CHILD PROTECTION TASK FORCE MEETING

Gabriel Myers Child on Child Sexual Abuse Work Group--Solutions to Address Florida's Epidemic of Child-on-Child Sexual Abuse
January 7, 2010
Tragically, Gabriel Myers was also a victim of sexual abuse, but our child welfare system in Florida is not equipped to handle him or thousands of other children who are victims and suffer from the trauma of being revictimized by the system that is supposed to protect them!
In 1990, and in recognition of the serious problem of child-on-child sexual abuse among children in state care, the Governor approved legislation directing DCF “to conduct a study of the issue of sexual abuse among foster children while in the care and custody of the Department. Recommendations regarding prevention, identification, treatment, and after care of victims and perpetrators shall be included along with recommendations for any legislative action needed. The study shall be submitted to the President of the Senate and the Speaker of the House of Representatives no later than February 15, 1991.”
A Study of Sexual Assault Among Foster Children in Florida (1991)

1. 9.5 percent (1,168) of children in foster care had engaged in sexual behavior that was of concern to the foster care counselor;

2. Foster care counselors identified 200 children who had sexually assaulted another child within the previous 12 months; and

3. 147 placement disruptions were reported by foster care workers to have occurred as a result of a foster child sexually assaulting another child.

4. Under-reporting of child-on-child sexual abuse because there were no laws requiring reporting and tracking of sexual assault perpetrated by a child in custody. FPSS system only included reports where alleged perpetrator was in a caregiver capacity, so assaults among foster children were not included in the system.

5. 98 percent of foster care counselors indicated specialized foster care placements for aggressors and victims were either not available at all or on an extremely limited basis.
• In 1992, DCF promulgated rule 10M-6.132, later amended to rule 65C-13.015, Florida Administrative Code, establishing procedures for reporting, investigating, assessing, treating, and placing children who are involved in incidents of child-on-child sexual abuse.

• In 1994, the Legislature amended the statutes regarding mandatory reporting to the Abuse Hotline (currently § 39.201) to include child-on-child sexual abuse.

In 1995, a year after creation of the DJJ, the Legislature authorized the creation of the first Task Force on Juvenile Sexual Offenders and Their Victims.

The 1995 Task Force concluded that “the occurrence of juvenile sexual abuse appears to be grossly under-reported throughout the state and there is very little structure or policy directing the response and resolution of this most serious problem.”
The 1995 Task Force made the following priority recommendations, which are relevant here:

- Centralize and mandate reporting of all child-on-child abuse with the Child Abuse Hotline.

- Direct Hotline to forward reports to the appropriate law enforcement agency.

- Direct DCF to investigate cases with offenders 12 years of age or younger for possible child abuse and/or neglect.

- Develop certification criterion for individuals who investigate, assess, and treat juvenile sexual offenders.
1995 Task Force Goal-Specific Recommendations

The 1995 Task Force also made a series of recommendations to stop abuse in the foster care system:

• Develop a policy to more effectively track and assess reports of sexual abuse by foster parents that have been closed without classification
• Reword and strengthen the rule and policy that addresses the child perpetrator being placed as the youngest and most vulnerable one placed in the home
• Improve enforcement and monitoring of the policy that requires referral of the perpetrator and victim of sexual abuse to a mental health provider within 10 working days of an incident
• Provide mandatory training regarding juvenile sexual offenders and victims of sexual abuse for foster parents, residential group care providers, and foster care workers on an annual basis
• Increase availability of specialized placements, such as therapeutic foster homes, individualized residential treatment facilities, therapeutic group homes, and residential treatment centers for juvenile sexual offenders
Legislative Changes Resulting from Task Force Recommendations

THE PROSECUTION OF SEXUAL ABUSE CRIMES TAKES PRIORITY OVER PROTECTING CHILDREN FROM CHILD-ON-CHILD SEX ABUSE!

