



Referrals to Supervised Visitation in Child Sexual Abuse Cases:

A Training Manual for Florida's Supervised Visitation Programs

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New Training Manual for Florida's Supervised Visitation Programs

Referrals to Supervised Visitation in Child Sexual Abuse Cases

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New Training Manual for Florida's Supervised Visitation Programs

Referrals to Supervised Visitation in Child Sexual Abuse Cases

1. Overview of the Manual

The manual is divided into eight chapters in addition to this one:

- 1. Overview of the Manual**
- 2. Train the Trainer: Seven Things to Know**
- 3. What is Child Sexual Abuse?**
- 4. The Impact of Child Sexual Abuse**
- 5. Juvenile Sexual Offenders**
- 6. Human Trafficking**
- 7. System Response to Child Sexual Abuse Allegations**
- 8. Best Practice Guidelines for Assessing Referrals and Court Orders in Child Sexual Abuse Cases**
- 9. Best Practices for the Visit: Intake, Intervention, Documentation, & Termination**

Introduction

The Keeping Children Safe Act requires supervisors of visits in sexual abuse cases to have specialized training in child sexual abuse dynamics. This manual provides such training, and can be supplemented by local training.

Child sexual abuse negatively affects the victimized child, the family of that child, and society as a whole. It is important for supervised visitation providers to become knowledgeable about the dynamics of child sexual abuse in order to effectively protect vulnerable children and non-offending parents. This involves rebutting the

myths that surround child sexual abuse victimization, as well as understanding how sexual abuse can be part of **polyvictimization** – multiple forms of abusive family dynamics that may exist in the family.

The manual provides supervised visitation monitors with information about the ways that different systems respond to allegations of sexual abuse. The manual will include the requirements for reporting suspicions of child maltreatment, the process of making a report, as well as how the legal system and the Florida Department of Children and Families (DCF) respond to allegations of child sexual abuse.

In addition, staff will learn about new research that reveals the extent of juvenile sexual offending, the strategic process of how abusive adults victimize vulnerable children, and how visitation staff can protect children at every stage of the investigation.

Finally, staff will learn how to prepare to monitor cases that involve allegations or confirmed cases of sexual abuse, as well as to protect children during supervised visits.

What will I learn in this chapter?



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

- Understand the Keeping Children Safe Act
- Understand other relevant cases that set precedence in family cases
- Apply this knowledge to better serve families in supervised visitation

The Keeping Children Safe Act

Florida Statutes § 39.0139

Intent of the Keeping Children Safe Act

Section 39.0139, *Florida Statutes*, which is cited as the “Keeping Children Safe Act,” is a response by the Florida Legislature “**to protect children and reduce the risk of further harm to children who have been sexually abused or exploited by a parent or other caregiver.**” Fla. Stat. § 39.0139(2)(b) (2016).

When creating the Keeping Children Safe Act, the Legislature found that:

- For some children who are abused, abandoned, or neglected by a parent or other caregiver, abuse may include sexual abuse,
- These same children are at risk of suffering further harm during visitation or other contact with the child’s abuser, and
- Visitation or other contact may be used to influence the child’s testimony. Fla. Stat. § 39.0139(2)(a).



The Keeping Children Safe Act attempts to reduce the risk of such further harm by creating a special judicial process relating to approval of visitation or contact between a child victim and certain abusive parents or guardians to whom the Act applies. Fla. Stat. § 39.0139(2)(b).

What type of cases does the Keeping Children Safe Act apply to?

The **Keeping Children Safe Act only applies in cases brought under Chapter 39** of the *Florida Statutes*, which primarily involves dependency and termination of parental rights cases. The focus of the Keeping Children Safe Act is to protect children who are abused, abandoned, or neglected.

For example, the Keeping Children Safe Act will not apply in a Chapter 61 dissolution of marriage case where the custody of the children is being fought over.

Who is the Keeping Children Safe Act applicable to?

Subsection (3)(c) of the Act states that if a person meets certain criteria that create a “rebuttable presumption of detriment” to a child, they **may not visit or have contact with a child victim without a hearing and order by the court.** Fla. Stat. § 39.0139(3)(c).



Subsection (3)(a) gives the criteria for when a presumption of detriment is created, as follows:

1. A court of competent jurisdiction has found probable cause exists that a parent or caregiver has sexually abused a child as defined in s. 39.01;
2. A parent or caregiver has been found guilty of, regardless of adjudication, or has entered a plea of guilty or nolo contendere to, charges under the following statutes or substantially similar statutes of other jurisdictions:
 - a. Section 787.04, relating to removing minors from the state or concealing minors contrary to court order;
 - b. Section 794.011, relating to sexual battery;
 - c. Section 798.02, relating to lewd and lascivious behavior;
 - d. Chapter 800, relating to lewdness and indecent exposure;
 - e. Section 826.04, relating to incest; or
 - f. Chapter 827, relating to the abuse of children; or

3. A court of competent jurisdiction has determined a parent or caregiver to be a sexual predator as defined in s. 775.21 or a parent or caregiver has received a substantially similar designation under laws of another jurisdiction.

As used in this subsection, “substantially similar” means “any offense that is substantially similar in elements and penalties to one of those listed in this subparagraph, and that is in violation of a law of any other jurisdiction.” Fla. Stat. § 39.806(1)(d)(2) (2016).

Rebuttable Presumption

If a parent or guardian meets one of the criteria set forth in subsection (3)(a), a “rebuttable presumption of detriment” to the child has been created. If such a person wishes to have contact or visitation with the child victim, they have the right to a hearing to determine whether contact is appropriate. Fla. Stat. § 39.0139(4)(a).

During such a hearing, the court will presume that visitation or contact would be detrimental to the child. **It is up to the person to “rebut” this presumption – to show that visitation or contact would not endanger the safety, well-being, and physical, mental, and emotional health of the child.** Fla. Stat. § 39.0139(4)(c).



Hearing Details

Prior to a hearing under the Keeping Children Safe Act, if an attorney or guardian has not already been appointed to represent the child, the court shall appoint one that has had special training in the dynamics of child sexual abuse. Fla. Stat. § 39.0139(4)(a). Such an attorney or guardian is known as an “attorney ad litem” or a “guardian ad litem.”

Evidence rules for a hearing are relaxed compared to other types of court hearings. **A court may rely upon “any relevant and material evidence** submitted to the extent of its probative value, including written and oral reports or recommendations from the child protection team, the child’s therapist, the child’s guardian ad litem, or the child’s attorney ad litem, **even if these reports, recommendations, and**

evidence may not be admissible under the rules of evidence.” Fla. Stat. § 39.0139(4)(b).

Possible Results of a Hearing

There are two possible results from a hearing under the Keeping Children Safe Act: the presumption of detriment is either (1) rebutted or it is (2) not rebutted:

- 1) If, after the hearing, the court finds that the person has **successfully rebutted** the presumption of detriment, the court **may allow visitation or other contact**. This is done by proving “by clear and convincing evidence that the safety, well-being, and physical, mental, and emotional health of the child is not endangered by such visitation or contact.” Fla. Stat. § 39.0139(4)(c).
 - o In such a case, the court shall enter a written order setting forth findings of fact and specifying any conditions it still finds necessary to protect the child. Fla. Stat. § 39.0139(4)(c).
- 2) Alternatively, if, after the hearing, the court finds that the person **did not rebut** the presumption of detriment, the court shall enter a written order setting forth such findings of fact and **prohibiting or restricting visitation or other contact with the child**. Fla. Stat. § 39.0139(4)(d).
 - o Any visitation or contact that is still allowed, despite not rebutting the presumption, must be limited by the conditions set forth in the Act in Section (5) – Conditions.

Conditions on Visits when Presumption Not Rebutted

Section (5) provides two alternative conditions that will be imposed on any visitation or contact that is ordered when a person does not rebut the presumption of detriment to a child under subsection (4)(d).

The visitation or contact will have one of the following requirements:

- **Supervised by a person who has special training in the dynamics of child sexual abuse, or**
- **Conducted in a supervised, approved visitation program.** Fla. Stat. § 39.0139(5)(a), (b).

If the contact is to be conducted in a supervised visitation program, subsection (5)(b) gives two requirements for the program:

- (1) “an agreement with the court and a current affidavit of compliance on file with the chief judge of the circuit in which the program is located affirming

that the program has agreed to comply with the minimum standards contained in the administrative order issued by the Chief Justice of the Supreme Court on November 17, 1999,” and

(2) “a written agreement with the court and with the department as described in Fla. Stat. § 753.05 containing policies and guidelines specifically related to referrals involving child sexual abuse.”

Additional Considerations

Influencing Testimony –

Subsection (6)(a) provides the procedure for when a person is attempting to influence the testimony of a child involved in a Chapter 39 case.

The subsection applies in two situations:

- once a rebuttable presumption of detriment has already arisen under subsection (3), or
- if visitation has been ordered under subsection (4).

At that point, **if a party or participant to the case informs the court that they have knowledge a person is trying to influence the testimony of the child, the court must hold a hearing within 7 business days.** Such a hearing is held to **determine whether it is in the best interests of the child to prohibit or restrict visitation or contact** with the person alleged to have tried to influence the child’s testimony.

Impeding Child’s Therapeutic Progress –

Subsection (6)(b) applies **when children are in therapy as a result of any finding or conviction included in subsection (3)(a).** The (3)(a) findings and convictions include when:

1. A court of competent jurisdiction has found probable cause exists that a parent or caregiver has sexually abused a child as defined in s. 39.01;
2. A parent or caregiver has been found guilty of, regardless of adjudication, or has entered a plea of guilty or nolo contendere to, charges under the following statutes or substantially similar statutes of other jurisdictions:

- a. Section 787.04, relating to removing minors from the state or concealing minors contrary to court order;
- b. Section 794.011, relating to sexual battery;
- c. Section 798.02, relating to lewd and lascivious behavior;
- d. Chapter 800, relating to lewdness and indecent exposure;
- e. Section 826.04, relating to incest; or
- f. Chapter 827, relating to the abuse of children; or

3. A court of competent jurisdiction has determined a parent or caregiver to be a sexual predator as defined in s. 775.21 or a parent or caregiver has received a substantially similar designation under laws of another jurisdiction.

If a child is in therapy as a result of any of the above findings or convictions and **the child's therapist reports that the visitation or contact is impeding the child's therapeutic progress**, the court shall hold a hearing within 7 business days. At the hearing, **the court will review and possibly adjust the terms, conditions, or appropriateness of continues visitation or contact.**



Appellate Cases and their Impact



Mahmood v. Mahmood, 14 So. 3d 1 (Fla. 4th DCA 2009).

Ultimate Impact:

- The **Keeping Children Safe Act** may only be invoked in cases brought under Chapter 39, which primarily relates to dependency and termination of parental rights.
 - o It may not be invoked in cases brought under other Chapters, such as Chapter 61 dissolution of marriage cases.
- Part of the Act was concerning to the court, as it created a rebuttable presumption of detriment merely from an anonymous tip to an abuse hotline regarding a parent or guardian.
 - o This part of the Act has since been deleted and replaced.

Background Facts:

Wahid Mahmood, husband, and Patricia Mahmood, wife, had a pending dissolution of marriage case under chapter 61, *Florida Statutes*, when Patricia Mahmood filed a motion to invoke the Keeping Children Safe Act, alleging sexual abuse by the father. Chapter 61 relates to dissolution of marriage and has its own guidelines to protect the interests of children when parents are getting divorced. Those guidelines specifically take into consideration evidence of abuse, neglect, abandonment, and sexual abuse of a child. Fla. Stat. § 61.13(3)(m) (2016).

Patricia Mahmood filed multiple motions to suspend the husband's visitation rights with their two children until a hearing under the Keeping Children Safe Act could be conducted, based on the claim that she had reported the husband to a child abuse hotline. At the time, one of the criteria of the Keeping Children Safe Act that would create a rebuttable presumption of detriment to a child was "a parent or caregiver has been the subject of a report to the child abuse hotline alleging sexual abuse of any child as defined in s. 39.01." Fla. Stat. § 39.0139(3)(a)(1) (2008) (amended 2011).

What the Court Decided:

The Fourth District Court of Appeal found that **the Keeping Children Safe Act did not apply in dissolution of marriage proceedings and therefore the mother's report to the child abuse hotline did not require suspension of the father's visitation pending a hearing under the Act.** The court reasoned that the focus of the Act was to “provide an entry mechanism into the court system for children who need protection.” The court explained that when the Act referred to a “court” it was referring to a court assigned “to hear dependency and parental termination cases, not the circuit court in general or a family division of the circuit court primarily assigned to hear Chapter 61 dissolution of marriage cases.” *Mahmood v. Mahmood*, 14 So. 3d 1, 4 (Fla. 4th DCA 2009). Courts are already given broad powers to protect children who are mixed up in a chapter 61 dissolution of marriage proceeding. It was therefore not appropriate to invoke the Keeping Children Safe Act during a chapter 61 proceeding.

Additionally, **the court expressed concern that, under the Act at that time, an anonymous tip to an abuse hotline automatically triggered the presumption of detriment** and suspended visitation rights until a hearing could be held, under subsection (3)(a)(1). *See also* *In re: Potts*, No. 07–00742DPAWS (Fla. 6th Cir. Ct. 2007). This concern was legitimate, as **this subsection was later amended** by Chapter 2011-209, Florida Laws, which deleted the abuse hotline criteria and replaced it with the current subsection (3)(a)(1), which reads: “a court of competent jurisdiction has found probable cause exists that a parent or caregiver has sexually abused a child.” Fla. Stat. § 39.0139(3)(a)(1) (2016).

Leneve v. Leneve, 64 So.3d 196 (Fla. 4th DCA 2011).

Ultimate Impact:

- The court restated that **the Keeping Children Safe Act only applies within Chapter 39 child dependency cases.**
 - Again, it could not be invoked in a Chapter 61 dissolution of marriage case.
- Again, the court was concerned that part of the act was unconstitutional. Specifically, the part that automatically created a rebuttable presumption of detriment merely when an anonymous tip was made to an abuse hotline regarding a parent or guardian.
 - This part of the Act has since been deleted and replaced.

Background Facts:

Tamela Chappell, former wife of William Leneve, wanted to invoke the Keeping Children Safe Act to modify the final judgment of dissolution of marriage between the former spouses. The former husband had been granted shared parental responsibility and shared custody in the final judgment, but was nearing the completion of a three-year prison sentence for bankruptcy fraud and had been denied phone contact with the children for two years when the former wife raised the allegations of sexual abuse. The Department of Children and Families investigated the allegations and found them unfounded and “highly suspicious,” noting that it was “quite obvious” that the boys had been coached.

What the Court Decided:

The Fourth District Court of Appeal **again found that the Keeping Children Safe Act could not and did not apply to chapter 61 dissolution of marriage proceedings.** See also *Mahmood v. Mahmood*, 14 So. 3d 1 (Fla. 4th DCA 2009). The court stated that the Keeping Children Safe Act “does not apply outside the context of a Chapter 39 child dependency proceeding.” *Leneve v. Leneve*, 64 So.3d 196, 197 (Fla. 4th DCA 2011).

The court again noted their concern that the circuit court in *In re: Potts* found portions of the Act unconstitutional. **The court agreed with the *In re: Potts* circuit court and again expressed their concern from *Mahmoud* that a mere anonymous tip would trigger the presumption of detriment under the Act.** The court noted that, at the time, legislation was pending that would ultimately become chapter 2011-209, Florida Laws, which deleted the abuse hotline criteria and replaced it with the current subsection (3)(a)(1), which reads: “a court of competent jurisdiction has found probable cause exists that a parent or caregiver has sexually abused a child.” Fla. Stat. § 39.0139(3)(a)(1) (2016).

In re S.C., 83 So. 3d 883 (Fla. 2d DCA 2012)

Ultimate Impact:

- **The Keeping Children Safe Act does not apply to children who have never been abused or exploited by a parent or guardian.**
 - The Act does not apply to a situation where a parent or guardian with a past child abuse offense wants to visit or contact a child who has never been abused or neglected.
- **A court must treat the presumption of detriment as rebuttable.** The Act specifically states that the presumption may be rebutted.

- Petitioners in the trial court to a Chapter 39 case qualify as “parties” under the Act, even though they are grandparents, and may therefore challenge a resulting order.

Background Facts:

Paternal grandfather, J.C., and paternal grandmother, C.C., were seeking review of the trial court’s Order under the Keeping Children Safe Act that prohibited contact between S.C., the grandson, and the grandfather, while the grandson was to remain in the care of the grandmother. Effectively, this prevented the grandfather from living with his wife.

The grandfather and grandmother had been caring for the grandson, who was two years old at the time of trial, since he was five months old, because the parents were abusing prescription drugs and the grandson was born dependent on methadone. When the grandson was approximately one-year-old, the parents executed power of attorney which gave the grandparents custody of the grandson. The father died of a drug overdose soon after. The grandfather had been living in a motel for two and a half months at the time of the trial.



The Keeping Children Safe Act was at issue because the grandfather was convicted of a misdemeanor involving molestation of his ten-year-old daughter in 1988. The hearing under the Keeping Children Safe

Act made it clear that the 1988 incident was strongly related to the grandfather’s substance and alcohol abuse at the time. The grandmother reported the incident immediately and the grandfather completed probation, counseling, and two substance abuse programs, and had been clean and sober for over twenty years since.

The child protective investigator and the appointed guardian ad litem that testified at the Keeping Children Safe Act hearing recommended that the grandson would be safe living with the grandparents and that there were no indications of

sexual abuse of the grandson. The grandfather had no objection to doing a substance abuse evaluation or a psychosexual evaluation.

However, after the hearing, the trial court entered a written order that prohibited the grandfather from any contact with the grandson and ordered that the grandson remain in the grandmother's custody. The order did not contain any findings of fact or explanation of the court's reasoning.



What the Court Decided:

The Second District Court of Appeal first noted that the grandparents were indeed “parties” to the order, contrary to the Department of Children and Family Services and Guardian Ad Litem Program’s (the Department) argument that they were merely participants that would require additional standing to challenge the order regarding placement. The court quoted

the definition of “party” from section 39.01(51), *Florida Statutes* (2010), which included “the petitioner.” As such, the grandparents were parties and had standing to challenge the order, which affected the grandfather’s legal rights by preventing him from living with his wife.

Most importantly, **the court ruled that the intent of the Keeping Children Safe Act was “to protect children and reduce the risk of further harm to children who have been sexually abused or exploited by a parent or other caregiver,”** as stated within the Act at subsection (2)(b). **Therefore, since there was no suggestion that the grandson had ever been sexually abused, the Act did not apply to the grandson** and the trial court applied the incorrect law.

Additionally, the court stated that even if the Act was applicable to the grandson, **the trial court erred by not applying the rebuttable presumption that the Act specifically created.** The grandparents presented substantial uncontradicted evidence and testimony that there would be no issue for the grandfather to have contact with the grandson. **The trial court, however, did not appear to treat the presumption of harm as rebuttable, as it made clear that it believed that no amount of evidence could rebut the presumption of harm to the child.** Therefore, the trial court did not apply the

law correctly, as section 39.0139(3) provided for a rebuttable presumption, and the Second District Court of Appeal quashed the trial court's Order on the Keeping Children Safe Act.

Department of Children and Families v. P.F., 107 So. 3d 1123 (Fla. 5th DCA 2012).

Ultimate Impact:

- **During a Keeping Children Safe Act hearing, it is not a court's job to review whether there was enough probable cause that sexual abuse had previously occurred.**
- **If a judge previously issued an arrest warrant regarding sexual abuse of a child, then that is enough to trigger Subsection (3)(a)(1) and create the rebuttable presumption of detriment.**
 - o This holds true even if the charges surrounding the arrest are later dropped due to lack of evidence.
 - o **The hearing is meant to be an opportunity for the person to attempt to rebut the presumption**, not a review of a previous court's finding of probable cause.

Background Facts:

The Department of Children and Families (the DCF) and the father of K.A., the child, were seeking review of the trial court's order on a Keeping Children Safe Act hearing. The hearing had granted the child's maternal grandfather access to the child. The DCF and father claimed that the trial court did not follow the procedure provided for by the Keeping Children Safe Act.

After changing custody several times, the child had been put into the custody of the maternal grandfather's long-term companion, D.K. The DCF objected to this placement for two reasons. First, there had not been an approved home study. Second, there was a verified finding of sexual abuse of the child by the maternal grandfather one year prior, although the charges were eventually dropped due to lack of reliable evidence. The court nonetheless placed the child with D.K. and ordered the grandfather to leave the residence until a Keeping Children Safe Act hearing could be held, but permitted the grandfather to have supervised visitation.

When the Keeping Children Safe Act hearing was held, the court looked at a wide range of evidence. The evidence included testimony by the child protective investigator who investigated the allegations of sexual abuse by the grandfather. The court also heard testimony by a member of the Child Protection Team that interviewed the child and gave her a medical exam after the previous allegations of

sexual abuse. Both of these witnesses stated that the child, who was four years old, disclosed that the grandfather had sexually abused her. Testimony was also given by the detective that interviewed the grandfather regarding the sexual abuse and the detective stated that the grandfather displayed “obvious signs of deception through all the interviews.” The detective also testified that the mother revealed that she had heard that the grandfather had previously abused her sister and step-brother. Additionally, the maternal grandmother had informed him that she had previously witnessed the grandfather abusing their daughter, who was seven years old at the time.

Nonetheless, the court indicated that it would watch the recordings of the Child Protection Team interviews and then allow the grandfather to testify to rebut the presumption of detriment under the Keeping Children Safe Act. After watching the films, the court announced that it did not need to hear anything else, found no probable cause for abuse, and allowed the grandfather to return home. The court acknowledged that the grandfather had been arrested and charged with two counts of sexual battery on a child under the age of 12 and was in custody for a month, but stated the following:

“Upon personally reviewing the evidence of the child's statements that lead to the necessity of a KCSA hearing, this Court finds no probable cause that Mr. Flanagan has sexually abused the child. The child's statements were inconsistent and unreliable. There was no evidence that the child will be endangered by her grandfather.”

The DCF appealed the case on the grounds that the trial court did not follow the requirements of the Keeping Children Safe Act in two ways: “1) the trial court incorrectly interpreted the probable cause determination that triggers the rebuttable presumption of detriment to the child pursuant to section 39.0139(3)(a)(1), Florida Statutes; and 2) the grandfather did not meet his burden to rebut the presumption or to support the court's findings and grant of custody.”

What the Court Decided:

The Fifth District Court of Appeal ruled that the trial court incorrectly interpreted what type of probable cause had to be present in order to trigger the rebuttable presumption of harm provided for in the Keeping Children Safe Act. The trial court appeared to look back at the evidence surrounding the arrest and decide that there was not enough evidence to prove probable cause in a trial, which was indeed why the charges were eventually dropped. However, this was an incorrect interpretation of the probable cause requirement of section 39.0139(3)(a)(1), *Florida Statutes*.

The trial court's responsibility was to determine whether a court of competent jurisdiction had already found probable cause, and then allow the grandfather to attempt to rebut the presumption of harm that was triggered by that probable cause. In the case before the court, probable cause existed when the arrest warrant was granted to arrest the grandfather, because under the Florida Rules of Juvenile Procedure, in the context of a shelter hearing, "the issue of probable cause shall be determined in a nonadversarial manner, applying the standard of proof necessary for an arrest warrant. Fla. R. Juv. P. 8.305(b)(3)."

The court stated that the objective of the hearing was for the grandfather to prove clearly and convincingly that he was not a threat to the child, but this did not happen due to the trial court's misinterpretation of the Act. The court then quashed the order given by the trial court and remanded the case for a new Keeping Children Safe Act hearing, whereby the grandfather would attempt to rebut the presumption of harm.

Preparation for Training



Before using the new manual, the Clearinghouse recommends that program directors take specific steps to prepare themselves and staff.

First, directors should read over all of the chapters of this manual. The Clearinghouse conducts monthly training and technical assistance calls during which these chapter will be discussed with program directors and lead staff.

Second, directors should prepare their staff for the emotional impact of this training. This is a crucial component of training because of the tragic nature of child sexual abuse. Non-offending adults often have very strong reactions to child abuse, including a full range of negative emotions. Program directors and trainers should be prepared to acknowledge and deal with these emotions during and after training. In addition, because of the prevalence of child sexual abuse, it is possible that individual staff members were themselves abused as children. It is important that these staff members are provided opportunities to deal with their own trauma histories before they are assigned to supervise families that have been affected by similar trauma.

Third, directors should make full use of the resources that the Clearinghouse has compiled from publically available platforms. Choose one of the online videos that we have provided links to. Offer multimedia training, so that participants can have the messages of the curriculum reinforced. *Lauren's Kids* has excellent resources, as do a number of prominent websites. Call the Clearinghouse if you have questions.

Child Sexual Abuse Online Resources

1. **RAINN** The Rape, Abuse & Incest National Network is one of the largest anti-sexual violence organizations in the country. They run an [online hotline](#) for sexual assault victims and their family and friends, and provide specific resources [for children](#), [members of the military](#), and [for Spanish speakers](#). RAINN also carries out programs to prevent sexual violence, help victims, and ensure that perpetrators are brought to justice. <https://www.rainn.org/>
2. **Safe Horizon** Safe Horizon provides support for victims of sexual abuse, domestic violence, human trafficking, and more. Safe Horizon also offers free legal information and advice, [direct legal assistance](#) to low-income victims, and connects victims with advocates who can help them report their assaults or find counseling. <https://www.safehorizon.org/>
3. **National Sexual Violence Resource Center** NSVRC connects people with the information, resources, tools, and expertise needed to effectively address and prevent sexual violence in all communities. NSVRC offers e-learning courses related to the prevention and intervention of sexual violence like [“Bringing hope: Responding to disclosures of child sexual abuse”](#) and [“From Approach to Practice: Improving outcomes for children after sexual abuse.”](#) Their [extensive online library](#) is also a resource for researchers. <http://www.nsvrc.org/>
4. **Men Can Stop Rape** Man Can Stop Rape promotes nonviolent expressions of masculinity by mentoring male youth and teaching them about consent. It also lists many resources for male sexual assault victims and male perpetrators of sexual violence. <http://www.mencanstoprape.org/>
5. **1in6** One in six men experienced unwanted sexual conduct before the age of 18—and 1in6 provides resources for those men and their families, such as an online hotline, a questionnaire focused on helping men [sort out their experiences](#), and more. <https://1in6.org/>
6. **Darkness to Light** Darkness to Light is a nonprofit committed to empowering adults to prevent child sexual abuse through public awareness and education campaigns. Darkness to Light also provides a hotline for information, referrals to local resources, and training and education



programs for educators, the faith community, and physicians on recognizing and responding to signs of child sexual abuse. Darkness to Light offers an award winning Stewards of Children training that helps adults prevent, recognize, and react responsibly to child sexual abuse.

<http://www.d2l.org/about/success-stories/>

7. **LAUREN'S KIDS** Lauren's Kids offers a parent toolkit designed to educate and encourage conversations between parents and children about making safer and smarter choices. There are sections for children to practice safe choices, videos to learn valuable lessons, and kid and parent tips. <http://laurenskids.org/curriculum/safer-smarter-kids/>
8. **STOP IT NOW!** Stop It Now! prevents the sexual abuse of children by mobilizing adults, families, and communities to take actions that protect children before they are harmed. Stop it Now! provides programs such as help services, prevention advocacy, prevention education, and technical assistance and training in an effort to prevent child sexual abuse. <http://www.stopitnow.org/>
9. **Parenting Safe Children** The Parenting Safe Children workshop is a lively 4-hour workshop aimed at keeping children safe from child sexual abuse. <http://www.parentingsafechildren.com/>
10. **Safesport** The U.S. Center for SafeSport goal is to prevent and respond to emotional, physical and sexual abuse. Safesport delivers tools to help sport organizations across the country champion respect and diversity on and off the field. <https://www.safesport.org/>

More Videos on How to Recognize Child Sexual Abuse

1. <https://www.youtube.com/watch?v=gix6pM7WK3E>

Short film/documentary about child sexual exploitation. Discusses some of the signs of child sexual abuse. 20 min, 30 secs long.

2. <https://www.youtube.com/watch?v=ZfMmq3ZnG2A>

Short video listing 14 signs of child sexual abuse. 2 min, 17 secs long

3. https://www.youtube.com/watch?v=teG_vi72M_g

Comprehensive video covering the physical and behavioral warning signs of child sexual abuse and what to do if you suspect child sexual abuse. Video is geared towards child care providers/teachers. 10 min, 52 secs long.

4. <https://www.youtube.com/watch?v=DyeLLu0Oxsxs>

Short video covering signs of sexual abuse. 2 min, 35 sec

Training Manual for Florida's Supervised Visitation Programs

Referrals to Supervised Visitation in Child Sexual Abuse Cases

2. TRAIN THE TRAINER: SEVEN THINGS TO KNOW

When program directors or lead staff use this manual to teach monitors, interns, and volunteers, they should have the following:

- 1. Training experience and practice in educating adult learners;**
- 2. Understanding of the practice of supervised visitation in Florida;**
- 3. Understanding of the content in each chapter of this manual and at least some background in child welfare;**
- 4. Awareness that adult learners may also be survivors of sexual violence;**
- 5. Knowledge of resources and multimedia training materials;**
- 6. Resources for obtaining answers to difficult questions; and**
- 7. A thorough understanding of visit protocols in child sexual abuse cases.**

1. Training and Experience

Training and Experience in educating adult learners

Before a trainer can adequately teach material on child sexual abuse (CSA) issues to supervised visitation personnel, he/she should have prior experience educating adults. In addition, the trainer should have experience training adults on serious topics because of the sensitive nature of the issue of child sexual abuse. An inexperienced trainer may not be ready for the emotional impact of training on sexual abuse issues. Trainers should be ready for difficult questions, for graphic language that defines the crime of child sexual abuse, and for the inevitable strong reactions that



2. Understanding of the Practice

Understanding of the practice of supervised visitation in Florida

Trainers must have an understanding of the purposes, inherent risks, limitations, and scope of supervised visitation as it is practiced in the state of Florida. This entails at a minimum, a thorough review of the Florida Standards and Best Practices, along with a review of the SV Training Manual. These documents provide important background information for any trainer who does not already work at the program.

