



Handbook of Guidelines

Prevention of Sexual Abuse, Molestation and Misconduct

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TABLE OF CONTENTS

INTRODUCTION	2
POTENTIAL COST AND IMPACT	3
MANAGEMENT TECHNIQUES	4
PREVENTION STATEMENT DEFINITION SAMPLE & POLICY	5
PRECONDITIONS	6
POLICIES	7
RULES	8
PREVENTION DESIGN CONCEPT	9
HIRING & SCREENING PROCEDURES	10
TRAINING	11
MONITORING	12
MONITORING THROUGH MEDICAL EXAMS	13
FALSE ACCUSATION/ALLEGATIONS	14
SYMPTOMS IN CHILDREN	15
IMMEDIATE REPORTING	16
INVESTIGATION	17-18
SUPERVISOR'S RESPONSE	19
DOCUMENTATION AND RECORD KEEPING	20



INTRODUCTION

Of the vast array of expenses that confront your organization, one of the most devastating is sexual abuse, molestation, and misconduct. It can occur between staff and clients, volunteers and clients, clients and clients, and clients and the public. It knows no physical or age barriers.

Like any other exposure, controls leading towards its prevention and management can be created and implemented. This document is a guideline providing these management techniques, and is formatted to be implemented into your organizations standard operating procedures. Such sophisticated activities, performed by a professional agency, can only act in the best interest of service to clients, which is the ultimate goal of the organization.



POTENTIAL COST AND IMPACT

The short and long term emotional and physical effects of sexual misconduct on clients are obvious and devastating. The short and long term effects on the organization are less obvious, but extremely devastating, nonetheless.

SHORT TERM COSTS

- Investigation expense
- Temporary replacement service expense
- Agency operation without accused employee during investigation
- Expense and burden of filling in for removed staff member
- Legal representation expense
- Punitive financial penalties
- Expense of response counseling to client and/or client family
- Expense of potential response counseling to employee/employees
- Expense of permanent replacement service to client
- Individual prosecution of supervising and executive management

LONG TERM COSTS AND IMPACTS ON THE ORGANIZATION

- Loss of funding reimbursement for clients involved
- Loss of funding for all programs
- Loss of accreditation
- Impaired reputation
- Negative morale impact on remaining staff
- Loss of ability to recruit top notch employees
- Inability to obtain related insurance
- Loss of license to operate
- Loss of contracts to provide services
- Loss of existing and future clients



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MANAGEMENT TECHNIQUES

As with any general safety issue, the problem needs to be clearly identified. In this case, it is sexual abuse and molestation, including related misconduct.

Executive management must first acknowledge the exposure for it to have credence with lower management, direct care workers, volunteers, independently contracted providers of service, and the clients themselves. It is best accomplished through a written statement, employee handbook, standard operating procedures, job descriptions, and contractual agreement. Any recognition and prevention efforts must be first embraced at the top for them to be observed through the operation.

Next, the statement, prevention activities, and control techniques must be implemented. Implementation must involve written procedures and tangible activities.

Communication, documentation, and monitoring are the other key elements of successful implementation.



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PREVENTION STATEMENT

The following refers to the prevention statement. It defines the issues specifically and forbids their occurrence.

Definition

Sexual abuse and molestation is any conduct or activity leading to, or resulting in, sexual arousal and/or gratification of one, or all, of the parties involved. It includes, but is not limited to, inappropriate touching and physical contact, and titillating or romantic conversations.

Sexual misconduct includes violation of boundaries. Boundaries are the critical issue reflecting the actual underlying intent of a non-erotic action.

Sample Statement

It is the expressed policy of this organization that staff and volunteers shall not engage in sexually oriented activity, including sexual conversation with clients, nor allow such conduct to exist between the clients themselves.

Staff and volunteers shall not develop sexual and/or intimate social relationships with clients, or the family of the clients, during and following services provided to such client and their families by the organization.

Staff and volunteers shall not engage in non-erotic activities for which the true intended result is sexual arousal and/or gratification.



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PRECONDITIONS

In order for sexual abuse and molestation to take place, the following four preconditions must exist:

1. There must be an individual with the inclination to sexually abuse clients.
2. That individual must overcome his or her internal inhibitions.
3. The individual must overcome external barriers in place to protect clients.
4. The individual must overcome the client's resistance to being abused.



