



Series: Operating Procedures COA: NA
CFOP: 175-88

Procedure Name: The Prevention and Placement of Child Victims and Aggressors Involved In Child-On-Child Sexual Abuse, Sexual Assault, Seduction or Exploitation In Substitute Care

Procedure Number: OP-1088

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Applicable to: All CBCB Staff and Contract Providers

SUBJECT: Placement of Child Sexual Abuse Victims & Aggressors

PURPOSE: To establish 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 operating procedure 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.

PROCEDURE:

References

- a. Sections 39.012, 39.001, 39.01, 39.307, 39.521 and 39.801, Florida Statutes.
- b. Sections 409.145 and 409.165, Florida Statutes.
- c. Section 65C-28.004 (10) and (11) , Florida Administrative Code.

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 no 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.

- 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 CBC of Brevard 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 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.

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

- a. If the alleged juvenile sexual offender or the victim is in substitute care, the appropriate administrator of the assigned case management agency will be notified and will ensure that the assigned care manager is involved in the response. If the child has a mental health therapist, the therapist will be involved in the assessment process and interviews of the child if this can be accomplished without delaying the investigation. If there are

no mental health professional providing services to either child, a mental health assessment of each child is required with recommended follow-up.

- 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 protective investigator, the assigned care manager(s), child protection team (CPT), child(ren)'s therapist (if assigned) and staff responsible for placement will work together to determine the most appropriate placement(s) for all child(ren) in the placement who may need to be moved.
- c. The investigator, the assigned care manager(s), CPT and the child(ren)'s therapist (if assigned) will determine if immediate services are needed to stabilize/support the child(ren) involved or the placement in which they live and complete the investigation.

Placements for Children in Substitute Care Who May Be Sexual Victims 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.

- a. The following procedures will be followed to ensure appropriate placement and treatment for victims of child-on-child sexual abuse and children who are sexually aggressive towards others:
 - (1) For initial out-of-home placements, the care manager or provider agency case manager who refers a child/family for services will complete the Service Planning Conference Checklist (attachment B), or gather like information. Information, as outlined in paragraph 6c below, will alert professionals and caretakers to special precautions to consider and help determine the most appropriate placement and treatment needs for a child. Services and/or supports for the child and/or caregiver which serve to strengthen the placement will be assessed and obtained, if needed.
 - (2) For subsequent placements, the care manager must consider placement needs and risk factors when selecting subsequent placements for a child who has been sexually victimized or who is (or has been) sexually aggressive. Information, as outlined in paragraph 4c below, will be used to determine if additional services and/or supports are needed to strengthen the new placement and avoid another placement disruption.
- b. The intake and placement agency will follow the guidelines outlined in paragraph 5 below ("Prevention of Child-on-Child Sexual Abuse") when placing a child(ren) currently involved in a child-on-child sexual abuse incident.
- c. If any child in substitute care is identified as having been sexually abused or as having a history of being sexually aggressive, the intake and placement agency will gather and consider all available pertinent historical information before selecting a placement. This information will include, but is not limited to, the following:
 - (1) Information related to the child's abuse history (FAHIS, CIS, FSFN and Risk Assessment), previously completed Service Planning Conference Checklist(s), previous assessments or evaluations, treatment, support services,

forensic/disclosure interviews (completed by Child Protection Team), placement recommendations, and progress related to treatment goals.

- (2) 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.
- (3) 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 assigned care manager or their 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 and provided to the court. Case plan tasks should address whether the youth is a victim or perpetrator. In addition, the safety plan should be implemented and services should be addressed. In compliance with 39.307 (2) (f) F.S. a report must be completed within 7 days of the incident to address assessment service and treatment needs.

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:

- a. Sexual abuse victims shall be placed with children of the same age range, unless treatment agents or therapists indicate in writing that it is not safe to do so.
- b. Care managers must provide caregivers (current and potential), prior to placement, 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.
- 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 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.
- 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 care manager, supervisor, or provider agency serving the same function, if assistance is needed.

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- f. CBC of Brevard staff or a provider agency serving the same function 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 4c above will provide a basis for this child-specific safety plan.
- g. The following "house rules" are recommended when sexually victimized 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 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.
 - (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.
- h. The CBC of Brevard Contract is recommended for use with a substitute caregiver when a child known to have been sexually victimized or a child who is sexually aggressive is placed with them.

BY DIRECTION OF THE CHIEF EXECUTIVE OFFICER:



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