

New Training Manual for Florida's Supervised Visitation Programs

THE IMPACT OF CHILD PHYSICAL AND SEXUAL ABUSE ON SUPERVISED VISITATION

Case Scenario

In the summertime a young mother, Maggie dropped off her two young children, Angie age 5, and Matthew age 8, for a weekly visitation with their father. The children arrived in sweatshirts and long pants and were visibly sweating. The visitation monitor notices and asks the children if they are hot and offers to lower the temperature of the air conditioning. In response, Angie silently nods her head and lowers her eyes while Matthew remains completely quiet and looks over towards the corner. After the visit, the monitor then asks Maggie to speak and she inquires politely about why the children are bundled up and points out that they seem to be sweating. The mother responds by barking back, "that is none of your business lady!" The monitor is somewhat confused but concedes and Maggie and the children leave the visitation center.

After completion of this chapter, you will be able to answer the following questions:

- *Were there any red flags that the monitor should have identified?*
- *Was there anything unusual about the childrens' behavior?*
- *Was there anything unusual about the mother's behavior?*
- *Should the monitor take any further action?*

Introduction

Families may be referred to supervised visitation programs for many reasons. Children may have been removed from their homes because they have been abused, or they might enter into supervised visitation for a different reason and program staff may suspect abuse. As such, it is imperative that visitation monitors be adequately educated in the dynamics of child abuse should they be working with a family where abuse has, or is suspected to have, occurred.

Child abuse can be physical or sexual in nature, and may manifest in many different ways. This chapter aims to provide visitation monitors with the knowledge base and skills to both identify, and appropriately respond to child abuse in visitation services. Child abuse is complex, and will often result in more than just physical injuries. There are many other mental, emotional, and behavioral consequences surrounding abuse, which will impact children in different ways.

Additionally, it is important for visitation monitors to understand the complex factors that influence an adult to become abusive toward a child. Parents who have abused their children may be unable to cope effectively with their own prior trauma or other stressors. It is important for a visitation provider to remain sensitive to the complex nature of abuse, and to behave professionally during the provision of services.



What will I learn in this chapter?

Upon completion of this chapter, a visit monitor will be able to:

- Define physical and sexual abuse;
- Identify different types of child abuse;
- Understand and explain the impact abuse has on childhood victims;
- Identify common injuries associated with abuse;
- Reference Florida Statute definitions of abuse;
- Identify different risk factors for child abuse;
- Identify and encourage the development of protective factors within families;
- Anticipate possible reactions to visitation;
- Adequately prepare for, monitor, and follow-up on visitation where child abuse is present or suspected;
- Report child abuse

Snapshots and Facts

- Child abuse occurs at every socioeconomic level, across ethnic and cultural lines, within all religions, and at all levels of parental education.
- About 30% of abused and neglected children will later abuse their own children.
- As many as 14% of men and 36% of women in prison were abused as children.
- As many as two-thirds of people in treatment for drug abuse reported being abused or neglected as children.
- According to the 2013 Child Maltreatment report, in all cases of substantiated child maltreatment, 18% were victims of physical abuse.

Part One

Child Physical Abuse

Child Physical Abuse



Physical child abuse is an adult's physical act of aggression directed at a child that causes injury, even if the adult didn't intend to injure the child. Acts of physical abuse may include:

- Striking a child with the hand, fist, or foot or with an object
- Burning the child with a hot object
- Shaking, pushing, or throwing a child
- Pinching or biting the child
- Pulling a child's hair
- Cutting off a child's breathing

Abuse is any willful or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions.

Florida Statute 39.01(2)

Other Kinds of Child Physical Abuse:

- **Shaken Baby Syndrome** involves a frustrated caregiver shaking a baby, in an attempt to make the baby stop crying. Since the baby's neck muscles cannot properly support its head, the baby's brain bounces around inside its skull causing brain damage which often results in severe neurological problems and even death.
- **Munchausen's Syndrome by Proxy** involves a parent intentionally causing the child to become ill, rushing them to the doctor and convincing them that the child is sick. This behavior on the part of the parent is likely motivated by a desire for attention and sympathy.
- **Corporal Punishment**- an antiquated form of disciplinary action for children, which involves the use of physical force with the intent of inflicting bodily pain, without injury, for the purpose of correction or control of a child.

Remember

“Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.”

FL Statute 39.01(2)

Impact of Child Physical Abuse

Physical Impact

As illustrated above, there are many physical consequences of abuse. While the severity of injuries can vary greatly, the consequences of abuse abound. Below are some other documented consequences of physical abuse on children.

- *Abusive Head Trauma:* Head trauma resulting from shaking and blunt impact to the head is the most common cause of traumatic death for infants. Although related injuries may not be immediately noticeable, this kind of injury impedes healthy brain development in children.
- *Impaired Brain Development:* Child abuse and neglect have been shown to significantly impact brain development. Some regions fail to form properly causing long-

Did You Know?

According to one study, in the three years following maltreatment investigation, 28% of children reportedly had a chronic health condition.

term consequences for cognitive, language, and academic abilities, and have also been tied to mental health disorders.

- *Poor Physical Health:* Child abuse also affects long-term physical health by increasing the likelihood of chronic disease such as cardiovascular disease, lung and liver disease, hypertension, diabetes, asthma and obesity. Specifically, physical abuse has been shown to increase the risk of diabetes and malnutrition.

Psychological Impact

Apart from the physical impacts of child abuse, there are also many psychological consequences that arise as a result of childhood trauma. These can manifest as behaviors like isolation, fear, and the inability to trust others. If left unattended these behaviors have the potential to have long-term consequences on a person's mental health.