3. Understanding of the Content

Understanding of the content in each chapter of this manual

Trainers should thoroughly review every chapter in this manual, and seek outside resources such as videos and handouts to reinforce the content of the training. Optimally, trainers on CSA issues should have a background in child welfare, so they understand the complexities of child victimization. Trainers should plan for each chapter to take at least 45 minutes to teach. Each chapter includes objectives, and the training should focus on ensuring that each participant meets those objectives successfully. If trainers have specific questions about the chapter content, they should call the Clearinghouse for guidance.



4. Awareness of Adult Sexual Violence Survivors

Awareness that adult learners may also be survivors of sexual violence

As stated in the Overview of the Training Manual chapter, child sexual abuse is tragically common. Therefore, it is possible that an adult student taking this training will also be a survivor of CSA. All trainers must consider this possibility and prepare to discuss it at the beginning of training. Do not ask for people to volunteer their past experiences. Instead, be sure to tell learners that if they are survivors, the best practice is for them to have dealt with and processed their own victimization before they provide services in CSA cases. Remind them that the material they will be reviewing can “trigger” their own memories of victimization and impact them negatively. Have resources available –including referrals to local mental health professionals – who can help survivors if they experience strong emotions from the training.

4. Knowledge of Resources

Knowledge of resources and multimedia training materials

Trainers should have a good understanding of agencies that provide prevention and intervention services in CSA cases. They should also be aware of videos and materials that can augment the training. The Clearinghouse has provided a partial

list of resources at the end of this chapter. Use them to enrich the training experience. Don't forget to have resources on self-care: adult learners can experience secondary traumatic reactions to training and to dealing with families that have experienced CSA. A Clearinghouse resource on self-care can be found at <https://familyvio.csw.fsu.edu/wp-content/uploads/2010/05/Self-Care-ppt6-30edited.pdf>.

6. Resources for Obtaining Answers

Resources for obtaining answers to difficult questions

Every trainer has been asked questions that he or she does not have the answer to.



But every trainer should know how to access the answers to those questions. A good source of information is the DCF Child Welfare Dashboard, which provides near-real-time information on child victimization and services to vulnerable families on the internet. Another source is the Child Welfare Gateway which can be accessed at this link <https://www.childwelfare.gov/>. If you can't find the answer, call the Clearinghouse for help.

7. Understanding Visit Protocols

A thorough understanding of visit protocol in child sexual abuse cases

Visit Protocol in CSA Cases: A Review

1. Conduct thorough review of background information on the case.
More information can be found on this in *Chapter 8: Best Practices for Assessing Court Orders and Referrals*.
2. Decline any case for which program cannot reasonably ensure safety.
More information can be found on this in *Chapter 8: Best Practices for Assessing Court Orders and Referrals*.

3. Review policies with both parents/caregivers, and have them sign Program Agreements.
More information can be found on this in *Chapter 9: Best Practices for the Visit: Intake, Intervention, Documentation & Termination*
4. Review specific behavior allowed or disallowed in CSA cases with parents.
More information can be found on this in *Chapter 9: Best Practices for the Visit: Intake, Intervention, Documentation & Termination*
5. Conduct intake with child if he/she is old enough and mature enough to understand.
More information can be found on this in *Chapter 9: Best Practices for the Visit: Intake, Intervention, Documentation & Termination*
6. Maintain vigilance in visits, being able to hear and see totality of visit.
More information can be found on this in *Chapter 9: Best Practices for the Visit: Intake, Intervention, Documentation & Termination*
7. Intervene immediately if program rules are violated and if behavior is inappropriate.
More information can be found on this in *Chapter 9: Best Practices for the Visit: Intake, Intervention, Documentation & Termination*
8. Document what was said and done at visits in Visit Notes.
More information can be found on this in *Chapter 9: Best Practices for the Visit: Intake, Intervention, Documentation & Termination*
9. Document any critical incidents and provide copies to the court, parties, lawyers, GAL, case manager, and treatment providers.
Chapter 9: Best Practices for the Visit: Intake, Intervention, Documentation & Termination
10. Terminate visit if parent endangers or hurts child, or if parent refuses to be redirected when intervention occurs.
More information can be found on this in *Chapter 9: Best Practices for the Visit: Intake, Intervention, Documentation & Termination*

Resources

Below is a brief list of resources that can help you learn about CSA issues.

Department of Children and Families (DCF)

DCF is responsible for the protection of children and families in the state of Florida. Resources within DCF include, but aren't limited to the resources listed below, for a complete list of resources and information go to www.myflfamilies.com.

- Abuse Hotline 1.800.96.ABUSE (22873); where anyone can call and speak to a trained sexual assault service provider.
- Child Welfare Program
- Community Based Care

Rape, Abuse & Incest National Network (RAINN)

RAINN is a victim and trauma centered organization, they hope to provide service, education, and advocacy for victims of sexual abuse and assault. They are equipped with experts in victim services, public education and policy, and technology, in order to provide victims with the best aid. For an extensive list of services go to www.rainn.org.

- National Sexual Assault Hotline (800)-656-HOPE; 4673
- Sexual Violence Prevention and Recovery with Students
- Laws in Your States Database

Lauren's Kids

The mission of Lauren's Kids is to prevent sexual abuse through education and awareness, and to help survivors heal with guidance, support, and advocacy. For more information please go to <https://laurenskids.org/>.

CHILDHELP

ChildHelp's goal is to provide abused and neglected children with physical, mental, spiritual, and educational support. ChildHelp is focused on prevention, intervention, treatment, and community outreach, in hope of combatting and raising awareness of child abuse and neglect. Resources are listed below, for more information go to <https://www.childhelp.org/>.

- (800).4.A.CHILD (422.4453) is a 24/7 crisis hotline that provides callers with a professional crisis counselor and local referrals for services, can communicate in over 170 languages.
- ChildHelp Speak Up Be Safe
- ChildHelp Advocacy Centers
- ChildHelp Residential Treatment Facilities

Justice for Children

The purpose of Justice for Children is to provide a full range of advocacy and services for abused and neglected children for no cost at all. Services are listed below, for more information go to <http://justiceforchildren.org/>.

- Pro-bono legal advocacy
- Public policy monitoring
- Professional referrals
- Mental health services
- Court watch

Stop It Now

Stop It Now works to provide information to victims and their support system about child sexual abuse. Their goal is to raise awareness about child sexual abuse, and to change the societal norms so child sexual abuse is not tolerated and children have appropriate aide in cases of abuse. For more information go to www.stopitnow.com.

- Hotline: 888.PREVENT (773-8368)
- Help Services
- Prevention Advocacy and Education

National Children's Alliance

This is the national network of Child Advocacy Centers (CAC). CACs is a compilation of law enforcement, mental and physical health practitioners, child protective services, advocates, etc. who investigate instances of child physical and sexual abuse. The CAC works together to bring together a team of necessary professionals and services, to provide the child with free, directed, and well-rounded services after their experience of trauma. The CAC has a plethora of resources and can be found at www.nationalchildrensalliance.org as well as a directory of office locations.

- Therapy and Counseling Services
- Medical Center
- Supervised Visitation Centers
- Child Protection Team
- Parenting Education

National Sexual Violence Resource Center (NSVCR)

The NSVCR's mission is to be a leader in preventative and responsive collaborations, resource creation and availability, and research on sexual abuse. The NSVCR has a multitude of partnerships with state and national organizations and an extensive list of those resources can be found at <https://www.nsvrc.org/organizations>, partnerships include, but aren't limited to:

- ChildHelp USA: National Child Abuse Hotline is a toll free, anonymous, and 24/7 hotline for reporting child abuse, it provides service in over 170 languages with a professional crisis counselor. ChildHelp also offers crisis intervention, information, literature, and referrals to multiple agencies.
- Love n Me: Provides support, guidance, therapy, etc to girls and women who have been sexually abused, they are also a 24/7 hotline.
- Gift from Within: dedicated to victims suffering from or at risk for PTSD and their support system. They use educational material and media to help victims deal with their trauma.

The National Sex Offender Public Registry (NSOPR)

A national registry that combines all registries of sex offenders into one for more convenient and accurate way to look up sex offenders. NSOPR also provides information about sexual abuse, and how to be protected and protect loved ones from potential victimization. Resources and collaborations are listed below, but a more extensive list of resources and information can be found at www.nsopw.gov.

- [Centers for Disease Control and Prevention](#)
- NetSmartz Workshop
- National Center for Missing & Exploited Children (NCMEC)

Centers for Disease Control and Prevention Violence Prevention

The Division of Violence Prevention is committed to stopping violence before it starts by providing people with a source of education on physical and sexual abuse, child abuse, elderly abuse, and much more. Programs are listed below, for more information go to www.cdc.gov/violenceprevention.

- Rape Prevention and Education Program
- Safe Dates
- Shifting Boundaries
- Green Dot

Training Videos

The following training videos focus on shedding light to the multifaceted issue that is child sexual abuse; covering everything from the effects of child sexual abuse to the grooming tactics that perpetrators may use with victims. These videos address the various dynamics and concerns related to sexual abuse and are a helpful resource for trainers seeking to develop a better understanding on the issue.

What is Child Sexual Abuse?



Run Time: 3:00

https://www.youtube.com/watch?time_continue=3&v=ymWWvmNcltA

This video includes the story of a survivor, explains what commercial child exploitation is, how it affects children, and the part adults can play in ending child exploitation. It is important to note the cases where parents are the ones exploiting their child(ren). They could also be participating in creating a demand for child pornography by watching child pornography, visiting events where children are being exploited, and more.

Effects of CSA



Run Time: 1:34 <https://www.youtube.com/watch?v=9bNCid0NjV8>

This video provides some facts and statistics on the impact of childhood sexual abuse on victims and the community as a whole. It is a good general overview of the impacts of CSA.



Run Time: 2:16 <https://www.youtube.com/watch?v=D9bEPaPoku>

This is a brief interview of counselors and victims regarding some of the short and long-term impacts of CSA.

What is Grooming?

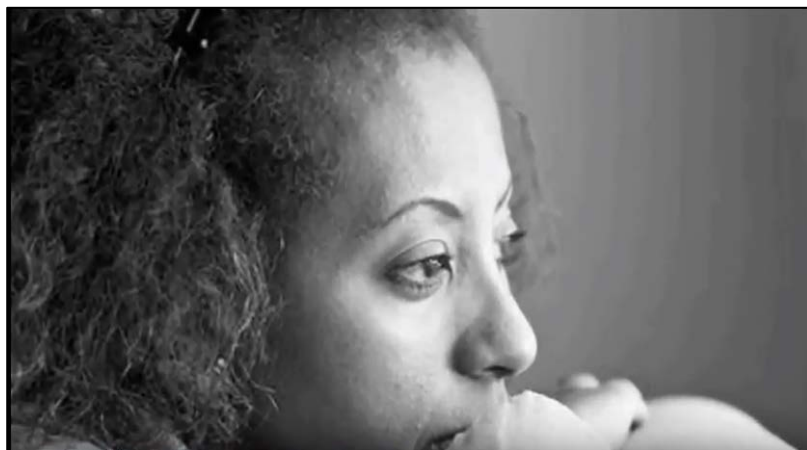


Run Time: 8:54 (but definition of grooming ends at about 6:35)

<https://www.youtube.com/watch?v=uNlSPUQ17u0>

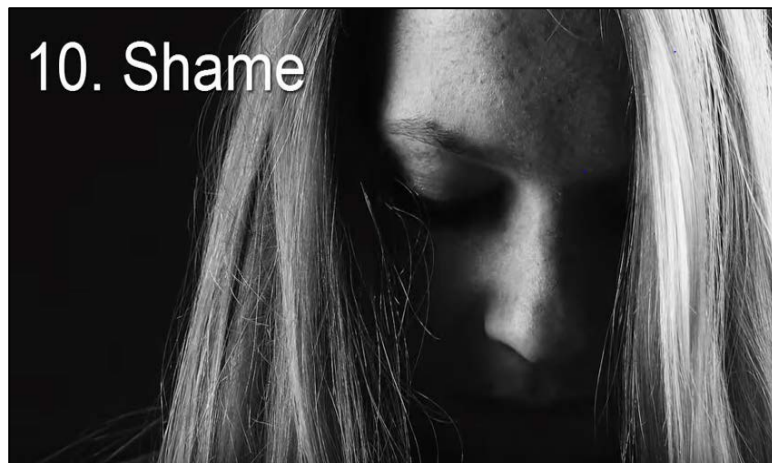
This video provides an overview of the stages of grooming and some various examples of what each stage may look like.

Reasons Victims May Not Disclose Abuse



Run Time: 3:24 <https://www.youtube.com/watch?v=vfmWNW4Y6Ng>

This video uses memes to illustrate 14 reasons why children may not disclose that they are being sexually abused.



Run Time: 9:38 <https://www.youtube.com/watch?v=a37HqFzczOo>

This video provides 10 reasons why children don't disclose abuse. The video elaborates on these reasons to provide a thorough understanding of the difficulty children face when deciding to tell someone about the abuse they have experienced. It also contains examples of grooming techniques used by perpetrators.

Working with CSA Victims



Run Time: 4:34 <https://www.youtube.com/watch?v=fbg7JOflxZw>

This video shows a victim advocate working with a CSA victim and her family. The victim advocate briefly discusses what she does with the family and how she typically handles cases of CSA.



Run Time: 2:52

https://www.youtube.com/watch?time_continue=15&v=0brO6ZUWCeA

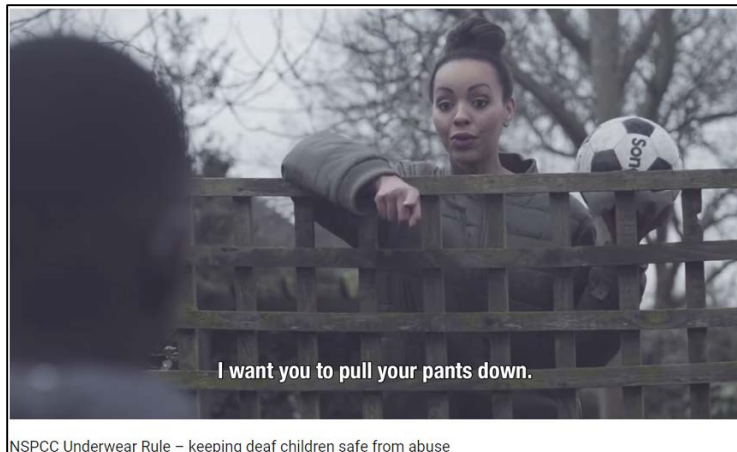
This video was created by the national network of Child Advocacy Centers (CAC) who works to bring together a team of necessary professionals and services, to provide the child with free, directed, and well-rounded services after their experience of trauma. This video focuses on children's stories about their past trauma and how they were able to overcome their trauma and become happy again.

How to Recognize and Address Child Sexual Abuse



Run Time: 6:24 https://www.youtube.com/watch?time_continue=8&v=N-aHNuuPLj8

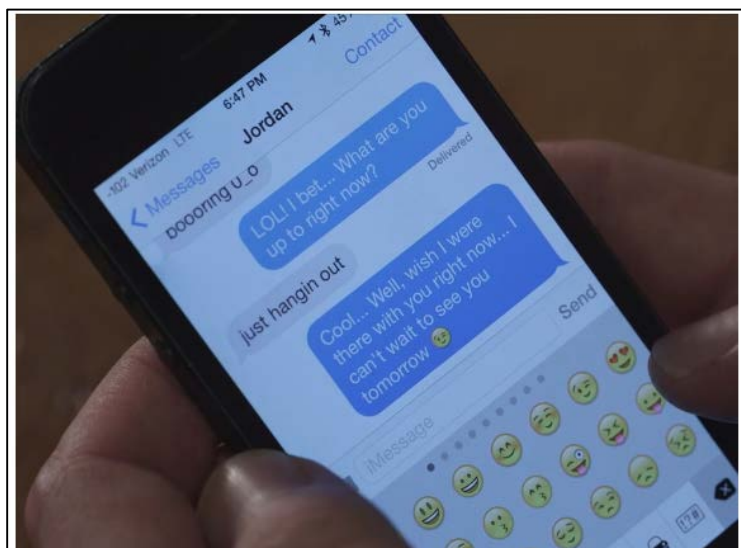
An introduction video to the training course Stewards of Children by Darkness to Light which aims to educate adults in their role of protecting children from sexual abuse, in their families, and youth service settings. It teaches adults how to recognize, respond, and react to child sexual abuse, as well as how to intervene when children's boundaries are being tested. This video shares the story of survivors and how this training can be beneficial for professionals in different areas of focus.



Run Time: 7:46

<https://www.youtube.com/watch?v=lvD74L86Mr8>

This video was created by The National Society for the Prevention of Cruelty to Children (NSPCC) and emphasizes the importance in keeping children with disabilities safe from abuse. Children with disabilities or impairments are often overlooked in the discussion about preventing sexual abuse, but they can be very vulnerable to abuse. This video demonstrates the need for deaf children to be made aware and armed with knowledge about potential sexual abuse. When they are aware of the danger, they can better protect themselves, and make a trusted adult aware of the danger as well. Supervised visitation monitors should be sure to make parents of children with disabilities aware of the potential danger, and make the appropriate accommodations to inform the child.



Run Time: 1:02

<http://www.redwoodsgroup.com/safety-resources/redwoods-institute/social-media-technology/>

This video focuses on educating adults on their role in keeping children safe when it comes to social media and digital sexual abuse. Perpetrators can use grooming techniques through technology to identify potential victims, gain their trust, and break down their defenses. Digital communication is easily overlooked, so supervised visitation monitors should be sure to make parents aware of the potential risks that lay behind the phone or computer screen for children.

New Training Manual for Florida's Supervised Visitation Programs

Referrals to Supervised Visitation in Child Sexual Abuse Cases

3. What is Child Sexual Abuse?



Introduction

As supervised visitation providers, it is essential for you to learn about child sexual abuse dynamics, even if your program has decided that it will not accept child sexual abuse cases. It is the experience of the Clearinghouse on Supervised Visitation that many programs only find out that there are sexual abuse allegations *after* the case has been accepted. The case may have originated in family court, with allegations of substance abuse or mental illness, or some other parental misconduct. As the case progresses, staff realize that there are also allegations related to child sexual abuse. For this reason, the Clearinghouse considers it best practice for all visitation program staff to have training in child sexual abuse issues.

What will I learn in this chapter?

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

- Define Child Sexual Abuse and its parameters within FL Statutes
- Understand the prevalence of child sexual abuse
- Understand common characteristics of perpetrators
- Identify potential warning signs of child sexual abuse
- Learn about the effects of child sexual abuse
- Understand the links between domestic violence and child sexual abuse

Definitions

The U.S. Centers for Disease Control and Prevention defines child sexual abuse as a caregiver engaging in any sexual act or contact, or exploitation of a child, whether it is completed or non-completed. The National Center for Victims of Crime defines it as *any sexual contact with a child or teen; it includes many different acts. Some of these acts are touching the vagina, penis, or anus of a child; having a child touch the abuser's vagina, penis, or anus; putting an object, penis, or finger into the vagina or anus of a child; and showing a child pictures or movies of other people undressed or having sex.*

According to Chapter 39.01(70), Florida Statutes, child sexual abuse encompasses many different meanings.

Child sexual abuse involves one or more of the following acts:

- Any penetration, however slight, of the vagina or anal opening of one person by the penis of another person, whether or not there is the emission of semen.
- Any sexual contact between the genitals or anal opening of one person and the mouth or tongue of another person.
- Any intrusion by one person into the genitals or anal opening of another person, including the use of any object for this purpose, except that this does not include any act intended for a valid medical purpose.



- The intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering them, of either the child or the perpetrator, except that this does not include:
 - Any act which may reasonably be construed to be a normal caregiver responsibility, any interaction with, or affection for a child; or
 - Any act intended for a valid medical purpose.
- The intentional masturbation of the perpetrator's genitals in the presence of a child.
- The intentional exposure of the perpetrator's genitals in the presence of a child, or any other sexual act intentionally perpetrated in the presence of a child, if such exposure or sexual act is for the purpose of sexual arousal or gratification, aggression, degradation, or other similar purpose.
- The sexual exploitation of a child, which includes the act of a child offering to engage in or engaging in prostitution, or the act of allowing, encouraging, or forcing a child to:
 - Solicit for or engage in prostitution;
 - Engage in a sexual performance, as defined by chapter 827; or
 - Participate in the trade of human trafficking as provided in s. 787.06(3)(g).

Prevalence of Child Sexual Abuse

Child sexual abuse is prevalent across difference ages, races, genders, socioeconomic statuses, and the entire United States. Various researchers have found that:



- **150 million girls and 73 million boys are victims of sexual abuse before they are even 18 years of age** (World Health Organization, 2006).
- In a nationwide study **one in twelve children exclusively between the ages of two and twelve had experienced child sexual abuse** (Finkelhor, Ormrod, Turner, & Hamby, 2005).
- A total of **25% of women and 16% of men in the study of**

17,337 adult Health Maintenance Organization members had experienced childhood sexual abuse (Dube et al., 2005).

- **One in five women and one in thirteen men have a history of sexual abuse as a child** (World Health Organization, 2006).

There is no accurate count of child sexual abuses because many of the cases go unreported. Children are vulnerable and easily manipulated; therefore, they may not want to disclose sexual abuse because they feel guilty, might not be believed, or may not want the perpetrator to get in trouble if it's a family member. Research has shown that:

- **Only 12% of child sexual abuse is reported to the police** (Hanson, Resnick, Saunders, Kilpatrick, & Best, 1999).
- Among high school students who had experienced child sexual abuse, **81% of the girls and 69% of the boys disclosed the child sexual abuse. Only 8% spoke to a professional and 6.8% reported it to the police.** Many of the students **(40%) reported the abuse solely to a peer their age** (Priebe & Svedin, 2008).

Recommended Viewing

The link below is a video of the CEO of Children's Advocacy Center of Southwest Florida, the Executive Director of Florida Council Against Sexual Violence, a survivor and founder of Lauren's Kids, and a Child Protection Team Medical Director talking about the warning signs of child sexual abuse.

The Clearinghouse recommends that this video be a part of your training:



https://www.youtube.com/watch?v=_Ykth8k2J8g

Characteristics of Perpetrators

Perpetrators of child sexual abuse have various characteristics. For instance:

- They typically have inadequate social skills, poor self-esteem, feelings of worthlessness, loneliness, and insecurity (Robertiello & Terry, 2007).
- In a national survey, 74% of the child victims of sexual assault knew their perpetrator well, 21% of perpetrators were family members of the victim, and 32% were friends (Ashcroft, Daniels, & Hart, 2003).

The idea that strangers are the most dangerous is inaccurate. Victims are often groomed and manipulated before the abuse to create a relationship and a sense of trust (Mcalinden, 2006). The victims may cooperate with the perpetrator and may not report the abuse because they feel guilty and the perpetrator is someone they believe they can trust.

Warning Signs

Statistically, it is far more common that a family member, or someone trusted, commits child sexual abuse. Issues of “stranger danger” are prevalent in the media, but focusing on those tragedies may prevent social service providers from truly



understanding the very personal nature of the perpetrator-victim relationship. If providers do not understand the realities of sexual victimization, it may be difficult to recognize that a child is experiencing sexual abuse. The presence of one warning sign does not necessarily indicate that the child has been sexually abused, but if the child expresses multiple signs, it may

indicate sexual abuse.

Below are some of the warning signs:

- Nightmares or trouble sleeping;
- Distracted or distant from everything;
- Eating habit change, refusal to eat, loss or increase in appetite, trouble swallowing;
- Unexpected mood swings involving anger, fear, self-doubt, or withdrawal;
- New or uncommon fear of certain people or places;
- Draws, writes, or dreams about sexual or alarming pictures;
- Exhibits sexual behaviors and knowledge that are not age appropriate;
- Talks about having an older friend;
- Thinks negatively of self (ex. dirty or bad) (NSOPW, n.d.)

Effects of Child Sexual Abuse

Child sexual abuse can negatively impact a person's childhood and functioning in daily life. It can also impact their future and adult life. The various consequences of child sexual abuse are listed below:

- Conduct disorder as a child;
- Long-term mental health issues
 - Including anxiety disorders, personality disorders, affective disorders, and depression; and
- Sexual revictimization as an adult; (Banyard, Williams, & Siegel, 2001; Spataro, Burgess, & Wells, 2004).

Chapter Four on the 'Impact of Child Sexual Abuse' further explores the effects of child sexual abuse.

Links Between Domestic Violence and Child Sexual Abuse



Researchers have noted that there is an intersection between child sexual abuse and domestic violence. Specifically, researchers have found:

- Among 1,207 women attending primary care practices, unwanted sexual intercourse below the age of 16 was significantly associated with domestic violence in adulthood. This includes rape, sexual assault, and other trauma in adulthood (Coid et al., 2001).
- When examining households with domestic violence, researcher found that children from violent homes have more serious risks outside the family, as well as within it. For instance, 25% of the children from violent homes had been sexually molested outside of the home. In the homes where violence against the mother was present, the child was at a high risk for incest. Incest was present in 10% of families with domestic violence (McCloskey, Figueredo, & Koss, 1995).
- Among 164 children attending a child sexual abuse clinic, 77% reported both sexual abuse and family violence in the home when the perpetrator of the violence was also the sexual offender. In addition, 50% of the males in the home who were violent with the child were also sexually abusing them, and most of the men were also violent toward their partner (Kellogg & Menard, 2003).
- Children may be hesitant to disclose sexual abuse, especially if the perpetrator is family or expresses physical aggression toward the victim or other family members. The child may be fearful of not being believed or causing tensions in their family (Paine & Hansen, 2002).

Quiz Yourself

1. **TRUE or FALSE:** The US Centers for Disease Control and Prevention defines child sexual abuse as a caregiver engaging in any sexual act or contact, or exploitation of a child, whether it is completed or non-completed.
2. **Which of the following characterize perpetrators of child sexual abuse?**
 - a) Inadequate social skills
 - b) Poor self-esteem
 - c) Feelings of worthlessness
 - d) Loneliness
 - e) All of the above
3. **Most perpetrators of child sexual abuse are:**
 - a) Strangers
 - b) Trusted adults
 - c) Adults
 - d) Children
4. **TRUE or FALSE:** Researchers have noted that there is no intersection between child sexual abuse and domestic violence.
5. **Warning signs of child sexual abuse include which of the following?**
 - a) Distracted or distant from everything
 - b) Nightmares or trouble sleeping
 - c) Loss or increase in appetite
 - d) All of the Above

Answers: 1. TRUE 2.E 3. B 4. FALSE 5. All of the above

Resources for Training & Information

The U.S. Department of Veteran's Affairs outlines what child sexual abuse is, who typically commits the abuse, the effects of it, how caregivers can keep their children safe, and what to do if you suspect a child has been sexually abused.

- <https://www.ptsd.va.gov/public/types/violence/child-sexual-abuse.asp>

The Child Welfare Information Gateway provides information about parenting children who have been sexually abused. It outlines what child sexual abuse is, warning signs of child sexual abuse, the impact on the child and family, guidelines for keeping the child safe, and how to seek help.

- https://www.childwelfare.gov/pubPDFs/f_abused.pdf

The National Child Traumatic Stress Network provides a fact sheet on child sexual abuse. The fact sheet summarizes what child sexual abuse is, who is sexually abused, warning signs, why children do not talk about it, what to do if a child discloses sexual abuse, and tips to protect children.

- http://www.nctsn.net/sites/default/files/assets/pdfs/ChildSexualAbuseFactSheetFINAL_10_2_07.pdf

Tip Sheet for Staff: At the website below, you will find a tip sheet that discusses behavioral and physical warning signs of child sexual abuse, as well as what to do if you see warning signs.

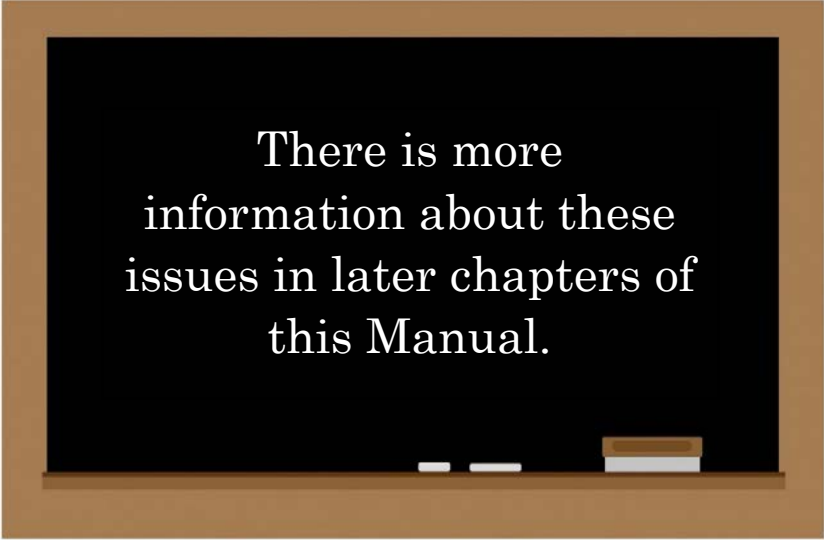
- <http://www.stopitnow.org/ohc-content/tip-sheet-7>

Video: The video below features Dr. Natalia Tapia, Assistant Professor of Justice, Law, and Public Safety Studies at Lewis University, discussing the long-term consequences of child sexual abuse.

