### **CHAPTER ONE**

# OVERVIEW OF THE TRAINING MANUAL

# PURPOSE

The purpose of this chapter is to document the importance of enhanced training on child sexual abuse issues for Florida's supervised visitation providers, to address worker reactions to monitoring visits, to present guiding principles that providers should employ in these cases, and to identify child sexual abuse topics to be covered in this manual.

## LEARNING OBJECTIVES

### By the end of this chapter, supervised visitation staff and volunteers will be able to:

- 1. Understand the importance of having enhanced training on the issue of child sexual abuse as it relates to supervised visitation.
- 2. List critical child sexual abuse topics that are key to being informed about this issue.
- 3. Recognize common emotional reactions of supervised visitation staff and volunteers to monitoring visits in child sexual abuse cases.
- 4. Define principles to consider when accepting courtordered referrals of child sexual abuse cases for supervised visitation services.
- 5. Recognize ethical dilemmas inherent in providing supervised visitation services involving child sexual abuse.
- 6. Recognize the importance of training on child sexual abuse issues.

### RESULTS OF SEXUAL ABUSE ISSUES SURVEY

Florida's supervised visitation providers were surveyed by the Clearinghouse on Supervised Visitation staff in early 2002 to identify their training needs and priorities on the topic of child sexual abuse as this issue relates to supervised visitation. Survey results indicate that supervised visitation providers are seeing a significant percentage of child sexual abuse cases, seeing those cases at different points in the judicial process, and sometimes observing inappropriate perpetrator behavior as well as possible revictimization of children during scheduled services. Each of these results is discussed below.

Florida's supervised visitation providers reported that in 2001 an average of 15% of the court-ordered referrals they received involved allegations or findings of child sexual abuse. Providers further reported that their staff have observed a number of examples of inappropriate behavior by the alleged offending parent during scheduled visits. These behaviors include:

- Attempting to whisper to the child or to speak privately to the child so that the visit monitor can't hear what is said.
- Playing with toys or other objects near the offending parent's genitals or in the lap of the parent so the child will reach for them and have physical contact.
- Tickling the child, or encouraging other physical contact.
- Exposing genitals.
- Leaving pants unzipped "accidentally."
- Use of apparent code words.

- Masturbating.
- Choosing certain toys that have meaning to the child's abuse and/or were used to sexually abuse the child.
- Displaying photographs of individuals, trips, or locations to the child that depict aspects of the child's victimization experience.

Also cause for concern among Florida's supervised visitation providers were behaviors observed in children with histories of child sexual abuse during court-ordered visits with their alleged offending parent:

- Toileting accidents (not developmentally expected) during, immediately prior to, or immediately after court-ordered visits.
- Crying beyond what typically occurs during the provision of court-ordered supervised visitation services.
- Exhibiting unusual clinging behavior towards residential, non-offending parent or caretaker.
- Engaging in head banging, or other types of self-injurious behavior.
- Exposing genitals in a developmentally inappropriate manner.
- Attempting to engage in sexually explicit play with other children, visiting parent, or staff during visits.
- Using sexually explicit language during visits.
- Drawing sexually explicit pictures during visits or using dolls or toys in a sexually suggestive manner.

Providers also indicated that they received court-ordered referrals involving alleged child sexual abuse at varying points in case processing as indicated below:

- During the Department of Children and Families' (subsequently referred to as DCF) protective services investigation.
- While the child is in emergency shelter or foster care.
- While the child is in relative placement.
- After the child abuse investigation is complete, but prior to the final court hearing.
- During court proceedings to determine whether sexual abuse has occurred.
- During the process to terminate parental rights.
- After the conclusion of any judicial proceeding.
- While the alleged or adjudicated offender is receiving treatment, therapy, or other services.
- When the offender is released from jail/prison after serving sentence for child sexual abuse.

Providers also expressed concern about how best to respect the rights of parents who have been accused of child sexual abuse, but whose adjudication has not been determined. Visitation staff questioned whether to apply different rules of visitation behavior for parents accused of sexual abuse in *civil cases*, as opposed to behavior of parents accused of sexual abuse in *criminal cases*. Finally, visitation staff expressed concern about how to respect the rights of falsely accused parents.

### CRITICAL CHILD SEXUAL ABUSE TOPICS

This training manual has been developed in response to these identified needs for enhanced child sexual abuse training reported by supervised visitation providers as well as by the Task Force on Children's Justice, Department of Children and Families' staff, Children's Home Society workers, and others. The following sexual abuse topics have been identified as crucial to the effective provision of supervised visitation services in child sexual abuse cases:

- Definitions of child sexual abuse.
- Types of child sexual abuse.
- Family dynamics in child sexual abuse cases.
- Information on incest perpetrators.
- Impact of child sexual abuse upon child victims.
- Information on non-offending parents.
- Signs and symptoms of child sexual abuse.
- Impact of disclosure upon child, offending parent, and non-offending parent.
- Triggering events.
- Child sexual abuse accommodation syndrome.
- Role of DCF in child sexual abuse cases.
- Role of the court in child sexual abuse cases.
- Purpose of supervised visitation in child sexual abuse cases.
- Guidelines for offering supervised visitation.
- Revictimization and safety issues.

This manual is a supplement to the *Competency-Based Training Manual for Florida's Supervised Visitation Providers* approved by the Florida Supreme Court. The training information presented in this manual is *not* a substitute for professional mental health or child welfare education.



EXERCISE

### Reactions of Staff to Training on Child Sexual Abuse Topics

Working with families who have experienced child sexual abuse is extremely difficult for supervised visitation staff and volunteers. While some program staff/ volunteers may have had prior professional training on this issue, others may never have had formal training or experience. Even those with professional training may experience a wide range of emotional responses when assigned a child sexual abuse case. It is important for staff and volunteers to recognize their emotional reactions to these cases and consider how their emotional reactions may manifest and even affect their ability to monitor the visit effectively.

### **Trainer Interactions:**

Break into groups of two (dyads) and take five minutes to list all of the emotional responses trainees either have had or think they might have to working with cases involving child sexual abuse. (Note to trainer: You may want to read aloud one of the case examples found in the manual to your training group and then ask them to respond.) After the dyadic exercise is completed, rejoin as a group and reflect on how that emotional reaction (anger, disgust, etc.) may impact your role as a visit monitor.

Review responses and the emotional reactions and examples in the chart on the following page.

EMOTIONAL REACTIONS		
Possible Emotional Reactions Example		
Shame/Shock	Staff are embarrassed at details; had never heard of this type of behavior before.	
Anger	Staff are angry at the abuser; and /or angry at the non- offending parent, the judge, the DCF worker, or the supervisor for accepting referral and/or assigning this case to monitor.	
Ambivalence	Staff are unsure whether to believe the allegations. The alleged perpetrator seems "so nice," and the non-offending parents seem hysterical.	
	Staff are unsure if the visit should be offered if the allegations are accurate.	
Anxiety	Staff ask: "What if the child is revictimized during this visit?"	
	Staff wonder: "What if I don't pick up on something that happens during this visit?"	
Depression	Staff offer that it makes them sad to monitor these cases.	
Denial	Staff observe: "This child is so happy to see her father. She just runs and climbs in his lap. I don't see how he could have done the awful thing that mom alleges."	
Minimization	Staff consider that the sexual abuse must not have been "that bad."	
	Staff decide: "The child is young and will forget what was done."	
Disgust	Staff are disgusted by the allegations.	
Somatic Reactions	Staff experience sleeplessness, headaches, obsessive thinking about cases, stomach problems, or sleep disturbances.	

### GUIDING PRINCIPLES FOR WORKING WITH COURT-ORDERED CHILD SEXUAL ABUSE REFERRALS

It is imperative for supervised visitation providers to adopt principles to guide their provision of services for cases involving child sexual abuse. *Liability for harm of a child during supervised visitation remains the purview of your program. The court referring the case is immune from liability.* 

The following are principles that programs should consider adopting:

- The obligation to protect the child from victimization or revictimization overrides the alleged offenders' right to have access to the child.
- All pertinent court and DCF material must be thoroughly reviewed by staff prior to scheduling contact at any point in the referral process.
- At any point in the referral process, supervised visitation programs must retain the authority to decline a court-ordered referral or to terminate supervised visitation contact. Under the current Florida Supreme Court Guidelines, programs shall decline to accept cases when they are unable to ensure the safety of families or staff. This inability to ensure safety could be for many reasons:
  - The volatile nature of the case or client.
  - Visitation staff members are not adequately trained to manage issues identified during the intake
  - Facilities are not adequate to provide the necessary level of security.
  - Insufficient resources.
  - Conflict of interest.

### ETHICAL DILEMMAS

An ethical dilemma exists when a provider is faced with a situation in which there are two or more competing values, each of which is important. In a sexual abuse case, a supervised visitation provider faces an ethical dilemma when deciding whether to accept a referral and risk harm to the child or to refuse the case and face judicial sanction. The minimum standards approved by the Florida Supreme Court do not address all of the circumstances which may give rise to an ethical dilemma in the administration of a supervised visitation program.

Some providers (e.g., licensed mental health professionals) will be able to consider their own professional ethical code when facing dilemmas. Other providers may find the following principles, adapted from *Ethical Decisions for Social Work Practice* (Lowenberg & Dolgoff, 1996) helpful in addressing ethical quandaries. They are listed in descending levels of priority.

*Principle of the protection of life* – Programs must ensure the safety of *all* supervised visitation participants and staff. For example, a nonresidential parent's visits must be terminated if he or she leaves a threatening note on his or her teenager's car demanding the retraction of a sexual abuse allegation.

### Principle of equality and inequality -

Persons of equal status have the right to be treated equally, and non-equal persons have the right to be treated in a different fashion if their inequality is related to the issue in question. For example, if a mother is visiting a child whom she has sexually abused, and she re-abuses the child during the visit, the child must be protected, rather than the mother's right to confidentiality and right to visit.

### Principle of autonomy and freedom -

Programs strive to provide a neutral setting in which visits or access can occur. However, if a parent violates program rules – for instance, refuses to stop talking about the sexual abuse allegations in the presence of the child – staff must intervene and limit the parent's autonomy.

*Principle of least harm* – A provider should choose the option that presents the least harm to those involved, the least permanent harm, and/or the most easily reversible harm. If a parent violates the rules by bringing in toys which are disallowed for the visit, staff may elect simply to ensure that the child does not see or receive the toys, instead of terminating the visit.

### Principles of privacy and confidentiality -

Most supervised visitation programs have policies and procedures addressing confidentiality. These policies, which must comply with Florida law, can assist staff in revealing a parent or child's on-site disclosure of sexual abuse.

### Principle of truthfulness and full disclo-

*sure* – Staff should fully inform all participants of program rules and policies, including, but not limited to, all rules specific to addressing visitation in sexual abuse cases.

### APPLYING PRINCIPLES OF ETHICS TO RESOLVE CONFLICTS

Consider the ethical dilemmas in the following scenarios and discuss possible resolutions to them:

1. The court has ordered supervised visitation for a father accused of using his daughter in obscene videos that he sells on the internet.

... for Florida's Supervised Visitation Providers

Details of the case have made headline news in your community. You have seen photographs of the videos in the court file, and your staff are convinced the father (now out on bail) will be found guilty and will have his parental rights terminated. You object to his court-ordered visitation; but you suspect that if you refuse to take the case, the judge will allow the father's supporters from his church to monitor the visits.

2. You receive a case from a judge who makes it clear in his order that he does not believe the allegation of sexual abuse. Your program has new interns that have no expertise in sexual abuse issues. If you do not accept the case, you suspect that the judge will order unsupervised visits.



3. You receive a case that does not mention sexual abuse, but your staff are uncomfortable with the prolonged kissing and touching that occurs between a visiting parent and a child. The behavior is subtle – no tongue kissing, but mouth kisses that seemed like more than just a "peck." The parent has earlier objected to the stringent program rules and resists staff interference in the visit. The child does not seem distressed, and you are afraid of overreacting. Be sure to discuss whether your answer would be different if the parent and child are the same sex or the opposite sex.

### THE ETHICAL TRAP OF THE "GOOD VISIT"

The ethical principles listed above can be very helpful in avoiding and addressing a "bad" visit – a visit in which a participant's behavior can physically or emotionally harm children, families, or staff/volunteers. More difficult to address are the misinterpreted "good visits" in sexual abuse cases – those visits which are carefully and purposefully manipulated by staff to minimize stress to the child – and are later used by others to disprove allegations of abuse. Consider the following:

Your staff are monitoring a sexual abuse case referral. The child's therapist has reported that she is certain that abuse occurred, despite the fact that the child has recanted. You restrict the parent's movement and speech in order to make the child comfortable and reduce the possibility of retraumatization. The state's attorney watches the visits electronically and, based on the parent's good behavior and child's reactions, decides not to prosecute the case.

### **OTHERS VIEWING VISITS**

Supervised visitation staff routinely assist with the following at visits:

- Facilitate appropriate interaction between parent and child (suggest and even teach games to parents and children).
- Redirect parents and children from inappropriate behavior.
- Inform and remind parents of program rules.
- Stop inappropriate interaction.

The following professionals have asked to view visits (or recordings of visits) in Florida:

- Judges
- Defense Lawyers
- Prosecutors
- Guardians ad Litem
- Mental health professionals

Supervised visitation providers may find that the visits they provide are being used not just to continue parental-child contact, but also as evidence to *disprove* the underlying allegations in a court case. This occurs despite the warnings attached to the observation notes completed by most programs, which acknowledge the highly controlled visit environment:

The observations are of parent-child contacts which have occurred in a structured and protected setting. No prediction is intended about how contacts between the same parent(s) and child(ren) might occur in a less protected setting and without supervision. Care should be exercised by the users of these observations making such predictions.

### CASE EXAMPLE

Mr and Mrs. Jones are parents of two children, Wendy and Jane, ages four and five, respectively. There are criminal sexual abuse allegations against Mr. Jones, and Mrs. Jones has been charged with failure to protect the girls.

The children are placed in foster care. For eighteen months prior to the start of the criminal trial, Mr. and Mrs. Jones visit with their daughters at the visitation program. Early on in the visits, staff realize that the girls' behavior is inconsistent towards the parents. Sometimes the girls hide behind furniture, but sometimes they are affectionate with their parents. Staff videotape the sessions and play back the tapes. They realize that there seems to be a pattern of behavior that makes the children uncomfortable. Specifically, when Mr. Jones lies on the floor of the program and calls the girls over to him, they cry or hide their faces. Mrs. Jones ignores this behavior and remains at a table, coloring with crayons. Staff decide to require Mr. Jones to sit in a chair during visits, and the girls respond much more positively. Also, staff notice that when the parents mention their adult friends by saying "so and so said to say hello to you," the girls' moods shift. They frown or blush, and they wriggle in their chairs, appearing uncomfortable. Staff then ask the parents not to mention outsiders anymore during visits. After that, the girls seem happier, smiling more and participating in play with each other and their parents.

These adjustments work to make the visits run smoother. Ultimately, the court watches the tapes, seeing girls who are content to sit at board tables and color. The father is found not guilty, and the children are returned to their parents.

- **1.** List some reasons why enhanced training on child sexual abuse is important to supervised visitation providers.
- 2. Discuss common emotional reactions visitation monitors may experience in working with court-ordered referrals of child sexual abuse cases. Do staff feel anxious before visits? How do staff members feel after visits relieved, guilty, ambivalent?
- 3. Define principles to employ in accepting court-ordered child sexual abuse cases.
- **4.** List critical child sexual abuse topics about which it is necessary for visitation monitors to be informed.
- **5.** Discuss ethical dilemmas faced by visitation monitors when providing supervised visitation services in sexual abuse cases.

### TRAIN THE TRAINER GUIDELINES

# **CHAPTER ONE – OVERVIEW**

The Clearinghouse on Supervised Visitation was created in 1996 to provide statewide technical assistance to providers, the judiciary, and the Department of Children and Families on issues affecting the delivery of supervised visitation services. In 1998, the Clearinghouse published a training manual, Competency-Based Training Manual for Florida's Supervised Visitation Providers, to address specific training needs of providers. As the field has developed, providers have identified a need for more intensive training on how best to provide supervised visitation services to children who have been sexually abused by a parent or caregiver. This manual has been developed to address this need. Clearinghouse staff will periodically conduct training around the state using this manual, but it has also been designed so that supervised visitation providers can conduct the training at their own programs using the Train-the-Trainer Guidelines presented in each chapter.

### **USING THIS SECTION**

# There are at least 3 ways to use the training manual, including:

- 1. *Self-instruction* the manual is designed for independent study and includes a quiz at the end of each chapter.
- Group review / practice the manual can be used in small groups for review of material previously learned or for practice using the case examples and case studies

found in each chapter.

 Group training – the manual can be used as a tool of instruction in training sessions led by supervised visitation staff.

### **ADULT LEARNING**

# There are six components of memory. Adults tend to remember things that :

- Are outstanding knowledge or information that is unusual, important to the learner, or peaks their interest. Make your information dynamic!
- Link to the known knowledge or information that builds on what the learner already knows.
- 3. Are written down or recorded writing information helps to reinforce its message and attainment. Have desks or tables to enable participants to take notes or highlight portions of their manuals.
- 4. *Are reviewed* periodic review of information will increase retention. Quizzes at the end of each chapter, group activities, and closing exercises will help you review information with participants, thereby increasing retention.
- 5. Use primacy people tend to remember beginnings and endings and are more likely to forget what happens in the middle.
  Information in the early or later stages will

be more easily remembered. Make your key points early and in the end of the presentation. The training manual is structured in this fashion.

Are recent – newly gained information, such as that at the end of the training, will be more easily recalled than earlier information.

Keep these facts in mind when implementing your training program.

Of course, the initial transference of information to the learner is only the first step – retention is the key. How do you help adults retain the information you are giving them? The following chart demonstrates the average retention rates for various learning methods.



Some studies have found that adults learn most effectively in the same way that children do – through active participation in learning. Active learning makes important points more meaningful and allows participants to practice newly acquired skills and knowledge. In light of this, it's recommended that trainers lecture or discuss the material with the participants first, and then help them to practice the skills and facts covered in the lessons.

### SPECIFIC TIPS FOR TEACHING CHAPTER ONE

### I. ALLOW PARTICIPANTS TO EXPRESS THEIR FEELINGS ABOUT SEXUAL ABUSE.

The exercise on page 4 is provided to encourage staff to talk about their emotional responses to sexual abuse. The exercise suggests that five minutes may be enough time to allow staff to list their emotional responses; however, in some groups, much more time may be needed. It is important to offer people ample opportunity to express themselves in the beginning phases of training; it may make the rest of the training more productive.

### II. TRAINING STAFF WITH HISTORIES OF CHILD SEXUAL ABUSE VICTIMIZATION

While training staff members on issues of child sexual abuse, it may become apparent that certain staff members themselves experienced such abuse as children. This information may be revealed in employment or volunteer applications, especially if your program asks questions such as:

- "Is there anything in your background which you feel might make it difficult for you to monitor sexual abuse cases?"
- "Please indicate whether you would prefer not to monitor any of the following cases:
  - child sexual abuse
     child physical abuse
  - \_\_\_\_\_ domestic violence
  - \_\_\_\_\_ other."

These questions do not necessarily elicit proof that a staff person was a victim of such abuse (nor is it necessary to ask directly if a person had been victimized), but affirmative answers raise the following issues:

- *Neutrality.* Even if the staff member or volunteer has resolved the issues of his/her own abuse, he/she may be unable to remain neutral in the monitoring of a similar case.
- Appearance of Impropriety. If a parent learned that a staff member had such a background, he/she might attempt to discredit the monitor's observations of the visits.
- Unresolved Emotional Responses.
   A staff member or volunteer who once suffered from abuse may experience unanticipated emotional reactions to visits between a child and a parent accused of similar abuse. These reactions can be mild or traumatic, and can directly interfere with the visits themselves *and* with the emotional well-being of the monitor.



If a participant in training reveals past abuse, the following is recommended:

- Discuss with the participant the problems listed above, and explain that she/he will not be assigned to monitor visits in similar types of cases. Do this privately, if possible, to avoid embarrassing the participant or singling him/her out.
- Offer to identify community mental health resources for participant.
- If the monitor reveals the past abuse while monitoring a case or while the case is active, reassign the case to another staff member/ volunteer immediately.

### III. ETHICAL DILEMMAS

The discussion of ethical dilemmas can also take more time, depending on the experience of staff present. Experienced staff will have recognized and grappled with ethical dilemmas, whereas the issue may be new for inexperienced staff. Providing an opportunity for experienced staff to share the dilemmas they've experienced enriches the training process for all involved. Be sure not to rush through this section, as it will provide staff with tools they will need to process incidents that occur at their programs in the future.



### ADDITIONAL EXERCISES

- Role play the case example of the Jones family. Ask the participants how they think the family dynamics should be recorded on an observation form. Discuss why it may be difficult to record only the "facts" when the parent's behavior changes are subtle. Ask how participants feel about making a visit run smoothly in the short run, considering the long-term consequences.
- Discuss with participants the following question: Are there cases in which *facilitating* and redirecting parents – clearly within the Florida Supreme Court's defined role of a visit monitor – jeopardizes a child's best interests? Consider:
  - a. The drug-addicted abusive mother who wants desperately to interact with staff and ignores her son during visits.
  - b. The allegedly abusive parent whom staff teaches to follow program rules and act cooperatively in all visits.
- 3. Are there alternatives to facilitating and redirecting that do not result in providing uncomfortable or even dangerous visits for a child?





# WHAT IS CHILD SEXUAL ABUSE?

The purpose of this chapter provides information on the Florida statutory definitions of child sexual abuse; information on the child sexual abuse allegation matrix; and demographic characteristics of child sexual abuse victims, offenders and nonoffending parents. Further, this chapter presents facts challenging commonly held myths about child sexual abuse. Finally, examples are offered of the sexual abuse experiences of children who are referred to supervised visitation programs.

# LEARNING OBJECTIVES

# By the end of this chapter, supervised visitation staff and volunteers will be able to:

- 1. Discuss the prevalence of child sexual abuse.
- 2. List the definitions of sexual abuse provided in Chapter 39 of the Florida Statutes.
- 3. Discuss the sexual abuse allegation matrix used by Department of Children and Families' staff.
- 4. Discuss demographic characteristics of childhood sexual abuse victims and their families.
- 5. Recognize commonly held myths about childhood sexual abuse.
- 6. Give examples of types of sexual abuse experienced by children referred to supervised visitation programs.

### PREVALENCE OF CHILD SEXUAL ABUSE

### NATIONAL STATISTICS

According to the National Child Abuse and Neglect Data System (Children's Bureau, 2000), approximately 11.5%, or 103,845 of the 903,000 children who were victims of child maltreatment in the U.S. were sexually abused. These represent *reported* cases. According to Finkelhor (1993), the leading researcher on the issue of child sexual abuse, 25% of girls and 10% of boys are sexually victimized.

Florida Abuse Hotline Information System data reflects that its hotline received 32,194 reports of sexual maltreatment in 2000-2001. These include sexual battery-incest, sexual battery-not incest, sexual molestation and sexual exploitation, as defined in the Department of Children and Families' (subsequently referred to as DCF) 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 reports were closed.

# PREVALENCE AT FLORIDA'S SUPERVISED VISITATION PROGRAMS

According to program directors, approximately 15% of cases seen at Florida's supervised visitation programs in 2001 involved alleged child sexual abuse. This is consistent with the prevalence of child sexual abuse reported in national studies.

### DEFINING CHILD SEXUAL ABUSE

There are different definitions of child sexual abuse, ranging from the broad definition used by the National Center on Child Abuse and Neglect, which defines sexual abuse as "any childhood sexual experience that interferes with or has the potential for interfering with a child's healthy development" to legal definitions reflected in statutes, or more operational definitions employed in DCF's sexual abuse allegation matrix.

Typically, cases referred to a Florida supervised visitation program will either have met the definition under FS 39 and/or DCF's child sexual abuse allegation matrix. (*Note: The case* may be under investigation to determine whether the allegation meets these criteria.)

#### FLORIDA STATUTES ON SEXUAL ABUSE

Florida Statutes (Chapter 39) define sexual abuse of a child as 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.

*Footnote:* Staff should understand the distinction between "prevalence" and "incidence" when reviewing research studies. "Incidence" refers to the number of cases reported annually. "Prevalence" studies explore the extent to which adults experienced sexual abuse during their childhoods.

- (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:
  - 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 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.

A child is defined under Chapter 39 as any unmarried person under the age of 18 years who has not been emancipated by the court.

### DEPARTMENT OF CHILDREN AND FAMILIES' CHILD SEXUAL ABUSE ALLEGATION MATRIX

DCF uses its child sexual abuse allegation matrix to assess whether sexual abuse of a child has occurred.

- Sexual Abuse Molestation. Sexual abuse with a child when such contact, touching or interaction is used for arousal or gratification of sexual needs or desires of 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.
  - Encouraging, forcing, or permitting the child to inappropriately touch the same parts of the alleged abuser's body.
- Sexual Exploitation. Sexual abuse of a child for sexual arousal, gratification, advantageor profit. Examples include:
  - Indecent solicitation.
  - Allowing 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.
  - 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 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 stepparents) or who is an adult household member.
- \* Sexual battery in DCF's abuse allegation matrix is defined as oral, anal, vaginal penetration by, or union with, the sexual organ of another; or the anal or vaginal penetration of another by any other object.

CHARACTERISTICS OF CHILD SEXUAL ABUSE VICTIMS		
Age	Infants, young children, school aged children and adolescents all have reported being victims of child sexual abuse. The highest incidence of abuse of boys occurs at 4-6 years old; for girls, the highest incidence of abuse occurs at 11-14 years old (Finkelhor,1994).	
Gender	The majority of child sexual assault victims are female. However, recent research indicates that male children may be victims at a higher rate than previously thought.	
Race or Ethnicity	No clear differences in reports of child sexual abuse occur among racial or ethnic groups.	
Religion	Children have been sexually abused from homes practicing all religious faiths.	
Socioeconomic Status	Child sexual abuse occurs across income levels and occupational status of adults in the home.	

### COMMON MYTHS ABOUT CHILD SEXUAL ABUSE

Myths about sexual abuse arise for many reasons. One of the reasons is that issues of sexuality are difficult to discuss, and combining sexuality with children increases the taboo nature of the topic.



**MYTH:** The typical sexual abuser of a child is a stranger.

**FACT**: Strangers are sexual offenders in 8-10% of child sexual abuse cases. Family members are abusers in approximately 47% of cases and acquaintances of the child or child's family in approximately 40% of cases (Wallace, 2002.)

**MYTH**: Stepfathers rarely victimize their stepdaughters.

**FACT**: A stepfather is four times more likely than a biological father to victimize a daughter.

In many incest cases, incestuous fathers have molested children outside the marriage or in other live-in relationships. (Radhakrishna,et.al,2001)

**MYTH**: Allegations of child sexual abuse in disputed custody cases are quite common.

**FACT**: Although stories in the newpaper and on TV seem to indicate that there are many allegations of sexual abuse in custody disputes, the reverse is actually true. In a recent study, only 2% of 9,000 custody cases contained sexual abuse allegations (Faller, 2000). Half of those allegations were deemed "likely" to be true. Other researchers have found a higher proportion of allegations of sexual abuse in divorce to be valid – between two thirds and three fourths. Additional studies show that the actual incidence of malicious use of false allegations of sexual abuse is very small. Thus, while a few unscrupulous parents may have used sexual abuse allegations to gain an advantage in child custody battles, the assumption that this situation is widespread is not supported by the literature or clinical experience.

**MYTH**: Children can give consent to sexual activity with an adult.

**FACT:** Sometimes perpetrators accuse a child of consenting to, or even initiating, the sexual contact. But children are not capable of providing informed consent to sexual interactions with adults. Because adults have more authority and power, "they have the capacity to impose the sexual behavior, which may be painful, intrusive, or overwhelming because of its novelty and sexual nature. The child has little knowledge about the societal and personal implications of being involved in sex with an adult; in contrast, the adult has sophisticated knowledge of the significance of the encounter. The child's lack of knowledge and power means that the child can not give informed consent in sexual interactions with adults (Faller, 1993). The legal and moral responsibility for any sexual behavior between adults and children is the adult's. If a child initiates sexual contact, it is the responsibility of the adult not to respond to the child.

MYTH: Sexual offenders can be cured.

**FACT**: There is no "cure" for sexual offenders. There are many different kinds of treatment, but those are geared towards having the offender acknowledge his or her sexual deviance and understand what tools and strategies can help him or her maintain control of his abusive behavior (Levinson & Morin, 2001). 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 any risk to reoffend" (p. 22).

Many experts believe that the state of knowledge about sexual offending – why people do it and how it can be treated – is quite primitive at present.



Training Manual on Child Sexual Abuse Issues

**MYTH**: There is little harm in allowing contact between an offender of child sexual abuse and his victim after disclosure of the abuse.

FACI: When considering family reunification, the ATSA standards state: "Renewed contact between clients and family members at risk for being sexually abused requires careful monitoring and supervision. Clients 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...Members should only recommend contact with familial victims or family members under the age of 18 when a nonoffending 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 their safety, and clients have made substantial progress in their treatment." (ATSA, 2001, p. 26). In addition, the wishes of the victim should also be paramount in the decision for renewed contact.

MYTH: All child sexual abuse is disclosed.

FACI: Most experts agree that statistics concerning the prevalence of child sexual abuse are low, compared to the actual number of suspected incidents of such abuse. The Child Sexual Abuse Accommodation Syndrome (Summitt,1983) explains why children don't report that they've been sexually abused, and sometimes recant what they have reported. This syndrome is discussed more fully in Chapter 4, but its key elements involve the secrecy surrounding the sexual abuse; the feeling of helplessness children experience; the entrapment and accommodation to the abuse; the child's often delayed, conflicted or unconvincing disclosure of the abuse; and in some cases, the retraction of the disclosure (Summit, 1983).

MYTH: All child sexual abusers are pedophiles.

**FACT**: Pedophilia is a specific diagnostic term used by mental health professionals to describe only a small proportion of incest perpetrators. The term should not be used by laypersons to label offenders.

