

## CHAPTER FOUR

# Child Sexual Abuse Case Referrals to Supervised Visitation Programs

**PURPOSE:** The purpose of this chapter is to report the findings from a 2003 survey of Florida judges on their need for additional training on child sexual abuse; to emphasize the complex dynamics of child sexual abuse; to identify characteristics of victims, perpetrators, and non-offending parents; and to describe best practices for visit safety when child sexual abuse has been alleged or determined.

### LEARNING OBJECTIVES

*By the end of this chapter, judges will be able to:*

1. Discuss findings from the Clearinghouse on Supervised Visitation's 2003 survey of Florida family law judges regarding their need for additional training in child sexual abuse issues.
2. Define child sexual abuse and understand its prevalence in the U.S. and in Florida.
3. Describe the characteristics of child sexual abuse victims, perpetrators, and non-offending parents.
4. Describe the unique challenges presented by juvenile sexual offenders.
5. Identify factors and case dynamics that may heighten the risks involved in supervised visits involving child sexual abuse.
6. Discuss best practices in supervised visitation referrals for cases involving child sexual abuse.

### GUIDING PRINCIPLES

*Judges can use the guiding principles to:*

1. **Understand the dynamics of each case.** In child sexual abuse cases, this means that judges should understand the prevalence and potentially severe effects of the abuse. They should also understand the Child Sexual Abuse Accommodation Syndrome, normal and abnormal sexualized behavior in children, the co-occurrence of

domestic violence and child sexual abuse, the limits of treatment for perpetrators, and the factors that affect the psychological harm of the child.

- 2. Acknowledge the purposes and limits of the local supervised visitation program.** Renewed contact between perpetrators and victims continues to pose a risk to children even after treatment. Sexual abusers can be extremely subtle in their victimization of children; further, the supervised visitation setting does not guarantee that the child will not be revictimized. In addition, there may be cases in which supervised visitation is simply not appropriate given the specific facts of the case or the severity/length of the abuse.
- 3. Ensure that the program agreement with the court establishes a framework for a safe visit, using appropriate policies and procedures to safeguard all participants.** In all cases of child sexual abuse, whether confirmed or alleged, any supervised visitation ordered must be conducted according to specific rules which are designed to protect children from revictimization. These include a one-to-one ratio of families to monitors, specific toileting rules, prohibitions on certain physical contact, and a variety of other rules designed to keep children safe. *Still, in cases of confirmed abuse, supervised visitation should not be ordered until treatment of the victim and perpetrator have occurred and a mental health professional –who has experience in child sexual abuse cases – has recommended that visits occur.*
- 4. Include sufficient background information in each referral to ensure that staff can sufficiently prepare for and monitor each case.** Supervised visitation program staff require documentation in all child sexual abuse cases, whether the allegations are confirmed or alleged. Copies of all court orders relevant to the child, pleadings, and summaries of child protective recommendations as to visitation should be provided. In confirmed cases, evidence of treatment or therapy should be sent to staff, as supervised visitation is **not** a replacement for therapy. In confirmed cases, the therapist should also make a recommendation as to visitation.
- 5. Ensure that the supervised visitation program staff have sufficient training to protect the families in each individual case.** Even if the case is determined to be appropriate for supervised visitation, programs should not be sent referrals in child sexual abuse cases if staff have not had specific training to understand them. The Clearinghouse published a training manual on child sexual abuse issues in 2002. Clearinghouse staff have continuously assisted Florida programs with obtaining training in issues such as myths and facts about child sexual abuse, identifying possible juvenile sexual offenders, family characteristics of sexual abusers, the progression of sexual abuse, and signs and symptoms of sexual abuse. Without such training, no sexual abuse cases, even those containing unproven allegations, should be referred to programs.

## Child Sexual Abuse Cases at Florida's Supervised Visitation Programs

In 2001, Florida supervised visitation program directors reported that approximately 15% of cases referred to programs involved child sexual abuse. These cases can be referred to programs in several ways:

- In dependency cases in which the Petition for Dependency alleges child sexual abuse by a parent on his child, and the case is sent to supervised visitation pending the investigation of the allegations;
- In dependency cases in which the allegations are of other child maltreatment, but supervised visitation staff learn about allegations of child sexual abuse of the visiting child or other children after taking the case;
- In family court or domestic violence cases in which the non-custodial parent is accused of sexual abuse of the visiting child or of other children and is ordered to supervised visits with his own children;
- In family court or domestic violence cases which are referred to the supervised visitation program for other reasons, but staff learns about the allegations of child sexual abuse of the visiting child or other children at intake or afterwards; and
- In criminal cases in which a parent has been convicted of child sexual abuse (or some lesser related offense) of his own child or of another child and is ordered to supervised visits with his own child.

### Who is the perpetrator?

**Although sensationalized stories of strangers abusing children are common in the press, it is actually family members who commit 47% of sexual offenses against children. Another 40% are committed by acquaintances of the child or child's family. A stepfather is four times more likely than a biological father to victimize a stepdaughter. Strangers commit only 8-10% of child sexual abuse.**

### Case Example

Mr. Jenkins visits with his twin daughters Sasha and Sandy at the Sunshine Visitation Program each week. He has been accused of physically abusing them, and the Department of Children and Families filed a petition for Dependency and removed them from his home. Mr. Jenkins gets down on the floor with his children at each visit and plays puppets with them. At one visit, the staff noticed that Mr. Jenkins was encouraging Sasha to bite the backside of her puppet when it did something “bad.” Sasha complied and the three giggled. This encouraged her to bite the puppets again. Sasha then took a pencil off of the table and began poking the backside of the puppet. After the fourth visit, staff noticed that there seemed to be a pattern in Mr. Jenkins’ using the bathroom at the end of each hour-long visit, after the Observation Notes and Reports had been completed. A male staff member went into the restroom and listened to Mr. Jenkins through the stall door. When he came out, he told the program director that he thought Mr. Jenkins was masturbating in the restroom, but he refused to look through the door.