- <https://www.youtube.com/watch?v=KpzqkOYDgTU>

Supporting a Child's Disclosure: Below, the CEO of Children's Advocacy Center of Southwest Florida, the Executive Director of Florida Council Against Sexual Violence, and a Child Protection Team Medical Director discuss how to support a child when they disclose child sexual abuse.

- <https://www.youtube.com/watch?v=o625HHoq7QI>

A rectangular chalkboard with a light brown wooden frame. The chalkboard surface is black and contains white text. At the bottom of the frame, there are three small white rectangular objects, possibly erasers or pieces of chalk, and a small stack of books on the right side.

There is more
information about these
issues in later chapters of
this Manual.

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[victims/get-help-bulletins-for-crime-victims/bulletins-for-teens/child-sexual-abuse](https://www.nsopw.gov/en/victims/get-help-bulletins-for-crime-victims/bulletins-for-teens/child-sexual-abuse)

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Training Manual for Florida's Supervised Visitation Programs

Referrals to Supervised Visitation in Child Sexual Abuse Cases

4. IMPACT OF CHILD SEXUAL ABUSE

Case Scenario

It is your first supervised visitation with the Green Family. The Green Family consists of the father, Adam Green (45), the mother, Mary Green (42), and the two daughters, Sarah (15) and Julie (7). They have been referred after Julie (7) told her teacher, that her father, Adam, had “touched her down there.” Adam and Mary have been divorced for three years, and while the investigation into the sexual abuse allegations is pending, supervised visitation between Adam Green and his children has been ordered.

According to the mother, Mary, Julie has been having nightmares and wetting the bed on occasion for the past year. Julie finally disclosed the abuse to her teacher, who reported it. When you met with the mother, she appeared extremely distressed. She told you that Sarah, the teenager, has had troublesome behavior in the past few years including self-harm, drugs and alcohol, and difficulty in school.

When the visits begin, Julie appears comfortable with her father and does not exhibit signs of fear or worry. However, Sarah appears extremely withdrawn, refusing to interact with her father, and sits in the corner reading a book. Julie begins to color a picture at the table. Adam sits in the chair next to his daughter. However, the second you turn your back to get a drink of water, you find Julie in Adam's lap and Adam talking softly into her ear. You think about intervening, however, Julie is smiling and continues coloring like normal.

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

1. Do you see any potential signs of child sexual abuse in Julie's behavior? If so what are they?
2. Does Sarah exhibit any signs of child sexual abuse? If so what are they?
3. What effect can child sexual abuse have on Mary, the non-offending parent?
4. What potential costs does this scenario pose to the greater community and society?
5. What interactions seem appropriate or inappropriate during the visit?
6. What are some ways you could intervene?

This chapter is divided into four categories about the impact of child sexual abuse on:

- 1. The child**
- 2. The family**
- 3. The impact on society**
- 4. The impact on supervised**

Introduction

Child sexual abuse negatively affects the victimized child, the family of that child, and society as a whole. It is important for supervised visitation providers to become knowledgeable about the potential consequences of child sexual abuse, in order to effectively identify and address them. This chapter will discuss how child sexual abuse causes damage to child development, family dynamics, and societal functioning, and how monitors can address and prevent this damage during supervised visitation.

Objectives

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

- Recognize the physical, psychological, and social consequences of child sexual abuse on a child's development.
- Identify factors contributing to the level of severity of the consequences of child sexual abuse.
- Understand the gender differences in the impact of child sexual abuse.
- Explain the impact child sexual abuse has on non-offending parents and siblings.
- Understand the impact of child sexual abuse on survivors who later become parents.
- Understand the costs of child sexual abuse on society as a whole.
- Learn techniques on how to supervise families with child sexual abuse allegations.

Snapshots and Facts

- Child sexual abuse is associated with the development of hypertension, hepatic disease, gastrointestinal disease, arthritis, and obesity (Afifi et al., 2016).
- Child sexual abuse more than quadruples the odds of developing PTSD compared to the general population (Teicher and Samson, 2013).
- Child sexual abuse survivors who report more hurtful responses to their disclosure of abuse had higher levels of posttraumatic stress disorder, anxiety, and physical symptoms than those who report more supportive responses (Palo and Gilbert, 2015).
- A 2015 study estimated that 595,458 (15%) of Florida's current child population are or will become victims of some form of child sexual abuse (Lauren's Kids Foundation).

Part 1

Impact of Child Sexual Abuse on the Child

The impact of child sexual abuse does not stop when the abuse stops. Child sexual abuse has adverse effects on a child's development that can interfere with day-to-day functioning later in life. Child sexual abuse takes a toll on the victim's physical, mental, and social health. However, not every child may be affected in the same ways. The severity of the consequences of child sexual abuse may depend on a number of different factors. Certain characteristics of the victim, such as gender, may also contribute to different outcomes.

Physical Health

Child sexual abuse is a strong predictor of health problems in adulthood. Those who have experienced child sexual abuse are one-and-a-half times more likely to have a health problem compared to those who have not been sexually abused. Child sexual abuse survivors may experience problems in their general health, sexual health, eating patterns, and somatic issues.

General Health

Research shows that there is a direct relationship between the number of adverse experiences and adult health risk behaviors, such as smoking, substance abuse, physical inactivity, and suicide attempts. These health risk behaviors can lead to obesity, cancer, heart disease, lung disease, liver disease, and death. Child sexual abuse survivors have been shown to:

- Seek health services more frequently.
- Have greater functional disability.
- Have more physical health symptoms.
- Engage in health risk behaviors more frequently.

Did You Know?

Child sexual abuse involving intercourse and female victims is associated with

- a 91% increase in the likelihood of victims having cardiovascular disease.
- a 167% increase in the likelihood of having asthma.
- a 165 % increase in the likelihood of bladder problems.
- a 106% increase in the likelihood of having bone, back, muscle, joint pain.
- an 84% increase in the likelihood of having migraines.

(McCarthy-Jones, 2014)

Eating Disorders

Eating disorders are potentially life-threatening and affect both emotional and physical health. Child sexual abuse may distort a victim's body image, which negatively affects victims' eating habits. Child sexual abuse survivors may use food to cope with the trauma from the abuse, help victims feel more in control, and help them suppress overwhelming emotions. Bulimia nervosa and binge eating disorders are the two main eating disorders most strongly associated with child sexual abuse.

Bulimia nervosa is characterized by frequent consumption of large amounts of food followed by behaviors such as self-induced vomiting and/or taking laxatives to prevent weight gain. Its health consequences include:

- Electrolyte imbalances stemming from purging behaviors that can lead to irregular heartbeat, heart failure, and death.
- Gastric rupture during bingeing periods.
- Tooth decay from acids in vomit.
- Irregular bowel movements and/or constipation from laxative abuse.

Binge eating disorder is characterized by frequent consumption of large amounts of food without behaviors that prevent weight gain. Its health consequences resemble the symptoms of clinical obesity, including:

- High blood pressure
- High cholesterol
- Heart disease
- Type II Diabetes
- Gallbladder disease

Sexual Health

Female survivors of child sexual abuse have a greater risk of sex-related health problems. They are more likely to engage in high-risk sexual behaviors, such as engaging in consensual sexual intercourse at an earlier age, having a greater number of sexual partners, and inconsistently using condoms. This can increase the chances of:

- contracting sexually transmitted diseases and infections;
- genitourinary and gynecological problems; and
- unintended and aborted pregnancies.

A 2010 study found that child sexual abuse is uniquely associated with adult high-risk sexual behavior, even when controlling for other forms of child maltreatment (Senn and Carey).

Somatic Symptoms

Additionally, child sexual abuse increases the risk for functional somatic symptoms. Functional somatic symptoms are symptoms that are not medically well explained. A 2015 study showed that children who experienced child sexual abuse before the age of 16 experienced higher levels of somatic symptoms than those who were not sexually abused. These symptoms are very persistent and impairing, and are often unexplained by other diagnoses. These symptoms include:

- Gastrointestinal complaints
- Pain
- Fatigue

Mental Health

Research has established strong associations between child sexual abuse and adverse mental health outcomes for victims. This includes psychological disorders, self-injurious behavior, suicidality, and substance abuse.

Psychological disorders

A 2013 study found that child sexual abuse is associated with 47% of all childhood-onset psychiatric disorders and with 26% to 32% of adult-onset disorders (Perez-Fuentes et al.). Findings have consistently associated child sexual abuse with post-traumatic disorder, depression, and anxiety. When working with families with a history of child sexual abuse, it is important to know the signs of psychological disorders in order to promote the health and safety of all family members.

Psychological Disorder	Association with CSA	Symptoms
Post-Traumatic Stress Disorder	<i>Occurs after a traumatic event that provoked an intense fearful response from an individual. For child sexual abuse victims, the traumatic event is the sexual abuse.</i>	• Recurrent recollections, dreams and/or flashbacks of the traumatic event • Play that exhibits a theme of trauma • Intense psychological and/or physiological reactions to cues that remind victims of the abuse • Difficulty sleeping • Angry outbursts and/or irritability • Difficulty concentrating or hypervigilance
Anxiety	Victims may develop beliefs that the world is dangerous and that they have little control over what happens to them. May also heighten an individual's psychological response to stress.	• Extreme sense of fear and worry • Somatic symptoms, such as trembling and shaking • Difficulty concentrating
Depression	Most common long-term symptom of child sexual abuse. Characterized by sad, empty, or irritable mood that decreases	• Feelings of worthlessness • Disturbed sleeping and eating patterns • Fatigue

	an individual's ability to function. May stem from the negative thoughts and feelings from the abuse.	• Weight loss • Suicidal ideation
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Self-Injurious Behavior

A 2014 study found that victims of child sexual abuse are at three-fold increased risk of self-injurious behavior (Liv-Wiesel and Zohar). Self-injurious behavior is a motivated process of harming one's self characterized by:

- Low lethality.
- Highly repetitive behavior.
- Absence of suicidal ideation.

It has been theorized that self-injurious behavior is used to relieve overwhelming negative emotions and feelings from the sexual abuse. Self-injurious behavior may also emerge after abuse as a way to self-medicate symptoms of psychological disorders. Types of self-injurious behavior include:

- Cutting
- Scratching
- Burning
- Punching
- Pulling hair

Suicidality

Individuals with a history of sexual abuse have an increased risk for suicide. Findings from a 2013 study indicate that the association between child sexual abuse and greater odds of attempting suicide remained even after taking psychiatric disorders into account (Perez-Fuentes et al.). Child sexual abuse survivors can develop feelings of isolation, stigma, and poor self-esteem, and may develop depression,

KNOW THE SIGNS OF SUICIDE

- ❖ Talking about wanting to die
- ❖ Talking about feelings of hopelessness or having no reason to live
- ❖ Talking about being a burden to others
- ❖ Increased use of drugs and alcohol
- ❖ Displaying extreme mood swings
- ❖ Withdrawing
- ❖ Loss of interest in things one cares about
- ❖ Visiting or calling people to say goodbye
- ❖ Setting one's affairs in order and giving away possessions

which can lead to suicidal ideations later in life. Suicidal ideation often carries on into adulthood.

Substance Abuse

Adolescent victims of child sexual abuse are more likely to have alcohol and/or drug dependence problems compared to the non-abused population. Child sexual abuse can produce feelings of helplessness and chaos, and substances are used by the victim to escape or disassociate. Substance abuse is also used by child sexual abuse survivors to self-medicate symptoms of psychological disorders, such as depression and post-traumatic stress that arise from the abuse. Research shows the prevalence of abuse of nicotine, alcohol, and illicit drugs, including intravenous drugs.

Did you know?

A 2012 study found that a history of sexual abuse put youth at a two to three fold increased risk of injection drug use (Haldland).

Social Functioning

The consequences of child sexual abuse do not just encompass physical and mental health, but also social functioning. Child sexual abuse adversely affects how survivors interact with the world around them. The abuse may cause the development of unhealthy and unnatural behaviors. The following adverse behaviors are prevalent in child sexual abuse survivors: traumatic sexualization, interpersonal relationship problems, delinquency and criminality, and economic problems. As a monitor, it is important to know what inappropriate behaviors may be exhibited and why they are occurring.



Traumatic Sexualization

Traumatic sexualization is the inappropriate development of a child's sexuality as the result of sexual abuse. It can occur in the following ways:

- Child sexual abusers often exchange attention, privileges, and gifts for sexual behavior. This teaches the victim that sex is a tool to manipulate others.
- Abusers may fetishize a child's body, leaving the child to feel either shame about their bodies or that their bodies are no more than sex objects.
- If abuse was perpetuated by someone the child loved, the child may believe that he/she must give sex to receive affection.
- The frightening memories of the abuse become associated with any sexual activity.

Traumatic sexualization causes child sexual abuse victims to become confused about their sexuality and can develop inappropriate and/or unnatural sexual behaviors that are carried on into later life. Often this is exhibited in either an increased or decreased interest in sex. *Hypersexuality* is a common high risk behavior, usually resulting from prior sexual/emotional abuse, in which survivors engage in frequent sexual encounters devoid of emotional content, as a way to feel more in control of their personal relationships.

The effects of traumatic sexualization include:

- Sexual interests at a young age, such as masturbation and/or intercourse
- Sexual aggressiveness
- Multiple sexual partners
- Sexualizing relationships that are not sexual
- Aversion to sex
- Flashbacks to sexual abuse
- Avoidance of physical contact
- Difficulty with arousal and orgasm
- Vaginal pain in women
- Negative attitudes towards body image



Interpersonal Relationships

Since child sexual abuse victims are often violated by people they know, love and trust, forming interpersonal relationships can be difficult. This may be due to disrupted parental

attachment. Child sexual abuse victims tend to reject their caregivers' attention after the abuse. Since a common component of abuse is isolation, with the child being kept at home as much as possible, they are unable to learn and develop social skills. As a teen or adult this can result in difficulty making friends, or being withdrawn. He/she may continue to become socially avoidant or may become clingy and overly dependent on others. Effects of child sexual abuse on interpersonal functioning include:

- Either difficulty trusting or overly trusting of others
- Desperation to find redeeming relationships
- Fear of abandonment
- Feelings of powerlessness and lack of assertiveness in relationships
- Formation of abusive relationships
- Anger and/or fear of authority
- Suspicion in intimate relationships
- Feelings of stigmatization and alienation from others
- Isolation and avoidance of relationships all together

Deviant behaviors, criminality, and delinquency

Victims of child sexual abuse often exhibit oppositional behavior, which can escalate to delinquency and criminality. This may be due to the "cycle of violence." Exposure to maltreatment early in life increases the likeliness of developing maladaptive and antisocial behaviors. Additionally, children who are exposed to family violence may perceive violence as a way to solve problems.

Children who are sexually abused may display the following deviant and delinquent behaviors:

- Cheating in school
- Vandalism
- Fighting
- Stealing
- Truancy
- Running away

Child sexual abuse survivors are at increased risk for criminality in the following ways:

- Survivors of child sexual abuse are more likely to be arrested for committing a crime than those who have not experienced maltreatment.
- Survivors of child sexual abuse are the most likely to be arrested for prostitution compared to survivors of other forms of maltreatment.
- Some research shows that those who experience child sexual abuse are more likely to sexually offend than the general population and those who experienced other types of maltreatment.

Educational and Economic Outcomes

Child sexual abuse is also linked to poorer educational and economic achievement. The behavioral and mental health problems associated with child sexual abuse may also effect victims' achievement in school and future economic well-being. Studies have found the following about child sexual abuse and educational and economic outcomes:



- Sexually abused children tend to perform lower on tests measuring cognitive ability, academic achievement and memory assessments compared children who were not sexually abused
- Sexual abuse is associated with absences from high school, increased need for special education, and trouble adapting at school
- Sexual abuse significantly increases the chance of dropping out of school
- Adult wages tend to be lower in female victims of child sexual abuse

Warning Signs of Child Sexual Abuse by Age

Age Range	Warning Signs
Younger Children	• Toilet accidents, unrelated to toilet training • Says new words for private body parts • Reluctant to remove clothes during bath time, bedtime, toileting, or diapering • Plays sexually with other children or toys
Adolescents	• Self-injury • Poor personal hygiene • Substance Abuse • Sexual promiscuity • Running away • Depression and/or anxiety • Suicidality • Fear of intimacy • Disturbed eating patterns

Any Age	• Nightmares or sleep problems • Seems unusually distracted or distant • Change in eating habits • Sudden mood swings • Expresses sexual images in writing, drawing, or play • Thinks of self or body as bad or dirty • Has money, toys, or other gifts without reason • Exhibits adult-like sexual behavior • Pain during urination or bowel movements • Pain or bleeding of genitals, anus or mouth
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STOP and Think

After reading this section, you should be able to answer the following question regarding the case scenario at the start of the chapter.

- **Discussion Q 1: Do you see any signs of child sexual abuse in Julie's behavior? If so, what are they?**
- **Discussion Q 2: Does Sarah exhibit any potential signs of child sexual abuse? If so, what are they?**

Child Resiliency



The impact of child sexual abuse differs from person to person. Some victims may be able to make a full recovery without little physical, mental, or social difficulties. However, others may experience more extreme consequences. Resiliency is the ability to recover from trauma and restore healthy functioning. Resiliency depends on a number of factors. These factors include context of abuse, polyvictimization (those who experience multiple forms of violence), family functioning, and individual functioning.

Context of sexual abuse

The ability for a victim of child sexual abuse to adjust and recover from the trauma can depend on the context of the abuse he/she endured. The context of sexual abuse refers to frequency of sexual abuse, type of sexual abuse, age when sexual abuse was initiated, and relationship to the perpetrator

Frequency: Symptoms tend to be more extreme when the sexual abuse is recurrent and/or over time. Sexual abuse in high frequency may cause the child to perpetually be in fear and thus unable to cope.

Type of abuse: More negative outcomes are found when the sexual abuse is contact, rather than non-contact. Additionally, the more dangerous the abuse is perceived as, the increased traumatic impact it can have.

Age when sexual abuse was initiated: Child sexual abuse has a more adverse impact when the abuse begins at a younger age because it negatively affects development at an earlier time.

Relationship to perpetrator: Outcomes are more adverse when sexual abuse is perpetrated by someone the child knows.

Polyvictimization

The more adverse life experiences a child has, the greater the risk for developmental problems. When child sexual abuse occurs alongside another type of maltreatment, such as physical abuse, emotional abuse and/or neglect, more symptoms are reported.

Family functioning

The functioning of a victim's family can either increase or decrease resiliency after child sexual abuse. Generally, the more support a victim gets from family members, the fewer behavioral and emotional difficulties are exhibited.

- A 2008 study found that family functioning had a significant impact on long-term adjustment of child sexual abuse survivors. Family cohesion was



associated with positive relations with others and more effective management of daily life. Family conflict negatively affected self-acceptance and was associated with less effective management of daily life (McClure et al.).

- A 2011 study found that stable family environment and supportive relationships had a consistent association with resiliency after maltreatment (Afifi and MacMillian).
- A 2014 study found that social support from non-offending family members was a key component in providing

A 2010 study found that poly-victimization is more highly associated with trauma symptoms than experiencing a single type of abuse or none at all (Turner et al.).

effective intervention and promoting recovery after disclosure of child sexual abuse (Domhardt et al.).

Individual functioning

Certain individual characteristics have been found to promote resiliency more than others. These characteristics include:

- Intelligence
- Appealing, sociable, easy-going disposition
- Self-efficacy, self-confidence, high self-esteem
- Problem solving abilities
- Active coping
- Optimism

Impact and Gender Differences

Child sexual abuse affects both males and females. However, because males and females may be victimized in different ways, the impact of child sexual abuse can vary.

Prevalence

Research shows that there is a higher prevalence of child sexual abuse among females.

- A 2013 study found that worldwide, 9% of females had experienced forced intercourse and 15% had experienced mixed sexual abuse, while 3 % of males had experienced forced intercourse and 8% had experienced mixed sexual abuse (Barth et al.).

However, these numbers may be lower than reality because of the unwillingness to report, especially by males.

Perpetrator

- For both males and females, most perpetrators are male. However, males are more likely than females to have a female perpetrator.
- Male victims perceive a female perpetrator as a rite of passage rather than abuse, while male perpetrators make them feel shame and confusion over their sexuality.
- Girls are more likely to experience abuse within their families, while boys are more likely to experience abuse by someone outside of their family. As discussed earlier, abuse occurring within families has been shown to produce more severe outcomes.

- Males are more likely than females to be sexually abused by peers or relatives closer in age. This may cause males to feel confused on whether it qualifies as “abuse” and may lead them to stay silent.

Age of onset/duration of abuse

Females are more likely to experience sexual abuse over a longer period of time than males, possibly because they are more likely to experience abuse within their families. Longer periods of abuse are associated with more adverse outcomes.

Type of abuse

Males are more likely than females to experience sexual abuse that is more violent and physically harmful, including repetitive penetrative acts. Research shows that more violent and forceful sexual abuse is linked to more adverse mental health outcomes.

NOTE:

We cannot determine whether males or females experience more severe outcomes, however we can determine the context of abuse each gender tends to experience.

Disclosure

Disclosure of abuse significantly influences the victim’s intervention and recovery process. The male recovery process may be adversely affected by the fact that males are less likely to report during childhood. When males do disclose it is not uncommon for them to wait to do so for 25 years, well into their adulthood, while women often disclose before adulthood.

The following are theories as to why males are so hesitant to disclose:

- Males may be fearful of being labeled as homosexual if their perpetrator was male.
- They may feel shame because of the “boys don’t get sexually abused” myth and/or the fear that boys who are sexually abused will become perpetrators.
- They may feel ostracized by other males because men are more likely to view victims of child sexual abuse more negatively.

Consequences

Male victims are more likely to display externalizing outcomes including:

- Aggressive behaviors
- Difficulties at school
- Delinquent behaviors
- Substance abuse
- Anti-social behaviors

Comparatively, females tend to display internalizing outcomes including:

- Withdrawal
- Depression
- Suicidal ideation
- Eating disorders

Part 2

Impact of Child Sexual Abuse on the Family

Child sexual abuse not only affects the victim, but also the victim's family. The abuse significantly alters the family system and after disclosure, family members have to cope with their own trauma. When trauma extends to others outside the primary victim, it is called "secondary trauma." Secondary trauma can be quite overwhelming to family members whose loved one was violated. It is important for family members to recognize and cope with their vicarious trauma in order to

provide adequate support for the victim who will rely on them during the recovery process.

Non-Offending Parental Responses to Disclosure of Child Sexual Abuse

The majority of non-offending caregivers experience psychological stress upon discovery of their child's sexual abuse. Initial reactions to disclosure of child sexual abuse vary greatly from self-blame to denial.

Initial reactions may include:

- Anger toward perpetrator
- Displaced anger toward family members
- Guilt and self-blame
- Helplessness
- Panic
- Denial
- Shock
- Embarrassment
- Feelings of betrayal
- Desire for secrecy
- Fear for the child victim



A 2014 study explained how contextual factors may influence a non-offending mother's type of reaction to a disclosure of child sexual abuse (Knott et al.).

- Non-offending mothers are more supportive of their sexually victimized child when they do not reside with the perpetrator, or when the perpetrator is not the father or step-father.
- Non-offending mothers were least supportive when the perpetrator was identified as a family member.
- Non-offending mothers were most likely to be protective when they felt hostility toward the perpetrator.
- Additionally, the non-offending mother's capacity to protect could be diminished by substance abuse.

After a disclosure of child sexual abuse, stigma can often block communication and lead to more problems within families. The period after disclosure is a sensitive period in which extra familial support and communication is necessary to help the victim through recovery. Negative reactions, such as disbelief and blaming the child increase the risk for negative developmental outcomes.

DID YOU KNOW?

A 2015 study found that child sexual abuse survivors who reported more hurtful responses to their disclosure had higher levels of posttraumatic stress disorder, anxiety, and physical symptoms than those who reported more supportive responses (Palo and Gilbert).

Non-Offending Parent Trauma

Additional to initial stress after disclosure, non-offending parents can develop longer-term symptoms. Non-offending parents experience distress for an average of two years following child disclosure. They may present with symptoms of mental health disorders including:

- Depression
- Anxiety
- Post-traumatic stress
- Hostility
- Somatic symptoms
- Paranoid ideation
- Psychosis

Non-offending caregivers may also experience significant life changes, including adverse social and economic outcomes. This is especially extreme if the sexual abuse occurred within the family, because the non-offending parent may also experience a significant amount of loss. These changes may include:

- Increased isolation from extended family and strained family relationships
- Loss of partner
- Loss of income
- Change of residency

Research shows that non-offending caregiver support is vital to overall adjustment. It can buffer the child from adverse mental health and social outcomes. However, the overwhelming feelings from secondary trauma and all the life stressors occurring after disclosure can overwhelm a parent and diminish his/her effectiveness to support the child. For these reasons, it is important for non-offending parents to be involved in the therapeutic process after disclosure.

What can treatment provide for parents?

- **How to recognize symptoms of abuse.**
- **How to respond more sensitively to acting-out behaviors.**
- **How to respond appropriately to questions about the abuse.**

STOP and Think

After reading this section, you should be able to answer the following question regarding the case scenario at the start of the chapter.

- **Discussion Q 3: What effect can child sexual abuse have on Mary, the non-offending parent?**

Impact on Non-Abused Siblings

Non-abused siblings may experience adverse psychological consequences from the disclosure of victim's abuse. They may experience individual symptoms as well as having to cope with lots of change. This change is especially significant in circumstances of abuse occurring within families. Siblings may experience the following:

- If the sibling knew about or witnessed the abuse, they could experience severe psychological distress.
- After disclosure, they may feel increased isolation, shame, and stigma.
- If the sexual abuse is occurring within their family, they may feel torn between the perpetrator and the victim.
- Siblings may have to cope with the loss of a parent and change in family dynamics.
- Siblings may have to cope with a residence and school change.
- Siblings may come to resent the victim who they blame for all the sudden change.



It is important for non-offending caregivers to be open about the abuse with the other children in the family. Non-abused children should be educated on the dynamics of child sexual abuse in order for them to understand that it was not their victimized sibling's fault. Since many siblings are often aware of the abuse, being open about the abuse can also allow for learning additional information about the victimized sibling's abuse, or could lead to their own disclosure of sexual abuse.

Survivors of Child Sexual Abuse as Parents

Parenting is a challenging task, even without a history of abuse. When a survivor of child sexual abuse becomes a parent, trauma can hinder parenting capabilities. Not all survivors have difficulty in parenting, but many survivors report challenges unique to the child sexual abuse they experienced. Parenting challenges survivors may face include:

- Low confidence in parenting
- Lack of energy in parenting
- Role reversal with child

- Difficulty promoting age appropriate autonomy
- Excessive concern for child safety
- Difficulty addressing child's sexuality

Parenting issues may be due to a number of factors relating to the survivor's abuse including:

- Lack of an appropriate model of parenting
- Stress of parenting in the context of their recovery
- Psychological symptoms such as depression and/or post-partum depression



It is important for survivors to identify their parenting challenges and the core reasons for those challenges. Inadequate parenting by the survivor can result in the following unhealthy interactions with their children:

- Decreased sense of bond with child
- More negative attitudes towards child
- Difficulty communicating with child
- Less involvement with child
- Decreased satisfaction as a parent
- Abuse of the child under the guise of strict parenting

This unhealthy attachment between the survivor and child can result in adverse developmental outcomes for the child. According to attachment theory, if survivors are symptomatic and unable to give adequate attention to their child at a young age, the child could develop maladaptive emotional and social behaviors. Additionally, parents who have unresolved trauma may not be able to model healthy emotions, which can result in confused emotional development for the child.

Part 3

Impact of Child Sexual Abuse on Society

Child sexual abuse does not just effect the victim and his or her immediate surroundings. Child sexual abuse negatively affects society as a whole. It poses a cost to communities and countries all over the world. This crime is so prevalent that child sexual abuse is increasingly being addressed as a public health issue. The burden of child sexual abuse results in direct and indirect costs to society. Direct costs are associated with the

immediate needs of the victim, while indirect costs are the long-term and secondary effects of the abuse.

Direct costs include:

- Medical care
- Mental health care
- Child welfare
- Law enforcement
- Criminal justice

Indirect costs include:

- Long-term mental health care
- Productivity loss
- Special education costs
- Juvenile delinquency
- Future adult criminality

Impact on Florida

According to the U.S. Department of Health and Human Services, in 2014, there were close to 2,500 victims of child sexual abuse in the state of Florida. These victims will experience lost earnings and other costs as consequence of the abuse. A 2015 study found that in Florida, the estimated lifetime costs per individual CSA victim is between \$210,012 and \$241,600 (Lauren's Kids).

Impact on United States

In the United States, child sexual abuse ranks 12th in preventable risk factors and carries 0.7% of the disease burden (US Burden of Disease Collaborators 2013). Research has also found the following about child sexual abuse in the U.S.:

- 26.6% of girls and 5.1% of boys in the US have experienced sexual abuse or assault by age 17 (Finkelhor, 2014).
- The sexual abuse of children cost the United States \$1.5 billion in medical expenses and 23 billion total annually in 1996. (U.S. Department of Justice).
- The cost per sexual assault victimization of children was estimated to be at least \$184,000. (Minnesota Department of Health, 2007)

Impact on World

A 2009 study reviewed studies of child sexual abuse in 65 countries and found that 1 in 5 women and 1 in 12 men reported experiencing some form of sexual abuse before the age of 18 (Pereda et al.). The World Health Organization identifies child sexual abuse as a risk factor affecting the global burden of disease. This amounts to 9 million years of healthy life lost. Child sexual abuse is a risk factor for the following contributors to the global burden of disease:

- Depression
- HIV
- Alcohol use disorders
- Violence
- Self-inflicted injuries
- Unsafe sexual behaviors
- Obesity



STOP and Think

After reading this section, you should be able to answer the following question regarding the case scenario at the start of the chapter.

