



Protection Committee
Richard Stagliano, Chair
Liza Kirschenbaum, Esq, Vice-Chair
March 16, 2022
Virtual Meeting
Minutes

In Attendance:

Joyce Applegate	Catholic Charities - Diocese of Metuchen
Jacqueline Augustine	NJ Administrative Office of the Courts
Eileen Caraker	Gloucester County Prosecutor's Office
Mary Coogan	Advocates for Children of New Jersey
Julia DeBellis	Audrey Hepburn Children's House
Liza Kirschenbaum	CASA of New Jersey
Nydia Monagas	NJ Children's Alliance/Montclair State University
Sonia Moticha	NJ Department of Education
Clinton Page	NJ Department of Children and Families
Jane Reynolds	Mercer County Forensic Nurse Coordinator
Rachel Silliman Cohen	CARES Institute
Judy Spinney	Therapist
Richard Stagliano	Center for Family Services
Jennifer Underwood	NJ Department of Community Affairs
Lorene Wilkerson	NJ Child Placement Advisory Council

Guests:

Christine Beyer	NJ Department of Children & Families
Carmen Diaz-Petti	NJ Department of Children & Families
Robyne Jiles	NJ Department of Children & Families
Thomas Farrell	NJ Department of Children & Families

Staff:

Daniel Yale	NJ Department of Children & Families
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Introduction and Welcome

The meeting was called to order and the Open Public Meetings notice was read. A brief welcome was provided by Richard Stagliano.

Review and Approve December 15, 2021 Minutes

The December 15, 2021 minutes were approved without edit. Sonia Moticha abstained.

DCPP Policy and Response to Child-on-child (COC) Cases

Commissioner Beyer informed the Committee that when she and other DCF staff were invited to attend this meeting late last year, the conversation was at a different point than it is currently. There have been many meetings and discussions about this topic with various groups to address this issue. After some discussion, the Committee agreed that Commissioner Beyer would provide an update on the



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progress of the discussions of DCF, DCP, and stakeholders. Commissioner Beyer explained that the topic of how child-on-child sexual abuse cases are handled has been an issue for many years. Over the past few years, things have started to take shape and there are more opportunities to provide services to children who are either initiators or victims of child-on-child sex abuse. However, that responsibility doesn't necessarily only fall to DCP.

In February, a stakeholder group met with individuals representing the RDTs (Dr. Silliman-Cohen), the advocate community, Child Advocacy Centers, NJCA, prosecutor's offices, prosecutor's office investigators, law enforcement, and DCF staff. The meeting raised the issue that there were some questions and concerns about whether DCP had changed their requirement regarding what cases were being accepted for investigation. Commissioner Beyer assured the Committee that DCP had not changed their requirements. DCF made changes to the RDT contracts for the new year and, as a result, there was a DCF policy update regarding referrals to RDTs, but it did not change policy regarding how SCR was handling/coding cases. Commissioner Beyer felt that the main issue, which she has been very clear about, is that DCP is not going to take every case of child-on-child sex abuse that is not related to a parent/guardian. DCP investigates caretakers/guardians for abuse and neglect. In some cases, depending on the ages of the children and the potential for neglect and lack of supervision, there are many cases that fall under DCP's auspices that they do accept for child-on-child sexual abuse – if it relates back to abuse and neglect by a parent/caregiver. Commissioner Beyer provided an example of a case that DCP will not investigate because it is a law enforcement matter. Law enforcement will call DCP to request an investigation and, once an investigation has been completed, will decide if they will investigate further. In many cases, this will occur so that DCP can be the payment mechanism for a referral to the RDT or ensure that the victim and/or initiator get the help that they need. Everyone involved agrees that a referral to the RDT and medical evaluation needs to happen to make sure that children get the support and services that they need, but it doesn't have to come through DCP and in many cases it won't. We have created a system of exceptions rather than creating a seamless system to ensure every child who needs to be seen or needs a referral to an RDT can get one and that it is not solely reliant on DCP involvement.