**MYTH:** Substance abuse causes parents to sexually abuse their children.

FACT: Sexual abusers can be cunning, manipulative individuals who can convincingly deny allegations; or, if the evidence is overwhelming, claim that they need help for their problem. Abusers sometimes claim that they only abused a child because they were intoxicated. These excuses are merely attempts to avoid responsibility for their actions. Neither alcohol, nor drugs, nor any amount of stress causes adults to be sexually interested in children. Some perpetrators may work up the courage to molest by taking drugs or alcohol, but the deviant thought patterns existed long before the alcohol (Meyers, 1997).

Footnote: While pedophilia is a term applied to adults who are sexually interested in children, it requires specific intent to be met which may not be present in most incest perpetrators. The Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association) defines the diagnostic criteria for pedophilia as: 1.) Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally 13 years or younger); 2.) Fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning; 3.) The person is at least age 16 years of age and at least five years older than the child or children in Criteria 1 (ATSA, 2001).

### CASE EXAMPLE

During a supervised visit with his three-year-old daughter, Mr. Smith picked her up and put her in his lap. He pulled his penis out of his pants and began to masturbate with the child in his arms. His visits were terminated immediately, but he told the court that his alcoholism had led to his behavior. He joined Alcoholics Anonymous and after six months of regular attendance, petitioned the court to begin supervised visits again.

**MYTH**: It is easy to tell whether someone is a sexual offender.

**FACT**: Child molesters can look like everyone else and are motivated by a variety of influences. There is no "typical' child molester. There is also no test or instrument that reliably determines whether a person has or has not sexually abused children. "The most striking characteristic of sex offenders, from a diagnostic standpoint, is their apparent normality (Herman, 1990).

**MYTH**: When a child is sexually abused by a family member, it is usually a one-time experience.

**FACT**: Although children may be sexually abused by a family member a single time before disclosure, the typical pattern occurs over a period of time and progresses from normal contact to sexual activity. Sexual abusers are often able to extend their abuse by "grooming" the child. Grooming is the process by which the abuser uses secrecy and power and control over their victims as well as "rewards" to condition a child to accept increased sexualized contact. The chart below illustrates this progression:



### CASE EXAMPLE

Sherry was eight years old when her mother married Ben. Ben took a keen interest in Sherry. He helped her do her homework every night. He went to her recitals and arranged her playdates after school. When Sherry was nine, Ben began rubbing her back at night and helped her wash her hair in the shower. Ben liked to tickle Sherry on the carpet, and roughhouse with her. When Sherry was ten, Ben began to fondle her and invite her to fondle him through his clothes. He put pornographic videos on the TV and told Sherry that this was how couples "loved each other." Ben told Sherry he loved her and needed her to love him. Over a period of months, Ben convinced Sherry to perform oral sex on him. Eventually, he had intercourse with her.

Sherry romanticized Ben and called him her boyfriend. When she told her teacher that she had been having sexual intercourse with her stepfather for five years, Ben was convicted and sentenced to prison. Sherry ran away from home and was eventually placed with a relative. She now has visits with her mother at the supervised visitation center and tells her mother she is going to marry her stepfather when she is 18 years old.

### SEXUAL ABUSE EXPERIENCES OF CHILDREN REFERRED TO SUPERVISED VISITATION PROGRAMS

Children referred to supervised visitation programs due to allegations or findings of child sexual abuse by a family member have experienced all types of sexual abuse. Supervised visitation staff report that these abusive experiences may include:

- Fondling.
- Exposure to pornography.
- Use as prostitutes.
- Vaginal, anal, or oral penetration.
- Oral sex.
- Masturbation.
- Sexual contact with animals.

It is imperative that you become familiar with the types of sexual abuse experienced by children and informed about the specific details of the sexual abuse experienced by children referred to your program. *Failure to do so may endanger the child further.* 



Watch the video *Scared Silent*. Discuss this video afterwards, noting the types of sexual abuse, pattern of abuse, and impact of abuse depicted in the video.

### QUIZ

- **1.** List some common myths you have heard about child sexual abuse. Cite facts to refute these myths.
- **2.** How prevalent is child sexual abuse? In what percent of cases referred to your supervised visitation program can you expect to have child sexual abuse histories?
- **3.** What behaviors constitute sexual battery? Sexual exploitation? Sexual abuse molestation?
- 4. Describe demographic characteristics of child sexual abuse victims.
- 5. Describe the progression of sexual activity typically seen in incest victims.

### TRAIN THE TRAINER GUIDELINES

# CHAPTER TWO – WHAT IS CHILD SEXUAL ABUSE

# I. Questions to ask after viewing *Scared Silent*:

- a. Ask participants to explain why they think the video was entitled "Scared Silent."
- b. Why do you think experts say that "most child molesters are not strangers"?
- c. Do you think that viewers will be more receptive to learning about the issue of sexual abuse when the information is provided by a popular figure like Oprah Winfrey?
- d. Do you think the father in the video felt relieved when his family confronted him?Why or why not? Do you think it is helpful to consider the abuser's perspective when learning about sexual abuse issues?

# II. Review the glossary of terms found in the Appendix.

- a. Are some of these terms new to participants?
- b. Does using scientific terminology make it easier for participants to discuss sexual abuse?

### III.Review the Case Example on page 23.

a. Define the term "grooming."

- b. How is Ben grooming his victim?
- c. Do you think a child could enjoy the extra attention of "grooming" and feel guilty later about feeling that pleasure?
- d. How might Sherry's mother feel about Ben's behavior toward Sherry early on in the relationship?
- e. What emotions might Sherry's mother feel about Sherry and Ben once the abuse is disclosed?

### **IV. Current events**:

- a. If there is a specific sexual abuse case in the news while training is taking place, ask staff how they feel about the case. You might clip out the articles to provide to participants so that everyone has the same set of information.
- b. Discuss what impact the newspaper account might have on the child, the non-offending parent, and the abuser. Do newspaper articles on the issue of child sexual abuse contribute to the population's knowledge and understanding of the issues, or do the articles merely sensationalize the case and destroy the family?



### RESOURCE MATERIALS NEEDED

Video – Scared Silent

VCR/television

Hand outs – "Glossary of Terms"

Newsprint or Flip Chart

Magic Markers, Masking Tape

Recent Newspaper articles on child sexual abuse

# **GLOSSARY OF TERMS**

- Analingus licking, kissing, sucking the anal opening.
- Backlash literally a quick, sharp, recoil; but used figuratively to characterize an opposing reaction to a previous trend; the term used for the current high degree of skepticism found in some circles regarding the truth of allegations of sexual abuse.
- Child Sexual Abuse Accommodation Syndrome behavioral and emotional manifestations of victims' coping with sexual abuse (these include secrecy; helplessness; entrapment and accommodation; delayed, unconvincing disclosure; and retraction); first described by Roland Summit, M.D.
- **Cognitive Distortions** thinking errors; term used to describe how some offenders rationalize their sexually abusive behavior.
- *Cunnilingus* licking, kissing, biting, or sucking the vagina; inserting tongue into the vaginal opening.
- *Encopresis* inability to control bowel movements.
- *Enuresis* inability to control urination, especially during sleep.
- *Fellatio* kissing, licking, biting, sucking the penis.
- Frottage rubbing the genitals against a person's body or clothing.
- *Hysteria* a psychological disturbance, arising from trauma that manifests itself in physical impairment, such as paralysis, blindness, deafness, or anesthesia.
- Pedophile an adult whose primary sexual interest is in children; some professionals make a differentiation between a pedophile, whose sexual partner of choice is a prepubertal child, and a hebephile, who is aroused by adolescents.



# THE IMPACT OF CHILD SEXUAL ABUSE

The purpose of this chapter is to present research findings on the physical, emotional, and behavioral impact of child sexual abuse; to address those factors such as victim characteristics, and the child's environment, which may mediate the impact of the abuse; and to discuss normal sexual behavior which may be observed during supervised visitation. Additionally, a discussion is provided on the Child Sexual Abuse Accommodation Syndrome with emphasis on its impact during scheduled visits between an offending parent and the child.

## LEARNING OBJECTIVES

# By the end of this chapter, supervised visitation staff and volunteers will be able to:

- 1. Identify physical, behavioral, and emotional effects of child sexual abuse.
- 2. Identify normal and abnormal sexualized behavior in children at visits.
- 3. Assess factors which mediate the sexual abuse experience on children referred to supervised visitation programs.
- 4. Recognize behaviors in children during visits which may indicate concern regarding revictimization.
- 5. Understand how the Sexual Abuse Accommodation Syndrome may affect a child's behavior during supervised visitation.
- 6. Recognize common reactions of non-offending parents.

### EFFECTS OF CHILD SEXUAL ABUSE ON CHILD VICTIMS

Children who have experienced sexual abuse often display physical, behavioral, and emotional effects of their experiences. Some of these effects are listed in the chart below. You should note that while these effects are consistent with child sexual abuse, they may also be attributed to other conditions as well.

Physical	Behavioral	Emotional
Genital injuries	Nightmares	Fear
Sexually transmitted diseases	Sleep disturbances	Depression
Urinary tract problems	Changes in behavior	Guilt
Difficulty walking or sitting	Withdrawal	Shame
Preoccupation with genitals	Lack of interest in activities	Numbness
Toileting accidents	Self-injurious behavior	Dissociation
	Fears (of taking baths, of being alone)	Post-traumatic Stress Syndrome
	Eating disorders	
	Acting out	
	Unusual sexual knowledge for age	
	Promiscuity	

### ROLE OF SUPERVISED VISITATION STAFF IN MONITORING CHILD SEXUAL ABUSE CASES

Your role as a supervised visitation monitor for cases involving child sexual abuse is complex. You must be able to differentiate "normal" behavior exhibited by children during supervised visitation from behavior that may be the result of their abusive experiences or behavior indicating that the visit is causing them to be revictimized. In order to fulfill this role, visit monitors must have an understanding of normal sexual behavior of children versus sexual behavior which represents concern. Additionally, visit monitors must be familiar with factors which seem to mediate the sexual abuse experience for a child. Finally, visit monitors must understand how a child may behave or interact with his or her perpetrator as a way of accommodating their sexual abuse experience.

If at any time you feel as though you do not have the requisite skill or knowledge to adequately perform this role, you should decline to monitor the case. To do otherwise may further endanger the child.



# NORMAL AND ABNORMAL BEHAVIOR DURING VISITS

Sometimes supervised visitation staff observe sexualized behavior by children at visits. This behavior may be normal, given the child's developmental status; it may raise concerns that need additional assessment by a mental health professional; or it may be an abnormal behavior which may require the termination of a visit to keep the child and other children at the program safe.

AGE	WHAT'S NORMAL	WHAT RAISES CONCERNS	WHAT'S NOT NORMAL
1-5	Child holds genitals a short time during visits. Child attempts to touch baby's genitals during diaper change. During play with child similar in age, child asks to see other child's genitals. Child asks why girls don't have penises.	Child holds own genitals excessively; stops when asked by staff. Child seeks prolonged contact with baby's geni- tals. Child uses sexual words; may know what they mean.	Child refuses to stop touching own genitals when asked by staff. Child plays with dolls or toys in a clearly sexualized manner. Child tries to hurt baby's or other child's genitals.
AGES 5-10	Child asks simple ques- tions about sex. 'Where do babies come from?" Child interested in watching baby nurse. Girl tries to urinate standing up.	Other children complain about child's sexual con- tact with them. Eight year-old tries to have prolonged contact with his mother's breast while she is nursing baby.	Child acts out the hurting of stuffed animals; tries to put objects in doll's rectum/vagina. Child persists in attempts to rub genitals on leg of parent or staff while hugging. Child exposes her/himself to much younger child.
10 AND OLDER	Girls playing with, combing, braiding hair of younger girls, or girls the same age. Child makes jokes about dating, kissing. Tells monitor they have a boy or girlfriend. Boys acting shy around girls, or obviously flirting.	Child strokes or rubs clothing of younger or same age child. Child describes sexual acts seen on TV or videos. Boy makes explicit sexual comments to another child in program, or to staff.	Child imitates sexual inter- course with other children. Child sticks tongue in mouth of other child/adult. Child rubs thighs of adult Child attempts to reach into bra of visit monitor, or begins humping while sitting on visit- ing parent's lap. Becomes physically aggressive toward anyone who tries to touch him/her.

### FACTORS AFFECTING THE IMPACT OF SEXUAL ABUSE ON A CHILD

A number of factors have been identified by researchers in the area of childhood sexual abuse which may mediate the impact of sexual abuse experiences upon a child. These factors include:

Victim Characteristics	The most important mediator of sexual abuse is the social support of the child. Research findings on childhood sexual abuse indicate that children with significant adults in their lives who believe and support them have better outcomes than children who do not have the benefit of such support.
	The age and developmental status of a victim impacts the degree of trauma. Generally, the younger victim is less aware of the meaning of the abuse and may suffer less than an older victim. However, this may change as the child grows older and becomes aware of the stigma attached to the experience.
	Most research shows that the closer the relationship the offender has to the victim, the greater the impact of sexual abuse. Sexual abuse by the father or stepfather has more impact than abuse perpetrated by a stranger. Violence, however, is an issue that effects impact and intensifies the negative effect. Penetration seems to increase the negative effect of sexual abuse.
	Other victim characteristics, such as the pre-abuse emotional status of the victim, and the meaning the victim ascribes to the event, also seem to mediate the impact.
Characteristics of Abuse Event	If the sexual abuse is a one-time occurrence, it is thought to have less impact than sexual abuse occurring over time. If the sexual abuse also involved concurrent physical abuse or ritualistic aspects the impact on the child may be greater. If the child is singled out for sexual abuse and his or her siblings are not, the impact may be greater.
Characteristics of the Child's Environment	The quality and number of social supports (family, friends, therapists) a sexually abused child has mediates the abusive experience. If, after disclosure, the child experiences protective responses (i.e. child is believed, and protected from abuser) the less traumatic the event will be. A child having access to appropriate resources and skilled practitioners to address his/her sexual abuse will recover better than a child without access to these resources.

# Characteristics of Intervention

Timely intervention after the disclosure or identification of sexual abuse can positively affect the trauma of the abuse itself. If interventions are not provided in a timely fashion or are provided by unskilled practioners, this may serve to increase the trauma of the event. When the child's caregivers, family, or investigating authorities – for example, law enforcement or the Department of Children and Families (DCF) – do not believe the child, this is sometimes referred to as "secondary victimization." An example of secondary victimization in the visitation setting would be a family utilizing a supervised visitation program and visit monitors fail to recognize that the child is being subtly revictimized by a visiting parent during scheduled visits.



EXERCISE

Read the following case example of a referral to a supervised visitation program involving child sexual abuse. Review the information presented on mediators of the impact of child sexual abuse in the preceding section. Discuss how these factors apply to this case example.

### CASE EXAMPLE

Three sisters (ages 8, 10, and 11) are referred to your supervised visitation program. DCF has confirmed that the girls have been sexually abused over a period of years by their father. The older girls' abuse involved penile penetration or intercourse for the past year. The younger girls' abuse involved masturbation and oral sex. The oldest girl had reported to DCF that she had tried to tell about the abuse for some time, but neither her mother nor other adults did anything. The abuse was discovered when the youngest daughter was diagnosed with gonorrhea in her throat. At the first emergency shelter in which the girls were placed, a male attendant forced the oldest sister to engage in oral sex with him. The children are now in a foster home located in a rural county where it is difficult for their foster parents to take them to a therapist.

### BEHAVIORAL OR EMOTIONAL RESPONSES EXHIBITED BY CHILD SEXUAL ABUSE VICTIMS AT SUPERVISED VISITATION PROGRAMS

Depending on the child's characteristics, the nature of the sexual abuse the child has experienced, the characteristics of the child's environment, and the intervention provided to the child, you may observe various behavioral and emotional responses in child victims seen in your supervised visitation program.

AGE	BEHAVIOR OR EMOTIONAL RESPONSE OF CHILD	EXAMPLE FROM SV PROGRAM
INFANT TO 1 YEAR	Very young babies may not react in an observable behavioral or emotional manner to contact with their abuser. Depending upon the length of time that has transpired between the sexual abuse and the scheduled visit, monitors may observe genital injuries resulting from the abuse or evidence of STDs. Some infants may appear fearful or anxious or be difficult to comfort when crying. Older infants may cling to non-offending parent.	<ul> <li>8-month old Tonya screams violently every time staff change her diaper.</li> <li>7-month old Steven falls asleep immediately during every diaper change.</li> <li>10-month old Donia wraps her arms around her mother's neck and screams when staff try to pry her off to begin visits.</li> </ul>
2 - 5 YEAR- OLDS	<ul> <li>Children in this age range may appear distrustful, or fearful of males if a male was the perpetrator; or of females if a female was the perpetrator.</li> <li>Children may act out in a sexual manner with toys or dolls. They may behave in a sexually seductive manner to adults or other children.</li> <li>Children may have sleep disturbances prior to or after visits. Due to sleep disturbances, child may sleep or appear lethargic during visits.</li> <li>Child may have toileting accidents during visits that are inconsistent with their normal toileting behavior.</li> <li>A child may present a variety of somatic complaints prior to, during, and immediately following scheduled visits that do not appear to be due to actual health conditions.</li> </ul>	Neesha asks father at visit: "Do you want me to kiss your dickie?" Nancy, age 5, lies on the floor and sleeps during most visits. Charlie, age 5, soils himself at every visit with his stepfather, despite being toilet trained for three years. Program directors report children complaining of headaches, stom- ach aches, and "not feeling good."

AGE	BEHAVIOR OR EMOTIONAL RESPONSE OF CHILD	EXAMPLE FROM SV PROGRAM
2 – 5 YEAR- OLD (cont.)	Children may try to harm themselves prior to, during, and immediately following visits. Self- injurious behavior may include head-banging, scratching skin until it bleeds, running out of building into traffic, etc. A child may display an age-appropriate understanding of sexual behavior or attempts to perform sexual acts.	Josh, age 6, is visiting his father, who shows him pictures of a place where his grandfather abused him. Josh begins to run into walls at the program, until staff physically restrain him to prevent further harm.
6 – 12 YEAR- OLDS	<ul> <li>(Note: You may observe all of the above behavioral and emotional responses above as well as the following)</li> <li>Latency-aged children may exhibit depression, insecurity, extreme need for affection as well as anger and frustration resulting in discipline issues for supervised visitation staff.</li> <li>Children this age range may also exhibit adult/ child expressions of affection love or intimacy.</li> <li>Some children appear to have little affect or emotion during visits. They comply with suggestions from staff but appear to just "go through the motions."</li> </ul>	Johnny, age 8, is unruly during visits. He hits staff and other children and refuses to visit with his mother. Staff notice that Janey, age 4, tongue-kisses her dolls and repeatedly asks the monitor if he loves her.
TEENS	<ul> <li>(Note: With teenagers, you may observe all of the preceding behaviors and emotional responses as wellas those that follow.)</li> <li>Anger may be directed at the non-offending parent, staff and self.</li> <li>Suicidal behavior may also be observed. Teens may tell offending or non-offending parent they will kill themselves if they have to visit. Staff may be informed by child's caregiver of recent suicide attempt, or of injurious behavior.</li> <li>Teens who have been sexually abused may become sexually promiscuous. Details of their sexual activity may be revealed during visits.</li> </ul>	Paul, age 15, angrily asks the program director if she would want to visit her rapist if she had been raped. Why, then, is she making him visit? Sasha, age 16, has scars on her wrists that she tries to cover up during visits. Staff notice bruises on 13-year-old Jessica's neck. She tells them the marks are 'hickeys.'

AGE	BEHAVIOR OR EMOTIONAL RESPONSE OF CHILD	EXAMPLE FROM SV PROGRAM
TEENS (cont.)	Often teens exhibit feelings of guilt and shame over their abuse. They may feel embarrassed to be around the offending parent. They may refuse to visit. Or, they may feel guilty about disclosing the abuse and apologize to their abuser. Delinquent behavior is also observed in children who have been sexually abused. Although you may not observe teens in your program committing delinquent acts on site, their caregivers may report that they have had involvement in criminal acts.	14-year-old Brian scolds his 16- year- old sister Brittany that having to use the visitation program is "all your fault." She apologizes and starts to cry.

### UNDERSTANDING HOW SEXUALLY ABUSED CHILDREN MAY "ACCOMMODATE" TO DEAL WITH THEIR ABUSE

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 groundbreaking in that it allowed readers to see sexual abuse from the point of view of the child. The sequence of behaviors of the offending parent and the child's reaction are presented below.

CATEGORY ONE		
Secrecy	Offenders' Behavior	Child's Reaction
	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, they'll put me in jail," or "If you tell, I will kill your mother." In a more covert manner, the offender may remind the victim either through words or behavior of the stigma associated with sexual behaviors. The offender uses isolation and intimidation and takes advantage of a child's helplessness in the face or an authoritative adult.	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.
	CATEGORY TWO	
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Helplessness	Offenders' Behavior	Child's Reaction
	Offender takes advantage of the natural power and authority that adults hold over children. He exerts power and control over his victim, telling her that "no one will believe you," or that no one cares.	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
	CATEGORY THREE	
Entrapment &	<b>Offenders' Behavior</b>	Child's Reaction
Accomodation	Offender lies or distorts his actions towards victim, telling her that this is something all daddies do, or that he is only teaching her how to be a good wife. He repeatedly engages in the sexual victimizing behaviors.	Trying to survive, the child tries to "get used to" the abuse. Accomodation is part of the child's survival skills. It is her response to repeated sexual victimization. She may 'accommo- date' to abuse by denying her feelings, withdrawing, denying what is happening, dissociating from abuse. This may explain why some sexually abused children may interact with an abusive parent at supervised visitation in a seemingly appropriate manner.
	CATEGORY FOUR	
Disclosure	Offenders' Behavior	Child's Reaction
	Offender may deny abuse if disclosure is made, calling victim liar, mentally ill, or manipulated by other parent into creating a story. Further threat- ening of victim may occur.	Much sexual abuse is never dis- closed. Disclosure may be acciden- tal, may come through anger, or may result from prevention educa- tion. As Summit wrote: "Unless specifically trained and sensitized, average adultscan not believe that a normal, truthful child would tolerate incest without immediately reporting" This is the crux of the Accommodation Syndrome. During this stage, victim may 'drop hints' to the non-offending parent, to her relatives, friends, or teachers about the abuse. Depending on the reaction she receives, she may fully disclose, or stop any discussion.

	CATEGORY FIVE		
Recantation	Offenders' Behavior	Child's Reaction	
	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 family.	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.	

It is important for supervised visitation providers to become familiar with this syndrome. It is typical after the child's disclosure of sexual abuse that the court will order visitation. Thus, you may observe the examples of offender behavior and victim reaction that occur in both the disclosure and recantation stage. Be on guard during provision of services that you do not permit any victim-blaming by the offender or non-offending parent, that you observe and record comments and statements made by the child during visits, and that you are alert to any possibility that the child is being encouraged either directly or indirectly to retract their stories to protect the offender.

### **NON-OFFENDING PARENTS**

#### CHARACTERISTICS OF NON-OFFENDING PARENTS

Some studies have indicated that many non-offending parents:

- have drug and alcohol dependency problems,
- have heightened levels of depression, and
- suffer from heightened levels of anxiety

These problems may have *developed in response to the circumstances* under which the non-offending parent resided and the abuse occurred. Clinical research does not support the view that the non-offending parent should be blamed for the abuse.

POSSIBLE REACTIONS OF NON-OFFENDING PARENTS TO SUPERVISED VISITATION		
Reaction	Reaction to Supervised Visitation	
Denial of Sexual Abuse	The parent may express denial of any knowledge of the sexual abuse of the child(ren) to visit monitors.	
	The parent may make statements saying there has been a big mistake, someone is making all of this up, etc.	
	The parent may also try to convince the visit monitor that the alleged abuse couldn't have happened.	
Rationalization	Non-offending parents exhibiting rationalization may try to involve the staff in convincing DCF or the court that the allegations are inaccurate by statements such as, "Can you please tell the judge or my DCF investigator how nice my husband is to Casey? He's just a very affectionate father."	
Minimization	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.	
Defensiveness	Non-offending parents may also exhibit signs of defensiveness to visit monitors. 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 from staff about their parenting skills.	

POSSIBLE REACTIONS OF NON-OFFENDING PARENTS TO SUPERVISED VISITATION		
Reaction to Supervised Visitation		
Parents may experience guilt for not recognizing symptoms of sexual abuse in their children, and may express this guilt to supervised visitation staff.		
Parents may tell staff that they feel just terrible. "How could the abuse happen?" they may ask staff.		
Non-offending parents may still have ambivalent feelings toward their offending partner. They may express anger, fear, disgust as well as caring, concern and protectiveness toward the other parent.		
They may fear what will happen to their relationship as a result of the abuse investigation.		
During supervised visitation services, this ambivalence may result in a residential parent being angry toward the other parent one week and tearful the next.		
Non-offending parents may also exhibit ambivalent feelings toward their children.		
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.		
Non-offending parents may express sadness or exhibit signs of depression (weeping, flat affect, sighing, slowed body motions) during their interactions with staff. They may start crying as they leave their child for a visit.		
Non-offending parents may be very 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?"		
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 intake at visitation programs or during scheduled times to drop off or pick up the children.		

### CASE EXAMPLE

Mrs. Glass brings five-year-old Stephanie to visits each week. DCF has found "some evidence" that Stephanie's nonresidential father sexually abused her. When Mrs. Glass drops Stephanie off, she complains to staff that "these visits really aren't necessary" and that "everything was blown out of proportion" referring to the abuse. She is angry with Stephanie and tells her in front of staff "now don't make up any more lies." Mrs. Glass tells staff that she needs Mr. Glass at home to help her out. Stephanie shows no fear of Mr. Glass, who denies the charges. Stephanie is very affectionate with Mr. Glass.

#### QUIZ

- **1.** Identify some examples of physical, behavioral, and emotional effects of childhood sexual abuse.
- 2. Assess factors which may mediate the sexual abuse of a child.
- 3. Discuss how the sexual abuse accommodation syndrome may affect a child's behavior.
- 4. Identify behaviors manifested by a child during supervised visitation services which may indicate revictimization.
- **5.** Think of a recent case referred to your supervised visitation program. What case data did you have or need to better prepare for the visit?
- **6.** Describe some of the reactions that non-offending parents may have during supervised visits.

# TRAIN THE TRAINER GUIDELINES CHAPTER THREE – THE IMPACT OF CHILD SEXUAL ABUSE

Consider adding the following topics to your training:

- I. Children's sexualized behavior:
- a. Discuss the taboo of children behaving in a sexualized manner. How have opinions changed over the years about subjects such as masturbation?
- b. Ask participants to share their own examples of children's sexualized behavior witnessed at their programs. How did staff handle and record the events?
- II. The Child Sexual Abuse Accommodation Syndrome:
- a. Why is it difficult for some adults to accept that fact that a child can suffer from abuse and never disclose it?
- b. Why might a non-offending parent choose to keep the abuse a secret?
- c. Do you think that professionals such as teachers and doctors might hesitate to report suspected abuse because they might be wrong, or the child might recant later? If you *suspected* that a child might have been sexually abused, would you report it, even though you did not know for certain that abuse had occurred? What are some of the factors that would go into making your decision?
- III. Difficulties in interpreting behavior:
- a. How difficult is it for supervised visitation staff to determine whether certain behavior

may be a result of abuse or some other problem *not* related to abuse?

- Consider bedwetting, which may be caused by some other stressor in the child's life.
- Consider inattentiveness, depression, or physical aggression, which may be the symptom of a medical problem.
- b. Given these difficulties, what steps should staff take to report these behaviors?
- IV. Invite a local professional who has training and experience in child sexual abuse issues to speak at your training about such issues as the Child Sexual Abuse Accommodation Syndrome, and request that he/she share with you examples of (anonymous) clients or cases that can help you better understand such a syndrome.



### RESOURCE MATERIALS NEEDED

Newsprint or Flip Chart

Magic Markers

Community Child Abuse Professional (DCF, CHS, CPT) who can be invited to speak at your training



# JUVENILE SEXUAL OFFENDERS



The purpose of this chapter is to provide supervised visitation staff with necessary information on juvenile sexual offenders, including prevalence, statutory definitions, family and offender characteristics, and treatment goals. Additionally, the Department of Children and Families' (DCF) operating procedures for assisting staff in addressing sexually aggressive children are presented.

# LEARNING OBJECTIVES

# By the end of this chapter, supervised visitation staff and volunteers will be able to:

- 1. Discuss statutorily-defined juvenile sexually aggressive behaviors.
- 2. Understand how juvenile sexual offenders might participate in supervised visitation services.
- 3. Discuss the characteristics exhibited by many juvenile sexual offenders and their families.
- 4. Describe the sexual abuse cycle, and list ways in which treatment may help reduce a child's sexual aggression.
- 5. Describe obstacles that commonly prevent juveniles from receiving appropriate treatment.

## PREVALENCE OF CHILD ON CHILD SEXUAL ABUSE

Directors of Florida's supervised visitation programs report that they have provided courtordered visits in cases in which children had sexually abused other children. Visits were provided for these children and their non-residential parents, siblings, and other relatives. In some cases, these visits were between the child and parent only; in other cases they were conjoint with siblings and parent.

There were 8,725 reported cases 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 Bureau of Data and Research, 2002).

Although males are more likely to be sexual offenders, supervised visitation staff should not ignore conduct by girls at visits. Girls may represent between 5 and 35 percent of juvenile sexual offenders nationally. (OJJP, 2001)

## STATUTORY DEFINITION OF JUVENILE SEXUAL OFFENDER

"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 delinquent act 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 sexually aggressive acts against a child.

There are at least two ways juvenile sexual offender might participate at a supervised visitation program:

- 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 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 parent(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. Understanding the dynamics of individual and family characteristics and the sexual abuse cycle may assist staff toward that goal.

## INDIVIDUAL CHARACTERISTICS

Research indicates that many sexually aggressive children have experienced one of more of the following:

- Physical and/or sexual abuse.
- Family violence.
- Neglect.
- Depression.
- Anxiety.
- Antisocial traits.
- Impulse control problems.
- Academic and learning difficulties.
- Poor self-concept.
- Poor peer relationships.
- Poor relationships with family members.

## 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.
  - Abuse of power. (OJJDP, 2001)





## WHY DO CHILDREN SEXUALLY OFFEND

One large study (Ryan, et. al 1996) revealed that of 1600 juvenile offenders studied in 30 states:

- **30%** perceived sex as a way to demonstrate love/caring for another
- 23.5% perceived sex as a way to feel power and control
  - 9.4% as a way to dissipate anger
  - 8.4% to hurt, denigrate, or punish.