- **Discussion Q 4:** What potential costs does this scenario pose to the greater community and society?

Part 4

Impact of Child Sexual Abuse on Supervised Visitation

With what we have discussed thus far, we know that the best chance a child has at recovery is through having a support network. However, it is vital that the safety of the victim is prioritized above all else, in which a responsible, trained adult supervises any contact between the alleged sexual offender and the child victim. It is important to be familiar with the behaviors of victims and perpetrators in order to know when to intervene.

Common Behaviors of Sexual Abuse Cases During Visitation

Inappropriate behavior by alleged parent may include:

- Whispering or speaking to child in a way that visit monitor cannot hear
- Tickling child or encouraging other physical contact
- Playing with toys near the genitals of the child or parent
- Exposing genitals or leaving pants unzipped
- Using code words
- Masturbating
- Playing with toys that have meaning to child's abuse
- Showing photographs that are reminders of child's abuse



Behaviors of children with histories of child sexual abuse during visitation

- Toileting accidents
- Excessive crying
- Unusual clinging behavior
- Self-injurious behavior
- Inappropriate sexual behavior, language, and/or play

Child Sexual Abuse Accommodation Syndrome

Children with histories of child sexual abuse may behave in different ways in order to cope with their abuse. It is important for visitation monitors to be able to recognize these stages of behaviors in order to put a stop to the alleged parent's control over the victim.

1. **Secrecy:** The victim may comply with abuser's demands out of fear of the implied consequences.
2. **Helplessness:** The victim feels powerless to stop the abuse because of the adult's authority.
3. **Entrapment and accommodation:** The victim tries to get used to the abuse through denial and dissociating. May explain why victims appear to act normally with abusive parent during visitation.

4. **Disclosure:** During this stage, victims will drop hints to family members, friends, or other adults. Depending on the reaction received, the victim may disclose fully or stop discussion.
5. **Recantation:** Some victims recant because they are not believed or do not want to go through with the investigation that comes after disclosure.

STOP and Think

After reading this section, you should be able to answer the following question regarding the case scenario at the start of the chapter.

- **Discussion Q 3:** If certain interactions seem inappropriate, what could then explain Julie's normal reaction to them?



10 Visit Rules for Sexual Abuse Cases

1. **There should be one visit supervisor to each visiting family.**
 - o This allows monitors to be focused on one family and one family only in order to best ensure safety of all family members.
2. **The visitor monitor must be fluent in the language of the child and parent.**
 - o This rule allows for efficient communication between the family and the monitor. Monitors must be fluent in the preferred language of family. Language preference should be discussed at intake.
3. **Families with sexual abuse allegations should be in their own private room away from other families.**
 - o This rule allows the monitor to be vigilant in ensuring the safety of the child and prevent involvement of other children.
4. **Physical contact between the visiting parent and the child should be minimal and closely scrutinized.**
 - o Any inappropriate contact initiated by parent or child should be stopped immediately. Appropriate contact should be brief and fully visible to monitors.

5. The following physical contact should be prohibited:

- o Tickling, lap sitting, rough housing, prolonged hugging or kissing, stroking, hand holding, hair brushing, changing diapers or clothes.

6. Neither the visiting parent nor the custodial parent should bring any items to the visit:

- o Books, games toys, photographs, music, audio or video games, dolls or pets. This is to prevent the perpetrator from bringing reminders of the child's abuse and/or bribes to the child for recanting.

Note:

Items brought by parents to visits may remind the child of the abuse and may re-victimize the child. Do not allow the listed items to visits!

7. Certain behaviors should be prohibited including:

- o Whispering, passing notes, hand or body signals, photographing the child, audio or videotaping the child, exchanging money, gifts, or cards. This is to prevent verbal threats and to minimize the triggering of harmful memories.

8. Parents may not take their children to the bathroom or change diapers for their children.

- o Children are to use the program bathroom and use the help of staff if needed. Only staff are allowed to change diapers.

9. Parents are not allowed to discuss the abuse during the visit.

- o This rule is to prevent any further emotional trauma of the child. Parents are not allowed to question the child about abuse or talk about the abuse in anyway in front of the child.

10. Off-site visits are not allowed.

- o Off-site visitation does not allow for the level of control needed for monitoring a sexual abuse case. It is vital for monitors to be able to react quickly and efficiently to inappropriate situations.

STOP and Think

After reading this section, you should be able to answer the following question regarding the case scenario at the start of the chapter.

- **Discussion Q 5: What interactions seem appropriate or inappropriate during the visit?**

Intervening During a Visit

It is necessary for monitors to be vigilant of any contact that may be triggering and remind the child of the abuse. When you recognize any behaviors that may be sexual in any way, you must intervene. The following is recommended:

- Directing the parent to stop a certain behavior
- Calling a short time-out
- Terminating the visit all together

If the behavior is overt, or if the child becomes distressed, terminate the visit.

It is also a good idea to create a safety signal for the child to say or do to indicate that he or she is uncomfortable at any time and you can intervene. Just make sure it is not too obvious. Possible signals may include:

- A certain word or phrase
- A song
- Raising a hand
- Crossing Arms

STOP and Think

After reading this section, you should be able to answer the following question regarding the case scenario at the start of the chapter.

- Discussion Q 6: What are some ways you could intervene?

Practice Examples

Case Scenario 1

Janet brings her daughter Carol, age 12, and son, age 16 to a supervised visitation with their father, William. Carol has disclosed that William had allowed his friend Carl to sexually abuse her when he was high and doing drugs with Carl. From what we know, the elder son was not aware of the abuse, and now appears distressed during the visit. From records, we also know that the mother, Janet has had a history of sexual abuse.

Case 1 Discussion Questions:

1. What issues could the elder son be facing as a non-abused sibling?
2. What issues could Janet be facing as a non-offending parent?
3. What should a monitor keep in mind when supervising a visit in this case?

Case 2 Discussion Questions:

1. What issues could the two daughters be facing?
2. What are the benefits of Mary believing and supporting her daughter?
3. What are some aspects of this case that would contribute or hurt the daughters' chances of resilience?
4. What issues could Mary be facing?
5. What can you as a monitor do to help Mary?

Case Scenario 2

Mary brings her two daughters, ages 10 and 16, to supervised visitation with their father, Jim. The eldest daughter has disclosed that Jim had sexually abused her when she was a pre-teen and now she fears for her younger sister's safety. Mary has been very supportive of her daughters since the disclosure. Mary has told you that the two daughters are in therapy and appear to be coping in a healthy way. From records, there is no other history of abuse or domestic violence issues. Despite Mary's support, she appears obviously distraught when dropping off the children for visits with her ex-husband.

Quiz Yourself!

1. True or False: Sexually abused children are at an increased risk at exhibiting deviant behaviors.
 2. _____ is the inappropriate development of a child's sexuality as the result of sexual abuse.
 - A. Self-injurious behavior
 - B. Traumatic sexualization
 - C. Resiliency
 - D. Depression
 3. Which of the following is true about males who experience sexual abuse?
 - A. More likely to experience sexual abuse outside of their families
 - B. More likely to have a female perpetrator
 - C. Less likely to disclose in childhood than females
 - D. All of the Above
 4. True or False: Contact between the accused parent and the child victim should be fully visible to monitors during visits.
 5. During a visit, the visiting parent says something to his/her young child that makes the child cry excessively and become inconsolable. You should: (write out answer)
-

Answers: 1. True 2. B 3. D 4. True 5. Visitation staff should have heard what was said. That's a fundamental point. Answers should also include: Intervene and separate parent and child; talk to parent about what was said; decide whether to end visit based on parent's behavior and statements. Document the incident. Depending on the parent's statement, file critical incident report, making referring judge aware of the issue.

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Training Manual for Florida's Supervised Visitation Programs

Referrals to Supervised Visitation in Child Sexual Abuse Cases

5. JUVENILE SEXUAL OFFENDERS

Case Scenario

A child physical abuse case was referred to a program one month ago including a father, Mr. Smith, and his two children, Jack (12 years old) and Susie (8 years old). The two children were removed from the home because Mr. Smith physically abused Jack in front of Susie a month ago. Both children have been removed from the home and placed with their Aunt while the court has ordered Mr. Smith to have supervised visitation with his two children. The Smith family was previously involved with child services when Jack was six and Susie was two because their mother sexually abused Jack.

The first two visits were relatively uneventful, but during the third visit, Jack was sitting next to his sister and braiding her hair while she read a book to her Dad. Mr. Smith seemed increasingly agitated when he asked Jack to stop playing with his sister's hair. Jack responded that Susan liked when he braided her hair. Mr. Smith immediately rose from the table and screamed at Jack, "Don't make me come over there, stop touching her." The visit monitor immediately terminated the visit and asked Mr. Smith to leave the premises. The visit monitor wrote about the terminated visit in her case notes and alerted the case manager handling the Smith case.

The next day, Mr. Smith called the program and asked to speak to the visit monitor about what happened at the visit that made him upset. Mr. Smith disclosed to the visit monitor that he walked in on Jack sexually abusing his little sister at their home a month ago. It happened the same night as Mr. Smith's physical abuse incident with Jack. He told the visit monitor that he knows that physically abusing Jack a month ago was wrong, but he doesn't know how to protect Susie now that the two children have been placed with their Aunt. He told the visit monitor that he didn't disclose this information earlier because he didn't want his son to get in trouble.

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

- With this new information, what risks exist between the siblings?
- What red flags exist in the Smith family that the monitor could have noted during intake?
- What should the visit monitor do with this new information to ensure Susie is safe?
- How does Jack's sexual offending affect the parent-child relationship?
- What is the visit monitor's role in helping Mr. Smith address his child's sexual offending during visitation?
- How could Jack affect Susie's testimony in a court case?

Introduction

Sexual abuse offenses are usually associated with crimes committed by adults. However, more than one-third of all sexual offenses against minors are committed by other minors. As such, it is important to understand the nature of juvenile sexual offenses. Juvenile sexual offenses should not be ignored due to the serious harm it can cause and its lasting consequences for victims.

As a supervised visitation monitor you will likely work with children who have either committed sexual offenses or are at-risk for offending later in life. This chapter will help you develop a working knowledge about juvenile sexual offenders and gain the skills necessary to interact with juvenile sexual offenders and at-risk youth.

As a group, juvenile sexual offenders are an incredibly diverse group. There is not an absolute set of defining characteristics. However, the majority of them are adolescent males. It is important to note that female juvenile sexual offenses may go underreported due to preconceived notions about how sexual abuse can occur. Both males and females are capable of being juvenile sexual offenders and visit monitors should keep this in mind to ensure the safety of every family and child in supervised visitation.

Objectives

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

- Understand current information and statistics regarding juvenile sexual offenders
- Understand Florida Laws related to juvenile sexual offenders
- Recognize the subgroups of juvenile sexual offenders and potential causes for why juveniles commit sexual offenses
- Explain the differences and similarities between male and female juvenile sexual offenders
- Understand the stereotypes that prevent juvenile sexual offenders and their families from seeking services and assistance
- Identify how juvenile sexual offenders are different from adult sexual offenders
- Understand how increased public awareness about juvenile sexual offenders influenced the creation of federal legislation and policies
- Employ a strengths-based approach when working with families
- Incorporate empathy building exercises during visitation

- Help families strengthen the parent-child relationship after their child has committed a sexual offense
- Implement specific program safety measures for juvenile sexual offender referrals
- Assist parents in safety planning for if/when their perpetrating child comes home to prevent recidivism

Statistics

These statistics and information will help visit monitors better understand the juvenile sexual offender population. It is important to note that the majority of research conducted around juvenile sexual offenders is based on males. There is a limited body of research about female juvenile sexual offenders.

This chapter contains current information about this population of offenders, but visit monitors should continue their education about juvenile sexual offenders after this training to stay up to date about new research studies and findings.

Current statistics and information relevant to juvenile sexual offenders:

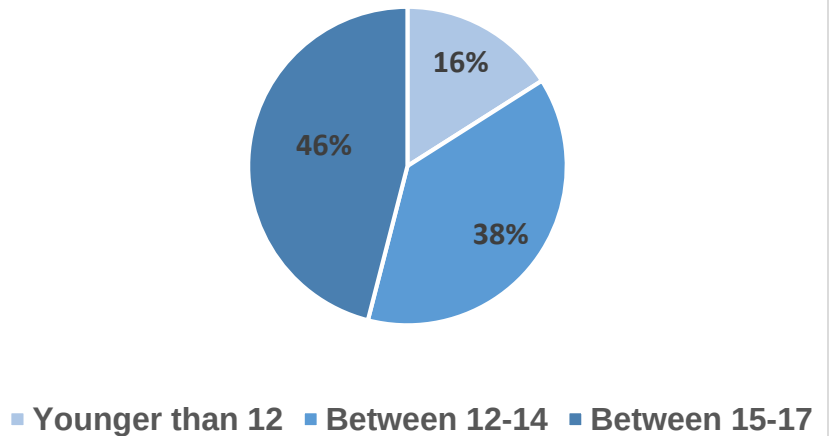
- Juveniles account for more **than one third (35.6%)** of those known to police to have committed sex offenses against other minors.
- **In 2014**, 21% of individuals arrested for sexual offenses were juveniles.
- Juvenile sexual offenders comprise **25.8% of all sex offenders**.
- Juveniles who commit sexual offenses target children who **are likely to be** similar in age or slightly younger than the juvenile offender.
- **Males account for 93%** of the known population of juvenile sexual offenders to law enforcement.
- A small number of juvenile offenders, **1 out of 8, are younger than age 12**.
- **Female juvenile offenders commit offenses at younger ages, and are more likely to offend with a co-offender than male juvenile offenders.** These female juvenile offenders were also more likely to be victims of sexual violence at earlier ages than male juvenile sexual offenders.

- Of the juvenile sexual offenders who offended against minors, **46%** were between the **ages of 15 and 17**; **38%** were between the **ages of 12 and 14**; **16%** were **younger than 12**.

- Clinicians and social service professionals do not consider children under 12 who have committed sexual offenses to be juvenile sexual offenders. Recognizing the developmental gap

between teenager offenders and pre-teen offenders, clinicians will use the term “children who have sexual behavior problems” when referring to children younger than 12 who have committed sexual offenses.

Ages of Known Juvenile Sexual Offenders who Offended Against Minors



Florida Law

The following Florida Statutes are specific to juvenile sexual abuse and juvenile sexual offenders:

Florida Statute Section 39.01(7)

Juvenile sexual abuse is defined in Florida’s Child Welfare statute as:

(7) "Juvenile sexual abuse" means any sexual behavior by a child which occurs without consent, without equality, or as a result of coercion. For purposes of this subsection, the following definitions apply:

- (a) "Coercion" means the exploitation of authority or the use of bribes, threats of force, or intimidation to gain cooperation or compliance.
- (b) "Equality" means two participants operating with the same level of power in a relationship, neither being controlled nor coerced by the other.
- (c) "Consent" means an agreement, including all of the following:
 1. Understanding what is proposed based on age, maturity, developmental level, functioning, and experience.
 2. Knowledge of societal standards for what is being proposed.

3. Awareness of potential consequences and alternatives.
4. Assumption that agreement or disagreement will be accepted equally.
5. Voluntary decision.
6. Mental competence.

Juvenile sexual behavior ranges from noncontact sexual behavior such as making obscene phone calls, exhibitionism, voyeurism, and the showing or taking of lewd photographs to varying degrees of direct sexual contact, such as frottage, fondling, digital penetration, rape, fellatio, sodomy, and various other sexually aggressive acts.

Florida Statutes Section 985.475

“Juvenile sexual offender” is defined in Florida’s Juvenile Justice statute as:

- A juvenile who has been found by the court under an adjudicatory hearing to have committed a violation of sexual battery, prostitution, lewdness; indecent exposure, sexual performance by a child, or knowingly selling, renting, loaning, giving away, distributing, transmitting, or showing any obscene material to a minor.

Or

- A juvenile found to have committed any felony 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. For purposes of this subsection, the following definitions apply:
 - o “Coercion” means the exploitation of authority, use of bribes, threats of force, or intimidation to gain cooperation or compliance.



- o “Equality” means two participants operating with the same level of power in a relationship, neither being controlled nor coerced by the other.
- o “Consent” means an agreement including all of the following:
 - a) Understanding what is proposed based on age, maturity, developmental level, functioning, and experience.
 - b) Knowledge of societal standards for what is being proposed.
 - c) Awareness of potential consequences and alternatives.
 - d) Assumption that agreement or disagreement will be accepted equally.
 - e) Voluntary decision.
 - f) Mental competence.

Characteristics of Juvenile Sexual Offenders

In this section, you will learn about the characteristics that have been found to be associated with some juvenile sexual offenders. You will first learn about the typology research (classification based on types or categories) and then the etiology research (the cause of something) of juvenile sexual offenders.

Typology

Typology research on this group of children has defined at least three broad subgroups of juvenile sexual offenders. However, the differences between these groups are not profound.

Subgroups:

1. **Delinquent youth:** those who commit crimes not exclusive to sexual offenses
2. **Paraphilic youth:** those who have sexual interests or behaviors that are atypical and extreme
 - This is a small number of juvenile sexual offenders.
 - Adolescents with sexual offenses were more likely to have atypical sexual interests than delinquent youth who had nonsexual offenses.
3. **Neither delinquent or paraphilic youth:** those whose sexual victimization is situational or experimental. This is the largest group out of the subgroups.

Although these subgroups are broad, they are supported by research. It is important to recognize that juvenile sexual offenders may come from various backgrounds and life experiences. These children may have unresolved mental health issues, a dysfunctional family life, and other influential factors that played a role in their sexual offending. A child's unique life experiences can influence whether or not a child becomes a juvenile sexual offender. As such, addressing the impact of those life experiences should be a part of any treatment or rehabilitative program.

A majority of juvenile sexual offenders do not commit sexual offences out of atypical sexual interests. Instead, their sexual offenses are situational or experimental. While this is no excuse for their abusive behaviors, this means that most sexual offenders will never commit a sexual offence again in their future since it is not a typical part of their behavior.

Understanding typology allows monitors who work with juvenile sexual offenders to gain insight into children's life experiences. Typology research helps classify juvenile sexual offenders into groups with unique interventions. When professionals understand the unique need of each child and subgroup, they are better able to adapt their interventions to help children stop their abusive behaviors and move forward to lead healthy and productive lives. In supervised visitation, it is important to understand that each subgroup can be

a risk to other children and families, whether the child has atypical sexual interests or their abusive behaviors were situational. Following safety protocols and rules will help reduce this risk and prevent victimization. You will learn more about safety measures later in this chapter.

Etiology

While there is never a justification for abuse, it is important to learn about some of the possible causes for why juveniles commit sexual offenses in order to address it. This section is relevant to both juvenile sexual offenders and child victims of sexual abuse. As you will learn from the research findings below, being victimized as a child can increase a child's later risk for sexually offending against another person.

Research Findings

- *Sexual Abuse: A Journal of Research and Treatment*. **Adam S. Grabell & Raymond A. Knight (2009)** studied 193 juveniles who had committed sexual offenses. They examined the ages of children who had been sexually abused and who later became offenders themselves. The researchers found that sexual abuse committed

against a juvenile from ages 3 to 7 can do the most damage and places a juvenile at a higher risk for engaging in sexually abusive behavior in the future.

- *Sexual Abuse: A Journal of Research and Treatment*. **David L. Burton (2008)** conducted a study that compared 74 incarcerated sexual abusers and 53 nonsexual abusers to study the influence personality traits and childhood sexual victimization has on the development of sexually abusive behaviors. Burton's results suggest that sexually abusive youth may have learned to be sexually abusive from their own victimization and their sexual offenses are often similar to their own victimization experience.

REMINDER:

There is NOT a single set of characteristics or defining life experience that can predict whether or not a child will become a juvenile sexual offender. However, there are influential factors and life experiences that may play a role in the development of sexually abusive behaviors.

- *The Sex Offender: Offender Evaluation and Program Strategies*. **Deborah J. Cavanaugh, Ann Pimental, & Robert A. Prentky (2008)** study included 667 boys and 155 girls who were involved in social services. A large majority had sexual offending behaviors. The study found that almost all of the children came from highly dysfunctional families and experienced multiple forms of maltreatment, such as neglect, physical, psychological, and sexual abuse. The researchers of this study believe their findings emphasize the importance of addressing these co-occurring issues that are often influential in the development of sexual offending behaviors.
- *Psychological Bulletin*. **Michael C. Seto & Martin L. Lalumiere (2010)** conducted a meta-analysis of 59 independent studies which compared explanations for male adolescent sexual offending to male adolescents who committed non-sexual offenses. The results suggested that a sexual abuse history, exposure to sexual violence, other abuse or neglect, social isolation, early exposure to sex or pornography, atypical sexual interests, anxiety, and low self-esteem may play a role in male adolescent sexual offending.

- *Journal of Child Sexual Abuse*. **Raymond A. Knight & Judith E. Sims-Knight (2004)** studied 218 juveniles who had been adjudicated for their sexual offenses and were residing in inpatient specialized treatment facilities. The results showed that early traumatic physical and sexual abuse played an important causational role in increasing the likelihood of future sexually abusive behavior.
- **Leibowitz, Burton, & Howard (2010)** compared pornography exposure between male adolescents who sexually abused others and non-sexual offending male delinquents. This study found that juveniles who had engaged in sexually abusive behavior reported more exposure to pornography when they were younger than age 10, than the non-sexual offending delinquents.

Summary of Research Findings

Juvenile sexual offenders come from a variety of backgrounds, but in most cases there is a history of family dysfunction, exposure to violence from an early age, parental neglect, and sexual, physical, and emotional/psychological abuse.

Considerations for Female Juvenile Sexual Offenders

Most of the existing research regarding juvenile sexual offenders includes only adolescent males in their samples, which means that our knowledge base is incomplete regarding all juvenile sexual offenders. Although the current information about juvenile sexual offenders is important, it is still mostly relevant to males. One common misconception is that more boys are committing sexual offenses than girls, since there is more research about males. Researchers and professionals alike attribute this misconception to the fact that perpetration committed



by girls is viewed by others as less harmful. Thus, their crimes are less likely to be reported to law enforcement. This is especially true when the victim is a boy. Victims may experience difficulty reporting their victimization by a juvenile who is a female because they fear that their experiences may be invalidated or ignored.

In an effort to address the gap in knowledge about female juvenile sexual offenders, researchers have started to direct more research toward this issue. The results of that research are very valuable, as they help us to understand the differences between the two groups, which can be helpful for intervention purposes.

The chart below details frequently reported background characteristics of female juvenile sexual offenders:

Table 1: Characteristics of Female Juvenile Sexual Offenders	
Characteristics	Description
Prior Sexual Victimization	One consistent finding within the literature is that female juvenile sexual offenders have high levels of prior sexual victimization. A compilation of studies regarding female juvenile sexual offenders revealed that over 80% of participants reported being prior victims of sexual abuse. Many of them first experienced sexual victimization at a very young age, and their victimizations often involved multiple perpetrators and penetration.
Child Maltreatment	In several clinical studies, over 60% of female juvenile sexual offenders reported being prior victims of physical abuse. High rates of physical abuse, emotional abuse, and/or neglect were frequently reported. Several studies noted that more than half of the girls in their respective studies experienced multiple forms of maltreatment.
Dysfunctional Families	The family lives of female juvenile sexual offenders can be described as chaotic and dysfunctional. Research studies have reported that these girls experienced dysfunction in their families in a multitude of ways such as: witnessing domestic violence, excessive drug or alcohol use by

	parents, inconsistent parenting, parental abandonment, or lack of parental supervision and support.
Inadequate Social Skills	Several clinical studies have shown that female youth who had committed sexual offenses had inadequate social skills and/or did not have healthy peer relationships. It was also noted that girls who committed sexual offenses may compensate for their inadequate social skills by associating with delinquent peers.
Psychopathology	Several research studies have found correlations between some psychiatric disorders and sexual offending. For example, in several studies over 40% of female juvenile sexual offenders were diagnosed with depression, post-traumatic stress disorder, experienced suicide ideation, or attempted suicide.

Comparison of Female and Male Juvenile Sexual Offenders

- Young female sexual offenders are **more likely to report a history of sexual abuse, and having been abused by multiple perpetrators.**
- Female juvenile sex offenders are generally younger than male juvenile sex offenders.
- Females are more likely to commit a sexual offense with a co-offender (in groups) than males.

Similarities

Both female and male juvenile sex offenders are similar in their psychosocial and developmental histories. It has been reported that juveniles of both genders had similar rates of being previously involved in mental health treatment, attempted suicide or attempting to run away from home.

Working with Female Children

Current research has provided four concrete ways that professionals, parents, and communities can work together to prevent female juveniles from sexually offending. These prevention methods can be used with at-risk girls who have a history of trauma, family dysfunction, and childhood adversity.

Even though these methods were developed for working with female children, the following four prevention methods can be effective in preventing sexually abusive behaviors with all at-risk children in supervised visitation.

1. Offer support to female children and adolescents who disclose sexual abuse.

- If there are female children in your program who have been identified as sexual abuse victims, it is important to consider the potential they have for offending later in life. Intervening as soon as possible and offering a supportive environment can help reduce the likelihood that they will become sexual offenders later on.

2. Teach girls what constitutes sexual abuse and the harm it causes.

- This kind of discussion is relevant for both young boys and girls. Discussing what sexual abuse is and the harm it causes may help young children speak out about their own victimization experiences that may not have been previously disclosed.

3. Offer educational programming for youth that includes information about why it is both morally wrong and illegal to have sexual contact with younger children.

- This education should include the definition of consent as well as an explanation about how younger children cannot consent to sexual interactions with older children. In some cases, juvenile sexual offenders perpetrated against a younger child because they were curious. However, it needs to be explicitly explained to children that it is never okay to engage in sexual contact with a younger child.

4. Refer to specific training for professionals about the issue of juvenile female sexual offenders.

- Most of the existing literature about juvenile sexual offenders is based on research studies that focused on male juvenile sexual offenders. As such, it is important for visit monitors to continue their

education about female juvenile sexual offenders by keeping up with

How can you incorporate these four preventative measures during supervised visitation?

- Refer to the Clearinghouse website familyvio.csw.fsu.edu to read about how parents can talk with their children about healthy relationships.

current research. There can be important differences between juvenile males and females who offend and these differences can affect how a visit monitor works with each child.

Stereotypes and Stigmatization

It is important for supervised visitation monitors to be knowledgeable of the stereotypes that surround juvenile sexual offenders when working with them. Believing inaccurate stereotypes about this group may impede monitors from performing their job effectively and place children at risk of being stigmatized during visits.

While it is important for visit monitors to understand how juvenile sexual offenders may pose a risk to other families and children at visits, it is also a monitor's job to ensure that ***every child*** feels comfortable and capable of strengthening his or her family relationships while participating in supervised visitation.

Table 2: Stereotypes about Juvenile Sexual Offenders	
Stereotype	Reality
All juvenile sexual offenders are pedophiles.	Several research studies have found that most juveniles do not commit sexual offenses against minors out of a paraphilic interest such as pedophilia. In fact, juvenile sexual offender's crimes are not limited to sexual offenses committed against young children. Their crimes may also include peers of a similar age as well as older individuals.
Cases that juvenile sexual offenders are involved in only include small children as victims.	Juveniles account for more than one-third (35.6%) of those known by police to have committed sexual offenses against minors and more than one-quarter (25.8%) of all sex offenses that include small children, peers, or even adults.
All juvenile sexual offenders are male.	While most research and treatment programs have been developed for male juvenile sexual offenders, there are also female juvenile sexual offenders,

	although they comprise a smaller portion, between 7%-8% of cases. A significant number of preteen offenders are female, as opposed to teenage sexual offenders, who are predominately male.
Juvenile sexual offenders cannot be rehabilitated and will be end up reoffending as adults.	There is no reason to believe that juveniles cannot be rehabilitated. In fact, juvenile behaviors are not fixed or stable since their brains are still developing. Particularly, the frontal lobe of the brain, which is responsible for impulse control, moral reasoning, and regulating emotions is not fully developed. When juvenile sexual offenders do commit crimes as adults, it is often for non-sexual crimes, such as property crimes or drug crimes.
Juvenile sexual offenders are exactly like adult sexual offenders.	Several of the existing treatment programs developed for juveniles were modeled after adult sexual offender programs. Researchers and mental professionals have now reached a consensus that this practice is ineffective and fails to consider the vast differences between adolescents and adults. Overall, juvenile sexual offenders differ from adults in their recidivism rates and risk/protective factors.

Stigmatization of Juvenile Sexual Offenders

The stereotypes mentioned above contribute to the stigmatization of juveniles who commit sexual offenses. This stigmatization can make it much harder for families to receive the assistance they need. The stigma that surrounds juvenile sexual offenders is compounded by policies and state laws that require juvenile sexual offenders to register, just as adult sexual offenders do, in the state sexual offender registry. This practice illustrates the tension that exists between the interest of keeping the public safe, and allowing perpetrators to re-enter society with limited stigma.

