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# Sexual Abuse and Harrassment

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## **POLICY**

Volunteers of America Chesapeake has a “zero-tolerance” with respect to unlawful sexual abuse and sexual harassment. Volunteers of America Chesapeake explicitly prohibits any form of unlawful harassment based on race, religion, color, national origin, ancestry, sex, sexual orientation, marital status, veteran status, age (over 40) or disability. Sexual harassment is considered unlawful harassment and is defined for all employees in the Employee Handbook.

## **PREVENTION**

1. All staff will be trained on the zero-tolerance policy of the agency. Specifically, the following definitions for sexual abuse and sexual harassment will be articulated in annual training for all staff.
2. Sexual misconduct and inappropriate behavior are defined as actions of a staff person that are not beneficial to the client and may be demonstrated through the following acts:
  - a) Initiating, encouraging, and/or participating in written communication between residents and staff that is not open and public such as sending secretive notes.
  - b) Spending too much time with a particular client or creating the perception of preferential treatment.
  - c) Spending time alone with residents beyond the requirements of the program.
  - d) Speaking too familiarly with residents or staff in the presence of residents discussing personal and /or private issues or events
  - e) Allowing residents to use “pet names” or “nicknames” for staff.
  - f) Being in an unassigned work area and/or visiting areas other than where assigned.
  - g) Participating in or staging communications or interactions with residents outside the normal communication process.
  - h) Showing aggressiveness against residents in the program.
  - i) Becoming overly protective or supportive of a client.
  - j) Using inappropriate language, gestures, or teasing at the workplace.

- k) Touching residents in a manner that could be viewed as potentially inappropriate such as horseplay.
  - l) Failing to report incidents of sexual misconduct or inappropriate behavior.
  - m) Mentioning granting of favors or rewards to residents to endear residents, gain or promote feelings of acceptance, or to receive gifts.
  - n) Encouraging a client's involvement in sexually explicit or suggestive acts.
  - o) Aiding or assisting residents or staff in violating the conflict of interest policy.
  - p) Destroying and /or falsifying evidence regarding investigations of sexual misconduct or inappropriate behavior.
  - q) Participating in any act of sexual behavior with residents on or off the premises of the program.
  - r) Encouraging residents to view suggestive material or be involved with suggestive acts.
  - s) Making sexual innuendos, implied or explicit.
  - t) Arranging romantic liaisons with residents.
  - u) Sharing private information such as telephone numbers, home addresses, or other personal information with residents.
  - v) Condoning sexual acts between residents.
3. Sexual Abuse is defined as a sexual act where the victim does not consent, is coerced into a sexual act by overt or implied threats of violence, or is unable to consent or refuse.
4. Sexual abuse of a client by another client may be demonstrated through the following acts:
- a) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
  - b) Contact between the mouth and the penis, vulva, or anus;
  - c) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
  - d) Any other intentional touching, either directly or through the clothing, of the the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation
5. Sexual abuse of a client by a staff member, contractor, or volunteer may be demonstrated by the following acts, with or without consent of the client:
- a) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

- b) Contact between the mouth and the penis, vulva, or anus;
- c) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- d) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- e) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- f) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (a)-(e) of this section;
- g) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a client;
- h) Voyeurism by a staff member, contractor, or volunteer which is defined as an invasion of privacy of a client by staff for reasons unrelated to official duties
- i) Voyeurism may be demonstrated by the following acts:
  - 1. Peering at a client who is using the toilet to perform bodily functions
  - 2. Requiring a client to expose his or her buttocks, genitals, or breasts
  - 3. Taking images of all or part of a client's naked body or of a client performing bodily functions
- 6. Sexual harassment may be demonstrated through the following acts:
  - a) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one client directed toward another client
  - b) Repeated verbal comments or gestures of a sexual nature to a client by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures
- 7. All staff will participate in annual sexual harassment training

## **DETECTION**

- 1. Staff should be cognizant of signs and symptoms of sexual abuse and sexual harassment as it relates to residents in the facility.
- 2. Physical indicators of sexual abuse or sexual assault may include:
  - a) Sexually transmitted diseases