In a recent interview-based study of girls incarcerated in Florida's juvenile justice system, 44% of girls interviewed self-reported a history of sexual victimization (DJJ **Outcome Evaluation Report**, 2001). However, if all sources of data about girls in the study are taken into account (including abuse reports and interviews with the girls' probation officers) that percentage rises to 54% with sexual abuse histories suspected for an additional 9%. (DJJ Bureau of Data and Research, 2002)

Training Manual on Child Sexual Abuse Issues

12-year-old Jasmine grudgingly visits with her father at a supervised visitation program. Her father sought visits after being absent from Jasmine's life for seven years. Jasmine was sexually abused by a neighbor when she was eleven. She told her mother who did not want to call the police, because she was afraid she would be considered a bad parent for leaving Jasmine in the neighbor's care. The neighbor eventually moved away, and Jasmine's mother told her to forget what had happened. Jasmine was angry and frightened, but told no one. She has been babysitting a cousin's one-year-old child for the past six months, and on two occasions, Jasmine has sexually abused the child. In visits, Jasmine sat with two young children and played on the floor with them. She held stuffed animals out and encouraged the giggling children to stick any objects they could find – pencils, paperclips, magic markers – in their bottoms, tearing the fabric. She laughed when she saw her father's reaction.

### THE FAMILY'S 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 daughter has sexually abused a sibling. Below are some possible parental responses, and resulting behavior at visitation.

RESPONSE	REACTION AT VISITATION	POSSIBLE OUTCOME
Denial	"My daughter did nothing wrong."	Parent ignores child's interaction with others.
Rationalization	"This is all her father's fault; he was cruel to her."	Possible revictimization can then occur.
Feelings that the family itself is threatened	"We can take care of this our- selves. we don't need the court."	Sabotaging therapy, making visits dangerous.
Anger	"She's a bad seed." "I hate her."	Anger and insults at child during visit.
Shame	"Nothing like this has ever happened in our family."	
Sadness	"I'm so depressed over this whole thing."	Inability to participate in visit.
Acceptance	"I want to help my child heal."	Cooperation in Supervised Visita- tion rules, vigilance in visits, partici- pation in therapy.

## TREATMENT OF 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 Juvenile 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:

- Helping them understand the cycle of abuse and gain control over their abusive behavior.
- Increasing their positive interactions with peers and family.
- Halting the development of further psychosexual problems.
- Preventing further victimization.

Treatment content often includes:

- Sex education
- Resolution of personal victimization experiences
- Empathy training
- Anger management
- Treating co-existing disorders
- Impulse control
- Resolving family dysfunction
- Reduction of deviant arousal
- Academic assistance
- Relapse prevention

- Training in basic living skills
- Boundary setting

### **OBSTACLES TO TREATMENT**

Despite the fact that intervention and treatment can be effective for many juvenile sexual offenders, there are myriad obstacles to obtaining these crucial services. Below are some of those obstacles:

- The family may be unable to "see" the sexual abuse, especially in incest cases. The offender is growing up in an environment which has failed to acknowledge his or her behavior. Families often minimize or deny the abuse, at least at first.
- 2. Once the family has recognized the problem at some level, it may seek to keep it secret so that shame, fault, and public criticism of the family is avoided.
- 3. The family may seek to address the offender's behavior, once acknowledged, with ineffective means. For example, the family may use physical punishment, withdrawal of privileges, withdrawal of affection, or with drawal of support to "cure" the child or "teach him a lesson."
- Law enforcement officers may not have enough expertise or training to deal with the issue of child-on-child sexual abuse. Although they are required to receive some training on the issue, there is no specified amount of time required for that training.
- 5. State attorneys have the ultimate authority on whether to prosecute a case. Instead of filing criminal charges, the family may be given the option of seeking voluntary

therapy with little or no investigation into the expertise of the therapist or participation/ completion/follow up of the effectiveness of therapy.

### DCF OPERATING PROCEDURES

The Department of Children and Families developed an operating procedure which establishes safeguards for identifying and assisting children in "substitute care" (away from parents) who are sexual aggressors *or* who are victims of sexual abuse. As the policies state "not all victims of sexual abuse become sexually aggressive towards others, but the possibility does exist." Substitute caregivers are told:

- Never place a sexually aggressive child in a bedroom with another child.
- Establish rules regarding bathroom utilization (one family member uses the bathroom at a time with the door fully closed).
- Establish reasonable guidelines concerning what level of auditory and visual supervision is required.

(Included in this discussion are excerpts of the policies; for the full procedures, see CF-OP 175-88, (6) Appendix).



#### CASE BACKGROUND

Ten-year-old Bobby has been accused of molesting his five-year-old developmentally disabled stepsister, Suzy. The two were placed in (separate) foster homes after their father, Tony, severely beat them. He says he found them engaged in a sex act. The court ordered conjoint visits for the three family members at the visitation program. During a visit, the three exhibit certain behaviors which staff must address:

- 1. Suzy tells the monitor she needs to use the bathroom. Bobby wants to accompany them.
- a. Bobby says, "I need to go, too!"
- b. Bobby asks, "Can I come along?"
- c. Bobby is insistent on accompanying them. He becomes angry when his request is refused.
- 2. Bobby sits at a table playing checkers with Suzy.
- a. He drops things on the floor to look down her shirt when she leans over.
- b. He licks the game pieces in a highly sexualized way.
- c. He strokes her arm, runs his foot over her leg.

(Exercise continued on next page)



### EXERCISE

- 3. Suzy wants to interact with Bobby.
- a. She wants to sit on his lap.
- b. She asks him if he still loves her.
- c. She giggles when he tries to look down her shirt and holds it up for him.
- 4. Tony reacts to his children.
- a. He yells at Bobby.
- b. He pulls Suzy away from Bobby.
- c. He yells at staff.
- d. He ignores his children and looks out the window or talks to another parent in the program.
- e. He watches his children and does nothing.

#### Answer the following questions:

- 1. What are ways in which staff might respond to these behaviors?
- 2. What suggestions would you make for redirecting Suzy, Bobby, and Tony?

- 3. What kind of information would you include in the observation reports?
- 4. At what point would you suspend visits? What services would you ask for?
- 5. At what point would you terminate visits?
- 6. If you had not videotaped the visit, how would you describe the behavior to a judge in a courtroom? What kinds of problems might you have relaying the behavior to someone who wasn't in the room, especially if Tony denies that anything was wrong?
- 7. What additional rules/protocol would you implement for this case, if any?

#### QUIZ

- 1. Name the ways in which a juvenile sexual offender might participate in your supervised visitation program.
- 2. List some of the behaviors that are included in the definition of juvenile sexual abuse
- 3. Describe characteristics of some juvenile sexual offenders and their families.
- 4. Describe the goals of treatment of sexually aggressive children.
- 5. List the possible responses from the parents of sexually aggressive children.
- **6.** Discuss guidelines your program could implement to prevent victimization by sexually aggressive children on-site.

# TRAIN THE TRAINER GUIDELINES CHAPTER FOUR – JUVENILE SEXUAL OFFENDERS

Consider adding the following topics to your training:

- I. Discuss participants' reactions to child on child sexual abuse. Is it even more taboo than adult victimization of children? Ask participants to offer ideas on how they think child on child abuse may go unrecognized by
  - a. Parents.
  - b. Teachers.
  - c. Doctors.
  - d. Other adults.
- II. Review the statistics in the box on page 48. Is it easier for participants to accept the fact that boys can abuse other children than it is for them to accept the fact that girls may abuse other children? Why or why not?
- III. Review the chart "The Family's Response" on page 49. How might a parent's reaction help or hinder a child's recovery in therapy? How might a parent hinder the law enforcement investigation? Might a parent try to convince law enforcement, social worker, or judges that the child was just "playing doctor" or say something else to minimize the abuse, such as "boys will be boys"?

- IV. Review the DCF Operating Procedures on page 51. Given the fact that much child on child sexual abuse is rarely revealed until much later in life (if at all), what additional steps will participants suggest to prevent child on child victimization at supervised visitation programs from *unidentified* child perpetrators at their programs?
- VI. Invite a mental health professional in your community who has expertise in the area of juvenile sexual offenders to speak to your group. Invite him/her to suggest ways to keep other children safe from juvenile sexual offenders at your program.



### RESOURCE MATERIALS NEEDED

Newsprint or Flip Chart

Magic Markers

Masking Tape

Professional with expertise in juvenile sexual offenders



# SYSTEM RESPONSES TO SEXUAL ABUSE ALLEGATIONS

The purpose of this chapter is to describe the processing of sexual abuse allegations by both the child protection and judicial systems, focusing on the roles and statutory responsibilities of judges, law enforcement officers, child protection staff, Guardians ad Litem, attorneys, and other personnel involved in the investigation. The role of each at supervised visitation programs is also described for visitation staff. Guidelines are presented for appropriate observation at visits by these various personnel. Finally, state and national resources on the issue of child sexual abuse are provided.

# LEARNING OBJECTIVES

# By the end of this chapter, supervised visitation staff and volunteers will be able to:

- 1. Describe the roles of the judge, the caseworker, the guardian ad litem, law enforcement, prosecutors, attorneys, and the parent evaluator involved in processing child sexual abuse cases.
- 2. Describe best practice guidelines for allowing these personnel to observe visits in an unobtrusive manner.
- 3. Identify the roles and responsibilities of Sexual Abuse Treatment programs.
- 4. Analyze examples of role conflict between Department of Children and Families (DCF) workers, Guardians ad Litem, and supervised visitation staff.
- 5. Identify state and national resources addressing child sexual abuse.

### THE JUDGE

The following section discusses the role of the judge or – in some circuits, the special master – in sexual abuse cases and at supervised visitation. Sexual abuse may be alleged in dependency cases, criminal cases and family court custody cases as described below.

A judge's involvement in a child sexual abuse dependency case begins:

- When the initial shelter petition is filed because a child has been removed from the home due to sexual abuse allegations;
- When the dependency petition is filed;
- When the termination of parental rights petition is filed.

A judge may preside over a criminal case if criminal charges of sexual abuse have been filed against a child's parent or caregiver.

Judges also decide disputed custody or visitation cases in which child sexual abuse allegations are made. These might include:

- Dissolution of marriage.
- Paternity.
- Modifications of custody or visitations.
- Injunctions against domestic violence.
- Other family court case in which there are allegations of sexual abuse of the children.

In these cases, the children may not be removed from the home if there is a parent in the home who is not the alleged perpetrator and the alleged perpetrator is not living there. If sexual abuse allegations have not already been reported to DCF, the judge has a legal duty to report them. Any person who makes a report in good faith is immune from civil or criminal liability for doing so.

### THE JUDGE AND SUPERVISED VISITATION

The judge is the ultimate decision maker in sexual abuse cases, and orders supervised visitation in sexual abuse cases. The judge usually regards supervised visitation as a valuable service to the court because parent-child contact can continue in:

- Unconfirmed cases with active investigations.
- Cases in which the perpetrator has been convicted of sexual abuse, but seeks visitation with a nonvictim child in his/her family.
- Cases in which there is no ongoing investigation.

The judge may also request to review the visitation program's records, and will terminate cases due to noncompliance with program rules.

#### CASE EXAMPLE

Judge Jones has reviewed a Petition for Dependency filed by DCF regarding ten-year-old Mannie, who told his teacher that his stepfather, who lives in the home, fondled him. Mannie's mother denies that the abuse occurred and refuses to require her husband to move out of the home. DCF seeks to have Mannie placed with a relative until an investigation can be completed. Judge Jones orders supervised visitation between Mannie and his mother, worried that unsupervised access could taint the investigation of CPT.

## THE PROTECTIVE INVESTIGATOR/ CASEWORKER

The following section discusses the duties of the protective investigator in sexual abuse cases and at visitation under Florida Statutes.

Protective Investigators:

- Receive reports of child abuse, abandonment, or neglect;
- Investigate those reports;
- May recommend that a dependency petition be filed for the child; and
- Will be involved in the case if a report of sexual abuse has been made to the Abuse Hotline. The case may be assigned an investigator until a determination is made that there has been abuse, and then transferred to a different caseworker.

The role of the investigator is to:

- Make an immediate, unannounced on-site child safety assessment if the Hotline determines the report requires one.
- Determine whether the report to the Hotline is complete, and obtain additional information if it is not.
- Notify the state attorney and local law enforcement agency if a child's safety is endangered, the family is a flight risk, a child has died from abuse, the child is an aggravated child abuse victim, or the child is a sexual battery or sexual abuse victim.
- Determine if the allegations are "verified," or there is "some indication" or "no indication" that the specific injury, harm, or threatened harm is the result of abuse. See Appendix for definitions of these terms. The investigator/ caseworker uses the Family Safety and Preservation Allegation Matrix to determine the allegations to include in the report and to assess maltreatment. The Initial Child Safety Assessment is the written report which the investigator must complete.
- Complete the investigation, requesting all necessary services, within 60 days after the initial report.
- Refer to the Child Protection Team for assessment cases of sexual abuse of a child. When the hotline determines that an investigation of abuse allegations is warranted, the report is transmitted to district department investigative staff and simultaneously to the CPT for review.

A referral by DCF to the CPT is made as soon as possible in the investigative response phase.

#### THE CASEWORKER/INVESTIGATOR AT SUPERVISED VISITATION

- Contacts the visitation program to begin the family's visits in cases in which the child has been removed from the home.
- Informs visitation program staff about the a abuse allegations, behaviors to be alert for during visits, the family's history, the criminal background information of the family, and what social or other services are being provided to the child and family. This information should be available to the supervised visitation program if it is a contract provider of the department.
- Arranges transportation of the child to the visit.
- Answers questions posed by the child's residential caretaker or the visiting party that are beyond the scope of the program's staff.
- May ask to observe the visits, or review program records, or both.
- Provides copies of all relevant case material.
- Completes intake referral form (see Chapter 7).

The following case example demonstrates how caseworkers viewing visits can unintentionally expose children to additional stress by discussing case specifics in their presence.

## CASE EXAMPLE

The caseworker arrives at the visitation program and begins a conversation with the visiting parent about what the parent has **not** done on her case plan. The children, ages seven and ten, arrive and the caseworker continues to discuss the specifics of the case plan, pointing out which parts have been complied with and which parts have not. The children hold their mother's hand the entire time. One child begins to cry, and the other comforts her. The visiting parent becomes angry and yells at the caseworker.



Training Manual on Child Sexual Abuse Issues



- 1. After reviewing the case example, discuss the following issues:
- a. What, if anything, might have been done or said to the caseworker when he/she arrived at the program?
- b. What might have been said when staff hears what the case worker is saying to the parent?
- c. What might have been done when staff sees the reaction of the parent and child?
- d. Discuss the tensions that occur because of:
  - The caseworker's role referring the case to the program, which needs referrals to stay open.
  - DCF being a provider of funds for the program.
  - The parent regarding the program as hostile for allowing the case worker to interfere with the visit.
  - The parent's emotional reaction to the caseworker, influencing the parent's mood and behavior during the visit.

## THE GUARDIAN AD LITEM

The following section discusses the statutory definition and duties of the Guardian ad Litem in sexual abuse cases and at supervised visitation programs.

**Definition:** In many cases, a court-appointed Guardian ad Litem (GAL) may be assigned to work with a child in a sexual abuse case. In other states, court-appointed volunteers may be called GAL's or CASAs (Court-Appointed Special Advocate). A GAL is certified by the state GAL program to act in a child's best interest in dependency, criminal and/or family court cases.

#### The GAL acts as next friend of the child, investigator or evaluator, not as attorney or advocate.

Best interests of a child include:

- Preservation of the child's physical safety and emotional well-being,
- Permanent placement in a stable and nurturing home environment that fosters the child's health growth and development, and
- Protection from further harm during the child's involvement in the court system.

*Guardian's Role in Sexual Abuse Cases*: The volunteer GAL has four duties in a sexual abuse cases.

 Information Gatherer: The GAL collects facts about the allegations which brought the matter to court. In many cases, the GAL will request to observe a supervised visit between the nonresidential parent and the child. The GAL may request copies of the written observation reports of these visits.

- 2. **Reporter:** The GAL makes recommendations to the court, and files written reports with the court summarizing the information he/she has gathered. The Guardian ad Litem must keep information observed and heard during a visit, and documents received from a supervised visitation program confidential and may only disclose the information in his/ her report to the court.
- 3. *Monitor:* The GAL monitors the child's well-being, ensures that the court orders are being carried out, and identifies resources that may address the needs of the family, such as therapy, treatment, and other interventions.
- 4. Spokesperson: The GAL is a party to the case, and makes recommendations as to what actions the judicial and social services systems can make to ensure that the child's best interests will be met.



## The guardian ad litem At supervised visitation:

The GAL may:

- Request that the court order supervised visitation.
- Review records.
- Observe visits.
- Interview SV staff.

If a GAL requests to monitor a supervised visit, the program should do the following prior to the first observed visit:

- Obtain a copy of the court paperwork appointing the GAL. The Order of Appointment and the Oath of Acceptance are two documents which are essential for visitation program records. These can be obtained from the GAL Office.
- Contact the GAL to review program rules. The GAL should have a clear understanding of the Supervised Visitation program's goal: to facilitate safe contact between the parent and child. The GAL's presence at the visit should not in any way interfere with the visit.
- **Caution the GAL** about drawing conclusions about the visit.

As the following case example illustrates, certain behaviors of a GAL are inappropriate during scheduled visitation services.

### CASE EXAMPLE

Tom is the Guardian Ad Litem for two boys, ages six and eight. He brings all of his paperwork to the visitation program an hour before the visit is scheduled to begin. He tells the visit supervisor why he believes the children's maternal grandmother, who is their custodian, has sexually abused them. When the children arrive for the visit, they greet him, and ask him to play catch with them outside. The grandmother is late for the visit, so the GAL takes the boys onto the program playground, where parents are playing with their children. The GAL proceeds to ask the children questions about the abuse, first indirectly, and then more explicitly. At first the children pretend to ignore his questions. They laugh and shrug. By the time the grandmother arrives at the program, the children are tearful and angry. They refuse to interact with the grandmother, and one of the boys sits in the corner and hangs his head in his hands.



After reviewing the case example, discuss the following issues:

- 1. How might staff have handled the situation differently at each of these points:
  - a. At the arrival of the GAL and his statements regarding his/her conclusions about the case to program staff.
  - b. When the visit is delayed due to the grandmother's tardiness. Address what decisions could have been made about whether the GAL would be allowed to interact with the children, what the GAL would be allowed to say to the children, and in whose presence the GAL would be allowed to interact with the children.
  - c. When the staff sees the children's reactions to the GAL's statements.
  - d. When the grandmother arrives for the visit.
- 2. After the visit, what could be said to the children?
- 3. What issues arise when other parents or children overhear or observe the GAL's interaction with the children?
- 4. What information, if any should staff provide to the children's residential caretaker when he/she arrives to pick up the children?.
- 5. What information, if any, should be provided to the GALs' case coordinator (supervisor) and in what manner would this information be relayed?

### LAW ENFORCEMENT

This section describes the statutory role of law enforcement in investigating sexual abuse allegations and at supervised visitation.

Law enforcement:

- Receives a written report of an allegation of criminal conduct from DCF, who notifies law enforcement immediately.
- Reviews the information in the written report to determine whether a criminal investigation is warranted.
- Coordinates its investigative activities with DCF. If the law enforcement agency does not accept the case for criminal investigation, the agency shall notify the department in writing. The department has an agreement with the local law enforcement agency which describes the specific local protocols for conducting a child abuse criminal investigation.
- Takes photographs documenting the abuse when appropriate. Obtains voice recordings of incoming and outgoing hotline calls.
- Takes a child into custody if necessary.
- Makes a report to DCF when child sexual abuse is suspected.

The sheriff's departments of Pinellas, Manatee, Broward, and Pasco Counties are responsible for child protective investigations for abuse cases in those counties

### THE ROLE OF LAW ENFORCEMENT AT SUPERVISED VISITATION IS TO:

- Provide on-site security (volunteer, paid, or a combination of both) at many programs.
- Screencheck parents for weapons.
- Assess parents for signs of intoxication
- Intervene in emergencies.
- Make arrests or interventions when necessary.
- Execute outstanding arrest warrants on-site.

## CHILDREN'S ADVOCACY CENTERS

The following section discusses the role of Children's Advocacy Centers (CACs) in sexual abuse cases and at supervised visitation.

Children's Advocacy Centers provide:

- A neutral child-friendly setting for interviews, medical examinations, and counseling of child abuse victims.
- Coordinated investigations and services in order to reduce the trauma of multiple interviews and inconsistent treatment.
- Case review, case tracking.
- Victim support and advocacy.

In 2002, there are 18 CACs in Florida.

A few CACs offer on-site supervised visitation services. *The CAC has no role in supervised* 

visitation UNLESS the program actually provides supervised visitation services.

### **ATTORNEYS**

This section describes the roles of five different types of attorneys who may represent litigants in sexual abuse cases referred to supervised visitation programs.

#### 1. Prosecuting Attorneys –

The prosecuting attorney in a criminal sexual abuse case:

- Prosecutes the case on behalf of the state.
- Receives oral notification from the Department of Children and Families if during an investigation, the caseworker learns that the child is a sexual battery or sexual abuse victim.
- Receives within 3 working days of notification, a full written report from the Department.
- Reports, within 15 days after a sexual abuse case is reported, his or her findings to the Department and includes in such report a determination of whether or not prosecution is justified and appropriate in view of the circumstances of the specific case.
- Has access to the Department's records concerning reports of child abuse.
- Has access to the voice-recordings of "all incoming or outgoing calls that are received or placed by the central abuse hotline which relate to suspected or known child abuse for the purpose of investigating and prosecuting criminal charges..."
- Has the authority to prosecute anyone who knowingly and willfully:

- Fails to report known or suspected child abuse
- Makes public or discloses any confidential information contained in the central abuse hotline or in the records of any child abuse or
- Makes a false report of child abuse.
- 2. Attorneys for the Department of Children and Family Services represent the Department:
- In all pleadings or written motions or petitions filed in sexual abuse cases, including:
  - Petitions for Dependency
  - Petitions for the Termination of Parental Rights (TPR)
- At all hearings on motions or petitions filed with the court,
- At mediation, in which they negotiate the elements of the case plan or other aspects of the case.

#### 3. Attorneys for the GAL:

If a Guardian ad Litem has been appointed in a family court, criminal or dependency case, an attorney for the Office of the Guardian ad Litem represents the GAL in all pleadings, motions or hearings before the court.

#### 4. The Public Defender:

The public defender represents, free of charge, indigent people who have been accused of sexual abuse in criminal cases.

- 5. **Private Attorneys** Private Attorneys may represent those accused of sexual abuse in:
- Dependency cases –if a person can not afford a private attorney in a dependency case, the court will appoint one.
- Disputed custody or visitation cases parent may choose to represent himself or herself if he/she can not afford an attorney. The court will not provide one for free.
- Criminal cases private attorneys or public defenders represent the accused in these cases.

#### ATTORNEYS AT SUPERVISED VISITATION:

- May wish to review videotapes of visitation.
- May seek to review written records from visitation.
- May subpoena staff to testify.

## CASE EXAMPLE

Suzanne Gregg represents Ms. Walsh in a dependency case which has been referred to your visitation program. On the day the first visit is scheduled, Ms. Gregg arrives with Ms. Walsh and insists that she accompany Ms. Walsh to the visit and stay with her in the visit room. The director denies this request, but Mrs. Walsh is adamant, and begins to yell at staff and threaten to sue the program. After attempting to explain to the attorney that this would violate program policy, the director cancelled the visit.

## THE CHILD PROTECTION TEAM

This section describes the role of the Child Protection Team in sexual abuse cases and at supervised visitation.

The child protection team is a team of professionals established by the Florida Department of Health to:

- Receive referrals from the protective investigators and protective services staff of the department.
- Provide specialized and supportive services to DCF in processing child abuse, abandonment, or neglect cases.



CPT Assessment – a team assessment is a written "medically-directed multidisciplinary" evaluation. During the DCF investigation, the CPT works with the protective investigator and may provide:

- Medical diagnostic assessments and evaluations.
- Telephone consultation in emergencies.
- Psychological and psychiatric evaluations.
- Expert testimony in court.
- Case staffings.
- Case service coordination and assistance, including the location of services available from other public and private agencies in the community.
- Educational and community awareness campaigns on child abuse, abandonment, and neglect.
- Training for employees of DCF and the Department of Health in handling child abuse, abandonment, and neglect cases.

#### THE ROLE OF THE CHILD PROTECTION TEAM AT SUPERVISED VISITATION:

Is usually limited to reviewing records of visits.

... for Florida's Supervised Visitation Providers

## SEXUAL ABUSE TREATMENT PROGRAMS (SATP)

This section describes the role of Sexual Abuse Treatment Programs in sexual abuse cases and at supervised visitation.

There are eleven sexual abuse treatment programs funded by the Florida Department of Health Children's Medical Services located throughout the state of Florida. The programs are located within various types of agencies, including mental health centers, children's advocacy centers, and private social services agencies. Other sexual abuse treatment programs not funded by DOH/CMS may provide services identical or similar to CMS funded programs.

(See Appendix for location of SATPs.)

The Sexual Abuse Treatment Program generally has a limited role in visitation except to review program records, which it may obtain through DCF. Sometimes visitation program directors may contact with the SATP therapist to address problems that arise during visits.

- The SATP treats children and families when child abuse is reported to the Hotline and the Department finds there is some indication of sexual abuse or the abuse is verified.
- Family members eligible for services include:
  - The non-offending adult caretaker,
  - Non-victim siblings, and
  - The offending caretaker, although very few programs actually provide this service.

- Non-offending caretaker includes:
  - The natural or legal parent, and
  - The foster parent, when the child is in the temporary custody of the department.

#### Services:

- Community-based, family-centered treatment which includes group and individual counseling and family intervention.
- Program objectives focus on development of:
  - Child self-protective skills,
  - Non-offending caretaker child protective skills, and
  - Offender relapse prevention skills.

#### PARENT EVALUATOR

This section describes the role of the parent evaluator in sexual abuse cases and at supervised visitation.

The court may order a Parent Evaluator to conduct a social investigation and study relating to the child and each parent to determine custody when sexual abuse allegations arise:

- In dissolution of marriage
- Child support, or
- Other custody cases.

Professionals who may conduct the study include:

- Qualified staff of the court.
- Licensed child-placing agency.

- Licensed psychologist.
- Licensed clinical social worker.
- Licensed marriage and family therapist.
- License mental health counselor.

The written study:

- Is to be paid for by the adult parties involved, unless they are indigent;
- Contains recommendations, including a written statement of facts found in the social investigation on which the recommendations are based;
- Is provided to the court and the parties;
- May be considered by the court in making a decision on the child's custody;
- Is not excluded from the court's consideration by technical rules of evidence.

# THE ROLE OF THE PARENT EVALUATOR AT SUPERVISED VISITATION MAY INCLUDE:

- Reviewing records.
- Interviewing staff.
- Observing visits.
- Observing videotapes of visits.

### PROTOCOL FOR VISIT OBSERVATIONS

GALs, DCF, caseworkers, therapists, parenting evaluators, and others may ask to observe the visits at the supervised visitation program. Their presence should not interfere with the visit. During a visit, these personnel *should not*:

- Interview the child, or ask questions relating to the court case.
- Interview the parent or ask questions relating to the court case.
- Interact with the parent or child the visit is the *parent's* time to interact with the child.
- Talk with staff in the presence of the child, except when absolutely necessary.
- Redirect parent-child interaction it is the Supervised Visitation staff's responsibility to facilitate and redirect interaction.
- Supervise the visit. Supervised Visitation staff, not other personnel, are responsible at all times for controlling the visit – the presence of other personnel does not change the level of supervision required by a Supervised Visitation program for a particular case.

During a visit, GALs, caseworkers and other personnel *should*:

- Remain passive observers to the visit.
- Stay as unobtrusive as possible.

PERSONNEL	ROLE	ROLE AT SV	SHOULD NOT
Judges	Presides over criminal, juvenile or family court cases.	Orders SV. May terminate visits.	Ask staff to make recommendations.
Protective Investigator	Receives and investi- gates allegations in criminal and juvenile cases in which child sexual abuse has been alleged.	Informs staff of allega- tions. May observe visits. Arranges transportation.	Interfere in routine visits.
Guardian ad Litem	Is court-ordered to act in a child's best interest.	May recommend Super- vised Visitation. Observe visits.	Interact with child, family, or staff during visits.
Attorneys	Represent the state, the parents, or the GAL in child sexual abuse litigation.	May request records/ videotapes of visits.	Accompany parents to visits.
Law Enforcement	Investigates allegation of criminal conduct	In some programs, off-duty police, sheriff provide security during Supervised Visitation.	Vouch for other law enforcement. Interview or interact with parents, child during routine visits unless necessary.
CPT	Provides medical and psychological assess- ments, evaluations during child abuse investigations.	May review records of visits.	Interfere with routine visits.
SATPs	Provides treatment to child sexual abuse victims and non- offending parents.	May Review records.	Interrupt visits.
Parent Evaluator	Conduct social investi- gation and recommends custody, visitation.	May observe visits. May review records. May interview staff.	Interrupt visits. Ask staff for opinions on veracity of allegations.

## QUIZ

- **1.** Describe the role of the Guardian ad Litem and discuss ways in which GALs may participate in the visitation service.
- **2.** Describe the role of the Child Protection Team and name some of the services it offers to victims of child sexual abuse.
- 3. Describe what role the SATP plays in child sexual abuse cases.
- 4. Identify other resources available to assist in sexual abuse case referrals.

## TRAIN THE TRAINER GUIDELINES

## CHAPTER FIVE – SYSTEM RESPONSES TO SEXUAL ABUSE ALLEGATIONS

Consider adding the following topics to your training:

- I. Invite a local member of the *Child Protection Team* to speak at your training and describe the investigative process, using case examples (protecting confidentiality) of responding to DCF referrals.
- II. If there is a *Sexual Abuse Treatment Program* in your area, invite a member to speak at your training on the services offered for sexual abuse victims and their nonoffending parents.
- III. If you do not have these services available for training, borrow the tape from the Clearinghouse's Lending Library entitled *Child Advocacy Centers*' (9 minutes in length) and ask the following questions:
  - a. Why do you think a 'multidisciplinary approach' to child abuse treatment is emphasized in Florida? Is it your experience that the services offered to child victims is a truly coordinated response? Why or why not?
  - b. Why do the roles of Child Advocacy Centers differ from community to community?
- IV. Does your program have written policies for visitors such as GALS to view visits? Ask

participants to draft program policies, and discuss specific case examples from your own experiences (protecting confidentiality) to highlight specific issues concerning visitors.

