

SPECIAL CONDITIONS REFERRAL - CHILD-ON-CHILD SEXUAL ABUSE REFERRAL JOB AID

The purpose of this Job Aid is to provide programmatic guidelines to assist you in the proper documentation of information in FSFN, based on the requirements of Florida Statutes and Florida Administrative Code. This Job Aid should be used in conjunction with the How Do I Guides, FSFN User Guide and FSFN Tip Sheets.

TAB	PROGRAMMATIC GUIDELINE
Assignment	The Child Protective Investigator will be the Primary worker assigned to the Case containing the Special Conditions Referral with the type of Child-on-Child Sexual Abuse. If the Case is staffed and accepted for services, the assigned Case Manager becomes the Primary worker and the Child Protective Investigator will be assigned to the Case as a Secondary worker until the Special Conditions Referral is approved for closure.
Case Maintenance Page	
Case Name	<p>The naming convention for a Case created as a result of a Special Conditions Intake with a type of Child on Child Sexual Abuse is:</p> <ul style="list-style-type: none"> • The name of the youngest victim listed • If there are no known victims (i.e. demographics not available) or no victims residing in the state of Florida, then the Case Name will be the Alleged Juvenile Sexual Offender's (AJSO) name. • If the children involved in the Special Conditions Intake-COC are siblings and there is an open Case on the family, the Special Conditions Intake – COC will be linked to the open Case. • If the children involved in the Special Conditions Intake – COC are not members of the same family unit, a new Case will be created.
Participants Tab	<ul style="list-style-type: none"> • Do not select a Service Role Type for any of the Case participants while responding to the Special Conditions Referral. • For each child included as a participant, add their primary caregiver as a Case participant to the Maintain Case page. <ul style="list-style-type: none"> ○ If the child is in an out-of-home placement, enter both the primary substitute caregiver and the biological/adoptive parent or caregiver from whom the child was removed. • Document the Family Structure for the child identified as the AJSO .. • If the AJSO is not identified, select “Unable to Determine” for the Family Structure.
Relationships Tab	<ul style="list-style-type: none"> • The system only requires that the relationship between child and adult be documented. However, please note that if the AJSO is a sibling or has on-going access to the child(ren) victim(s), the CPI shall add the relationships between the

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	child participants on the Case, immediately.
Case Address and Phone Number	<ul style="list-style-type: none"> • The case address and phone is the address and phone number for the subject after whom the Case has been named (please refer to the guidelines for Case Name). <ul style="list-style-type: none"> ○ If the children involved in the referral are siblings, and there is an open Case on the family, the Case Address and Phone Number will remain the same.
Professional/Other Contacts	<ul style="list-style-type: none"> • The Professional Contacts group box allows you to enter those persons who are frequently used professional contacts, such as the child’s doctor or parent’s therapist. • In order to use this functionality, the professional contact must first be entered in the system as a person – therefore, stored in the database and searchable. • The Office of General Counsel has indicated that this functionality not be used to document these professional contacts, but rather be documented in the Other Contacts group box. • The Other Contacts group box is used to document contact information for both frequently used professional contacts, as well as other persons who may be contacted on a frequent basis, such as a relative.
Closing History	<ul style="list-style-type: none"> • When you submit the Case for closure (by selecting Submit Case Closure Request from the Options drop down box), the Case Closure Request Pop-up Page will appear. • Closing Information group box - Select “Service Provision Completed” as the reason for requesting case closure. • Closure Summary – Provide a brief statement regarding the outcome and resolution of the response to the child on child referral.
Special Conditions Referral – Child-on Child Page	
Referral Information Tab	<ul style="list-style-type: none"> • If at any point during the Special Conditions Referral response/assessment it is suspected that abuse or neglect has occurred, the Florida Abuse Hotline will be immediately contacted to initiate an Investigation.
Participants Tab	<ul style="list-style-type: none"> • The system currently requires that each Special Conditions Referral – COC type has at least one child with a role of Victim and at least one child with a role of AJSO. However, there are instances in which the caller cannot identify which child may be the possible AJSO, if any. <ul style="list-style-type: none"> ○ In these instances, the Abuse Hotline will assign all children the role of Victim ○ The hotline will add an “Unknown” child with the role of AJSO.

