

FAMILY SERVICES SEXUAL SAFETY PROGRAM

The goal of the Family Services Sexual Safety Program is to ensure the safety of children who are victims of sexual abuse or who present with a history of sexually reactive or aggressive behavior through appropriate placement and therapeutic intervention.

The guiding principles of the program are based on best practices principles developed by the Association for the Treatment of Sexual Abusers (ATSA) for children with Sexual Behavior Problems (SBP). Our goal is to provide professional and comprehensive training for case managers, foster parents and other caregivers about the latest research, theories and treatment modalities. At the same time we ensure that children with SBP are treated with dignity and respect and receive child specific treatment.

The program expands on the Department of Children and Families' safety plan procedures. Training is provided for the entire system of care and includes protective investigators, family case managers, placement workers, foster parents, relatives and residential group care providers. In May 2009, Family Services hired a Clinical Director to operationalize the program.

Family Services has 850 children in licensed out-of-home care. In August 2009, Family Services requested that our Case Management Organizations (CMO) submit current sexual safety plans on all children in licensed care to ensure policy compliance. Below are the specific safety items reviewed:

FOCUS FOR CHILDREN IN LICENSED PLACEMENTS WITH A SEXUAL SAFETY PLAN:

- Age of other children in the foster home/group home room
- Status on foster home waivers
- Sleeping arrangements of the abused child(ren)
- Specific documentation of the child's sexually acting out behaviors
- Status of sibling separation

Out of 175 safety plans, 44 were either inactive or initially inappropriate. There were plans on children who had aged out, were serving adult jail/prison terms (until age of majority), had consensual sexual contact with others (no documented sexual abuse history for either party), and who had been adopted (closed cases). The precautionary safety plans with no documentation of sexual abuse history simply highlighted the need for continuous trainings for our system of care. By removing inactive and inappropriate sexual safety plans, the actual number of children in paid licensed care with a valid sexual issue requiring a sexual safety plan was 131 children.

Everyday children are either entering or exiting care so daily tracking is necessary to ensure child safety. A system problem is the lack of understanding of age appropriate sexual behaviors. A review of safety plans indicated inappropriate labeling of children. Plans focused on abuse history without a focus on behavioral intent.

Of the 131 children with sexual safety issues, 88 of the safety plans were approved with 43 pending approval. Information that is missing or unclear in the plan is considered unapproved. Approved safety plans contain the following information:

APPROVED SEXUAL SAFETY PLANS MEET THESE BASIC REQUIREMENTS

- Sleeping arrangements for the child;
- Detailed reason for the sexual safety plan;



- Signatures from, at a minimum, the family case manager, supervisor and the caregiver;
- The following information regarding the counseling/therapy for the child:
 1. Child is in counseling
 2. Child has completed counseling
 3. Child is refusing counseling
 4. Child has been referred to counseling

If the information on the plan is missing or incomplete the plan is returned to the CMO for completion. The Family Services of Metro Orlando Clinical Director has final approval of all sexual safety plans.

LABELING CHILDREN WITH SEXUAL ISSUES

The Department's policy on the placement of sexual abuse victims and aggressive children (CFOP 175-88) was analyzed. The Department's policy was found to be ambiguous. For example it did not differentiate between sexually reactive and aggressive children. Family Services developed the Sexual Safety Policy. While the state policy focused on victimization, the Family Services policy focuses on observable behaviors. The child's experience and behaviors determine the following classification:

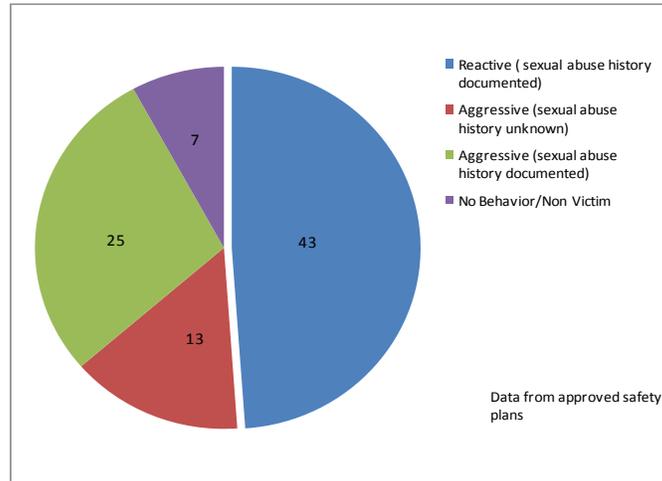
- Sexually abused: A victim of abuse;
- Sexually aggressive: An individual of any age who uses a forceful or coercive sexual action or procedure (as an unprovoked attack) especially when intended to dominate or master;
- Sexually reactive: A child, who as a consequence of having been sexually abused, may be sexually preoccupied, or engaged in identified sexualized behaviors, with or without a defined pattern, (in which coercion is NOT used), and thereby demonstrates some risk to others.