- V. Discuss the chart on page 16. Ask participants to think about whether they've ever been asked to make recommendations or draw conclusions about a case.
  - a. Is it difficult to refrain from making recommendations or offering opinions when you've monitored a case for a long period of time and feel as though you know the family well?
  - b. Have you ever felt pressured into making a recommendation?
  - c. What are some of the reasons a judge or investigator might ask staff for an opinion about the case?
- VI. Ask participants whether they feel that supervised visitation is an integral part of the child protection system in Florida. Why or why not? Do staff see the link between DCF, CPT, other agencies and supervised visitation? Or does the system seem fragmented and uncoordinated? Ask the group if there are any suggestions as to how your program can become more integrated into the child protection system, while still maintaining neutrality. For instance, are

Training Manual on Child Sexual Abuse Issues

there cross-trainings that your program could participate in with DCF or CPT staff so that each could recognize the importance of the other's role?



(borrow from Clearinghouse)

## WHAT HAPPENS WHEN THE HOTLINE RECEIVES A CALL?

#### Report is made to DCF Hotline

When Hotline staff determines investigation is warranted, simultaneous report is made to Child Protection Team for review. HOTLINE staff determine whether the call consists of facts requiring immediate on-site assessment.

### If Hotline call consists of facts not requiring immediate on-site protection assessment:

The assessment is done within 24 hours of the report. These are reports in which there is **no** allegation that "the immediate safety or well-being of a child is endangered, that the family may flee or the child will be unavailable for purposes of conducting a child protective investigation, or that the facts otherwise so warrant...." F.S.39.201(5).

# If the Hotline call consists of facts that require immediate on-site assessment:

The assessment is done by investigative staff from the victim's county at the victim's home. The facts must create a reasonable cause to suspect the child, who is in Florida, has been harmed, or is believed to be threatened with harm, by a parent, legal custodian, caregiver, or other person responsible for the child's welfare. The facts alleged must be: that a child's immediate safety or well-being is endangered; that the family may flee or the child will be unavailable within 24 hours; institutional abuse or neglect; DCF employee is the alleged abuser; a special condition referral for emergency services; or other facts which warrant an immediate investigation. F.S. 39.201(5). Sexual Maltreatment (sexual battery (incest and not incest), sexual molestation, sexual exploitation, and sexual abuse by another child) are defined in the Allegation Matrix, codes 20, 21, 24, 25, 28. CFOP 175-28.

DCF completes risk assessment within 48 hours after initial contact. F.S. 39.301(9)(e).

If report involves sexual battery or sexual abuse, DCF must immediately notify appropriate *law enforcement agency* and *state attorney* and give them a copy of written report within 3 working days. This notification may be before or after on-site visit depending on when information is revealed. F.S. 39.301(15)(e). CFOP 175-21.

Law enforcement determines whether a criminal investigation is warranted.

Within 15 days after case reported to state attorney, she shall report findings and determination of whether to prosecute to DCF. F.S. 39.301(18).

DCF complete investigation 60 days after initial report. F.S.39.301(14)

# **GLOSSARY OF TERMS**

When investigators from the Department of Children and Families complete an investigation in a child sexual abuse case, they make a determination as to whether "credible evidence that indicators of child abuse or neglect are present." Cases will be categorized under the following findings:

- Verified When a preponderance of the credible evidence results in a determination that the specific injury, harm, or threatened harm was the result of abuse or neglect, this finding is used.
- *Some indication* When there is credible evidence, which does not meet the standard of being a preponderance, to support that the specific injury, harm, or threatened harm was the result of abuse or neglect, this finding is used.
- **No indication** When there is no credible evidence to support the allegations of abuse, neglect, or threatened harm, this finding is used.
- Preponderance Superiority in weight or quality/importance.
- *Weight* Most of the evidence supports abuse.
- *Quality/importance* At least one piece of evidence in support of abuse is exceptionally strong such as DNA findings or pediatrician's willingness to testify the injuries were from abuse.

#### REFERENCES TO DEPARTMENT OF CHILDREN AND FAMILY SERVICES' OPERATING PROCEDURES AND FLORIDA STATUTES

Subject	Reference
Guardian ad Litem	F.S.61.403, 61.404, 61.405, 39.820, 39.822, 39.829
Judge	39.013, 39.201, 39.203
Protective Investigator/ Caseworker	39.01, 39.301,, 39.202, 39.303, CFOP 175-21, CFOP 175-28
Law Enforcement	39.201, 39.301, 39.306, 39.3065, 39.401, 901.04, CFOP 175-21
State Attorney	27.02, 39.201, 39.202, 39.205, 39.301
Public Defender	27.51
Private Attorneys	39.013,39.301
Child Protection Team	39.01, 39.303, CFOP 175-20
Sexual Abuse Treatment Program	39.303, CFOP 175-20
Parent Evaluator	61.20
Child Advocacy Centers	39.3035
Child, definition of	39.0015(12)
Juvenile sexual offender, definition of	985.03(31)
Child sexual abuse, definition of	39.0015(63)
#### CMS SEXUAL ABUSE TREATMENT PROGRAM PROVIDERS

#### District 1

Parent Organization: Lutheran Services Florida, Inc. (Same Address as SATP) Sexual Abuse Treatment Program 4610 W. Fairfield Drive Pensacola, FL 32506 (850) 453-2772 FAX: (850) 453-2866 e-mail address: sswann@lsfnet.org Contact Person – Sherri Swann Program Coordinator

#### **District 2A**

Parent Organization: Life Management Center of Northwest Florida, Inc. (Same Address as SATP) Sexual Abuse Treatment Program 525 East 15th Street Panama City, Florida 32401 (850) 769-9481 (Ext 201) FAX: (850) 872-4828 e-mail address: jkitzerow@lifemanagementcenter.org Contact Person – Loretta Glass, LMFT

Satellite Sites:

(1) 4099 Lafayette Street
Marianna, Florida 32446
(850) 482-7441
FAX: (850) 482-4164
Contact Person– Deborah Mobley

(2) 801 South Weeks Street
Bonifay, Florida 32425
Tele: (850)
FAX: use Marianna fax
Contact Person – Deborah Mobley

#### **District 2B**

Parent Organization: Children's Home Society of Florida, North Central Division (850) 921-0772 FAX: (850) 921-0726 Sexual Abuse Treatment Program Children's Home Society 820 E. Park Avenue, Bldg. "E" Suite 200 Tallahassee, Florida 32301 (850) 921-8989 FAX: (850) 921-8997 Contact Person – Mandi Moerland, LCSW email: mandi.moerland@chsfl.org

#### **District** 4

Parent Organization: Children's Crisis Center, Inc. Sexual Abuse Treatment Program

> 655 West 11th Street Jacksonville, Florida 32209 or P. O. Box 40279, Zip 32203-0279 (904) 244-4670 Fax: (904) 244-4627 e:mail address: nnowlan@childrenscrisiscenter.org Contact Person – Nancy Nowlan Jim Vallely, Ph.D., Clinical Coordinator

(Sub-contracts for sexual abuse treatment with the following private provider agencies)

(1) Association For Counseling & Biofeedback 9951 Atlantic Blvd., Suite 450 Jacksonville, Florida 32217

(2) Psychological Services of St. Augustine
236 South Park Circle, East
St. Augustine, Florida 32086
(904) 824-7733
FAX (904) 829-9768
Contact Person – Jack Merwin, Ph.D., Karen
Selig, M.A.

(3) Larry Neidigh, Ph.D
Community Behavioral Services
1543 Kingsley Ave., Suite 18A
Orange Park, FL 32073
Fran Cuchiara, LMHT
Tina Larson, LMHT
655 West 11<sup>th</sup> Street
Jacksonville, Florida 32209

#### CMS SEXUAL ABUSE TREATMENT PROGRAM PROVIDERS (CONTINUED)

#### District 7B

Parent Organization:Florida Institute of Technology The Family Learning Program, A Sexual Abuse Treatment Program Florida Institute of Technology Department of Psychology 150 West University Boulevard Melbourne, Florida 32901-6988 (321) 674-8104 FAX: (321) 674-7105 E:mail: bakerj@fit.edu Contact Person – Juanita Baker, Ph.D.

#### District 8A

Parent Organization: Child Protection Center, Inc. (Same Address as SATP) Sexual Abuse Treatment Program 1750 - 17th Street, Building L Sarasota, Florida 34234 (941) 365-1277 Fax (941) 366-1849 e-mail: ruth\_shapiro@doh.state.fl.us Contact Person – Ruth Shapiro, L.C.S.W

### District 8B

Parent Organization: Children's Advocacy Center of Southwest Florida, Inc. (formerly known as Southwest Children's Fund, Inc) Sexual Abuse Treatment Program 3900 Broadway, Suite One Bldg. B-1 Ft. Myers, Florida 33901 (941) 939-2808 FAX (941) 939-4794 Contact Person – Jill L. Turner e-mail: jturner@cac-swfl.org Clinical Director: Diana Stromsky e-mail: dstromsky@cac-swfl.org

#### District 12

Parent Organization: Children's Advocacy Center Doug Romine, Program Administrator (386) 238-3830 FAX: (386) 238-3831 e-mail: donnam1@bellsouth.net Sexual Abuse Treatment Program P. O. Box 11109 Daytona Beach, FL 32120-1109 344 S. Beach (32114) (386) 258-0250 FAX: (386) 238-3831 e-mail: darlene\_stewart@doh.state.fl.us Contact Person – Darlene Stewart, MS, LMHC

#### **District 13**

Parent Organization: The Harbor Behavioral Health Care Institute (Main Administration Office) P. O. Box 428 New Port Richey, FL 34656-0428 (727) 841-4200 SC 538-4200 FAX: (727) 841-4354 Contact Person – Leslie Ellis-Lang, Program Administrator Sexual Abuse Treatment Program 7537 Forest Oaks Blvd. Spring Hill, Florida 34606-0908 (352) 688-0700 or (SC) 621-5175 FAX: (352) 688-1918 e-mail: Sharon.Rose@Baycare.org ContactPerson – Sharon Rose

## CMS SEXUAL ABUSE TREATMENT PROGRAM PROVIDERS (CONTINUED)

District 14	
Parent Organization: Peace River Center	
8	
Sexual Abuse Treatment Program (Victim	
Intervention Program) Peace River Center Administration	
1745 Highway 17 South	
Bartow, FL 33830	
(863) 534-7020 ext. 124	
FAX: (863) 534-7028	
e-mail: vmehnert@peace-river.com	
Contact Person – Vivian Mehmert, Clinical	
Director	
e-mail: aharry@peace-river.com	
Contract: Alisa Harry QA: Vicki Trevino	
QA. VICKI ITEVIIIO	
Parent Organization: Winter Haven Hospital's	
Mental Health Services	
(same address as SATP)	
Sexual Abuse Treatment Program	
Family Counseling Services, Mental	
Health Services	
200 Avenue F, N.E.	
Winter Haven, Florida 33881	
(863) 294-7062, 967-7596	
FAX: (863) 294-7064	
Contact person – Kim Mott, L.M.H.C.	
e-mail: kimberly.mott@mfms.com	
-	
(1) Satellite site: Marge Brewster Center	
Colony Square	
155 US Highway 27 North	
Sebring, Florida 338	

#### CENTRAL OFFICE PROGRAM STAFF FOR THE SEXUAL ABUSE TREATMENT PROGRAM

#### **State Sexual Abuse Treatment Consultant**

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... for Florida's Supervised Visitation Providers

# **ADDITIONAL RESOURCES**

## **ACTION for Child Protection**

2101 Sardis Road, North / Suite #204 · Charlotte, NC 28227
(704) 845-2121 · www.actionchildprotection.org

## American Professional Society on the Abuse of Children (APSAC)

2449 Beacon Street#302, Rm #309 • North Charleston, SC 29405-8388 (843) 744-6901 • www.apsac.org

### C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect

1825 Marion Street • Denver, CO 80218 www.kempecenter.org

#### Child Welfare League of America (CWLA)

440 First Street, N.E. / Suite #310 • Washington, DC 20002 (202) 638-5952 • www.cwla.org

#### Childhelp USA

15757 North, 78<sup>th</sup> Street • Scottsdale, AZ 85260 (800) 4-A-CHILD • (800) 422-4453 • www.childhelpusa.org

### National Clearinghouse on Child Abuse and Neglect Information

330 C. Street • Washington, DC 20447 (703) 385-7565 • www.calib.com/nccanch/

### Military Family Resource Center (MFRC)

CS 4, Suite #302, Rm #309 / 1745 Jefferson Davis Hwy • Arlington, VA 22202 http://mfrc@calib.com

#### National Association for the Prevention of Child Abuse and Neglect (NAPCAN)

P.O. Box, C302, Clarence Street • Sydney, NSW Australia 2000 (02) 233-3536 • www.napcan.org.au

#### National Center for the Prosecution of Child Abuse

99 Canal Center Plaza / Suite #510 • Alexandria, VA 22314
(703) 739-0321 • www.ndaa-apri.org/apri/programs/ncpca

## **Prevent Child Abuse America**

200 S. Michigan Avenue / 17<sup>th</sup> Floor • Chicago, IL 60604 (312) 663-3520 • www.preventchildabuse.org



# BEST PRACTICE GUIDELINES FOR ASSESSING REFERRALS & COURT ORDERS IN CHILD SEXUAL ABUSE CASES

The purpose of this chapter is to present best practice guidelines for supervised visitation staff to utilize in assessing referrals and court orders in cases involving child sexual abuse and in conducting intake of these families. The chapter also outlines protocols for obtaining requisite case background material from the referring court, the Department of Children and Families (DCF), and other relevant agencies. Finally, a decision-making tree is presented to demonstrate how staff can effectively determine whether to accept or decline a case referral involving child sexual abuse.

# LEARNING OBJECTIVES

# By the end of this chapter, supervised visitation staff and volunteers will be able to:

- 1. Recognize key components of a letter of agreement between the court, DCF and a supervised visitation provider for referral of cases involving alleged or confirmed child sexual abuse.
- 2. Develop appropriate visit rules for cases involving child sexual abuse.
- 3. Describe all pertinent case background necessary for supervised visitation staff to review prior to scheduled visits.
- 4. Recognize best practice guidelines to be utilized in assessing court orders and referrals for supervised visitation services in cases involving child sexual abuse in order to protect the child victim.
- 5. Develop effective mechanisms for communicating with the court on issues related to child sexual abuse referrals.
- 6. Utilize decision-making tree for assessing court referrals of child sexual abuse cases.

# LAYING THE FOUNDATION FOR SUPERVISED VISITATION REFERRALS INVOLVING CHILD SEXUAL ABUSE

Ensuring that your program can adequately and safely supervise services for cases involving child sexual abuse is the first step that must be addressed prior to accepting these referrals. This requires that your program have the following:

- Letters of agreement with your court and with DCF.
- Program policies and guidelines specifically addressing these cases.
- Training on child sexual abuse issues.
- Agreed-upon procedures for obtaining background material on the family prior to initiation of services.





**Trainer:** Distribute copies of your program's letter of agreement with the court and with DCF, and all relevant program policies and rules to trainees. Give time for these to be reviewed, and then have the group answer the following questions.

- Does the letter of agreement specifically address the referral of child sexual abuse cases? If so, what does it say?
- 2. Has the chief judge signed the agreement? If not, ask your program director if the court refers these cases and /or allows the program to decline referrals.

Review your program's policies and guidelines. Do they specifically address cases involving child sexual abuse? Review the Supervised Visitation Network's Standards and Guidelines found in the Appendix. Are your program guidelines consistent with these standards?

If your program policies and procedures do not address child sexual abuse referrals, draft some possible guidelines based upon SVN's or other professional sources that follow. On the next two pages is a model letter of agreement, which may be adapted for use in your program with your court.

# COMMUNICATING WITH THE COURT

## MODEL LETTER OF AGREEMENT FOR SUPERVISED VISITATION REFERRALS INVOLVING CHILD SEXUAL ABUSE

This Letter of Agreement outlines specific criteria to be used by the court, DCF, and Sunshine Visitation Program for cases involving child sexual abuse. These criteria are necessary in order for children who either have experienced or may have experienced sexual abuse by a family member to be protected during the provision of supervised visitation services.

The Second Judicial Circuit agrees to the following:

- 1. To work with staff of Sunshine Visitation Program to establish policies and guidelines.
- 2. To authorize Sunshine Visitation Program staff to accept or decline referrals involving child sexual abuse. Programs shall decline to accept a case for which they can not reasonably ensure the safety of all clients, program staff, and volunteers, including but limited to the following reasons:
  - a. The volatile nature of the case or client.
  - b. Visitation supervisors are not adequately trained to manage issues identified in the intake.
  - c. Facilities are not adequate to provide the necessary level of security.
  - d. Insufficient resources.
  - e. Conflict of interest.
- 3. To establish a timely mechanism for review of cases referred to Sunshine Visitation Program.
- 4. To establish protocols for appropriate communication between the court and the visitation program.
- 5. To pay for any services needed to accommodate a family's language barriers, including sign language interpreters, and foreign language interpreters.

Sunshine Visitation Program agrees to the following:

1. Insure that all staff who monitor visits have specific training in child sexual abuse, documented in personnel files.

- 2. Accept only those child sexual abuse referrals in which staff have requisite case background material, training, and security in place to safely monitor contact.
- 3. Decline referrals of child sexual abuse cases when staff lack necessary training or education, when background material has not been received, or where lack of appropriate security may allow revictimization of child.
- 4. Establish guidelines for staff to utilize in cases involving child sexual abuse. These guidelines should be approved by the court and DCF.
- 5. Develop policies for handling and reporting of critical incidents.
- 6. Develop and enforce specific rules for cases involving child sexual abuse.
- 7. Suspend visits in cases when child appears to be traumatized by the visit, visiting parent engages in inappropriate behavior or violates visit rules.

Judge's Signature	Date
Program Director's Signature	Date

# ESTABLISHMENT OF VISIT RULES FOR CASES INVOLVING CHILD SEXUAL ABUSE

Any supervised visitation program accepting referrals of cases involving sexual abuse must have specific visit rules already established and available for review by all parties. The following case example illustrates what may occur if such rules are not in place prior to a scheduled visit.

# CASE EXAMPLE

DCF refers a case to the Seminole Visitation Program. The DCF caseworker informs the Supervised Visitation staff that the father is suspected of sexually abusing his sixyear-old daughter and further that DCF workers have felt he may have reabused his daughter during scheduled visits in the DCF caseworker's office. Seminole Visitation has historically accepted only family law cases and has had no reason to develop specific rules for sexual abuse cases. When father comes for intake he reviews the existing visiting rules and is then orally informed of additional rules developed for his case. He refuses to comply, saying the new rules are unfair since they only apply to him. The judge subsequently allows unsupervised visits and the child is later found to have been sexually abused by the father.



- 1. Discuss how the situation described above have been avoided.
- Review your existing program rules for visits. Do they specifically address sexual abuse victims and offenders? Compare your program rules with SVN's in the Appendix. If your program has not developed specific rules for visits in sexual abuse cases, draft some rules addressing, at minimum, the following areas:
  - Language to be spoken during visits.
  - Degree of physical contact allowed or disallowed.
  - Gifts or other items brought to visits.
  - Rules regarding the use of toilet during vists.
  - Questioning of child about abuse experience.
  - Ratio of staff to families.

Now compare your draft with the recommended best practice visit rules on the following page.

# RECOMMENDED BEST PRACTICE VISIT RULES FOR CASES INVOLVING CHILD SEXUAL ABUSE

**RATIO OF STAFF TO VISITING FAMILIES**: There should be one visit monitor to each visiting family. In cases of large families, the program should consider using more than one monitor to ensure that all family members are supervised adequately.

**Rationale:** This visit rule allows the monitor to focus on one family, reducing distractions; the monitor to remain in the room at all times; the monitor to see and hear all interaction between parent and child; the child to feel protected; the allegedly abusive parent to be aware of close scrutiny; the non-abusive parent to feel more comfortable with the visit; and the court to know that the child is being adequately protected.

# CASE EXAMPLE

Mrs. Lee has been accused of allowing her boyfriend to sexually abuse her 12year -old son, Martin. The caseworker believes that Mrs. Lee also may have physically participated in the sexual abuse, but Martin has recanted that allegation. Mrs. Lee has supervised visits with him and her two other biological children and two stepchildren at the visitation program. (The father of the stepchildren is in jail on an unrelated charge.) All of the children are in alternate relative placement. She has little control over the two youngest children (ages two and four) at the program. They run around the office and are difficult to contain in one room. Martin is sullen and moody at the program, and often wanders over to the other children on the playground. Staff suspect that he tries to avoid his mother. The monitor assigned to the case gets some help from a supervisor who "circulates" throughout the program, but there are times during which one or more children are not directly supervised.



Ask the group how to restructure Mrs. Lee's visits with her children to make it more manageable.

LANGUAGE REQUIREMENTS: The visit supervisor should have fluency (both spoken and understanding) in the language of the child and the visiting parent. If the parent or child is hearing impaired, the program should obtain the services of a neutral sign-language interpreter for every visit. The issue of language should be discussed at intake, so parents are put on notice as to prohibitions on the use of a language that the monitor does not understand.

*Rationale:* It is imperative that the visit monitor understand what is being said between a visiting parent, residential parent, and child in order to prevent possible victim-blaming, threats, etc.

**PHYSICAL SEPARATION**: Families in which a sexual abuse allegation has been made should not be in the same room as non-sexual abuse cases. The potential for involving other families in the abusive family's dynamics is greatly lessened with physical separation from other families.

*Rationale:* By having families with sexual abuse histories in a private room, the visit monitor is less likely to be distracted and any potential for involvement with other children is reduced, and the risk for other children is minimized.

**PHYSICAL CONTACT**: Physical contact between the visiting parent and the child should be closely scrutized, and subject to the following restrictions:

 Any 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 will be stopped by staff immediately, even if the child does not appear distressed. Children who have been 'groomed" as part of their sexual abuse experience may initiate physical contact. Staff should be aware of this dynamic.

- 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,
  - rough-housing,
  - prolonged hugging or kissing,
  - tongue kissing,
  - kissing on any area below the chin,
  - stroking,
  - hand holding,
  - hair combing,
  - changing diapers or clothes.

**Rationale:** This rule reduces the possibility of sexual abuse or physical abuse occurring during visits or of misinterpretations of contact (e.g., false allegations of abuse).

# CASE EXAMPLE

Eight-year-old Tenise visits with her father. There is evidence that Tenise was sexually abused, but no perpetrator was identified by the DCF. When Tenise sees her father, she becomes anxious and says she needs to use the bathroom. After several minutes, the visit monitor goes into the bathroom and realizes that Tenise is masturbating. Tenise says she is trying to "calm down." When she comes back to the visit room, Tenise sits quietly with her father. At the end of the visit, Tenise runs to hug her father, and quickly slips her hand into his pants pocket. She pulls out a long piece of licorice. The visit monitor asks her how she knew the candy was in her father's pocket, and she responds, "That's a special game my Dad and I have."



**EXERCISE** 

After reviewing the case example, discuss the following:

- 1. What should the monitor say to Tenise and her father?
- 2. Should the visit monitor have terminated the visit when she realized Tenise had been masturbating?
- 3. When incidents like this can occur so quickly and without warning, should programs prohibit all physical contact in some cases?

- The following additional behaviors should also be prohibited:
  - whispering,
  - passing notes,
  - hand signals or body signals,
  - photographing the child,
  - audiotaping or videotaping the child,
  - exchanging gifts, money, or cards.

**Rationale:** This reduces the possibility of verbal threats, minimizes triggering events for the child and enhances staff control of the visit environment.

**PROHIBITIONS ON ITEMS BROUGHT TO VISITS.** Neither the residential nor nonresidential parent should bring any items to the visit, including

- toys,
- games,
- books,
- written material,
- food,
- additional clothing,
- photographs,
- drinks,
- music,
- tapes (audio-or video),
- dolls,
- jewelry,
- pets (except necessary service animals),
- or household items.

**Rationale:** 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 possibility of "bribes" to the child for recanting.

# CASE EXAMPLE

Seven- year- old Mikey has supervised visits with Rick, his legal father, who adopted him after his biological father gave up parental rights. Rick is married to Mikey's mother, Bess. Bess denies that Rick sexually abused Mikey, and blames another family member for "planting filthy ideas in Mikey's head." Two therapists have treated Mikey; neither could confirm abuse. During visits, Mikey doesn't make eye contact with Rick, unless Rick demands it. Also, Mikey shows no emotion during the visits. For the first visit, Rick brings a jacket he brought "to keep Mikey warm." Mikey cries when he sees the jacket. Rick explains that this is Mikey's favorite jacket; although Mikey forcefully says he does not want to touch or wear the jacket. On other visits, Rick has brought gum out of his pocket and given a piece to Mikey. Mikey refuses to chew the gum, and throws it in the trash. Staff also notice after a few visits that Rick hums and sometimes repeatedly whistles certain children's songs, like "Row, Row, Row, Your Boat." Mikey covers his ears and makes a noise to block out the song.

## TOILET RULES

- Each program should have written rules relating to the use of toilet facilities during visits, and parents and the child (depending on the age of the child) 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/her own, he/she should be accompanied by staff. 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.
- Babies who wear diapers or training pants (i.e. Pull Ups) should be changed by staff in a room separate from the visiting parent.

**Rationale:** This reduces the possibility of physical or sexual abuse incidents during visits or the misinterpretation of visiting parent's behavior during toileting.

**STATEMENTS REGARDING ABUSE**. The visiting adult should not be allowed to discuss with the child the alleged or confirmed abuse, and should not be allowed to scold, mock or tease the child, question the child, or discuss the alleged abuse with anyone in the child's presence.

*Rationale:* This reduces the occurrence of victim-blaming and emotional maltreatment.

# If the court allows a perpetrator to admit guilt to a child victim during the visit, a qualified mental health professional must be present to:

- Place boundaries on the information given to the child.
- Support the child's emotional reactions to the statements.
- Support the child's responses to the parent.
- Make recommendations to the court as to the further therapeutic interaction between the parent and the child.

**OFF-SITE VISITS**: There should be no off-site visits in cases with sexual abuse allegations.

**Rationale:** This rule reduces a heightened risk of the child being revictimized in an uncontrolled setting; reduces exposure to an uncontrollable and unpredictable environment outside of a program; and reduces the potential for the monitor to be unable to effectively intervene if anything prohibited happens.

# SPECIFIC RULES FOR JUVENILE SEXUAL OFFENDERS IN SUPERVISED VISITS

Just as DCF has developed safeguards for children in substitute care who are sexual aggressors, so should supervised visitation programs take safety measures developed for cases involving these children.



Training Manual on Child Sexual Abuse Issues

*Monitoring children closely.* Children who have sexually abused other children should always be in the same room with the monitoring staff, and should not be allowed to leave the room without a staff escort.

*Safe toilet use.* Children who have sexually abused other children should never use the toilet with other children.

Limiting physical contact with other children. Clear rules should be developed that prohibit these children from touching other children in any way. Sexually aggressive children may seek out such contact in subtle ways.

*Placing firm limits* on sexual jokes, sexualized behavior, and sexualized language. If a child persists in these even after redirection from staff, the visits should be terminated.

## INTAKE GUIDELINES

In addition, supervised visitation programs should only accept cases in which:

- Identified sexual offenders are in concurrent therapy/treatment.
- The court or social services agency or therapist has informed staff as to the specifics of the abuse alleged.
- The program facility can be arranged in such a way as to isolate the offender's family from other families visiting. The optimal setting would be a separate room. If this is not possible, staff must be constantly vigilant when different families are present in the same visit area.

## THERAPIST INVOLVEMENT

If a child is in therapy, the therapist should be included in developing the protocol for visits.

## **REVIEW OF BACKGROUND CASE RECORDS**

Prior to accepting any case involving child sexual abuse, program staff must review all court orders, DCF reports or summaries, and mental health evaluations of the child, consistent with current state law. Specific information about the child's sexual abuse must be made available in order to prevent further trauma to the child while supervised visitation services are provided. Supervised visitation programs must refuse to accept referrals when this information is not provided prior to scheduled visits. Without it, the program can not determine whether it can adequately supervise the family.

The following case examples illustrate why this is so critical.

# CASE EXAMPLE

A father was court-ordered to a visitation program with his 4- year- old daughter. There was an allegation of sexual abuse, but the program was not provided with any details or background information. At each visit, the father brought over-sized crayons for his daughter to use during the visit. He sought permission from the program director to bring crayons and construction paper, and she allowed their use. At each visit the man and his daughter sat quietly at a table and

# CASE EXAMPLE (continued)

drew pictures. Staff believed the interaction was positive. Some time later, DCF staff informed the supervised visitation staff that the father had used such crayons to penetrate his daughter's rectum.

A ten-year-old boy in an out-of-home placement visited with his father at a supervised visitation program. The father brought photographs depicting the boy on a camping trip with his grandfather. The boy reacted strongly to these pictures. He jumped up and threw himself into the walls of the program. Later staff learned that it was on this camping trip that he had been sexually abused by his grandfather.

# DOCUMENTATION REQUIRED FOR VERIFIED CASES

Depending on the stage of investigation, the court and DCF may have different types of case material available for review. In cases of *confirmed* sexual abuse – that is, the court has made a finding of sexual abuse or the Department of Children and Families has made a finding that the case is verified or there are indications of sexual abuse – then the following documentation must be made available to the supervised visitation provider:

• Evidence that the abusive parent has successfully completed an evaluation and

treatment program specifically for sexual abusers conducted by a public or private agency or licensed mental health professional with expertise in treating sexual abusers.

- Evidence that the abusive parent has successfully completed a substance abuse evaluation and treatment program if indicated.
- Evidence that the child victim is receiving concurrent therapy addressing his/her sexual abuse experience if part of a case plan.
- A recommendation by the child's therapist that visitation between the child and his/her abusive parent may or should occur *and* specific guidelines on how best to monitor this contact.
- Assessment by the abuser's therapist (if he/ she is in therapy) regarding the appropriateness of contact between the abuser and the child victim.
- Copies of all current court orders, DCF child maltreatment reports on the family, detailed information regarding the sexual abuse, pleadings such as Petitions for Dissolution of Marriage, modifications of Final judgments, and Injunctions for Protection Against Domestic Violence.

