

ABUSE PREVENTION SYSTEMS

POLICIES AND PROCEDURES TRAINING

COURSE MATERIALS

Child Sexual Abuse Policies & Procedures: What NOT to Do

The document attached provides a common example of poor Policies & Procedures, providing an opportunity to identify common errors in policy preparation related to child protection.

Observation:

The attached document was submitted to an agent by an insured at the time of policy renewal. The insured is an after-school mentoring program delivering services through staff members and volunteers to children ages 9 to 16.

The agent described the policy as ‘an excellent child safety policy’. Is it? The names have been changed but the content has not.

What is the primary risk?

Does this policy apply to this organization?

Child sexual abuse constitutes a *known risk* in children’s programming.

The attached policy (Random Children’s Programming) presumes to reduce the risk of sexual assault, stalking, domestic violence and violence at the hands of ‘intimate partners’. These are behaviors *any* organization would prefer to minimize, but why do these appear in a *child protection* policy? Are these risks typically faced by children in an after-school program?

As sexual abuse trial attorneys we analyze scores of policies, generally followed by depositions determining how the policy was created and whether the policy was followed. This policy was likely borrowed from another organization – possibly an organization facing the risk of sexual assault, stalking and intimate partner violence. Given the footnote on the document’s title, the policy was probably borrowed from a college or university in New York: ‘*This policy has been adopted pursuant to NYS Education Law Section 6432*’.

NYS Education Law Section 6432 concerns the responsibility of New York colleges to educate incoming college students about the risk of sexual assault, stalking and domestic violence. Section 6432 is not designed to protect children ages 9 to 16.

‘*Random Children’s Programming*’ probably understood its need for child protection policies. To meet this need, forms used by a New York college were obtained, and RCP’s name was substituted by simple word-processing.

This kind of practice is risky – especially if the program (like this one) has no similarities in services delivered or how services are delivered.

What is the primary risk?**Is the provided information meaningful?**

Again, a primary risk in children's programming is child sexual abuse.

Consistent with the document's title, the information contained in the first two pages of *RCP's* Policies and Procedures relate to violence, criminal prosecution, physical safety, medical care, rape tests, sexually transmitted diseases and security. This appears consistent with an effort to reduce the risk of assault and other crimes of violence.

Child sexual abuse, by contrast, is generally perpetrated through deception and manipulation rather than violence. These Policies and Procedures do not purport to *address* the risk of child sexual abuse – much less reduce that risk.

Policies are what you DO...Not What You SAY You DO

These P&Ps provide information, not instruction – essentially a fact sheet.

If the purpose of these P&Ps is to *reduce the risk* of child sexual abuse, certain relevant information must be present, including:

- How children are at risk of sexual abuse in the organization's program;
- What Training is necessary to understand that risk;
- How risk is reduced through adequate supervision;
- How the physical plant increases or decreases risk of sexual abuse;
- What staff members should 'do' or 'not do' to reduce risk of sexual abuse;
- What staff members must communicate and report, and to whom;
- What methods reduce the risk of peer-to-peer sexual abuse;
- How to respond to reports of sexual abuse occurring out-of-programming;
- and other topics, depending on state and local legislation.

RCP's policies suggest that the drafter did not understand the risk of sexual abuse, or reducing those risks – only the importance of 'having a policy'.

Confidentiality

By simply *borrowing* the Policies and Procedures of another, *RCP* may be encouraging staff members to ignore mandatory reporting statutes.

Every state has legislation on the books requiring the report of suspicions or allegations of child sexual abuse or neglect. After the Penn State scandal, law enforcement agencies around the country have ramped up efforts to prosecute individuals and organizations for *failure to report child sexual abuse*. Failure to report, in most child-serving contexts, is a *crime*.

In this respect, *RCP's* policy creates a problem. Its confidentiality provision is entirely appropriate if the purported victims of sexual assault or stalking are college students (18 years or older).

If the victims are within the age group actually served by *RCP* (9 to 16 years of age), this provision runs contrary to *every* state's mandatory reporting statute.

RCP's Confidentiality provision (page 2) *presumes* confidentiality unless a report is necessary 'for the protection of the program community'. Every state in the United States mandates reports of actual or suspected abuse by certain individuals, regardless of whether the reported abuse has an impact on the program community. *In some states, all adults are mandatory reporters*. It's clear the drafter of this policy assumed this provision would be appropriate for an entity that serves children: *not so*.