In 1995, the Legislature amended the child welfare statutes to include the term “alleged juvenile sexual offender” as defined in the delinquency statutes, including the distinction between age groups. Section 39.201 was amended to reflect the Task Force priority recommendations of centralized and mandatory reporting, DCF investigations of all allegations of child-on-child sexual abuse involving children 12 years of age or younger, and forwarding of hotline calls to law enforcement.
INTRODUCTION

THE 1998 WARD V. FEATHER CLASS ACTION

In 1996, a mother came to me after she adopted a 3 year old child from Broward County’s foster care system. She wanted to surrender her beautiful 3 year old boy after he had sex with his 4 year old sister and the family dog. He had been allowed to stay in a home with her mother’s boy friend who used the child as the sexual toy for a very sick predator. Within several years of the adoption, this little boy was well on his way to becoming a sexual predator himself.
Qualifacts Study: 177 Children Receiving Targeted Case Management in District 10

Children Committing Sexual Assault—a systemic problem in Broward & Florida
Qualifacts Study: 177 Children Receiving Targeted Case Management in District 10

Children Known to Have Been Sexually Abused—Assault—a systemic problem in Broward & Florida
• Despite the legislative and administrative changes of the early 1990s, the occurrence of child-on-child sexual abuse between child in state care continued in epidemic proportions in Broward and Florida as evidenced by the 1995 and 1996 studies.

• This issue, in addition to several other systemic problems like overcrowding of foster homes, unbearable caseloads, and failure to properly supervise children and placements, resulted in a class action in Broward County on behalf of all foster children in care.

• As part of the settlement, DCF implemented a new statewide operating procedure to address the safety of children in their placements, District 10 implemented an automated system for identifying children that are victims or aggressors and new bilateral service agreements with foster parents outlining their responsibilities to provide safe living environments.

• In addition, District 10 agreed to ensure an appropriate continuum of treatment and placements and that child resource records include the pertinent information regarding a child’s sexual abuse history.
In 1999, and also in acknowledgement of the serious problem of child-on-child sexual abuse in state care, DCF established a crucial operating procedure for “The Prevention and Placement of Child Victims and Aggressors Involved in Child-on-Child Sexual Abuse, Sexual Assault, Seduction or Exploitation in Substitute Care.” CFOP 175-88 (March 8, 1999).

DCF’s purpose was explicit:

This operating procedure establishes procedures and safeguards for identifying and assisting children in substitute care who are known alleged juvenile sexual offenders, sexual aggressors, or sexually reactive children, or who are known victims of sexual abuse. This operating procedure is to ensure that the needs of children in substitute care are taken into account when determining assessments, services, and placements. Careful attention to the needs of children in substitute care and associated risk factors can reduce the potential for further child-on-child sexual abuse, sexual assault, seduction or exploitation.

See Appendix B: CFOP 175-88
In 2005, the Legislature authorized another Task Force “to examine all aspects of how the State of Florida processes and treats juvenile sexual offenders and their victims.” In its report issued on January 18, 2006, the Task Force concluded that a review of the recommendations from ten years earlier “reveals only a few of the recommendations have been fully implemented.”
The 2005 Task Force also recognized that “child-on-child cases do not receive the same treatment or focus as the adult on child cases, although the long-term effects may be just as damaging for the victim. It made the following recommendations for the child welfare system:

• Section 39.305, Florida Statutes, should be amended to include all victims of child-on-child cases in addition to intra-familial child victims
• The Secretary of the DCF should clarify the role of the agency regarding child-on-child sexual offenses to ensure that assessment and counseling is required and monitored in all cases.
• DCF should centralize and mandate reporting of all alleged child-on-child sexual battery in cases involving children 12 years of age and younger with referrals to appropriate law enforcement agencies
• DCF should be required to maintain an open case, ensuring the victim and family receives appropriate treatment during reunification
• DCF should require the Abuse hotline to provide callers with referrals to appropriate treatment providers for services to the victim and family and follow up with written information on the referral
CRIMINAL VS. CIVIL COMPONENTS OF CHILD-ON-CHILD SEXUAL ABUSE

Two Distinct Roles Necessitate Two Distinct Statutory and Administrative Schemes – we need to restore the dependency component for children over 12.
In the world of child-on-child sexual abuse and juvenile sexual offenders, DCF serves two distinct roles, which should be viewed as primary and secondary roles, that do not necessarily share common interests, have the same goals, or serve the same purposes:

1. **Primary role as a child welfare agency** charged with protecting abused, neglected, and abandoned children, both in home and in substitute care.

