

WASHINGTON COUNTY JUVENILE DEPARTMENT POLICIES AND PROCEDURES		
Chapter:	Policy Number	Pages 10
Subject: Procedures to Prevent and Report Sexual Abuse	Approved: Lynne Schroeder	
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Policy/Purpose

The Washington County Juvenile Department is committed to keeping clients safe from sexual abuse. The Department prohibits sexual fondling, sexual coercion, sexual misconduct, abusive sexual contact, sexual harassment or sexual assault between Washington County Juvenile Department personnel, volunteers, interns, or contract personnel and youth involved with Washington County Juvenile Department and between youth. All allegations will be investigated and individuals involved will be held accountable for violations of these policies and Oregon State Law.

It shall be a violation of the Washington County Juvenile Department policy for staff to disregard allegations of sexual misconduct with youth, regardless of who is making the reports. Staff are required to report all allegations, complaints or observations of sexual misconduct, or suspected sexual misconduct, to their immediate supervisor. All reports of sexual misconduct will be investigated in a timely manner, and appropriate corrective action will be taken. No employee or youth will be harassed, intimidated, discharged or otherwise interfered with because they have reported an incident or suspected incident, of sexual misconduct. Retaliation of any type will be grounds for disciplinary action. Every reasonable effort will be made to maintain confidentiality of the person(s) involved.

All Washington County Juvenile Department Staff, volunteers, and contractors will receive initial and semi-annual training on this policy and associated procedures, prevention measures, staff responsibility and victim services.

Definitions:

Sexual Assault: Conduct of a sexual or indecent nature toward another person that is accompanied by actual or threatened physical force or that induces fear, shame, or mental suffering.

Sexual Coercion: The use of debt, threats of physical harm, peer pressure, deceit, personal favors, positional authority to force or cajole sexual favors from a person.

Sexual Contact: Refers to non-consensual, intentional touching of the genitalia, anus, groin, breast, inner thigh or buttocks of any person either directly or through clothing.

Sexual Fondling: The touching of the private body parts of another person including the genitalia, anus, groin, breast, inner thigh or buttock for the purpose of sexual gratification.

Sexual Harassment: Repeated verbal statements or comments of a sexual nature, including demeaning references to gender or derogatory comments about body or clothing, profane or obscene language or gestures.

Sexual Misconduct: Behavior or sexual act directed toward a client by a client, by an employee, contractor, volunteer, official visitor, or agency representative. Misconduct includes romantic or sexual relationships including: 1) intentional touching of the genitalia, anus, groin, breast, inner thigh or buttocks with the intent to abuse, arouse, or gratify sexual desire; 2) completed, attempted, threatened, or requested sexual acts; 3) occurrences of indecent exposure; or 4) staff voyeurism.

Gender Nonconforming: A person whose appearance or manner does not conform to traditional societal gender expectations.

Transgender: A person whose gender identity (*i.e.*, internal sense of feeling male or female) is different from the person's assigned sex at birth.

Intersex: A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

PROHIBITED CONDUCT: Conduct specifically prohibited that may cause a violation of this policy, includes but is not limited to:

1. Any sexual advance or requests for sexual favors or sexual contact by a staff member.
2. Conduct of a sexual or indecent nature toward another person that is accompanied by actual or threatened physical force or that induces fear, shame, or mental suffering.
3. Invasion of privacy beyond what is reasonable or necessary for safety and security.
4. Inappropriate touching, sexual fondling, hugging or kissing or any sexual act or contact between staff and detained youth.
5. Indecent exposure by a staff member in front of detained youth.
6. Verbal and physical conduct of a sexual or gender based nature.
7. Any comments, gestures, drawings, pictures, writings or physical conduct that is sexually suggestive, derogatory or offensive.
8. Sexual coercion including influencing, promising, or threatening a youth's safety, in exchange for sexual favors.
9. Failure to report any suspicious activity of a sexual nature, either observed or suspected, based on possible evidence.

10. Permitting sexually offensive behavior, sexual harassment or sexual misconduct to continue once its occurrence is known.
11. Interfering with the official process of reporting or investigating incidents or allegations of sexual misconduct.

Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary action staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse and sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff members disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of department sexual abuse or sexual-harassment policies, or resignations by staff who would have been terminated if not for the resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Allegations against volunteers and contractors will be reported to law enforcement and the contractor will be prevented from further contact with department clients until the matter is legally resolved.