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POLICY

Any person associated with this organization who violates this policy will be discharged, reported to the proper authorities, and prosecuted to the fullest extent of the law.

Sexual abuse, molestation, and misconduct are a crime, and as mandated reporters, any person associated with this organization who fails to report such activity will be discharged, reported to the proper authority, and prosecuted to the fullest extent of the law.



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RULES

The Following rules are prevention techniques.

1. Staff should avoid being alone with a client. To prevent this occurrence always have two staff present with clients. When not possible, have one staff present with several clients. When this is not possible, have activities occur in an open door, well lit, easily accessible setting. When this is not possible, such as during closed door consultation, document the time spent behind closed doors and keep it to a minimum. (Some agencies tape record such meetings to verify content and duration).
2. Client activities should always occur in well lit and easily accessible areas. Intimate and secluded settings are to be avoided.
3. Assistance in toileting should be instructional rather than physical assistance. In services where this is not possible, all efforts to achieve modesty should be made. Doors should be left open during assistance.
4. Generally avoid touching clients, especially by initiating contact. Patting clients on the seat as a symbol of congratulations or encouragement, as often found in athletics, is forbidden. If a client hugs you, divert the contact so it becomes shoulder-to-shoulder rather than pelvis-to-pelvis.
5. Staff visits to client's bedroom should take place in pairs of staff, or staff should address client from the doorway.
6. Be selective in matching client with staff. Avoid opposite sex match ups. Staff should recognize when match ups are uncomfortable, and report same to management with documentation.
7. Transportation and home visits in individuals living programs, etc., are especially subject to misbehavior, as well as misinterpretation or false allegation behavior. Avoid transporting opposite sex clients alone. Document activities and follow a busy schedule during home visits between single staff to single client.
8. Do not play games with clients in which clients or staff hide, or have unaccounted for periods of time, or opportunities for intimacy.
9. Misconduct includes violation of "boundaries" of proper behavior and client management. Violation of such boundaries includes bringing clients alone into a staff member's home, kissing clients, requesting personal favors from clients, and intimating that their successful treatment is dependent on personally pleasing or satisfying the staff member.
10. No after hours or "special" relationships during or following the client's involvement with the organization is allowed. This rule applies to families of the client as well.



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PREVENTION DESIGN CONCEPTS

1. Design client areas to be windowed, highly visible and observable, and maintain open door policies.
2. Do not inhibit visibility of client areas by covering windows with decorations or paint, etc.
3. Be selective in client/staff/volunteer match ups. Know client histories regarding sexual activity, previous abuse, and sexual awareness. Avoid opposite sex match ups in transportation, private counseling, in-home care, etc. Advise staff and volunteers of client histories to prevent placing both in an anticipated and undesirable situation.
4. Train clients to recognize and provide opportunity to report sexual misconduct by staff and other clients. Document such instruction.
5. Monitor clients on a follow up basis to discover sexual misconduct. Document such monitoring.
6. Make process for documentation and reporting easy to access and understand. This design concept serves both clients and the agency.
7. Offer required in-service prevention training on a scheduled basis, and have staff sign off that they have received such training.



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HIRING AND SCREENING PROCEDURES

Despite imperfections, background checks are yet another viable tool to avoid sexual abuse and molestation before it occurs within the agency.

Perform the following background checks.

DCFS CANTS (Child Abuse Neglect Tracking System)

DCFS Driver's License Approval

Illinois State Police Criminal Background Check

Neighboring State Police Criminal Background Checks

Local police records and mandated posting of previous offenders residing in the area.

Fingerprint checks through the FBI National Clearing House

Previous employment checks (formal and informal)

Accreditation and certification verification

Education verification

Personal references

All staff and volunteers must complete an application. (Applications or background materials of contracted providers of service should be obtained and reviewed.)

Applications should state in **bolded** lettering words to this effect...

“It is the intention of this agency to prevent engaging the services of individuals who have a history of sexual abuse and molestation/misconduct, and to this effect, all efforts will be made to discover such histories. Signed completion of this application gives this agency permission to conduct such background checks, and the applicant is hereby notified such background checks will be made vigorously.”