2. **Secondary role as a coordinating agency with the Department of Juvenile Justice** responsible for ensuring that juvenile sexual offenders (criminal) and their families are receiving appropriate services and that very young offenders (12 and younger) are getting necessary intervention services to prevent further sexually delinquent or criminal acts as they get older.
DCF’s Primary Role as a Child Welfare Agency has been Virtually Eliminated

• The criminal aspects of juvenile sexual abuse have been addressed on multiple fronts by the good work of the Task Forces over the years, which has resulted in repeated policy discussions on the appropriateness of criminalizing such behavior and the application of labels (or non-labels), revisions to the criminal statutes, additions and/or modifications of programs for treatment, and numerous debates and decisions over funding.

• Since the Task Forces were charged with evaluating Florida’s system from the perspective of criminal and delinquent behavior, it is not surprising that the child welfare statutes reflect those policy concerns and DCF’s secondary role as a collaborating agency.

• Although such work is a valuable resource to the child welfare system, it is not an appropriate substitute for the identification, treatment, prevention of, and protection against child-on-child sexual abuse in the foster care system. Unfortunately, that is exactly what it has been, and as a result, DCF’s primary role as a child welfare agency in this arena has been virtually eliminated.
The Continuing Epidemic

- The various commissioned studies of the 1990s revealed a system in which child-on-child sexual abuse, especially in substitute care, had already reached epidemic proportions.

- As a result, policies were clarified, statutes and rules were amended, and protections were finally beginning to be implemented to protect children in substitute care.

- From 2006-2008, revised policy interpretations, additional statutory revisions, new administrative rules, and the repeal of rule 65C-13.015 have convoluted policy rather than clarified it and have removed protections rather than secured them.

- Nearly two decades after the initial Legislative mandate, these revisions have eviscerated the good work of those involved in bringing the necessary changes about and have sent this state plummeting back to the horror stories we heard all of those years ago.
A = ALLEGED JUVENILE SEXUAL OFFENDER
B 1= SEXUALLY AGGRESSIVE
B 2 = SEXUALLY REACTIVE WITHOUT SEXUAL ABUSE VICTIM
D = SEXUAL ABUSE VICTIM

Current Alert Data in Broward County
as of December 1, 2009

- A = 7 (all also have D)
- B1 = 37 (70% also have D)
- B2 = 78 (53% also have D)
- C = 76
- D = 252
- E = 19

Total # of children w/ alerts = 348
THE PATH OF A VICTIM TO AN AGGRESSOR

How the our Privatized System is Failing and Breeding Sexually Reactive Children
Dec 7, 2001
Teachers report that "E" is "exposing" himself to and "touching" other students genitals and "hunching" the walls and desks

Apr 17, 2003
"E" expelled from Elementary School for violently sexually assaulting 5 year old on the playground

Apr 2, 2003
"E" admitted to engaging in sexual activity with male child in playground bathroom while being supervised by Shelter Staff

May 12, 2003
"E" sexually assaulted a foster child at Shelter during game of hide and seek

May 15, 2003
M. H., Ph.D., reported to DCF/PROVIDER: "it would be extremely risky to keep him placed with other children"
Staff report witnessing "a lot of sexual behaviors in "E" since he arrived"

Jun 2, 2003
N. W., Ph.D., reported to DCF/CHS: "E" is high risk to sexually harm children younger than him

May 19, 2003
"E"s" therapist reported to DCF and PROVIDER that "E" was out of control and very sexualized
CONSEQUENCES OF PLACING/MAINTAINING 9YO WITH KNOWN HISTORY AT SHELTER

- **Apr 2, 2003 to May 12, 2003**
  - Documented incidents of "E"s sexual aggression towards other children

- **May 15, 2003**
  - N.H., Ph. D. notified DCF/Provider of risk

- **Jun 19, 2003**
  - "E" sexually aggressive with 3yo Shelter Child

- **Jun 2, 2003**
  - N.W., Ph.D. notified DCF/Provider of risk

- **Jun 22, 2003**
  - 3yo Shelter Child sexually aggressive with 4yo Shelter Child

- **Jun 29, 2003**
  - 3yo Shelter Child sexually aggressive with other 3yo Shelter Child (children residing in same room)
THE COMMUNITY BASED CARE AGENCY IGNORED THE PROBLEM!