While DCF is working with the external stakeholder group to examine all of the barriers that are present, the SCR are going to have staff for every call that involves child-on-child sexual abuse, if it is one that doesn't rise to the level of a DCP investigation, to determine how the child(ren) will obtain services and how the services will be paid. At the end of the day, this is not a DCP problem to fix, it is for all of the providers in this space – law enforcement, child protection advocates, etc. - to work together to determine the most effective system and the barriers that need to be addressed. In the stakeholder workgroup meeting, they identified 5 to 6 different areas to create subcommittees around to start to discuss, collectively, how to create a seamless system that is not dependent just on who holds the "purse strings". The group also discussed what the relationship will be between the CAs and RDTs and how these entities will work together so that every family that comes into the system for a child-on-child sexual abuse case can expect the same type of service and the same support anywhere in the state. That meeting was held with the knowledge that it would be an ongoing



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workgroup. Additionally, a smaller group (5 or 6 people) from the larger workgroup met at a later date to discuss how to set up the subcommittees, what the work would look like, and barriers to payment mechanisms.

Nydia informed the Committee that they also spoke about training of both providers (to ensure that there is access to sufficient providers in the various counties), as well as training those that have direct contact with these children (DCPP caseworkers, CMO workers, etc.) to identify and respond to those cases in an appropriate manner. Carmen informed the Committee that a meeting was held earlier in the week to discuss training DCPP staff and reviewing/updating curriculum.

Dr. DeBellis asked if these discussions only deal with cases that are child-on-child or whether they will also address cases that DCPP doesn't accept but still reflect sexual abuse by a non-caregiver. Dr. DeBellis stated that child-on-child is a small percentage of these cases and that the bigger issue is those children who are abused by a family member who is living in the home that is not a direct caretaker. Dr. DeBellis stated that the system that is developed to address child-on-child can also address issues of non-caretaker abuse. Many cases do not need DCPP's involvement, but the families may need their medical and psychological needs addressed. Commissioner Beyer agreed that the discussions held at the larger workgroup regarding determining the flow of the work and how the systems and institutions work together may also address the population Dr. DeBellis was discussing. Richard Stagliano asked why there is a perception that DCPP changed its policy regarding this type of case. Robyne Jiles reiterated that nothing has changed in DCPP policy. Whenever there is a caregiver who is responsible for sexual abuse, DCPP will accept the case as a Child Protective Service (CPS) investigation. If there is a concern that there is inappropriate sexual activity between siblings, the case is accepted as a Child Welfare Service (CWS) referral to ensure that parents are aware and that they are making appropriate decisions, ensuring that there is proper supervision, and ensuring that the parents are obtaining appropriate services for their children. If there are concerns that a young child is displaying overly sexualized behaviors that are indicative of sexual abuse, the case is accepted and coded either as a CPS or a CWS. When there is a non-caregiver that is a perpetrator, the case would be accepted as a CWS to make sure that there is an appropriate plan to eliminate risk to the children. If parents need services for their child, they would be provided information for PerformCare. Some of the perception of change could stem from certain circumstances including cases in which law enforcement contacts DCPP regarding sexual assault between teenagers that aren't related and don't reside in the same household. However, if there is sibling in the home of the perpetrator, the case would be accepted as a CWS to ensure that the sibling is not at risk. In cases where a child touches another child in school or look under bathroom stalls while another child is using the bathroom, DCPP would not accept those cases and the family can access services in the community. Robyne stated that ultimately nothing has changed and DCPP is still accepted cases in the same way they always have. Carmen Diaz-Petti felt that there may also be some conflation as there have been changes to RDTG contracts that people may have misunderstood as changes to DCPP policy.

Dr. DeBellis stated that she sees things differently working in the field. The fear is that, with child-on-child sexual abuse, the initiator is not being evaluated in terms of being a victim of abuse. Dr. DeBellis



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asked who these children are being seen by in the community because it is the RDTCs that house the experts in child abuse. Carmen stated that Dr. DeBellis' question goes back to what the stakeholder group is discussing regarding access and how to ensure that families have access to the services and experts that they need.

Richard felt that funding may also be a barrier to children receiving necessary evaluations and treatment. Commissioner Beyer stated that there is a specific population of children that DCF sends to RDTCs, but that doesn't mean there aren't other families who need the same services. The funding issue needs further discussion because there are a number of different funding sources and streams that may be utilized. However, it shouldn't be case of looking at how much funding is available and creating a system, but rather developing the system that is necessary and then discussing how to obtain funding.

