

UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF JUVENILE JUSTICE AND YOUTH SERVICES POLICY AND PROCEDURES		
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SAVE - Sexual Assault and Victimization Elimination Policy		
<p>RATIONALE: This policy is developed in compliance with Utah Code Section 80-5-202 to make prevention of sexual abuse and misconduct a top priority in each facility; develops and implements standards for the detection, prevention, and punishment of abuse and misconduct; increases available data and information of the incidence of staff-to-minor or minor-to-minor sexual abuse and sexual harassment; and standardizes the definitions used for data collection.</p> <p><i>Related Policies, Applicable Standards, Statutes: 42 U.S.C. 147; Utah Code 76-5-406; 80-5-202; DHHS policy 02-03 Code of Ethics and Conduct; JJYS policy 01-02 Code of Ethics; 01-02-1 Volunteer Code of Ethics; 03-03 Intake Screening; 04-01A Juvenile Rights and Responsibilities - Residential; 04-04 Telephone Access; 05-09 Evidence; 05-12 Critical Incident Debriefing; 05-15 Incident Reports</i></p>		
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I. DESCRIPTION

The Sexual Assault and Victimization Elimination (SAVE) policy establishes a zero-tolerance standard for any incidence of staff-to-minor or minor-to-minor sexual abuse and sexual harassment. Minor-on-staff sexual abuse (UCA 76-5-406. Sexual offenses against the victim without consent of victim) and sexual harassment are not tolerated.

II. DEFINITIONS

The following terms are defined for this policy as:

- A. **Collaborative Review Team:** Determines initial needs and support for minors whose probability for victimization, sexually aggressive behavior, or violent behavior is high based upon the Victim Intake Screener (VIS) assessment score. The team consists of a SAVE facility compliance manager, assistant program director (APD) or designee, unit supervisor, Qualified Mental Health Professional, nurse and case manager for the minor (as applicable).
- B. **Minor-to-Minor Sexual Abuse:** Sexual abuse includes both nonconsensual sexual acts and abusive sexual contact. Sexual abuse includes incidents where the victim does not consent, the victim is coerced into such an act by overt or implied threats

of violence, or the victim is unable to consent or refuse. Sexual abuse of a minor by a minor includes any of the following:

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 2. Contact between the mouth and the penis, vulva or anus;
 3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument; and
 4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh or the buttocks of another person, excluding contact incidental to a physical altercation.
- C. **Minor-to-Minor Sexual Harassment:** Pervasive and unwelcome sexual advances, requests for sexual favors or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one minor to another minor.
- D. **Minor-to-Minor Sexual Misconduct:** Includes sexual abuse and sexual harassment of a minor by another minor. Also included is age appropriate sexual contact between two minors in violation of program rules.
- E. **Minor Record:** The Courts and Agencies' Record Exchange (CARE) is the record of a minor in the legal or physical custody of the division. These include records generated concerning the identification, care, and provision of treatment or services to the minor at a facility.
- F. **Minors Who Offend Sexually:** A minor who has been adjudicated in a delinquency proceeding or an institutional proceeding for an act of abusive sexual contact.
- G. **Qualified Mental Health Professional (QMHP):** A licensed psychologist, psychiatrist, or therapist with experience in child or adolescent development.
- H. **SAVE Coordinator:** The designated upper-level, agency-wide, staff with sufficient time and authority to develop, implement, and oversee the agency's efforts to implement sexual safety standards in JJYS facilities. The SAVE coordinator's responsibilities also include reporting relevant data and supervision and training of the facility compliance managers.
- I. **SAVE Facility Compliance Manager:** An assigned staff member at each facility that is responsible for ensuring sexual safety standards in JJYS facilities and coordinating response to events with the SAVE coordinator.
- J. **Staff-to-Minor Sexual Abuse:** Sexual abuse by a staff member, contractor, or volunteer may include any of the following acts, with or without consent of the minor:
1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 2. Contact between the mouth and the penis, vulva, or anus;
 3. Contact between the mouth and a body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 4. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; or
 5. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breasts, inner thigh or buttocks with the intent to abuse, arouse, or gratify sexual desire, and occurrences of indecent

exposure, invasion of privacy, or voyeurism for sexual gratification. Completed, attempted, threatened, or requested sexual behavior and sexual acts are included. This excludes contact incidental to a physical intervention.