• NO SAFETY PLANS IN THE FACILITY SO THE EPIDEMIC SPREAD!
• NO TREATMENT FOR THE THREE CHILDREN!
• NO QUALITY ASSURANCE AS TO 175-88!
• THE PRIVATE PROVIDER WAS CLEARLY GUILTY OF CARETAKER ABUSE EVEN THOUGH CONTRACTOR CLEARLY REQUIRES COMPLIANCE WITH 175-88!
• THE SAME PROVIDER IS OPERATING OTHER FACILITIES WHERE THIS IS OCCURRING STATEWIDE!
FLORIDA ABUSE HOTLINE AND PROTECTIVE INVESTIGATIONS

Current Procedures and Problems
DCF is only required by statute to respond to reports of child-on-child sexual abuse when the alleged offender is 12 years of age or younger. (Since July 7, 2009, there are COC referrals which have similar functionality to prevention referrals)

Sexual behavior between children 13 years of age or older is not child-on-child sexual abuse as defined by DCF’s rules.

Calls to the Florida Abuse Hotline concerning child-on-child abuse in an institution or in the home do not meet the definition of abuse.

Not only was the entire population of children 13 years of age or older virtually disregarded by the current system, but even children 12 and younger are placed at enormous risk for abuse because they are placed in homes with these older children who have not been properly assessed, identified, or treated for sexually inappropriate behavior. Horrific child-on-child abuse continue to this day, which is evidenced by the cases we have all the across the State of Florida.
HOTLINE RECEIVES A CALL ALLEGING
CHILD-ON-CHILD SEXUAL ABUSE

If report meets criteria for alleged juvenile sexual offender or child who has exhibited inappropriate sexual behavior, then the hotline determines age of child.


See Appendix C: Flowchart of Current Procedures
Alleged juvenile sexual offender is “(a) a child 12 years of age or younger who is alleged to have committed a violation of chapter 794, chapter 796, chapter 800, s. 827.071, or s. 847.0133, or (b) a child who is alleged to have committed any violation of law or delinquent act involving juvenile sexual abuse. ‘Juvenile sexual abuse’ means any sexual behavior which occurs without consent, without equality, or as a result of coercion.” § 39.01(7), Fla. Stat.
Definition of Child who has Exhibited Sexually Inappropriate Behavior

Child who has exhibited sexually inappropriate behavior is a child who is 12 years of age or younger and who has been found by the department or the court to have committed an inappropriate sexual act. §39.01(14), Fla. Stat.

OR

A child having demonstrated some action found under the terms and definitions of an alleged juvenile sexual offender, but without an established pattern of behavior sufficient to define the child as an alleged juvenile sexual offender. Rule 65C-30.001, Fla. Admin. Code
Child-on-Child Sexual Abuse refers to any sexual behavior between children twelve years or younger, which occurs without consent, without equality, or as a result of coercion, as defined in Section 39.01(7)(b)1.—3, F.S. Rule 65C-30.001(19), Fla. Admin. Code
Problems Arising Out of Definitions and Hotline Discretion

Definitions

- **Juvenile sexual offender** is derived from criminal/delinquency statutes
- **Child who has exhibited sexually inappropriate behavior** differs between statute and rule and does nothing to change the statutory and administrative procedures already followed in accordance with allegations involving juvenile sexual offenders
- **Child-on-child sexual abuse** as only including children 12 years of age or younger by administrative rule is contrary to statutory definition of juvenile sexual abuse.

