Purpose

To provide specific policy guidelines for social workers investigating allegations of risk of harm/sexual abuse.

Policy

Risk of Harm/Sexual Abuse investigations require a focus on two primary areas to evaluate child safety. As a subset of both risk of harm and sexual abuse maltreatment types, the two areas of focus, beyond the child interview, are:

1. Non-offending caretaker's willingness and ability to protect.
2. The substantiated and/or convicted offender's current risk to the identified child.

When child safety allows, social workers should make an effort to begin their investigation by gathering and reviewing as much background information as possible to inform their intervention. This may include, but is not limited to:

- Previous DCF investigations, assessments, files, etc.
- VCAS
- DOC
- Central Registry
- Master Index
- Affidavits and court findings
- Other relevant records from DOC

Child Interview(s)

The first point of contact in a risk of harm/sexual abuse investigation should be either the non-offending caretaker or the child that is deemed to be at risk of harm. Interviewing the child deemed to be at risk prior to speaking to the non-offending caretaker should be considered if there is information to suggest that the non-offending caretaker is aware of the risk that the offender poses to the child and that the non-offending caretaker has not taken steps to address the concern.

An interview of the child should be broad but pay particular attention to gathering information about who lives in the child's home, what level of contact the child has with the offender, and the child's developmental level and physical abilities, which may impact the child's ability to protect themselves.

Non-Offending Caretaker's Willingness and Ability to Protect

The non-offending caretaker is the focus of this assessment, as they are the person responsible for the child's welfare. Other people, such as extended family and fictive kin, may play an important role in child safety and may be involved in creating safety for the child.

Areas of Assessment:

1. What level of contact does the offender have with the child?
2. What does the non-offending caretaker know about the perpetrator's substantiation and/or conviction?

At times, the non-offending caretaker and the offender may wish to speak with you together rather than undergo separate interviews. As with any investigation or assessment, careful consideration should be taken to ensure that interviews are maximally beneficial in terms of information gathering. Ideally, each party will be interviewed separately to gather information. Consideration should be taken in situations where domestic violence may be present to ensure that, whenever possible, the interview supports safety for the victim. Having separate interviews first does not preclude a joint interview with both parties at a later time. Refer to the **Domestic Violence Position Paper** for more information.

Familiarize yourself with the criminal affidavit, if one exists, and discuss it with the non-offending caretaker if they appear to be missing key information or appear to not be grasping the severity of the information at hand.

Multiple offenses, specifically those involving different victims, should be seen as very serious and may indicate a greater risk to the current child.

Review the criminal affidavit (if one exists) with the non-offending caretaker. Review the redacted investigation file (if one exists) with the non-offending caretaker. Sharing this information allows the social worker to adequately assess the non-offending caretaker's reaction and response to the documented information. The social worker does not have

adequate information to assess responsiveness to the concern if sufficient information about the offense is not shared. The redacted investigation file may NOT be left in the non-offending caretaker's possession.

If the offender was a juvenile when the offense was committed, social workers may share substantiation information but may not share information from sealed juvenile court records. Information maintained in the Central Registry is not part of the sealed record. Any documents or information shared from those documents should be gathered from FSDNET and not from sealed files. The Investigative Activities Summary and the Case Determination, as well as older versions of these documents (the 242 series) are not part of the sealed record.

Substantiated and/or Convicted Offender's Current Risk to the Child

Areas of Assessment:

1. If the offender denies the incident for which they were substantiated, it is appropriate to provide them with information about the Commissioner's Registry Review Unit and their right to appeal the substantiation. However, this denial and a potential appeal do not preclude the current risk of harm/sexual abuse investigation from continuing. Consideration should be paid to consistency between information provided by the offender and any documentation gathered through FSD records, DOC records, law enforcement affidavits, etc.

For each sex offense substantiation, charge or conviction, collect the following:

a. Date of offense(s) and how long ago the offense(s) took place
b. Offender's age at the time of the offense
c. Victim age/ gender/ relationship to offender (related, unrelated, stranger)
d. Offense behavior / frequency / duration / severity / Modus Operandi
e. Was any treatment done? If so, sex offender risk assessment scores, if available.

2. Review affidavits related to the incident? Multiple offenses should be seen as very serious and may indicate greater risk to the current child.

3. If the offender is/was under Department of Corrections supervision, DOC should be contacted directly to discuss [see the MOU with the DOC in **Policy 156**]:

a. Compliance with supervision and treatment
b. What was / is the treatment plan?
c. What is the offender's understanding of their risk factors and coping strategies to deal with those risks?
d. Based on above information, would the DOC employee who works or worked most closely with the offender see having current access to this particular child as a risk for reoffending? (Regardless of whether or not there is a criminal court order prohibiting or allowing contact with children.)
e. Has there ever been a psychosexual completed by the offender?
f. What is the level of supervision being provided by DOC?
g. Are there current conditions that control the offender's living situation that can be used to create safety for the child in question?

4. Whether or not the offender is currently under Department of Corrections supervision, it is important to critically analyze information related to the treatment received by the offender (if the offender was supervised by the Department of Corrections). This should be done through reviewing available documents and talking with the Department of Corrections and/or treatment providers, paying particular attention to the following:
   a. Did the offender undergo a psychosexual or other assessment to determine any treatment needs?
   b. Has the offender completed treatment?
   c. Was the offender able to identify his/her risk factors during treatment? Did the offender develop coping strategies to deal with those risk factors?
   d. Is the offender still able to recognize his/her risk factors? Does he/she have current coping strategies to deal with those risk factors?
   e. What situations continue to present risks for this offender?
   f. Does the offender's current behavior indicate that he/she is not engaging in healthy recovery? (E.g. entering into risky situations, not practicing learned coping strategies when a risky situation is encountered, etc.)