## Results of Judicial Survey on Child Sexual Abuse Issues

Child sexual abuse cases are probably among the most difficult cases for the judiciary, and certainly among the most difficult cases for supervised visitation programs. In 2003, the Clearinghouse created a training manual for supervised visitation providers, entitled *Child Sexual Abuse Referrals: A Curriculum for Supervised Visitation Providers* to educate program staff throughout the state about the dynamics and dilemmas in providing supervised visits in these cases. In 2003 the Clearinghouse on Supervised Visitation received a grant from the Department of Children and Families to survey Florida family law judges on their knowledge of child sexual abuse, their judicial practices relative to referring these cases for supervised visitation, and their identification of training topics needed on this issue to better inform their judicial understanding of these cases. Findings from this survey indicate that judges want more training on many issues relating to child sexual abuse. The table on the next page reveals the topics judges want training in, and the percentage of respondent judges who requested more training.

**Table 9: Judicial Need for Training**

Top	Want more training
Signs and symptoms of child abuse	53%
Family dynamics in child sexual abuse	60%
Characteristics & responses of non-offending parents in child sexual abuse cases	70%
Research findings on incest perpetrators	75%
Impact of disclosure on child, the non-offending parent and offending parent	75%
The Child Sexual Abuse Accommodation Syndrome	76%
Triggering events for child experiencing child sexual abuse	75%
Therapeutic goals for child sexual abuse perpetrators	63%
Therapeutic goals for sexually abused children	67%
Therapeutic goals for the non-offending parent in child sexual abuse cases	66%
Myths about child sexual abuse	67%
Progression pattern in interfamilial child sexual abuse	77%
Characteristics & prevalence research on juvenile sexual offenders	83%
Family & systems responses to juvenile sexual offenders	86%
Community resources appropriate for child sexual abuse cases	67%
Identification of child sexual abuse resources and reports	64%
Research on the incidence of child victimization at supervised visitation programs	88%
Co-occurrence of child sexual abuse and domestic violence	75%

## Definitions of Child Sexual Abuse

The National Center on Child Abuse and Neglect (2002) defines sexual abuse broadly, as *any childhood sexual experience that interferes with or has the potential for interfering with a child's healthy development*. The American Academy of Pediatrics defines it as *the engaging of a child of sexual activities that the child cannot comprehend, for which the child is developmentally unprepared and cannot give informed consent, and which violates the social taboos of society*.

## Florida Statutes

According to Chapter 39, Florida Statutes, sexual abuse of a child is one or more of the following acts:

- (a) Any penetration, however slight, of the vagina or anal opening of one person by the penis of another person, whether or not there is the emission of semen.
- (b) Any sexual contact between the genitals or anal opening of one person and the mouth or tongue of another person.
- (c) 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 this does not include any act intended for a valid medical purpose.
- (d) 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 the perpetrator, except that this does not include:
  - 1. Any act which may reasonably be construed to be a normal caregiver responsibility, any interaction with or affection for a child; or
  - 2. Any act intended for a valid medical purpose.
- (e) The intentional masturbation of the perpetrator's genitals in the presence of a child.
- (f) 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 any other similar purpose.
- (g) The sexual exploitation of a child, which includes allowing, encouraging, or forcing a child to:
  - 1. Solicit for or engage in prostitution; or
  - 2. Engage in a sexual performance, as defined by chapter 827.

# DCF's Sexual Allegation Matrix

The Department of Children and Families uses a child sexual abuse allegation matrix to assess whether sexual abuse of a child has occurred:

- **Sexual abuse/molestation** is sexual abuse with a child when such contact, touching, or interaction is used for arousal or gratification of sexual needs or desires of the abuser. This includes:
  - The intentional touching of the genitals or intimate parts (breasts, groin, genital area, inner thighs, buttocks) or the clothing covering them, of the child by the abuser; and
  - Encouraging, forcing, or permitting the child to inappropriately touch the same parts of the alleged accuser's body.
- **Sexual exploitation** is sexual abuse of a child for sexual arousal, gratification, advantage, or profit. Examples include:
  - Indecent solicitation,
  - Allowing the child to participate in pornography,
  - Exposure of sexual organs to a child,
  - Intentionally perpetrating a sexual act in the presence of a child,
  - Sexual masturbation in front of a child, and
  - Allowing, encouraging, or forcing a child to solicit for or engage in prostitution.
- **Sexual battery (incest)** includes sexual battery or sexual intercourse by a relative of lineal consanguinity (parent or grandparent) or by an adult brother, sister, uncle, aunt, nephew, or niece while responsible for the child's welfare.
- **Sexual battery (not incest)** includes sexual battery or sexual intercourse by a person not related to the child by blood, but responsible for the child's welfare (including step-parents) or who is an adult household member.

## Prevalence of Child Sexual Abuse

Most studies have found that that at least 20% – or one in five – women have experienced childhood sexual abuse, and one out of every ten men – 10% – experienced some form of child sexual abuse. A 1999 study shows that approximately one-third of girls and one-seventh of boys are sexually abused before age 18. (Ullman, 2003) Consistent with this range, studies have shown that:

- 12% of girls in grades nine through twelve reported that they had been sexually abused; 7% in grades five through eight also reported being sexually abused. 65% reported that the abuse occurred more than once, 57% reported that the abuser was a family member, and 53% reported the abuse occurred at home.
- Approximately 40% of the women surveyed in a primary care setting had experienced some form of childhood sexual contact; of those, one in six had been raped as a child.

The Florida Abuse Hotline Information System data report reflects that there were 32,194 reports of sexual maltreatment of children in 2001-2002. The report is published at [www.dcf.state.fl.us/abuse/pubs.shtml](http://www.dcf.state.fl.us/abuse/pubs.shtml). These include sexual battery (incest), sexual battery (not incest), sexual molestation, and sexual exploitation, as defined in the Department of Children and Families' child abuse allegation matrix. Of these, 13,928 of these cases were ultimately determined to be “verified” or contained some indication of maltreatment when the cases were closed.