- *Difficulties during infancy:* When infants and young children enter out-of-home care due to abuse or neglect, the trauma of a primary caregiver change negatively affects their attachments. As a result, nearly half of infants in foster care who have experienced abuse exhibit some kind of cognitive delay and lower IQ scores, language difficulties, and neonatal challenges, when compared with children who have not been abused or neglected.
- *Poor mental and emotional health:* Childhood abuse is a risk factor for borderline personality disorder, depression, anxiety, and other psychiatric disorders. It also negatively impacts the development of emotional regulation which can carry on through adolescence and adulthood.
- *Cognitive Difficulties:* Child victims of abuse are also at risk for severe developmental and cognitive issues, including grade repetition.

Behavioral Impact

Although not all childhood victims of abuse manifest behavioral issues, they are certainly more likely to than their non-victimized counterparts to suffer negative consequences. They may experience any or all of the following:

- *Difficulties during adolescence:* Data has shown that children who have been abused often repeat grade levels in school, and engage in substance abuse, delinquency, and truancy. They are also more likely than their peers to engage in sexual risk-taking, which also increases their chances of pregnancy and contracting sexually transmitted diseases.
- *Juvenile delinquency and adult criminality:* Several studies have also documented a correlation between child abuse and future delinquency.

Males with an ACE (adverse childhood experience) score of 6 or more are 4,000 times more likely to use intravenous drugs later in life.

- *Alcohol and other drug abuse:*

Research has also shown that victims of child abuse have an increased likelihood of abusing alcohol, smoking cigarettes, or taking illicit drugs during their lifetime.

- *Abusive behavior:* Studies have also shown that child victims of abuse often become abusive parents to their own children.

Societal Impact

- *Direct Costs:* According to a CDC study, the lifetime cost of child maltreatment and related fatalities over the course of a year totals \$124 billion. By comparison, prevention programs have proven to be cost effective, providing a favorable cost/benefit ration at \$47 benefits to society for every \$1 spent on program costs.
- *Indirect Costs:* These long-term societal consequences of child abuse and neglect are varied and include costs associated with increased use of health care, criminal activity, mental illness, substance abuse, and domestic violence.

Signs and Symptoms



The co-occurring signs and symptoms of physical abuse can be overt, like a physical injury, or more insidious, like a change in behavior. As such, it is important to be vigilant of the physical signs of abuse as well as the behavioral and psychological signs that may not be obvious to the untrained eye. The table below outlines some physical and behavioral signs of abuse.

Signs and Symptoms of Physical Abuse

<p>Physical <i>These visible injuries may or may not be visible to the monitor and can be covered by clothing.</i></p>	<ul style="list-style-type: none"> • Unexplained or frequent burns, bruises or other injuries • Black eyes • Bruises in areas of the body not typically injured by accidental or normal childhood activities • Faded bruises or healing injuries following absence from school • Human bite marks • Burns on the arms, legs, or areas covered by clothing • Cigarette burns • Bruises shaped like objects, such as a hand or belt buckle • Marks around the wrist or ankles, indicating someone may have tied the child up • Difficulty walking/sitting • Delays in normal physical development • Obvious need for medical care/personal hygiene
<p>Behavioral <i>A child's behavior may suggest a history of abuse, especially in the presence of the abuser.</i></p>	<ul style="list-style-type: none"> • Depression/attempted suicide • Withdrawal from friends and social activities • Unbelievable or inconsistent explanations of injuries • Unusual shyness • Avoidance of eye contact with adults or older kids • Apparent fear of caretakers – parent(s)/caretaker(s) • Anti-social behavior in older kids such as truancy, drug abuse, or running away from home • Child seems overly watchful, on edge, as if anticipating something bad is going to happen • Expresses a reluctance to go home • Extreme changes in behavior/temperament • Delays in emotional development • Lack of emotional attachment to parent
<p>Parental or Other Caregiver Behavior <i>The behavior of a parent or another caregiver may also indicate the presence of abuse.</i></p>	<ul style="list-style-type: none"> • Demeaning attitudes towards the child • Expresses the child is wholly bad and burdensome • Expresses little concern for the child and his or her life, such as their performance in school • Rarely displays physical affection toward the child • Thinks of the relationship as completely negative • Verbalized dislike for the child

Types of Injuries

There are many different types of injuries seen in children who have been physically abused. The table below, although not exhaustive, provides a list of common injuries resulting from physical abuse and their likely causes.

Table E: Types and Examples of Physical Abuse

<i>Injury</i>	<i>Definition</i>	<i>Caused By</i>
Bruises	Injuries resulting from bleeding within the skin, skin is discolored but not broken	Some sort of blunt trauma such as hitting or punching
Cuts, punctures, or bites	A cut or break in the skin	Result from injury caused by a sharp object, or teeth
Burns/scalds	Tissue injury resulting from exposure to extreme heat or chemicals	Deliberately exposing a child to extreme temperatures or chemicals
Dislocation of bones	Displacement of a bone from its joint	May be caused by putting unnatural force on a joint, such as pulling or dragging a child
Fractures	Broken bone May be: Simple, Compound, Complicated, or spiral	May be caused by twisting or pulling an arm or leg, or by shaking or striking a child
Internal Injuries	Injury to the internal organs	Severe blow to the abdomen with a body part or object
Head Injuries	Broken bone in the skull, or injury to the nervous system or brain.	Can be caused by hitting or shaking a baby. Shaken-baby syndrome occurs when brain damage is caused by violently shaking a child
Asphyxiation (Suffocation)	Choking, smothering, or drowning, which interfere with a child's oxygen intake	Strangling a child with hands or object, or placing some object over a child's nose or mouth

Deadly Weapon	The use of a deadly weapon in the process of abuse can produce any of the injuries above	Use of a gun or knife to punish or illicit cooperation from a child. Can be an actual injury or threatened one
Beating and/or excessive corporal punishment	Striking a child in a manner that results in temporary or permanent disfigurement or injury.	Corporal punishment that results in injury



Bruises

Bruises are often the first sign that a child has been hurt, and depending on the location, may be an indication of physical abuse. They can present in many different ways, depending on the nature of the injury that caused it. Outlined below are some common kinds of bruises that are consistent with child abuse.