Child Abuse and Maltreatment

Pages 3 through 6 of *RCP's* sample policy suggest further borrowing from other sources – the document now appends information related to child abuse and maltreatment. Within pages 1 and 2, the terms 'child abuse' and 'child sexual abuse' do not appear; now there are definitions and facts provided about child abuse and maltreatment. The policy contains information concerning 'indicators', but no instruction regarding what to DO or NOT DO, how staff members should respond to an allegation or suspicion of abuse, reporting responsibilities, etc.

Policy statements should reduce an identified risk. This policy language simply identifies indicators that a child may have been previously victimized.

RCP's policy includes a significant amount of material related to indicators of 'maltreatment'. Increasingly, state legislatures are proposing or passing legislation designed to protect children from various harms. Child sexual abuse is a primary risk; nonetheless, legislatures are adding the term 'maltreatment' as a method to broaden the types of injuries that must be reported to law enforcement. 'Maltreatment' can include emotional abuse, neglect, physical abuse, and bullying. Obviously, all these experiences are harmful to children, but the effort is to have adults recognize and report these harms, which are generally occurring in the child's home or 'personal world'. The purpose of this type of legislation is to have adults *outside* the child's home recognize and report risk that is occurring *inside* the child's home or personal circumstances. Most forms of 'maltreatment' are superficially evident if a program has adequate supervision and oversight.

This isn't (commonly) true where child sexual abuse is concerned. In children's programming, child sexual abuse poses the highest risk, monetarily and otherwise. These other harms are not ordinarily 'program closers'; child sexual abuse can be.

This is not to suggest these other harms should not be addressed in policy and proactively curbed, simply that child sexual abuse, particularly at the hands of an organization's staff member or volunteer, constitutes a greater, more devastating risk, and is less easily seen or exposed.

In conclusion, organization leaders must understand areas of *primary risk* within children's programming.



All organizations providing services to children should understand the *universal risk* of child sexual abuse, including training and policies to *effectively* reduce those risks.

An Effective Safety System

Every child-serving organization must recognize and address the *known risk* of sexual abuse – perpetrated by an adult staff member, volunteer or another child. Every organization must evaluate HOW children are placed at risk, given specific programming and facility use. As demonstrated above, there is no *one-size-fits-all* policy form: Policies and Procedures constitute *one element* of an effective Safety System.

Sexual Abuse Awareness Training provides the foundational element of an effective Safety System designed to protect children from sexual abuse. To learn more, go to [Abuse Prevention Systems](#). For a tutorial on the creation of an effective Safety System, view the Child Safety Workshop in your Control Panel.

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**Random Children's Program, Inc.
Policies and Procedures Concerning Sexual Assault, Stalking
and Domestic and Intimate Partner Violence**

It is the policy of Random Children's Program, Inc. to provide a safe environment, one that is free from violence, for every Member of its community. Accordingly, RCP prohibits and does not tolerate acts of violence that occur on premises or at sponsored off-site programs or events. *Violent acts covered by this policy include sexual assault, stalking and domestic and intimate partner violence against any Member of RCP community.*

This policy applies to all students, staff, as well as to visitors, guests, vendors, contractors and other third parties. Violators of this policy are subject to criminal prosecution as well as discipline by the program Administrator, including, but not limited to, termination of employment, expulsion from the program, and/or other appropriate sanctions.

Random Children's Program Inc. is committed to the following goals:

- Providing up-to-date information regarding the laws applicable to sexual assault, stalking and domestic/intimate partner violence and the criminal penalties for commission of those offences;
- Providing information to help Members of RCP community identify situations that involve sexual assault, stalking or domestic/intimate partner violence on college campuses;
- Providing clear and concise guidelines for participants and other Members of RCP community to follow in the event that they or someone they know have (or think they have) been the victim of sexual assault, stalking or domestic/intimate partner violence;
- Providing an education program, which includes orientations for incoming participants and other Members of the RCP community prevent sexual assault, stalking and domestic/intimate partner violence.
- Educating and Training staff members and volunteers to assist victims of sexual assault, stalking or domestic/intimate partner violence;
- Assisting victims of sexual assault, stalking or domestic/intimate partner violence in obtaining necessary medical care and counseling; and
- Ensuring that disciplinary procedures are followed in the event that the alleged perpetrator is a program staff member, volunteer or participant.



WHAT TO DO IF YOU HAVE BEEN THE VICTIM OF SEXUAL ASSAULT, STALKING OR DOMESTIC/INTIMATE PARTNER VIOLENCE

Safety.

