CHILD-ON-CHILD SEXUAL ABUSE PREVENTION TASK FORCE

Safety Plan Guidelines

Safety Plans should be:
1. Reviewed and explained in detail as soon as services are initiated.
2. Used as an educational and training tool for the child and caregivers.
3. Updated regularly.
4. Permissive and as least restrictive as possible.
5. Designed to move with the child (ex., foster children who routinely change placements).
6. Developed with specific caregivers in mind.
7. Modified for young children, such as a “House Rules” page or a picture sheet.
8. Role played with younger children and their caregivers.
9. Used if and when the child is reunified with their abuser and/or parent.

Safety Plans should include:
1. Information related to the reason for the safety plan.
2. Placement and supervision guidelines. (e.g., only child in home, shared bedroom, alarm on door, supervised at all times with younger children, sleeping arrangements, etc.)
3. Who the child may not have contact with, such as the past abuser, any known sexual offender, etc.
4. Ways to support the child’s treatment.
5. Prevention rules to help reduce the chances that the child will act out sexually, especially on another child. Some of the rules should address:
   a) level of supervision,
   b) visiting between rooms,
   c) babysitting rules,
   d) knocking on doors,
   e) ways to support open communication, especially related to touching, safety and boundaries.
   f) No sexualized materials should be accessible to children.
      Ex. TV, magazines, internet, cell phones, DVD’s, satellite, etc.
   g) Appropriate dress codes and boundaries at all times.
   h) No contact between children behind closed doors,
   i) No inappropriate touching or contact, and,
   j) Private use of the bathroom, shower, toilet, etc.
6. Additional rules specific to the child and caregivers.
7. A list of approved supervisors who are all aware of the child’s sexual behavior issues and the safety guidelines.
8. Intervention strategies to address when sexual behavior does occur such as who to contact (ex., child’s Therapist, Family Care Counselor, Biological Parents (if approp.), Abuse Registry, etc.).
9. Signature section for all of those who have reviewed and agreed with the Safety Contract.
10. Copies for all appropriate parties, especially the child and caregivers.