Hotline Discretion

- Hotline personnel are tasked with determining whether a report meets the statutory criteria for an alleged juvenile sexual offender
- Not appropriate for hotline to make such a determination because “consent, equality, and coercion” can only be determined upon proper investigation and they are not trained in the complexities of sexual abuse
<table>
<thead>
<tr>
<th>Age</th>
<th>Acceptance Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 and younger</td>
<td>hotline accepts report as special conditions and forwards call to law enforcement</td>
</tr>
<tr>
<td>Calls concerning COC abuse are not abuse. May be accepted as neglect report only if caller alleges that caregiver failed to supervise</td>
<td></td>
</tr>
<tr>
<td>13 and older</td>
<td>hotline does not accept report and forwards call to law enforcement—Since July 7, 2009 there is a COC referral for prevention</td>
</tr>
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See Appendix C: Flowchart of Current Procedures
The basis for the distinction is the definition of juvenile sexual offender contained in § 39.01(7), which is derived from the criminal statutes.

The definition and the procedures set forth in § 39.201(2) have been interpreted by rules 65C-29.002(d), 65C-29.007(1), and 65C-30.001(19) as follows: child-on-child sexual abuse only occurs between children 12 or younger and DCF is only required to respond to such reports where the alleged juvenile sexual offender is age 12 or younger.

This conflicts with § 39.307(1), which requires DCF to assist the family in receiving services for any report alleging juvenile sexual abuse, which definition does not include an age distinction.

§ 39.01(14) defines a child who has exhibited inappropriate sexual behavior also only as a child who is 12 years of age or younger. However, the definition in rule 65C-30.001(18) does not include such an age distinction.
12 and younger, CPIS investigates child-on-child sexual abuse as a special conditions referral.

CPI assesses to determine need for services and case planning in collaboration with caregiver (family).

Referrals for services are not issued if the CPI determines that the incident contains elements of normal sexual exploration.

Referrals will be issued when the behaviors are documented to be repetitive, unresponsive to adult supervision, equivalent to adult criminal violations, pervasive, and consisting of a wide array of developmentally unexpected sexual acts.


See Appendix A: Flowchart of Current Procedures
PROCEDURE FOR CHILDREN 13 YEARS OF AGE OR OLDER

13 and older, hotline accept report and forwards call to law enforcement—since July 7, 2009 COC referral children 13-17

If law enforcement finds no criminal conduct, case is closed. Discretionary referral to investigate children

Unless DJJ involvement, children over 13 discretion to assess, provided services, or otherwise treated for inappropriate sexual behaviors

Legal basis: § 39.201(2)(f), Fla. Stat. and rules 65C-29.002(5)(d)

See Appendix C: Flowchart of Current Procedures
Age Distinction Inappropriate for the Child Welfare System

- The net effect of the age distinction and conflicts in the statutes and rules is that child-on-child sexual abuse between children 13 years of age and older is eliminated. Instances of such behavior are only investigated by law enforcement, and prosecution is understandably left for the most serious of offenses. Now there are some referrals. As a result, the vast majority of these children are never formally identified, assessed, or treated.
- Although the criminal law has legitimate policy reasons for the age distinction, there is no sound child welfare policy basis for eliminating the concept of child-on-child sexual abuse among children 13 years of age or older, especially where those children are in state care.
- Even the 2005 Task Force recognized that “conservative estimates of sexual abuse histories among male juveniles who sexually offend indicate they are three to four times more likely to have been sexually abused that male adolescents in the general population. Various studies have found sexual abuse rates between 40% and 80%...”
- It is this age distinction and the procedures established on its foundation that have created a vacuum within which a wide range of sexual behaviors amongst the state’s dependent children—from normal sexual activity to blatant sexual abuse—has been permitted to fester and spread.
PROCEDURE FOR INVESTIGATIONS OF CAREGIVER NEGLECT

If, and only if, CPIS determines there is cause for abuse or neglect investigation as to caretaker, then dual investigation done as to caregiver neglect.

Most often not investigated, and therefore no tracking occurring within a particular provider’s home or facility.

Even if investigated, often closed with no indicators based upon caregiver not being one-on-one with the children and children having freedom of movement.