## DOCUMENTATION REQUIRED FOR ALLEGATIONS

In cases of unconfirmed allegations of sexual abuse involving the visiting parent including cases where DCF has not completed an investigation, where there is differing opinions among experts as to the abuse allegations, or in instances where there is no active investigation, the supervised visitation program should review the following prior to any scheduled contact:

- Copies of current court orders.
- DCF reports or case worker summary of reports of sexual abuse specifically created for the visitation referral.
- Pleadings or similar written records of allegations of domestic violence (for example, allegations made in Petitions for Dissolution of Marriage, Modifications of Final judgments, or Motions on related matters).
- Records of physical and/or sexual abuse.
- Copies of any Injunctions For Protection Against Domestic Violence.

# CASE EXAMPLE

Mr. Stevens is ordered to have supervised visitation with his fouryear-old son, Taylor. The court order contains a clause prohibiting Mr. Stevens from having contact with Taylor's three-year-old sister, Julie, but does not explain the court's reason for the order. Taylor visits with his father three times at the program before the DCF caseworker tells staff that DCF has determined there is 'some indication' that Mr. Stevens sexually abused Julie. During the first three visits, Mr. Stevens had allowed an unrelated two- year-old girl from another visiting family to climb into his lap while he read Taylor a story. Staff has no direct evidence of misbehavior but now believes that Mr. Stevens had seemed very interested in other visiting children during his time at the center. He had encouraged his son, for instance, to play with female children from other families. He also flirted openly with a mother visiting her five- year- old daughter.

# FAMILY BACKGROUND INFORMATION

Chapter Seven includes a list of information to gather from parents at Intake.

## Criminal Background Checks:

It is recommended that programs conduct background checks on visiting parents to enhance program safety. If your program can not afford the preferable Florida Department of Law Enforcement background checks, then check with your local law enforcement agency to obtain local background checks.

# CASE EXAMPLE

The Sunshine Visitation Program receives a referral of a family in which the father, who resides out of state, claims that he has not been allowed to see his twin daughters for two years. The court orders supervised visits in an emergency hearing at which the mother does not show up. The visitation staff run a routine background check and discover that the father is a convicted sexual offender who has recently been released from jail. The terms of his parole include a stipulation that he cannot associate with children; however, the parole officer tells the program director that she will approve of the visits if the director accepts the referral.

## Questions:

1. Would this information have been revealed through the routine

# CASE EXAMPLE

(continued)

screening of court documents, DCF reports, or intake interviews?

- 2. What notification, if any, would you provide to the other parents participating in your program about this family?
- 3. Do you think the Sunshine Program should accept this case?

# ASSESSING THE DCF REFERRAL TO DETERMINE IF VISITATION IS APPROPRIATE

After your program has received all of the pertinent case material previously listed, a preliminary assessment of the referral by qualified staff is the next step. This assessment may be done by the program director or clinical director or in a case staffing, but those making the assessment should have thorough familiarity with the letter of agreement with the court, program policies and procedures, visit rules, understanding of staff and volunteer skills, security, etc.

# RATIONALE FOR CONDUCING ON-GOING RISK ASSESSMENT

Supervised visitation staff should conduct on-going risk assessments of cases throughout their contact with families. Risk assessment begins at the time of the court referral, continues as part of the assessment and intake process, through visit monitoring and case termination.

It is necessary for supervised visitation staff to screen for different types of risk: risk of further sexual abuse during the provision of courtordered supervised visitation services, risk of physical abuse, risk of emotional maltreatment, and, risk of harm to other program participants or staff. As Faller (2000) notes the child is often at greater risk for emotional maltreatment than further sexual abuse after disclosure. This occurs because of the often disbelief expressed by relatives that the sexual abuse happened, victim-blaming, pressure to recant, etc. Supervised visitation staff must be as alert to assessing risk for this emotional maltreatment as they are to assessing risk for additional physical or sexual abuse.

The following risk factors should be considered in assessing case referrals involving childhood sexual abuse:

- The types of sexual abuse committed.
   Keeping in mind that the more intrusive the sexual act and the greater number of different types of sexual abuse, the riskier the situation.
- Characteristics of the abuse situation. Risk assessment of the frequency, duration, presence or use of force or threats is important to consider.
- Victim age. Some researchers feel that younger children are more vulnerable subsequent to disclosure, other researchers feel that younger children may not be as aware of the significance of their sexual abuse and thus that older children are more at risk for emotional maltreatment particularly.
- Relationship between the victim and offender. As a rule, the greater the degree of relatedness, the greater the risk, especially

for emotional maltreatment. Since most of the childhood sexual abuse cases seen at supervised visitation programs will involve parents abusing their children, this factor is of particular concern.

- Number of offenders. Multiple offenders, especially if they are all within the family, means the family provides a very risky environment.
- Reactions and functioning of the nonoffending parent. If the non-offending parent is dependent upon the offending parent, protective of him, in denial of the abuse, then the child may be at greater risk.
- Reaction of the offender. Greater risk to the child exists if the alleged offender denies the sexual abuse and/or blames the victim for disclosure.
- Presence of other problems in family functioning. If substance abuse problems, domestic violence, other forms of child maltreatment, mental illness or developmental problems exist in the home, there may be greater risk to the child.

# THE ASSESSMENT SHOULD CONSIDER THE FOLLOWING:

- Given the information provided, can the risk assessment protocol for child sexual abuse be completed at this time? (See Risk Assessment Protocol for Child Sexual Abuse, attached.)
- Does the program staff have the necessary expertise in child sexual abuse to provide supervision?
- Can the program have the necessary security in place to provide safety for the child visiting parent and residential parent or caregiver?
- Can the assigned monitor objectively supervise the visit?



# WITH OUTCOMES

Several outcomes may result from this assessment:

- **Step 1:** Supervised visitation program staff may feel that they do not have adequate case background material to make an assessment to either accept or decline referral. Three decisions may come form this:
  - Request additional background material from DCF, the court, the child's therapist, etc. and
  - Decline the referral until case material can be provided.
  - Decline referral.
- **Step 2:** After review of material and case staffing, further outcomes may emerge:
  - SV program may request a more current mental health evaluation of the child and/ or consultation with child's therapist, or
  - Based upon review of case material provided, referral is declined due to results of risk assessment of child's sexual abuse experience, child's current status, or other relevant factors indicating possible revictimization or trauma if contact with offender occurs, or,
  - Referral is accepted with specific requirements to ensure child's safety.

If the referral is declined, a letter should be sent to the court stating the reasons for declining the referral and referencing the letter of agreement. See the example on the following page. **Step 3:** Supervised visitation staff reviews all relevant case material from court record, DCF, therapist, etc.

### Decision process:

- Based upon case material provided, decline referral due to extensiveness of child's sexual abuse experience, reaction, current status or other relevant factors indication possible re-victimization or trauma if contact with offender occurs.
- 2) Request additional background information, interviews with DCF caseworkers, foster parents, non-offending parent, etc.
- 3) Require mental health evaluation of child and consent of child's therapist *prior* to accepting referral.
- Require mental health evaluation of offending parent and concurrence of parent's therapist regarding appropriateness of supervised visitation.
- 5) Accept referral with specific requirements to ensure child's safety.

Step 4: Prepare visit monitor for case.

## Decision process:

- 1) Allow assigned visit monitor to review all case material
- 2) Review visit monitor's training or background in dealing with cases involving child sexual abuse.
- Allow visit monitor to decline case if he or she feels they cannot adequately ensure child's safety or lack the expertise to do so.

Sunshine State Visitation Program Anywhere, FL Re: Case Name and Number	
Ŭ Î	rogram and the Second Judicial Circuit, we have ide services in this case for the following reasons
Sincerely, Program Director	Copies to Parents and their attorneys DCF Guardian Ad Litem
	QUIZ

- 1. List some ways in which a program can help ensure that it receives proper judicial referrals which accurately reflect the program staff's training and expertise.
- 2. Name the type of documents staff should obtain before accepting a case referral.
- 3. Describe the circumstances under which a program should decline to take child sexual abuse case.
- 4. Review the Case Example on page eight. Consider:
  - i. What helpful information might DCF provide to staff about this case which might explain Rick's and Mickey's behavior?
  - ii. What may Mikey's reactions to the jacket, gum, and song indicate about past events involving these objects?
  - iii. Could there be a benign explanation for his reaction?
  - iv. What are the dangers to Mikey of allowing Rick to bring these items to visits?
  - v. What possible motives might Rick have for bringing these item s to visits?
  - vi. Role-play this example and describe how a director might intervene.
- 5. Complete a Risk Assessment Form from a case example in your program or use one in the manual.

# TRAIN THE TRAINER GUIDELINES

# CHAPTER SIX BEST PRACTICE GUIDELINES FOR ASSESSING REFERRALS & COURT ORDERS IN CHILD SEXUAL ABUSE CASES

Consider adding the following topics to your training:

- I. Review the Model Letter of Agreement on page 3. Using it as a foundation, draft your own program's letter making sure it is consistent with Florida's Supreme Court Approved Minimum Standards. Do you think that your chief judge will agree to comply with the terms of your draft? Why or why not? Does staff have ideas as to how a program director might work with local judges to make *the limitations* of supervised visitation programs clear?
- II. Discuss the best practice recommendations for physical contact on page 7. Ask staff to think about whether it would be preferable to prohibit all physical contact in sexual abuse cases, verified or not. Write down the pros and cons of such a policy.
- III. Consider the concept of a 'triggering" event, after reading aloud the "Prohibitions on Items Bought to Visits" on page 8. Ask participants if they have ever had an object, sound, or smell evoke a memory. Write down additional items that might evoke memories of abuse for visiting children. Why might a parent bring such an object to visits?

IV. Role-Play: Parents frequently make statements regarding abuse allegations to SV staff. Divide into groups of three people (or, in smaller sessions, choose three people) to role play the following scenario: Nonresidential parent has just arrived for a visit and begins explaining to staff that the child sexual abuse allegations are false. Staff tries to redirect the parent, asks parent to stop. Parent continues to deny allegations and becomes increasingly emotional and vocal. Director intervenes.

(See how the role-play may differ if the child is represented as present, or if the child is not present. Does this make a difference to staff's reactions to the parent's statements? Should staff allow the parent to "vent" if the child is not present? Does allowing the parent to vent decrease or increase his/her frustration level? )



# RESOURCE MATERIALS NEEDED

Newsprint or Flip Chart

Magic Markers

Copies of Florida Supreme Court Minimum Standards for Supervised Visitation

Copies of the Supervised Visitation Network Minimum Standards and Guidelines

# RISK ASSESSMENT INFORMATION FOR CHILD SEXUAL ABUSE CASES

To be completed by DCF Staff

Name/Style of Case						
Name of person completing form		Date _	Date			
Child's name			_ Date of birth			
Indicate if applicable)						
TYPE OF SEXUAL ABUSE	FINDINGS Some indication, no indication, confirmed, not investigated	FREQUENCY Did not occur, happened routinely, was almost constant, never, infrequent, frequent, constant	LEVEL OF FORCE What level of force was used – e.g. verbal threats, physical threats, weapon, etc.			
Inappropriate sexual conversation between parent & child						
Exposure of sexual genitalia by parent in front of child						
Exposure of child's sexual genitalia by parent						
Fondling (rubbing or caressing) child's genita- lia outside of clothing						
Fondling of child's clothing removed Digital (use of fingers) to penetrate child's rectum or vagina						
Masturbation by parent in child's presence						
Masturbation of child by parent						
Forced masturbation of parent by child						
Child forced to perform oral sex on parent						
Penile penetration of child's rectum by parent						

TYPE OF SEXUAL ABUSE	FINDINGS Some indication, no indication, confirmed, not investigated	FREQUENCY Did not occur, happened routinely, was almost constant, never, infrequent, frequent, constant	LEVEL OF FORCE What level of force was used – e.g. verbal threats, physical threats, weapon, etc.
Penile penetration of child's vagina by parent			
Involving of child in filmed sex acts			
Exposure of child to pornography (films, videos, print material)			
Penetration of child by parent using sex toys or other objects (crayons, toys, etc.)			
Prostitution of child by parent.			
Other			

## I. Relationship of (Alleged) Offender to Child

\_\_\_\_\_ father

\_\_\_\_\_ stepfather

- \_\_\_\_\_ grandfather
- \_\_\_\_\_ mother's boyfriend

\_\_\_\_\_ mother

\_\_\_\_\_ stepmother

\_\_\_\_\_ father's girlfriend

\_\_\_\_\_ other

II. Number of Offenders \_\_\_\_\_

III. Reaction of Non-offending Parent

## IV. Reaction of alleged or Offending parent

- V. Presence of Other Problems in Family Functioning:
  - \_\_\_\_\_ substance abuse
  - \_\_\_\_\_ mental health
  - \_\_\_\_\_ developmental delays
  - \_\_\_\_\_ domestic violence
  - \_\_\_\_\_ other child maltreatment
  - \_\_\_\_\_ other (e.g. homelessness, chronic health problems, etc.)

# SUPREME COURT OF FLORIDA MINIMUM STANDARDS FOR SUPERVISED VISITATION PROGRAM AGREEMENTS

# I. PROGRAM STRUCTURE

## A. Terminology

- (1) **Authorized person** is a person authorized by the court to be present, in addition to the noncustodial parent, during supervised contact.
- (2) **Chief judge** means the chief judge of a judicial circuit or his or her designee.
- (3) Child means a unmarried person under the age of 18 who has not been emancipated by order of the court and whose contact with a noncustodial parent is supervised pursuant to a court order. Child may mean more than one child.
- (4) **Client** means the custodial parent, noncustodial parent, or child receiving supervised contact services pursuant to a court referral to a supervised contact program.
- (5) **Custodial parent** means a natural or adoptive parent, guardian, or state agency and its representatives, who has temporary or permanent legal custody of a child.
- (6) Documented exchange means that the program documents the transfer of the child between the parents. This type of exchange can be used when there is a history of missed, late, or inconsistent visitation.
- (7) **Exchange monitoring** means the supervision of a child's movement from the custodial to noncustodial parent at the start of noncustodial parent/child visit or from the noncustodial parent back to the custodial parent at the end of visit. This type of supervised contact is for those cases in which contact causes conflict between the adults but the contact between the parent and child could be expected to proceed without incident.
- (8) Facilitate means to encourage age-appropriate activities, promote a child's safety and welfare, and discourage inappropriate conduct. "Facilitate" should not be construed to mean therapeutic intervention.
- (9) Florida Clearinghouse on Supervised Visitation is the entity within the Institute for Family Violence Studies of the Florida State University School of Social Work that serves as a statewide resource on supervised visitation issues by providing technical assistance, training, research, and legal assistance.
- (10) **Governing authority** is a board or other body of individuals responsible for the development and operation of an independent program or the chief judge, in the case of a program operating under the auspices of the court.

- (11) Group supervised visitation means one supervision monitor/observer for several families.
- (12) Individual supervised visitation means one visitation monitor/observer for one family.
- (13) **Noncustodial parent** may refer to a biological parent or other adult authorized by a court order to have supervised contact with the child.
- (14) **Off-site supervision** is supervision of contact between the noncustodial parent and child that occurs away from a site under the control of the program and visit supervisor. Off-site supervision may occur in a group setting or on an individual basis.
- (15) **On-site supervision** refers to the supervision of a noncustodial parent and child on a site under control of the program and visit supervisor. On-site supervision may include a range of closeness of supervision from continuous close monitoring to periods of time during which the noncustodial parent and child are intermittently monitored by video or audio. On-site supervision may occur in a group setting or on an individual basis.
- (16) **Phone monitoring** may be when the program contacts parties by phone to verify that visitation occurred as ordered, or when the program monitors an actual phone call between the parent and child.
- (17) Program means a person, society, association, or agency, operating independently or under the auspices of the court, that has entered into a program agreement with the chief judge of a circuit to provide supervised contact services pursuant to a program agreement and court order. Program may also include supervised visitation operating under the auspices of the court.
- (18) Program Agreement is a written understanding between the court and an independent provider of supervised contact services including, but not limited to, the scope and limitations of the provider's services, the procedures for court referrals to the provider, and the manner and procedures for communicating with the court and providing written reports to the court. The Program Agreement incorporates the program's written operational policies and procedures.
- (19) Therapeutic Supervision is the provision of therapeutic evaluation or therapeutic intervention to help improve the parent-child interactions. Therapeutic supervision may only be provided by order of the court and only by trained certified or licensed mental health professionals.
- (20) **Supervised Contact** may include supervised visitation, monitored exchange, and third party exchange services provided by a program pursuant to a program agreement and court order.

(21) **Visitation Agreement** is a written agreement between the program and each custodial and noncustodial parent including, but not limited to, specific rules, responsibilities, and requirements of the program and the consequences of failing to abide by the same. The visitation agreement shall also advise the clients that no confidential privilege exists as the program's records, except as provided by law or order of the court.

- (22) **Visitation Monitor/Observer** is the individual trained and authorized by a program to observe the contact between the noncustodial parent and the child and to document such observations, as provided by the program agreement and these standards.
- (23) **Visitation Supervisor** means the individual authorized to facilitate, intervene, and terminate a visit, if necessary. The visitation supervisor may also be the visitation monitor/observer.

## B. Purposes of Providing Supervised Visitation

- (1) To assure the safety and welfare of the child, adults, and program staff during supervised contact.
- (2) To enable an ongoing relationship between the noncustodial parent and child by impartially observing their contact in a safe and structured environment and to facilitate appropriate child/ parent interaction during supervised contact.
- (3) Where appropriate, to provide written information to the court regarding the supervised contacts.

## C. Scope of Services

Supervised contact programs in each judicial circuit shall determine the range of visitation services offered, dependent upon available resources. If resources permit, services shall be offered for dependency, family law, domestic violence cases or other cases as designated by the chief judge. The scope of services should be clearly defined in the program agreement.

## **D.** Guiding Principles

- (1) For all supervised contact services provided by a program pursuant to a court order, the primary obligation shall be to the court.
- (2) Supervised contact is not a long-term solution to a family's problems. The short-term goal is to enable an ongoing relationship between the noncustodial parent and child by impartially observing their contact in a safe, healthy, and structured environment. The long-term goal is to facilitate unsupervised visitation in most cases and establish less structured supervision, where possible, in the remaining cases.
- (3) A program should be independent, accessible, safe, and designed to promote the welfare of the child and family and facilitate parent/child interaction during contact.
- (4) A program's governing authority, training and experience of visitation supervisors, and other resources shall determine the range of services provided and number of clients served.

## E. Roles

(1) The chief judge in each judicial circuit has responsibility for:

- a. the oversight of a program operating under the auspices of the court; and
- b. entering into a program agreement with independent programs that are in compliance with minimum standards for providers of supervised contact services.
- (2) The role of the judge is to determine when supervised contact is appropriate and to ensure that referrals for supervised contact are comprehensive and specific as to the conditions under which the supervised contact is to occur, including the party responsible for the payment of fees for the supervised contact services. The judge shall also ensure that referrals are appropriate for the level of service available in a program.
- (3) The role of a program is to provide a safe, independent site at which supervised contact between the noncustodial parent and child may occur; to ensure that program staff have adequate training to observe the contact; and where appropriate, provide written information about such contact to the court.
- (4) The role of a program director/coordinator is to ensure the overall quality of services provided and he/she will also be able to assume roles associated with that of visitation supervisor.
- (5) The role of the visitation supervisor is to:
  - a. maintain independence from parties;
  - b. ensure that contact between parties proceeds pursuant the visitation agreement and court order;
  - c. relay relevant information relating to the child's welfare between the custodial and noncustodial parent at the commencement and conclusion of supervised contact (e.g. special needs, medication, diet, etc.);
  - d. intervene, where necessary or appropriate, to ensure the welfare of the child or parent;
  - e. if necessary, facilitate child/parent interaction during the supervised contact;
  - f. terminate the visit if the child's safety or that of other parties or staff cannot be maintained;
  - g. provide constructive feedback, correction, or redirection;
  - h. document the visits consistent with the program agreement.

The visitation supervisor may use a visitation monitor/observer to assist in these roles, but the supervisor is ultimately responsible.

## Commentary

Nothing in these standards shall be construed to restrict the court in ordering supervised visitation or exchange by the Department of Children and Families, any private mental health professional, and/or other third party as designated in a court order.

# II. PROGRAM ADMINISTRATION

**A. Governing Authority.** Each program shall have a governing authority as defined in these standards.

## **B.** Administration of Programs

- (1) All programs receiving judicial referrals shall comply with these minimum standards.
- (2) Program services shall be provided in a location suitable for the type of supervised contact services provided and be accessible for clients with various needs.
- (3) Independent programs shall annually submit an Affidavit of Compliance with these minimum standards to the chief judge.
- (4) The chief judge may monitor the programs for compliance with the program agreement.
- (5) In the event of a conflict between these minimum standards and local requirements, the chief judge may apply to the Chief Justice for waiver of applicability.
- (6) A program must immediately notify the chief judge of any changes to a program's role, function, operational policies and procedures and/or capacity that affect the program's services provided to the court or its clients.
- (7) A program shall comply with all applicable local, state, and federal laws, statutes and/or regulations.
- **C. Operating Policies and Procedures.** A program shall have comprehensive written operating policies and procedures, which shall include, at a minimum:
  - (1) types of services and manner in which they are provided;
  - (2) case acceptance and discharge policies;
  - (3) procedures for communication with the court, including how the program and the court will avoid impermissible ex parte communication;
  - (4) procedures for providing reports to the court;
  - (5) the visitation agreement;
  - (6) payment of fees;
  - (7) hours of operation that are accessible to use;
  - (8) restrictions for transportation of children;
  - (9) security measures and emergency protocol and/or procedures;

- (10) grievance procedures;
- (11) policies and procedures regarding release of information;
- (12) employment policies and policies governing the acceptance and discharge of volunteers, including: non-discrimination policies regarding the employee or volunteer's race, religion, gender, sexual orientation, national origin, age, disability, marital status; and policies that comply with the laws and regulations governing fair employment practices.

## D. Case Acceptance

- (1) Referrals from the court for any supervised contact service shall be by court order. However, these standards shall not preclude programs from entering into contracts with entities other than the court, such as the Department of Children and Families.
- (2) Upon referral and prior to accepting the case, programs will conduct an intake, for the purpose of obtaining relevant information about the case, the parents, and the child, including special needs of the child.
- (3) Programs shall not discriminate against any client due to race, religion, gender, sexual orientation, national origin, age, disability, marital status, or inability to pay.
- (4) A program shall decline to accept a case for which they cannot reasonably ensure the safety of all clients, program staff, and volunteers, including but not limited to the following reasons:
  - a. the volatile nature of the case or client;
  - b. visitation supervisors are not adequately trained to manage issues identified in the intake;
  - c. facilities are not adequate to provide the necessary level of security;
  - d. insufficient resources; or
  - e. conflict of interest.

## Commentary

Programs are encouraged to provide services on a sliding fee basis for clients who have limited financial resources. The court and the program should consider developing a protocol for dealing with the nonpayment of fees, such as civil contempt or other coercive measures available to the court. Also, the court should consider assessing costs against a parent failing to participate in a scheduled supervised contact without good cause or proper notice to the program or other parent.

It is not intended that a program use its authority to decline a case because the program or its personnel believe that contact should not be allowed in a particular type of case or disagrees with a judge's decision to allow contact in a particular case.

## E. Intervene or Terminate Contact

- (1) A visitation supervisor shall intervene or terminate a supervised contact whenever he or she believes that the safety of clients, program staff, and volunteers cannot be reasonably ensured.
- (2) A visitation supervisor may intervene or terminate a supervised contact for the following reasons:
  - a. One or both of the clients have failed to comply with the visitation agreement, the directives of the visit supervisor, or the court's order of referral;
  - b. The child becomes ill; or
  - c. The child cannot be comforted for a period exceeding 30 minutes.
- (3) A visitation supervisor shall have the sole discretion to withhold presentation of any inappropriate item or gift from the noncustodial parent to the child.

### **Commentary**

Failure to pay should not be confused with inability to pay. Ability to pay is determined by the court.

#### F. Discharge

- (1) A program shall suspend or discharge clients for the following reasons:
  - a. termination of court referral;
  - b. safety concerns that cannot be addressed or other issues involved in the cases that cannot be effectively addressed by the program.
- (2) A program may suspend or discharge clients for the following reasons:
  - a. the case places an undue demand on the program's resources;
  - b. one or both of the clients have failed to comply with the visitation agreement, the directives of the visit supervisor, or the court's order of referral;
  - c. the client continually refuses to pay court ordered fees for supervised visitation services; or
  - d. expiration of the time limit set out by the program or visitation agreement.
- (3) A program shall immediately (within 72 hours) provide written notice to the court and the parties if:
  - a. program services have been suspended or terminated under a condition outlined above;

- b. the parties agree that they can manage visits or exchanges without supervision; or
- c. the parties violate specific terms of the supervised contact as provided in the court order for supervised contact.

## G. Records Management

- (1) **Maintaining Records Generally.** A program operating under the auspices of the court shall maintain records pursuant to rule 2.075, Florida Rules of Judicial Administration; independent programs shall maintain all records for a period of 5 years from the last recorded activity, or until the child reaches the age of majority, whichever occurs first.
- (2) **Financial Records.** A program shall maintain appropriate and accurate financial records and follow generally accepted accounting principles.
- (3) **Policies and Procedures.** A program shall make written operating policies and procedures available for review, upon request of a client.
- (4) **Personnel Records.** A program shall maintain a written personnel record for each employee or volunteer, including but not limited to:
  - a. application or resume;
  - b. job title/description;
  - c. law enforcement records check;
  - d. copy of a valid photo identification card recognized in this state for the purpose of indicating a person's true name and age;
  - e. documentation of employee or volunteer's satisfactory completion of minimum training requirements provided in these standards; and
  - f. any other documents obtained or created by the program pertaining to the employee or volunteer.
- (5) **Client Records.** A program shall keep records of all supervised contact services provided pursuant to court order, including but not limited to:
  - a. intake information to include at a minimum:
    - 1. case name, case number, and nature of referral;
    - 2. division of court;
    - 3. court order/referral to program;
    - 4. photo identification of custodial parent, noncustodial parent, authorized person, and persons authorized to deliver, pick-up, or transport a child, excepting an authorized agent of the Department of the Child and Family Services;

- 5. safety and medical concerns; or
- 6. photo and authorization for alternative custodian, if any.
- b. written correspondence concerning each client or case, including reports to the court; and
- c. cancellations, closures, documentation and written observations, if any.

## H. Disclosure of Case Information.

A program shall maintain all records in a discrete manner and shall not disclose, or participate in the disclosure of, information relating to a case to any person who is not a party to the cause, except in reports to the court or as provided by law or court order. Each program shall have a policy protecting any information that might reveal the location of domestic violence victims and their children or any other information that is confidential, as provided by law or order of the court. Release of case information shall be covered by written policies and procedures.

## I. Out-of-Circuit Referrals and Courtesy Monitoring

A program has the sole discretion to accept or decline a case referred by the court from another jurisdiction. When such cases are accepted, the program must direct all communication to the referring court.

## J. Complaints

- (4) A program must have written procedures regarding the internal management of complaints lodged by clients, or any other party to a case.
- (5) If complaints cannot be resolved through a program's internal grievance procedure, the complaint may be brought to the court's attention by motion to the court.
- (6) Complaints about a program's operational policies and procedures, administration, or management must be directed to the chief judge for resolution.

## K. Security

- (1) A program must have written security policies that include:
  - a. evacuation procedures in case of an emergency;
  - b. agreements with local law enforcement;
  - c. handling of critical incidents such as violent, dangerous, or inappropriate behavior of clients, for example, the attempted abduction of a child; and
  - d. handling of medical emergencies, client, staff, or volunteer injuries, and worker's compensation procedures.
(2) A program must take reasonable security precautions, including an intake and case review procedure, for identifying cases that may have security issues and risks prior to providing supervised contact services.

#### L. Insurance

A program must have general and liability insurance for staff and volunteers.

#### *Commentary*

It is not intended that programs operating under the auspices of the court obtain general and liability insurance in addition to that provided by risk management in the court system.

# III. PROGRAM STAFF/VOLUNTEER CERTIFICATION AND TRAINING REQUIREMENTS

# A. General Requirements

Prior to receiving assignments from the program, all program staff, whether paid or volunteer, who have direct contact with program clients or children, must have:

- (1) attained the age of 19 years;
- (2) acceptable results of a background check in accordance with Florida Department of Law Enforcement standards for child care providers;
- (3) attended a screening interview with the Program Director/Administrator or his/her designee that includes:
  - a. an application review;
  - b. having executed a signed statement which addresses the areas of confidentiality;
  - c. having executed an affidavit of moral character; and
  - e. having executed an affidavit of disclosure that lists any and all active pending criminal or civil litigation;
- (4) successfully completed any additional training requirements for the position as specified in this section.

#### *Commentary*

These requirements shall not apply to individuals, groups, or organizations who may be providing special services to the center (e.g., maintenance, cleaning, or other "in-kind" or school public services) requirements which are unrelated to direct supervised visitation services.

- B. Employment Categories and Specific Requirements
  - (1) Program Director/Administrator. A program administrator is responsible for the operation of the center, employment and supervision of staff, and the administration of programs. Employment and volunteer applicants, regardless of qualifications, shall be accepted and/or terminated at the discretion of the Program Director/Administrator. Persons acting in this capacity by a different title in any center shall meet the qualifications, and have the authority, of a Program Director/Administrator. Persons performing in this capacity to the governing board or the governing authority for the program.

*Minimum Qualifications:* Graduation from an accredited college or university with a bachelor's degree in social services or related field. Progressively responsible experience in the area of child abuse, domestic violence, custody, visitation and/or family issues may substitute for the recommended college education on a year for year basis; and

Two (2) years professional experience which includes knowledge of child abuse, domestic violence, custody, visitation and/or family issues.

Demonstrated proficiency in competency based training as specified by the Florida Clearinghouse on Supervised Visitation.

(2) **Visitation Supervisor and Monitor/Observer.** Persons performing in this capacity are responsible for supervising noncustodial parent contact with children in accordance with the program's goals and objectives. They may record observations of visits on the center's standardized form, complete checklists, and may prepare reports to the court, as provided in Section IV of these standards.