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TRAINING

Staff should be advised at time of hire of the sexual misconduct definition, prevention statement, and agent policy including sanctions.

Staff should be advised of prevention techniques and rules that apply during regular daily operations, including violations boundaries that define misconduct. Training should occur on an ongoing basis through frequent, scheduled and required in-service training. Staff presenters and recipients should sign off that they have received such information.

Staff should receive specific instructions about how to recognize that sexual misconduct has taken place.

Staff should receive specific instructions on how to respond to sexual abuse, molestation, and misconduct incidents as regards reporting procedures, obligations and communication techniques.



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MONITORING

1. Staff, volunteers, and independent contractors will be monitored frequently and regularly to learn of client words and/or actions leading to accusation of sexual abuse, molestation, and misconduct. Such monitoring will be documented.
2. Clients will be monitored frequently and regularly to learn of staff and program activities leading toward, or actually occurring, involving sexual abuse, molestation, and misconduct. Intent, and the aforementioned boundaries, are to be included. Such monitoring will be documented.
3. Supervisory staff will specifically address sexual abuse, molestation, and misconduct in daily management tasks and in employee performance evaluations. Such monitoring will be documented.
4. Management will keep formal records of prevention training offered and attended. (A spreadsheet record keeping format listing training titles along one border, and staff names along the other, with the coinciding cross point marked by date attended is an effective procedure.)
5. Reports of suspicious intent or crossing of boundaries, even if reported conversationally, must be documented to include persons involved, supervisor, and time and place of occurrence.



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MONITORING THROUGH MEDICAL EXAMS

Routine physical examinations are a prevention tool. Routine medical examinations should include noting the physical symptoms of sexual activity. For nonpromiscuous children, such symptoms may be indicative of abuse. Staff knowledge that such examinations are routinely conducted may inhibit abusive behavior. Physicians and nurses, of course, must also know their duty to report signs of child abuse. Medical indicators of sexual abuse include:

Bruises in the area of the external genitalia, vagina, or anal regions.

Bleeding from external genitalia, vagina or anal regions.

Swollen or red cervix, vulva, or perineum; positive tests for gonococcus or spermatozoa.

Pregnancy or venereal diseases. Gonorrhea infections in children occurring at any body site except the eyes are virtually always a tell tale indicator that the infected child has been a victim of sexual assault.



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FALSE ACCUSATIONS/ALLEGATIONS

Sometimes clients who are being sexually abused and molested outside of agency programs will accuse program staff and volunteers of being the perpetrators, as clients wish to bring attention to the problem, but are afraid to accuse the true perpetrator. They do so because they know the agency will address the problem, and this may result in resolution of the problem without having to name the true offender.

A key to prevention is to...

- Thoroughly learn the client's background.

- Keep documented records of this background.

- Advise staff of such backgrounds.

- Use the aforementioned prevention techniques, especially as regards opposite sex match ups and multiple staff assignments.

- Report and document client activities suspected of leading toward false accusations.

- Know and inform all staff of the symptoms of existing abuse taking place off site. An example of these symptoms appears in the Symptoms in Children section.



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SYMPTOMS IN CHILDREN

An aid in prevention is knowledge of the clients' knowledge. The following is a list of symptoms of sexual abuse and molestation by age. Use this as a tool on assessing your clients as you design their participation in your services.

List of Symptoms by Age

Preschool

- Knows inappropriate slang language for body parts
- Does aggressive and offensive things to other children
- Focuses on only genitalia

School Aged Above, plus the following:

- Bladder infections
- Fondle themselves or others
- Extremely angry because child doesn't know how to deal with feelings caused by abuse.
- Sleepy due to being awakened during the night, or afraid to sleep at night

Junior High School Above, plus the following:

- Drug and alcohol abuse
- Acting significantly older than actual age (i.e., use of make up)
- Knows too much about sex
- Takes over mother's role as a result of misconceived maturity



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IMMEDIATE REPORTING AND RESPONSE

If sexual abuse, molestation, or misconduct are suspected or discovered, the following steps must be taken. All such steps must be documented.