In the state of Florida, juvenile sexual offenders who have been found guilty by a judge for a qualifying sexual offense are required to register up to four times a year in the Florida Sexual Offender/Predator Registry. This means that their personal information, including their addresses, full names, and details of their sexual offenses are listed on the public registry website. While the registry serves to notify members of different communities about people who may pose a threat to safety, juveniles and their families may experience discrimination or harassment as a result of these community notification laws.

Juvenile sexual offenders have committed crimes that have caused harm to another child or individual. However, while it's important to understand the risk offenders pose, they should be treated with the same respect and dignity afforded to every other child and family in your visitation program. Remembering this can help reduce the stigma around the issue of juvenile sexual abuse.

Comparing Juvenile and Adult Sexual Offenders

One common misconception about juvenile sexual offenders is that they are similar to adult sexual offenders. In reality, juveniles are developmentally and characteristically different than adults who commit sexual offenses. This section will help to dispel some common myths surrounding juvenile sexual offenders.

Viewing juvenile sexual offenders as comparable to adult sexual offenders is problematic because it can prevent juveniles from receiving the help and treatment they need. In addition, when juveniles are treated like adults, it creates a stigmatization around juvenile sexual offenders that perpetuates incorrect stereotypes and unfair treatment of juveniles.

An example of how adults differ from juveniles is seen in the recidivism rates for each respective group. Researchers and professionals alike point out **that juveniles have a significantly lower recidivism rate of sexual offenses than adults do.** The lower rates of recidivism for juvenile sexual offenders can largely be attributed to the juvenile's developmental maturation and changing life circumstances. A juvenile's behavior or motivation is considered to be less fixed than that of an adult, so often with intervention and therapy, juvenile sexual offenders have a higher success rate than most adult sexual offenders.

The following section details how juvenile sexual offenders are different from adult sexual offenders.

Developmental Differences

- Recent advances in neuroscience and developmental criminology have contributed greatly to our understanding of juvenile sexual offenders. Scientific evidence has shown that juveniles differ from adults in the following:
 - o Cognitive abilities;
 - o Capacity for self-management and regulation;
 - o Susceptibility to social and peer pressure;
 - o Other factors related to judgment
 - o Criminal intent.
- Juveniles' behaviors/sexual interests cannot be considered fixed or indicative of future actions because they are still developing, cognitively and psychosocially. Adult sexual offenders on the other hand, have fully developed cognitive functions, and their sexually abusive behaviors cannot be attributed to a lack of development.
 - o Many people mistakenly believe that juvenile sexual offenders are pedophiles that cannot be rehabilitated. However, researchers believe that labeling juveniles as pedophiles is highly premature, considering the amount of development they have left to undergo.
- As children get older, they are increasingly able to process the information they receive. However, their psychosocial development occurs at a much slower rate than their cognitive development, which is why they have less capacity than adults to manage their emotions and control their behavior. This does not mean that they are incapable of controlling their behavior, but that the impact of external influences on decision making is greater in juveniles than in adults.

Motivation

- Research has shown that adolescents are more likely to engage in heightened risk-taking activities and recklessness than adults are. For many juvenile sexual offenders, their lack of development is a factor in their sexual offenses. Whereas adult sexual offenders are generally seeking to gain power and control over their victims.
- Adult sexual offenses often involve extreme forms of sexual aggression, fantasy, and compulsivity whereas juvenile sexual offenses are normally influenced by impulse.
- Accordingly, juveniles are less likely to continue to engage in sexually abusive behavior when their actions are discovered.

Different Treatments

- The involvement of family members is key for the successful treatment of juveniles in these cases. Parents particularly play an important role in preventing their child from offending again. During treatment, parents of juvenile sexual offenders are presented with skills and strategies to better enforce rules and structure that will help them supervise their child's actions and behaviors within the household.

The research discussed in this section illustrates that juvenile sexual offenders are different than adults who commit sexual offenses. It is imperative that a visit monitor recognize that juvenile sexual offenders are still children and it is important to treat them as such.

Increased Public Awareness

Juvenile sexual offending gained attention in the 1970's and 1980's. As public awareness increased about juvenile sexual offenders, legislation and policies were established.

Late 1970s, Early 1980s

Prior to the release of a few key studies, juvenile sexual offenders were not viewed in the same light that they are today. The general public's attitude toward these occurrences was simply "boys will be boys," and juvenile sexual offending wasn't considered to be a significant safety threat. Females who engaged in these behaviors were also not generally viewed as harmful or destructive. Public attitudes shifted though when findings from several research studies conducted in the late 1970s and 1980s found that a majority of adult male sexual offenders started their sexual offending during adolescence. It then became apparent that juvenile sexual offenses needed to be addressed so that they did not continue their abusive actions as adults.

In an attempt to prevent adult sexual offending, policy makers and practitioners started to focus more attention on juveniles who committed sexual offenses.

Early 1990s

The Federal government, along with multiple states, developed and enacted several extensive policies to reduce sex offending. These laws focused on managing identified sex offenders through public state registries and community notification laws. The same laws that applied to adult sexual offenders were also applied to juvenile sexual offenders.



One such act, the Adam Walsh Act which took effect in 2006, established a federally enforced system of registration and community notification for adult and juvenile sexual offenders for all states. The act requires states to use an “offense-based” community notification system, rather than a risk-based system, and requires juveniles to register for certain offenses committed at age 14 or older.

Understanding juvenile sexual offenders is relevant to supervised visitation work in child-sexual abuse referrals because many adult and juvenile sexual offenders were once child victims of sexual abuse. While their actions are never excusable or justifiable, monitors have a unique opportunity to incorporate preventative measures to reduce the risk of later abuse from former victims.

This chapter provides monitors with the information needed to work with children who are sexual offenders and those children who have been victims of abuse. It is likely that monitors will encounter many children who have experienced both, and supervised visitation programs play an important role in helping to end the cycle of victimization. Supervised visitation also provides monitors the opportunity to work with parents and children to strengthen the parent-child relationship, which is essential in creating a healthier, and happier future.

Juvenile Sexual Offenders and Supervised Visitation

Once monitors have gained a working knowledge about juvenile sexual offenders, it is essential that they understand how it may be utilized in the context of supervised visitation.

How Monitors Can Help

Families with children who have sexually abused others may be experiencing a very difficult time, filled with intense emotions. During visits, these emotions may manifest themselves in the form of arguments between parent and child, or an unresponsive child. Visit monitors can help address those feelings during visitation while ensuring that visitation remains a safe and productive environment for the families. Monitors should take the time to understand the needs of the individual parents and children, considering the unique circumstances of each individual family.



Parents may have been unaware of their child's actions and may be understandably angry, sad, and confused as to how to go about speaking with their child about their behavior.

Speaking with parents in order to understand their emotions will help monitors adjust interactions with parents and children to ensure that visitation is spent rebuilding the parent-child relationship in a constructive manner.

Dynamics of Families

Although not exhaustive, the list below provides some examples of the circumstances that may bring juvenile sexual offenders to visitation:

- The visiting parent sexually abused his or her child and the child was removed from the home. The child has also sexually victimized someone else.
- The visiting child sexually abused his or her sibling and was removed from the home. The court ordered supervised visitation between the siblings.
- Parent(s) were deemed unfit to visit with their child without supervision and court-ordered to attend a supervised visitation program. Additionally, the child sexually abused an unrelated child or other individual.
- A verified report was made to local law enforcement that a child sexually abused his or her sibling and both children were removed from their parents' custody. Supervised visitation was ordered between the parents and siblings.

- A family was referred to visitation for a case unrelated to juvenile sexual abuse, such as child abuse or parental substance abuse, but it is later discovered that there is also juvenile sexual abuse occurring.

Strengths-Based Approach

In order to employ a strengths-based approach, visit monitors will need to build rapport with the families they are working with. The issue of juvenile sexual offenders can be uncomfortable and upsetting for many, especially the families involved. Parents play an important role in preventing their child from sexually abusing in the future. However, a visit monitor must ensure that the family feels safe physically and psychologically in order to provide the type of environment that will help families grow from their experiences. Research has shown that social service professionals using a strengths-based approach to is key to a successful intervention and treatment.

Establishing Rapport with Families

Below are some ways that visitation monitors can establish rapport with families:

1. **Ensure that families feel safe.** Many families feel the negative effects of stigma and retribution because their child has sexually abused another individual. While visitation should be a safe space for families to connect, they may feel uncomfortable around one another. Monitors can help ease parent's concerns by making the visitation process a supportive and safe experience.
2. **Establish trust and connection.** The goal of supervised visitation is to create a safe environment for families to engage with one another without judgement or fear. In order to inspire engagement between parents and children, there must be a sense of trust and connection at the visitation program. Monitors can establish trust and connection with the families they work with by treating the families and children with respect. Monitors can assure parents that the program will support them and their children throughout the visitation experience which in turn, will help families focus on rebuilding and strengthening their relationships.
3. **Empathy.** Monitors can express empathy for the families they work with in juvenile sexual offender referrals by meeting the parents and children where they are. Each family attending supervised visitations may be at different stages in the intervention or rehabilitation process. As such, it can be helpful for monitors to empathize with the family about the difficulty of their experiences. The visitation program may very well be one of the only places where families feel comfortable engaging with service providers. Due to community notification laws, judgment and persecution of juvenile sexual offenders has become increasingly common. This can make it difficult for the

families to receive the services they need. Monitors should reassure parents and children that they are there to help.

Using a Strengths-Based Approach

REMINDER:

Every parent and child has strengths. As a visit monitor you can help them discover those strengths and build on them in order to increase the protective factors in their lives.

After establishing rapport with the families, supervised visitation monitors should consider using a strengths-based approach to further assist the visitation process. This approach helps supervised visitation monitors and families understand that they are capable of creating positive change in their lives. A strengths-based approach integrates recognizing and strengthening the importance of protective factors in the lives of juveniles.

Monitors can discuss the importance of the 6 protective factors by reviewing the handout below with parents:

Getting to Know the 6 Protective Factors

The ways that parents interact with their children and the skills that parents use when parenting are central to keeping children safe. When the following six factors are present in the family, the risk for child maltreatment and child abuse are significantly reduced.

1. Nurturing & Attachment

Nurturing children and developing attachment with children is the process of a parent bonding emotionally with his or her child through kind, supportive, age-appropriate behavior. In this process, the child learns to trust and feel secure with the parent. Nurturing and attachment are keys for developing bonds between parent and child.

2. Knowledge of Child Developmental Stages

Knowledge about child development is gained when the parent learns about how the child grows emotionally, physically, and mentally, and the needs that accompany these changes. This knowledge allows parents to have realistic expectations of a child's behavior and abilities, as well as to be able to fulfill the child's needs.

3. Parental Resilience

Parental resilience is defined as parents' own inner resources and coping skills that help them handle stress and crises. Resilient coping skills allow a parent to be able to solve problems, keep calm when upset, and make it through challenging times. When parents are resilient, they are better able to build strong and resilient families.

4. Supportive Social Connections

The presence of supportive family members, friends, and neighbors helps keep families emotionally healthy and encourages positive parenting practices. When parents have supportive social connections, they are better able to cope with the many challenges of parenting.

5. Access to Concrete Community Supports

When a family is struggling to meet basic needs, this stress can lead to family dysfunction. Concrete community supports are social services that provide basic resources such as food, water, shelter, safety, health care, and mental health care. Other services that can act as built-in community supports include: childcare, domestic violence services, substance abuse treatment, employment assistance, housing, transportation, and financial literacy.

6. Social and Emotional Competence of Children

Emotional competence can be defined as a child's ability to identify and express his or her feelings. Social competence refers to a child's ability to interact with other people. Emotional competence and social competence go hand-in-hand, as both involve skill sets that help to express, define, and interpret emotions. Emotional and social competencies also allow children to relate and respond to the feelings of others, as well as to communicate their needs.

Many juvenile sexual offenders have been the victims of parental maltreatment, whether physical and/or sexual, exposure to violence, or have been sexually victimized by someone other than their parents. Although it may seem difficult to use a strengths-based approach in these situations since there is an apparent lack of protective factors, supervised visitation can help parents and children encourage protective factors in their lives. To start, a visit monitor can help families identify their existing strengths in order to build upon them and continue moving forward as a family during the visitation process.

Visitation monitors can use a strengths-based approach when working with parents and juvenile sexual offenders in the following ways:

1. **Value families.** Supervised visitation is all about focusing on family-centered practices that value the importance of strong and healthy family relationships. In the case of juvenile sexual offender referrals, visit monitors should value the role families play as a potential protective factor for their children. Families can act as both a guide and resource for children and it is important for visit monitors to recognize that in order to help families strengthen their relationships. For many juvenile sexual offenders, having a family system to help support and learn with them will have an impact on whether or not they continue their abusive behaviors.
2. **View families as change agents.** When working with juvenile sexual offenders, a vital part of rehabilitation is understanding how parents can help prevent their children from abusing others in the future. Viewing parents as change agents in their child's life is an important part of a strengths-based approach. Through the parents and children's strengths, the family has the capacity to create healthy changes together.

For referrals regarding juvenile sexual offenders, visit monitors should be intentional about their use of the strengths based approach. Parents and children going through these experiences may need the recognition from a visit monitor that there are strengths that they can use to get through whatever they are facing as a family, and that with their strengths, there is hope and optimism for the future.



Building Empathy

An important part of treatment and rehabilitation for juvenile sexual offenders is to build victim empathy. As previously stated in the characteristics section, some juvenile sexual offenders may have been victimized themselves. These traumatic experience(s) may inhibit juveniles from feeling empathy for others, including their victims. Working on

empathy-building exercises with these children is an important part of overcoming sexually abusive behaviors.

Victim empathy in treatment for juvenile sexual offenders is necessary to help them recognize the impact their abusive behaviors has had on their victims. Essentially, the goal of empathy-building is to have the juvenile put themselves in his or her victim's shoes. This involves the juvenile exploring what kinds of feelings and emotions the victims may have experienced. In order to prevent these abusive behaviors from persisting in the future, youth must understand the harmful impact that their actions can have on others.

Monitors can help facilitate an empathy-building session at supervised visitation by encouraging parents to model empathy for their child. During visits, supervised visitation monitors can also play a role in modeling empathy.



Exercising Empathy Scenarios

Scenario 1: Matthew is six-years-old, visiting with his mother, Kay. During the visit, Matthew tells his mother that he got in trouble at school for yelling at his classmate during recess. Kay says, “Don’t do that again” but fails to address why the child should not yell at his classmate.

1. What is the opportunity for empathy building? Matthew has been disrespectful at school. Discussing Matthew’s behavior would give Matthew a chance to reflect on how his classmate may feel when Matthew yells.

2. What can a supervised visitation monitor say? “Matthew, it sounds like you got in trouble for yelling at your classmate. How do you think your classmate felt after you yelled at her?” A worker can give Matthew time to answer, and if he does not say anything, a worker can say, “Do you think she likes being yelled at?” or “How do you feel when you’re yelled at? Do you think your classmate feels sad when being yelled at?”

Modeling for Parents: A monitor can ask questions directed at Kay, Matthew’s mom, and ask “Now, Matthew, I wonder what your mom thinks

about this. Mom, how do you think Matthew's classmate felt when she was yelled at? How do you think yelling makes people feel?" For some parents, a simple question like, "Mom, do you think Matthew knows how his classmate feels?" may be enough to prompt a parent to explore these feelings with his/her child.

Follow up: A monitor or parent may ask Matthew, "Next time you get upset with your classmate, how could you tell him or her in a way that doesn't make him or her sad?" or say, "If you get upset, next time you can think about how you would feel if someone yelled at you?" The monitor can also explore why Matthew was compelled to yell at his classmate.

Scenario 2: Maya is four-years-old, and is visiting her father, Byron. While playing, Maya gets frustrated because she is tired and needs a nap. Maya screams and throws a block at Byron's face, hitting him in the nose. Byron begins to yell at Maya, but stops after glancing over at the supervised visitation monitor.

1. What is the opportunity for empathy building? Maya became frustrated and hurt her father. This gives Maya a chance to reflect on how her father may feel after being hit.

2. What can a supervised visitation monitor say? "Maya, how do you think your dad feels right now?" or "Maya, do you think your dad hurts right now? The block hit him pretty hard. Why don't you ask him how he feels?"

Modeling for Parents: A worker may also ask questions directed at Byron, and say "Dad, how do you feel? Can you tell Maya how getting hit with a block makes you feel?" For some parents, a simple question like, "Dad, do you think Maya knows how you feel?" may be enough to prompt a parent to explore these feelings with his/her child.

Follow up: The monitor should speak to Maya using age-appropriate language about how it makes her feel when her dad is hurt, or how she feels when someone else has "boo boos." Try to focus more on empathy, not on making Maya feel guilty about what she has done. Guilt is something Maya feels, while empathy focuses on how her dad feels and how that, in turn, makes her feel.

As mentioned earlier in this section, many juvenile sexual offenders have a history of trauma. When trauma goes unresolved in children, they may cope with that trauma in a variety of unhealthy ways, such as using substances, self-harm, or abusing others.

Part of preventing juveniles from committing further sexually abusive behaviors is to help them regulate and understand their emotions. With a history of trauma this

can be challenging, but it is worth the positive results. Building empathy allows them to better recognize their own and others' emotions, helps them build compassion for others, and helps them understand the consequences of their actions. It is important for parents to work on building empathy during visitation with their child, especially if the child is going to be back in the home and in contact with other children.

Supervised visitation monitors can provide parents with several strategies that can help children develop empathy.

The list below provides examples that monitors can teach parents, and use themselves, to help children develop empathy:

- **Create a safety plan in the home/visitation environment** to help the child feel safe and secure. Safety plans with parents are important if their child is being reintroduced into the home after treatment in an outpatient facility, or after spending time in a juvenile detention center.
- **Set predictable routines for visits when possible.** This allows children to spend more time focusing on monitoring their emotions and less on worrying about what to expect during visitation.
- **Help children self-regulate** by encouraging them to label their feelings and talk through their problems. When children successfully self-regulate, they are better able to stop and think before they react and can employ empathy when interacting with others.
 - For example, if a child looks like they're getting frustrated, the monitor could say, "*You seem frustrated. What could you do to help yourself feel better?*"
- **Talk to children about their feelings** and help children to label their own feelings.
 - For example, the supervised visitation monitor can say, "*I noticed you look happy. Can you tell me how you feel?*"
- **Help children build strong relationships** with parents, siblings and other guardians by facilitating safe and fun visitation sessions.

Monitors will learn more about how to create a safety plan with parents in the next section. The safety plan allows parents to create an action plan to prevent their child from recommitting a sexual offense. Research has shown that parental supervision and intervention is a key component in lowering juvenile sexual offenders' recidivism rates.

- **Tell children stories from the perspective of others** and encourage parents to do the same. Stories can be fictional or can be appropriate life lessons from the parent's past, when appropriate.
- **Provide books that model empathy for children and** parents to read together. Just like telling stories, reading books will give children examples of how others use empathy.

Strengthening the Parent-Child Relationship

The parent-child relationship may be negatively impacted by a child's sexual offenses due to the emotional responses these actions can create in a family. As mentioned before, parents may have been unaware of their child's actions, which has resulted in hurt, confusion, and sadness. There may also be emotions that the child is feeling as well, such as shame, anger, guilt, and fear. All of those emotions can continue to negatively affect the parent-child relationship if left unaddressed which is why it is important for monitors to work with families to strengthen the parent-child relationship.

Here are some ways supervised visitation providers can encourage parents to help strengthen the relationship with their child:

- **Encourage parents to have open communication with their child.** Speaking openly is a vital part of a healthy relationship, even when things are difficult.
- **Remind parents to listen.** Listening is also very important in the parent-child relationship, and unfortunately, children are not always skilled in this regard. Therefore, it is up to the parent to be attentive to what his or her child is expressing. The parent may need to look past what the child is actually saying, in order to try to figure out what is really going on with his or her child.
- **Encourage parents to identify their triggers, as well as those of their child.** Being aware of triggers can help reduce their impact and eventually replace them with alternative responses. Having a plan decreases the chance that the parent will react in a damaging way and prepares them to respond in a positive and healthy way. Planning ahead sets parents up for a greater chance of success!
- **Encourage parents to be consistent and persistent.** Parents should keep up normal routines within the relationship and should demonstrate to their child that they are trying to be the best parent they can be. They should treat their child with the respect and courtesy they expect.

Safety Measures

Supervised visitation programs working with juvenile sexual offenders and their families must establish specific safety measures to properly handle these referrals. Even if a monitor is not working with this type of referrals directly, they should understand the safety risks involved with juvenile sexual offenders. Sexual or physical victimization can occur if monitors do not correctly monitor the families and children they are working with.

Below you will learn about the important safety measures that should be utilized for juvenile sexual offender referrals. These safety measures are in addition to the safety measures that have already been established at supervised visitation programs.

At the program

Programs may encounter high-risk and low-risk youth, but must evaluate the risk for each referral upon intake. There are safety measures programs can take to minimize the risk presented by juvenile sexual offenders.

During Intake

Referring to the case scenario presented in the beginning of this chapter, programs may receive case referrals for other issues such as child abuse that are seemingly unrelated to juvenile sexual offenses. However, the risk of a child sexually abusing a sibling or other child, is increased when there is a history of family dysfunction. Intake gives monitors an opportunity to assess the risk in each case and evaluate the relationship between siblings.

Monitors should receive as many details they can about family dynamics before visits begin. During intake, monitors can ask parents about any behavioral problems they've experienced with their child, or if they have concerns about their child's behavior. Asking these questions during intake can help monitors develop an

REMINDER:

Intervention with Juvenile Sexual Offenders: Immediately stop all sexualized behavior, even if the child insists that he or she was "just joking." Be sure to document the intervention, and provide copies to the parents, attorneys, GAL, caseworker, and any treatment providers.

understanding if there are any safety concerns or behavioral issues such as sexual aggression or inappropriate contact that may arise during visitation from a child.

In all case referrals, monitors should closely monitor the interactions between children or siblings, and prioritize an open line of communication with families to stay knowledgeable about any growing concerns parents may have for their children.

Below are specific safety measures that can enhance safety during visits.

- Always ensure **safe toileting use** by never letting children who have sexually abused others to accompany any child to the toilet.
- Monitor children **closely at all times**.
- Strictly limit physical contact between juvenile sexual offenders (or suspected sexually aggressive children) with other children in the program.
- Establish firm boundaries and rules on sexual jokes, sexualized language, and sexualized behavior. If children cannot cease sexualized behavior during visits, the visit should be terminated.



In the home

If a family is on the path to reunification, case managers will likely help parents develop a safety plan that will serve as an important supervisory measure to prevent further sexual offenses from occurring.

Below are some guidelines that might be written into a safety plan:

- The child who has perpetrated abuse should not be allowed to babysit under any circumstances
- The child must be supervised by a responsible adult at all times when interacting with younger children.
- The child must remain properly clothed in public areas.

- The child must not engage in sexual talk, jokes, or horseplay with younger children.
- The child should not be given authority over younger children.
- An atmosphere that fosters open discussions about unwanted sexual behavior or sexual aggression should be facilitated.
- An offender should never be allowed to enter into the bedroom of the victim or any other child.
- An offender should never be involved with the bathing or hygiene process of other children.
- Wherever possible, an offender should use a separate bathroom from other children
- An offender should not be allowed to have young friends over their house, unless their friends' parents are aware of the problems and have consented for their children to visit.
- An offender must not be allowed to wander around the house in the evening unsupervised.
- Sexuality or sexualized violence should not be permitted in the home of an offender.

DID YOU KNOW?

You can use the safety plan tips for the families you work with for general child sexual abuse referrals. Keep in mind, however, that you would most likely develop a safety plan with the custodial parent or non-perpetrating parent in those cases.

Revisiting the Smith Family

After completing the chapter, you should now be able to answer the following questions from the case scenario at the beginning of the chapter. You can review the questions again and look at the corresponding answers provided.

Question: With this new information, what risks exist between the siblings?

Answer: The current risk that exists between the siblings is that they are staying together with their Aunt which places Susie at risk for additional victimization.

Question: What red flags exist in the Smith family that the monitor could have noted during intake?

Answer: During intake, staff could have noted in the case file that Jack had been sexually abused by his mother when both he and his sister, Susie, were younger. As research has established, prior sexual victimization can increase risk for future perpetration. Staff could have also asked Mr. Smith during intake if he had any concerns about either of his children.

Question: What should the visit monitor do with this new information to ensure Susie is safe?

Answer: The visit monitor should immediately notify the suspected sexual abuse to DCF and the family's current case manager to look into separating the two children. For future visitation purposes, the program can consider having the children visit Mr. Smith at separate visitation times to avoid sibling contact.

Question: How does Jack's sexual offending affect the parent-child relationship?

Answer: Since Jack sexually abused his younger sister, and his father abused him after witnessing the abuse, there has been a negative impact on the parent-child relationship. As mentioned earlier, juvenile sexual offending can cause tension, anger, sadness, and grief in families which are all emotions that must be worked through to repair the parent-child relationship.

Question: What is the visit monitor's role in helping Mr. Smith address his child's sexual offending during visitation?

Answer: If visitation is continued between Mr. Smith and Jack, the visit monitor can help structure the visits in a way where there can be a constructive discussion about Jack's offending. The visit monitor can encourage Mr. Smith to help Jack build empathy and understand how his perpetration has hurt Susie.

Question: How could Jack affect Susie's testimony in a court case?

Answer: Jack could affect Susie's testimony since they are currently residing together at their Aunt's residence. This causes concern because Jack may ask Susie to provide the court with incorrect information for the child abuse case. Additionally, there may be a case against Jack in which Susie would have to testify and he could ask her to lie while testifying.

Quiz Yourself

1. True or False: Children who have been sexually abused, experienced trauma, or childhood adversity, are at an increased risk at sexually perpetrating against others.
2. Fill in the blank.
The _____ established a federally enforced system of registration and community notification for adult and juvenile sexual offenders in all states.
3. Which of the following is true about treatment of juveniles who have sexually offended?
 - A. Involving the family in treatment can be critical to the success of the treatment.
 - B. There is a focus on empathy building.
 - C. It can be difficult for juveniles when receiving treatment to be comfortable engaging in the process due to stigmatization and negative treatment by others.
 - D. All of the Above
4. True or False: It is acceptable for children to accompany other child to the restroom at visitation programs.
5. True or False: Juveniles account for more than one third (35.6%) of those known to police to have committed sex offenses against other minors.

Answers: 1. True 2. Adam Walsh Act of 2006 3. D 4. False, this does not follow the safe toileting use guidelines. 5. True

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Training Manual for Florida's Supervised Visitation Programs

Referrals to Supervised Visitation in Child Sexual Abuse Cases

6. HUMAN TRAFFICKING

Case Scenario

Natalie and Ty, a couple in their mid-40s, have been divorced for about a year. Because of Natalie's chronic substance abuse problems and the fact that she had been producing street drugs at home, she has been using the Sunshine Visitation Program to see her sixteen-year-old daughter Audrey. The staff monitors view Audrey as quiet and reserved, and emotionally distant from both her parents and the visitation monitor. The monitor tries to gently coax Audrey and Natalie into interacting during their visits. Audrey's boyfriend, Max, occasionally comes to pick her up from her visits instead of Ty. Although that arrangement seems odd to the monitor, who has noted that Max drives a luxury car, neither parent seems to mind.

Over time, the monitor's concern begins to grow. Audrey begins showing up with serious bruising. During one visit, Natalie begins digging in her purse for something, cradling it carefully on the side of her body furthest from her mother. Her mother chastises her in front of the monitor. "What are you even looking for?" Natalie asks, trying to reach for the purse. Audrey reacts very negatively: "Stop! It's none of your business." The monitor begins to step in, but before they can react, Natalie reaches out to grab her daughter's purse. She opens her mouth to scold her daughter for talking back, but what she sees stops her immediately. Audrey's purse is full of a large number of condoms in the bag. Audrey says that she wants to end the visit and immediately gets up to leave, walking out into the hallway with the monitor in tow. Once they're outside, she says to the mom "I don't see why it's my mom's business. Max wants me to carry them around. It's no big deal."

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

- How might the abundance of condoms in Audrey's bag signal that she is being exploited?
- How can the monitor in this scenario respond to probe for more information about Audrey's situation?
- If the monitor suspects trafficking, where can she go to report that Audrey may be a victim?
- What are other dynamics that might explain this case?

This chapter is divided into two sections:

- 1. Identifying Cases and Victims of Human Trafficking**
- 2. Resources for Monitors/How to Report**

Introduction

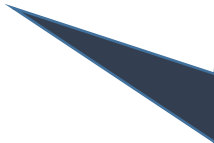
Human trafficking is one of the oldest and most profitable criminal industries in the world today. A kind of modern day slavery, it occurs in some form in every corner of the planet – including the United States. Victims of human trafficking are subjected to force, fraud, or coercion by another individual (or group of individuals) for the specific purpose of commercial sex, debt bondage, or forced labor. While there are certain populations who are targeted for exploitation more heavily than others, victims of this crime can be anyone: young children, teenagers, men, and women alike from all walks of life are all potentially at risk. Given the nature of the crime and its relative newness to law enforcement and service providers, it is essential that supervised visitation monitors understand the phenomenon. Supervised visitation monitors should understand how exploitation affects victims, and know what to do when they come into contact with someone they suspect to be a victim.



Objectives

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

- Understand the statutory definitions of sex and labor trafficking at the state and federal levels;
- Identify characteristics of sex and labor trafficking cases;
- Identify characteristics of labor and sex trafficking victims;
- Identify potential cases of sex and labor trafficking;
- Know where to go for more information on human trafficking;
- Know what to do when there is a founded suspicion of sex or labor trafficking.
- Understand the difference between domestic violence and human trafficking.
- Recognize the unique risk juvenile victims have to human trafficking



REMINDER:

This chapter is designed to help monitors spot a *suspected* case of human trafficking with a minor.