**Minimum Qualifications:** Prior to supervising visitations, persons in this capacity shall complete:

Two (2) hours of orientation training in the following areas: practice, policy and procedures; use of forms; confidentiality; security; levels of supervision; observation techniques; and recording observations; and

Five (5) hours in a mentoring program with a practicing supervised visitation monitor either at an existing visitation program or with a licensed professional who has at least one (1) year of experience in supervising visitations.

**Training**: Demonstrated proficiency in competency based training as specified by the Florida Clearinghouse on Supervised Visitation, which shall include, but shall not be limited to the areas of child development, child abuse indicators, mental health, substance abuse, parental alienation, domestic violence, cultural diversity and crisis intervention.

(3) **Clerical/Maintenance Staff.** Clerical staff provide services in the program office, or in areas of the program where specialized training in visitation supervision techniques is not required.

**Minimum Qualifications:** Educational level, or work experience, sufficient to meet the responsibilities of the specific task(s); and

Completion of an orientation program of at least two (2) hours which includes an overview of the center's goals and objectives, the assignments of administrative staff, confidentiality, and security for clients and staff.

(4) **College Interns.** College interns perform services under the guidance and direction of the program director or visitation supervisor staff. The internship shall be a learning experience with specific goals and objectives. Besides the general requirements specified for other staff who have contact with clients, interns shall meet the following additional qualifications:

Enrollment in an accredited four year college or university and official enrollment in a practicum/internship program under the supervision of a college instructor/administrator;

Official enrollment in a college or university in an area of major studies related to the function of the center;

Presentation of clearly defined educational goals and objectives related to supervised visitation.

# IV. REPORTS TO THE COURT

Each circuit is responsible for developing an agreement with local providers which sets forth procedures for providing reports to the court. Regardless of the procedures or format selected, programs should use checklists or clear and concise statements to record what happens during the contact and should avoid including opinions and judgments. The supervisor should only report attendance and observable behaviors. These standards should specifically address:

- A. Frequency of Reports
  - (1) immediately upon incident;
  - (2) upon request from the court or other agency;
  - (3) by subpoena; or
  - (4) periodically.
- B. Reporting Method
  - (1) written; or
  - (2) verbal.

C. Report Format

- (1) **Detailed Observation.** Detailed observations offer a comprehensive account of events that took place between the noncustodial parent and child. Providers may use a checklist during the visit which records the level of adherence to visitation arrangements by the parent, for example, compliance with scheduling and program rules. Providers may also wish to include an objective account of all behaviors and actions observed between the parent and child as they occur.
- (2) **Summary**. Summary reports provide an overview of the interaction that took place between the parent and child during a supervised visit. The summary report must be factual, objective and absent of any professional recommendations. Unlike the detailed observation report, the summary report shall not contain a comprehensive list of all behaviors observed between the parent and child. Instead this report is meant to provide the court with a brief synopsis of the visitation.
- (3) **Incident**. Incident reports provide a detailed account of potentially harmful behavior exhibited by a parent or child, either towards another client or program staff, during the supervised contact. Typically the provider observes a behavior or action from the parent that he/she perceives as an indication for alarm and will immediately submit a detailed account of the incident. This account would include, when the incident took place, what initiated the behavior, how the incident occurred, the reaction of the clients, and the action(s) taken. Once again, this shall strictly be a factual account and shall not offer a professional opinion as to what course of action should be sought regarding this incident.
- (4) Evaluative. Evaluative reports provide an assessment which offers professional opinions and recommendations as to the observed contact between the parent and child. Such reports should be completed by a licensed mental health professional or otherwise qualified professional. Without prior approval from the chief judge, or from the court, a program should not offer a report that provides recommendations or expresses opinions, specifically an opinion about the appropriate future course of access between a parent and child who have been supervised by a program.

# Commentary

The term evaluative should not be confused with an expert evaluation of a minor child provided in accordance with rule 12.363, Florida Family Law Rules of Procedure.

D. All observation notes or reports should indicate that the contents of the notes reflect the various levels of training and experience of the different observers; that the observations have occurred in a structured and protected setting; and that care should be exercised by any reader in making predictions about how the contacts might occur in a different setting.

# STANDARDS AND GUIDELINES FOR SUPERVISED VISITATION PRACTICE

ADOPTED APRIL 9, 1996 - EDITED MAY, 2000

# SUPERVISED VISITATION NETWORK 2804 PARAN POINTE DRIVE COOKEVILLE, TN 38506 (931) 537-3414

# **MISSION STATEMENT**

#### OF THE

# SUPERVISED VISITATION NETWORK AS ADOPTED BY THE MEMBERSHIP APRIL 14, 2000

The mission of the Supervised Visitation Network is to facilitate opportunities for children to have safe and conflict-free access to both parents through a continuum of child access services delivered by competent providers.

# PURPOSES AS ADOPTED BY THE MEMBERSHIP APRIL 14, 2000

- 1. To provide forums for networking and sharing of information between supervised child access providers and other professionals involved in providing support to children and parents who are not living together
- 2. Maintain a clearing center that will collect and make available to service providers and the general public information and research relevant to safe child access.
- 3. Gather and disseminate training and program materials for child access service providers.
- 4. Develop and disseminate standards for practice of child access services.
- 5. Provide public education regarding the importance of children having safe conflict-free contact with both parents and other family members and the role of child access programs in the continuum of services for divorced and separated families and for children in out-of-home placement.
- 6. Maintain a directory of supervised child access providers that is available to SVN members, other professionals, families, and the general public.
- 7. Educate public and private decision-makers regarding the importance of funding for child access

services and provide assistance to local courts and/or service providers in accessing funds to provide affordable services to children and their families.

8. Provide any other services and information as may be appropriate.

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# STANDARDS AND GUIDELINES FOR SUPERVISED VISITATION PRACTICE

# 1. INTRODUCTION

- 1.1 The Supervised Visitation Network
- 1.2 Purpose of the Guidelines
- 1.3 Development of the Guidelines
- 1.4 Guiding Principles
- 1.5 Applicability
- **1.** The Supervised Visitation Network (SVN) formed in May 1992 is a non-profit corporation designed to serve the public good by:
  - establishing a network for those committed to supervised visitation services;
  - acting as a clearinghouse for information in relation to supervised visitation services;
  - developing and maintaining guidelines for supervised visitation practice;
  - advising on funding criteria;
  - urging funding for the establishment of supervised visitation services;
  - providing training and other resources that will improve the quality of services for children and families;
  - encouraging the development of new programs to serve more families in more areas.

# 1.2 The Purpose of the Guidelines

SVN resolved at the annual conference in Chicago in 1994 to dedicate time and effort to the task of standard formulation. The Guidelines focus on quality assurance. The primary intent was to establish basic Guidelines for SVN members. However, the Guidelines may also serve as a resource for the development of future programs as well as for the establishment of accreditation, licensing and funding standards.

# **1.3 Development of the Guidelines**

The development of the original draft was undertaken by the co-chairs of the SVN Standards and Guidelines Committee: Glynne Gervais and Heidi Levenback with the assistance of Rob Straus, past President of SVN. Committee members submitted policy guidelines used in their programs. Their responses provided both the content and a preliminary organizational schema of the Guidelines.

The "Draft Standards for Children's Access Services", Australian and New Zealand Association of Children's Access Services. (September 1994) were reviewed and elements have been integrated.

The current Standards and Guidelines contain feedback from the general membership. They Training Manual on Child Sexual Abuse Issues were then reviewed and revised by the Standards and Guidelines Committee, chaired by Nadine Blaschak-Brown. The general membership voted on them in May 1996 at the annual conference in Austin, Texas.

This edition has been revised to contain changes in SVN by-laws and other policies and procedures, although the basic Guidelines have not been changed. The current Standards and Guidelines is considering changes that will probably be made during the next year. SVN members are invited to submit to the Committee their suggetions.

# **1.4 Guiding Principles**

# a. Quality and Flexibility

The Guidelines are intended to promote good practice without stifling the development of new service models. Therefore the Guidelines allow for innovations and it is anticipated that the Guidelines will be revised in response.

# b. Safety and Welfare

The position taken in these Guidelines is that the safety of children, adults and Visit Supervisors is a precondition of providing services. Once safety is assured, the welfare of the child is the paramount consideration at all stages and particularly in deciding the manner in which supervision is provided.

# 1.5 Applicability

These Guidelines apply to individuals and organizations who are SVN members. Any SVN member should agree to accept and follow these Guidelines in providing supervised visitation services.

The Guidelines are also intended as an advisory resource to providers of supervised visitation services who are not SVN members.

In the event of conflict between these Guidelines and any federal, state, or local requirements, a Provider may apply to the Board or designated committee of the Board for consultation and/or waiver of applicability.

(Ed. Note: It is recognized that since the development of these Guidelines there has been an increase in other services provided in conjunction with supervised visitation, such as parent education, mediation, etc. Many of these things are being addressed by the Committee in making revisions. However, these Guidelines still provide good basic rules for the operation of supervised visitation and exchange services regardless of whatever other services are added.)

# 2. TERMINOLOGY

- 2.1 Authorized Person
- 2.2 Child
- 2.3 Custodial Parent
- 2.4 Exchange Monitoring (also known as Supervision of Transfers)
- 2.5 Family Violence, Partner Abuse
- 2.6 Intern (also known as Trainee)
- 2.7 Non-custodial Parent (also known as Visiting Parent)
- 2.8 On-site Supervision
- 2.9 Off-site Supervision
- 2.10 Provider
- 2.11 Supervised Visitation (also known as Monitored Visitation, Child Access, Supervised Access)
- 2.12 Visit Supervisor (also known as Child Access Monitor, Observer)
- 2.13 Therapeutic Supervision
- 2.1 Authorized Person is a person who has been authorized to be present in addition to the visiting parent during supervised contacts.
- **2.2** Child means a minor, age birth to majority. More than one child may be involved in Supervised Visitation.
- **2.3** Custodial Parent may refer to a biological parent, adoptive parent, legal guardian, state agency and its representatives who has temporary or permanent legal custody of a child.
- 2.4 Exchange Monitoring (Supervision of Transfers) is supervision of movement of the child from the Custodial to the Non-custodial parent at the start of the Non-custodial parent / child contact and from the Non-custodial parent back to the Custodial parent at the end of the contact. Exchange monitoring may be limited to these exchanges with the remainder of the Non-custodial parent/child contact occurring unsupervised. Exchanges may be monitored On- or Offsite.
- **2.5 Family violence** is any form of physical, sexual, or other abuse inflicted on any person in a household by a family or household member. Family violence includes abuse of both adults and children.
- **2.6 Partner Abuse** is the particular form of family violence involving abuse by one adult of another with whom he/she has a relationship.2.6 "Intern" or "Trainee" refers to a person training to become a Visit Supervisor working under the supervision of a staff member responsible for his/her work.
- 2.7 Non-custodial Parent or Visiting Parent may refer to a biological parent or other adult, who is authorized to have contact with child.
- 2.8 On-site Supervision refers to supervision of a Non-custodial parent and child(ren), on a site

under control of the Provider and Supervisor. On-site Supervision may include a range of closeness of supervision from continuous, close monitoring to periods of time during which the Non-custodial parent and child are intermittently monitored by video or audio and/or are accompanied away from the site. On-site supervision may occur in a group setting or on an individual basis.

- **2.9 Off-site Supervision** is supervision of contact between the "Non-custodial parent" and child(ren) which occurs away from a site which is under the control of the Provider and Visit Supervisor. Off-site supervision may occur in a group setting or on an individual basis.
- 2.10 Provider is an independent individual or organization providing supervised visitation services.
- **2.11 Supervised Visitation**; means contact between a Non-custodial parent and one or more children in the presence of a third person responsible for observing and ensuring the safety of those involved. Monitored Visitation and/or Supervised Child Access are other terms with the same meaning.
- **2.12 Visit Supervisor** (Child Access Monitor, Observer) is the person responsible for observing the contact and ensuring the safety of the child(ren) during the visit and the transition between the parents.
- **2.13 Therapeutic Supervision** is the provision of supervision of contacts between the child and parent, as well as therapeutic intervention and modeling to help improve the parent-child interactions. This service may be offered only by a certified or licensed mental health professional as required by individual states or jurisdictions. Because this service is provided by trained, therapeutic professionals, evaluations and recommendations for further parent-child contact can be made.

# 3. STRUCTURE OF SERVICES

- 3.1 Providers
- 3.2 Advisory Board
- 3.3 Conflict of Interest
- 3.4 Insurance

#### 3.1 Providers

Supervised Visitation services can be provided by a qualified (refer to sections 10 and 11) independent, by a free-standing agency, or by a sub-division or program of a larger agency. An independent Provider is responsible for compliance with these Guidelines. In an agency, the governing board (or the partners in the case of a partnership) is responsible for compliance with the Guidelines.

#### 3.2 Advisory Board

Regardless of whether supervised visitation services are provided by an independent individual or an agency, the Provider should establish and report to an Advisory Board. In the case of an agency, this may be the governing board or a separate body composed of individuals with knowledge of supervised visitation issues. It is likely that a Provider of supervised visitation services will benefit from input and support from such a group. In addition, it is crucial that Providers remain focused on their role and critical of quality of service.

# 3.2 Conflict of Interest

Supervised visitation services may be provided by or may be operated by agencies which have other functions. However, the mission of such agencies should be compatible with supervised visitation. When supervised visitation services are provided by an agency, whose primary mission is not Supervised Visitation, the agency should be responsible for ensuring that staff or persons providing supervised visitation are trained and qualified according to these Guidelines and should encourage the provision of services in conformity with these Guidelines.

#### 3.3 Insurance

All Providers of Supervised Visitation services must provide adequate general and liability insurance for staff and families utilizing the services.

# 4. ADMINISTRATIVE FUNCTIONS

- 4.1 Financial Records
- 4.2 Files
- 4.3 Statistics

# 4.1 Financial Records

A Provider should maintain appropriate financial records. Agency providers should follow generally accepted accounting principles.

# 4.2 Files

A provider should keep records including client identifying information and a record of each contact.

# 4.3 Statistics

Statistics should be kept, for evaluation monitoring and to account to funders as per the statistical requirements of the individual funders. Statistical reports must not compromise client confidentiality.

# 5. OPERATIONS - Preliminary Issues, Structure Of Services

- 5.1 Resources and Functions
- 5.2 Services
- 5.3 Evaluations
- 5.4 Caseload
- 5.5 Premises
- 5.6 Hours of Operation

# 5.1 Resources and Functions

The Provider's budget, the competence, and the training and experience of the program staff, will largely determine the type of Supervised Visitation the Provider can offer and the number

of clients who can be assisted. Providers should not over extend themselves, but should ensure that the service they provide is of high quality. Providers should identify the type of assistance which is most urgently needed in order to target available resources to the area of greatest need.

#### 5.2 Services

Providers should offer only those services for which their staff is adequately trained. (Refer to section 10) Services provided by a Supervised Visitation Program may include:

- On-site supervision
- Off-site supervision
- Exchange monitoring
- Therapeutic supervision
- Telephone monitoring
- Transportation to and from visits
- Recording observations of visits
- Reports (factual)
- Referrals to other services

# 5.3 Evaluations

Under these Guidelines, Providers should not perform evaluations or make recommendations. The rationale is that in order to preserve the objectivity of the visitation setting, the function of supervising parent-child contacts and the function of evaluating those contacts should be performed by different people. This is particularly so where Supervised Visitation continues over an extended period.

If a Provider does perform evaluations, the Provider should make statements of opinion about a family member or the contact between a child and adult ONLY IF:

- the referring court or other referring agency or person has specifically requested that the Provider conduct an evaluation AND;
- the Provider is specially trained to provide an evaluation of the type requested AND;
- the Provider informs both parents that the evaluation is occurring; AND
- the Provider follows procedures generally accepted as adequate for an evaluation.

This should not prevent a Provider from declining to provide service to a family or from terminating service to a family based on an assessment of risk or a determination that the conditions of service required by the referring agency are inappropriate.

(*Ed. Note:* There has been some confusion about the above. The second paragraph should not be construed to negate the first. The intent is that supervision and evaluation be kept as two separate functions. If an agency is requested to perform both functions, then the evaluation should be done by a clinically qualified evaluator who uses the information provided by a neutral and objective supervisor in conjunction with other appropriate clinical tools to make such an evaluation and/or recommendations. The information obtained through supervision is not in and of itself adequate information upon which to base evaluations and recommendations.)

**5.4** Caseload size for staff should take into account time required for intake, supervision of visits, report writing, testifying, training, and staff supervision.

#### 5.5 Premises

- a. For On-Site supervised visitation, services shall be provided in a building accessible by public transportation and to the handicapped.
- b. Premises should be suitable for the age of the children, the degree of supervision required.
- c. Waiting areas should be located so that a waiting parent cannot be seen by a parent entering the facility and so that a waiting parent cannot hear or see a visit in progress.
- d. Premises must be safe and secure.

#### 5.6 Hours of operation

- a. Hours of operation will depend on the resources of the service, the age range of the children, and the type of cases the service accepts.
- b. Providers should also be accessible to the public in terms of hours of operation. Hours for providing supervised visitation services should, if possible, include evening and weekend hours.
- c. Even though services may be provided evenings and weekends, a Provider should be available by elephone at other times.

#### 6. SECURITY

- 6.1 General Policy
- 6.2 Declining Unsafe Cases
- 6.3 Reasonable Security
- 6.4 Security Arrangements
- 6.5 Additional Administrative Security Procedures
- 6.6 Clinical Assessment and Client Relationship
- 6.7 Security for Individual Providers
- 6.8 Security in Off-site Supervision
- 6.9 Identity of Volunteers and Interns

#### 6.10 Emergency Procedures

#### 6.1 General Policy

A Provider must have security arrangements set down in writing, which seek to provide protection of all participants in a program. Security procedures shall be applied equally for all clients, staff and volunteers.

#### 6.2 Declining unsafe cases

Resources and security needs affect decisions about the type of cases a Provider accepts. A Provider hould refuse to accept any case if the Provider cannot reasonably ensure the safety of the child(ren) and adults. Specifically where there is risk of parental abduction or violence, a Provider should not provide services if a family appears too volatile, if the staff is not adequately trained to manage the situation, or if the facilities are not adequately secure. Providers should provide the court with a clear set of criteria regarding appropriate referrals.

#### 6.3 Reasonable security

A Provider's responsibility extends to taking reasonable precautions and providing the security measures outlined in these Guidelines. A Provider cannot, however, absolutely guarantee the safety for all clients, and the adults involved remain responsible for their own actions.

#### 6.4 Security Arrangements may include, but not be limited to:

- a. Layout of premises which permits Custodial and Visiting parents and other adults to be kept physically and visually separate;
- b. Procedures for arrival and departure of clients so that contact between them does not occur without the explicit agreement of the parties and the Provider [See Appendix A]
- c. Presence of security personnel; and/or
- d. Use of a metal detector, if available to the individual Provider;
- e. Relationship with Local Police Department

Provider should inform the local Police Department of the existence of its service to facilitate rapid response in case assistance is needed. If applicable to the community, a Provider should seek or establish a written protocol with the Police which describes what assistance and response the provider can expect from the Police, including the priority Police will accord to requests for assistance from the supervised visitation program while the service is operating.

# 6.5 Additional Administrative Security Procedures.

- a. Periodic review and evaluation of security arrangements, policies and procedures.
- b. Staff orientation and ongoing in-service training.
- c. Intake and case review process.

... for Florida's Supervised Visitation Providers

# 6.6 Clinical Screening and Client Relationship

The specific security procedures and equipment should not be a substitute for careful clinical screening of the security risk in each family or for maintaining a relationship with clients which will reduce risk. Providers must maintain policy/procedures to assess risk.

# 6.7 Security for Independent Providers

Independent Providers of supervised visitation services shall either provide security measures described in Sections 6.1 to 6.6 or should not accept referrals of cases where there is a high risk of violence, specifically including situations where there is a risk of parental abduction or a risk of violence between the parents.

#### 6.8 Security in Off-site Supervision

Since metal detectors, security personnel, and the protection of a secure facility are not available in off-site supervision, Providers must be very careful about the risks involved in providing services.

#### 6.9 Identity of Volunteers and Interns

A provider may decide not to reveal to clients the full name of volunteers and student interns providing supervision services. Clients will be introduced to volunteers and interns on a first name basis. This security measure shall not prevent a Provider from complying with an order of a court to name a volunteer or student intern or to have that person appear as a witness in a court proceeding.

#### **6.10 Emergency Procedures**

A program should have written protocols for how to handle emergency situations including, but not limited to:

- a. Critical incidents such as violent or dangerous behavior on the part of an adult or child.
- b. Evacuation procedures in the case of a fire or other emergency.
- c. Medical emergencies.

#### 7. SUPERVISOR TO CHILD RATIO

Supervision can be of one visiting parent and his/her child(ren) or of several families at a time in a group setting. The ratio of supervisors to children will depend on:

- the nature of the supervision required in each case;
- the number of children and/or families being supervised;
- the duration and location of the visit;
- the expertise and experience of the supervisor.

The ratio of supervisors to children should be tailored to each case. In cases requiring intensive supervision of more than one child, it may be appropriate to consider more than one supervisor.

# 8. RESPONSIBILITY FOR THE CHILD

- 8.1 Parental Responsibility
- 8.2 Provider Responsibility

# 8.1 Parental Responsibility

- a. Responsibility for the care of the child and the child's belongings, subject to any contrary order of the Court, rests with the parents.
- b. Prior to the beginning of supervised visitation, agreement should be reached about which parent has responsibility for ensuring the essentials for the visit are available (e.g. food, medication, clothing, car restraints, etc.). Where the Provider is involved in finalizing such arrangements, or is aware of the arrangements, these should be noted in the client file.

# 8.2 Provider Responsibility

The Provider will be temporarily responsible for the care of the child where the child is collected from the Custodial Parent and taken to the Visiting Parent, possibly at a different location, or where the Visiting Parent terminates the visit and leaves before the Custodial Parent has arrived to collect the child, or where the Custodial Parent drops off the child and leaves prior to the arrival of the Visiting Parent.

# 9. FEES

- 9.1 General Policy
- 9.2 Allocation of Fees
- 9.3 Fees in Cases of Family Violence

# 9.1 General Policy

Supervised visitation should be available to all who need it. Within the limits of available funding, the Provider shall make services available to all families regardless of ability to pay. If costs of the service are not otherwise covered, a Provider may charge fees-for-service.

# 9.2 Allocation of Fees

If fees are charged, the Provider should

- a. Charge each family fees for the services provided on a sliding scale basis according to ability to pay, unless the Provider charges a nominal fee;
- b. Apportion fees among the users of the service, unless otherwise agreed on by the users of the service, determined by the referring agency, or ordered by the Court;
- c. Have policies and procedures regarding consequences for clients who refuse to pay fees.

# 9.3 Fees in Cases of Family Violence

a. When there has been a *determination that partner abuse or child abuse has occurred*, but the family has been referred without an order that establishes who shall pay the fee, a Provider should have written guidelines indicating how fees will be allocated. These should

be shown to parents and attorneys as soon as the referral has been made. Providers may among the following alternatives, as relevant to their service:

1. Require the abuser to pay all fees;

- 2. Charge each parent according to ability to pay regardless of who committed the abuse.
- b. When there are *contested allegations of abuse* and there is neither an order setting forth how the fee shall be apportioned, nor a determination of whether abuse has occurred, Providers may select among the following alternatives as relevant to their service:
  - 1. Require the alleged abuser to pay the entire fee;
  - 2. Reject the case until a determination about family violence has been includes the allocation of fees;
  - 3. Send the family back to the Court or referring agency for a determination about the allegation of abuse or an order on the fee, but begin supervision pending the response, with each party paying a fee which is held in escrow until a determination has been made. The alleged abuser should pay the full fee in escrow; the abused parent (or the non-abusive parent in the case of child abuse) should pay that portion of the fee that would be allocated if the fee were split according to ability to pay;
  - 4. Send the party back to Court as in 3) above, but leave it to the parents to allocate the fee. If the abused (or non-abusive) parent refuses to pay, then the alleged abuser has the choice of waiting for a Court or agency determination or paying the full fee and beginning the service.

(*Editor's Note:* There is some real concern that in making a determination regarding who pays based on the criteria above we are putting ourselves in the role of judging and compromising our neutrality. There are many who feel that in absence of a court order the fee should be split evenly with each paying according to his or her ability if the program has a sliding scale.)

# 10. STAFF

- 10.1 General Policy
- 10.2 General Staff Qualifications
- 10.3 Criteria for Staff Selections
- 10.4 Specific Staff Qualifications
- 10.5 Staff Responsibilities
- 10.6 Consultants
- 10.7 Affiliations
- 10.8 Therapeutic Supervision

# **10.1 General Policy**

The type of cases which a service decides to take will determine the functions that staff should be required to perform and consequently the competencies and training that staff should be required to have. Providers may use volunteers, providing they meet relevant Staff Qualifications and Training Guidelines.

#### **10.2 General Staff Qualifications**

All staff members, volunteers or interns providing Supervised Visitation

- 1. shall be at least 18 years of age;
- 2. shall have successfully completed a thorough background check, including screening for prior criminal record; and
- 3. shall be in compliance with local staff health requirements for direct contact with children under the age of six.

#### 10.3 Criteria for Staff Selection

The following qualities and experience are desirable for staff, volunteers or interns who will supervise visits:

- experience in a caregiving role in relation to children;
- ability and willingness to relate to all cultural, ethnic and socio-economic groups and different life styles;
- understanding of child development needs and issues;
- supportive and positive attitude;
- maturity, diplomacy, non-judgmental and common sense;
- ability to express authority and consideration;
- ability to maintain an independent role and draw boundaries;
- ability to assist parents, where necessary, with parenting skills;
- capacity to be observant;
- good communication and writing skills;
- capacity to be insightful and reflective concerning personal issues relevant to Supervised Visitation;
- understanding of the dynamics of separation and divorce including the impact on children and their parents; and
- basic understanding of the laws governing separation, divorce and child welfare.

# 10.4 Specific Staff Qualifications

- a. Coordinator (Program Director) Training and experience in relevant areas of specialization equivalent to a certified mental health professional.
- b. Case Managers

Training and experience in supervised visitation services or related services, knowledge of emotional and practical ramifications of separation, divorce and abuse.

- c. Visit Supervisors Substantial experience working with children and demonstrated writing proficiency.
- d. Drivers

All persons who transport client for a supervised visitation program shall:

- 1. be at least 18 years of age;
- 2. hold a valid operator's license for the state/country in which s/he will drive and appropriate for the vehicle being used;
- 3. consent to a check of his/her driving record; not have a record of impaired driving;
- 4. have or be the employee of a person who has liability insurance for the vehicle.
- 5. Vehicles must be equipped with seat belts in good repair.
- 6. Children under four years of age or under 40 pounds shall not be transported without ageappropriate individual restraints that meet the local standards.
- e. Security Personnel

Training in a security related area, (e.g., security guard, investigator) preferably with experience in a social agency.

# **10.5 Staff Responsibilities** – Some programs will require one person to assume several title responsibilities.

a. The Coordinator (or Program Director).

While the role of the Coordinator (or Director) will differ between Providers, the key role is to ensure the overall quality of the supervised visitation program. The Coordinator/Director is responsible for public relations, securing funding, managing all administrative aspects of the program, and ensuring that the community is aware of service.

- b. The Case Manager will:
  - link the clients to services;
  - problem solve with clients;

- address concerns;
- follow progress of cases; and
- if appropriate, report to court.
- c. The Visit Supervisor will:
  - supervise visits according to Court orders or other relevant agreements;
  - relay information between the child(ren)'s parents relevant to the child's welfare at the commencement and conclusion of the supervised visit, (e.g., medication, diet, etc.) in written and verbal form;
  - intervene when appropriate to ensure the safety and welfare of the child;
  - terminate the supervised visit when necessary;
  - provide feedback or correction to the relevant party; and
  - document supervised visits as required by the Provider.
- d. Volunteers and Interns

Volunteers or Interns training to become Visit Supervisors may perform the same functions as Visit Supervisors providing that each volunteer and/or intern is under the direct supervision of a staff member responsible for his/her work, and has received adequate training.

e. Security Personnel

The key role of security personnel is to seek to ensure a reasonable degree of safety and security of children and adults.

# **10.6** Consultants

A Supervised Visitation Program or Individual Provider should have on its staff, and/or advisory board, available as consultants:

- a. a person trained in mental health and licensed to provide clinical mental health services, including clinical social work, clinical psychology, or psychiatry;
- b. a person trained in child mental health;
- c. a person trained in issues of domestic violence;
- d. a person trained in issues of child abuse (including child sexual abuse and maltreatment);
- e. a person trained in issues of substance abuse;
- f. a person trained in issues of foster care; and
- g. a lawyer with experience in domestic relations

One person or separate individuals may provide these areas of expertise.

Providers will utilize the above to provide program support, assistance and problem solving with program policies and procedures. Consultants may also be utilized to assist with staff and volunteer education and training.

#### **10.7** Affiliations

Providers are encouraged to establish affiliations with agencies such as, but not limited to: child mental health clinics, child protective services, legal services, substance abuse, counseling and treatment, batterer's treatment and battered vicitim's services which provide services and expertise complementing Supervised Visitation.

#### **10.8 Therapeutic Supervision**

Therapeutic supervision, combining the functions of observing contacts between adult(s) and child(ren) and providing safety with the function of therapeutic intervention, shall be provided only by a licensed or certified mental health professional, as required by individual states. Providers who offer internship programs to individuals enrolled in a certified training program, leading toward a mental health professional license or certificate, and are under the direct supervision of a licensed or certified mental health professional shall also be approved to provide therapeutic supervision.