Procedures to follow when abuse is reported

The following procedure shall be used when a sexual misconduct incident or allegation is reported to, or observed by, a staff member:

- Immediate steps will be taken to ensure that there is no further contact between the alleged perpetrator and client.
- The staff who has knowledge of the sexual victimization, will immediately report the allegations to their Supervisor who will immediately contact the Juvenile Department Director.
- Either the Supervisor or designated staff will notify the Hillsboro Police Department and coordinate with them to set up an investigation.
- The youth should not be released before a Supervisor is notified.
- If needed, emergency medical services will be activated. Care shall be taken to preserve any evidence and/or crime scene.
- If the victim is under the age of 18, and a staff person is the alleged perpetrator, then staff must also contact the Department of Human Services (see Mandatory Reporting guidelines).
- The youth's parent/guardian's notification will be discussed by the Supervisor and Director to determine the procedure for notification.
- The staff who received knowledge of the sexual victimization will complete an incident report before leaving for the day. A Juvenile Department incident report will be utilized when the perpetrator is a juvenile.
- If a staff person is the perpetrator then a confidential incident report should be completed in a Word document and submitted to the Juvenile Department Director and Supervisor.

Evidence protocol and forensic medical examinations

When there are allegations of sexual abuse, staff will maximize the potential of obtaining usable physical evidence for administrative proceedings and criminal prosecutions by preserving evidence and maintaining chain of custody. Victims will be offered access to forensic medical examinations, without financial cost. Such examinations are to be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. During business hours contact CARES Northwest at 503-276-900, and after hours contact Randall Children's Hospital at 503-276-9011. The department will attempt to make available to the victim a victim advocate from a rape crisis center or a qualified staff member from a community-based organization or from the department. Staff will document efforts to secure services from rape crisis centers. The victim advocate or qualified department staff will accompany and support the victim through the examination process and interviews. When the department itself is not responsible for investigating allegations of sexual abuse, staff will request that the investigating agency follow the above requirements.

Juvenile Department Preventative Measures for Sexual Victimization

Holding Rooms

Custody Services Staff will be in visual and auditory range of the youth when the youth is in a holding room at all times. Except in emergencies, staff will not cross the threshold of the door unless another staff is in visual range of the youth and staff.

Whenever, possible only one youth will be placed in the holding room at one time. In the case where more than one youth is placed in a holding room at the same time, the youth will be placed on separate benches when possible, or two youth seated at separate ends of the bench. In both cases staff will remain within visual and auditory range of the holding room.

Males and females will not to be held in the same holding room.

In situations where it is necessary to place more than one youth in a holding room staff should consider possible vulnerable populations such as; gay, lesbian, bisexual, transgender youth, youth with mental or physical disabilities, limited English proficient youth, youth who are physically weak or recovering from physical injuries; youth who may be intoxicated; and youth accused of certain crimes.

Transport Vans

Custody Services Staff will be in visual and auditory range of the youth when the youth(s) is in a transport van at all times.

Youth in custody will never be transported in the front unsecured area of the van with the driver.

Whenever possible, only one youth should be placed in each holding compartment at a time.

In the case where more than one youth is placed in the same holding compartment at the same time, the youth will be placed on separate bench seats when possible, or two youth seated at separate ends of the bench seat. In both cases staff will remain within visual and auditory range of the holding compartment.

Males and females will not to be held in the same holding compartment, except in the small van, or under exigent circumstances when no other option is available, and they will be placed in separate seats.

In situations where it is necessary to place more than one youth in a holding compartment, staff will consider possible vulnerable populations such as; gay, lesbian, bisexual, transgender youth, youth with mental or physical disabilities, limited English proficient youth, youth who are physically weak or recovering from physical injuries; youth who may be intoxicated; and youth accused of certain crimes.

Procedures to follow in Pat Searches and Showers

The Custody Services and Harkins House Staff shall not conduct cross-gender pat searches, except in exigent circumstances. Staff will be trained in how to conduct cross-gender pat down searches and searches of transgender and intersex youth in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Staff will document all cross gender pat searches in JJIS.

Strip searches or cross-gender visual body cavity searches will not occur.

Residents will be allowed to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks or genitalia, except when such viewing is incidental to routine room checks.

Staff of the opposite gender will announce their presence when entering an area where residents are likely to be showering, performing bodily functions or changing clothing. Staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the residents genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted by a medical practitioner.

Equal Access

Staff will take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the department's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

Staff will take reasonable steps to ensure meaningful access to all aspects of the department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately and impartially, both receptively and expressively, using necessary specialized vocabulary.