- K. **Staff-to-Minor Sexual Harassment:** Pervasive verbal comments or gestures of a sexual nature to a minor by an employee, contractor, intern or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing or obscene language or gestures.
- L. **Staff-to-Minor Sexual Misconduct:** This includes both sexual abuse and sexual harassment of a minor by a staff member, contractor, or volunteer.
- M. **Vulnerability Intake Screener (VIS):** Risk assessment completed for intakes immediately upon admission to a division facility. The results of the assessment are intended to ascertain a potential risk for victimization, risk for aggression, room designation, and overall level of risk.
- N. **Voyeurism:** An invasion of privacy of a minor by staff for reasons unrelated to official duties, such as peering at a minor who is using a toilet in their room to perform bodily functions; requiring a minor to expose their buttocks, genitals, or breasts; or taking images of all or part of a minor's naked body or of a minor performing bodily functions.

III. ASSOCIATED RESOURCES

- A. Sexual Assault and Victimization Elimination Youth Education Flyer - Facility Orientation Manual (English and Spanish)
- B. Sexual Assault and Victimization Elimination Parent / Guardian Education Flyer - Family Handbook (English and Spanish)
- C. Sexual Assault and Victimization Elimination Volunteer / Contractor Education Brochure
- D. Sexual Assault and Victimization Elimination Facility Poster
- E. SAVE Orientation Video
- F. VIS Risk Assessment Tool (English)
- G. Incident Report Form (policy 05-15 Incident Reporting)
- H. Victim Safety Plan
- I. Critical Incident Debrief - Administrative Incident Review Team Report (form 05-12A)

IV. POLICY

- A. Minors shall receive SAVE orientation and SAVE education regarding sexual abuse and sexual harassment when admitted to a division facility or secure facility.
- B. Minors shall be allowed to practice the behaviors that match their gender identity, including having access to hygiene products as requested by the minor. Special requests for clothing or hygiene products shall be referred to the Collaborative Review Team.
- C. Minors shall not be placed in seclusion as a means of keeping them safe from discrimination, harassment, or abuse.

- D. Minors shall not be treated or classified as sex offenders unless they have been adjudicated by a court as such.

V. PROCEDURES

A. Orientation and Education of Minors:

1. Minors admitted to a JJYS facility shall complete the SAVE orientation (policy 03-03 Intake Screening), which includes:
 - a) Minor's rights to be free from sexual abuse and sexual harassment and, their right to be free from retaliation for reporting such incidents;
 - b) The division's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment;
 - c) Facility policies and procedures for responding to such incidents; and
 - d) Minors shall sign the Juvenile Rights and Responsibilities (Form 04-01A) indicating they understand their rights and duties regarding sexual abuse and sexual harassment.
2. Within 10 days of admission, the facility shall provide minors with SAVE education regarding sexual abuse and sexual harassment.
 - a) SAVE education shall be facilitated by the shift lead, or designee, in a group or individual setting;
 - b) As part of the SAVE education, youth may request to speak with the QMHP; and
 - c) SAVE education completion shall be noted in the intake screener.
3. SAVE education shall be communicated in language that is clearly understood by the minor. The use of minors as interpreters is prohibited. Information provided shall include, but not be limited to self-protection, prevention, intervention, reporting procedures, treatment and counseling, and the zero-tolerance policy within the division.
4. The division shall take appropriate steps to ensure minors with disabilities, such as minors who are deaf or hearing impaired, blind or visually impaired, or those who have intellectual, psychiatric, or speech disabilities, have an equal opportunity to participate in and benefit from all aspects of the division's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary:
 - a) Effective communication with minors who are deaf or hearing impaired; and
 - b) Provide access to interpreters who can interpret effectively, accurately, and impartially, using necessary specialized vocabulary.
5. The parent(s) or legal guardian(s) shall receive facility information when a minor is admitted, which shall include information regarding zero tolerance for sexual misconduct and how to report allegations of sexual misconduct.

B. VIS Risk Assessment

1. Minors that are admitted to the division residential programs shall be screened upon arrival (policy 03-03 Intake Screening) for potential risk utilizing the VIS risk assessment tool.

