



**Series:** 100: Case Management

**Policy Name:** 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

**Policy Number:** 129

**Regulations:** FAC 65-C 28.0004: DCF CFOP -175-88

**Origination Date:** 11/1/2013 **Revision Date:** 07/01/2018

**Policy:** It is the policy of Communities Connected for Kids to take special precautions when placing children and youth who have unique needs based upon high risk indicators, including sexual offenders and victims. Additionally, special efforts will be made to prevent child on child sexual abuse. Besides sexual behaviors, Communities Connected for Kids will also identify and respond to children and youth who exhibit other behaviors that might place themselves or others in the home at risk.

**Attachment:** Family Safety Contract

Definitions:

1. **Juvenile sexual abuse:** Any sexual behavior which occurs with or without consent, without equality, or as a result of coercion. Behavior ranges from non-direct contact (obscene phone calls, exhibitionism) to varying degrees of direct sexual contact and sexually aggressive acts.
2. **Sexual abuse of a child:** Includes one or more of the following:
  - a) Penetration of the vagina or anus by the penis
  - b) Any contact between genitals or anus and the mouth of another person
  - c) Any intrusion by a person into the vagina or anus of another with any object
  - d) Intentional touching of any genital parts
  - e) Intentional masturbation in the presence of a child
  - f) Exposure of genitals in the presence of a child
  - g) Exploitation of a child including prostitution or pornography
3. **Fire Starters:** Children identified as "fire starters" may not be placed in a foster home without approval from the Director of Program Services. A safety contract must be included in the request. The foster home must be informed of the issue prior to placement.
4. **Substitute Care:** Any child in the care and custody of Communities Connected for Kids in an out-of-home placement, which includes relative caregivers.
5. **Human Trafficking:** The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion, for the purposes of subjection to involuntary servitude, peonage, debt bondage, or slavery. Sex trafficking is when a commercial sex act



is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age.

6. **Commercial Sexual Exploitation of a Child:** Sexual activity involving a child in exchange for something of value, or promise thereof, to the child or another person or persons. The child is treated as a commercial and sexual object.
7. **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))

**A. Prevention and placement guidelines:**

1. Special Placements—including sexually reactive children, sexual offenders, fire-starters and children with histories of running away—will not be placed into substitute care without the case being evaluated by the Placement Unit for best placement alternative. The Communities Connected for Kids Placement Unit will authorize the placement, but all authorizations will be reviewed and approved by the Director of Clinical Services prior to the placement. All children identified as needing a Safety Contract will be presented with that plan on or before the placement occurs.
2. The following types of behaviors must be clearly noted on all children during the time a child is being placed initially or changing placements:
  - a) History or incident of sexual offending
  - b) History of being sexually abused
  - c) History of sexually reactive behaviors
  - d) History or incident of starting fires
  - e) Human Trafficking
  - f) Commercial Sexual Exploitation of a Child
  - g) Extensive history of running away from placements
3. These behaviors include alleged or confirmed incidents reported to the DCM by the PI initially and at any time during the time subsequently. If any of these behaviors occur after being under Communities Connected for Kids supervised care, the DCM must complete a safety contract, critical incident report and follow the critical incident procedures.
4. Communities Connected for Kids must carefully consider the placement for the children who have history of these behaviors. Children will generally be placed in a highly structured group setting or a therapeutic foster home setting with caregivers who are fully trained and prepared to handle such high risk behaviors as sexually abused or sexually reactive children.
5. A safety contract will be required to place a victim of child-on-child abuse as well as sexually reactive/aggressive children in a foster or relative home and must be documented in the case file and FSFN. Copies of the safety contract will be forwarded to the Placement Unit the next business day.



**B. 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. Victims of sexual abuse are not to be placed in a room with younger children, unless treatment agents or therapists indicate in writing that it is safe to do so.
2. Communities Connected for Kids 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 should never be placed in a home with younger children unless the placement is a treatment facility with adequate video monitoring. 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 Case Manager or Communities Connected for Kids Supervisor, if assistance is needed.
6. Prior to, or upon the date of placement, Communities Connected for Kids 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.

**C. 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 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 and may not share a room with a younger child.
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.
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 .

**D. Family Safety Contracts: (see Family Safety Contract Form)**

1. A Communities Connected for Kids Family Safety Contract *must* be completed by the Case Manager for all children with any history of sexual abuse, sexual reactive behaviors 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 Case Manager is to obtain the signature of the caregiver indicating their review and agreement to follow the plan.
4. The Case Manager 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 Communities Connected for Kids 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 when there is a change in the child's placement or a change in the child's status. Furthermore, the plan must be updated to reflect any additional safety precautions that are to be added, changed, or removed in the plan.



**E. Investigation of Child-On-Child Sexual Incidents in Out-of-home care:**

1. All instances of child-on-child sexual abuse occurring while a child is in care will be reported to the Florida Hotline, 1-800-96-ABUSE, immediately.
2. The DCM will cooperate with Child Protective Investigations and ensure that the following have been notified and engaged as appropriate:
  - a) Law enforcement for investigation,
  - b) Child Protection Team for medical evaluation and follow-up treatment as needed. This may be a collaborative effort with the Investigating Agency, but the DCM provides a back-up assurance that the notification is occurring.
3. All instances of child-on-child sexual abuse occurring while a child is in care will be immediately reported to the DCM Supervisor and Communities Connected for Kids through the Incident Reporting mechanism.
4. Incident Reporting will also be the vehicle for immediately reporting the incident to the Department of Children and Families.
5. The DCM and the Placement Unit (if the child is in a foster home) will immediately create a safety contract and determine the placement needs of the child. This effort must result in an environment where the children will be safe, separated, and supervised. All placements will be reviewed by the Director of Program Services prior to the child being placed or moved.
6. As appropriate, the DCM will assist the child and family to engage the services of a Sexual Abuse Treatment Program (SATP).
7. If the child victim and aggressive child already have a mental health professional involved, that person will be contacted to assist in evaluation of the incident and to provide services to the child. If the child does not have a mental health professional, a mental health evaluation of each party will occur with follow-up services provided.

If a juvenile sexual offender or child-on-child sexual abuse incident occurred or is suspected, immediate consideration will be given to the safety of all children residing in the placement. The PI unit, the DCM, the therapist (if assigned), and the Placement Unit will work together to determine the most appropriate placement for any/all children who may need to be moved. The same team will assess immediate services needed for any/all children.

Approved: Carol Deloach  
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