## The Long Term Impact of Child Sexual Abuse

The effects of child sexual abuse can be devastating. Consider:

- Women who are sexually abused during childhood are at increased risk for drug abuse as adults ( National Institute on Drug Abuse, 2000)

- Many adult survivors of child sexual abuse suffer from anxiety, depression, low self-esteem, alcohol abuse, suicidal feelings, relationship difficulties and post traumatic stress disorder. (Ullman, 2003).
- 55% of mothers of boys who sexually abused other children reported that they were victims of sexual abuse in their own childhood. (New, 1999)

## **Normal and Abnormal: Sexualized Behavior in Children**

Most mental health experts agree that some sexualized behavior by children is normal. However, other behavior may not be. The Table on the following page reveals lists of behaviors according to a child's age. There are three categories: normal, given the child's developmental status; of concern, which needs additional assessment by a mental health professional; and abnormal behavior, which may signal that the child is a victim of sexual abuse (and/or may be a sign that the child is a juvenile sexual offender). Supervised visitation providers are cautioned to alert the referring judge or caseworker to any behavior that is of concern or clearly abnormal. Judges should consult with mental health professions to make ultimate determinations and recommendations regarding any troubling child behavior.

**Table 10: Normal & Abnormal Sexualized Behavior**

Age	What's Normal	What Raises Concerns	What's Not Normal
1-5	<p>Child asks about a woman's breasts.</p> <p>Some masturbation at home and in public.</p> <p>Child asks why girls don't have penises.</p>	<p>Child discusses activities such as adults having sex, seen on TV.</p> <p>Child uses sexual words; may know what they mean.</p>	<p>Child plays with dolls or toys or with other children in a sexualized manner, such as simulating sex.</p> <p>Child tries to hurt baby's or other child's genitals.</p> <p>Sexual contact with other children.</p>
5-10	<p>Children ask about pregnancy, menstruation.</p> <p>Child interested in watching baby breast feed.</p> <p>"Experimenting" with children of same age – kissing, role-playing, contact with them.</p>	<p>Other children complain about child's sexual contact with them.</p> <p>Child too clingy and affectionate with adults, kisses too much, rubs against adult.</p>	<p>Child acts out the hurting of stuffed animals; tries to put objects in doll's rectum/vagina.</p> <p>Child persists in attempts to rub genitals on leg of parent or staff while hugging.</p> <p>Child exposes her/himself to much younger child.</p>
10 and older	<p>Girls playing with, combing, braiding hair of younger girls, or girls the same age.</p> <p>Child makes jokes about dating, kissing. Tells monitor they have a boy or girlfriend.</p> <p>Boys acting shy around girls, or obviously flirting.</p> <p>Children asking about open-mouth kissing.</p> <p>Masturbation in private.</p>	<p>Child insists on hugging or touching another child even when the other child does not want this affection.</p> <p>Child is overly interested in the sexuality of another child.</p> <p>Child uses terms like "slut" or "whore" to describe another child.</p>	<p>Child forces other child to be "affectionate;" holds him down while rubbing against him.</p> <p>Child imitates sexual intercourse with other adults or children.</p> <p>Becomes physically aggressive toward anyone who tries to touch him/her.</p> <p>Looks at child pornography on the internet.</p>

# Signs and Symptoms of Child Sexual Abuse

Although there are often no obvious physical signs of child sexual abuse, there may be signs detected by a physician in a physical exam. Below are listed physical, behavior, and emotional symptoms exhibited by children who have been sexually abused.

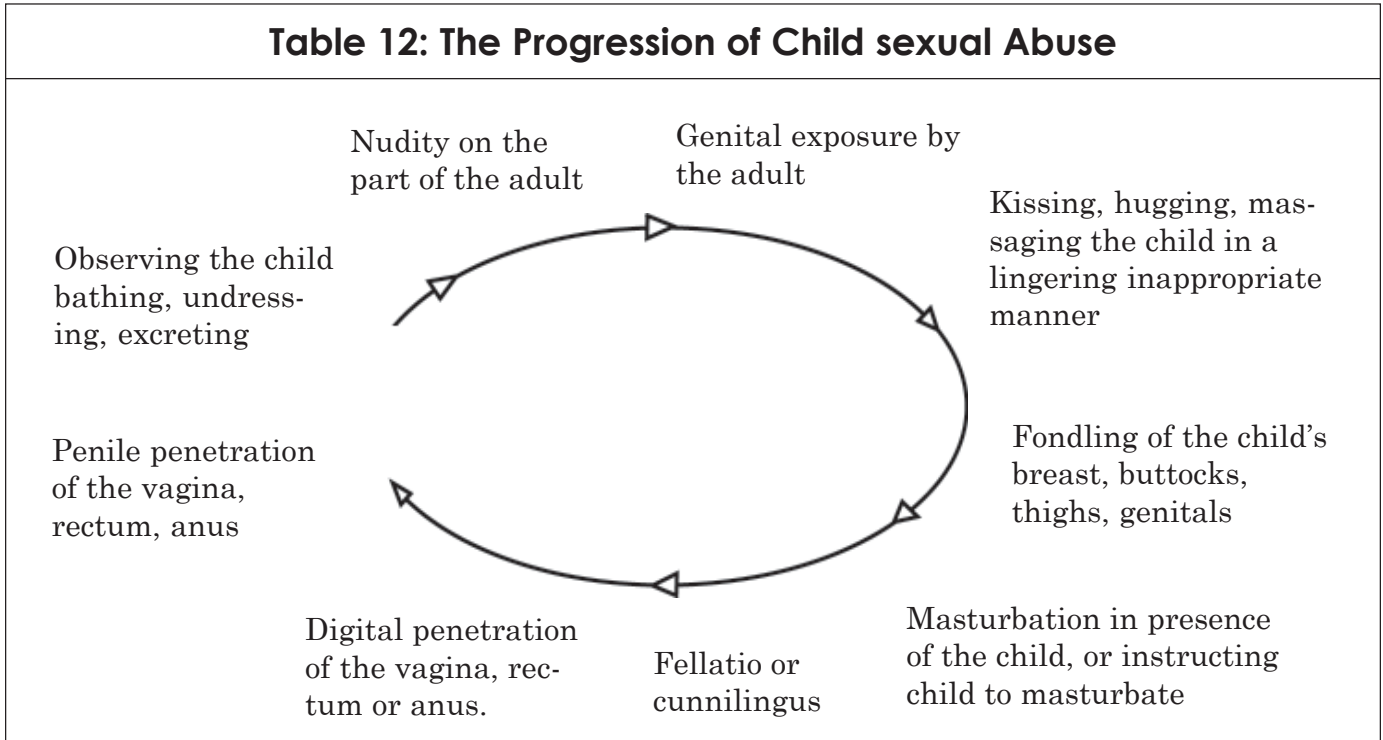
**Table 11: Physical, Behavioral, & Emotional Symptoms of Child Sexual Abuse**