If you have been the victim of sexual assault, stalking or domestic/intimate partner violence you may be fearful for your safety. If so, it is important to get to a place that is safe and secure as soon as you can. It may be helpful to contact someone you can trust and who will stay with you until the crisis has subsided and you feel safe again. This person may be a friend or a counselor or another person of your choosing.

Medical Attention.

If you have been injured or believe you may have been injured as a result of a sexual assault, stalking or domestic/intimate partner violence, seek immediate medical attention. Injuries and medical treatment can be identified during a medical examination. In addition, if you have been raped, evidence that will be needed in case you decide to press criminal charges can be obtained during a medical examination.

If you have been raped, it is important to try to preserve all physical evidence so that it can be collected during a medical examination. Therefore, do not bathe, shower, douche, or change clothing before a medical examination. Testing for sexually transmitted disease can be conducted during a medical examination and any necessary follow up arranged.

Reporting A Crime.

Sexual assault, stalking and domestic/intimate partner violence are crimes and RCP urges victims to report crimes. Reporting a crime is not the same as pressing criminal charges; the decision to press criminal charges can be made at a later time. Sexual assault, stalking and domestic/intimate partner violence may be reported to the School's Safety and Security Department and/or to the local police department, both of which are available 24 hours a day to aid victims.

SANCTIONS

If it is determined either through criminal prosecution or a civil action or by RCP's investigation in response to a report or complaint that a Member of the RCP community committed a sexual assault, stalking or domestic/intimate partner violence, RCP will impose appropriate sanctions. Sanctions may include, but are not limited to, termination of employment; suspension; letters of apology; warnings; reprimands; suspension from employment; demotions; reassignments of workspace; reduction in wages; community service; a prohibition against contacting the alleged victim; and the like. Any sanction imposed by RCP is in addition to any penalty that may be imposed as a result of a criminal proceeding.

CONFIDENTIALITY

RCP recognizes that confidentiality is particularly important to victims of sex crimes, stalking and domestic/intimate partner violence. If the victim seeks counseling from a licensed medical professional, those communications will be confidential. RCP encourages victims in all circumstances to seek counseling in order to confidentially discuss her/his options and to begin recovery. Information shared with other RCP representatives (for example: Security Personnel, Human Resources staff and School Administrators) is not confidential. However, while the confidentiality of those communications cannot be guaranteed, every effort will be made to maintain confidentiality on a 'need to know' basis. Generally, the wishes of a victim not to report a sexual assault or incident of stalking or domestic/intimate partner violence to the police will prevail, though RCP reserves the right to notify the police when it believes that such reporting is necessary for the protection of the program community.

Child Abuse and Maltreatment Fact Sheet

This fact sheet is intended to be used by staff and volunteer of Random Children's Program Inc. as a learning tool and guide to help them better understand the signs and symptoms of possible child abuse or maltreatment. **The signs and indicators listed in this document are not conclusive proof of child abuse or maltreatment. There can be other, reasonable explanations for what you observe.**

Definition of Child Abuse:

An 'abused child' is a child less than eighteen (18) years of age whose parent or other person legally responsible for his/her care:

1. Inflicts or allows to be inflicted upon the child serious physical injury, or
2. Creates or allows to be created a substantial risk of physical injury, or
3. Commits or allows to be committed against the child a sexual offense as defined in the penal law.

Definition of Child Maltreatment:

A 'maltreated child' is a child under eighteen (18) years of age who has had serious physical injury inflicted upon him/her by other than accidental means. A 'maltreated child' is also a child under eighteen (18) years of age whose physical, mental or emotional condition has been impaired or is in danger of becoming impaired as a result of the failure of his/her parent or other person legally responsible for his/her care to exercise a minimum degree of care:

1. In supplying the child with adequate food, clothing, shelter, education, medical or surgical care, though financially able to do so or offered financial or other reasonable means to do so; or
2. In providing the child with proper supervision or guardianship; or

3. By unreasonable inflicting, or allowing to be inflicted, harm or substantial risk thereof, including the infliction of excessive corporal punishment; or
4. By using a drug or drugs; or
5. By using alcoholic beverages to the extent that he/she loses self-control of his/her actions; or
6. By any other acts of a similarly serious nature requiring the aid of the Family Court.