# 11. TRAINING

- 11.1 General Training Principles
- 11.2 Training for Visit Supervisor
- 11.3 Training of Current Providers
- 11.4 Training by Correspondence
- 11.5 Interim Use of Guidelines for Training

# **11.1 Training Principles**

- a. The training of a Provider should correspond with the services offered by that Provider. If the training of a Provider is limited to a specialized population, that Provider should serve only that population.
- b. Training should ensure:
  - knowledge of ethical principles involved in supervision of visits;
  - cultural sensitivity;
  - · awareness of one's own values;
  - familiarity with the reasons for Supervised Visitation;
  - familiarity with issues about visits related to family violence, partner abuse, child abuse, and substance abuse;

- familiarity with issues related to psychiatric/psychological disorders;
- familiarity with relevant legal, welfare and governmental processes and terminology;
- awareness of common issues and problems which may arise during visits and techniques for dealing with difficult situations;
- awareness of the need to maintain role integrity;
- ability to assist parents, where appropriate, with parenting and child care skills;
- working knowledge of child development;
- visitation issues that may be related to separation;
- familiarity with the dynamics of separation and divorce and the impact on children and their parents;
- knowledge of the Provider's policies and procedures;
- familiarity with other relevant services in the community.

# 11.2 Training for Visit Supervisors

- a. Basic Principles and Practice of Supervised Visitation
  - 1. A Visit Supervisor shall complete a minimum of 10 (ten) and preferably at least 15 (fifteen) hours of training covering at least the following topics:
    - General ethical principles for supervising visits, including: confidentiality, avoiding dual roles with client systems, objectivity, and focusing on the child's best interest;
    - Supervised Visitation Program Policies and Procedures;
    - Family violence: differing forms and dynamics of partner and child abuse, including child sexual abuse;
    - The emotional and economic effects of divorce;
    - Stages of child development;
    - Separation issues in Supervised Visitation;
    - Intervention to prevent physical or emotional harm;
    - Observation of child/adult contacts;
    - Recording observations;
    - Reflective listening; giving feedback;
    - Maintenance of physical safety for children and adults;
    - Substance abuse education and detection.

- 2. A Visit Supervisor should also complete at least 3 and preferably 10 hours of training covering at least 5 of the following topics, as recommended by individual providers:
  - Preparation of children and adults for contacts;
  - Keeping boundaries:
  - Legal context, court procedures, and relevant local/state/country agencies and procedures in the jurisdiction;
  - Court testimony;
  - Structuring the visits;
  - Reporting to referring agencies;
  - Assertiveness training;
  - Psychiatric/psychological disabilities.
- b. Training for Independent Providers and management roles Independent Providers and those in a management role in a Supervised Visitation Program shall complete a minimum of an additional 10 (ten) hours of training covering at least the following topics:
  - Receiving referrals and Intake process;
  - Establishing a visitation contract;
  - Setting fees;
  - Explaining Conditions (rules) for Participation in the Supervised Visitation Program to clients;
  - Relations with Courts, police, attorneys, referring agencies and therapists;
  - Termination of Providers' supervised visitation services;
  - Referrals of families to other services;
  - Supervision and training of staff including volunteers and interns; and
  - Use of consultants and affiliated groups.

NOTE: Independent providers should have clinical supervision.

#### **11.3 Training of Current Providers**

For those already engaged in Supervised Visitation practice who have not had the opportunity for pre- or in-service training, training should be provided in relevant areas.

#### 11.4 Training by Correspondence

Where no training in supervised visitation is available in a locality, an individual wishing to become a Provider or to begin a new program may get trained by correspondence, using training materials that conform with these Guidelines.

#### 11.5 Interim Use of Guidelines for Training

Until training standards are adopted, it is strongly recommended that the provisions of this section be used by currently operating programs as the basis for training.

#### 12. REFERRALS

- 12.1 Requesting Referral Information
- 12.2 Declining Referrals

#### 12.1 Requesting Referral Information

- j. A Provider should obtain all relevant information about the person(s) being referred, including specifically:
  - the reasons for supervision of visits;
  - the type of service requested (e.g., one-on-one supervision, exchange monitoring, off-site supervision);
  - the requested frequency of visits;
  - the arrangements for payment of fees, if any, including apportionment among the person(s) referred;
  - special needs of the child(ren); and
  - any information concerning family violence.
- k. A Provider may send a family that is referred with inadequate information back to the referring agency or may continue to gather the necessary information during the Intake process. Inadequate information concerning fees in cases of family violence is addressed in Section 9.3 above.

#### **12.2 Declining Referrals**

A Provider should review the services requested by the referring agency and determine if the Provider can provide those services. If a referring agency requests services (such as evaluation) which the Provider cannot or is not trained to provide, or if there are security risks which the Provider cannot appropriately manage, then the Provider should notify the referring agency and decline the referral, stating the reason(s).

# 13. INTAKE

- 13.1 Face-to-Face Interviews
- 13.2 Children not present at Interviews
- 13.3 Parents Interviewed Separately
- 13.4 Assessment for Family Violence (see also Appendix B)
- 13.5 Checklist of Suggested Intake Questions Appendix B
- 13.6 Checklist for Information to Provide Appendix C

# 13.1 Face-to-Face Interviews

A Provider should conduct a face-to-face interview with each of the parents and the children before Supervised Visitation begins. This requirement should not include representatives of State agencies or foster parents when a child has been removed from the home. In this latter situation, intake information may be collected by written correspondence or telephone. The visiting parent(s) and child(ren) should still be interviewed in person. In reunification cases, the face-to-face interviews and/or orientations may take place at the time of the first visit.

# 13.2 Generally, children should not be present during the intake interviews with the parents.

- 13.3 Parents should be interviewed separately and at different times, so that they do not come into contact with each other.
- 13.4 Whether or not family violence has been identified as an issue in the referral, a Provider shall routinely assess during the intake process whether there has been a history of family violence, including especifically child abuse or partner abuse. (See Appendix B)
- 13.5 Checklist of Suggested Information to be Gathered During Intake Appendix B

# 13.6 Checklist of Information to Provide During Intake – Appendix C

# 14. CONDITIONS FOR PARTICIPATION IN THE SUPERVISED VISITATION PROGRAM (RULES).

Rules should be in written form which is given to each parent and reviewed and explained. Each parent should indicate his/her understanding and acceptance of the rules by signing them in the presence of the staff person conducting the Intake.

- 1. The Conditions for Participation in the Supervised Visitation Program (Rules) should include, but not be limited to the following:
  - 1. Parties shall arrive punctually at the arranged times for the start and end of the visits.
  - 2. Except in an unavoidable emergency such as sudden illness, the relevant parent will inform the service as soon as possible, and at least 24 hours in advance, if the Custodial or Non-Custodial parent is canceling a visit. (Repeated incidents of sudden illness may have to be verified by a licensed health provider).

- 3. Custodial and Non-Custodial parents agree that they (and if applicable, Authorized Persons approved for inclusion in supervised visits) will remain separate, physically and visually, so that contact between them does not occur, unless here has been specific agreement between the parties and the Provider that contact may occur.
- 4. Arrivals of the Non-custodial and custodial parent will be at different times.
- 5. At the end of the visit, the non-custodial and custodial parent will have different departure times so that they may avoid contact with one another.
- 6. Parties will obtain appropriate authorization before bringing an additional visitor. (See section 16.4)
- 7. No participant in the Supervised Visitation Program may follow or harass another party before or after a scheduled supervised visit.
- 8. Weapons or dangerous implements of any kind may not be brought to the supervised visitation program at any time. Participants in the supervised visitation program should be aware that security staff has a right to search them for weapons.
- 9. Participants in the Supervised Visitation Program will not use illegal substances or alcohol before or during supervised visits.
- 10. No client may make any threat of violence or threat to break any Court order during a supervised visit, including the transitions before and after the visit.
- 11. No client may commit any violent act or break any Court order during a supervised visit, including the transitions before and after the visit.
- 12. No adult may physically discipline, or threaten to physically discipline a child during Supervised Visitation whether the locale of the visit is On- or Off-site.
- 13. A Custodial parent may not make negative comments to a visiting child about the Noncustodial parent, his/her partners or family members.
- 14. A Non-Custodial parent may not make negative comments to a child about the custodial parent, his/her partners or family members.
- 15. Neither Custodial nor Non-custodial parent shall ask a child or staff member to deliver support payments or legal documents to the other parent.
- 16. Neither Custodial nor Non-custodial parents may take any photograph or make any audio or visual recording On- or Off-site during Supervised Visitation without prior approval of the child and the other parent.
- 17. Written records of observations during supervised visits will be maintained and reports according to Provider practice submitted to the Court.
- m. Details of Visit Schedule; Additional Special Conditions.A record should be made either as part of the Conditions for Participation or in a separate

document, for each family of:

- the frequency, duration, and number of supervised visits (if known);
- any special conditions applying to the visits.
- Custodial and non-custodial parents should make available to the Provider all protective orders including, but not limited to, protective orders pertaining to domestic violence and child abuse.

The above should be described in writing. These details and special conditions should be reviewed with each parent. Each parent should indicate his/her understanding and acceptance of the rules by signing them in the presence of the staff person conducting the Intake.

# 15. INITIAL FAMILIARIZATION OF THE CHILD(REN)

- 15.1 Explaining Purpose of Supervision of Visits to Child(ren)
- 15.2 Special Preparation in Cases of Family Violence

# 15.1 Explaining Purpose of Supervision of Visits to Child(ren).

The child(ren) may be informed, according to age and stage of development about the purpose of the supervised visits and the safety arrangements. When supervised visits or Exchange Monitoring will be On-site, the child(ren) may have the opportunity to visit the Supervised Visitation Program before the first visit. When supervised visits or exchange supervision will occur Off-site, the child(ren) may have the opportunity to meet the Visit Supervisor before the first visit. Children shall be oriented to the setting, introduced to the staff and reassured that the staff will be available to him/her during the visit. In an age-appropriate way the child(ren) should be told the arrangements (e.g., frequency, duration, and procedures) for the visits.

# 15.2 Special Preparation in Cases of Family Violence

- n. If abuse of either child(ren) or a parent has been confirmed, the staff person should explain to the child in the presence of the custodial parent the safety aspects of the service provided.
- o. If there are allegations of abuse which have been denied by the visiting parent and there has been NO DETERMINATION of whether abuse has occurred, then without going into the allegations or taking sides, the staff member should explain the safety aspects of the service provided.
- p. If there is evidence that a child has been abused or is afraid of the visiting parent the Visit Supervisor should arrange a sign with the child(ren) if s/he wants the visit to end. In this prearranged way the child(ren) can signal discomfort with less risk of angering a parent perceived as powerful and/or scary.
- q. If there is any question of physical or sexual abuse of a child, both parents and the child(ren) should be informed before the first supervised visit that physical contact is to be initiated

only by the child(ren).

- r. When abuse of a child or parent has been confirmed, there should be a clearly stated acknowledgment to the child in the presence of the Custodial parent that the visits will be supervised because of what the visiting parent has done and in order to protect the child and/or the custodial parent.
- s. When sexual abuse has been alleged and is still being evaluated, Supervised Visitation should not begin without consultation with the evaluator, if available, to make sure that contact between the child(ren) and the alleged abuser will not interfere with the evaluation or traumatize the child(ren).
- t. In situations involving sexual abuse of the child, whether confirmed or alleged, the noncustodial parent must not accompany the child to the bathroom, or be responsible for changing diapers.

# 16. STAFF PREPARATION FOR VISITS

- 16.1 Staff Briefing
- 16.2 Alcohol and Drugs
- 16.3 Activities during Supervised Visits
- 16.4 Inviting Others to the Visit
- 16.5 Conversations with the Child(ren)
- 16.6 Medication, Diet and Discipline

# 16.1 Staff Briefing

A Visit Supervisor should be fully briefed about each family s/he will supervise before each visit, including details about any recent developments in the case.

# 16.2 Alcohol and Drugs

Alcohol and drugs are not permitted.

See Sections: 14 a) (9). Conditions for Participation 19.1 c) Termination of Services

# 16.3 Activities during Supervised Visits

- Any activities proposed or contemplated during supervised visits should be consistent with the type of supervision which is required in the particular case.
- Requests for non-standard activities during a supervised visit should be approved by the custodial parent prior to the activities through appropriate counsel, whether attorneys or court mediators.

#### 16.4 Inviting Others to the Visit

During the Intake, the parties should cover who will be included in the Supervised Visits. Unless previously agreed, the Non-custodial parent should be the only person to visit the child during the supervised visits. The Non-custodial Parent should ensure that authorized visitors understand the Conditions for Participation in the Supervised Visitation Program (Rules) and are prepared to abide by them. This process aims to ensure that contact which is prohibited by the agreement between the parties or by a Court order does not occur and there is time to determine whether the Provider is able to respond appropriately to any additional supervision requirements which may result, (e.g., adjusting the number of visitors and briefing the additional Visit Supervisors).

#### 16.5 Conversations with the Child(ren)

See Conditions for Participation in the Supervised Visitation Program (Rules). Section 14.

#### 16.6 Medication, Diet and Discipline

See Conditions for Participation in the Supervised Visitation Program (Rules). Section 14.

# 17. INTERVENTIONS DURING SUPERVISED VISITS, TERMINATING A SUPERVISED VISIT

In addition to interventions specified elsewhere in these Guidelines, a Visit Supervisor shall stop any visit during which

- u. a child becomes acutely distressed,
- v. where it is deemed by the visit supervisor that the child is in a situation of possible risk either emotionally or physically; or
- w. if a non-custodial parent acts in an inappropriate manner towards the child, staff or others present.

Depending on the child's reaction and the Visit Supervisor's assessment, stopping the visit may be a temporary interruption with the visiting resuming when the child has calmed, or the visit may be ended entirely. Terminating an individual visit shall not necessarily mean that supervised visitation services for the family shall be stopped permanently. See Section 19. Termination of Services.

#### **18. STAFF FUNCTIONS FOLLOWING VISITS**

- 18.1 Feedback to Parents
- 18.2 Staff Debriefing
- 18.3 Routine Case Review
- 18.4 Post Incident Follow-up

#### **18.1 Feedback to Parents**

If requested or required, staff should provide factual feedback about the supervised visit to the custodial parent.

In certain situations, the Visit Supervisor may also provide feedback to the Non-custodial parent about his/her behavior and/or the child's reactions to the visit.

#### 18.2 Staff Debriefing

There should be time made available for the Visit Supervisor to be debriefed, for issues relating to the visit, with staff, and for the client file to be updated.

#### 18.3 Routine Case Review

There should be a periodic review of each family as part of the ongoing evaluation of the Supervised Visitation Program. The review should take place by court mediators, clients and their attorneys.

#### 18.4 Post Incident Follow-up

If there is a significant problematic incident involving the Supervised Visitation Program, the Provider should document the incident and the relevant authorities/agencies (e.g., court, police, child protective agencies) should be notified.

#### **19. TERMINATION OF SERVICES**

- 19.1 Reasons for Termination
- 19.2 Procedure for Termination

# 19.1 A provider may decide to terminate services to a family for the following reasons:

- x. Safety or other issues involved in the case that cannot effectively be addressed by the Provider;
- y. The case is placing an undue demand on the Provider's resources;
- z. One or both parties have failed to comply with the Conditions for Participation in the Program (Rules);
- aa. Non-Custodial parent continuously refuses to pay fees for services; and/or
- bb. The parties agree that they can manage visits without assistance. Both parties may notify the appropriate referral source.

#### **19.2 Procedure for Termination**

When termination of Supervised Visitation services is being considered by a Provider, it will be appropriate for the Provider to advise the Custodial and Non-Custodial Parents separately about the issues. Once a decision has been made, both parties should be advised of the reason(s) for termination. These reasons should be confirmed in writing to both parties and the referral source. At times, it is appropriate for the Provider to document a warning of termination in written form to both parents, with explanations for why services may be terminated.

# 20. SPECIAL CONSIDERATIONS IN SITUATIONS INVOLVING FAMILY VIOLENCE

- 20.1 Child Sexual Abuse
- 20.2 Partner Abuse

# 20.1 Child Sexual Abuse

- cc. Any person supervising contacts between a parent and child when sexual abuse has been alleged or proven shall have specific training in child sexual abuse, and shall either be a licensed or certified mental health professional, under supervision of a licensed or certified mental health professional, prior experience with supervision of alleged or proven child sexual abuse, and/or co-supervision with a trained staff person.
- dd. The contact between the visiting adult and child(ren) shall be monitored continually and in a manner that allows all verbal communication between the adult and child(ren) to be heard and any physical contact to be observed.
- ee. Physical contact shall be initiated only by the child and shall continue only as long as the child wants.
- ff. The Visit Supervisor shall intervene to stop any physical contact that appears inappropriate or sexualized, even if the child does not appear distressed.
- gg. The visiting adult shall not deny any statement by the child about the alleged or confirmed abuse.
- hh. Because Supervised Visitation is not psychotherapy and because contact with an alleged or confirmed abusive adult can stir powerful emotions for a child, except where the supervision is therapeutic supervision by a licensed mental health professional, it is recommended that the child be in concurrent psychotherapy, unless or until a determination has been made by the child's therapist with the agreement of the custodial adult or by a court of competent jurisdiction, that such psychotherapy is not necessary.

# 20.2 Partner Abuse

Where contact is to be supervised between a child and an adult in a family in which a court of competent jurisdiction or a social service agency has determined that there has been partner abuse of any form, OR where there have been allegations by either parent of such abuse, OR where the intake process has revealed concerns about such abuse, the following additional guidelines shall be followed:

- ii. Before any contacts begin, the Non-custodial parent should be told that if a child makes any statement or reference to any abuse, s/he is not to deny the child's statement, but to listen to what the child says.
- jj. During visits with the child, if the Non-custodial parent does deny any statement by the

child about alleged or confirmed abuse, then the Visit Supervisor shall intervene to stop the denial and, if necessary, to terminate the visit.

#### 21. RECORDS

- 21.1 Client Files
- 21.2 Records of Visits
- 21.3 Protection of Information about Clients
- 21.4 Protection of Supervisor's Identity
- 21.5 Completeness of Records

#### 21.1 Client Files

Relevant information should be recorded during intake and a file should be created for each family, including at a minimum identifying information on each client:

kk. name;

ll. date of birth;

mm. address;

- nn. telephone number;
- oo. referral date;
- pp. source of referral;
- qq. reason for referral;
- rr. arrangements for supervised contact;
- ss. lawyers name, address and phone numbers;
- tt. other agencies involved; and
- uu. if applicable, authorized persons.

#### 21.2 Records of Visits

A Provider should also maintain a record of each contact (Observation Note) which includes at a minimum:

- vv. identifying client information;
- ww. a means of identifying who provided visit supervision;
- xx. the date, time and duration of contact;
- yy. who attended (e.g.,. authorized person);
- zz. account of critical incidents;
- aaa. summary of activities during visit;
- bbb. comments, requests made by children and/or parents;

ccc. interventions made during the contact including early termination of the visit with the reason for the intervention.

#### 21.3 Protection of information about clients because of concerns about safety:

Identifying information, including addresses, telephone numbers, schools, and places of work, should be kept confidential to prevent unintentionally revealing where an abused partner or child lives, works or goes to school.

#### 21.4 Protection of Supervisor's Identity.

Some Providers will choose to protect the identity of staff or volunteer Visit Supervisors. In this case, there should be procedures which allow a Provider to determine on records of visits, who provided the supervision of each visit.

#### 21.5 Completeness of Records

All contacts in person, by telephone or correspondence, concerning each family, including contacts with the parties and child(ren), the court, attorneys, health providers, and referring agencies, should be documented in the client file. Entries should be dated and signed by the person recording the entry.

#### 22. REPORTS TO COURTS AND/OR REFERRING AGENCIES

- 22.1 Factual Reports
- 22.2 Cautionary Note on All Reports or Observation Notes

#### 22.1 Factual Reports

Providers can best serve their clients and the public by providing clear factual reports. A Provider shall not provide a Report which expresses opinions, including specifically an opinion about the appropriate future course of access between a child and a parents who have been supervised by the Provider. In cases of reunification, Providers may by required by the court to make future visitation recommendations.

#### 22.2 Cautionary Note on All Reports or Observation Notes

When submitting any reports or copies of Observation Notes, a Provider should include a clear introductory notice stating the context in which the observations occurred and the need for caution in making decisions about future adult-child access based solely on these reports or notes. A cautionary note need not be repeated when the referral source makes regular referrals to the Provider. Sample language is included in Appendix D.

#### 23. CONFIDENTIALITY

- 23.1 No Privilege of Confidentiality, Subpoenas
- 23.2 Confidentiality That Can Be Offered, Exceptions
- 23.3 Parents Rights to Review Records
- 23.4 Copies of Records for Attorneys in Preparation for Litigation
- 23.5 Requests to Observe a Supervised Visit

### 23.1 No Privilege of Confidentiality, Subpoenas.

- ddd. Unlike clients of lawyers, clients of Supervised Visitation Programs do not have a privilege of confidentiality which protects from having client records requested by the Court or by another party as part of a Court proceeding. By requesting the Court to issue a "subpoena", any client may require a Provider to grant the client all records and/or require that a Provider come to a Court proceeding and bring the records. Providers should.explain this fact to clients.
- eee. Subpoenas follow different rules in different jurisdictions. It is recommended that Providers have access to a legal consultant in cases where they are subpoenaed and required to become involved in a Court proceeding.

### 23.2 Confidentiality that Can be Offered, Exceptions

Even though a Provider cannot stop a legal demand to produce records as part of a Court proceeding, a Provider can and shall commit to keep its records confidential in all other situations. Whenever possible, Providers of Supervised Visitation shall maintain confidentiality and refuse to release information without the permission of the client, with the following exceptions:

- fff. Providers should respond to requests from referring agencies for factual information about the participation of clients in Supervised Visitation, including the number and duration of contacts, what occurred during contacts, and the need, if any for interventions and/or termination of visits.
- ggg. Providers should respond to requests for information from court-appointed evaluators and/ or a psychotherapist treating a child whose contacts with a parent are supervised.
- hhh. Providers shall obtain consent for release of information from clients for the requests stated in a) and b).
- iii. Providers, whether or not they are required by law to do so, shall report evidence of child abuse to the appropriate state agency. Providers shall inform clients of their obligation of commitment to such reports.

### 23.3 Parents' Rights to Review Records

Providers should offer parents the opportunity to see a copy of their client file, provided that in appropriate cases information about where a parent or child lives, works or goes to school shall be kept confidential. However, because of the risk that the information in the record will be misused, copies of records should not be given to clients to keep, unless mandated by the local court system.

### 23.4 Copies of Records for Attorneys in Preparation for Litigation.

Providers should allow an attorney to examine a copy of his/her client's records in preparation for a court proceeding. They may also be required to release a copy of the record to a client's attorney.

#### 23.5 Requests to Observe a Supervised Visit

A Provider may be asked to permit observation of a parent and child(ren) during a supervised visit, e.g., by a mental health professional appointed by the Court to evaluate a family. Providers should not become assessment facilities. Assessors will only by permitted to observe if they are unable to make other arrangements to view the child and the Non-Custodial parent interacting. A Provider may permit such observation if:

- jjj. The observation is requested/ordered by the Court; or both parents agree to allow the observation;
- kkk. if the observation will not unduly interfere with the operation of the supervised visitation service; and
- lll. if the observation will not jeopardize the confidentiality of other clients; and

mmm. if the observation does not prove upsetting to the child

observer should bring some form of identification to the visit.

### **APPENDIX** A

#### 6.4 b) PROCEDURES FOR ARRIVAL AND DEPARTURE OF CLIENTS

So that contact between parents does not occur without the explicit agreement of the parties and the Provider, specifically, the following arrangement or some appropriate variation should be used:

- nnn. The Visiting parent should arrive at least 15 minutes before the visit and be taken to a space visually separate from where the Custodial parent will arrive.
- ooo. The Custodial parent should arrive with the child at the time of the visit;
- ppp. The Custodial parent should leave first with the child, and the Visiting Parent should remain at the site for at least 15 minutes.

In the case of Exchange Supervision, depending on the degree of risk, it may be appropriate, after the child(ren) has/have arrived for the visit, according to the above procedure, to have the Visiting Parent and child(ren) remain at the exchange location for a further 15 minutes while the Custodial parent leaves.

At the end of the visit, it may be appropriate to have the Visiting parent and child(ren) return to the site 15 minutes before the end of the visit, so the Custodial parent can arrive with a lowered risk of contact with the Visiting Parent.

-OR-

- qqq. The custodial parent and child should arrive at least 15 minutes before the visit. The custodial parent should then go to a designated area or leave the premises. This allows the child to have a 15 minute transitional, tension-free period between parents, giving him/her the opportunity to play and talk with staff.
- rrr. The visiting parent should arrive promptly at the designated visiting time.

In the case of exchange supervision, depending on the degree of risk, it may be appropriate, after the child(ren) has/have arrived that the custodial parent remain in a designated area, separate from the exchange area until 15 minutes after the visiting parent has picked up the child(ren).

Visiting parents must leave the premises upon completion of supervision or return exchange.

### **APPENDIX B**

## 13.5 CHECKLIST OF SUGGESTED INFORMATION TO BE GATHERED DURING INTAKE:

At least the following information should be requested during intake with each of the parties:

- sss. Name, address and telephone number of parties; (this information must be kept confidential;
- ttt. Names and ages of child(ren);
- uuu. Copies of current relevant Court orders (including Orders of Protection or signed agreements by both parties);
- vvv. Court proceedings in progress; upcoming court dates; criminal actions pending against either parent; prior Orders of Protection;
- www. Information regarding any previous supervised visitation arrangements;
- xxx. Details of the reasons for the request for Supervised Visitation;
- yyy. Risk factors, including risk of abduction and any history of family violence;
- zzz. History of parental dysfunction, including mental illness, developmental delay, or substance abuse (specify substance of choice);

- aaaa. Concerns about issues that may arise during visits with the child(ren);
- bbbb. Requests for special restrictions during visits (e.g., no photographs, close attention to negative statements);
- cccc. Information on practical arrangements for visits: diet, medication, toileting, clothing, food;
- dddd. Details for scheduling visits: where, when, who can visit, duration of visit;
- eeee. Information on prior or current evaluations relevant to visitation and current psychotherapists, if any;
- ffff. Releases of information for contact with referring agency, relevant therapists, court appointed evaluators, attorneys, and others; and
- gggg. Information adequate to set and/or apportion fee, if not already determined by Court or referring agency.

#### APPENDIX C

### 13.6 CHECKLIST OF INFORMATION TO PROVIDE DURING INTAKE.

The following information should be provided to parties during Intake:

hhhh. Explain that the Provider maintains a stance of neutrality between the Custodial and Non-custodial parents.

Maintaining neutrality does not, however, mean that the Provider shall accept or condone prior or current behavior of any family member that has been abusive or harmful. INSTEAD, THE PRINCIPLE OF NEUTRALITY is intended to convey respect for the potential importance of each parent to his/her child(ren) and to make the Provider a safe person in a safe place for the child(ren) where contact with the Non-custodial parent involves as little conflict of loyalty between the parents as possible.

- iiii. Describe records kept by the Provider, reports which may be provided to referring agency or others, confidentiality and the limits of confidentiality.
- jjjj. Describe communication the Provider will have about the family with others including therapists and the referring agency.
- kkkk. Explain the steps the Provider can and will take to promote the safety and welfare of the child.
- III. Explain that the use of the service is not a right and that the service can decline to continue providing Supervised Visitation and the reasons, including the Provider's judgment that continued contacts present unacceptable risk; that a parent has failed to comply with the Conditions for Participation, or a child appears significantly distressed by the contacts.

mmmm. Review the Conditions for Participation detailed in Section 14.

- nnnn. Provide information on fees that will be charged, including fees for canceled sessions and any special fees, e.g. for preparation of reports or appearance of staff at Court proceedings.
- 0000. Explain how to prepare a child for the supervised visits.
- pppp. Provide information regarding office hours and availability of staff outside of visiting hours.
- qqqq. Provide and review a written Intake Worm addressing rules and regulations. Copies of these forms are kept by each parent. Signed agreement stays in case file.

### APPENDIX D

### 22.2 CAUTIONARY NOTE ON ALL REPORTS OR OBSERVATION NOTES – RECOMMENDED WORDING:

This report is based on observation notes that have been prepared by volunteer observers in training as well as by paraprofessional and professional staff.

Observers are instructed to record what happens during parent child contacts and are required to not include opinions and judgments.

(Name of Provider) does not provide evaluations of the families who use the program's services or make recommendations about future arrangements for parent-child access.

The observations are of parent-child contacts which have occurred in a structured and protected setting. No prediction is intended about how contacts between the same parent(s) and child(ren) might occur in a less protected setting and without supervision. Care should be exercised by the users of these observations making such predictions.

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# BEST PRACTICES FOR THE VISIT: INTAKE, INTERVENTION, DOCUMENTATION & TERMINATION OF CHILD SEXUAL ABUSE CASES

The purpose of this chapter is to present best practice guidelines for the preparation of family members for visits involving child sexual abuse; safety planning considerations to employ with the child; intervention guidelines during the visit; case recording suggestions including preparation and dissemination of critical incident reports; and maladaptive reactions by children. A decision-making tree is also presented to assist supervised visitation staff in determining how to prepare parties for visits, recognize maladaptive symptoms to the abuse or to the abuser that need to be acknowledged, and process for on-going risk assessment, appropriate intervention and termination of visits.

# LEARNING OBJECTIVES

### By the end of this chapter, supervised visitation staff and volunteers will be able to:

- Employ best practice guidelines in preparing child(ren), non-residential parent and residential parent or caregiver for scheduled visits.
- 2. Describe appropriate intervention techniques to use with families when program rules are violated and/or child is at risk.
- 3. Describe best practice guidelines for terminating visits.
- 4. Demonstrate effective documentation of visits including preparation and dissemination of critical incident reports.
- 5. Recognize maladaptive reactions to sexual abuse that might be experienced by children during or after visits.

# BEST PRACTICE GUIDELINES FOR PREPARING PARTIES FOR VISITS

Best practice guidelines require that each party be informed of the order for visitation, its parameters, the program rules, the role of the visit monitor, safety protocols, etc. Supervised visitation programs routinely prepare parties for visitation when scheduling visits according to their program policies and procedures. Some modification may be indicated when supervising cases involving sexual abuse allegations or findings. Make sure that sufficient information is recorded about each party as indicated in the following charts. This is critical in order to assist providers in conducting on-going risk assessment which will prevent possible revictimization of children during supervised visitation.

The chart on the following page illustrates what information from intake forms (or other means) staff should have from each party prior to scheduling visits.





### Note: Steps 1 – 4 are included in Ch.6.

**Step 5:** Intake and preparation of child(ren), residential parent and non-residential parent for visits.

#### Decision process:

- 1) Gather identified background information from each party.
- 2) Inform each party of program rules, parameters of visit.
- 3) Develop safety-plan with child(ren) prior to visit.
- 4) Conduct further risk assessment as indicated.
- 5) Schedule visit *or* decline referral due to risks identified (safety or training) *or* request modification of court order (e.g. for therapeutic supervision or other modification).