<b>Physical</b>	<b>Behavioral</b>	<b>Emotional</b>
Genital injuries	Unusual interest or avoidance of all things sexual in nature	Anxiety
Urinary tract infections		Fear
Difficulty walking or sitting	Sleep problems or nightmares	Depression
Preoccupation with genitals	Statements that their bodies are dirty or damaged or fear that there is something wrong in their genital area	Withdrawal from family or friends
Sexually transmitted diseases		Low self esteem
Non-developmentally appropriate toileting accidents	Refusal to go to school	Feelings of worthlessness
	School behavioral or delinquency problems	Shame
	Seductiveness	Dissociation
	Eating disorders	Post-traumatic stress syndrome
	Suicidal behavior	Guilt
	Attempting to get other children to engage in sexual acts	The Effects of Shame: a child's shame for the abuse is related to increased psychological distress, including more depressive and post traumatic stress symptoms, lower self esteem, and eroticism.
	Unreasonable fear of physical exam	
(American Academy of Pediatrics, 1998)	Unusual aggressiveness	(Feiring, 1998)
	Secretiveness	

# The Progression of Sexual Abuse

Although a family member may sexually abuse a child a single time before disclosure, the typical pattern of sexual abuse occurs over a period of time and progresses from normal contact to sexual activity. Sexual abusers often “groom” a child for abuse. Grooming is a process by which the abuser uses secrecy and power and control to get the child to accept increased sexualized contact. The table below illustrates this typical progression.

**Table 12: The Progression of Child sexual Abuse**



## Myths and Facts about Child Sexual Abuse

**MYTH:** Allegations of child sexual abuse are extremely common in child custody disputes.

**FACT:** The National Center on Child Abuse and Neglect funded the Association of Family and Conciliation Courts to research this issue. The results indicated that allegations of child sexual abuse are quite *uncommon*, with only 2% of the 9,000 disputed custody cases containing child sexual abuse allegations. Among that 2%, half of the allegations were considered likely. (Faller, 2002)

**MYTH:** An examination by a medical doctor will always reveal whether a child has been sexually abused.

**FACT:** Only 15% to 20% of reported cases show physical signs of sexual abuse.

**MYTH:** Assessment of an accused sexual abuser will determine whether he/she actually committed the abuse.

**FACT:** There is no test or instrument that reliably determines whether a person has or has not sexually abused a child.

**MYTH:** Sexual offenders can be cured.

**FACT:** According to the Practice Standards and Guidelines for Members of the Association for the Treatment of Sexual Abusers (2001), a major goal of treatment is to teach clients how to manage their behavior and refrain from reoffending. Members of ATSA “shall not make statements that a client is ‘cured’ or no longer at risk to reoffend.”

## **Co-occurrence of Domestic Violence and Child Sexual Abuse**

Researchers have noted a strong correlation between domestic violence and child sexual abuse. In a 1999 study, 50% of mothers of sexual abuse victims had been victims of domestic violence, and 72% of mothers of boys who were sexual perpetrators had been battered by their partners. (New, 1999) Grooming makes a child “a partner in a conspiracy of silence through bribes, threats, and affection.” A child who has witnessed domestic violence may be more vulnerable to sexual abuse because she is afraid of the batterer. (Bancroft, 2001)

### Case Example

Mr. Jensen denies his wife's claim that he sexually abused their six-year-old son, Ben. The court orders Mr. Jensen to have only supervised visits while he is evaluated by a therapist, Dr. Richardson. Dr. Richardson has no expertise in child sexual abuse issues, and he believes that women easily misinterpret innocent actions for sexual abuse in divorces. He tells the visit supervisor that he thinks Mr. Jensen is innocent. The first five visits go without any rule violations, and staff note that Ben is always happy to see Mr. Jensen. On the sixth visit, Mr. Jensen brings Ben a new pocket watch, and repeatedly shows Ben how to put it in and take it out of his pocket. Mr. Jensen does this for Ben, and after a few times, the visit monitor asks Mr. Jensen to stop. Mr. Jensen willingly stops, and the visit proceeds without incident. Two weeks later, Mr. Jensen is arrested for downloading child pornography at work.

## Factors Affecting Psychological Harm

The experience of child sexual abuse is unique for every child. The extent of psychological harm resulting from the abuse depends on several variables. The *Manual of Child Abuse and Neglect* (Veltcamp and Miller, 1994) provides a helpful list of criteria that are to be viewed cumulatively: the more of these that occur, the more psychologically traumatic the experience is for the child.

- 1. *The age of the child.*** Generally, the older the child, the more psychological harm results from the abuse. The younger victim is less aware of the meaning of the abuse and may suffer less than the older victim. The older child is more confused, ashamed, angry, and depressed over the experience.
- 2. *Duration.*** Generally, the longer the abuse continues, the more trauma it causes.
- 3. *Aggression.*** The greater the abuser's aggression, the more physically and psychologically damaging it is to a child. Vaginal or anal penetration increases the negative effect of sexual abuse.
- 4. *Threat.*** The greater the threats made to the child by the abuser, the greater the harm. Sexual abusers often threaten their victims with harming the family, with further physical

and sexual abuse, and with threats to harm a child or family's pet. These threats increase the trauma for the child.

5. **The adult perpetrator.** The psychological harm increases the closer the relationship is between the adult and the child victim. When the child knows the abuser, the child experiences more confusion than when the abuser is a stranger. Also, the child's ability to trust others is deeply affected when the child knows the abuser. Sexual abuse by the father or stepfather has more impact than abuse perpetrated by a stranger.
6. **Degree of activity.** The more frequent the incidents of abuse, the more psychologically traumatic the abuse is to the child.
7. **Adult support.** When adults do not believe and support the child after the abuse is revealed, the experience of the abuse becomes more traumatic.