Snapshots and Facts

- Human trafficking is present in every country in the world – either as a point of origin, a transit route, or a destination for trafficked persons (some fall under all three categories).
- In 2017, the National Human Trafficking Hotline received 878 calls and 329 certified cases in Florida. Since 2007, the hotline has received 9,372 calls and 2,662 cases from the state of Florida.
- In 2017, 1 in 7 endangered runaways were reported as likely sex trafficking victims. Of those runaways, 88% were in the care of social services or in foster care when they ran away.

- In certified cases of human trafficking in the state of Florida, 30% of them were domestic cases in 2016 – meaning that the victims were American citizens.
- In 2016, Florida had the third highest rate in the U.S. of labor trafficking cases reported.
- Human trafficking is a profitable and rapidly-growing criminal industry – it generates \$150 billion in revenue, annually, for traffickers.
- Among sex trafficking victims who are minors, 75% report that they have been advertised or sold online.
- While sex and labor trafficking are the most prevalent forms of human trafficking, they are not the only ones. People are also trafficked for the illegal organ trade, and for the purpose of recruiting child soldiers in certain parts of the world.
- More than 71% of individuals who were trafficked for sex as children show suicidal tendencies as they get older.

DID YOU KNOW?

As of June 30, 2017, there are 329 certified cases of human trafficking in the state of Florida.

Part 1

Identifying Cases and Victims of Human Trafficking

According to Florida State Statute §787.06, human trafficking occurs when a person “knowingly, or in reckless disregard of the facts,” engages in or financially benefits from transporting, soliciting, recruiting, harboring, providing, enticing, maintaining, or obtaining another person for the purpose of exploitation of that person for labor, services, or commercial sexual activity. For many people, this can be a bit difficult to break down. This section is designed to help monitors better understand human trafficking – specifically sex and labor trafficking, as they are the most prevalent in Florida – and the dynamics of the crime and victims.

Myths and Facts

Many popular film or television portrayals of the crime are far from accurate, and promote misinformation that often leads to missed red flags or – potentially worse – many people looking for the wrong red flags. Below are some of the more prevalent myths about human trafficking:

- **Myth 1: Traffickers are powerful people who are involved with or have connections to organized crime.** Organized crime does play a large role in human trafficking globally. However, traffickers can be absolutely anyone. Corrupt individuals who occupy prominent positions in communities and local governments and even families can be involved in the crime. Some parents in areas with low levels of economic opportunity sell their children into slavery. While some families who are not of lesser means still choose to engage in the practice -- many do so, not because they feel a compulsion to exploit them, but because they see no other way to live.
- **Myth 2: People who are trafficked are violently kidnapped or “snatched.”** While this does happen, it is by far the rarest of trafficking circumstances. Much more often, trafficking occurs when a person responds to an ad for a legitimate job that turns out to be a scam or meets a charming stranger with whom they think they are initiating a relationship that very quickly becomes exploitative.
- **Myth 3: Human trafficking only happens in third-world countries.** Human trafficking occurs in some fashion in every part of the world, including those who are at the top of the economic ladder. In the United States, the National Human Trafficking Resource Center handled 7,621 unique cases of human trafficking in 2016.
- **Myth 4: Victims of human trafficking are always taken out of the country.** There is no requirement that a victim must be transported anywhere in order for human trafficking to occur, although it often does. Traffickers may use



transportation as a method of control, but many do not. Some victims are exploited within their own communities.

- **Myth 5: Only women are trafficked, and always for forced prostitution.** Victims of human trafficking can be male or female. Men and young boys are trafficked, but in smaller numbers than women and girls. All victims may also be trafficked for labor.

This list of myths associated with human trafficking is not comprehensive, and there are an ever-increasing number of misconceptions and sources of misinformation in the world. It is important to remember that the most popular impressions may be inaccurate.

The next section will increase monitors' understanding of labor and sex trafficking, so that monitors have a clearer picture of what victims may experience when they are exploited. Even a basic education on human trafficking can make all the difference when social service providers assist those who have been victimized.

Labor Trafficking

The Florida State Statute §787.06 defines labor trafficking in the overall definition of human trafficking, which has already been discussed. The majority of service providers specializing in human trafficking (including the Department of Children and Families) define labor trafficking specifically as the recruitment, harboring, transportation, provision or obtaining of a person for labor or services, through the use of force, fraud or coercion, for the purpose of subjecting that person to involuntary servitude, peonage (where someone is held against their will to pay off a debt), debt bondage, or slavery.

Recruiting Tactics

There are several ways that traffickers recruit laborers. It is essential for service providers to understand the tactics used to recruit the victims. The table below explains some of the most common tactics:

Recruiting Tactic	How Traffickers Employ the Method
“American Dream” Tactic	Traffickers will rely on the victim’s motivation and desire for a better life. The victim is usually recruited from their home country (<i>the victim and the trafficker are often the same nationalities</i>). The victim will hear about the opportunity through their social network and will be unaware of the true nature of the job.
Fraud	Traffickers misrepresent the true nature of what will happen to the victim on the job. Traffickers make false promises about job duties and conditions, immigration benefits, living conditions, and compensation for work.
Coercion	Traffickers will threaten to give the job away if it is not immediately accepted. This pressure gives the victim little time to read over a contract before they sign. Often, the victim will not understand the language in which the contract is written.
Trafficked by Family	A family will sell a child or an adult family member to pay off a debt owed. For example, a <i>restavek</i> is a child that has been sold or given as a domestic servant in exchange for the child receiving an education. This practice is culturally accepted in Haiti. These child slaves have been brought to the U.S.

Methods of Control

Among domestic and international victims of labor trafficking, there are common methods of control that traffickers use to ensure victims do not run away. See below for these common tactics and how they are employed:

- Debt bondage/financial control
- Withholding food (e.g. tying meals to a certain level of production)
- Intimidation/violence
- Isolation

Many cases of labor trafficking involve individuals who come to the United States. Some victims come to the United States under the promise of a legitimate job and of their own volition, and end up exploited upon arrival. Others are trafficked in their country of origin and are transported to the United States after the exploitation begins. In these instances, there are methods of control which are important and they are as follows:

- Confiscation of passports or other identification
- Threatening deportation or arrest for reaching out to authorities
- Retaliation through family members in country of origin (e.g. threatening violence or death to those left behind in another country)



Common Labor Trafficking Locations and Industries

There are certain industries and locations in which it is easier to hide exploited people that are working. The following are the most prevalent examples here in the state of Florida:

- Hospitality
- Farming/agricultural labor
- Construction and landscaping
- Restaurants, bars and cantinas
- Nail salons and spas

Sex Trafficking

As is the case with labor trafficking, sex trafficking is defined in the Florida State Statutes' overall definition of human trafficking, found in §787.06. Providers of services for sex trafficking victims define the crime as a commercial sex act (including but not limited to prostitution and/or pornography as a means for the perpetrator to make money) induced by force, fraud or coercion or in which the person induced to perform such act is under 18.



Recruiting Tactics

Recruitment for sex trafficking look different from the standard recruitment tactics for labor trafficking, although some of the principles (such as the use of fraud) are the same. It is important to understand these tactics, as they often play a role in how the exploitation affects the victim. See the table below for these common tactics and how they are employed:

Recruiting Tactic	How Traffickers Employ the Method
“False Relationships” Tactic	Traffickers will use flattery to lure the victims into this tactic. They will psychologically manipulate the victims by telling them that they are “in love.” The traffickers will give the victims expensive gifts that they would not be able to buy themselves. They will become intermittently violent with the victims, <i>similar to domestic violence tactics</i> (review the section on the <i>Differences Between Domestic Violence and Human Trafficking</i> to understand how these two different crimes are similar yet have their own unique dynamics and methods of control). These patterns of behaviors will create an emotional attachment between the victims and their traffickers despite the abuse. This attachment would be considered a “trauma bond.”
“Helping” Tactic	Traffickers will support victims that have runaway by providing food, shelter, clothing, etc. Traffickers will supply drugs for the victims, and help the victims avoid law enforcement and other authorities. Traffickers will manipulate the victim into believing that they are the only ones the victim can trust.
“Bait and Switch”	Traffickers will lend the victims money or other assistance, like housing, food, travel costs. The traffickers will insist that the money does not need to be paid back but later will force the victim into prostitution to pay off the debt owed. The traffickers will threaten harm if the victim is not compliant.
Grooming	Traffickers will frequently talk, joke, and ask questions about sex. Traffickers will have sex with the victims and expose them to pornography. Traffickers will take explicit pictures of the victim. The traffickers will use their current victims to recruit others by “normalizing” the experience.

Methods of Control

Traffickers who exploit their victims for commercial sex also employ control methods, some of which are similar to those used by labor traffickers. The goal of these traffickers is to make their victims dependent on them, so that they are less likely to try to break free. See below for these common tactics and how they are employed:

- Drug addiction
- Withholding food
- Verbal and physical abuse
- Isolation with constant surveillance
- Financial control
- Threat of showing photos or videos of the victim performing sex commercial acts to family



Common Sex Trafficking Locations and Industries

As with labor trafficking, there are industries and locations in which it is easier to hide the fact that exploited people are working. The following examples are some of the more common locations in Florida:

- Bars and cantinas
- Spas and massage parlors
- Hotels and resorts
- Residential brothels
- Truck stops

The Differences Between Domestic Violence and Human Trafficking

While domestic violence and human trafficking may have similar elements of power and control, the dynamics of the two different crimes are distinct from one another. Review the table below to understand how domestic violence and human trafficking is different from each other.

	Domestic Violence	Human Trafficking
Legal Statute	<u>FL Statute §741.28</u>	<u>FL Statute §787.06</u>
Differences	• Sexual activity is within the relationship. • There is a single abuser. • An abuser only has one victim at one time. • The victim is seen as a victim.	• Sexual activity occurs with other third parties. • There are multiple perpetrators. • A trafficker often has multiple victims at one time. • The victim is seen as a criminal.
Similarities	• Both a trafficker and a domestic violence perpetrator use a cyclical pattern of violence. • Both a trafficker and a domestic violence perpetrator use power and control tactics. • Both crimes involve using sexual violence for control and abuse. • Victims may engage in drug and/or alcohol addictions.	
Example	A man forces his wife to have sex with him and physically beats her if she resists.	A husband sets up paid ‘sex dates’ for his wife and threatens to harm her or their child if she does not participate.
Instances Where the Two Crimes Co-occur	• When a family member, household member, or an intimate partner is the trafficker. • When the perpetrator uses domestic violence to hide the trafficking from law enforcement. For example, perpetrators sometimes claim to have physically assaulted victims instead of revealing that the injury is from trafficking.	
Domestic Violence as a Precursor to Trafficking	• Domestic violence can be a precursor for human trafficking because it leaves the victim economically and socially vulnerable. The victim is vulnerable both while in the relationship and after leaving.	
NOTE: Often, a trafficker will target the victim while posing as a romantic partner. If the intention from the beginning was for human trafficking, the crime is human trafficking.		

Characteristics of Victims

It is important to remember that there is no one description of a victim, and monitors should always be aware that human trafficking can victimize anyone. People who are trafficked for labor or sex can be young children, teenagers, men and women alike from all different walks of life. With that in mind, there are some common patterns in victims which can help monitors identify those who may have been (or may currently be) exploited.

Emotional and Behavioral Characteristics



The experiences of each victim are unique, and each person adapts to or copes with these experiences differently. In every case, the exploitation individuals experience takes a significant emotional toll on them, and these emotional and behavioral effects can seep into every part of their daily lives – including their interactions with family members during a visit. This factor is critical to consider in cases where a parent may have been the one exploiting the victim. The following are some of the most common emotional and behavioral characteristics victims tend to display during or after exploitation:

- Loss of confidence
- Low self-esteem
- Self-blame
- Reluctance to set personal goals
- Fear of being assertive
- Difficulty relating to others
- Physical aggression
- Mistrust or fear of adults
- Inappropriate behavior around adults, often adult males
- Multiple sexual partners in a short period

Psychological Characteristics

It is crucial for supervised visitation monitors to review the information provided to them by their clients. Not only is it essential to understand as much about the family unit and its members as possible, but following the background information may help uncover information about specific behaviors which may be connected to exploitation. Additionally, specific behaviors during visitation may be related to some by-products of exploitation. The following are some examples of psychological characteristics which may be present in case information or encountered during intake or visits:

- PTSD
- Anxiety
- Depression
- Phobias which interfere with daily life (e.g. an extreme aversion to being seated in corners or severe reaction to slamming doors, etc.)
- Traumatic bonds with traffickers (e.g. the emotional attachment to a trafficker; feeling the need to defend someone they are visibly afraid of or upset by)
- Feelings of hopelessness and self-blame

Physical Health Characteristics

Supervised visitation monitors are likely to notice physical characteristics before any others listed. Though monitors may be used to keeping an eye out for unexplained bruises or injuries, there are other physical outcomes connected to labor and sex trafficking which may be disclosed during intake or appear over the course of visitation. These include:

- Physical injuries such as bruises, broken bones, head wounds;
- Chronic or persistent conditions (e.g. chronic migraines, hearing loss, cardiovascular or respiratory issues);
- Malnutrition (in minors, this may stunt growth);
- Poorly formed or rotting teeth;
- Insomnia or other sleep-related issues;
- Cancer (due to exposure to hazards such as chemicals and carcinogens); and
- Sexually transmitted diseases/infections.

Juvenile Victims of Trafficking

Many cases involving the labor and sex trafficking of juveniles are hidden in plain sight. Whether the case involves an underage female victim staying in a motel room or a young boy working as a domestic servant in a middle-class home, human trafficking of children often goes unnoticed. The following seven facts will build your knowledge of juvenile victims.

1. The internet is frequently used in the grooming, vetting, and selling of juvenile victims.

- The recruitment of juvenile sex trafficking victims often occurs through internet forums such as chat rooms or social media websites. Even though the internet is a fairly public environment, these human trafficking tactics often go undetected, leaving vulnerable children at risk of being manipulated by traffickers.
- In one study, 49.9% of sex traffickers reported using internet ads to attract business and sell the services of juvenile victims.



2. There are specific high-risk juvenile populations who are vulnerable to human trafficking because traffickers prey on children with minimal social and family support.

Children at high risk for trafficking include those who:

- Have a history of parental neglect or family abuse, particularly sexual abuse,
- Are youth in foster care,
- Have been involved in the child welfare and/or juvenile justice systems,
- Are homeless youth or runaways, and
- Are lesbian, gay, bisexual, transgender, and questioning youth. LGBTQ youth can be up to five times more likely than heterosexual youth to be victims of trafficking, due to the high levels of homelessness in this population.

3. The federal government recognizes that minors are victims of sex trafficking and are not prostitutes regardless of a state's law mandating the age of consent.

- In Florida, minors cannot be charged with prostitution offenses. It is essential that regardless of an individual's age, a victim of sexual exploitation is treated in a trauma-informed and compassionate way.
- Each year, at least one-third of vulnerable minors are lured into prostitution within two days of leaving home.

4. The majority of child prostitution cases in the U.S. involve domestic (as opposed to foreign) youth.

- There are between 200,000 to 300,000 U.S. minors who are at risk of exploitation by the commercial sex industry in the U.S.

5. While sex trafficking is the most common offense against juvenile trafficking victims, labor trafficking occurs as well.

- Most (over 70%) of the unaccompanied trafficked children in the United States have been trafficked for sexual exploitation or a combination of sexual and labor exploitation.
- Twenty-four percent were trafficked solely for labor, primarily for domestic servitude.
- According to the International Labor Organization, there are 115 million child laborers worldwide.



6. Children have multiple encounters with law enforcement officials before being correctly identified as trafficking victims.

- In many cases, child trafficking victims go unrecognized because the professionals they encounter are not familiar with the ways in which human trafficking can occur.

7. There are long-term mental and physical health consequences of child labor and sex trafficking.

- Child victims of sex trafficking often have health problems including:
 - o Sexually transmitted diseases, HIV/AIDS,
 - o Unwanted pregnancy,
 - o Pubic pain,
 - o Rectal trauma,
 - o Urinary difficulties, and
 - o Broken bones, bruises, and other injuries caused by violence.
- Child victims of labor trafficking experience the following physical health problems:
 - o Chronic back pain,
 - o Hearing loss,
 - o Cardiovascular or respiratory problems,
 - o Broken bones, and

- o Lacerations, cuts, or wounds.
- Victims of juvenile sex and labor trafficking often suffer from poor self-esteem, posttraumatic stress disorder, anxiety, and suicidal thoughts. More than 71% of individuals who were trafficked for sex as children show suicidal tendencies as they get older.

Part 2

Resources for Monitors/How to Report

It is rare for victims of human trafficking to identify themselves as a victim. More often than not, a victim will enter into a relationship with a service provider for another form of abuse or neglect, and this includes supervised visitation. It is essential that visit monitors are acquainted with the reporting structure for suspected trafficking cases.

Red Flags

While each case can be different from the last, there are red flags that monitors can look for to determine whether someone involved in their program may be a victim of human trafficking. Consider the following warning signs when interacting with clients:

- Tattoos of names, phrases or specific symbols (i.e. crowns, money bags, barcodes, dollar signs)
- Brands or intentional scarring in deliberate patterns;
- Mentions of significant debt
- Paranoid behavior (i.e. will not allow someone to walk behind them)

- Anxiousness when law enforcement is mentioned
- Owns expensive or high-end goods, or is groomed (i.e. nails, hair) in a way which they could not afford on their own
- Carrying many condoms on their person
- Always accompanied by a third party (particularly in clients whose first language is not English)
- Mentions of living with a large number of people who are not family
- Very limited knowledge of the area in which they live
- Not carrying personal identification
- Inconsistencies in explanations of circumstances or events



Probing for More Information

If a visit monitor believes that they may suspect a case of human trafficking, it may become necessary to gently probe for more information, to confirm whether or not the suspicion is founded and uncover justification for pursuing a report. Monitors can obtain more information by asking the following questions during intake or check-in with a client:

Questions or Ask	How Traffickers Employ the Method
Living Environment Can you tell me about where you live? Where do you sleep? Where do you go play?	Victims of trafficking are often forced to live in the same place they work (such as in restaurants, motels, etc.) and often have their movements restricted by their trafficker. Minors are often not allowed to play with others and are not allowed to make contact with friends. Additionally, traffickers may lie to the victim about where they are or move them so often that they are unable to orient themselves to their surroundings or establish relationships.
Family and Friends Does your family live with you? Who do you live with?	Traffickers can be strangers, but they can also be relatives, family friends, or other individuals with whom they or their family members have an established relationship. Often, family friends extend the offer of a legitimate job to help support the family but the job that

Are there friends you spend a lot of time with?	was promised never materializes, and the victim is exploited.
State of Mind Has anyone ever threatened you or made you feel unsafe? When you don't obey the rules, do you get punished? How? Has anyone ever threatened your family because you did something they told you not to do?	Traffickers often physically or mentally harm a victim when he or she does something wrong. In particular, traffickers will threaten the victim's family if he or she is not compliant. In some cases, the victim's parents may have instructed the victim to listen to the trafficker to work and send money home. Victims from outside the United States may also be threatened with deportation.
School and/or Work Where do you go to school? What is it like? Can you tell me what your day at school is like? Do you work? Where are you working now? How many hours do you think you work in a week? How do you get paid? Who keeps track of the money you earn?	Victims of human trafficking typically are told that they are working off an imaginary "debt," and are not allowed to attend school. Victims may have a history of truancy or a habit of acting out in class. In cases where the potential victim mentions work, the way the victim is compensated (if at all) and a lack of monetary control can be evidence of trafficking.

STOP and Think

After reading this section, you should be able to answer the following question regarding the case scenario at the start of the chapter.

- How might the abundance of condoms in Audrey's bag signal that she is being exploited?
- How can the monitor in this scenario respond to probe for more information about Audrey's situation?

Reporting a Suspected Trafficking Case

As previously mentioned, it is crucial for every person coming into contact with families in the context of providing a service to understand how to report human trafficking cases. In supervised visitation, programs should develop a reporting protocol for human trafficking and inform all staff members within the agency. In any case of suspected trafficking, monitors should follow the program's protocol on reporting, which in most cases, the program director will make the report to ensure accountability for the program. Typically, a program's protocol will include:



- Understanding your program's protocol on reporting;
- Informing the program director of your suspicions;
- Working with the director to identify key red flags in case;
- Providing director with all information necessary for him or her to make the report;
- Documenting that a report was made in the case file.

Both parents and children involved in supervised visitation may be victims of trafficking, and parents can be perpetrators, which could cause the victim to be resistant to cooperating during supervised visitation. Below are several reporting outlets available, in addition to local law enforcement.

Reporting Outlet	Contact Numbers	Reporting Information
Florida Abuse Hotline	TEL: 1-800-962-2873 TTY: 1-800-453-5145 FAX: 1-800-914-0004	This serves as the central reporting center for suspected cases of abuse, neglect or exploitation for all children in the state of Florida. All cases involving minors in Florida should be reported to this line. Reports can be made in English, Spanish or Creole, and may also be sent in via fax.
National Human Trafficking Resource Center	TEL: 1-888-373-7888 Hearing-impaired callers can contact the hotline by dialing 711, the free national access number that connects to TRS.	Any information on the suspected trafficking of an adult, or trafficking of a child that you believe happened outside of Florida should be directed here. Reports can be made in English or Spanish, or in more than 200 additional languages using a 24-hour tele-interpreting service.
U.S. Department of Justice Worker Exploitation Complaint Line	TEL: 1-888-428-7581 Hearing-impaired callers can contact the hotline by dialing 711, the free national access number that connects to TRS.	This service may be used to report suspected instances of labor trafficking or worker exploitation in adults between the hours of 9:00AM and 5:00PM EST, Monday through Friday. The Worker Exploitation and Complaint Line offers foreign language translation services in most languages. After business hours, the complaint line has a message service in English, Spanish, Russian, and Mandarin.

Finding Information on Human Trafficking

Human trafficking is an old industry, dating back to a time before it was, in fact, a criminal act. The depth and breadth of information on human trafficking are expanding all the time. Monitors who wish to obtain more information on the crime and how to help victims have many outlets in which to do so. These agencies can provide information which may be used to expand their knowledge on the subject beyond this basic training:

- **Polaris** (formerly the Polaris Project) has a website with comprehensive information about human trafficking in the United States, including information about new legislation, state-by-state progress reports, success stories, and more.
<http://polarisproject.org/>
- **The National Human Trafficking Resource Center** operates the national help and tip line for human trafficking victims or those wishing to report a suspected case. The website includes hotline statistics, which can be broken down by state, in addition to free training and resources for those seeking to expand their knowledge base.
<https://traffickingresourcecenter.org/>
- **The Florida Department of Children and Families** has information about human trafficking and an explanation of their reporting structure available on their website.
<http://www.myflfamilies.com/service-programs/human-trafficking>
- **The National Human Trafficking Resource Center** has a large catalog of free handouts and pre-recorded trainings specific to many industries.
<https://traffickingresourcecenter.org/resources>
- This issue brief from the **Child Welfare Information Gateway: Child Welfare and Human Trafficking**, demonstrates how the field of child welfare is crossing over with anti-trafficking efforts in the United States.
<https://www.childwelfare.gov/pubs/issue-briefs/trafficking/>
- This document from the **Resource Directory of Florida Organizations the Assist Human Trafficking Survivors** lists service providers throughout the state of Florida who are able to assist survivors of human trafficking.
http://www.cahr.fsu.edu/sub_category/resourcedirectory.pdf

Quiz Yourself

Assess your knowledge and understanding of the chapter material.

1. Which of the following is a potential red flag for human trafficking?

- A. A tattoo of dollar signs and a name on someone's ankle.
- B. Frequently checking a cell phone during a visit.
- C. Chronic lateness to scheduled visits.
- D. A teenager bringing an iPad to their regular visits.

2. An adult who may be a victim of labor trafficking should be reported to _____.

- A. The Florida Abuse Hotline.
- B. National Human Trafficking Resource Center Hotline
- C. U.S. Department of Justice Worker Exploitation Complaint Line
- D. Both B and C are valid reporting outlets.

3. Which of the following do sex traffickers use to control their victims?

- A. Withholding food
- B. Verbal and physical abuse
- C. Threat of showing photos or videos of the victim performing sex commercial acts to family
- D. All of the above

4. _____ are an emotional attachment that victims sometimes form to their trafficker.

- A. Survival instincts.
- B. Romantic feelings.
- C. Traumatic bonds.
- D. Feelings of resentment.

Answers: 1. A 2. D 3. D 4. C

Practice Examples

Case Scenario 1

Michael, a 13-year-old boy who has been removed from his home, is currently in relative care with his uncle. He has missed four visits over the last couple of months, and the monitor has become concerned about how things might be going for him. Prior to a visit where Michael *does* make it, the monitor decides to check in and ask if there is anything that might be causing him not to want to come to visitation. Michael is very vague in his initial answer, but finally says that he was unable to make it to his visits because he is “working” for his uncle, and needed to be there instead.

Discussion Questions:

1. In what way is Michael potentially being exploited?
2. If you were the monitor, how would you probe for more information?
3. What are the next steps for the monitor in this instance?
4. Should the monitor reach out to the uncle to clarify the circumstances before reporting?

Discussion Questions:

1. What are some potential responses for the monitor here?
2. What indicators are there of sex trafficking?
3. What other indicators could the monitor look for?
4. How does Dora’s criminal history affect the ability to get help, if at all?

Case Scenario 2

Dora, a 15-year-old, comes to supervised visitation to see her father every other week. She has run away from home several times since her parents divorced a year ago, and was arrested several months ago for having sex with strangers in a public restroom. Thus far, the monitor has not suspected exploitation. However, on one occasion, the monitor overhears Dora’s father demanding money from her.

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Training Manual for Florida's Supervised Visitation Programs

Referrals to Supervised Visitation in Child Sexual Abuse Cases

7. SYSTEM RESPONSES TO ALLEGATIONS OF CHILD SEXUAL ABUSE

Case Scenario

Madison is a six-year-old girl in the first grade at her local elementary school. Her teacher notices that she has been coming to school with an odor, and that other students are beginning to complain. Madison's hair is rarely brushed, and her clothes always have stains. In the past few weeks, Madison has wet her pants during class several times. She also acts as if it is difficult for her to sit in her chair, and has become increasingly fearful and anxious. When Madison's teacher asked if anything was wrong, she said that she wasn't allowed to talk about "bad things."

Question:

- How should Madison's teacher respond?



Introduction

This chapter is intended to provide supervised visitation monitors with information about the ways that different systems respond to allegations of sexual abuse. This chapter will review the requirements for reporting suspicions of child maltreatment, and the process of making a report. It will also review how the legal system and the Florida Department of Children and Families (DCF) respond to allegations of child sexual abuse.

Objectives

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

- Understand who is required to report suspicions of child maltreatment to DCF
- Know how to make a report of suspected child maltreatment
- Understand what is meant by the term “professionally mandated reporter”
- Review the process of a DCF investigation into allegations of child maltreatment
- Understand the responsibilities of a DCF Child Protective Investigator
- Understand the role of a Guardian ad Litem

Making a Report

In the State of Florida, **any person** who is aware of or has a reasonable suspicion that a child is being maltreated is responsible for reporting suspected abuse or neglect to the Department of Children and Families (DCF).

The Florida Abuse Hotline has trained counselors available 24 hours a day, 7 days a week to accept reports of suspected child maltreatment.



A report can be made in 5 different ways:

- 1) Telephone: 1-800-96ABUSE (1-800-962-2873)
- 2) Fax: 800-914-0004
- 3) Relay: 711
- 4) TDD: 800-453-5145+
- 5) Online: <https://reportabuse.dcf.state.fl.us>

Information that is helpful to report to the Hotline Counselor (if known):

- Demographic information: names, ages, race, and gender of the individuals involved in the report.
- Home addresses, telephone numbers, school names, work locations, or any other means to help investigators locate those who are involved in the report.
- Specific details about the incident that prompted the report. The Hotline Counselor may ask a caller to tell them what happened to the child victim, by whom, and whether or not there has been a history of similar incidents occurring prior to the one being reported.

After obtaining all necessary information, the Hotline Counselor will let the caller know whether or not the report has been accepted. If the report has not been accepted, the Hotline Counselor may provide the caller with resources to other entities that may be more appropriate to meet the needs of the situation. If the report has been accepted, the Hotline Counselor will notify the relevant investigative office within one hour after the call has ended.

Mandated Reporting

Everyone living in the state of Florida is considered to be a mandated reporter. This means that anyone with any suspicion of abuse or neglect of children is required to report it to DCF. Although the responsibility to report suspected child maltreatment applies to all Floridians, people working in certain fields are specifically mandated by law to do so. These people are called “professionally mandated reporters.” Unlike others who report suspected child maltreatment, professionally mandated reporters are required to provide their names to the Hotline Staff.



Their names will be kept confidential, although they will be included in the record of the report.

Who is considered a professionally mandated reporter?

- Physicians, osteopathic physicians, medical examiners, chiropractic physicians, nurses, or hospital personnel engaged in the admission, examination, care, or treatment of persons
- Health or mental health professionals
- Practitioners who rely solely on spiritual means for healing
- School teachers or other school officials or personnel
- Social workers, day care center workers, or other professional child care, foster care, residential, or institutional workers
- Law enforcement officers
- Judges

Source: Fla. Stat. § 39.201 (2016)

DCF Investigations

Case Scenario

Madison's teacher has a reasonable suspicion that Madison is being maltreated. Furthermore, as a teacher, she is considered a professionally mandated reporter.

