowerPoint presentation)

Dr. Winoker stated that we need to view COC subjects as “children with sexual behavior problems.” She discussed in detailed co-morbidity factors because these children have been diagnosis with other co-occurring behaviors (i.e., conduct disorder, defiant disorder, and substance abuse, ADHD, ADD, PTSD, SLD and RAD). Also when assessed, the parent/caregiver needs to be part of the assessment/treatment process. Data show a low rate of repeat behavior for this population of children.

Need for review of Child Sexual Behavioral Inventory Assessment - need to discuss what appropriate behavior is for child’s age and that treatment for each child should be individual to meet the needs of the child, that the parent/caregiver treatment components are needed. She also stated that research shows that in home/community based care is needed for children through a collaborative effort.

The survey for treatment and protective investigative staff has been completed and results will be available by the next meeting.

**Dates and Locations of Future Meetings:**

- 1/7/10 - Ft. Lauderdale (10am – 3pm)
- 1/29/10- Jacksonville
- 2/17/10- Tampa
- 3/11/10- Tallahassee
- 3/25/10- Ft. Myers

Meeting Adjourned: 3:10 pm