Some of the physical indicators of possible child abuse:

- Bruises in different stages of healing, welts, or bite marks on face, lips, mouth, neck, wrist, thighs, ankles, or torso, or on several areas of the body such as:
 - Injuries to both eyes or both cheeks (usually only one side of the face is injured in an accident)
 - Marks that are clustered, that form regular patterns that reflect the shape of such articles as an electrical cord, belt buckle, fork tines, or human teeth.
 - Grab marks on the arms or shoulders; and/or
 - Bizarre marks, such as permanent tattoos
 - Lacerations or abrasions to mouth, lips, gums, eyes, external genitalia, arms, legs, or torso.

Burns:

- From cigars or cigarettes, especially on soles, palms, back, or buttocks.
- From immersion in scalding water (socklike or glovelike on feet or on hands, doughnut-shaped on buttocks or genitalia)
- That are patterned like an object, such as an iron or electric burner; burns from ropes on arms, legs, neck, or torso.

Any fractures:

- Multiple or spiral, of the long bones, to skull, nose, or facial structure.
- Other injuries, such as dislocation

Head Injuries:

- Absence of hair or hemorrhage beneath the scalp from hair pulling.
- Subdural hematomas
- Retinal hemorrhage or detachment, from shaking
- Eye injuries
- Jaw and nasal fractures
- Tooth or frenulum injury

Symptoms that suggest fabricated or induced illness, sometimes known as Munchausen Syndrome by Proxy (MSP); for example, a parent might be repeatedly feeding a child quantities of laxatives sufficient to cause diarrhea, dehydration, or hospitalization, without revealing the child has been medicated.

Some of the emotional and behavioral signs of possible child abuse:

- Apprehension when other children cry
- Aggressiveness
- Withdrawal
- Fear of going home
- Fear of parents and other adults
- Extreme mood swings
- Inappropriate mood
- Habit disorder, such as nail-biting
- Low self-esteem
- Neuroses, such as hypochondria, obsessions
- Refusal to remove outer garments
- Attempted suicide

Some of the physical signs of possible child neglect:

- Newborn with positive toxicology for drugs
- Lags in physical development
- Constant hunger
- Speech disorder
- Poor hygiene
- Inappropriate dress for the season
- Lack of medical care
- Inadequate supervision

Some of the emotional and behavioral indicators of possible child neglect:

- Chronic fatigue
- Habit disorder, such as thumb-sucking by a ten-year-old, rocking, biting
- Reports no caregiver at home
- Frequent absences from school or lateness
- Hypochondria
- Shifts from complaint to aggressive behavior
- Age-inappropriate behavior
- Begging for food
- Lags in emotional or mental development
- Use of alcohol or drugs

Some of the signs of possible child sexual abuse:

- Difficulty in walking and sitting
- Pain or itching in the genital area
- Torn, stained, or bloody underclothing
- Bruises or bleeding of external genitalia or vaginal or anal areas
- Bruises to the hard or soft palate
- Sexually transmitted diseases, especially in preteens
- Painful discharge of urine or repeated urinary infections
- Foreign bodies in the vagina or the rectum
- Pregnancy, especially in early adolescence

Some emotional and behavioral signs of possible child sexual abuse:
Many of the following indicators may also reflect problems unrelated to sexual abuse.
Moreover, no one child will show all of these signs.

Particularly in children who are less than eight years of age look for:

Eating disorders	Crying spells
Fear of sleeping alone	Hyperactivity
Enuresis (bed wetting at night or daytime accidents)	Change in school behavior (fear of school, drop in grades, trouble concentrating)
Separation anxiety	Regular tantrums
Thumb or object sucking	Excessive fear (including of men or women)
Encopresis (soiling)	Nightmares or night terrors
Language regression	Sadness or depression
Sexual talk	Suicidal thoughts
Excessive masturbation	Extreme nervousness
Sexual acting out, posturing	Hypochondria

In children over eight through adolescence:

Fear of being alone	Overly compliant behavior
Peer problems	Suicidal thoughts or gestures
Emotional numbness (out of body experiences, or feelings of unreality)	Avoidant, phobic behavior, including sexual topics
Poor self-esteem	Self-mutilation
Excessive nervousness	Sexual acting out
Frequent fights with family members	Violent fantasies
Substance Abuse	Memory problems
Excessive guilt or shame	Fear of future abuse
Mood swings	Unwillingness to change into gym clothes
Sexual concerns or preoccupations	Intrusive, recurrent thoughts, or flashbacks
Withdrawn, isolated behavior	



RESOURCES FOR VICTIMS OF SEXUAL ASSAULT

Hotlines:

Local State

This policy has been adopted pursuant to NYS Education Law Section 6432