



<u>Department Name:</u> Quality Management		
<u>CHAPTER:</u>	<u>SUBJECT:</u> Prevention and Placement of Child Victims and Aggressors In Substitute Care	<u>POLICY NUMBER:</u> QM-033
<u>APPROVAL:</u>	<u>EFFECTIVE DATE:</u>	<u>REPLACES :</u> CFOP 175-88

- I. **PURPOSE:** This policy establishes procedures and 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. This policy is to ensure that the needs of children in substitute care are taken into account when determining assessments, services, and placements. Careful attention to the needs of children in substitute care and associated risk factors can reduce the potential for further child-on-child sexual abuse, sexual assault, seduction or exploitation.
- II. **REVIEW HISTORY:** This is a new policy.
- III. **CONTACT:** Quality Management Department
- IV. **PERSONS AFFECTED:** This policy affects dependent children in the custody of the Children's Network of Southwest Florida. It provides direction to Child Welfare Case Managers and other staff of the Children's Network of Southwest Florida and its contracted providers.
- V. **POLICY:** This policy assures that the children who meet the criteria of this policy are protected from further harm by placing safeguards around placement and supervision.
- VI. **RATIONALE:** Children who have been sexually abused or who are alleged juvenile sexual offenders, sexual aggressors, or sexually reactive children need special planning in order to meet their needs and protect both themselves and other children around them.
- VII. **CROSS REFERENCES:** Sections 39.012, 39.001, 39.01, 39.307, 39.508 and 39.801, Florida Statutes. Sections 409.145 and 409.165, Florida Statutes. Section 65C-13.015, Florida Administrative Code.

VIII. DEFINITIONS:

- a. "Alleged juvenile sexual offender," as defined by s. 39.01, F.S., means:
- (1) A child 12 years of age or younger who is alleged to have committed a violation of chapter 794, chapter 796, chapter 800, s. 827.071, or s. 847.0133; or,
 - (2) 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 with or without consent, without equality, or as a result of coercion. Juvenile sexual 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 sexual rubbing while clothed/unclothed, fondling, digital penetration, rape, fellatio, sodomy, and various other sexually aggressive acts.
- b. "Assessment" means 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.
- c. "Substitute care" means any child in the care and custody of the department in an out-of-home placement, which includes relative caregivers.
- d. "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 of 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 a valid medical purpose.
 - (4) The intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thighs, and buttocks, or the clothing

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covering them, of either the child or perpetrator, except that it does not include:

- (a) Any act which may reasonably be construed to be a 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 sexual exploitation of a child, which includes allowing, encouraging, or forcing a child to:
- (a) Solicit or engage in prostitution; or,
 - (b) Engage in a sexual performance, as defined in chapter 827.

IX. PROCEDURES:

1. Investigating Child-on-Child Sexual Incidents involving children in substitute care
 - a. Upon receiving notification from the Department of Children and Families that there is a report about a dependent child who is either an alleged juvenile sexual offender or the victim in a child-on-child incident, the Child Welfare Case Manager will be involved in the response. The Child Welfare Case Manager will also assure that any mental health professionals already working with the child are involved.
 - b. If a juvenile sexual offender or child-on-child sexual abuse incident occurred or is suspected to have occurred, immediate consideration will be given to the safety of all children residing in the placement. The Child Welfare Case Manager will work together with the protective investigator, the Child Protection Team, the assigned mental health therapist (if there is one assigned) and determine if any children need to be moved. The Placement Resource Unit will work with the group to identify the most appropriate available placement as needed.
 - c. The Child Welfare Case Manager, with other involved parties, will determine if immediate services are needed to stabilize and support the

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children involved and will make all needed referrals. The Child Welfare Case Manager will obtain necessary service authorizations from the Utilization Management Department of the Children's Network of Southwest Florida for treatment and services.