5. Are there dynamic factors present that may mitigate sexual offending recidivism?
   a. Does the offender have a positive, healthy support system?
   b. Are the offender's family and friends, as well as providers with whom the offender is working, available and willing to participate in

monitoring to create safety for the offender and the child with whom the offender is having contact?

c. Is the offender employed? Does this employment put the offender in situations where his/her identified risk factors are present, or is this employment in compliance with what the offender learned in treatment? Does the offender find this employment meaningful?

6. If the offender is no longer under Department of Corrections supervision but is on the Vermont Sexual Offender Registry, has the Vermont Sexual Offender Registry been contacted to determine the offender's current address of record and whether or not they have reported living with any juveniles under age eighteen? If the information the Registry has is not consistent with the information currently available to FSD, contact with law enforcement should be made to conduct a joint home visit to allow law enforcement to determine whether or not there has been a Registry violation and to ensure social worker safety during the home visit.

7. Is consultation with a provider who has expertise in sexual offending necessary? Is an evaluation by a provider contracted by FSD necessary? FSD has a statewide contract with a list of providers. Decisions to request a referral may be made individually by the social worker, as part of supervision, or through consultation with the social worker's team and must be approved according to current protocols. Social workers may also wish to consider bringing the case to their local Special Investigations Unit Multi-Disciplinary Team for consultation and/or their local Sex Offender Treatment team with the Department of Corrections for consultation.

When **making a determination** in a of risk of harm/sexual abuse investigation, social workers and their teams should consider policy requirements and practice guidance to reach a determination to substantiate or unsubstantiate.

When **closing** a risk of harm/sexual abuse case, the outcome of the Risk Assessment/Risk ReAssessment tools should guide decision making, as should the information gathered throughout the intervention. Knowing how and when to close a case requires careful consideration and should be informed by best practice research.

Making a Determination in a Risk of Harm/Sexual Abuse Investigation

When making a determination in a risk of harm/sexual abuse investigation, social workers must take into account all of the information gathered regarding the risk of sexual abuse that the alleged offender poses to the child as well as the non-offending caretaker's ability and willingness to protect, as either or both may be substantiated for risk of harm/sexual abuse.

Per **Policy 56**, the following criteria are to be taken into account when making a determination to substantiate the alleged offender:

- The history of sexual abuse or offenses
- The nature of the abuse or offense
- The history of treatment

If these factors, coupled with the accessibility of the alleged victim to the offender, indicate that the offender poses a substantial risk of sexual abuse to the alleged victim, risk of harm/sexual abuse should be substantiated.

Per **Policy 56**, the following criteria are to be taken into account when making a determination to substantiate the non-offending caretaker:

- Ability to protect the child from harm
- Willingness to protect the child from harm

If a reasonable person would conclude that, either by their actions or omissions, the non-offending caretaker is knowingly unable *or* unwilling to protect their child, risk of harm/sexual abuse should be substantiated.

Closing a Risk of Harm/Sexual Abuse Case

When preparing to close a risk of harm/sexual abuse case, social workers should work with the family to create a safety plan tailored specifically to the child and family's needs if a safety plan is needed to address identified danger. The safety plan should take the following into consideration:

- The non-offending caretaker's understanding of the offender's prior offense(s), understanding of DCF's concerns as demonstrated by their ability to articulate those concerns, and willingness and ability to participate in safety planning

- The offending caretaker's insight into their own prior offense(s), understanding of DCF's concerns as demonstrated by their ability to articulate those safety concerns, and willingness and ability to participate in safety planning
- The child's age and ability to participate in safety planning – social workers should talk with the family about how to include the child in safety planning dependent on the factors of age and ability to participate.
- All parties willingness to carry out the safety plan over time and to adjust it as needed due to changes in circumstances
- Any pre-existing safety plans or strategies learned in treatment that the offender has to maintain safety for themselves and others
- The caretaker and offender's openness to safety plan monitoring and social support by outside parties, such as extended family, friends, neighbors, school personnel, medical providers, etc.
- What actions, behaviors, or activities are reasonable to expect a family to carry out over time, and if an action, behavior, or activity is considered unreasonable to carry out over time, consider whether or not the plan is adequate to support child safety.

All safety plans should be created with the family and informed by the information gathered throughout the investigation, and may include consultation with a current or past treatment provider. A Family Safety Planning (FSP) meeting may be an appropriate forum to create this safety plan. It is important to consider the inclusion of parties other than DCF or the immediate family who can support the monitoring of the safety plan.

Social workers should create written safety plans with families that caretakers can sign to acknowledge agreement. Other natural supports involved in the plan should also be asked and encouraged to sign to acknowledge their agreement and role in carrying out the plan. A copy of any signed safety plans should be placed in the file and a copy should be provided to the family.

Prior to closing a risk of harm/sexual abuse investigation or ongoing case, social workers should staff the case with their supervisor and team or office to assess whether or not the team/office supports case closure. Social workers should also complete the required Risk Assessment tool to guide the decision around closure, as required by policy. Social workers may access outside consultation as needed.