Thursday, March 24, 2022 12PM/11CT

Clearinghouse on Supervised Visitation Phone Conference/Webinar Agenda





Discussion

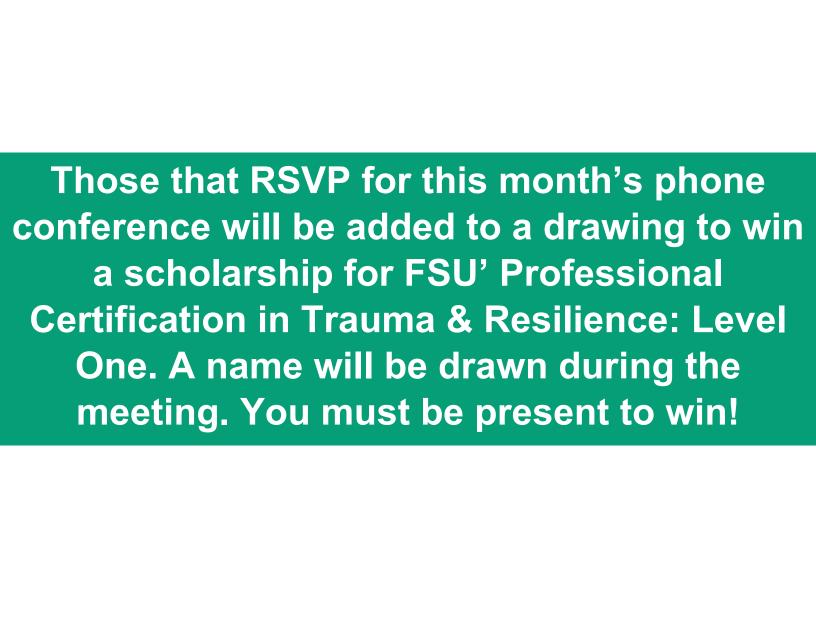
- 1. Welcome and Announcements Everyone is invited!
- Check the listings on the website to ensure your program information is up to date and correct for the quarterly report. If you need to add or change anything, email Lyndi Bradley at <u>lbradley2@fsu.edu</u>
- 3. Sexual Assault Awareness Month
- 4. Murder at Supervised Visit: Shock & Lessons for Prevention
- 5. 2022 Legislative Updates
- 6. Supervised Visitation Responds to Disasters: A Business Continuity Plan
- 7. Questions from Directors: Does anyone have a status report they would like to share, or comment on Mark Roseman's?

Join the meeting via this link

https://fsu.zoom.us/j/907247894

For the audio component you can use your computer's audio capabilities, or you can join with your phone.

Dial: 1-646-558-8656 Meeting ID: 907 247 894



April 2022 Sexual Assault Awareness Month

What is Sexual Assault?

Every 68 seconds, an adult is sexually assaulted (RAINN, 2022). Every nine minutes, a child is sexually assaulted (RAINN, 2022). Meanwhile, for every 1,000 people who sexually assault a person, only 25 people are incarcerated as perpetrators on a yearly basis (RAINN, 2022). Sexual assault is classified as any of the following:

- Attempted rape
- Fondling a person without consent
- Unwanted sexual touching of private areas
- Forcing a person to commit sexual acts which may including oral sex OR
- Any form of penetration (including digital)

(RAINN, 2022)

Who Experiences Sexual Assault?

Sexual assault does not discriminate. It can happen to anyone. However, findings Have demonstrated that for every eight out of ten cases of sexual assault, the perpetrators have been committed by an individual who knew the survivor (RAINN, 2022),



This should not exclude the possibility of having a stranger assault occur (RAINN, 2022). Sexual assault has been categorized with three different circumstantial forms of sexual assault and these include:

Blitz Assault Consist of a situation where the perpetrator has had no prior

contact with the survivor, and these usually occur when the

individual is alone at night.

Contact Sexual Assault Consists of the perpetrator having made contact in a flirtatious

way in hopes of building rapport with their intended victim and then lures the individual to a secluded place and sexually

assaults the individual.

Home Invasion Assault Consists of an assault where the perpetrator broke into the

home of the individual they intend to assault.

(RAINN, 2022)



Why is Sexual Assault a Public Health Issue?

- 1. Despite the public health severity of sexual assault, unfortunately the way the criminal justice system is set up, sexual assault can only be addressed after the detection and commission of the crime (ATSA, 2022).
- 2. With that being said, despite efforts being implemented to foster community safety such as deterrence, incarceration, rehabilitation, and restitution, these efforts can only occur after the traumatic event has occurred.
- Sexual assault leaves a scar for the survivor and leaves the individual with an increased risk of being perpetrated again or with the possibility of developing either a chronic illness or comorbid disorder(s).
- 4. Prevention is the key element in tackling this public health issue of widespread sexual assault.
- 5. Educating individuals and past perpetrators in prevention tactics is essential to face this "silent-violent epidemic."
- 6. Training in self-defense is also an important suggestion that has been made to be included as one grows up so that anyone can defend themselves.