Madison's teacher calls the Florida Abuse Hotline to make a report. She describes Madison's recent behavior, and gives the Hotline Counselor information about Madison's family. The Hotline Counselor informs Madison's teacher that the report has been accepted.

The Role and Responsibilities of Child Protective Investigators

Once the local investigative office receives a report from the Hotline Counselor, they have 24 hours to make contact with the individuals involved in the report. The case is assigned to a DCF Child Protective Investigator (CPI), who is responsible for

making initial face to face contact with the alleged child victim and his or her family. The CPI must conduct a variety of assessments to determine if any maltreatment has occurred, and whether or not it is safe for the child to remain in his/her home.

It is the responsibility of the CPI to:

- o Review any existing reports about any of the individuals involved.
- o Obtain any previous reports and criminal background checks on all members of the household.
- o Interview the parents, adult household members, and any adult who is alleged to have harmed the child or children involved.
- o Determine whether any abuse or neglect has occurred, and if so, document the type and extent of any abuse or neglect, and identify those responsible.
- o Seek assistance from local Law Enforcement if the parents or caregivers will not allow access to the child victim.
- o Use information gathered to conduct an assessment of the safety of the child victim via the use of Florida's statewide automated child welfare information system within 48 hours from the first time the child victim is seen.
- o Submit the assessment to a supervisor for review. The supervisor is required to review this report within 72 hours of submission, and provide feedback to the CPI within 24 hours after completing the review.
- o Complete the investigation and request all necessary services within 60 days of making the original report. If ongoing services are needed, the case is transferred to a DCF caseworker.

Shelter Hearings

Case Scenario

After the Hotline Counselor accepts the report from Madison's teacher, the report is forwarded to the local DCF office. A Protective Investigator runs background checks on the adults in Madison's household, and discovers that Sheila, Madison's mother has a live-in boyfriend named Mark. Mark is not Madison's biological father. The Child Protective Investigator goes to Madison's home and interviews Madison, Sheila, and Mark. During an interview with Madison, the PI finds evidence indicating that Mark has been sexually abusing Madison. After conducting the interviews and assessments, the CPI makes a referral to the Child Protection team. The CPI recommends that Sheila move out with Madison or require Mark to move out. Sheila insists that Mark never abused Madison, and that Madison is lying. The CPT conducts a forensic evaluation and files an abuse report, stating that Madison is in danger at home with her father. The CPI files an Affidavit and Petition for Shelter requesting that the state shelter Madison. A shelter hearing takes place a few hours later. Madison is placed in licensed shelter care. Sheila refuses to provide the investigator with the names of any other family members or responsible adults who could care for Madison.

What happens during a Shelter Hearing?

A shelter hearing takes place within 24 hours of a child being removed from his or her home. The purpose of the shelter hearing is to determine if there is probable cause for the child to remain in the custody of DCF. The child's parents or guardians have the right to speak and present evidence during a shelter hearing. An attorney is appointed for any parent who cannot afford one. A shelter hearing is to be conducted by a judge of the juvenile court. During the hearing, a Guardian ad Litem is appointed by the court to represent the best interest of the child.



Guardian Ad Litem

The Role of the Guardian ad Litem (GAL)

The GAL assigned to the child advocates for the child's best interest while working in collaboration with a Child Advocacy Manager and a Child's Best Interest Attorney. The GAL team is responsible for providing best interest advocacy for the child in the courtroom and at other critical meetings where important decisions are being made. These meetings include but are not limited to, meetings involved in permanency, placement, medical care, adoption, and independent living.

(Standards of Operation, GAL, 2015)

It is important to understand the difference between the roles of a Guardian Ad Litem and a private attorney for a child.

- ❖ The Guardian ad Litem must act in accordance with what is in the best interest of the child. However, this may not be in agreement with what the child wants. Regardless of the child's wishes, a Guardian ad Litem will advocate for a child to remain in the custody of DCF if they determine that it is dangerous for the child to be reunited with parents.
- ❖ The role of a private attorney is to advocate on behalf of the child's stated desires. For example, if a child wants to stay in the home with child's parents, the attorney may advocate for this to occur, even if the GAL believes it is not in the child's best interest.

The GAL submits independent recommendations to the court and all parties to the case, based on information gathered through visiting with the child, reviewing of relevant records, and interviewing persons involved in the child's life. These recommendations to promote the best interest of the child are made through testimony and/or a written reports. They focus on the child's safety in his/her placement, the achievement of desired outcomes for the child, and how to expeditiously achieve the permanency goal for the child.



Case Scenario

During the shelter hearing, the Judge appoints an attorney for Sheila to have a chance to be heard. He also listens to evidence presented by DCF. At the conclusion of the hearing, the Judge determines that it is in Madison's best interest to remain in the custody of DCF. A date is set for a dependency hearing, but at mediation and after consulting with her attorney, Sheila decides to enter a Consent to the Dependency. A case plan is created, which includes parenting classes and counseling for Sheila, and counseling for Madison. The adjudicatory hearing is canceled, and a disposition hearing is held. Madison will reside in foster care after that hearing. Mark is charged with sexual assault of a minor, and is placed in jail to await a trial. Pursuant to the disposition, Sheila is required to undergo counseling and successfully complete a series of parenting classes before Madison will be allowed to return home. Until then, Sheila is allowed to see Madison in a supervised visitation program.

National Children's Alliance

The National Children's Alliance is a national network of Child Advocacy Centers (CAC). CACs are community-based, child-focused facilities, that work together to bring together a compilation of law enforcement, mental and physical health practitioners, child protective services, advocates, etc., who investigate instances of child abuse. The CAC works together to bring together a team of necessary professionals and services, to provide children with free, individualized, and well-rounded services after their experiences with trauma.

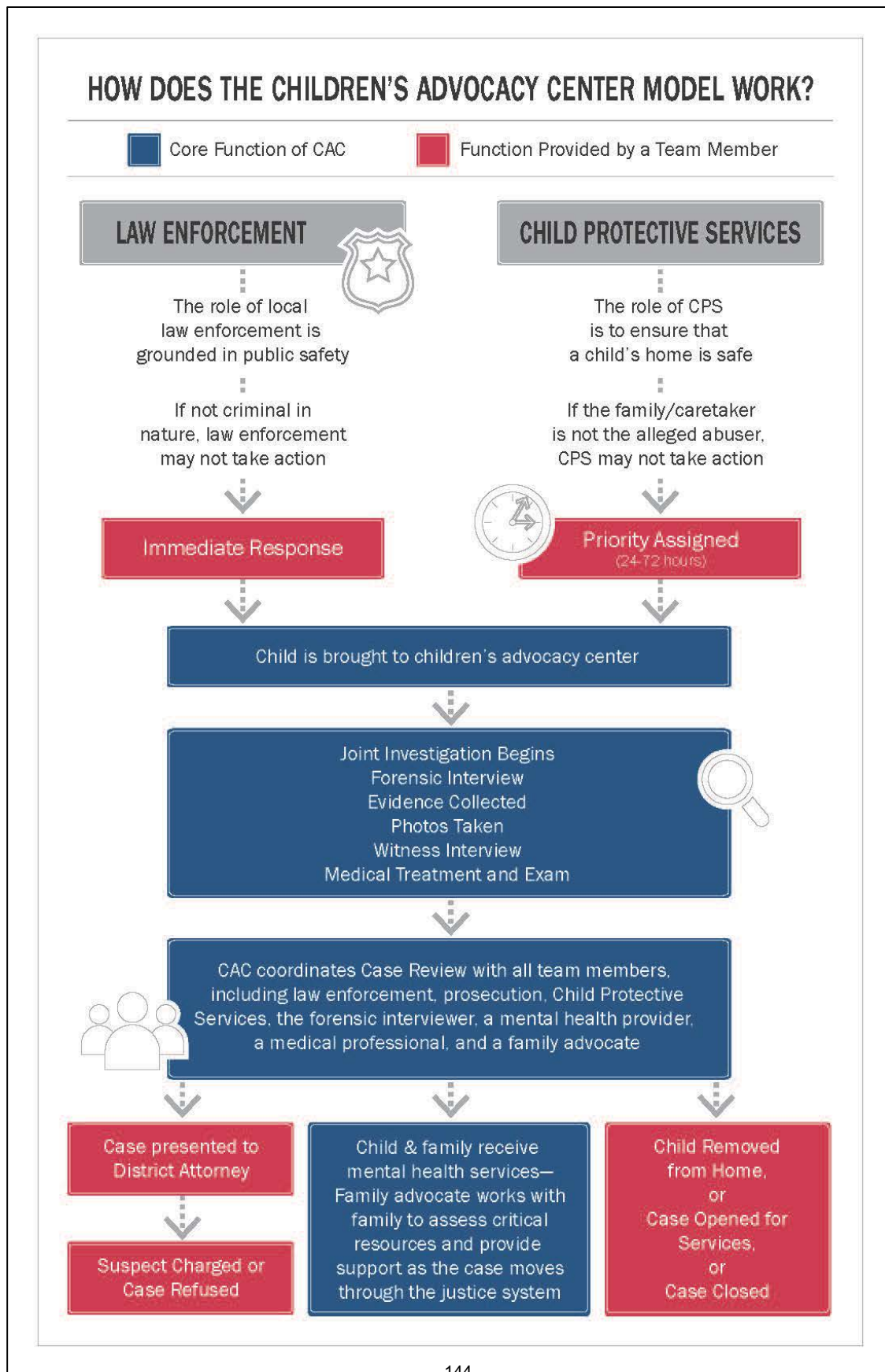
Children are interviewed by CAC professional forensic interviewers, who have an extensive knowledge of child development, and interviews are conducted in an age appropriate "child-friendly" room. The CAC conducts over 600 one-on-one investigative interviews and depositions each year. Further, the CAC provides the facilities and technology for law enforcement and investigative professionals to participate in the interview via closed circuit television and through wireless audio equipment. The interview is captured on videotape, thus reducing the number of times the children must relive their traumatic experiences.

The CAC has a plethora of resources and can be found at www.nationalchildrensalliance.org as well as a directory of office locations. Below are examples of some of the services the CAC provides:

- Child Protection Team
- Parenting Education
- Therapy and Counseling Services
- Medical Center
- Supervised Visitation Centers

The Florida Network of Children's Advocacy Centers (FNCAC) is a statewide membership non-profit organization representing all local children's advocacy centers in the state of Florida. The FNCAC is comprised of 27 Florida children's advocacy centers which can be found by visiting this link: <https://www.fncac.org/cac-directory>. You can also visit this county coverage map to find out which center serves your area: <https://www.fncac.org/county-coverage-map>.

Below is a graphic describing how the CAC Model works, the core functions of a CAC, and the roles of a Team Member.



Additional Legal Proceedings

A judicial review of a case is held every six months in cases in which a child is removed from the home and placed into the custody of DCF, until a permanent placement is established.

A specific judicial review hearing is required for the purpose of reaching a decision about the goal of the case and the child's permanent living situation. These are called "permanency hearings." Permanency plans should be in effect within one year.



Case Scenario

Mark has been convicted of sexually assaulting a minor, and is serving a prison sentence. Sheila has been attending weekly counseling sessions and parenting classes. She also spends time with Madison once a week during supervised visitation sessions. A judicial review is held within six months after Madison's shelter hearing. The judge is impressed with Sheila's dedication, and allows Sheila to have two supervised visits with Madison per week. Sheila continues working together with a DCF case manager to do everything she can to regain custody of Madison, while Madison remains in foster care. Sheila successfully completes her parenting classes, and expresses that she has found counseling so helpful that she would like to continue seeing her counselor regardless of whether or not it is a requirement. Ten months after Madison's shelter hearing, a permanency hearing is held. The DCF case manager and Guardian Ad Litem are in agreement that it is in Madison's best interest to live with her mother. The judge agrees, and Sheila regains custody of Madison.

Quiz Yourself

1. An elementary school teacher suspects that a student in one of her classes has been sexually abused at home. What are the next actions they should take?
 - A. She should not take any further action, because she has no proof to support her suspicions.
 - B. She is required by law to report her suspicions to the Florida Abuse Hotline.
 - C. She must make a decision about whether or not to report her suspicions.
 - D. She should report her suspicions to the school principal, and let him decide what the next steps should be.
2. People working in which of the following professions are considered professionally mandated reporters?
 - A. School teachers.
 - B. Mental health counselors
 - C. Judges
 - D. All of the above.
3. It is the responsibility of a DCF Protective Investigator to complete his/her investigation and request all necessary services within ____ days of making a report.
 - A. 10
 - B. 30
 - C. 60
 - D. 120
4. Permanency should be achieved within one year of DCF taking custody of a child.
 - A. True
 - B. False

Answers: 1. B; 2. D; 3. C; 4. A

MATCH THE TERMS & CONCEPTS

A. Shelter Hearing

1. A person who is specifically required to report suspected child abuse on the basis of his/her occupation.

B. Hotline Counselor

2. A DCF employee who is responsible for making initial contact with the family of alleged child victim and conducting a safety assessment within 24 hours of receiving a report of suspected abuse.

C. Permanency Hearing

3. A judicial process that takes place within 24 hours of a child being removed from his/her home, for the purpose of determining whether the child should remain in DCF custody.

D. Child Protective Investigator

4. A person who has been appointed by the court to represent the best interest of a child.

E. Guardian ad Litem

5. A judicial review that is held at least once every 6 months for the specific purpose of reaching a decision about permanency for a child in the custody of DCF.

F. Professionally Mandated Reporter

6. A person who receives calls about suspected child maltreatment and determines whether the reports can be accepted for DCF to investigate.

Answers: A. 3; B. 6; C. 5; D. 2; E. 4; F. 1

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Training Manual for Florida's Supervised Visitation Programs

Referrals to Supervised Visitation in Child Sexual Abuse Cases

8. BEST PRACTICE GUIDELINES FOR ASSESSING REFERRALS AND COURT ORDERS IN CHILD SEXUAL ABUSE CASES

Case Scenario

Gayle Rodgers has been the director of the Sunshine Visitation Program for 10 years. She receives a court order indicating that Zeke Johnson has been ordered supervised visitation with his 6-year old daughter Zarah. Zarah disclosed to her teacher an account of sexual abuse by her father's friends who frequently stay at his house. Details of Zarah's story were not included in the court referral to the Sunshine Visitation Program. While an investigation is being conducted by DCF, Gayle's program is to supervise four visits.

Because of recent staff turnover at the Sunshine Visitation Program, Gayle has only two staff members, Eon and Zoe. Eon is new to the program and has been thoroughly trained on sexual abuse issues but has not yet supervised any visits. Zoe has worked at the program for six months but has not taken the sexual abuse issues training yet.

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

- What additional information would be necessary to decide whether the program can accept the case?
- Can Eon supervise the visit? Can Zoe?
- Does the referral contain enough information to ensure that the program can adequately supervise visits in this case?
- How can the program get the additional information that is needed?
- What are some of the risks in this case if the program does not thoroughly prepare for this visit?

Introduction

Supervised visitation providers receive child sexual abuse cases only by court orders and referrals from child welfare agencies. Programs most never accept a voluntary child abuse referral. Formal referrals and court orders set the stage for a vigilant visit, well trained staff, and the protection of venerable participants. Difficult decisions may be faced by staff at every step of the process; therefore, it is essential for all supervised visitation personal to understand the complex issues in accepting these cases.

Objectives

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

- Ensure that the program has a formal letter of agreement for child sexual abuse cases as a formal letter agreement with DCF.
- Describe what background information about the case and family should be reviewed before scheduling visits.
- Understand visit rules for child sexual abuse cases.
- Understand the steps necessary to prepare to supervise a case involving child sexual abuse.
- Understand critical elements of a court referral in a case of child sexual abuse.
- Be able to identify some of the risks that court referrals to supervised visitation and sexual abuse cases present

Statistics: The Power of One

- There is one letter of agreement with DCF that programs must have before accepting child sexual abuse referrals.
- All programs must have one letter of agreement with the local circuit court, and that agreement must be updated annually with one Affidavit of Compliance per year.
- Every one of the supervised visitation staff who interact with parents/children in cases in which child sexual abuse is alleged must have specific training on child sexual abuse issues.

DCF Agreement for Supervised Visitation Programs

All program staff are **required to** have specific training in child sexual abuse that is clearly documented. This is explicitly stated in the Letter of Agreement used between supervised visitation programs and DCF. If a program wants to receive funding from DCF, they must have this Letter of Agreement completed.

Supervised visitation programs must consider how they will fulfil each condition described in the Letter of Agreement. The terms outlined in the agreement are essential in order for supervised visitation programs to ensure visits can be conducted in a safe manner. After reading the DCF Letter of Agreement below, there will be questions presented that programs should have the answers to.



**State of Florida
Department of Children and Families**

Rick Scott
Governor

Secretary

AGREEMENT FOR SUPERVISED VISITATION PROGRAMS

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

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

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

- c. Inadequate facility security;
- d. Insufficient resources;
- e. Insufficient case background information;
- f. Conflict of interest.

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

1. The program has an agreement with the court and a current affidavit of compliance on file with the chief judge of the _____ Judicial Circuit affirming that the program has agreed to comply with the minimum standards contained in the administrative order issued by the Chief Justice of the Supreme Court on November 18, 1999.
2. The program will ensure that all program staff monitoring supervised visitation and other contact will have previously received special training in the dynamics of child sexual abuse provided through the Clearinghouse on Supervised Visitation; same training will be clearly documented in staff personnel files.
3. The program will have protocols established for obtaining background information on the family/case, prior to the initiation of supervised visitation services.
4. The program will accept only those referrals for which staff members have the requisite case background information, training, and security in place to safely monitor visitation and other contact.
5. The program will decline referrals of child sexual abuse cases when staff lacks the necessary training or education, when background information has not been received, or when lack of security may enable revictimization of the child.
6. The program will establish and train staff on procedures for staff to follow when supervising visitation and other contact, particularly in cases involving child sexual abuse.
7. The program will develop and follow policies for the handling and reporting of critical incidents.
8. The program will develop and enforce rules for appropriate interaction between the child(ren) and the parent(s)/individual(s) visiting during supervised visitation and other contact.
9. The program will suspend visits and subsequently notify the court in cases when the child appears to be traumatized by the visits, or when the parent/individual visiting or having other contact with the child engages in inappropriate behavior or otherwise violates program rules.

_____ (DCF Representative Signature and Title)	_____ (Date)
_____ (Supervised Visitation Program Director Signature)	_____ (Date)

Think about it

After reading the letter of agreement, the following are questions for programs to consider and have thoughtful responses to.

1. **What resources do you have available or can make available at your program?** Examples: number of staff members; size of facility; security guard(s).
2. **What type of cases is your supervised visitation program equipped to handle?** Examples: sexual abuse; substance abuse; child abuse; a case where the risk of visitation causing the child harm is great. If your program is not prepared for certain types of cases, do not accept them.
3. **Does your program have a method of obtaining background information on the families you plan to work with?** Examples: Able to receive information about details surrounding the case referral from a case manager (or the relevant department or individuals working with the family) about incident details, and court recommendations.
4. **How does your program train and prepare monitors for visits?**
Example: Programs can pair first-time monitors with more experienced monitors for their first visit to ensure they're ready to monitor visits on their own.
5. **What is your program's protocol in handling and reporting critical incidents?** Example: Program's should have protocols establishing what course of action to take after a critical incident has occurred.
6. **What rules are enforced during a visit to ensure appropriate interaction between children and the parent or individual they are visiting with?** Example: Programs should have written and formalized rules that are parents are knowledgeable of before they have started visits.

- 7. How does your program respond when children appear to be traumatized after visits, or when a parent violates program rules?**
Example: Similar to the critical incident protocol, programs should have a plan in place that provides instructions on how to report such situations to case managers or the Court.

Programs should have answers to all of these questions before providing families with visitation services, especially if their program has a Letter of Agreement with DCF. The Clearinghouse helps programs develop responses to these questions with the Supervised Visitation Training Manual which covers many issues outside of sexual abuse referrals and found at this link: <http://familyvio.csw.fsu.edu/wp-content/uploads/2017/07/Supervised-Visitation-Manual-2017-Edition.pdf>

Based on the questions above, programs should be able to evaluate if their practices and records reflect what they should or shouldn't be doing based on the DCF Letter of Agreement.

Florida Law

As described in Chapter One: Overview of the Manual, the Keeping Children Safe Act requires that individuals who monitor child sexual abuse cases have specialized training in child sexual abuse dynamics.

Reviewing the Referral

Before your program can accept a case involving child sexual abuse, program staff must review the case to ensure at a minimum the following:

- That the program can reasonably ensure the safety of all participants
- That the program has visitation personnel that are adequately trained to manage case dynamic identified in intake
- That the program has security measure in place to provide the necessary level of safety

What sexual abuse occurred?

Supervised visitation staff should determine **four things** to begin preparing for a sexual abuse case.

1. What type of sexual abuse occurred or was alleged to occur?
2. What were the findings that investigators made?
3. How frequently the behavior occurred?
4. What level of force was used against the child?

Each is discussed further below.

1. Types of sexual abuse.

There are many types of sexual abuse defined under Chapter 39, Florida Statutes, and program staff should know what happened in the case.

- Inappropriate sexual conversation between the abuser and the child
- Exposure of genitalia by abuser in front of child
- Fondling child's genitalia outside the child's clothing
- Fondling of child's genitalia with child's clothing removed
- Use of fingers (digital) penetration of child's rectum or vagina
- Masturbation by abuser in child's presence.
- Masturbation of child by abuser.
- Forced masturbation of abuser by child.
- Child forced to perform oral sex.
- Penile penetration of child's rectum.
- Penile penetration of child's vagina by abuser.
- Involvement of child in filmed sex acts; pornography
- Penetration of child's rectum or vagina by objects.
- Prostitution of child.

2. Was there an investigation? What was the outcome?

Pursuant to Florida statute, Title V, Chapter 39.301, child abuse or neglect investigations begin with a report to the central abuse hotline and are then accepted for an investigation that either the Sheriff's office or DCF will provide child protective investigative services for. The process of how an investigation is completed by a Child Protective Investigator (CPI) is detailed below.

- First, the CPI will review all relevant information specific to the child and family and alleged maltreatment; family child welfare history; local, state, and federal criminal records checks. After this review, a determination should be made as to whether a consultation is necessary with law enforcement, the child protection team, a domestic violence shelter or

advocate, or a substance abuse or mental health counselor. For some situations, a joint response of services may be necessary.

- Prior to face-to-face interviews with the child and family members, the CPI will determine if the individual who made the report should be contacted beforehand. The CPI will then conduct face-to-face interviews with the child; other siblings, if any; and the parents, legal custodians, or caregivers.
- The CPI will assess the child's residence, including a determination of the composition of the family and household, and gather all demographic and biographical information of the family members or other adults in the same household.
- Next, the CPI will determine whether **there is any indication that any child in** the family or household has been abused, abandoned, or neglected; the **nature and extent** of present or prior injuries, abuse, or neglect, and **any evidence** thereof; **and a determination as to the person or persons apparently responsible** for the abuse, abandonment, or neglect.
- The CPI will complete an assessment of **immediate child safety for each child** based on available records, interviews, and observations with all household persons, and appropriate collateral contacts, which may include other professionals.
- After that assessment, the CPI will **document the present and impending dangers to each child** based on the identification of inadequate protective capacity through utilization of a standardized safety assessment instrument.
 - **If present or impending danger is identified**, the child protective investigator must implement a safety plan or take the child into custody.
 - **If present danger is identified and the child is not removed**, the child protective investigator shall create and implement a safety plan before leaving the home or the location where there is present danger.
 - **If impending danger is identified**, the child protective investigator shall create and implement a safety plan as soon as necessary to protect the safety of the child. The child protective investigator may modify the safety plan if he or she identifies additional impending danger

Once the process above is completed, there are **four possible investigative outcomes** which are explained below:

1. **No findings:** The family does not need services or the investigator makes a referral to services without oversight.
2. **Not substantiated findings:** The family may need some services and the investigator makes a referral to the local community based care agency.

3. **Verified findings:** The family needs court intervention and the investigator files a petition with the courts.
 4. **Sheltering a child:** The investigator determines the child victim cannot safely remain in the home, removes the child victim from the home and files a petition with the court.
-
3. **How frequently did the abuse occur? Constantly? Frequently, infrequently?**
 4. **What was the relationship between the child and the abuser? Parent, grandparent, partner of the parent?**
 5. **What level of force was used? Was the child threatened; were physical threats used? Was a weapon used?**
 6. **What was the reaction of the non-offending parent?**

What are the Risks?

Supervised visitation program staff should be aware of the risks that child sexual abuse cases bring to the children, families, and staff at the program. Some of these are discussed below:

If program staff are not fully informed about the dynamics of the case, they will not know whether a child is being revictimized during visits. A perpetrator could engage in activity that under other circumstances is not abusive, but in the context of past abuse, reminds the child that the perpetrator has complete access to the child.

- o Examples include a parent holding a child for a prolonged period of time, having the child sit on his/her lap, engaging in grooming activities that were a part of the abuse, or reminding the child in some other way about the abuse.
- o If staff are not fully trained, they may not recognize that an adult is trying to influence the child's testimony about allegations of sexual abuse

- If a staff member is not trained on sexual abuse dynamics, he or she may not realize that a parent could be capable of harming his or her own child.
- If a staff member is not trained on sexual abuse dynamics, he or she may not know how to fully supervise the contact between the child and the parent.
- If the offenders were family members, the child will be under enormous pressure to recant.
- If the family has refused to support a child's report of abuse, the child is at risk for victim-blaming, humiliation, emotional maltreatment, and pressure to recant.
- If the non-offending parent is dependent on the offending parent, then the child is at risk for victim blaming, humiliation, and pressure to recant.
- In program settings in which multiple families visit at the same time, there is a risk that an offender will victimize a child of another family.
- If a child's account of sexual abuse is denied by a parent, or not taken seriously by staff, he or she will feel extremely vulnerable and afraid during visits.
- If a child's account of sexual abuse is not thoroughly reviewed by a trained monitor, the monitor may not know what behavior by the offender is dangerous.

Whenever a child visits with a parent accused of harming him, there is a risk that the adult will use the visit to try to get the child to recant the allegations.

DID YOU KNOW?

Comprehensive studies on the prevalence of childhood victimization have shown that many youth experience multiple forms of adversity over their lifetime (i.e., physical assault, child maltreatment, peer or sibling victimization, witnessed or indirect victimization, sexual victimization, etc.), which is defined as polyvictimization. Current findings from a nationally representative sample of children and adolescents indicated that nearly two thirds had been exposed to more than one type of victimization, with 30% experiencing five or more types.

- Barnes, S.E., Howell, K.H., Miller-Graff, L.E. (2016). The Relationship Between Polyvictimization, Emotion Dysregulation, and Social Support Among Emerging Adults Victimized During Childhood. *Journal of Aggression, Maltreatment & Trauma*, 25(5), 470-486.

Research on polyvictimization has highlighted how some youth are exposed to many different forms of victimization, showing that over 48% of children and youth experience two or more victimization types and over 15% are exposed to six or more different types within a year. Polyvictimization has been found to be more highly related to adverse child outcomes than experiencing a single, even serious and repeated, type of victimization"

- Turner, H.A., Shattuck, A., Finkelhor, D., & Hamby, S. (2016). Polyvictimization and Youth Violence Exposure Across Contexts. *Journal of Adolescent Health*, 52(2), 208-214.

Other Problems in the Family

Researchers have determined that there are often multiple problems occurring within a family where abuse is present. When preparing to monitor a case, supervised visitation staff should review the file for evidence of other dysfunction.

These include the following:

- Substance abuse,
- Mental health problems,
- Developmental delays,
- Domestic violence,
- Chronic health problems
- Issues such as homelessness, lack of education, poverty, and lack of resources.

Recommended Safety Measures During Visitation

1. For optimal safety and supervision in cases that involve sexual abuse, one visit monitor should be assigned to each family. In the case of a large family,

more than one supervised visitation monitor should be assigned to ensure that the family is supervised adequately.

2. To protect each family member from victim blaming and threats, visit monitors must be fluent in the language of each member of the family.
3. To ensure safety, it is essential to keep families with sexual abuse cases separated from families with non-sexual abuse cases. This will also allow the visit monitor to pay close attention to the interaction between the child and his/her visiting parents.
4. To ensure the safety of the child and protect parents against any false allegations of sexual abuse at visits, physical contact between the child or parent(s) should be subject to the following restrictions: physical contact must be brief and only initiated by the child; physical contact such as tickling, holding hands, lap-sitting, prolonged hugging, and kissing on the mouth or anywhere below the chin is prohibited.
5. To protect the child against triggers and threats, the following behaviors should be prohibited: whispering, passing notes, body signaling, photographing, video and audiotaping, and exchanging gifts.
6. To reduce the possibility of bribes and triggering, all items that are not authorized by the program or court are prohibited. This includes toys, household items, food, photographs, and more.
7. Parents and children should be made aware of the toilet rules prior to the first visit. Parents may not accompany their children to the toilet in sexual abuse cases. Assistance can be provided by the staff if necessary.
8. Discussions related to abuse are prohibited during visitation in an effort to prevent victim blaming and manipulation.
9. Due to the lack of supervision and the potential for revictimization, off-site visits should not be allowed in cases in which there is alleged and confirmed sexual abuse.

Polyvictimization

Revisiting the Sunshine Visitation Program

After completing the chapter, you should now be able to answer the following questions from the case scenario at the beginning of the chapter. You can review the questions again and look at the corresponding answers provided.

Question: What additional information would be necessary to decide whether the program can accept the case?