Strangulation: These kinds of bruises generally result from something being wrapped around a child's neck, and may present in a semi-circle shape. If the bruise appears to taper off to one side, it may indicate the use of a rope or similar object. If a strangulation bruise is suspected, the child's eyes may show red spots, which is an indication of lack of oxygen due to strangulation.

Fixed Object Bruises: These kinds of bruises are often caused by the use of blunt objects such as paddles, coat hangers, etc. These may resemble the shape of specific objects.

Bruises Caused by Aggressor's Body: These bruises generally occur when the abuser uses their bare hands or other body parts to inflict harm. They may appear around the neck, wrist, ankles, or shoulders in the shape of an open hand or fist.

In Infants and Children: It is uncommon for infants to have naturally occurring bruises before they are able to crawl or walk. It is also uncommon for bruises to appear on soft areas, such as the stomach or buttocks. If a visitation monitor notices bruises in these locations on infants, this should be considered a red flag and be investigated further.

If an unnatural or unusual bruise is identified, a monitor should ask the parent or child to explain where the bruise came from. Stories that are inconsistent,

unbelievable, contradictory, or have timelines that do not match the age of the bruise, are all indications of abuse. Visitation monitors should utilize appropriate avenues to report reasonable suspicions.

Identifying Signs of Physical Abuse on Darker Skin

Bruising is one of the earliest and most identifiable signs of physical abuse. However, bruises can be difficult to identify on darker skin, due to the lack of contrast between the color of the bruise and natural skin tone. In general, they appear fainter and are often less apparent compared to bruises on those with lighter skin tones.

When attempting to identify the age of a bruise on dark skin, refer to the following table.

Identifying Ages of Bruises on Dark Skin	
Age	Presentation
0-2 Days	Typically red/pinkish
2-4 Days	Purple, blue, or black
5-10 Days	Yellow or green
10-14 Days	Light brown or faint yellow
14+ Days	Bruise tends to fade away

Current Research

Polyvictimization, Development, and Behavior

Current research has discovered that most children who experience one type of abuse often experience others, which is known as **polyvictimization**.

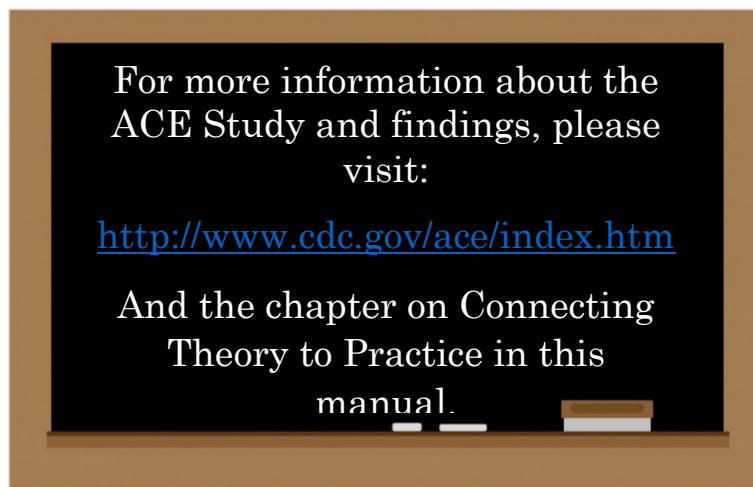
A recent national report showed that polyvictimized children are at an increased risk for losing the fundamental capacities necessary for normal development, successful learning, and a productive adulthood. Youth who have been victimized in multiple ways also show an increased risk of aggressive and destructive behaviors when compared to their non-victimized counterparts.

An estimated 1 in 10 children in the U.S. are exposed to multiple types of violence.

Current research has also uncovered the effects of abuse on children's brains. According to one study, physically abused children showed alterations in the

orbitofrontal volume when compared with typically developing children. Volume shrinkage in this particular part of the brain has been related to measures of family stress. Among physically abused children, those showing poorer academic performance and family functioning (family stress) also exhibited less volume in this region of the brain. This study, alongside a substantial body of scientific research, has demonstrated the effects of stressful environments on the developing human brain and associated behaviors (Davidson & McEwen, 2012).

A groundbreaking study called the Adverse Childhood Experiences (ACE) study compiled a multitude of cases to examine the correlation between childhood maltreatment and adult health and well-being.