## Contact Between the Perpetrator and Victim

According to the Association for the Treatment of Sexual Abusers, renewed contact between perpetrators and family members at risk for being sexually abused requires careful monitoring and supervision. Perpetrators continue to pose some level of risk for reoffending even after completing treatment or supervision. The main priority in considering family reunification is the emotional and physical safety of potential victims. Therapists shall only recommend contact with familial victims or family members under the age of 18 when a non-offending parent or another responsible adult is adequately prepared to supervise the contact; the victim or minor is judged to be ready for such contact by another professional who can monitor his/her safety; and perpetrators have made substantial progress in their treatment. (ATSA, 2003)



### Judicial Alert

**In cases of confirmed abuse, supervised visitation should not be ordered until treatment of the victim and perpetrator have occurred, and a mental health professional who has experience in child sexual abuse cases has recommended that visits occur.**

(Note: unfortunately, not all mental health professionals have had education or training in child sexual abuse. It can be harmful to a child and his/her family if an inexperienced therapist interviews the child and recommends contact without recognizing the risks of the contact, the impact of the alleged child sexual abuse, and/or the reaction of the abuser to disclosure.)

## **Victim Reaction to Abuse**

Despite the high prevalence and severe effects of child sexual abuse, victims often do one of three things: fail to disclose the abuse, delay telling others for years, or recant when they finally disclose. Why do victims allow the sexual abuse to remain a secret, and why do so many recant when they finally tell? The answer lies in a complex tangle of fear, shame, blame, loss of social support, and negative reactions from others. From the child's viewpoint, it may mean more risk to recant or keep quiet than to disclose the abuse. How this can happen is explained below.

### **The Sexual Abuse Accommodation Syndrome**

Children who have experienced sexual abuse often display a pattern of behavior and emotional responses to help them deal with their abusive experiences. Summit (1983) has referred to this pattern as the Child Sexual Abuse Accommodation Syndrome. Summit's work was ground-breaking in that it allowed adults to see sexual abuse from the point of view of the child. The sequence of behaviors of the offending parent and the child's reactions are presented in the following table.

**Table 13: The Child Sexual Abuse Accomodation Syndrome**

<p><b>STAGE ONE</b> <b>Secrecy</b></p>	<p><b>Offender's Behavior</b> The offender either overtly or covertly informs his or her victim that his/her sexual behavior is a secret. Overtly, the offender may say things like "If you tell, I'll kill your mother." In a more covert manner, the offender may remind the victim either through words or behaviors. The offender uses isolation and intimidation and takes advantage of a child's helplessness in the face of any authoritative adult.</p>	<p><b>Child's Reaction</b> The victim may be confused, scared, or ambivalent. She may feel guilty about enjoying the special attention that she has received, or frightened that "something bad will happen" if she tells anyone. The victim may comply with her abuser's demands out of fear that whatever the overtly or covertly implied consequences of telling are, they will indeed come to pass.</p>
<p><b>STAGE TWO</b> <b>Helplessness</b></p>	<p><b>Offender's Behavior</b> Offender takes advantage of the natural power and authority that adults have over children. He exerts power and control over his victim, telling her that "no one will believe you," or that no one cares.</p>	<p><b>Child's Reaction</b> As a result of the adult's power and authority or in response to the threats made by the offender, the victim feels helpless or powerless to stop the abuse.</p>
<p><b>STAGE THREE</b> <b>Entrapment &amp; Accommodation</b></p>	<p><b>Offender's Behavior</b> Offender lies or distorts his actions toward victim, telling her that this is something all dad-dies do, or that he is only teaching her how to be a good wife. He repeatedly engages in the sexual victimizing behaviors.</p>	<p><b>Child's Reaction</b> Trying to survive, the child tries to "get used to" the abuse. Accommodation is part of the child's survival skills. It is her response to repeated sexual victimization. She may "accommodate" to abuse by denying her feelings, withdrawing, denying what is happening, dissociating from the abuse. This may explain why some sexually abused children may interact with an abusive parent at supervised visitation in a seemingly "appropriate" manner.</p>
<p><b>STAGE FOUR</b> <b>Disclosure</b></p>	<p><b>Offender's Behavior</b> Offender may deny abuse if disclosure is made, calling victim liar, mentally ill, or manipulated by other parent into creating story. Further threatening of victim may occur.</p>	<p><b>Child's Reaction</b> Much sexual abuse is never disclosed. Disclosure may be accidental, may come through anger, or may result from prevention education. As Summit wrote: "Unless[they are] specifically trained and sensitized, average adults... can not believe that a normal, truthful child would tolerate incest without immediately reporting [the incident]...." This is the crux of the Accommodation Syndrome. During this stage, victim may "drop hints" to the non-offending parent, her relatives, friends, or teachers about abuse. Depending on the reaction she receives, she may fully disclose, or stop any discussion.</p>
<p><b>STAGE FIVE</b> <b>Recantation</b></p>	<p><b>Offender's Behavior</b> Offender may continue to deny allegations, convince non-offending parent that abuse did not occur. Offender may also put increasing pressure on child to "take it back," blaming her for problems now facing the family.</p>	<p><b>Child's Reaction</b> Not all child victims recant or change their account of the abuse, but some do, in part because they are not believed, or because by disclosing they are subject to out-of-home placement, medical exams, constant interviews with protective service workers and/or law enforcement. Thus, the child faces deep loss with disclosure: loss of peace in her life, security, her familiar environment, her friends, and her family.</p>

## **Characteristics of Non-Offending Parents**

Non-offending parents may exhibit a variety of reactions when confronted with the fact that their children have been victimized. A sample of reactions and possible behaviors of non-offending parents to DCF staff, to the courts, and to supervised visitation staff is described in the table that follows.