ANALYSIS OF SAFETY PLANS

Attachment 1 outlines current sexual safety plan compliance. Of the total 131 children needing a sexual safety plan, only 88 (67%) have an approved sexual safety plan. There are 43 (33%) children with documented evidence of a sexual issue that do not have a sexual safety plan in place. Of the approved sexual safety plans, 19 children meet the criteria of sexually reactive. An additional 29 children met our definition of sexually aggressive. There are 40 children identified as 'No Behaviors'. Children in this category have a documented sexual issue requiring a sexual safety plan but are not currently exhibiting any sexual safety concerns.

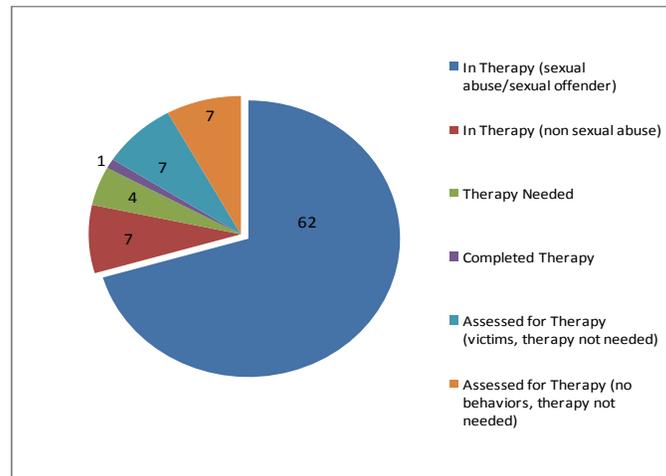
Children who are sexually reactive or aggressive often have been sexually abused. The review of 88 approved sexual safety plans supported that sexual abuse victimization was always documented even though such children were labeled reactive or aggressive. Based on documentation obtained within abuse reports, 43 children were identified as reactive. Thirteen children identified as aggressive had a documented history of sexual abuse. An absence of documented sexual abuse was found within the case histories of 25 children identified as aggressive. Another 7 seven children with sexual safety plans required further review to determine if a sexual safety plan was necessary.

APPROVED SAFETY PLANS BY SEXUAL LABEL: ABUSED, REACTIVE OR AGGRESSIVE



Counseling is critical for children that have been victimized. The 88 approved safety plans are illustrated in the graph below indicating the status of therapy, depending on the needs of the child. Seven children need further review.

APPROVED PLANS AND THERAPY STATUS



PROGRAM INTEGRATION

After the review, Family Services determined that additional clinical support at the CMO level was needed. Case management contracts for the 09/10 fiscal year included funding for the position of Clinical Coordinator in each CMO. The role of the Clinical Coordinator is to consult with case management staff on the development and approval of sexual safety plans and the management of psychotropic medications. The Clinical Coordinators will begin meeting weekly in November 2009 with the Family Services Clinical Director to explore the validity of each child’s current sexual classification, and ensure timely sexual safety plan completion and initiation of therapy.

Additionally, Family Services created a panel of preferred providers, as counseling children with sexual issues requires special training. Family Services is seeking to expand the Behavior Health Panel of therapists with expertise in this area. Currently one provider, Devereux Best Kids, sets appointments for children identified as sexually abused within five business days of referral. Clinical Coordinators will need to ensure that appropriate referrals and service commencement have begun for each child.

A specialized training curriculum was developed and delivered to case management and protective investigation staff. Staff from all service centers participated. The training was delivered jointly by expert trainers and certified child welfare trainers. In addition, thirteen sexual safety trainings were delivered to 319 case management professionals between November 2008 and September 2009. Sexual safety training has been incorporated into our new foster and adoptive parent preparation curriculum as well. There are plans to expand the training to include group care providers and relatives.

POLICY IMPLICATIONS

Even after the inactive safety plans were removed, our initial review process highlighted several areas that still need to be addressed.

- Not all children who are sexually abused are reactive or aggressive;
- Plans are not always updated when a child moves to a new placement;
- It is unclear how some children were initially labeled, particularly for 'legacy children';
- Prior plans were inappropriately written and/or not kept active;
- Children are not being referred to counseling timely;
- The practice of separating siblings immediately when one acts out, particularly for reactive children;
- Children who demonstrate no behaviors are still potentially at risk of becoming aggressive or reactive;
- Identifying children with SBP requires clinical expertise that is reliable and consistent system-wide;
- Greater focus is needed on documenting behaviors versus documenting victimization.

NEXT STEPS

Family Services is pursuing expert consultation from Richard Block with ATSA, who has also participated on the Governor's Task Force related to children with sexual behavioral problems. Through this partnership, Family Services will receive additional guidance on program development. Additionally, Family Services will be developing a sexual behavioral inventory to ensure proper clinical assessment of children with sexual behavior problems.

ATTACHMENT I

Sexual Safety Plan Measures