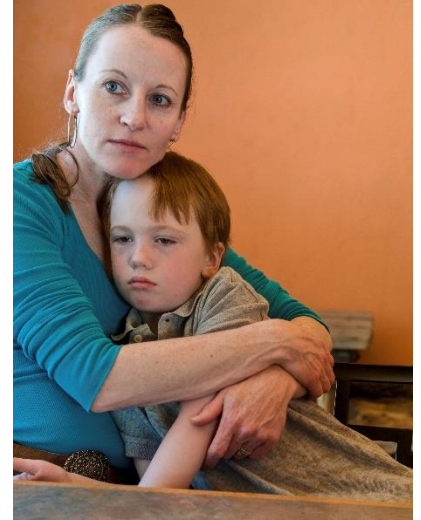


Reactions in Visitation

Reactions to abuse can be as varied as the many manifestations of abuse itself. As such, it is important that visitation monitors be adequately prepared for any situation that might arise during visitation. He/she should be aware of their own emotional response to the disclosure of or presentations of abuse and be able to intervene or redirect as appropriate.

Children

Monitors should pay close attention to children's behavior during visitation, as it could be an indicator of abuse. Although not all children will react in the same way, their behaviors can run the gamut from quiet and aloof, to loud and emotional. They may also exhibit fear of their parent or caretaker. Monitors should also be vigilant of any triggers that may make memories of abuse arise in children during a visitation. Triggers can also take on many forms, such as being in a similar setting where the abuse occurred, or the scent of cologne or other product used by the abuser. The fact that a child does not appear fearful could simply mean that he or she feels safe in the controlled environment of supervised visitation.



Parents

Much like children, parents who have abused their children can display a wide range of behaviors at visits. For instance, they may behave detached, depressed, angry, or even guilty. Although it is unlikely that a parent would blatantly physically abuse their child during visitation, there could be several other indicators of abuse. For instance, they may interact with the child in unusual ways, such as using coded messages to communicate, or physical contact that seems to trigger the child negatively and remind them of the abuse. Monitors should pay close attention to any and all possible signs of abuse, document them and take appropriate action.

Foster Parent/Family Members

Foster parents or family members who have temporary custody of children due to abuse may be understandably leery of visitation. They may express anxiety or fear about the potential harm of the child during or as a result of visitation with an abusive parent. Monitors should listen to their concerns and take them into consideration, while reassuring them that the child's safety is their priority and they will be vigilant to assure that the child is safe.

Staff Members

As mentioned earlier, visitation monitors should be keenly aware of their own feelings and reactions to the disclosure of or suspicion of abuse. They can have a range of emotional reactions, but should be able to manage those emotions and be prepared to respond appropriately and professionally. They may be the first to learn about past or ongoing abuse, so their response is of the utmost importance.

Risk and Protective Factors

Visitation monitors should be familiar with all of the identified risk and protective factors present in families in order to be effective in their duties and identify, intervene, and report abuse.

Risk Factors

Many different factors may increase a family’s risk for child abuse and maltreatment. Having knowledge about these factors and being able to identify them is invaluable to the prevention of child abuse. Several identifiable risk factors are outlined in the table below.

Protective Factors

Much like risk factors, there are six identified protective factors in families and communities which reduce the likelihood that violence and/or abuse will occur. They are:

1. Nurturing and attachment
2. Knowledge of child developmental stages
3. Parental resilience
4. Supportive social connections
5. Access to concrete community support
6. Social and emotional competence of children



Below is a table which illustrates identified risk/protective factors for children, family, and society. Any combination could either lead to more risk or protection from abuse.

Risk and Protective Factors of Child Abuse		
	Risk Factors	Protective Factors
<i>Child</i>	<ul style="list-style-type: none"> ● Developmental or physical disability ● Under the age of 5 ● Special needs that increase caregiver burden 	<ul style="list-style-type: none"> ● Age-appropriate development ● Good health ● Good peer relationships ● Personality factors such as:

	<ul style="list-style-type: none"> ● Mental illness ● Chronic physical health problems ● Temperament: slow or difficult to warm up to adults ● Childhood trauma 	<p>Easy temperament, Positive disposition, Active coping system, Positive self-esteem, Good social skills, Internal locus of control, Balance between help-seeking and autonomy.</p>
<i>Family</i>	<p><i>As seen in the abusive parent</i></p> <ul style="list-style-type: none"> ● A history of being abused ● Poor childhood experiences ● Insecure attachment ● Physical or mental illness ● Family crisis or stress ● Financial stress or unemployment ● Social or extended family isolation ● Poor understanding of child development ● Lack of parenting skills ● Alcoholism or substance abuse ● Parent's immaturity ● Large number of dependent children ● Personality factors, such as: external locus of control, poor impulse control, depression/anxiety, low tolerance for frustration, feelings of insecurity, lack of trust 	<ul style="list-style-type: none"> ● Supportive family environments ● Nurturing parenting skills ● Household rule/structure and parental monitoring ● Stable family relationships ● Parental employment ● Adequate housing ● Access to health care and social services ● Parents model healthy coping skills ● Parent's level of education
<i>Societal/ Environmental</i>	<ul style="list-style-type: none"> ● Low socioeconomic status ● Lack of access to adequate medical care, health insurance, child care, or social services ● Parental unemployment or homelessness ● Exposure to racism/discrimination ● Lack of quality education ● Community violence 	<ul style="list-style-type: none"> ● Access to healthcare ● Consistent parental employment ● Family religious participation ● Access to quality education ● Caring adults outside the family who serve as role models or mentors

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Strategies to Build Protective Factors



The table below provides suggestions for visitation monitors to employ with visiting or custodial parents, in order to develop protective factors and prevent child abuse.

For more in-depth information on developing protective factors, reference our E-book series, located on our website.