**Table 14: Possible Reactions of Non-Offending Parent**

Reaction	Behavior with DCF, in Court, or at Supervised Visitation
Denial of Sexual Abuse	<p>The parent may express denial of any knowledge of the sexual abuse of the child(ren) .</p> <p>The parent may make statements saying there has been a big mistake, someone is making all of this up, etc.</p> <p>The parent may also try to convince authorities that the alleged abuse couldn't have happened.</p>
Rationalization	<p>Non-offending parents exhibiting rationalization may try to involve supervised visitation staff in convincing DCF or the court that the allegations are inaccurate by statements such as, "Can you please tell the judge or my DFC investigator how nice my husband is to Casey? He's just a very affectionate father."</p>
Minimization	<p>Minimization may be demonstrated by the non-offending parent in statements they make to supervised visitation staff which indicate an effort to diminish the sexual abuse. For example, statements like, "it only happened once or twice," "it was only fondling, it could have been much worse" indicate minimization of the abusive experience.</p>
Defensiveness	<p>Non-offending parents may also exhibit signs of defensiveness to the court, DCF, or visit monitors.</p> <p>They may tell staff repeatedly that they had no role in the abuse nor were they aware that it was happening and seek some kind of affirmation about their parenting skills.</p>
Guilt	<p>Parents may experience guilt for not recognizing symptoms of sexual abuse in their children, and may express this guilt to the court, DCF or supervised visitation staff.</p> <p>Parents may tell staff that they feel just terrible. "How could the abuse happen?" they may ask.</p> <p>Non-offending parents may also exhibit ambivalent feeling toward their children.</p> <p>DCF, the court, and visitation staff may observe the non-offending parent being both very concerned and at times frustrated and angry toward the child(ren) for reporting the abuse, having to come to a visitation program, etc.</p>
Sadness or Depression	<p>Non-offending parents may express sadness or exhibit signs of depression (weeping, flat affect, sighing, slowed body motions) during their interactions with authorities.</p>
Fear	<p>Non-offending parents may be vary fearful that their child(ren) will not be protected during visits with the offending parent. They may make such statements as "Are you sure your staff will not let anything happen?" and "What if my husband tries to do something else during the visit?"</p>
Anger	<p>Non-offending parents may also be very angry at both the offending parent as well as the child(ren) reporting the abuse. This may result in angry outbursts during court hearings, intake at visitation programs, or in interviews with DCF staff.</p>

## Documentation Required in Confirmed Child Sexual Abuse Cases

Confirmed abuse means that the court has made a finding of sexual abuse, or that the agency charged with investigating abuse has made a finding that the abuse allegation is verified or there are indications of sexual abuse. In these cases, the following documentation *must* be provided to the supervised visitation program:

1. Copies of all court orders, detailed information on the child's abuse, and pleadings and court orders relating to Injunctions for Protection Against Domestic Violence, Dissolutions of Marriage, and Modifications of Final Judgments relating to the child;
2. Evidence that the abusive parent has successfully completed an evaluation and treatment program specifically designed for sexual abusers conducted by a public or private agency or licensed mental health professional with expertise in treating sexual abusers;
3. Evidence that an abusive parent has successfully completed a substance abuse program, if indicated;
4. Evidence that the child victim is receiving therapy or has received therapy addressing his/her sexual victimization;
5. A recommendation by the child's therapist that visiting is in the child's best interest and recommendations about how that visitation should occur;
6. Assessment by the abuser's therapist that contact is appropriate between the child and the abuser.

**The risk of the perpetrator revictimizing the child, denying the abuse, and coercing the victim to recant is too high for visitation to be allowed until this documentation is received.** Additionally, children may easily misunderstand that the visitation is the result of authorities not believing the child's disclosures. Judges have the responsibility to determine whether a child at a certain age can refuse a visit with a

parent who has allegedly sexually abused him/her or who has been found to have done so.

## Documentation Required in Alleged Child Sexual Abuse Cases

All judicial referrals to supervised visitation in cases in which child sexual abuse has been alleged must include sufficient background information for staff to be informed about the risks involved in each case. In cases where sexual abuse has been alleged but not confirmed, including cases where no investigation has been conducted, where there are differing opinions among experts as to whether abuse occurred, or when the investigation is not yet complete, supervised visitation programs should review the following documents prior to the first visit:

1. Copies of all court orders relevant to the child;
2. Social services reports or summary reports completed specifically for the visitation referral. These should contain details surrounding the abuse allegations;
3. Records of physical and/or sexual abuse, including police reports and hospital reports;
4. Pleadings and orders relating to any Injunctions for Protection Against Domestic Violence, Dissolutions, Modification, or other litigation concerning the child.



### Judicial Alert

**Along with receiving information such as court pleadings, police reports, and investigation summaries, supervised visitation staff should conduct criminal background checks on visiting parents to help determine the risks to the child and other participants at the program.**

### Case Example

Mr. Martin drove to Florida from a nearby state and filed an Emergency Petition for Visitation, claiming that his ex-wife had not allowed him to see his son for two years. His ex-wife did not show up at the hearing. The judge signed a temporary order for supervised visitation to begin the next day. The Sunshine Visitation Program director conducted a criminal background check on Mr. Martin, and found out that he was a convicted sexual offender in his home state. The judge immediately abated his order.

# Visit Rules

The best practices described below were designed to keep the child safe in cases in which sexual abuse is confirmed *and or only* alleged. Although they are more stringent than the rules which govern non-sexual abuse cases, they have the added benefit of protecting other non-related children on site, and also of protecting parents who may have been falsely accused from any additional allegations.

## Best Practices for Visits in Child Sexual Abuse Cases

- 1. There should be one visit supervisor to each visiting family.** This rule allows visitation staff to focus on each family individually. In large families, programs should use more than one monitor to ensure that all family members are adequately supervised.
- 2. The visit monitor must be fluent in the language of the child and visiting parent.** Monitors must have fluency (both speaking and understanding) in the language spoken at visits. The issue of language should be discussed at intake so that parents are on notice as to prohibitions on the use of a language that the monitor does not understand. If the parent or child is hearing impaired, the program must obtain the services of a neutral sign language interpreter for every visit. Any foreign language or sign language interpreter monitoring visits must have training in the purposes and risks of visitation.
- 3. Families in which a sexual abuse allegation has been made should not be in the same room as any other family.** Having visits in private rooms means that the visit monitor will be able to maintain the level of vigilance necessary to ensure the children's safety, and will minimize the involvement of **other** children and families in the visits.
- 4. Physical contact between the visiting parent and the child should be minimal and closely scrutinized.** Any

physical contact which appears sexualized or inappropriate should be stopped immediately. Sexually abused children who have been “groomed” as part of their sexual abuse experience may attempt to initiate physical contact. Also, children who crave nonsexualized contact in a “safe” environment may seek physical contact. If this occurs, it should be brief and closely monitored by staff whose view is not blocked by any furniture, toys, or office equipment. Unobstructed visual monitoring must be achieved at all times.