(ATSA, 2022)

Resources for Sexual Assault Survivors

The following are helpful resources for sexual assault survivors:

This link (https://youtu.be/m5NZBjKscFk) gives a summary of what RAINN is and how they can help sexual assault survivors.

This link (https://youtu.be/OSwN95LsBsU) sheds light on the perspective of a sexual assault survivor and is a part of a "survivor series" to empower other survivors to seek help.



References

About the National Sexual Assault Telephone Hotline. RAINN. (n.d.). Retrieved February 8, 2022, from https://www.rainn.org/about-national-sexual-assault-telephone-hotline

Sexual abuse as a public health problem. ATSA. (n.d.). Retrieved February 8, 2022, from https://www.atsa.com/sexual-abuse-public-health-problem

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Statistics. RAINN. (n.d.). Retrieved February 8, 2022, from https://www.rainn.org/statistics

"Survivors' Series" Videos: Vera House. Vera House Inc. (n.d.). Retrieved February 8, 2022, from https://www.verahouse.org/survivors-series-videos

Murder at Supervised Visit: Shock & Lessons for Prevention

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A tragedy during a supervised visit in California last month provides a gruesome reminder about the dangers of domestic violence. It also provides several lessons for judges about best practices to prevent such tragedies. News reports indicate that during a supervised visit on Feb. 28, 39-year-old David Mora Rojas shot and killed his three children and a visitation supervisor before turning the gun on himself. A Sheriff's spokesperson reported that Rojas used an AR-15–style semiautomatic "ghost gun" to kill his three children—ages 9, 10, and 13—along with Nathaniel Kong, the 59-year-old supervisor in a church meeting room in Sacramento.

Court files and news reports demonstrate that Rojas had a history of domestic violence and suicidal ideation. The mother of his children reported abuse including "choking" (or strangulation), pushing, and threats of killing her. The children reportedly witnessed the domestic violence (DV) attacks and were afraid of their father. The mother called law enforcement to report his suicide threats, and he was taken into custody on April 17, 2021, and hospitalized for a week for a mental health evaluation. The mother also sought help through the local domestic violence center, and a case manager and an attorney helped her file a petition for a restraining order. The court entered an Order for Protection Against Domestic Violence May 19, 2021, with weekly, four-hour supervised visits for the father and his daughters by a mutually agreed-upon supervisor. Mr. Kong, an elder at the church where Mr. Rojas was apparently staying, offered to supervise the visits. Both parents appear to lack financial resources.

The court also ordered Rojas to attend anger management courses for 16 group sessions. Once completed, he would be able to refile for unsupervised visits.

Five days before the murders, the California Highway Patrol arrested Mora on suspicion of driving under the influence, battery on a police officer, and resisting arrest. At the time of the murders, he was out on bail.

Faith Whitmore, chief executive of the Sacramento Regional Family Justice Center, who had provided services to the girls' mother last April spoke to the press about the importance of safe supervised visitation. She said that her organization will now advocate for their other clients to have visits supervised by professional monitors, and they plan to seek funding to cover the costs.

Implications for Florida

Although this case occurred in California, it raises issues for Florida, including the following:

- 1. Strangulation is often minimized but is a serious red flag for lethality in domestic violence cases. News reports say Rojas "choked" the mother of his children. Research informs us that the word choking diminishes the actual act of attempted strangulation—the attempt to block off the breathing of the victim. Strangulation is a significant risk factor for subsequent lethality in domestic violence. Judges should understand that strangulation abuse is associated with a seven-fold increase in homicide risk to victims and a corresponding need to protect them and their children from the abuser (Glass et al., 2008).
- 2. Anger Management does not cure domestic violence. Many judges do not realize that anger management can actually make a perpetrator more dangerous because it teaches them how to mask their use of power and control over the victim. Most perpetrators already know how to control their anger; they often refrain from violence against neighbors, friends, or employers, but choose to use it instead against their victims behind closed doors. Batterer intervention programs are a superior alternative to anger management, as they focus on the dangerous power and coercive control that lies at the center of much domestic violence.
- 3. Family members and friends should not be used to supervise domestic violence cases. Untrained individuals do not understand the complicated dynamics of domestic violence, and this lack of knowledge can have lethal consequences. For example, sometimes perpetrators seem reasonable and rational to outsiders because they hide their violence from the public. Victims, on the other hand, are often worn down by the threats, manipulation, physical injury, and stalking of the perpetrator, which can make them seem paranoid, anxious, exhausted, and unreasonable. When a court orders supervised visitation, the monitor should be a third party who has been trained in domestic violence dynamics and is not vulnerable to manipulation by the perpetrator. Court orders requiring mutually-agreed upon monitors may be counter-productive and even lethal, as they may lead the victim to agree to an unqualified monitor—simply to avoid seeming uncooperative to the court.
- 4. Funding for Supervised Visitation programs for domestic violence cases has been insufficient in Florida for years. There is no dedicated funding for supervised visitation programs in Florida except for a small amount of flow-through funding from the federal government. That funding only supplements the budgets of a fraction of existing programs. However, the Department of Children and Families does fund training for all existing programs through the Clearinghouse on Supervised Visitation at Florida State University's Institute for Family Violence Studies. Additionally:
 - a. Most programs operating in Florida do not have the funding for on-site security personnel. Yet the number of cases referred to programs because of domestic violence, parental mental illness and substance abuse is high every year.
 - b. Although every judicial circuit has at least one program, Florida is a large state and many cities and counties do not have visitation programs.
 - c. Victims across Florida should have access to free services or sliding scale