<http://familyvio.csw.fsu.edu/clearinghouse/manuals-and-materials/>

Protective Factor	Action
Nurturing and Attachment	Inform parent about the importance of being present in the child's life and encourage them to become more involved
	Remind parent to show affection when leaving and greeting his or her child at visitation
	Encourage parent to listen to his or her child when talking about visits etc.
	Provide parent with <i>Economic-Friendly Activities for Families</i>
	Provide parent with <i>Top 10 Strategies to Facilitate Child Communication</i>
	Discuss how parent can praise his or her child and provide tips from <i>Catching the Good and Praising Your Child</i> Handout

Knowledge of Child's Developmental Stages	Provide parent with information on child's age group and development
	Discuss age-appropriate consequences and punishments for children
	Inform parent of age-appropriate activities in the community
	Remind parent of ways that he or she can support child in new activities
	Provide parent with the <i>Every Child is Smart</i> Handout
	Provide parent with the <i>Family Development Guide</i>

Parental Resilience	Discuss parts of life that cause stress and recommend resources to help reduce that stress (low-cost child care services)
	Suggest positive coping skills and activities
	Inform parent of any free resources for physical health or medical services (yoga at the community center, free physicals at the clinic)
	Remind parent to practice self-care and coping skills
	Acknowledge when he or she makes it through a challenging time
	Remind parent that he or she is strong and resilient, provide parent with <i>10 Things Parents Do Great</i>

Supportive Social Connections	Check-in with parent and discuss their personal barriers to receiving support
	Educate parent about local support groups and programs
	Encourage parent to meet new people and refer him or her to a community event
	Help parent identify friends, neighbors, or acquaintances in his or her life who are supportive in times of need
	Look for barriers to social involvement for the parent (child care, transportation, or self-confidence)

Access to Concrete Community Supports	Discuss with parent what his or her specific needs are
	Provide parent with appropriate referrals to agencies that meet those needs
	Inform parent about free resources in the community (arts and crafts night, movie in the park, free health screenings, etc.)
	Where necessary, help parent in accessing services (referral form, signatures, etc.)
	Inform parent about any new resources that may be time sensitive (Tax-free week, free vaccinations, etc.)
	Follow up with parent concerning their access to supports and where they may still need assistance

	Discuss how the parent approaches talking about emotions with their child
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Social and Emotional Competence	Ask parent how he or she deals with emotions such as anger, sadness, or frustration
	Ask parent about his or her feelings and child's feelings
	Provide parent with <i>Role Playing Emotions with Children Handout</i>
	Follow-up with parent on emotional intelligence

Missing the Signs of Child Abuse

At every meeting with children and caregivers, monitors should be alert to the presence of any of following, as they may be warning signs that child abuse might be present. Be sure to document and report any substantial concerns.



Signs of Physical Abuse

- The child verbally expresses that he or she has been abused.
- Frequent injuries that are attributed to the child being clumsy or accident-prone
- Inconsistency between stories from children and parents, such as:
 - Injuries that do not fit the story provided
 - Conflicting explanations between the adult and child's story
 - Unbelievable events given the child's developmental stage
- Habitual absence from school without legitimate reason(s)

- Long sleeve shirts or jackets being worn when it is hot outside
- Awkward movements or difficulty walking, consistent with healing injuries
- Cuts, burns, sprains, or injuries that have not been explained adequately

Part Two

Child Sexual Abuse

It can be very difficult to discuss child sexual abuse, but it is essential for supervised visitation staff to learn about the issue to help protect children. Child sexual abuse cases have many complex dynamics and the Clearinghouse will publish an updated Child Sexual Abuse Referrals Manual in 2018. The content of the new manual will explore all parts of child sexual abuse and will include topics such as human trafficking, best practices for working with sexual abuse cases, and juvenile sexual offenders. Provided in this chapter is a brief overview of child sexual abuse dynamics that all monitors should know.

Overview of Child Sexual Abuse

Much like physical abuse, the effects of child sexual abuse can have severe and long-lasting effects on children and families. The specific ways in which children respond to sexual abuse, as well as the long term consequences, are in many ways both similar to and unique in comparison to physical abuse. Because of the numerous differences between physical and sexual abuse, it is important to discuss this topic separately and in depth. Visitation monitors should have a deep understanding of both definitions of abuse, as well as the differences that exist between the two.

One important difference between physical and sexual abuse is the concept of a perpetrator's willfulness; one does not accidentally sexually abuse a child, nor does it occur as a result of an inability to control one's temper. When sexual abuse occurs, it is a willful act by a perpetrator.

Did You Know?

More than 90% of juvenile sexual abuse victims know their abuser in some way.

According to Florida Chapter 39, sexual abuse can refer to any one or more of the following acts:



- 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.
- Any sexual contact between the genitals or anal opening of one person and the mouth or tongue of another person.
- 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.
- The intentional touching of the genitals or other 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:
 - Any act which may reasonably be construed to be a normal caregiver responsibility, any interaction with, or affection for a child, or;
 - Any act intended for a valid medical purpose.
- The intentional masturbation of the perpetrator's genitals in the presence of a child.
- 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.
- The sexual exploitation of a child, which includes the act of a child offering to engage in or engaging in prostitution, provided that the child is not under arrest or is not being prosecuted in a delinquency or criminal proceeding for a violation of any offense in chapter 796 based on such behavior; or allowing, encouraging, or forcing a child to:
 - Solicit for or engage in prostitution
 - Engage in a sexual performance, as defined by chapter 827
 - Participate in the trade of human trafficking as provided in s. 787.06.

Abusers do not always use physical force, instead they may use play, deception, threats, or other forms of coercion to engage children and maintain silence.