5. **The following physical contact should be prohibited:** tickling, lap sitting, rough-housing, prolonged hugging or kissing, tongue kissing, kissing below the chin, stroking, hand-holding, hair combing or brushing, changing diapers or clothes. These rules potentially prevent revictimization as well as misinterpretations of contact.
6. **Neither the visiting parent nor the custodial parent should bring any items to the visit,** including books, games, toys, photographs, music, audio or video games, dolls, or pets (except service animals). This prohibition reduces the possibility of a perpetrator bringing to the visit covert or overt reminders (“triggers”) of the child’s abusive experience. It also reduces the possibility of “bribes” to the child for recanting.
7. **Certain behavior should be prohibited, including** whispering, passing notes, hand or body signals, photographing the child, audio or videotaping the child, exchanging money, gifts, or cards. This rule reduces the possibility of verbal threats, and minimizes triggering memories of events for the child.
8. **Parents may not accompany their children to the toilet or change the diapers of their children.** Children must use the program toilets on their own or with the help of staff. Staff, not parents, must change babies’ diapers.
9. **Neither parent is allowed to discuss the abuse, directly or indirectly.** This rule reduces the occurrence of victim-blaming and emotional maltreatment. Parents and caregivers

must be prohibited from scolding, mocking, questioning or teasing the child, or referring to the abuse in any way in the child's presence.

**10. Off-site visits are prohibited.** Off-site visitation, such as in parks, at restaurants, and in private homes, does not allow the level of control that on-site visits offer. Unpredictable and uncontrollable environments create heightened risks to children in sexual abuse cases, and reduce the possibility that the monitor can intervene quickly if prohibited activity occurs.

### Case Example

Mr. Baker has been ordered to visit his 5-year-old son Omar at the Sunshine Visitation Program. He brings with him photographs of a recent camping trip to show Omar. Staff view the photos first, and seeing nothing inappropriate, they allow Mr. Baker to show them to Oscar. When Oscar looks at the pictures, he begins slamming his head into the wall of the visit room. Staff later learn that it was on this camping trip that Omar had been sexually abused.

### Case Example

Mr. Joseph has supervised visits with his infant daughter, whom he is accused of sexually abusing. Staff do not allow Mr. Joseph to change his daughter's diaper at visits; they do it for him. During the second visit, staff notice that Mr. Joseph went to the garbage can to retrieve his daughter's soiled diaper. He hides it in his jacket and brings it to the car. Staff follow him to the car and see him rubbing his genital area with the soiled diaper.

## Juvenile Sexual Offenders

Juvenile sexual offenders present unique risks at supervised visitation programs requiring specialized staff training and specific program rules. Directors of Florida's supervised visitation programs report that they have provided court-ordered visits in cases in which children had sexually abused other children. There are at least two ways juvenile sexual offenders might participate at

a supervised visitation program:

- 1. Identified sexual offender** – The court may have separated siblings during an investigation of an allegation or upon admission of child on child sexual abuse (placing them in different relatives' homes or in different foster homes, depending on the allegations), and ordered them to visit with a parent at a supervised visitation program. In this case, the visits would be a result of a licensed therapist's recommendation or because the court believed the visits would be in the best interest of the child(ren).
- 2. Unidentified sexual offender** – A child who has sexually abused another child, but who has not been formally identified or alleged to be a sexual offender, may have visits with his/her nonresidential parents(s) and/or siblings at the supervised visitation program.

In both cases, other children present during the visit may be at risk for sexual abuse revictimization, and staff must take all necessary steps to protect them from these risks. Judicial and staff understanding of the dynamics of individual and family characteristics and the sexual abuse cycle may assist toward that goal.

### Case Example

Samuel, 11, has been visiting his father, who beat him severely before DCF investigated, at the Sunshine Visitation Program for the past two months. His foster parents accused him of inappropriately touching another child at their home by following her into the bathroom, locking the door, and groping her. The foster mother has told visit staff about this incident, but shrugged it off, saying the girl probably flirted with him, and “boys will be boys.” When Samuel visits with his father, staff say he is distracted, jumping up and calling to other children in the group visit room. His father is extremely passive, and allows Samuel to “go play” with the other children. One boy accused him of being too rough, knocking him down and lying on top of him and punching him, before staff could intervene. A girl from another family often comes over to Samuel and he hugs her hard for prolonged periods. On one of these occasions, a staff member said he thought her saw Samuel rubbing his groin against the girl, but it happened so fast, he couldn't be sure, and the girl did not say anything.

## Statutory Definition of Juvenile Sexual Offender

According to the National Center for Missing and Exploited Children, the sexual abuse of a younger child by an older child should always be viewed as a possible indication that the older child was also sexually victimized.

“Juvenile sexual offender” under Florida Statutes means a child 12 years of age or younger who is alleged to have committed a violation of Florida Statutes dealing with the following behavior:

Chapter 794 – Sexual battery

Chapter 796 – Procuring prostitution

Chapter 800 – Indecent exposure, lewd and lascivious behavior

Chapter 827.071 – Sexual performance by a child

Chapter 847.0133 – Obscene material

*Or* a child who is alleged to have committed any violation of law or delinquency involving juvenile sexual abuse. Juvenile sexual abuse means any sexual behavior that occurs:

- Without consent,
- Without equality,
- Or as a result of coercion.

Juvenile sexual abuse includes noncontact sexual behavior such as:

- Making obscene phone calls,
- Exhibitionism,
- Voyeurism, and
- The showing or taking of lewd photographs.