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	<ul style="list-style-type: none"> ○ Once the CPI has identified the aggressor child, or “AJSO”, they will merge the unknown child with the correct person record for the identified AJSO. ○ If it is determined that the incident was part of normative sexual exploration, the Special Conditions – COC Referral will be closed with the Unknown child with a role of AJSO intact..
<p>Narrative/ Outcome Tab</p>	<ul style="list-style-type: none"> ● The Special Conditions Intake Narrative group box is pre-populated with the child-on-child sexual abuse narrative, as reported to the hotline. ● The Special Conditions Response Summary group serves the same purpose as the Overall Safety Assessment on the In-Home Child Safety Assessment. As such, it shall reflect: <ul style="list-style-type: none"> ○ A summary of the overall COC Sexual Abuse Assessment and how the factors interrelate. ○ Any safety actions taken, if needed. ○ A summary of other actions carried out in response to each specific concern documented in the Special Conditions Intake and the overall assessment. ○ A summary of the results of the interviews with the subjects of the child-on-child referral and other collaterals.
<p>Contacts/ Notifications Tab</p>	<ul style="list-style-type: none"> ● Required notifications, as appropriate, shall be documented in the Notifications group box. These include, but are not limited to law enforcement, the state attorney’s office and Child Protection Team. ● All contacts made in response to the assessment and resolution of the Special Conditions Referral – COC type shall be documented in the system.
<p>Results</p>	<ul style="list-style-type: none"> ● The CPI will document the assessment, treatment needs and case plan, if needed, within thirty days of acceptance of the Special Conditions – Child-on-Child Intake by the hotline. ● In order to submit the Special Conditions Referral for supervisory review and approval, select Approval from the Options drop down. <ul style="list-style-type: none"> ○ Prior to initiating the Approval, ensure that you have checked the Completed check box in the header group box on the COC Sexual Abuse Assessment. Otherwise, the system will not allow the referral closure. ● While the system does not provide a supervisory review screen, supervisory review of the Special Conditions – Child-on-Child Referral shall occur. ● The supervisor will document his/her review through a case note type, Category of “Special Conditions”, Type of “Reviews/Supervisory. ● If further actions are deemed required by the supervisor, the Approval request

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will be returned to the worker.

CHILD-ON-CHILD SEXUAL ABUSE ASSESSMENT

- The COC Assessment must be completed within 7 days of receipt of the Special Conditions Intake – COC type by the hotline.
- The purpose of this assessment is to assist in the determination if the incident(s) reported are of a normative play nature, or if the incident(s) reported involves sexual abuse of one child by another. If a determination is made that the incidents reported are of a sexually abusive nature, a more comprehensive assessment and multidisciplinary staffing must occur. This multidisciplinary staffing will be utilized to guide the recommendation for treatment needs and the referral for ongoing services in order to develop a case plan for the provision of the identified treatment services.
- Please note that a change request for the re-design of the COC Sexual Abuse Assessment Screens has been submitted to the system integrator. These changes will be addressed during Release 2 of FSFN. These programmatic guidelines will provide a means to ensure that all necessary information is consistently documented in the statewide automated system.

COC Factors 1-9 Tab

Offense Characteristics

- These 9 factors address factors pertaining to the reported sexually abusive behavior, including factors that are characteristic of sexually abusive behavior.
- The focus of these factors is on the AJSO’s behaviors towards the alleged child victim(s), therefore each question, with the exception of Factors 8 and 9, which require a response as it pertains to each alleged victim.

COC Factor 1	<u>Victim is substantially younger than the offender.</u> Is there an age disparity between the two children or are they peer-age? If there is an age disparity, is the identified victim younger than the “offending” child?
COC Factor 2	<u>Victim is known to offender.</u> Is the alleged child victim a relative or acquaintance? If the victim is a relative, are they siblings? Does the AJSO offender baby sit for the child victim?
COC Factor 3	<u>Use of coercion.</u> Was the alleged child victim forced to engage in the sexual behavior? Was the child’s compliance gained through the use of intimidation or threats of violence? Or did the alleged child victim willingly engage in the sexual behavior?
COC Factor 4	<u>Use of violence.</u> Was physical force or extreme violence used to secure the child’s compliance?
COC Factor 5	<u>Use of bribes by offender.</u> Was the alleged child victim enticed into the sexual behaviors by being offered money or some other incentive to engage in these

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	behaviors against his or her will?
COC Factor 6	<u>Elements of secrecy involved.</u> Was the alleged victim encouraged, forced or told not to disclose the “relationship”?
COC Factor 7	<u>Multiple victims.</u> This factor pertains to the specific sexual offense being addressed. However, the system requires a response per alleged child victim. Respond “Yes” for each victim named that was determined to have been involved in the reported incident. Consequently, this will indicate if more than one victim was involved.
COC Factor 8	<u>History of non-sexual aggravated assault.</u> This question pertains to the AJSO. Does the AJSO have a history of aggravated assault, whether acknowledged by family members or reflected in his/her criminal records check?
COC Factor 9	<u>Number of incidents.</u> This factor addresses the number of sexually abusive incidents between the AJSO and alleged child victim reported and/or disclosed. Indicate “Yes” for each alleged victim involved in two or more incidents. Note the specific number of incidents in the Offense Characteristics Narrative Text Box.
Offense Characteristics Narrative	Use this narrative to provide a description of the alleged incidents as they relate to these factors.