Sexual Exploitation Definitions		
Term	FL Statute	Definition
Performance	827.071(1)(b)	Any play, motion picture, photograph or dance or other visual representation exhibited before an audience
Sexual Performance	827.071(1)(h)	Any performance or part thereof which includes sexual conduct by a child less than 18 years of age.
Human Trafficking	787.06(2)(d)	Transporting, soliciting, recruiting, harboring, providing, enticing, maintaining, or obtaining another person for the purpose of exploitation of that person
	787.06(3)(g)	When a person who knowingly, or in reckless disregard of the facts, engages in, or attempts to engage in, or benefits financially by receiving anything of value from participation in a venture that has subjected a person to human trafficking.

The conceptualization of sexual abuse may be complex and the following table will help to illustrate the different acts that are sexual abuse.

Understanding Child Sexual Abuse Dynamics		
Type	Definition	Example
Touching	Any fondling of sexual organs, sexual contact between genitals or penetration by genitals, digits, or other object.	Sexual intercourse of any kind (oral, anal, vaginal)
Non-touching	Exposing of the perpetrators genitals to the child, voyeurism, or exposing the child to explicit sexual material, such as pornography.	Masturbating in front of the child, or exhibition
Sexual Exploitation	Soliciting a child for the purposes of prostitution, or using the child to film, photograph, or model pornography.	Lending a child out to be used for sexual gratification by another.

Impact of Child Sexual Abuse

Child sexual abuse is a traumatic experience and can have a lasting impact on the life of a child well into his or her adult life. Abuse can result in immediate symptoms, but also has long term physical, emotional, and psychological effects. The following section will focus on understanding the multifaceted impact of childhood sexual abuse on child victims.

Signs and Symptoms

Identifying the signs and symptoms of child sexual abuse is important for monitors because in some cases, symptoms and signs can be very subtle and monitors should



always be on high alert to protect children in visitation. There may be cases that are referred to programs as a result of sexual abuse findings and monitors should be aware of the dynamics that might be present during visitation. In other cases, there may not be pre-existing reports of abuse, and a child could be victimized while participating in supervised visitation. It is the responsibility of every visitation monitor to be aware of, notice, and report any inappropriate, re-victimizing, or alarming behaviors that take place during visitation.

There are patterns of behavior in children that can be identified as common (developmentally appropriate) and uncommon (red flags) in supervised visitation. It is important for supervised visitation providers to know the types of uncommon behaviors that should be considered red flags.

Children who have been abused may begin to exhibit any of these behaviors again during or after visitation.

IMPORTANT

It is important to note that any number of events could be potential triggers for children who have been abused. These could be as simple as being in the presence of the abuser or the smell of their clothes.

Common and Uncommon Sexual Behavior

<i>Common (may be developmentally appropriate)</i>	<i>Uncommon (red flags)</i>
Preschool (0 to 5 years)	
<ul style="list-style-type: none"> • Sexual language relating to differences in body parts, bathroom talk, pregnancy, and birth • Self-fondling at home and in public • Showing and looking at private parts with other children 	<ul style="list-style-type: none"> • Discussions of sexual acts • Sexual contact experiences with other children • Masturbation unresponsive to redirection or limits • Inserting objects into genital opening
School Age (6 to 12 years)	
<ul style="list-style-type: none"> • Questions about menstruation, pregnancy, and sexual behavior • Experimenting with same-age children, including kissing, fondling, exhibition, and role-play • Masturbation at home or other private places 	<ul style="list-style-type: none"> • Discussions of explicit sexual acts • Asking adults or peers to participate in explicit sexual acts • Masturbating in public or excessively in private to the point of bleeding
Adolescence (13 to 16 years)	
<ul style="list-style-type: none"> • Questions about decision-making, social relationships, and sexual customs • Masturbating in private • Experimenting between adolescents of the same age, including open mouth kissing, fondling, and body rubbing • 	<ul style="list-style-type: none"> • Sexual interest in much younger children • Aggression in touching other genitals • Asking adults to participate in explicit sexual acts • The use of force, aggression, or drugs to obtain compliance

Best Practices

For visitation programs accepting referrals of cases involving child sexual abuse, there are specific visit rules that must be followed in order to protect the children involved. These rules should be already established and understood by all parties. In fact, they should be part of the visitation program agreement so that they are transparent. Monitors and program directors are responsible for ensuring all rules are followed.

Know and understand all allegations.

Prior to facilitating visits in any sexual abuse case, monitors should know what abuse has been alleged. Knowing what has previously happened is important when monitors are preparing for visits. It allows them to know what to look for during parent-child interaction. Monitors should review case files relevant to the abuse, and always document behavior that might be reason for concern. In addition, monitors should always consult with the supervisor or program director about parental or child behavior that raises concerns.



Ratio of staff to visiting families. In some programs, monitors may supervise more than one visit at a time. In sexual abuse cases, it is crucial to have one visit monitor for each visiting family. If the family is large, monitors should consider using more than one monitor to ensure that all family members are supervised adequately. This is important because it allows monitors to focus on one family, reducing distractions while remaining in the room at all times. It is crucial for monitors to be able to see and hear all interactions between parent and child. Upholding this ratio will help children feel protected, the visiting parent become aware of the close monitoring, and for the court system to know that the child is being adequately protected.