It might also include varying degrees of direct sexual contact, such as frottage, fondling, digital penetration, rape, fellatio, sodomy, and various other sexual aggressive acts against a child.

### Prevalence of Child-On-Child Sexual Abuse

There were 8,725 reported calls of “child- on- child sexual abuse” made to the Florida Abuse Hotline Information System in 2001. Most experts agree that child- on- child sexual abuse reporting is extremely low compared to its actual occurrence (Ryan & Lane, 1991)

In fiscal year 2000-2001, 760 youths were referred to the Department of Juvenile Justice for sexual battery and 1,147 were referred for acts classified as “other felony sex offenses” (DJJ

Although males are more likely to be sexual offenders, the courts should not ignore conduct by females, who may represent between 5 and 35 percent of juvenile sexual offenders nationally.

Bureau of Data and Research, 2002)

## **Categorizing Children with Sexual Behavior Problems**

Many researchers have attempted to differentiate between developmentally expected and problematic sexual behaviors during childhood. (Pithers, 1998) One classification divides the behavior as:

- Developmentally expected
- Sexualized
- Sexually intrusive
- Sexually aggressive

Sexually intrusive children engaged in abusive behaviors “without force or planning,” and sexually aggressive children planned their acts, which may have involved the use of force.

## **Family Characteristics**

Studies also show that the *families* of children who engage in sexually aggressive behavior are frequently characterized by one or more of the following: parental separation/absence; domestic violence; substance abuse; parental histories of child physical and/or sexual abuse; poor parent-child relationships; stress in meeting basic daily needs; highly sexualized environments, in which the children are exposed to sexual acts or pornography at an early age; emotional deprivation; and abuse of power.

## **The Family Response**

Family members’ responses to revelations that a child has committed a sexual offense are varied, and can affect visitation in several ways. Suppose a parent has recently discovered that her son has sexually abused a sibling. Below are some possible parental responses, and resulting behavior in court, to a caseworker or at supervised visitation.



**“Not all licensed mental health professionals have expertise and training in child sexual abuse issues. Unfortunately, the courts may not be aware of this. They may think that they are helping a child, when instead, they may be making the situation worse.”**

(Jennifer Dritt, LCSW  
Executive Director,  
Florida Council Against  
Sexual Violence)

**Table 15: Family Reactions to Juvenile Sexual Offenders**

<b>Response</b>	<b>Reaction in Court, to DCF, at Visits</b>	<b>Possible Outcome</b>
Denial	<i>“My son did nothing wrong.”</i>	Parent ignores child’s interaction with others.
Rationalization	<i>“This is all her father’s fault. He was cruel to her.”</i>	Possible revictimization can then occur.
Feelings that the family itself is threatened	<i>“We can take care of this ourselves. We don’t need the court.”</i>	Sabotaging therapy, making visits dangerous.
Anger	<i>“He’s a bad seed.” “I hate him.”</i>	Anger and insults toward child during hearing or visit.
Shame	<i>“Nothing like this has ever happened in our family.”</i>	Refusal to look at factors contributing to sexual abuse.
Sadness	<i>“I’m so depressed over this whole thing.”</i>	Inability to participate in case plan, therapy, or visit
Acceptance	<i>“I want to help my child heal.”</i>	Cooperation in supervised visitation rules, vigilance in visits, and participation in therapy.

### **Treating Juvenile Sexual Offenders**

Unlike many studies of adult sexual offenders, research on juvenile sexual offenders indicates a much smaller likelihood of repeat victimization following disclosure and intervention. (Office of Justice, 2001) It is therefore critical for a family to admit the abuse and proceed to intervention.

The goals of treatment for juvenile sexual offenders generally focus on the following: helping them to control their abusive behavior; increasing their positive interactions with peers and family; halting the development of further psychosexual problems; and preventing further victimization.

Treatment content often includes sex education, empathy train-

ing, anger management, impulse control, resolving family dysfunction; academic assistance; relapse prevention; and training in basic living skills.

### **Obstacles to treatment**

Despite the fact that intervention and treatment can be effective for many juvenile sexual offenders, there are a myriad of obstacles to obtaining these crucial services. The family, for instance, may be unable to “see” the sexual abuse, especially in incest cases. Family members may deny or minimize the abuse, at least at first. Once the family has recognized the problem, it may seek to keep it a secret so that shame, fault, and public criticism of the family is avoided.

The family may also seek to address the offender’s behavior using ineffective means. Physical punishment and withdrawal of privileges will not cure the problem.

Another set of obstacles exists in the criminal justice system. Law enforcement officers may not have enough expertise or training to deal with the issue of child-on-child sexual abuse. States’ attorneys, who have the ultimate authority on whether to prosecute a case, may give the family the option of seeking voluntary therapy instead of filing criminal charges.

## **Best Practices for Juvenile Sexual Offenders in Supervised Visits**

Supervised visitation programs utilize safety measures developed to minimize the risk associated with providing services to juvenile sexual offenders. These rules focus on:

- **Monitoring children closely and at all times while on site.**
- **Safe toilet use.** Children who have sexually abused others should never be permitted to accompany any child to the toilet.
- **Limiting physical contact.** Sexually aggressive children

may seek out contact with other children. No child who is suspected of sexually abusing other children should be allowed physical contact with any child at the supervised visitation program.

- **Placing firm limits on sexual jokes, sexualized language, and sexualized behavior.** Visits should be terminated if a child can not be redirected from such behavior.

## QUIZ

1. Describe the reasons why a child might not disclose sexual abuse.
2. Discuss the co-occurrence of domestic violence and child sexual abuse.
3. Describe the risks to a child at supervised visitation with a perpetrator of sexual abuse.
4. List some of the rules that supervised visitation programs may use to ensure a child's safety on-site in sexual abuse cases.

**— Judge's Check List**

**4**

- Review Clearinghouse Manual on Child Sexual Abuse.**
- Ensure that your local visitation program staff receive thorough and on-going training in child sexual abuse issues.**
- Periodically seek additional training on child sexual abuse issues.**
- Identify mental health professionals in your community who have training and expertise in child sexual abuse dynamics, and review the list of Child Advocacy Centers in the Appendix.**