COC Factors 10-16 Tab

	Child Maltreatment History (10-13)
	These factors explore the AJSO’s history as a victim of child maltreatment, whether acknowledged by the family or previously reported to a child welfare agency.
COC Factor 10	<u>Offender has history of sexual victimization.</u> Does the AJSO’s prior history reflect sexual victimization, intra or extra familial? Has he/she disclosed prior victimization? Was his/her prior victimization previously reported to a child welfare agency? Was the family aware of the prior victimization?
COC Factor 11	<u>Offender has history of physical abuse.</u> Does the AJSO’s prior history reflect a history of physical abuse? Has he/she disclosed prior or ongoing victimization? Was his/her prior victimization previously reported to a child welfare agency?
COC Factor 12	<u>Offender has history of neglect.</u> Does the juvenile offender’s prior history reflect a history of neglect?
COC Factor 13	<u>Offender has history of family/domestic violence.</u> Does the juvenile offender’s prior history reflect exposure to family/domestic violence
Child Maltreatment	Use this narrative to provide a description of the AJSO’s maltreatment history, as it

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Narrative	applies to these factors.
	Social and Interpersonal Skills and Relationships (14-16)
These factors address family stability, history of emotional or physical separation from the parental figures and social and interpersonal attachments.	
COC Factor 14	<u>Offender's family has history of instability.</u> Is this an intact family? Is the family a disorganized family with poor, non-supportive communication skills? Is the family instability a result of maltreating dynamics within the family, as well as exposure to domestic violence? Is there a history of parental mental health issues, substance abuse, law violation or marital stress in the family?
COC Factor 15	<u>Offender has history of physical/emotional separation from one/both parents.</u> If there is a history of family instability, has this led to the offender's physical or emotional separation from one or both parents? Has the child ever been placed outside of the home, including foster care and/or juvenile commitment? Is one or both of the parents physically and/or emotionally inaccessible to the offender?
COC Factor 16	<u>Offender has inadequate social skills, poor peer relationships, and/or is socially isolated.</u> Does the AJSO lack social competence, as evidenced by social isolation and poor peer relationships? Does the offender have few peer attachments, if any? Does he/she have a sense of attachment to his/her school?
Social and Interpersonal Skills and Relationships Narrative	Use this narrative to provide a description of the AJSO's history of family instability, emotional and/or physical separation and social and interpersonal skills and relationships.
COC Factors 17-26 Tab	
	Sexual Knowledge And Experience (17-18)
These factors address the AJSO's level of sexual knowledge based on his/her developmental status, as well as determine the possible source of that knowledge	
COC Factor 17	<u>Offender has knowledge of advanced sexual practices.</u> Is the AJSO's sexual knowledge more advanced than would be expected from a child his/her age or developmental stage?
COC Factor 18	<u>Offender has been exposed/access to pornography.</u> Has the AJSO had any exposure to pornographic or sexually deviant publications, particularly at a young age? Was most of his/her sexual knowledge obtained through exposure to these materials?
Sexual Knowledge and Experience	Use this narrative to provide a description of the AJSO's level of sexual practices knowledge and exposure or access to pornographic material.

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Narrative	
	Academic and Cognitive Functioning (19-21)
These factors address the AJSO's academic, intellectual and cognitive performance	
COC Factor 19	<u>Offender has academic difficulties.</u> Does the AJSO have a history of disruptive behavior, truancy, attention deficit disorder and/or learning disabilities? Is he/she performing at grade level academically? Has he/she failed any grades? Is he/she within the average range of intellectual functioning?
COC Factor 20	<u>Offender has reduced empathy.</u> Does the AJSO have trouble recognizing others' feelings, including the alleged victim child's? Does he/she have difficulty in understanding others' perspective?
COC Factor 21	<u>Offender blames victim.</u> Does the AJSO believe that the child victim either "asked" for it or enticed him/her into the sexual interaction? Has his/her lack of empathy towards the victim lead to the "blaming" of the victim?
Academic and Cognitive Functioning Narrative	Use this narrative to provide a description of the AJSO's actual academic and cognitive functioning.
	Mental Health Issues (22-26)
This section addresses any known or suspected mental health issues for the AJSO.	
COC Factor 22	<u>The offender has history of poor impulse control problems.</u> Has the AJSO been diagnosed with a conduct disorder? Do the family and other relevant collateral contacts describe incidents or behaviors that may be indicative of poor impulse control?
COC Factor 23	<u>The offender has a history of anxiety.</u> Has the AJSO been diagnosed with an anxiety disorder? Do the family and other relevant collateral contacts describe incidents or behaviors that may be indicative of anxiety? Does he/she exhibit behaviors that may be indicative of anxiety?
COC Factor 24	<u>Offender has history of depression.</u> Has the AJSO been diagnosed with depression? Do the family and other relevant collateral contacts describe incidents or behaviors that may be indicative of depression? Does he/she exhibit behaviors indicative of depression?
COC Factor 25	<u>Offender has history of suicidal ideation.</u> Has the AJSO ever attempted suicide? Has he/she ever talked about suicide or been overly preoccupied with death? Has he/she expressed a wish to die?
COC Factor 26	<u>Offender has history of substance abuse.</u> Does the AJSO have a history of substance use (either drugs or alcohol) that goes beyond what would be considered part of