- b) Unexplained pregnancies
- c) Stomach or abdominal pain
- d) Anal, penile or vaginal discharge
- e) Bleeding, pain
- f) Trouble walking or sitting
- g) Unexplained injury

3. Emotional indicators of sexual abuse or sexual assault may include psychological responses to trauma such as:

- Acting out
- Anger
- Anxiety
- Depression
- Suicidal thoughts
- Numbness, disbelief
- Difficulty concentrating
- Sleep pattern disturbances
- Eating pattern disturbances
- Disorganization

4. Signs of sexual harassment may include emotional and physical indicators such as:

- Depression, anxiety, shock, denial
- Anger, fear, frustration, irritability
- Insecurity, embarrassment, shame
- Guilt, self-blame, isolation
- Depression, anxiety, shock, denial
- Anger, fear, frustration, irritability
- Insecurity, embarrassment, shame
- Guilt, self-blame, isolation

## **REPORTING**

1. Any employee who experiences sexual harassment has a responsibility to report all incidents immediately to his/her supervisor and to Human Resources or the next level supervisor if the complaint involved the immediate supervisor.

2. Employees should try to deal with the harassment when it occurs by clearly explaining the behavior as offensive and unwelcomed to the harasser. This does not mean that an employee must confront the harasser before reporting the harassment.

3. If an employee is aware of harassment of an employee, he/she is to report the incident immediately to his/her supervisor and to Human Resources or the next level supervisor if the complaint involves the immediate supervisor.

4. If an employee is aware of harassment of a client, he/she is to report the incident immediately to his/her supervisor and or to the PREA Coordinator.
5. The employee handbook articulates for all employees what to do in instances of sexual harassment.
6. Apart from reporting to designated supervisors or officials; staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified by the agency policy to make treatment, investigation and other security and management decisions.
7. Residents are advised that they are to report all instances of sexual misconduct to the identified PREA Coordinator. The Operations Coordinator will serve as the PREA Coordinator for the Division of Behavioral Health and Re-entry Services. Residents can report any instances of sexual misconduct to any staff members at any time.
8. Residents can report sexual abuse or sexual harassment anonymously, verbally, in writing or through a third party to staff, the PREA Coordinator, an external hotline, agency management or the Ombudsmen's Office.
9. Third parties reporting on behalf of a client can contact the PREA Coordinator. The ability to report claims of sexual abuse or sexual harassment will be communicated during family night events and at each family intake interview.
10. All employees and residents who report abuse or harassment or cooperate with investigations about abuse or harassment will not be retaliated against and the agency shall monitor any reports of conduct and treatment of the employees and/or residents reporting or cooperating
11. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Director will notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. The Program Director will make this notification within 72 hours after receiving the allegation and will document that the notification was made and forward it to the PREA Coordinator and the COO.
12. If the alleged victim is considered a vulnerable adult, the agency shall report the allegation to the NJDHS Adult Protective Services Abuse hotline.

## **RESPONSE**

1. In instances of sexual abuse or harassment of an employee, the investigation is handled by Human Resources.
2. In instances of sexual abuse or harassment of a client, the investigation is handled by the PREA Coordinator.
3. The PREA Coordinator will determine after an initial review and or investigation whether the NJDOC and NJDOC SID will be notified of a potential PREA incident.
4. An administrative incident report will be completed by the PREA Coordinator as well as a Special Incident Report for the NJDOC regarding the allegation.

5. The NJDOC SID is responsible for investigating all PREA allegations referred to their attention. NJDOC SID will advise Volunteers of America as to the course of action.
6. Staff, contractors and volunteers shall be terminated for sexually abusing or sexual harassing residents or participating in sexual misconduct and inappropriate behavior with residents.
7. All terminations for violations of the agency's sexual abuse or sexual harassment policy or resignations by staff who would have been terminated if not for their resignation are reported to law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies.
8. If an employee, volunteer or contractor is found to be in violation of the agency's zero tolerance policy on sexual abuse and harassment, they shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.
9. The agency shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by an employee, contractor or volunteer.
10. For at least 90 days following a report of abuse or harassment, the agency shall monitor the disciplinary reports, housing or program changes, or negative performance reviews, or reassignment of staff.
11. If initial monitoring indicates continuing need, monitoring shall continue beyond 90 days