Language requirements. It is important for the monitor to have a fluent understanding of the language that the child and visiting parent will be using to communicate. If there is a need for sign-language interpreters or translation services, they should be scheduled and planned ahead of time. Language should be discussed during intake, and if the parent or child begins to use a language that is not understood by the monitor, an intervention should be made and a translator used

Physical contact. Due to the nature of child sexual abuse cases, it is important for physical contact to be closely monitored between parent and child. In addition, visiting parents should be aware that there will be restrictions on the physical

contact between parent and child during visits to protect the child from victimization and the parent from false allegations of abuse.

- Physical contact should be brief and should only be, if at all, initiated by the child. However, any physical contact which appears inappropriate or sexualized must be stopped by staff immediately, even if the child does not appear distressed.
- No objects – furniture, office equipment, toys, etc. – should block the view of the visit monitor.
- The following types of physical contact should be prohibited:

- Tickling
- Lap-sitting
- Wrestling
- Prolonged hugging or kissing
- Kissing on any area below the face
- Stroking
- Hand holding
- Hair combing
- Changing diapers or clothes

These restrictions rule reduce the possibility of sexual abuse or physical abuse occurring during visits and of misinterpretations of parent-child contact. In addition, the following behaviors should also be avoided:

- Whispering
- Passing notes
- Hand signals or body signals
- Photographing the child
- Audiotaping or videotaping the child
- Exchanging gifts, money, or cards
- Physical games (i.e. hiding toys or gifts in pockets, requiring child to touch toys or dolls)

This reduces the possibility of verbal threats, minimizes triggering events for the child, and enhances staff control of the environment. Monitors

Children who do not view their abuse as negative may initiate physical contact and not realize the inappropriate nature of their physical contact and staff should be aware of this dynamic.



should always be wary of unfamiliar behavior between the parent and the child and should make an effort to stop any communication that is not easily understood by others outside of the parent-child relationship. Secrets, private games between the parent and child, and other behavior that is unfamiliar to a monitor should trigger an intervention and re-direction. Whenever a monitor intervenes in a visit, the intervention should be recorded in the case notes.

Prohibitions on items brought to visits. Parents, custodial or visiting, should avoid bringing any items to the visit including:

- Toys, dolls, games, books
- Written material
- Food
- Additional clothing
- Photos
- Drinks
- Music
- Tapes
- Jewelry
- Pets (except service animals)
- Household items

This reduces the possibility of a perpetrator bringing to the visit covert or overt reminders of the child's abusive experience. It also reduces the opportunity for the perpetrator to bribe the child or influence his or her testimony

IMPORTANT
OFF-SITE VISITS

As part of the Clearinghouse's recommendations for child sexual abuse cases, off-site visits should NEVER occur for cases of child sexual abuse.

Toilet rules and restrictions. Programs should have written rules relating to the use of toilet facilities during visits, and parents and children should be made aware of these rules prior to the first visit.

- Children **MUST** use the toilets on their own, or if a child is not old enough to use the toilet on his or her own, he or she should be accompanied by staff only. Parents may not accompany their children to the toilet in sexual abuse cases.
- Children may not accompany their siblings or other children to the bathroom in these cases.
- Babies who wear diapers or training pants should be changed by staff in a room separate from the visiting parent.

These precautions reduce the possibility of physical or sexual abuse incidents during visits or the misinterpretation of visiting parent's behavior during toileting.



Avoid discussion about abuse. Parents should never be permitted to blame, tease, or scold the child about alleged abuse. Further, monitors should not allow parents to discuss alleged or confirmed abuse with children during visitation.

Monitors should be mindful that additional precautions or rules may need to address specific dynamics in each case. Monitors should discuss sexual abuse cases with program directors to develop a case plan and rules for each case supervised in the agency. The most important safety precaution in sexual abuse cases is for monitors is to be continuously observant and to intervene in and record any suspicious behavior during visitation.

Statutory Requirements

Florida Statutes 753.05 specifically refer to rules regarding supervised visitation in cases of child sexual abuse:

Referrals Involving Child Sexual Abuse

- In order to accept referrals involving child sexual abuse, a visitation program must have an agreement with court and current affidavit of compliance on file. Additionally, the chief judge of the circuit in which the program is located must affirm that the program has agreed to comply with the minimum standards mentioned in 753.04.
- The program must also have a written an agreement with the court and with the department that contains policies specifically related to child sexual abuse that include provisions for the following:
 - Staff who supervises visits must have specific training on child sexual abuse by the clearinghouse and that training must be documented in personnel files
 - The program must have protocols on how to obtain background material on the family prior to starting services
 - The program can only accept referrals for which the staff already has background material, training, and security in place to safely monitor visits
 - The program cannot accept referrals when staff lacks the education, training, background material, and the security necessary to ensure safety of the child.
 - The program must cease visits if the child appears to be traumatized by the visits or when the visitor engages in inappropriate behavior or violates the program rules.

REMINDER

Every program that accepts child sexual abuse referrals must have an agreement with the Department of Children and Families on file.



State of Florida
Department of Children and Families

Rick Scott
Governor

Secretary

AGREEMENT FOR SUPERVISED VISITATION PROGRAMS

Pursuant to s.39.0139 and s.753.05, F.S., this Letter of Agreement outlines specific requirements in the provision of supervised visitation services administered by the (Name): _____ Supervised Visitation Program in accordance with the agreement on file with the _____ Judicial Circuit.

The Florida Department of Children and Families (DCF) agrees:

1. To acknowledge the authority of the staff of the above-named Supervised Visitation Program to accept or decline referrals. Programs shall decline to accept a case for which they cannot reasonably ensure the safety of all clients, program staff and volunteers, for reasons including, but not necessarily limited to the following:
 - a. The volatile nature of the case or client;
 - b. Inadequate training of program staff and/or volunteers;
 - c. Inadequate facility security;
 - d. Insufficient resources;
 - e. Insufficient case background information;
 - f. Conflict of interest.