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	developmental normative experimentation? Was the use of either drugs or alcohol by the AJSO involved in the sexual interaction?
Mental Health Issues Narrative	Use this narrative to provide a description of the AJSO's known or suspected mental health issues.
Treatment Needs Tab	<ul style="list-style-type: none"> • If based on the information gathered, as reflected in the assessment, a determination is made that a case plan for intervention is needed, a referral for ongoing services must be made. • If such a determination is made, a referral to CPT for a multidisciplinary staffing must also be made. <ul style="list-style-type: none"> ○ The multidisciplinary staffing shall result in a determination of treatment needs, to be documented in this tab. • Please note that this information may not be known within the first 7 days of response to the referral. If so, document "No Treatment Needs" in order to submit the assessment for initial supervisory review. • Once the necessary information is received, update the assessment accordingly. Please note that the current design will not maintain the prior version of the assessment, once updated. <ul style="list-style-type: none"> ○ In order to maintain a history of the COC Sexual Abuse assessment versions, you must print the current assessment version and include it in the paper file. The supervisor reviewing the COC Sexual Abuse assessment shall sign this template in order to document the version reviewed. • Provide a description of the specific services identified. • Use the Treatment Needs Narrative text box to document what specific issues were identified in the assessment and through the more comprehensive multidisciplinary staffing. Describe how each service identified is expected to ameliorate the identified need(s).
Assessment Outcome Tab	<ul style="list-style-type: none"> • This tab documents the outcome of the intervention, as specified by Chapter 39.307, F.S. • If a need for services is determined, the CPI must staff the case with the local CBC for acceptance for ongoing services. <ul style="list-style-type: none"> ○ If ongoing service needs are identified for the child victim and the case is accepted by the local CBC, a new case for the child victim will be created in FSFN. The new case will be created by the local CBC, through completion of a Service Referral in FSFN. The Case will be named in accordance with the naming convention for an In-home Case. ○ If ongoing services are identified for the AJSO and the family voluntarily

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	<p>accepts the services, the primary worker assignment to the case will be changed to the identified CBC case manager.</p> <ul style="list-style-type: none"> ○ If either family refuses services or is non-compliant and as a result a report is made to the hotline, a new in-home case will be created. The new Case will be named in accordance with the same naming convention for an In-home Case. <ul style="list-style-type: none"> ● If a need for services is determined for either the alleged child victim or the AJSO, but the family refuses services, the CPI must determine if the refusal increases the safety and child well-being concerns for either child. <ul style="list-style-type: none"> ○ If the need for services is identified to support child safety and wellbeing, the CPI shall notify law enforcement for possible criminal handling.
<p>Services/ Compliance Tab</p>	<ul style="list-style-type: none"> ● Use this screen to document both the child victim and AJSO’s family compliance with the recommended services. ● If the family is not compliant, the CPI shall notify the following agencies: <ul style="list-style-type: none"> ○ Law enforcement ○ State attorney’s office ○ CPT for an evaluation of possible medical neglect on the parents ○ Consult CWLS for a determination of legal sufficiency for the filing of a dependency petition ○ If the CPT evaluation supports a determination of medical neglect or threat of harm, the CPI will pursue the filing of a dependency petition. At this point, a report to the hotline shall be made. ● Once you have completed the COC Sexual Abuse Assessment, check the “Completed” check box in the header group box on this page. This box is used to track the completion of the COC Sexual Abuse Assessment within the required 7 days from receipt at the hotline. <ul style="list-style-type: none"> ○ At this point, the COC assessment goes into “Completed” mode and can be later updated as more information is known. ○ As stated earlier, any updated version will override the previous version. ○ Each time that a new version is created, a printout of that version shall be included in the paper file and signed by the supervisor reviewing the assessment. ● Use the Service Compliance Narrative text box to summarize the efforts made to engage the family’s compliance. <ul style="list-style-type: none"> ○ If the family is non-compliant, summarize the family’s response to the recommended services and the means by which they lacked compliance.