fee arrangements, as they often lack the resources to pay for supervision. Denying victims access to free or low-cost supervised visitation increases their risk of relying on untrained supervisors monitoring visitation in unsafe settings. It significantly heightens their risk of further violence, and death, at the hands of their abuser.

d. For a list of Florida supervised visitation programs, see https://familyvio.csw.fsu.edu/sites/g/files/upcbnu1886/files/Open%20SV%20Pr ograms%20February%202022 0.pdf

The Office of the State Courts Administrator will be hosting a webinar to provide more information to Florida judges about the safe use of supervised visitation. Information will go out next month.

Sources

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2022 Legislative Updates

Domestic Violence

HB 905: Protective Injunctions

Authorizing clerks of the court to electronically transmit certain documents relating to an injunction for protection against domestic violence under certain circumstances; providing that electronically transmitted documents may be served in the same manner as certified copies; authorizing clerks of the court to electronically transmit certain documents relating to injunctions for protection against repeat violence, sexual violence, or dating violence and against stalking, respectively, under certain circumstances; requiring the Florida Sheriffs Association and the Florida Association of Court Clerks and Comptrollers to establish a joint workgroup for a specified purpose, etc.

Family Law

HB 1119: Grandparent Visitation Rights

Creates presumption for maternal or paternal grandparent or stepgrandparent visitation of child if the court finds that one parent has been held criminally liable for the death of the other parent or civilly liable for an intentional tort causing the death of the other parent of the child; provides burden for overcoming such presumption.

CS/CS/SB 1796: Dissolution of Marriage

Requiring the court to make certain written findings in its awards of alimony; removing the court's ability to consider adultery of either spouse in determining the amount of an alimony award; revising factors that the court must consider in determining the proper type and amount of alimony; revising a provision authorizing the modification of rehabilitative alimony upon completion of the rehabilitative plan to include a certain condition; requiring the court to consider specified factors when determining an alimony award involving the existence of a supportive relationship between the obligee and another person, creating a presumption that equal time-sharing is in the best interest of the child, with exceptions, etc.

Child Welfare

CS/SB 7034: Child Welfare

Child Welfare; Revising payment rates for relative and nonrelative caregivers under the Relative Caregiver Program; revising and specifying room and board rates paid by the Department of Children and Families; revising fee waiver eligibility for students who are or were placed in the custody of a relative or nonrelative to include certain students; creating a tuition and fee exemption for students who enter the custody of the department after a specified age and who are reunited with their parent or parents before reaching a specified age and after spending at least 18 months in out-of-home care, etc.

CS/CS/HB 893: Child Welfare Placements

Authorizes DCF to place children in its custody in therapeutic group homes for residential mental health treatment without prior court approval; defines "therapeutic group home"; provides that DCF, rather than AHCA, shall appoint qualified evaluators to conduct suitability assessments of certain children in department's custody; specifies qualifications for evaluators conducting suitability assessments for placement in therapeutic group home; revises requirements for suitability assessments; specifies when DCF must provide copy of assessments of certain children in department's custody; specifies qualifications for evaluators

conducting suitability assessments for placement in therapeutic group home; revises requirements for suitability assessments; specifies when DCF must provide copy of assessment to guardian ad litem & court; removes department's & agency's rulemaking authority; revises definition of term "special needs child".

CS/CS/HB 963: Funding for Sheriffs

Authorizing sheriffs who provide child protective investigative services to carry forward a certain percentage of unexpended state funds each fiscal year; requiring certain funds to be returned to the Department of Children and Families; requiring that certain expenditures be reported to the department, etc.

Human Trafficking

CS/HB 615: Human Trafficking

Providing the Statewide Council on Human Trafficking with an additional duty; deleting an obsolete provision; requiring the direct-support organization of the Statewide Council on Human Trafficking to develop certain training for firesafety inspectors; providing that such training is eligible for continuing education credits; requiring foster parents and agency staff to complete preservice and inservice training related to human trafficking.

