

SEXUAL ABUSE AND MOLESTATION PREVENTION POLICY

[Insert name of organization] does not permit or allow sexual abuse or molestation to occur in the workplace or at any activity sponsored by or related to it. In order to make this "zero—tolerance" policy clear to all employees, volunteers and staff members, we have adopted mandatory procedures that employees, volunteers, family members, board members, individuals and victims must follow when they learn of or witness sexual abuse or molestation.

Sexual abuse takes the form of inappropriate sexual contact or interaction for the gratification of the actor who is functioning as a caregiver and is responsible for the patient's or child's care. Sexual abuse includes sexual assault, exploitation, molestation or injury. It does not include sexual harassment, which is another form of behavior which is prohibited by [insert name of organization].

Reporting Procedure

All staff members who learn of sexual abuse being committed must immediately report it to [insert title of employee(s) designated as responsible for receiving and initiating an investigation]. If the victim is an adult, the abuse will be reported by this designee to the local or state Adult Protective Services (APS) Agency. If a child is the victim, the designee will report it to the local or state Child Abuse Agency. Appropriate family members of the victim must be notified immediately of suspected child abuse.

Investigation & Follow Up

We take allegations of sexual abuse seriously. Once the allegation is reported we will promptly, thoroughly and impartially initiate an investigation to determine whether there is a reasonable basis to believe that sexual abuse has been committed. Our investigation may be undertaken by either an internal team or we may hire an independent third party. We will cooperate fully with any investigation conducted law enforcement or regulatory agencies and we may refer the complaint and the result of our investigation to those agencies. We reserve the right to place the subject of the investigation on an involuntary leave of absence or reassigning that person to responsibilities that do not involve personal contact with individuals or students. To the fullest extent possible, but consistent with our legal obligation to report suspected abuse to appropriate authorities, we will endeavor to keep the identities of the alleged victims and investigation subject confidential.

If the investigation substantiates the allegation, our policy provides for disciplinary penalties, including but not limited to termination of the actor's relationship with our organization.

There are a number of "red flags" that suggest someone is being sexually abused. They take the form of physical or behavioral evidence.

Physical evidence of sexual abuse includes, but is not limited to:

- Sexually transmitted diseases;
- Difficulty walking or ambulating normally;
- Stained, bloody or torn undergarments;
- Genital pain or itching; and
- Physical injuries involving the external genitalia.

Behavioral signals suggestive of sexual abuse include, but are not limited to:

- Fear or reluctance about being left in the care of a particular person;
- Recoiling from being touched;
- Bundling oneself in excessive clothing, especially night clothes;
- Discomfort or apprehension when sex is referred to or discussed; and
- Nightmares or fear of night and/or darkness.

Retaliation Prohibited

We prohibit any retaliation against anyone, including an employee, volunteer, board member, student or individual, who in good faith reports sexual abuse, alleges that it is being committed or participates in the investigation. Intentionally false or malicious accusations of sexual abuse are prohibited.

Anyone who improperly retaliates against someone who has made a good faith allegation of sexual abuse, or intentionally provides false information to that effect, will be subject to discipline, up to and including termination.

ACKNOWLEDGMENT OF RECEIPT OF SEXUAL ABUSE POLICY

I, _____, acknowledge that I have received and read the sexual abuse policy immediately preceding my signature below. I understand that I am bound to follow the policy and understand the consequences in the event that I fail to do so.

Dated: _____

Print Name of Employee/Volunteer

Signature

Date(s) of Annual Review(s) (employee/volunteer to write date in his/her own handwriting) (Add additional sheets if necessary).

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