#### PREPARING FAMILY MEMBERS FOR SCHEDULED SUPERVISED VISITATION: INFORMATION NEEDED FROM EACH PARENT

#### About Child(ren):

- Past history of abuse (physical, sexual, neglect)
- Current abuse experience
- Current living arrangements
- Age
- Educational level or developmental stage
- Relationship between abuser and child
- Mental Status (emotional problems, developmental delays)
- Juvenile justice system involvement, including juvenile sexual offenders
- Characteristics of abusive situation
- Number of offenders
- Reaction of non-offending parent
- Other problems in family function
- Reaction of offender

#### Residential Parent Caretaker:

- Past history of childhood maltreatment including child sexual abuse
- Current living situation
- Education and employment situation
- Parenting
- Discipline
- Partner relationship
- Assessment of domestic violence
- Substance abuse
- Mental illness
- Mental retardation
- Criminal history
- Reactions to disclosure of child's sexual abuse

#### Non-Residential (or alleged or confirmed) Abuser

- Past history of child maltreatment
- Current living situation
- Education and Employment
- Parenting
- Discipline
- Partner Relationship
- Substance Abuse
- Mental Illness
- Mental Retardation
- Criminal History
- Reactions to child's disclosure

It is also important for both staff and family members to recognize the rationale for having this information available prior to visits. The following chart outlines this rationale.

RATIONALE FOR OBTAINING	BACKGROUND INFORMATION
Background Case Information Needed	Rationale
Any Past History of Physical Abuse, Neglect, etc.	This information helps supervised visitation staff identify other problems in the family which may affect the visiting party's interaction with the child during visits, including lack of empathy for the sexual abuse victims, victim-blaming, etc.
Any Past History of Sexual Abuse in Family	This background case information can assist supervised visitation staff in better understanding variables which might put a child at greater risk for being sexually abused based upon the research literature. For example, has either parent been sexually abused?
Information on Family's Current Living Situation	This information can assist staff in assessing the safety of the child; identification of other potential victims; and availability of social supports for the family, such as foster care workers, family and supportive friends.
Information on Parent's Educational Level and Employment History	This information provides visitation staff with an indication of the parent's overall functioning level. For example, do they have steady employment, and is the non-offending parent able to support the family without the offending parent's support? This information may also reveal intellectual deficits in parents which may detrimentally impact their parenting skills or require special skills during scheduled visitation services—e.g., illiteracy.
Background on Parenting Skills & Understanding of Parenting Role	Case information obtained on parenting skills can be useful in assessing how well thescheduled visits will go, whethervisit monitors should be aware ofparent's inability to discipline,over-reliance upon physicaldiscipline, distortions in theirthinking about what isappropriate and inappropriate behavior for children to exhibit.

RATIONALE FOR OBTAINING BACKC	GROUND INFORMATION (CONTINUED)
Background Case Information Needed	Rationale
Relationship Between Parents	Supervised visitation staff must be aware of any domestic violence currently in the relationship which might put the child or non-offending parent at increased risk during scheduled services.
Sexual History of Family Members	Although this information may seem difficult at first to obtain, it is important for staff if at all possible, to have case information pertaining to any other sexually inappropriate behavior en- gaged in by family members, level of knowledge that parents have about the sexual development of children, etc. For example, do other family members have "open marriages" where it is accepted to have multiple sexual partners, do any family members routinely watch pornography or adult movies?
Substance Abuse Histories	Case information that addresses parents' sub- stance abuse histories or early abuse of substances by children can be an important tool in determin- ing risk. Often sexual abusers "blame" their sexual abuse upon substance use or rely on substance use/abuse to cope with impact of child's disclosure of his/her abuse. Latency-aged or teen- aged children who have been sexually abused are at greater risk of substance abuse themselves. Many supervised visitation programs routinely screen visiting parents for substance use prior to visits—it may be helpful to know as much about a parent's substance abuse history prior to visits to enhance this screening.
Mental Health Histories of Family Members	Having background information on any significant mental health problems can greatly enhance a program's ability to provide a safe visit. For example, is there a history of suicide threats, attempts? Does a visiting parent exhibit delu- sional thinking? Does failure to take psychotropic medication present potential threats to the child during visits? Does the parent's mental health problems prevent appropriate understanding of the sexual abuse?

RATIONALE FOR OBTAINING BACKG	ROUND INFORMATION (CONTINUED)
Background Case Information Needed	Rationale
Mental Retardation/Developmental Delays	Information about each parent's intellectual functioning can provide context for how they may interpret the sexual abuse, how they function on adaily basis, their ability to protect the child from abuse, etc. Having information about any devel- opmental delays in the child can assist supervised visitation staff in better facilitating visits. Fur- ther, some research on childhood sexual abuse indicates that children who are developmentally delayed are at greater risk for abuse.
Criminal History of Family Members	As discussed in previous material, supervised visitation staff must request copies of any current court orders; such as, orders for protection, orders for visitation, custody, etc. It is also good practice to have as much information on the criminal histories of parents as possible in order to prevent or reduce possible risk during provision of services.
Information about Parent's Reaction to Child's Disclosure of Sexual Abuse	Intakes with each parent may reveal very critical information about eachresponse to the child's disclosure of his/her sexual abuse that can be critical to staff in conducting risk assessments, preparing child and family for visits, etc. For example, is one parent denying the abuse, blam- ing the child or abuse? DCF? Is the offending parent taking responsibility for the abuse?

### RATIONALE FOR OBTAINING BACKGROUND INFORMATION (CONTINUED)

Additionally, prior to actually scheduling visits, each party should be told specific information about the protocols employed by your supervised visitation program. This means visit rules, location of visits, role of visit monitors, etc. How extensively this information is conveyed to the child(ren) will depend upon the child's developmental age or emotional status.

PREPARING	PARTIES FOR SCHEDULED SUPERVISE INFORMATION TO BE CONVEYED	D VISITATION:
Child(ren)	Residential Parent or Caregiver	Non-Residential (alleged or confirmed abuser)
• Location and schedule for visits.	• Location and schedule for visits.	• Location and schedule for visits.
<ul> <li>When everyone will sit or stand.</li> <li>What degree of physical contact child wants or will be permitted.</li> <li>Signals for child to use to indicate need for help</li> <li>Conversation topics child wants or doesn't want to occur.</li> <li>Other program rules</li> </ul>	<ul> <li>Program rules.</li> <li>Role of visit monitor.</li> </ul>	<ul> <li>Role of visit monitor.</li> <li>Degree of physical contact.</li> <li>Toilet rules.</li> <li>Gift or other rules applicable for visit.</li> <li>Conversation topics allowed or disallowed.</li> <li>Intervention techniques to be used by visit monitor during visits.</li> </ul>

# IDENTIFICATION OF SAFETY CONCERNS OF CHILD VICTIM

After a child has been told the basic information about his/her scheduled visit as outlined in Chart Three above and after any further risk assessment is made subsequent to reviewing case information from parents, staff should engage the child in making a safety-plan for his/ her scheduled visit or in identification of their safety concerns about the visit. Again the extent to which this is done will depend upon the developmental level of the child. This step can assist the child in feeling less anxious about the visit and also help reasssure the child that his or her safety will be addressed. The following questions can be used by visitation intake or visit monitors to assist in identification of c oncerns: (Note: not all questions need to be employed with each child but these are examples that can be used, modified, etc.):

- Do you feel safe right now?
- What makes you feel safe?
- What do you keep with you that makes you

feel safe or loved? (e.g., Teddy bear? Blanket? Picture?)

- Did you bring something with you today (or can you bring something) that would make you feel safe?
- What makes you feel upset, nervous or sad?
- How can I make you feel safe during your visit?
- Does anything frighten you about being here at this program?
- Does anyone here frighten you?
- Is there anyone here who you fear will hurt you while you're here? Be mad at you? Be sad at you?
- Sometimes certain smells, music, or clothes remind us of frightening things, does anything in particular like that frighten you ?
- Where would you like your father (offending parent) to be in the room during your visit?
- Is there anything you don't want him to say to you during the visit?
- If you become frightened, upset or sad during the visit, how can I help you?
- Is there a signal (raised hand, certain word, song) that you can use during a visit to let me know you don't feel safe, are upset, etc.?



**Step 6:** Provide scheduled visit between offending or allegedly offending parent and child(ren) or provide scheduled visit between sexual offender and family members.

### Decision process:

- 1) Schedule visit.
- 2) Conduct routine pre-visit screening following program policies.
- Cancel visit because of visiting parent's behavior during pre-visit screening, or Cancel visit because of child's emotional state during pre-visit screening indicat ing need for more skilled visit monitor, or,
- Facilitate visit monitoring using program policies and procedures for ensuring safe visit.
- 5) Document interaction

Visits may proceed without problems but it is imperative that in these cases visit monitors always attend to the interaction, be alert to both verbal and nonverbal messages, and watch for signs that the child is demonstrating any signs of adaptive reaction as described below. These behaviors may appear during a visit but may also appear subsequent to a visit and be reported to you by the residential parent. If these behaviors appear, a formal mental health evaluation is indicated prior to the scheduling of any further visits between the offending parent and the child. It is imperative that your letter of agreement with the court provide for this. To allow subsequent visits while having knowledge of these behaviors can result in serious harm to the child:

- Rage including suicidal or homicidal threats, aggressive play (destroying toys, furniture, etc.), or severe temper tantrums.
- Excessive aggression including physical or verbal attacks at visiting parent, custodial parent or caregiver, supervised visitation staff, siblings or others.
- Depression manifested by flat affect, slowed body movements, excessive crying, mood swings, lack of interest in school or in play subsequent to visits, suicide threats or selfinjurious behaviors.
- Numbing illustrated by memory loss

   (e.g.,can't remember coming to see offending parent week before), depersonalization,
   excessive fantasizing, high-risk play,
   compulsive behaviors (picking at skin,
   pulling out hair).
- Panic attacks brought on by stressors or triggers of the sexual abuse experience (e.g., child has panic attack after smelling father's

after-shave or being shown photograph of where abuse took place).

- Distrust of others.
- Sexualized behaviors such as masturbating during scheduled visits, molesting other children during visits, behaving in a sexual manner toward program staff or toward other parents.
- Flashbacks of the sexual abuse which may occur during the visit triggered by certain smells, actions, sounds, etc.
- Sleep disturbances, such as nightmares following or prior to visits or inability to sleep soundly or falling asleep during visits.
- Somatic complaints, such as severe headaches, stomach aches, nausea, vomiting without actual physical cause.
- Elimination disorders, such as soiling or wetting during scheduled visits or immediately following visit or prior to next visit in children that have been toilet trained.



... for Florida's Supervised Visitation Providers



Many children who have been sexually abused experience what are diagnosed as phobic reactions when confronted with sensory stimuli which remind them of either their abuse experience or their abuser. These stimuli are called "triggers." It is therapeutic for children to be able to identify triggering stimuli in order to then be able to adopt safe coping mechanisms to these triggers. Triggers may well be present during a scheduled visit between a parent and child and may go unidentified unless staff work with the child to help him or her identify them. Sometimes triggers can be identified from information in the case record, from interviews with the offending parent and residential parent; but often they may not be identified until the child has a reaction to them.

Trainees should be asked to identify potential sounds, smells, sights and tastes or other sensory events that might "trigger" a phobic or fearful reaction in a child that has been sexually abused. To get started, list the following triggers on a piece of newsprint with a marker and then have the group identify others to be listed:

- Perfume
- Smell (e.g. beer or smoke on clothing)
- Seeing father's car
- Camera
- Tootsie roll
- · Child's nickname only used by his abuser

# ADDRESSING CHILD'S DISCOMFORT DURING SCHEDULED VISITS

In cases where the sexual abuse has been confirmed as well as in cases where there is "some indication" of child sexual abuse, the child should be allowed to signal when the visit needs to end or break for a period of time. During preparation of the child for the visit, staff can suggest certain signals or statements the child can make that indicate this needs to occur. What signal or statement is used will depend upon the age or developmental level of the child. If the child leaves the visit for a break or asks that the visit be terminated, staff should conduct a risk assessment of the child to determine how the child is being affected by the contact. To prevent possible violation of a court order for supervised visitation by empowering the child to determine this, programs should do the following:

- Incorporate such authority into the program's policies and letter of agreement with the court.
- Make such provision clear in the court order, in the referral and the intake process.
- Consult with the child's therapist or refer the child to a therapist to recommend how best to allow the child permission to end visit.

When sexual abuse has been alleged or proven, a child should be reassured that supervised visitation staff wants to make sure he or she is safe at visits. It may be confusing for a child victim if staff remains silent about what happened or may have happened to the child. On the other hand, a program must remain neutral when dealing with unproven allegations.

It is not necessary for supervised visitation

staff to be specific about the allegations with a child. The text below provides an example of what can be said to alleviate a child's fears prior to visits. These assurances let the child know that staff will be vigilant: *"You are here because the judge* cares about you. We care about you, too. You have not done anything wrong. We are here so you can have a safe visit. Tell us if there is anything we can do to make your time here better. Tell us how we can help you feel more comfortable."



**Step 7:** Intervention, termination and reporting of critical incidents

Decision process:

- Use program policies for intervening in cases where program rules are violated or in cases where the visit is causing harm to the child.
- 2) Remind parent of the rule violation.
- 3) Redirect parent.
- 4) Verbally insist that behavior cease.
- 5) Physically intervene and remove child from visit room or proximity to parent with assistance from program security as needed.
- 6) Terminate visit.
- 7) Complete critical incident report.
- Disseminate critical incident report to parties, attorneys, DCF staff, GAL's, mental health professionals involved with family.

The following chart lists a few ways of dealing

with parent misbehavior on-site.

	INTERVENTION EXAMPLES	
Parent behavior	Staff Action	Suggestions
Parent begins to speak in foreign language, staff feels parent "forgot" restrictions.	Reminder	Ma'm, please step into my office for a moment. Then: Please remember to speak only English, unless we need a translator at all visits." File incident report.
Parent ignores reminder, continues to speak to child in foreign language	Verbal insistence that parent stop	I need you to stop that immediately or the visit will end. File incident report.
Parent refuses to stop.	Visit terminated – Report filed	The visit is over, ma'm. Call for assistance in terminating visit, if necessary. File incident report.
Parent says to visit monitor in child's presence, "I did not abuse my kid, My ex-wife is making this up."	Immediate redirection and verbal direction for parent to stop	Sir, please step out in the hallway. Then: Sir, we will not discuss this case in the presence of your child. If you continue to discuss it, I will be forced to terminate the visit. Now, let's see about a game or activity that the two of you can play. File report
Parent holds baby in lap and strokes him between the legs.	Physical intervention and termination of visit	Ma'm, please let me take little Charmaine now. The visit is over.

For the child's sake, it is best to intervene outside of the presence of the child whenever possible. However, there will be many instances when intervention must be immediate, and therefore, will take place within hearing or sight of the child. For this reason, we recommend that the visit monitor or director:

- Stay calm and focused on the behavior.
- Express redirection and verbal warnings in a clear, controlled manner

■ Use "I" statements as much as possible.

If the intervention is more than a quick statement, or is not acted on by the parent immediately, the director or staff should ask the parent to accompany her to a nearby or adjacent office to explain in more depth or at greater length the need for the behavior to stop. The child should not be present for (and should not be able to hear) this conversation. If the parent wants to respond, or explain, or offer any more discussion about the incident, staff should immediately bring that parent to the nearby office so that the statement(s) can be made away from the child.

		EXERCISE
Ro	le-play the following behaviors o	and reactions:
	ACTORS	SCENARIO
1.	Parent/10-year-old girl/director:	Parent arrives for visit, tells daughter, "You're making up lies about me again, aren't you?"
2.	Parent/monitor:	Parent says, "You're going to rot in hell for believing the lies they've told you."
3.	Parent/monitor/other parent:	Parent pays too much attention to other parents and their children. Wants to interact with other family. What does monitor do?
4.	Monitor/teenage child:	Child stares at chest of monitor, tries to look down shirt. Wants to accompany brother to bathroom.

# DISCRETIONARY CONSIDERATIONS FOR TERMINATION

There is a great deal of discretion left to directors in deciding the most appropriate course of action in interventions. The following considerations should be taken into account when making intervention decisions that may warrant termination of program services:

- How severe is the action or statement by the parent?
  - If the action endangers the child, the visit should be suspended or terminated.
- Whether the parent has directed the

statements directly to the staff or to the child.

- If the parent expressed anger or displeasure at the staff, the child may or may not be alarmed.
- If the parent expresses anger at the child, the child may be unable to continue to participate in the visit.
- The child's reactions to the statements or behavior.
  - If the child is upset by the statement or behavior, even if he/she is not physically harmed, the visit may need to be suspended

- Whether the statement is a "first offense" or whether the parent has repeatedly engaged in such conduct during the same visit or in other visits.
  - A parent's continuous violations of program's rules despite repeated interventions may warrant suspension or termination of visits, even if such violations do not endanger or upset the child.

# INTERVENTIONS WITH JUVENILE SEXUAL OFFENDERS

There have been documented incidents of juvenile sexual offenders acting inappropriately at supervised visitation. May of the same rules for intervention apply in these incidents, and the following additional suggestions are offered:

- Without being harsh, be clear at intake that all participants' behavior will be closely monitored during visits.
- Give the child developmentally-appropriate instructions when intervening.
- Do not assume that supervision is a replacement for therapy; insist that juvenile sexual offenders and their victims are in concurrent therapy with a mental health professional.
- Stop all sexualized behavior on-site, even if there is no record of sexual abuse. This includes the subtle behaviors of eating food in a sexualized way, using sexually explicit language, drawing sexually explicit pictures, or making inappropriate sounds or gestures (grunting, mock-humping, mimicking sexual acts). Sometimes normal teenagers exhibit this behavior trying to shock adults, or be amusing to other children. Don't allow it.

Example of Behavior	Response
12-year-old boy pats his crotch and makes slurp- ing sounds while he plays a board game with his sister, uses foul, explicit language.	Verbal intervention, telling child to stop behavior immediately.
Eight-year-old girl approaches baby of other family and puts her mouth on the baby's diaper	Separate child from other children, intervene and redirect, filing incident report
13-year-old boy asks sister if she is 'on the rag' laughs at her reaction.	Redirect child to different activity.

# CRITICAL INCIDENT REPORTS AND TERMINATION REPORTS

Whenever an intervention is necessary in a supervised visit of a child sexual abuse case, staff should complete a critical incident report and mail it to the court and all parties.

A sample of a critical incident report is included in the appendix of this chapter. Reports should include:

- A description of the rule violation reported as a narrative (describing the event as it occurred).
- A list of parties/attorneys to whom the report was sent.

If a visit is *terminated* because of a critical incident, staff must file a written Termination Report within 72 hours. Termination Reports (see example in appendix) must state the reasons for the termination and should include:

- A description of the incident or incidents necessitating termination.
- A list of sources to whom copies of the report will be sent, including
  - The parties
  - Their Lawyers
  - Social Services caseworkers involved
  - Guardians Ad Litem assigned in the case

In addition, if the court has ordered that mental health professionals/therapists receive such information, the program should also mail copies of the reports to these participants.

The best practice would be for programs to include a Notice of Suspension of Future Visits in Termination Reports. This provides the parties with an opportunity to return to court to discuss the incident. Any suspensions of visits must be reported to the court within 72 hours.

# CRITICAL STRESSOR RESPONSE PROTOCOLS

Providing supervised visitation in sexual abuse cases can be exhausting work. Supervising these families requires heightened levels of vigilance to protect extremely vulnerable children. Staffing these cases involves more rules and procedures than other cases. Sometimes, however, despite the use of best practices, critical incidents occur. Staff and volunteers may suffer trauma from witnessing revictimization on site and experience tremendous stress from their work.

On the next page is presented a suggested protocol for offering staff/volunteers a way to process their reactions to dealing with sexual abuse cases and critical incidents *after* the visit has ended.

### STEP 1:

### **ACKNOWLEDGMENT & DOCUMENTATION**

It is important to acknowledge to staff that a critical incident occurred and that such incidents can be very stressful for everyone involved. Staff may feel defensive and anxious to avoid blame for what happened, and may feel at risk professionally for not being able to stop the incident before it occurred. Initial communication about the incident should take place in private with the staff member who was monitoring the case to determine what took place and to document the incident. Determine whether any of the following factors were involved:

Reasons/Factors	Options/Considerations
• inexperience or lack of training of the staff member	<ul> <li>remedial training</li> <li>additional SV training on specific issues (e.g. child sexual abuse)</li> <li>basic skills training</li> <li>transfer staff member to a different case</li> <li>have them do a self-check, i.e. "Is this work for you"?</li> </ul>
• personal style/coping mechanisms incongruent (shy, less aggressive, slow response time)	<ul><li>staff assertiveness training</li><li>utilize staff in non-confrontational duties</li></ul>
<ul> <li>Fear (of nonresidential parent, of emotional outbursts, of overstepping boundaries)</li> </ul>	<ul> <li>additional training for staff</li> <li>conflict resolution, mediation skills</li> <li>self-esteem, confidence reinforcement</li> </ul>

## STEP 2: DISCUSSION & RECURRENCE PREVENTION

At some point the incident should be brought to the attention of the staff as an example of what can happen on site. When the case is staffed, ask staff to:

- Brainstorm ideas, ask questions such as "What might you have done differently?", or "How can we prevent this from happening in the future?" Then offer solutions to prevent reccurrence.
- Role-play the incident to allow staff to react in a controlled environment

## STEP 3: OFFER OF REFERRAL

The program director should encourage all staff who witnessed the incident to seek counseling if necessary to further deal with the emotional reactions to the visit.

### QUIZ

- 1. List four types of information staff should obtain from the parents prior to scheduled visits.
- 2. Now list the rationale for collecting such information in question Number #1.
- 3. Why is it important to obtain background information about the child's current living arrangements?
- 4. Why is it important to discuss with a child his feelings about visits at intake?
- 5. List three ways in which a staff member can intervene when a parent's behavior is inappropriate.
- 6. Discuss two ways to intervene with a child who is exhibiting sexualized behavior.

## CRITICAL INCIDENT REPORT

Name of person filling out form:
Date of incident:
Case name and number:
Put explanation lines after each.
List the program's rules that were violated:
Arrival/ Departure
Speaking negatively about other parent
Speaking about the case in the presence of the child
Bringing objects to visits
Bringing weapons on site
Trying to elicit information about other parent
Confrontational/uncooperative with staff
Property damage
Inappropriate or sexualized touching or language
Other
<b>Did the incident result in termination of the visit?</b> (If yes, attach this form to the <i>Termination Report</i> )
Describe where the incident took place, what staff did to intervene, and name any witnesses:
Signature and title of person preparing report Signature of program director

TERMINATION	OF	VISITATION	REPORT

none	
	parent or custodian
	parent
:	Director Date:
E: Case no	RE: Termination of Visit
This is to notify you the	at the visit between and
at the	Program was terminated on
(date) for th	ne following reasons (or attach Critical Incident
Report). Therefore, all	future visitation has been <b>suspended until</b>
further court order.	If you do not seek to challenge this suspension b
	r case will be terminated, and your file closed
effective thirty days fro	m the date of this suspension.
otices sent to:	
dicial Assistant (Judge's Office	e)
ourt file (Clerk of Court)	
uardian ad Litem	
other	
other's Attorney	
ther	
ther's Attorney	

DECISION TREE WITH OUTCOMES

Several outcomes may result from this assessment:

- **Step 1:** Supervised visitation program staff may feel that they do not have adequate case background material to make an assessment to either accept or decline referral. Three decisions may come form this:
  - Request additional background material from DCF, the court, the child's therapist, etc. and
  - Decline the referral until case material can be provided.
  - Decline referral.
- **Step 2:** After review of material and case staffing, further outcomes may emerge:
  - SV program may request a more current mental health evaluation of the child and/ or consultation with child's therapist, or
  - Based upon review of case material provided, referral is declined due to results of risk assessment of child's sexual abuse experience, child's current status, or other relevant factors indicating possible revictimization or trauma if contact with offender occurs, or,
  - Referral is accepted with specific requirements to ensure child's safety.

If the referral is declined, a letter should be sent to the court stating the reasons for declining the referral and referencing the letter of agreement. See the example on the following page. **Step 3:** Supervised visitation staff reviews all relevant case material from court record, DCF, therapist, etc.

### Decision process:

- Based upon case material provided, decline referral due to extensiveness of child's sexual abuse experience, reaction, current status or other relevant factors indication possible re-victimization or trauma if contact with offender occurs.
- 2) Request additional background information, interviews with DCF caseworkers, foster parents, non-offending parent, etc.
- 3) Require mental health evaluation of child and consent of child's therapist *prior* to accepting referral.
- Require mental health evaluation of offending parent and concurrence of parent's therapist regarding appropriateness of supervised visitation.
- 5) Accept referral with specific requirements to ensure child's safety.

### Step 4: Prepare visit monitor for case.

### Decision process:

- 1) Allow assigned visit monitor to review all case material
- 2) Review visit monitor's training or background in dealing with cases involving child sexual abuse.
- Allow visit monitor to decline case if he or she feels they cannot adequately ensure child's safety or lack the expertise to do so.



**Step 5:** Intake and preparation of child(ren), residential parent and non-residential parent for visits.

### Decision process:

- 1) Gather identified background information from each party.
- 2) Inform each party of program rules, parameters of visit.
- 3) Develop safety-plan with child(ren) prior to visit.
- 4) Conduct further risk assessment as indicated.
- 5) Schedule visit *or* decline referral due to risks identified (safety or training) *or* request modification of court order (e.g. for therapeutic supervision or other modification).
- **Step 6:** Provide scheduled visit between offending or allegedly offending parent and child(ren) or provide scheduled visit between sexual offender and family members.

Decision process:

- 1) Schedule visit.
- 2) Conduct routine pre-visit screening following program policies.
- Cancel visit because of visiting parent's behavior during pre-visit screening, or Cancel visit because of child's emotional state during pre-visit screening indicat ing need for more skilled visit monitor, or,

- Facilitate visit monitoring using program policies and procedures for ensuring safe visit.
- 5) Document interaction
- **Step 7:** Intervention, termination and reporting of critical incidents

### Decision process:

- Use program policies for intervening in cases where program rules are violated or in cases where the visit is causing harm to the child.
- 2) Remind parent of the rule violation.
- 3) Redirect parent.
- 4) Verbally insist that behavior cease.
- 5) Physically intervene and remove child from visit room or proximity to parent with assistance from program security as needed.
- 6) Terminate visit.
- 7) Complete critical incident report.
- Disseminate critical incident report to parties, attorneys, DCF staff, GAL's, mental health professionals involved with family.

# TRAIN THE TRAINER GUIDELINES

# CHAPTER SEVEN BEST PRACTICES FOR THE VISIT: INTAKE, INTERVENTION, DOCUMENTATION & TERMINATION

Consider adding the following topics to your training:

- I. Review a *closed* case that had been referred to your program. After considering the Rationale for Background Information on page \_\_\_\_, consider what additional information might have been helpful in supervising that particular closed case. Make a list on newsprint.
- II. Review the section discussing the child's discomfort on page \_\_\_\_\_. Role play the following scenario: A teenage child arrives at visit. He/she begins to visit with her abusive parent, but then stands up, and walks over to the director and asks to go home. The parent tries to convince her to return. Other considerations:
  - i. The court order does not specify how the visit can be terminated.
  - ii. Do your current program policies shed light on how to handle an unwilling child?
  - iii.The parent does not break any program rules. (Is your response different if the parent becomes belligerent?)
  - iv.Do you try to convince the child to return to the visit? How long do you make this attempt?
  - v. Is your answer different if the child is 5?

How about 13? What if the child is 16 and arrived at the center in his own car?

- III. Review the Interventions with Juvenile Sexual Offenders on page \_\_\_\_\_. Roleplay the following scenario: A child has just behaved in a sexualized way at your program. You have intervened. Now the child (eleven years old) and the parent are standing in front of you. The parent says "He was just being a boy" and refuses to admit that the behavior was inappropriate. Roleplay your responses to the parent, who remains adamant. What would you write in your Observation Notes? Would you file a Critical Incident Report.
- IV. After your group has role played one of the examples in the exercise on page \_\_\_\_, have the group write a Critical Incident Report on the form included at the end of the chapter. Then answer the following questions:
  - a. Was your description of what was said and done enough to convey your concern about the incident? Why or why not?
  - b. Would your current policies dictate how to file such a report?
  - c. What changes in your program's policies and procedures need to be made to streamline the filing of Critical Incident Reports?

Training Manual on Child Sexual Abuse Issues

### INFORMATION ON BURNOUT

# Directors and staff should have access to the following information about burnout.

Even without the occurrence of critical incidents, supervising child sexual abuse cases can led to burnout or compassion fatigue in staff and volunteers. Burnout can result in:

- staff feeling numb or detached from their cases.
- staff feeling depressed, e.g.
- always tired.
- loss of appetite.
- increased aches and pains.
- increased use of sick leave for staff.
- high turnover rate for staff.

Below are suggestions for avoiding and coping with burnout:

- ensure director's sensitivity to burnout by enhanced training.
- allow staff and volunteers to provide service in a variety of cases.
- offer stress management material to staff.
- focus on cultivating an advisory board that publicly values staff by giving parties, certificates of appreciation, or recognition in a newsletter.
- Ask local mental health professionals to provide periodic free sessions on dealing with stress.



- 1. Ask the group to offer their suggestions for dealing with burnout.
- 2. Invite a local mental health professional to your training to talk about work-related stress and coping mechanisms.



## RESOURCE MATERIALS NEEDED

Newsprint or Flip Chart

Magic Markers

Masking Tape

Local mental health professional with expertise in helping employees cope with work-related stress.

# RESOURCES

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- State of Florida Department of Children and Families (1999). Family Safety and Preservation, CF Operating Procedure 175-88 (6) Appendix.

### CHAPTER 5

Visitation: F.N.C.A.C—Video. (2001). Children's Advocacy Center, 13<sup>th</sup> Judicial Circuit Court. Video available at the Clearinghouse for Supervised Visitation, Tallahassee, FL.

Supervised Visitation Network — http://svnetwork.net/