Mental Health

CS/SB 282: Mental Health and Substance Use Disorders

Providing that the use of peer specialists is an essential element of a coordinated system of care in recovery from a substance use disorder or mental illness; revising background screening requirements for certain peer specialists; requiring the Department of Children and Families to designate managing entities to conduct or contract for training for peer specialists; requiring peer specialists and certain persons to meet the requirements of a background screening as a condition of employment and continued employment, etc.

CS/HB 899: Mental Health of Students

Revises data DCF is required to analyze when creating its annual report on initiation of involuntary examinations; requires charter schools to be in compliance with involuntary reporting laws; requires DOE to share certain data with DCF; requires district school boards to designate mental health coordinator; revises requirements for plans relating to mental health assistance allocations.

CS/CS/SB 1262: Mental Health and Substance Abuse

Authorizing emergency contact information to be released to certain entities; revising the conditions under which a patient's communication with persons outside of a receiving facility may be restricted; requiring a receiving facility to notify specified emergency contacts of individuals who are being involuntarily held for examination; requiring receiving facilities to document that an option to authorize the release of specified information has been provided, within a specified timeframe, to individuals admitted on a voluntary basis; requiring that reports issued by law enforcement officers when delivering a person to a receiving facility contain certain information related to emergency contacts, etc.

CS/SB 1844: Mental Health and Substance Abuse

Revising provisions relating to the voluntary admission of minors to a facility for examination

and treatment; requiring that a minor's assent to voluntary care be verified through a clinical review; requiring law enforcement officers transporting individuals for involuntary treatment to take certain actions; requiring law enforcement officers transporting individuals for certain treatment to take certain actions, etc.

Supervised Visitation Responds to Disasters

Below are essential questions to consider and address when creating a Business Continuity Plan (BCP) to ensure a plan that identifies all risk areas so the organization's structure, operations, and employees and clients well-being are addressed during and after a disaster.

Systems and Infrastructure

- 1. Is your organization able to operate without any of the following: computers, internet access, digital software, printer, fax machines, digital files, or special equipment (e.g., credit card readers, telecommunication, transportation)?
- 2. Can the organization function without the following: power, gas, water, internet, servers, software, or telecommunication?
- 3. Can you continue your organization's operation and communication without accessing the damaged building or materials?
- 4. Does your organization have an updated directory of emergency rescue resources and government entities to contact in case of emergencies accessible to all departments?
- 5. Does your organization have an established procedure for backing up or copying essential data and documents? If so, how often is this procedure conducted?
- 6. Has your organization identified viable hazards to the operations and clients you serve (e.g., fire, explosion, natural threats, terrorism, workplace violence, pandemic disease, utility outage, mechanical breakdown, cyber-attack?

Staff/ Clients/ Families/ Suppliers

- 7. Is your organization able to meet payroll if the business income is interrupted? If yes, how long and what are the methods of payment.
- 8. Is your organization able to maintain effective communication with clients and families? If yes, how so?
- 9. Are your employees able to commute to work?
- 10. Is your organization prepared to transition to a virtual setting?
- 11. Does your organization have a backup facility reserved as a disaster recovery site?
- 12. Does your organization ensure to educate staff and personnel on adequate actions to take during and after an emergency situation (e.g., cyber security hacks, fire, earthquake, tornado, or active

Supervised Visitation Responds to Disasters

shooter drills)?

- 13. Does your organization have supplemental resources and aid to provide to staff and clients during and after disasters (e.g., additional financial assistance, first-aid kits, materials, physical health, or mental health)?
- 14. How will your organization communicate or track clients and families who are displaced or unreachable during a disaster?

Impact on Your Organization

- 15. Is your organization's facility easily accessible to the public, clients, and employees (e.g., parking)?
- 16. Is there a recovery communication plan that ensures communicating status with employees, clients, partner organizations, and vendors during recovery?
- 17. Can your organization provide resources to clients during recovery efforts to ensure safety and well-being? If so, how?
- 18. How will agency operations be funded during a disaster?

Operations

- 19. During recovery, is there an established set of priorities that your organization will focus on? If so, what are your targeted priorities, and is there designated leadership that will address these priorities?
- 20. How will your organization maintain recordkeeping during and after the disaster?
- 21. Are your suppliers and/or partner organizations able to continue operations without resupply of materials or resources?
- 22. Will you still have access to all of your clients after the disaster?
- 23. Can your organization survive losses if closed and/or inaccessible for a period of 3 to 7 days?

The components listed above are derived from Ready.gov disaster toolkits.

Supervised Visitation Responds to Disasters

Federal Alliance for Safe Homes. (n.d.). *Risk assessment*. Risk Assessment . Retrieved from https://www.ready.gov/risk-assessment

Contact the Clearinghouse at 850-644-1715