Nydia asked how these cases will be handled until they develop a new systemic response. Robyne stated that when a someone contacts DCF asking for specialized services (medical or psychological) for a child, the case will be accepted as a CWS case. DCF is also discussing an interim plan that would create a unit at SCR that would include a case management component to triage cases. Carmen explained that by having individuals at SCR for case management and to make those connections, the family doesn't need to have a worker go to their home. In situations where that can't happen, the case will be accepted as a CWS. Commissioner Beyer stated that it will also allow DCF to gain more information for DCPD in cases that could potentially be accepted for services. Mary Coogan asked if the warm handoff from SCR would be to a direct service provider or to PerformCare. Robyne stated that the response could be either depending on what is appropriate for the case. Dr. Silliman Cohen asked about families that need services but don't want them. Carmen stated that families have a right not to engage in services. If DCPD suspects that there is abuse or neglect, DCPD has the mechanism to bring the family to court. In absence of those concerns, we don't have the ability to do anything.

Committee Initiatives

The Digital Realm of Child Abuse Workgroup

Sonia reminded Committee members that the workgroup has been working to develop an informational flyer containing resources for parents that can be distributed by schools. The flyer includes the most salient points of which parents/caregivers should be aware. It also contains a link to a source document that contains more detail for anyone that would like to gain more information. The goal is for the flyer to be sent to school districts through the Department of Education broadcast system. Sonia informed the members that the workgroup would like the Committee to vote on sending the flyer to the Task Force for approval. The Committee discussed that once the survey is approved, the workgroup will reconvene to discuss which organizations they will distribute to other than school districts.



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Sonia made a motion to approve the document to be sent to the Task Force for approval. Liza seconded the motion. The Committee voted to approve the document to be sent to the Task Force. Jacqueline Augustine abstained.

Youth with Problematic Sexual Behaviors Workgroup

Nydia informed the Committee that they have created a larger workgroup, the Child-on-Child Sexual Abuse Response Workgroup with DCF and have another meeting planned for the near future to discuss next steps.

Medical Evaluation and Referral Workgroup

Dr. Silliman Cohen informed the Committee that the workgroup met the previous week to better understand how DCF provides training for their staff regarding sexual abuse. Members learned that DCF is updating their training with the assistance of an outside agency. This curriculum will be provided to newly hired caseworkers. Dr. Silliman Cohen and Dr. DeBellis have been asked to join the DCF committee that to provide input on the curriculum that is being developed. Additionally, they will discuss training for physical abuse as well as sexual abuse training for caseworkers that are already employed by DCF. Nydia explained that the goals and objectives have been developed for this training, but the content/curriculum has not been created. The workgroup will also discuss training for other entities outside of DCF.

Announcements

Nydia announced that New Jersey Children's Alliance (NJCA) will be rolling out a campaign called #ShineHope for Child Abuse Prevention Month. It is a social media campaign in which those that would like to contribute post a picture with a sign that states how they "Shine Hope". Additionally, NJCA requested a resolution to have the capital dome, Trenton Bridge, and Governor's Mansion lit in blue on April 11, 2022.

Liza announced that Court Appointed Special Advocates (CASA) received a Governor's proclamation declaring April as CASA Child Advocacy Month in connection with Child Abuse Prevention Month.

Sonia announced that on April 5, 2022, the DOE, in partnership with DCF, is hosting a trauma-informed learning environment free webinar for New Jersey educators through the DREAMS program. Although the webinar is for educators only, Sonia shared a link in the chat and asked that members share with any educators that may be interested.

Dr. Silliman Cohen announced that the CARES Institute will be holding a symposium on April 28, 2022 at 9:00 a.m. that will include Isha W. Metzger, PhD, Kashif Ahmed, MD, and Julia Rosenberg, MD. Dr. Silliman Cohen will send the informational flyer to members.



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Lorene announced that the NJ Child Placement Advisory Council (CPAC), in conjunction with the Center for Family Services, will hold a live webinar on March 30, 2022 regarding Mobile Response. The speakers will include Kaitlin Mulcahy, Montclair State University and Wyndee Davis, DCF.

Meeting adjourned – Next Meeting June 14, 2022.