The (Name): _____ Supervised Visitation Program agrees that:

1. The program has an agreement with the court and a current affidavit of compliance on file with the chief judge of the _____ Judicial Circuit affirming that the program has agreed to comply with the minimum standards contained in the administrative order issued by the Chief Justice of the Supreme Court on November 18, 1999.
2. The program will ensure that all program staff monitoring supervised visitation and other contact will have previously received special training in the dynamics of child sexual abuse provided through the Clearinghouse on Supervised Visitation; same training will be clearly documented in staff personnel files.
3. The program will have protocols established for obtaining background information on the family/case, prior to the initiation of supervised visitation services.
4. The program will accept only those referrals for which staff members have the requisite case background information, training, and security in place to safely monitor visitation and other contact.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

5. The program will decline referrals of child sexual abuse cases when staff lacks the necessary training or education, when background information has not been received, or when lack of security may enable revictimization of the child.
6. The program will establish and train staff on procedures for staff to follow when supervising visitation and other contact, particularly in cases involving child sexual abuse.
7. The program will develop and follow policies for the handling and reporting of critical incidents.
8. The program will develop and enforce rules for appropriate interaction between the child(ren) and the parent(s)/individual(s) visiting during supervised visitation and other contact.
9. The program will suspend visits and subsequently notify the court in cases when the child appears to be traumatized by the visits, or when the parent/individual visiting or having other contact with the child engages in inappropriate behavior or otherwise violates program rules.

(DCF Representative Signature and Title)

(Date)

(Supervised Visitation Program Director Signature)

(Date)

For more extensive training on child sexual abuse, see the Clearinghouse's current training manual at <http://familyvio.csw.fsu.edu/clearinghouse/manuals-and-materials/>. A new Child Sexual Abuse Referrals Manual will be made available online in 2018. Topics to be included in this new training will include:

- The Impact of Child Sexual Abuse
- Human Trafficking
- Juvenile Sexual Offenders
- System Responses to Child Sexual Abuse
- Best Practices for Assessing Referrals
- Best Practices for Visits

Reporting Child Abuse

If, at any point during or following visitation, a monitor suspects or is made aware that a child has been abused or neglected by parents, caregivers, or any other adult in their life, they are mandated to report it to the Florida Department of Children and Families.

Information Needed for Report

When reporting abuse or neglect, it is necessary to gather relevant information which includes:

- Who is involved
- What happened
- When/Where it happened
- Extent of injuries
- What the victim disclosed
- Name, date of birth (or approximate age), race, and gender for all adults and children involved
- Addresses for all involved, including location at the time of report
- Relationship of the alleged abuse to their victim

3 Ways to Report:

Call
1-800-96-ABUSE (22873)

Fax
1-800-914-0004

Online
<https://reportabuse.dcf.state.fl.us/>

Definition of Abuse

The Florida Abuse Hotline will accept a report only when:

1. There is reasonable cause to suspect that a **child** (any born, unmarried person less than 18 years of age who has not been emancipated by order of the court)
2. Who can be **located in Florida**, or is temporarily out of the state but is expected to return in the immediate future,
3. Has been **harmed** or is believed to be **threatened with harm**
4. From a **person responsible for the care of the child** (such as a parent, legal custodian, adult household member, another adult, or another child who has taken responsibility for the child).



False Reporting

Any persons who make a report in good faith are immune from any civil or criminal liability. Any person who knowingly and willfully makes a false report has committed a felony in the third degree and are subject to up to 5 years in prison, five years of probation, and a \$5,000 fine.

False reports are those reports that are not true and are maliciously made for the purpose of:

- Harassing, embarrassing, or harming another person;
- Personal financial gain for the reporting person;
- Acquiring custody of a child;
- Personal benefit for the reporting person in any other private dispute involving the child.

Failure to report known or suspected child abuse is now a third-degree felony offense.

Quiz

1. Which of the following is *not* required to report abuse?
 - A. Name, age, race, and gender of all involved
 - B. Location or address
 - C. Physical evidence or proof
 - D. A confession from a caregiver
2. TRUE or FALSE: Adults who were abused as children have an increased likelihood of abusing their own children.
3. What is one of the first signs that a child has been hurt, and may indicate physical abuse?
 - A. Bruising
 - B. Fractures
 - C. Burns
 - D. Cuts
4. Which of the following is considered to be a protective factor that universally reduces the likelihood violence will occur in a family?
 - A. Knowledge of children's developmental stages
 - B. Nurturing and attachment
 - C. Parental resilience
 - D. All of the above
5. TRUE or FALSE: Everyone has similar reactions to child abuse.

Answers: 1. C, 2. True, 3. A, 4. D, 5. False

Online Resources

1. Child Welfare Information Gateway. *www.childwelfare.gov.* Provides resources on many topics concerning child welfare, and includes best practices, fact sheets, and other publications that visitation monitors and programs can utilize.

2. Healthy Children. *www.healthychildren.org.* American Academy of Pediatrics website providing parenting advice and resources for every stage of development. Topics range from prenatal care to parenting teenagers and young adults.

3. Florida Abuse Hotline. *www.myflfamilies.com/service-programs/abuse-hotline.* Additional information about reporting child abuse, including an online reporting portal.

4. NPR. <http://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean>. At this site parents can take the Adverse Childhood Experiences (ACE) Quiz to learn more about childhood trauma, increased health risks and resilience.

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