1. All agency staff members must report immediately by phone or in person to their supervisor of any suspected sexual activity, misconduct or relationship of another employee or volunteer in violation of this policy.
2. Any employee who is suspected of, or reported as, engaging in sexual activity, misconduct or relationships with a service recipient, should be immediately suspended with pay, if applicable, pending the outcome of an investigation into the allegations of abuse.
3. The suspicion of child abuse of any kind should immediately be report to the DCFS Child Abuse Hotline, 1-800-25-ABUSE.
4. The supervisor should interview the service recipient and/or the family members of the service recipient regarding the allegations. If necessary, the supervisor should recommend and obtain any necessary resources to fully investigate the allegations, including medical or psychological evaluations.
5. The service recipient should be reassigned to either the supervisor or a senior caseworker.
6. The executive director should notify the insurance carrier of the allegations and seek advice in immediate handling of the matter.
7. The executive director should also notify their corporate counsel for legal advice and counsel regarding the handling of the matter.



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INVESTIGATION

Reporters to complete sexual abuse, molestation, and misconduct incident form at once.

Supervisor and executive management review incident form at once.

Time is of the essence; urgency and immediacy are implicit.

Form should include...

Name and title of reporter

Name, address, age and sex of client

Name of client's program

Description of incident/activity/misconduct

How misconduct was discovered

Where and when misconduct took place

Knowledge of multiple episodes of misconduct activity

Names of witnesses

Names of collaborating persons

A specific complaint from client, or client's family, with details of time, places, persons involved, and the activity itself

Description of physical injury any medical response treatment

Determine who will interview client and family.

Determine who will interview accused staff person and reporter.

All sessions must be heavily documented and witnessed.

Monitor the client and family, include positive support.

Keep in touch with accused staff members to confirm whereabouts and response activities that are detrimental and unauthorized by the agency.

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Results of investigation must...

1. Prove or disprove allegation of misconduct.
2. Lead to immediate termination, immediate filing of charges, and assistance in prosecution.
3. Establishment and implementation of prevention procedures to eliminate a reoccurrence of the event.



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SUPERVISOR'S RESPONSE

Upon learning of, suspecting, or observing sexual misconduct, the supervisor must...

1. Immediately report the knowledge, suspicion, allegation, or observation to executive management verbally and written form on the sexual misconduct incident form.
2. As mandated reporters, supervisors must report incident to DCFS Child Abuse Hotline, or Elder Abuse Hotline, or Department of Human Services, and the police.
3. Failure to perform prompt and appropriate reporting is an additional misconduct resulting in additional layers of liability independent of the original incident.
4. Reporting duties by executive management should include the aforementioned, plus legal counsel of the organization and the liability insurance carrier.
5. Supervisors should take an active role in the investigation process.
6. Supervisors must implement and monitor disassociation of the client from the alleged perpetrator, and the situation and circumstances under which the misconduct arose.
7. Employee hand book and agency standard operating must clearly and specifically state exact procedures as regards to whom to report this allegation, how to report, how to obtain and complete incident report, how to respond to staff against whom allegation was made, how to respond to client(s) involved in allegation, procedures regarding reassignment/suspension of staff person, reassignment and monitoring of client, and agency relationship to client family and peers.
8. Executive management should communicate to appropriate staff the existence of the incident, steps being taken in response, and who should speak to the press, general public, and other agencies, etc.



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DOCUMENTATION AND RECORDKEEPING

Records are a durable account of what has happened. Courts may place more trust in records than in eyewitnesses. This may be true because documentation is an immediate response, and eyewitness accounts may be told long after the event is fresh in observer's memory. The record can be the agency's tool in defending against charges of malpractice and misconduct. In addition to background material, treatment plan, record of treatment interventions, progress notes, critical incident reports and routine information, the record should contain documentation of all unusual events, especially as relates to sexual misconduct.

This Guideline advises documentation of numerous events and training. In addition to the aforementioned, documentation should also include:

1. Logging out and in when removing a client from an activity center, including the purpose of the removal and off site location involved.
2. Note the names of any witnesses or unusual or suspicious events.
3. And incident report including names involved, time, and date of occurrence and place of occurrence.