2. Placements for children in substitute care who may be sexual victims or predators. 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.
 - a. For initial out of home placements, the placement referral must be completely filled out and indicate any special precautions to alert and help determine the most appropriate placement and treatment needs for a child.
 - b. For subsequent placements, the Child Welfare Case Manager must work with the Placement Resource Unit to consider placement needs and risk factors when selecting subsequent placements for a child who is or has been sexually aggressive.
 - c. If any child in substitute care is identified as having been sexually abused or as having a history of being sexually aggressive, the Child Welfare Case Manager will gather and provide all available pertinent historical information to the Placement Resource Unit so the most appropriate placement can be identified. This information will include, but is not limited to the following:
 - i. Information related to the child's abuse history from HomeSafenet child safety assessments, previously completed placement referrals, previous assessments or evaluations, treatment, support services, forensic/disclosure interviews completed by the Child Protection Team, placement recommendations and progress related to treatment goals.
 - ii. 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.
 - d. If any child in substitute care has been identified as being a victim of sexual abuse or has a history of being sexually aggressive, but has not had a clinical consultation with a professional trained in childhood sexual abuse, a referral will be initiated by the Child Welfare Case Manager or supervisor within three working days of the child being identified. The consultation will address the treatment, service and placement needs of the child and will yield a written report to be filed in the child's file.
3. 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:

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- a. Older sexual abuse victims shall not be placed in the same room with younger children.
- b. Child Welfare Case Managers must provide caregivers, both current and potential, with written, detailed and complete information related to sexual abuse victims and aggressors placed with them so they can prevent the recurrence 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 or incidents, 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, contract information for the treatment provider must also be provided.
- c. Every effort must be made to place sexually aggressive children in homes where there are no other children. A sexually aggressive child shall NEVER be placed in a bedroom with another child. Children age 5 and 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, which is mental handicap, physical disability, chronic illness, and physical size and age.
- d. 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.
- e. The caregiver must have access at all times to a Child Welfare Case Manager or supervisor if assistance is needed.
- f. Child Welfare Case Managers and the caregivers together must outline 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 and to develop a child-specific safety plan (Attachment A).
- g. The following "home rules" are recommended when sexually victimized and sexually aggressive children are in substitute care placements:
 - i. The children and caregivers must be made aware of these rules and their purpose.
 - ii. A child who has been sexually abused 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.
 - iii. Never place a sexually aggressive child in a bedroom with another child.
 - iv. Limit access to bedrooms by establishing and enforcing ground rules on who is allowed to visit whose bedroom and under what circumstances.

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- v. Establish rules regarding bathroom utilization (one family member uses the bathroom at a time with the door fully closed.)
- vi. Establish a dress code which outlines the type clothing acceptable, where it is acceptable and with whom present (not walking around the house in underclothes or pajamas.)
- vii. Establish reasonable guidelines concerning what level of supervision –auditory, visual, in the same room - is required for persons living in the home.
- viii. 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).
- ix. The caregivers will encourage, model and support open communication among family members about important events occurring in the home. No secrets are allowed.
- x. The family safety contract (Attachment A) shall be used in developing family rules.

X. **EXHIBITS:**
Attachment A – Family Safety Contract



FAMILY SAFETY CONTRACT

The _____ Family agrees to the following rules designed for the protection of children in our care.

PREVENTION RULES

1. Caregivers will enforce and discuss, if appropriate, the following prevention rules with all family members living in their home.
2. Caregivers will establish reasonable guidelines concerning what level of supervision (auditory, visual, in the same room) is required for persons living in the home. Sexually victimized and sexually aggressive children newly placed with caregivers will require at least visual supervision until they become better known to the caregivers.
3. The following people are approved to supervise contact between the children:

4. _____ must have his/her own room.
5. _____ may never be placed in a bedroom with a younger child.
6. Older children will never be responsible for baby-sitting or supervising younger children.
7. 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 or sitting on laps.
8. Caregivers will limit access to bedrooms by establishing and enforcing ground rules on who is allowed to visit whose bedroom and under what conditions.

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9. Children will never be together in a bedroom or bathroom behind closed doors.
10. One family member uses the bathroom at a time with the door fully closed.
11. All family members will sleep in their own beds.
12. All family members bathe, shower, and toilet separately.
13. Family members will respect personal space, such as knocking before entering a room.
14. Caregivers will establish a dress code which outlines the type of clothing that is acceptable and under what circumstances.
15. Caregivers will encourage, model and support open communication among family members about important events occurring in the home. No secrets among family members allowed.
16. No pornography (magazines, pictures, or video) in the home.

INTERVENTION STRATEGIES

1. In the event that prevention measures break down and child-on-child sexual abuse occurs or appears to be imminent, caretaker will immediately.

- Separate the children.
- Report the incident to the child(ren)'s Child Welfare Case Managers, and to the Abuse Hotline.
- Cooperate with authorities conducting an investigation.

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

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SIGNATURES:

Caregiver: _____ Date: _____

Caregiver: _____ Date: _____

Child Welfare Case Manager: _____ Date: _____

Child Welfare Case Manager Supervisor: _____ Date: _____