Legal basis: Rules 65C-29.002(5)(c) and 65C-29.007(8), Fla. Admin. Code

See Appendix C: Flowchart of Current Procedures
Calls to the Florida Abuse Hotline concerning child-on-child abuse in an institution or in the home do not meet the definition of abuse. The call may be accepted as a report of neglect if it is alleged that staff, parent, guardian, adult household member or any other person responsible for a child’s welfare failed to supervise the children properly. Rule 65C-29.002(c), Fla. Admin. Code.

- Statute requires perpetrator to be a caregiver in order to meet the statutory definition of abuse or neglect. Therefore, by definition, child-on-child abuse in any form is excluded from mandatory reports and acceptance.
- Only time a foster care provider is investigated for failure to supervise is if the reporter specifically alleges such facts, and even then, acceptance of the report is not mandatory.
Imperative to Track and Properly Investigate Foster Care Providers for Caretaker Abuse

• If the reporter does not specifically allege a failure to supervise, which they often do not, then foster care providers are not only free from investigation, but also free from tracking as these reports are not even registered in the system.

• Caretakers need to be responsible for inappropriate placements without safety plans and inadequate supervision of children with sexual behaviors.

• Even in circumstances where the provider is investigated for inadequate supervision, it appears the majority are closed with no indicators.
No statewide “alert” or identification system for children who are sexually active, reactive, aggressive, or victims

See Appendix C: Flowchart of Current Procedures
Lack of Statewide Identification System Perpetuates the Problem

- Although Broward County has implemented its own “alert” system, the lack of a mandated statewide system for identification of children in care with sexual behavior problems makes it virtually impossible to ensure the safety of children in care.

- Placement needs and risk factors, especially sexual abuse history, must be considered when placing children in substitute care. Appropriate placements and safety plans cannot possibly be implemented where there is no definitive record of established sexual behavior.

- As a result, children are inappropriately placed, leading to additional and sometimes escalating incidents of child-on-child sexual abuse that also go unidentified and untreated.
SOLUTIONS TO PREVENT THE CONTINUING EPIDEMIC

The Necessity for Comprehensive Legislative Reform to refocus sexual abuse investigation on dependency and to mandate performance where rules, operating procedures, and even lead agency contracts have not changed performance in 20 years!
Children in substitute care are entitled to **adequate supervision** to prevent them from being coerced or beguiled into sexual activities with kids their own age who are in foster care or who, because of their sexual proclivities, become targets of criminal investigations and end up being labeled as sex offenders because the foster home or facility gave them an opportunity to exploit other foster children sexually. Failing to properly investigate, regulate, and treat juveniles who engage in predatory sexual acts, **whether consensual or not**, increases risk to the public when these children age out of foster care. This is especially true in cases of child-on-child sexual abuse involving males who have been sexually abused by adult males in early childhood. DCF needs to do everything it can to properly handle this type of behavior **while the child is in substitute care**.
RECOMMENDATIONS

• Eliminate the age distinction in all child welfare statutes and rules, including all definitions making such distinctions

• Require the Abuse Hotline to accept all reports alleging child-on-child sexual abuse between children in substitute care regardless of age, both as a special conditions referral and as caregiver neglect

• Require DCF to conduct dual investigations into the special conditions referral and the responsible caregiver for inadequate supervision

• Alert System for Placement Decisions and to determine if safety plans are in place.

• Review, update, and codify CFOP 175-88

• Provide advanced training and education to all child welfare staff and responsible caregivers

• Medicaid must be referred to provide for quality assessment of all children and treatment who engage in sexual behaviors

• Quality Assurance for alerts and safety plans as to all agencies caring for children.
Eliminate the Age Distinction and Criminal Connotations

Acknowledging the legitimate cross-over of policy and practical considerations between DJJ and DCF when it comes to child-on-child sexual abuse, the child welfare system must recognize that all of these children are victims and cannot regard such conduct as criminal or make arbitrary distinctions based upon age that are not based on sound child protection principles.

To that end, all definitions must be conformed to treat children in every type of substitute care facility equally. For example:

• In the child welfare system, child-on-child sexual abuse must be a concept that includes inappropriate sexual acts between any child in substitute care.