Answer: The program should determine the specific behavior that Zarah disclosed. They should also determine whether the non-offending parent supports Zarah in her disclosure. Both staff members are required to have specific training on child sexual abuse issues before either one can monitor the visit. Staff should also determine what Mr. Johnson's response has been to Zarah's allegation. If he denies the allegation, staff should be aware of the risk that he may try to convince Zarah to recant.

Question: Can Eon supervise the visit? Can Zoe?

Answer: Eon can supervise the visit, but Zoe is currently not eligible to monitor the visit because she has not taken the Child Sexual Abuse Issues training.

Question: Does the referral contain enough information to ensure that the program can adequately supervise visits in this case?

Answer: No

Question: How can the program get the additional information that is needed?

Answer: The program should ask the investigator or case manager to get the additional information discussed in question 1.

Question: What are some of the risks in this case if the program does not thoroughly prepare for this visit?

Answer: One risk is without thorough training staff may not recognize potentially abusive behavior. Staff may not know what red flags to look for. The program may be exposing Zarah to emotional abuse or revictimization at the program. There is a risk that Mr. Johnson may try to influence Zarah's testimony or the information that she gives in the investigation. These are just a few of the risks that are present in this case.

Quiz Yourself

1. **True or False:** If your program accepted dependency cases involving sexual abuse, you are required to have an agreement with DCF.
2. **True or False:** Supervised visitation programs should not accept sexual abuse cases if there is no court order or dependency referral.
3. **True or False:** There is no requirement for specialized training in sexual abuse cases for supervised visitation monitors.
4. **True or False:** As long as the visit is supervised, there is no threat that a parent might try to influence a child's testimony.
5. **True or False:** Parents should always accompany their children to the bathroom at visits in child sexual abuse cases.
6. **List five recommended safety measures for keeping children safe during visits involving sexual abuse dynamics.**
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

Answers: 1. True 2. True 3. False 4. False 5. False 6. See section on Recommended Safety Measures

Training Manual for Florida's Supervised Visitation Programs

Referrals to Supervised Visitation in Child Sexual Abuse Cases

9. BEST PRACTICES FOR THE VISIT: INTAKE, INTERVENTION, DOCUMENTATION, & TERMINATION

Once a referral has been received by a supervised visitation program, the work of preparing for the case and conducting the visit occurs. This chapter discusses that preparation, along with how to intervene in the visit if negative behavior is exhibited. Advice for documenting child sexual abuse cases and terminating visits when necessary is also provided.

Objectives

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

- Collect information and prepare cases to maximize the safety of the child and the non-offending parent
- Describe ways to intervene in the visit if inappropriate behavior is exhibited by the parent or the child
- Understand what kinds of maladaptive behaviors may be exhibited by children who have been sexually abused.
- Understand the concept of “triggers” that can remind children of the abuse they have suffered.
- Recognize sexualized behavior that raises red flags and safety concerns.
- Describe how to document critical incidents in child sexual abuse cases.

Preparing for Scheduled Supervised Visitation

Below is a list of information that will help supervised visitation staff prepare for the visit, understand the issues and risks of the case, and know what to look for during the visits. We encourage program staff to obtain as much of this information as possible.

Information about the child(ren):

- *Details about the child:* Be sure you know the age and developmental stage of child; the child's current living situation, and his/her relationship to the non-offending caregiver. This information can assist staff in assessing the safety of the child; identifying other potential victims; and identifying availability of social supports for the family, such as foster care worker, family and supportive friends.
- 
- A photograph showing a woman with red hair tied back, wearing a white long-sleeved shirt, grey patterned pants, and yellow high-heeled shoes. She is sitting on a white wooden chair, leaning forward and holding a clipboard. She is looking at a young boy with brown hair, wearing a light blue t-shirt and blue shorts, who is sitting on a large yellow knitted beanbag chair. The boy is looking up at the woman and smiling. They are in a room with white shelves in the background, a colorful hula hoop on the wall, and a patterned rug on the floor.
- *Current abuse experience:* What happened to the child? Find out the kind of abuse that the child suffered and at least some details about the abuse so you know what to look for at visits. Find out the identity and number of offenders; the extent of victimization, the reaction of the non-offending parent, services received by the child victim, other problems in family function, and the identity and reaction of the offender. Has the offender denied the abuse or admitted it?
 - *How is the child doing?* Knowing the child's current physical and mental health status can help staff plan for services.
 - *Past history of abuse (physical, sexual, neglect):* This information can help supervised visitation staff identify other problems in the family which may affect the visiting party's interaction with the child during visits. For

example, if the family has expressed a lack of empathy for the child victim, the program staff will be more sensitive to any signs of victim blaming.

- *Relationship between the abuser and child:* Children commonly feel conflicted in their emotions toward an abuser especially if the abuser was a caregiver who provided food, shelter, and comfort to the child.

Information about the non-abusive caretaker/parent:

- *Current living situation, education and employment:* This information can help visitation staff get a basic understanding of the parent's overall functioning levels. For example, is the non-offending parent able to support the family without the offending parent's support? If not, there may be a risk that the non-offending parent may pressure the child to recant so that the offending parent will come home and help pay the bills. Does the caregiver have steady employment? This information may also reveal intellectual deficits, such as illiteracy in parents, which may detrimentally affect their ability to participate in the processes of the court and child welfare system. If staff determine that the parent could benefit from community services, such as literacy training, referrals and assistance can be made by staff.
- *Does the parent have a history of childhood maltreatment including child sexual abuse?* This information can assist supervised visitation staff in better understanding how a child is at greater risk for being sexually abused. It may also raise issues of additional services that the non-offending parent can benefit from, such as counseling.
- *Parenting and discipline concerns:* Case information obtained on parenting skills can be useful in the assessing how well the scheduled visits will go and whether the non-offending parent needs additional help. It will be helpful to determine whether a case manager or counselor has raised issues about a parent's inability to discipline the child or his/her over-reliance on physical discipline. Staff should be aware of a parent's distorted thinking about what is appropriate and inappropriate behavior for children to exhibit. Parenting



classes may have been ordered for the parent to address these and other issues.

- *Partner relationship.* What is the non-offending parent's relationship to the offending parent? Are they still in a relationship? Has the non-offending parent continued contact with the offender? Or is there another adult with whom the non-offending parent is involved romantically? This information can provide staff with a clearer view of the dynamics of the family and the risks to the child.
- *Domestic violence history.* If supervised visitation staff are aware of any domestic violence currently in the non-offending parent's relationships, they should provide the parent with information about local certified domestic violence centers that can help the non-offending parent create a safety plan.
- *Substance abuse history.* Is there case information that addresses parents' substance abuse histories? Parents may rely on substance use/abuse to cope with the impact of their child's disclosure of his/her abuser. Substance abuse can also interfere with a parent's ability to parent his or her child adequately. In addition, adolescent or teen-aged children who have been sexually abused are at greater risk of substance abuse themselves. When alerted to substance abuse issues, visitation programs can be more sensitive to the behavior exhibited by parents and children at visits. Some programs also routinely screen high risk clients for substance use (especially alcohol abuse) to ensure that clients are not under the influence of substances during visits. Helping clients access treatment for substance abuse is also possible when visitation staff have the ability to make referrals to community services. Case managers monitor substance abuse treatment in dependency cases.
- *Mental health history.* Having background information on any significant mental health problem 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 delusional thinking? Does failure to take psychotropic medication present potential threats to the child during visits? Do the parent's mental health problems prevent appropriate understanding of the sexual abuse?



- Parent's level of mental functioning: Information about each parent's intellectual functioning can provide a context for understanding how they may interpret the sexual abuse, how they function on a daily basis, their ability to protect the child from abuse, etc. Having information about any developmental delays in the child can assist supervised visitation staff in better facilitating visits.
- Criminal history: As discussed in previous materials, supervised visitation staff must request copies of any current court orders; such as orders for protection, visitation and parenting time orders, etc. It is also good practice to have as much information on the criminal histories of parents as possible to prevent or reduce possible risk during provision of services.
- Reactions to disclosure of child's sexual abuse: Intake with each parent may reveal information about each response to the child's disclosure of his/her sexual abuse that can be critical to staff in preparing the child and family for visits.

Non-Residential (or alleged or confirmed) Abuser:



- Past history of childhood maltreatment including child sexual abuse: It is helpful to know if the abusive parent has a criminal history, including but not limited to prior child abuse of any kind. Remember that supervision must take into consideration the risks to the child. It's essential to know what those risks are.
- Current living situation: Having a current address for both parents is essential. If an abusive person is living with children, alert the case manager to the vulnerable children. If the parent is a convicted sexual abuser, he or she may be prohibited from living with (or near) children.
- Education and employment: Having information about the perpetrator's background can help staff understand whether the perpetrator understands what is occurring in the child welfare and criminal system. Employment suggests a degree of stability and the parent's ability to continue to provide support for the family.
- Parenting and discipline: Very often, victims of CSA still love and want contact with their abusive parent. Children just want the abuse to stop.

Knowing some information about the relationship between the parent and the child will help staff prepare for the visit. It is possible that the child will show no fear of the parent because staff are present. This does not mean that abuse did not occur.

- *Partner relationship:* Does the abusive parent maintain a relationship with the non-offending parent? Does the non-offending parent support the abuse parent's denial of abuse? If so, the child may feel unsupported by both parents, and under even more pressure to recant or to deny that abuse occurred.
- *Substance abuse history:* Often sexual abusers blame their sexual abuse upon substance use. It is important to remember that many people abuse substances without also abusing children. Substance abuse is not considered a "cause" of CSA.
- *Mental illness history:* It is always important to have information about mental health, because of the uncertainty and unpredictability that can come with mental illness. If the parent has a diagnosed mental illness, staff should inquire about any prescription medicine taken to treat that condition. The medications can have side effects that impact visits. Staff should also try to determine a "baseline" of behavior for the parent, so they will be more aware of aberrant behavior expressed by that parent.
- *Reactions to child's disclosure:* If the parent denies the abuse, there is a chance that he or she will try to influence the child's testimony or memory of the abuse. Quite commonly, children recant their abuse stories when they see the strong reactions of adults, including the abuser. Remember that disclosure is a scary thing for children, and they need supportive adults around them.

When Children Feel Unsafe

Depending on the age and maturity of the child, he or she may feel anxious about visiting with a parent who was abusive. There are ways to reassure a child that the visitation process will be safe and secure for him/her.

1. Explain the visit process to the child, and reassure the child. "You are here because the judge cares about you and we care about you. 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 you comfortable.”

2. Ask the child (if the child is verbal) what would make him or her feel better at visits. Questions such as “What can I do to make your feel safe?” or “Would you like to bring anything to visits to feel safer?” are appropriate.
3. Offer the child a way to signal discomfort, or the need for a break. For example, tell the child: “If you need to take a break, just tell me that you want a drink of water. Then we will go outside in the hallway together and talk.”

Research Corner: Maladaptive Behaviors in Sexually Abused Children

Research beginning in the 1980s has examined the negative impact that childhood sexual abuse has on children. The resulting maladaptive behaviors can sometimes be seen at visits. Such maladaptive behavior may include sexually aggressive behavior, masturbation, depression, anger, PTSD, poor self-esteem, and behavior problems. The links between such behavior and sexual abuse has been documented in the research on child welfare for over thirty years. A brief description of that research is summarized below for child welfare professionals.

- Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: a conceptualization. *American Journal of Orthopsychiatry*, 55, 530.
 - A meta-analysis examining literature on the impact of child sexual abuse found that children who have been sexually abused tend to engage in masturbation or compulsive sex play. These children may also display interest in behaviors that are inappropriate for their age. The review found that the literature also shows that children may become sexually aggressive.



- Paolucci, E. O., Genuis, M. L., & Violato, C. (2001). A meta-analysis of the published research on the effects of child sexual abuse. *The Journal of Psychology*, 135, 17-36.
 - A meta-analysis of 37 studies found that PTSD, depression, suicidal/self-injurious ideation/behavior, early involvement in sexual activity or prostitution, sexual perpetration, and intelligence/learning impairment are all related to child sexual abuse.
- Gale, J., Thompson, R. J., Moran, T., & Sack, W. H. (1988). Sexual abuse in young children: Its clinical presentation and characteristic patterns. *Child Abuse & Neglect*, 12, 163-170.
 - Researchers studied 202 children (37 sexually abused, 35 physically abused, and 130 non-abused) who were 7 years or younger. They found that children who had been sexually abused had significantly more inappropriate sexual behaviors (41%) than the physically abused (4%) and non-abused children (3%).
- Friedrich, W. N., Beilke, R. L., & Urquiza, A. J. (1987). Children from sexually abusive families: A behavioral comparison. *Journal of Interpersonal Violence*, 2, 391-402.
 - Overall, the researchers found that children who have been sexually abused display more maladaptive behaviors, including hyperactivity, aggressive behavior, and sexual problems. The researchers found that children who have been sexually abused tend to have more behavior problems. It was also found that sexual behavior problems are more common with sexually abused children than both outpatient or normal control groups.
- Hibbard, R. A., Ingersoll, G. M., & Orr, D. P. (1990). Behavioral risk, emotional risk, and child abuse among adolescents in a nonclinical setting. *Pediatrics*, 86, 896-901.
 - Researchers studied 3,998 students, in grades 7 to 12. Adolescent males who had been sexually abused tended to have a more problematic behavior than females who had been sexual abused. Running away and attempted suicide was more common among those who had been sexually abused compared to those with no abuse. The frequencies for difficulty sleeping, feeling sad, and anger issues were greater among those who had been sexual abused.
- Nelson, E. C., Heath, A. C., Madden, P. A., Cooper, M. L., Dinwiddie, S. H., Bucholz, K. K., & Martin, N. G. (2002). Association between self-reported

childhood sexual abuse and adverse psychosocial outcomes: results from a twin study. *Archives of General Psychiatry*, 59, 139-145.

- Researchers examined twins (n=1991) and found that those who experienced child sexual abuse were more likely to be at risk for depression, suicide attempts, conduct disorder, alcohol or nicotine dependence, social anxiety, rape after age 18, and divorce.
- Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: a review and synthesis of recent empirical studies. *Psychological Bulletin*, 113, 164.
 - In a review of 45 studies, the researchers found that children who have been sexually abused more frequently experience fears, PTSD, behavior problems, sexualized behaviors, and poor self-esteem.

Childhood Sexual Behaviors

At different stages of development, children will exhibit normal sexual behaviors, even as young as ages 2-4 years old. It is essential that parents and visit monitors understand what is typical and age-appropriate sexual behavior for children. When children exhibit problematic or concerning sexual behaviors, it can indicate that the child experienced/is experiencing sexual abuse or has been exposed to inappropriate and/or sexually explicit material.

The following chart describes childhood sexual behaviors by stage of development. It lists behaviors that are typical, which are concerning, and which behaviors are red flags that the child was abused. While typical childhood sexual behaviors are common and not alarming, these behaviors are not always appropriate in public. Parents and program staff can correct those behaviors if they're exhibited during a visit.



When **concerning behaviors** are observed during a visit, such as a young child rubbing their body against another person's body, program staff should intervene, ask the child to stop performing the behavior, and document the incident in the case file. In visits where **red flags** are present, such as a twelve-year-old extensively touching their private parts during visitation after being asked to stop, monitors

should immediately terminate the visit, document the event in the case file, and notify the court.

Childhood Sexual Behaviors			
Stage of Development	Typical Behaviors	Concerning Behaviors	“Red Flags”
Toddler (ages 2-4)	• Touching genitals (including masturbation) in private or in public • Rubbing genitals with hands or against objects • Trying to touch women’s breasts • Taking off clothing/ walking around nude • Trying to look at other people while they are naked, such as peering under restroom stalls • Asking questions about bodies and bodily functions • Talking to children their age about “poop” and “pee”	• Rubbing body against others • Trying to put tongue into others’ mouths when kissing • Touching others’ genitals briefly • Imitating sexual intercourse or brief movements associated with sex • Putting things inside of their genitals • Touching animals’ genitals	• Engaging in sexual behavior with someone with whom there is a 4+ year age difference • Displaying numerous types of sexual behavior • Child is distressed or in pain as a result of sexual behavior • Sexual behavior exhibited is related to physical aggression • Sexual behavior that involves coercion • Persistently engaging in sexual behaviors • Pretending toys are having sex • Mouthing others’ private parts • Asking a peer or adult to perform

			specific sexual behaviors
Early Childhood (ages 5-8)	• Purposely touching their genitals (i.e., masturbating) alone or in front of others • Trying to look at other people while they are naked, such as peering under restroom stalls • Kissing or hand-holding • Talking about private parts • Exploring private parts with children of the same age such as “playing doctor”	• Rubbing body against others • Trying to put tongue into others’ mouths when kissing • Briefly touching others’ genitals • Briefly imitating sexual intercourse or movements associated with sex • Putting things inside of their genitals • Touching animals’ genitals	• Engaging in sexual behavior with someone with whom there is a 4+ year age difference • Child is distressed or in pain as a result of sexual behavior • Sexual behavior is related to physical aggression • Sexual behavior that involves coercion • Persistently engaging in sexual behaviors • Pretending toys are having sex • Mouthing private parts • Sexual interactions with a younger child or older adult • Asking a peer or adult to perform specific sexual behaviors
Late Childhood (ages 9-12)	• Purposely touching their genitals (i.e., masturbating), alone	• Obsession with sex • Engaging in oral sex or	• Intrusive, planned, forced, or aggressive sexual behaviors

	• Playing games involving sexual behavior with children of the same age • Trying to see others naked or undressing • Looking at pictures of people that are fully or partially nude • Looking at sexual content in the media (e.g., on the internet, television, music, magazines, etc.) • Asking for more privacy, avoiding talking to adults about sexual issues • Being sexually interested in peers of the same age	sexual intercourse • Often and/or purposefully trying to look at others while they are naked or undressing • Joking about sexual assault	• Engaging in sexual behavior in public • Engaging in sexual behavior regularly • Sexual interactions with a younger child or older adult
Adolescents (ages 13-17)	• Masturbating when alone • Beginning to experiment with sex • Enjoying watching others when they are naked or engaging in sex • Engaging in dating behaviors	• Sexual interest in older adults or younger children • Interest in violent sex (e.g., viewing violent pornography) • Joking about sexual assault	• Masturbation in public • Sexual interactions with a younger child or older adult • Intrusive, planned, forced, or aggressive sexual behaviors

	(kissing, hugging, dating) • Asking questions about the body, relationships, and sex • Discussing sex with peers • Viewing non-violent pornography or sexual pictures		• Engaging in sexual behavior in public
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Triggers

A trigger is a stimulus or a compilation of stimuli that the mind correlates with a traumatic past event, causing memories of negative events like abuse, negative feelings, or shifts in behavior in the victim. Triggers can cause people to act in different ways. Victims of abuse can be triggered by a multitude of different things: smells, words, symbols, sounds, etc. Supervised visitation monitors should recognize the signs of a child being affected by a trigger.

Examples of Possible Triggers:

- Photo of abuser
- Cologne or perfume abuser wore during sexual abuse
- Emotional pain similar to feelings and thoughts they felt while being abused
- Pictures from a trip where abuse occurred
- Subtle action abuser did before abuse
- Hearing the voice of the abuser
- Show what was playing in background as abuse occurred



- Seeing clothes they or the abuser wore the day of the sexual assault
- Words abuser said to them during assault
- Smell, odor, or cologne of abuser
- Revisiting location of abuse

Effects of Triggers

Triggers effect everyone differently. Reactions to triggers can also double as coping mechanisms for victims: in order to deal with the negative stimulation of the trigger, they may act in a certain way in an attempt to regain control of the situation. Reactions to a trigger can be over as quickly as they appear or they can take days, weeks, or even months to disappear. Below are a few common reactions to triggers that supervised visitation monitors should be aware of.

Common Reactions to Triggers		
Behavior	Reason	Example
Aggression	• Pent up frustration from sexual assault • Protection against being hurt again	• Playing with other kids aggressively • Asserting physical dominance
Regression	• Felt helpless in their situation • Want basic needs met and extra attention	• Wetting the bed • Sucking thumb • Desire to be cradled • Uncontrollable crying and unable to be soothed
Extreme Attachment or Distancing	• Need to be reassured they are loved and secure	• Clinginess • Constantly asking for hugs and cuddles • Extreme distancing

	• Attempting to redefine meaning of touch • Reflection of fear, needs comfort	• Not wanting to be around someone
Unexplainable Pain	• Body retaining pain from assault • Thinking something is “broken” • Way to get extra love and affection	• Pain in the wrist from hands being held together • Stomach ache after vaginal or anal penetration
Sexualized Behaviors	• Wanting to recreate sensation of sexual arousal • Wanting to make sense of their experience	• Making dolls exemplify sexual behaviors • Sexually acting out with other kids
Flashbacks	• Attempting to understand a memory • Strong mental connection to event	• Continuous or random flashbacks of event or things connected to their sexual assault
Anxiety	• Feeling unsafe and unable to control things around them • Reflecting emotions felt day of assault	• Inability to breath when recalling the assault • Unwilling to make eye contact • Feeling numb

How to Intervene During a Visit Due to Children's Sexual Behaviors

The following case scenarios can help visit monitors prepare for interventions that may need to occur when children exhibit sexual behaviors during visitation.

Case Scenario 1

A visit monitor is having a conversation with a visiting parent, Tom, when she notices that Tom's four-year-old daughter, Maria, is playing with two toys. The visit monitor can't tell what Maria is doing with the dolls, and she leans in closer to ask: "Maria, I see you're playing with these two dolls. What are they doing?" Maria responds "This is the daddy doll. This is the baby doll. The daddy doll is touching the other doll in the private place, like daddy does." The visit monitor asks, "What do you mean?" and Maria says, "They're having sex."

- What kind of behavior is this? (Typical, concerning, or a red flag)?
- After identifying what kind of behavior this is, what should the visit monitor do?

Answers:

- This behavior is a red flag that might indicate sexual abuse.
- The visit monitor should act calmly to terminate the visit. Document the statements and behavior, make an abuse report (dial 1-800-96-abuse) and alert the court and case manager. It is not typical behavior for a four-year-old to have dolls act out sexual behaviors and the child may have disclosed sexual abuse by her father.
- Be sure to do the above in a way that does not upset the child. Use a calm voice, without alarm or fear. Allow the investigator to proceed. Do not try to investigate on your own (don't quiz the child or the father).

Case Scenario 2

Twin siblings, one boy and one girl, who are five-years-old are sitting next to each other during visitation and are holding hands. At one point during the visit, the sister leans over and quickly gives her brother a kiss on the cheek and he giggles.

- What kind of behavior is this (typical, concerning, or a red flag)?
- After identifying what kind of behavior this is, what should the visit monitor do?

Answers:

- At this age, this is a typical behavior.
- The visit monitor does not need to intervene, but if one sibling exhibits signs of distress when this behavior happens, the visit monitor should immediately intervene and separate the siblings.

Case Scenario 3

Caleb is thirteen years old and is visiting his father, John, for visitation. During the visitation, Caleb is telling his dad a story about something that happened at school. Caleb told his father that he received a lunch-detention after screaming “rape” when he and his friends were rough housing during school one day. Caleb expressed his frustration to his father, “Yelling rape is not even that big of a deal, it was just a joke.”

- What kind of behavior is this? (Typical, concerning, or a red flag)
- After identifying what kind of behavior this is, what should the visit monitor do?

Answers:

- This behavior is concerning.
- The visit monitor should encourage the parent, John, to discuss why joking about sexual assault is never okay. Additionally, the visit monitor should make a note of Caleb’s story in the case file and pay attention for any other concerning behaviors.

The Risks of Off-Site Visitation

Off-site visits **are not appropriate** for child sexual abuse cases. In this section, the risks of having these types of visits are explained.

Definition of Off-Site Visitation: In non-dependency cases, courts sometimes ask Programs to provide supervision of parent-child contact in a setting such as a mall, restaurant, park, or any other location not on the Program's physical site. These visits are called "off-site" visits because, by definition, they are not conducted in a Program site/location. They have the disadvantage of less control, fewer safety precautions, and increased risk of intervening persons and circumstances. For these reasons, many programs do not offer "off-site" visits.

The Risks

The following is a partial list of risks inherent in off-site visits. The Clearinghouse training materials address these risks more thoroughly.

- **Risks of child abuse.** The ability to be vigilant – hear and see everything going on in a visit - is an essential component of supervised visitation, but is severely reduced in off-site visits.
- **Risks of child abduction.** An unsecured location with many entrances/exits, open spaces, public access, and /or crowds increases the ability of a parent or his/her cohorts to abduct the child.
- **Slow responses in emergency.** Programs have on-site security plans and work closely with local law enforcement to augment safety. The ability to get help quickly off-site may be reduced by the very nature of off-site visits. Staff simply have less control over the setting, intervening factors, and surrounding circumstances.
- **Multiple child complications.** Having more than one child present increases the possibility that the children will not be appropriately monitored off-site; that if something such as an illness affects one child, all of the staff's attention must go to that child; children can distract the monitor's attention easily, and that there is no backup to assist the monitor as there is onsite.

REMINDER:

The risk of harm is heightened during off-site visitation. Programs **CANNOT** adequately enforce safety measures off-site.

- **Intervening emergencies and circumstances.** Power outages, storms, intervening adults who show up unannounced (parent's friends, family, etc), all decrease the monitor's ability to control the visit.

What is adequate supervision during visits?

In cases of sexual abuse, staff must hear the conversations between parent and child, and must see the interaction that takes place.

Intermittent supervision (walking in and out of the room) is not sufficient

Intervening in the Visit

The best way to prepare clients for the visit is to ensure that they know the rules *before* the visit occurs. This will help eliminate intervening in visits. Conducting intake with both the parents and the child (separately) will establish ground rules and behavior to avoid. One of the worst mistakes a program can make is to skip this step. Instead, conduct an intake in every single case referral. It will save safety concerns and trouble later.

If staff do have to intervene during a visit, be sure to practice intervention well before staff participate in their first supervision.

There are specific steps that staff can take to intervene when inappropriate behavior is exhibited at visits. The steps to intervening are below:

1. Be sure you have program policies that set clear parameters for parent behavior. They should be reviewed prior to the first visit.
2. If a parent violates those rules during the visit, remind the parent of them again and point out the rule violation. This will usually stop the behavior.



3. If the parent continues, find a way to redirect the parent: change the subject, start a new activity, or distract the parent into stopping the behavior.
4. If the parent continues, insist firmly that the behavior be stopped, and if it continues, physically intervene by removing the child from the room.



5. Inform the parent that the visit is being ended (terminated), and after the parent leaves, write a critical incident report.

6. Be sure the report is sent to the parents, their attorneys, DCF, the GAL, the CAC, and any professionals involved with the family.

Below are some examples of how to intervene when necessary.

Example One

Parent Behavior: Parent pulls three- year- old child onto her lap and begins to brush her hair and kiss her neck and head.

Concern: Parent has been convicted of sexual abuse, and had been using grooming behaviors.

Intervention: Staff member sits down and asks child to pick out a book to read, while other staff member asks parent to come into the hallway for a chat. Staff reminds mother, “We talked about this at Intake, and I need to remind you now. I can’t allow you to brush Jasmine’s hair and kiss her. The judge has ordered supervised visits, and you can play and enjoy each other’s company without lap sitting and kissing. Do you understand?”

Possible Outcomes

Outcome 1: Mother agrees to follow the staff instructions. Mother goes back into the room and reads a book with Jasmine.

Outcome 2: Mother refuses to follow staff directions, saying: “I can do whatever I want. She is my child!” Staff terminates visit, and notifies case manager. Case manager informs mother that she must follow the rules of the program. Case is allowed back for visits; mother follows rules.

Outcome 3: Mother refuses to follow staff directions. Staff terminates visit, and notifies case manager and attorneys. Mother tells case manager she will not follow the rules. Case is terminated from the Visitation Program.

Example Two

Parent Behavior: Mother brings items to the visit, including photographs of her ex-boyfriend, who is accused of sexually abusing her eight-year-old son.

Concern: Staff specifically told mother that she should not bring items that would remind the child of the ex-boyfriend.

Intervention: When mother brings out the photographs, staff immediately instruct mother to put the photographs away. Staff bring mother into the hallway and remind her that she is not allowed to bring in such items.



Possible Outcomes

Outcome 1: Mother begins to yell that her ex-boyfriend did nothing wrong and her child is a liar. Staff cancel the visit and report to the case manager, attorneys, and court.

Outcome 2: Mother agrees to put away the photos. Staff allow the visit to continue, but remind the mother that she is not allowed to talk about the ex-boyfriend. Staff report to the case manager, and continue supervision.

Critical Incidents and Documentation

In sexual abuse cases, supervised visitation staff must thoroughly document the interaction between the parent and the child. In addition, any critical incidents must be documented and reported to the court and the attorneys for the parents.

Reports should include a description of the behavior (providing details, not simply a summary) or the event as it occurred, the date, time, circumstances of the event or behavior, the program staff's response to it, and a list of people to whom the Report is sent.

The Report should be sent to the parties, the court, the caseworker, the Guardian ad Litem, the lawyers (if any), and professionals assigned to the case.

The Limits of Supervised Visitation

Supervision is not a cure. It is important to remember that the visits will not cure the underlying problem that resulted in supervised visitation. In other words, supervised visits will not end sexual abuse – they will just prevent abuse from happening during visits!

Because of that limitation, it is important to work with the case manager so that the family is receiving services that **will** help end the abuse. The following system interventions are not part of the visitation service, but may end the abuse:

1. Counseling for the non-abusive parent to increase protective skills.
2. Parent education about issues such as the child's developmental phase, increasing parental knowledge, and developing empathy for the child.
3. Incarceration or removal of the abusive parent as a result of criminal conviction.

Remember that the CHILD is not at fault for the abuse, and cannot be responsible for ending it.

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