Screening for risk of victimization and abusiveness

Staff will inform residents of their rights to be free from sexual abuse and how they can report and seek help for any abuse they feel they have experienced.

At the time of admission to the Harkins House program, residents will be assessed during an intake screening with an objective screening instrument for their risk of being sexually abused by other residents or sexually abusive toward other residents. Reassessments will occur when additional information is available that bears on resident's risk of victimization or abusiveness. All information shared will be considered sensitive and confidential and will not be shared or used except for safety and programmatic planning purposes, and to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

In deciding whether to assign a transgender or intersex resident to a facility, for male or female residents, and in making other housing and programming assignments, staff will consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. A transgender or intersex youth resident's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex residents will be given the opportunity to shower separately from other residents.

When a youth reports abuse

Upon admission, youth will be informed how they may privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents, to program staff or to Washington County dispatch. Staff will accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Immediate action will be taken to protect residents from future harm, including housing changes, transfers for resident

victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Staff first responder duties and coordination

Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report is required to:

- Separate the alleged victim and abuser;
- Preserve and protect any crime scene and until appropriate steps can be taken to collect any evidence;
- If the abuse occurred within the time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing close, urinating, defecating, smoking, drinking, or eating; and
- If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, washing, brushing teeth, changing close, urinating, defecating, smoking, drinking, or eating.

Reporting to other confinement facilities

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Manager that received the allegation will notify the head of the facility or appropriate office of the department where the alleged abuse occurred, as soon as possible, but no later than 72 hours after receiving the allegation. The Manager will document that he/she has provided such notification.

Reporting to residents

When an investigation into a resident allegation of sexual abuse suffered in a department facility has been completed, the resident will be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

When it is determined that the allegation that a staff member has committed sexual abuse against the resident has been substantiated, the resident will be informed of the following information (if exists):

- That the staff member is no longer posted within the resident's unit;
- That the staff member is no longer employed at the facility;
- That the staff member has been indicted on a charge related to the sexual abuse within the facility; or
- That the staff member has been convicted on a charge related to sexual abuse within the facility.

When it is determined that a resident's allegation that he or she has been sexually abused by another resident is substantiated, the alleged victim will be informed of the following information (if exists):

- That the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- That the alleged abuser has been convicted charge related to sexual abuse within the facility.

All such notifications or attempted notifications will be documented.

When an alleged victim is released from the facility, he or she will be informed of the following information (if exists):

- That the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- That the alleged abuser has been convicted charge related to sexual abuse within the facility.

Response to resident-on-resident abuse

Residents are to be terminated from the program pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

Sanctions will be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents was similar histories.

The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The youth will be referred for the appropriate counseling and/or sex offender treatment, as appropriate.

The agency will terminate any resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The department, in its discretion, prohibits all sexual activity between residents and disciplines residents for such activity. The department may not, however, deem such activity to constitute sexual abuse if it determines that the activity was not coerced.

Medical and mental health screenings; history of sexual abuse

If the screening indicates that resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will ensure that the resident is offered a follow-up meeting with medical or mental health practitioner within 14 days of the intake screening.

If the screening indicates that resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff will ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of intake screening.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical or mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments.

Medical and mental health practitioners will obtain informed consent from residence before reporting information about sexual victimization that did not occur in an institutional setting, unless the resident is under 18 years of age.

Access to emergency and ongoing medical and mental health services

Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuses made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. During business hours contact CARES Northwest at 503-276-900, and after hours contact Randall Children's Hospital at 503-276-9011.

Resident victims of sexual abuse while in placement at the program will be offered timely information about and timely access to emergency contraception and sexually-transmitted infections prophylaxis in accordance with professionally accepted standards of care where medically appropriate.

Treatment services and follow-up care will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Treatment services will include: counseling, pregnancy tests, pregnancy related medical services, tests for sexually transmitted diseases. Continued care will be offered upon release from the program.

Incident Reviews, Debriefs and Corrective Action

The department will conduct an incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated. The review team will include upper-level management officials, line supervisors, the investigators and medical or mental health practitioners. Areas of consideration will include:

- Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examines the area of the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assesses the actual adequacy of staffing levels in that area during different shifts;
- Accesses whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepares a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement, and submit such report to the department head and PREA compliance manager.

The department will implement the recommendations for improvement, or will document its reasons for not doing so, and will retain the records for 10 years.