• The term alleged juvenile sexual offender, an otherwise criminal concept, should be removed from the child welfare statutes and replaced with the more appropriate and revised definition for child-on-child sexual abuse.
Mandatory Acceptance by Abuse Hotline and Dual Child Welfare Investigations

All reports mandatorily accepted for any allegation of child-on-child sexual activity while in state care

CPIS investigates child-on-child abuse as special conditions

CPIS investigates foster care provider for failure to supervise

• Given the nature of child-on-child sexual abuse, and the various factors to be evaluated, hotline personnel should not have discretion whether or not to accept a report.

• Mandatory reporting and acceptance is the most reliable method of capturing accurate data, tracking cases, and ensuring appropriate assessment, services, safety planning, and treatment. The system must be designed to ensure that current and accurate data is available at all times.

See Appendix D: Flowchart of Recommended Procedures
Special Conditions Investigation of Child-on-Child Abuse

Unless it is abundantly clear that the report was false, both children should be immediately referred for preliminary assessment by qualified professionals.

Assessment determines true nature of the act—normal/healthy sexual behavior, sexual reactivity, sexual aggression, deviant behavior, consent issues, etc.

The early assessment will serve as basis for all further actions by CPI. Safety of other children, appropriate identifier placed in statewide tracking system, safety plans, need for complete assessment, and ultimately treatment.

- Based upon the Task Force Recommendations, the delinquency statutes were revised to require only certified and qualified professionals to conduct assessments.

- The child welfare statutes should also be revised to include the same requirement.

- Only upon the conclusions of qualified professionals can CPIS accurately assess the actions to be taken from a child welfare standpoint.
Require Qualified Professionals for Assessment and Treatment

- It is imperative that the statutes require qualified practitioners to conduct assessments and provide treatment for all children involved in child-on-child sexual abuse.

- Currently, child protective investigators are conducting and closing investigations without possessing the requisite skills to accurately make conclusions about the particular children involved.

- The practice of juvenile sexual offender therapy is regulated by §§ 490.0144 and 490.0145, Florida Statutes. In accordance with the authority granted in the statutes, the Board of Psychology promulgated rule 64B19-18.0025, which establishes the minimum requirements for practicing juvenile sexual offender therapy. See Appendix E for complete rule.

- At a minimum, these requirements should be adopted into the child welfare statutes. However, additional criteria should be established that is specific to the complexities of child-on-child sexual abuse.
• FLORIDA MUST PAY FOR APPROPRIATE TREATMENT BY QUALITY PROVIDERS!
There must be reliable data in the state system of how many times child-on-child sexual activity is reported for a particular provider.

CPIS should utilize this information in evaluating whether there is inadequate supervision.

• The statutes and rules should establish a framework for child protective investigations of all responsible caregivers, including lead agencies, shelters, foster homes, group homes, and residential treatment facilities.

• This framework should be specific to the unique issues of child-on-child abuse to accurately determine if it is the result of caregiver neglect.
CFOP 175-88 established a plan to address child-on-child sexual abuse in substitute care. Although it was established in 1999, it provides a comprehensive framework to address many of the concerns regarding identification, assessment, safety plans, treatment, and appropriate placements.

Parts of the policy have been adopted by rule 65C-28.004 regarding placement of children who are victims of sexual abuse, alleged juvenile sexual offenders, exhibiting sexually inappropriate behaviors, or who are sexually reactive. However, the rule is rendered meaningless in many cases because children are never appropriately identified as such.

Because of changes in policies and interpretations, this operating procedure is often not followed. It is time to update this comprehensive framework and give it the force of law so that changes in agency policy and various administrative rules cannot interfere with the basic principles of ensuring children’s safety while in state care.
Provide Advanced Training and Education

- DCF and CBCs must provide training and education to staff and foster care providers on all issues relevant to child-on-child sexual abuse, including reporting requirements.

- CPIs must be provided advanced training in the complexities of child-on-child sexual abuse.
• DCF MUST MONITOR AND PROVIDE QUALITY ASSURANCE THAT MANDATE REQUIREMENTS ARE BEING IMPLEMENTED
• ALERT SYSTEMS
• SAFETY PLANS
• TREATMENT OF ALL CHILDREN