- a) Intake screenings and assessments, at a minimum, shall attempt to gather and note in the minor's CARE record information about:
 - 1) Prior sexual victimization or abusiveness;
 - 2) Appearance or mannerisms that may contribute to a minor being vulnerable to sexual abuse;
 - 3) Current charges and offense history (obtain from CARE records and do not discuss pending charges with minor);
 - 4) Age;
 - 5) Level of emotional and cognitive development;
 - 6) Physical size and stature;
 - 7) Mental illness or mental disabilities;
 - 8) Intellectual or developmental disabilities;
 - 9) Physical disabilities;
 - 10) The minor's own perception of vulnerability; and
 - 11) Any other specific information about an individual minor that may indicate heightened need for supervision, additional safety precautions, or separation from certain other minors.
- b) This information shall be gathered through conversations with the minor during the intake process; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the minor's file.
2. Division facilities shall use the VIS risk assessment, which shall be completed at admission, readmission, or transfer, prior to room assignment.
 - a) Results of the VIS risk assessment shall primarily be used to establish housing assignments and to increase employee awareness of potential safety concerns.
 - b) Housing assignments shall be made with the intent of separating victims and aggressors by unit and room.
 - c) Room assignment decisions for minors should occur as soon as possible after intake, but no longer than 72 hours and are subject to review by the Collaborative Review Team.
 - d) If there is an available room and there is no clinical indication to double-bunk, minors shall be assigned to "Room Alone" (RA) status.
3. If the results from the VIS risk assessment indicate a probability for victimization, or the minor has a history of offending sexually, the following shall occur:
 - a) The minor shall be assigned to RA status;
 - b) The SAVE facility compliance manager shall be notified that a high risk minor has been admitted;
 - c) If the screening indicates that a minor has experienced prior victimization or has previously offended sexually, whether it occurred in an institutional setting or in the community, the intake staff shall offer the minor a follow-up meeting with a facility QMHP or contracted behavioral health provider who will meet with the minor within 14 days of intake.

- 1) The QMHP shall assess the minor's need for support services during the follow-up meeting; and
 - 2) Documentation for such meetings shall be placed in the minor's mental health record.
 - d) If the VIS risk assessment identifies that the minor is at risk of victimization, division practices to keep the minor safe shall be followed.
 4. The VIS risk assessment shall be included in the minor's CARE record.
 5. If the minor is transferred from one facility to another, or when transferred to community placement or parole, the VIS risk assessment shall be accessible in the minor's CARE record. Confidentiality of the risk assessment information shall be maintained (DHHS policy 02-03 Code of Ethics and Conduct).
- C. Reassessment:
1. A review and update to the VIS risk assessment shall be completed if there are circumstances that increase a minor's risk (e.g., family or relationship changes, gender identity evolution, suicide precautions, court developments, transfer to a new facility). The review process shall include reviewing incident report history, room status history, and recent behavior observations documented in CARE.
 2. A VIS risk assessment shall be updated in the minor's CARE record if a minor is suspected of being a sexual victim, a perpetrator of sexual abuse during their commitment or detainment, or has:
 - a) Been charged with a new sexual offense;
 - b) Received a rule violation of a sexual nature;
 - c) Disclosed being a victim of sexual abuse by another minor or staff sexual misconduct; or
 - d) Disclosed being a victim of sexual abuse or sexual misconduct whether it occurred in an institutional setting or in the community and has not been reported previously.
 3. Minors suspected of being a potential or documented victim of sexual abuse or adjudicated for a sexual offense shall be referred to a QMHP or a contracted behavioral health provider for counseling or other services.
 4. The VIS risk assessment information shall be available in the minor's CARE record.
- D. Collaborative Review Team:
1. The Collaborative Review Team shall meet within 72 hours, excluding holidays and weekends, of a minor's admission whose results from the VIS risk assessment indicate a probability for victimization, sexually aggressive behavior, or violent behavior. The SAVE facility compliance manager, or designee, shall provide the following information so the team can assess the immediate medical, behavioral health, and housing needs of the minor:
 - a) Information collected in section V.B.1 including the VIS risk assessment;
 - b) Information about the minor that is missing from section V.B.1;
 - c) Information from the minor to assess risk of victimization since admission; and
 2. A minor shall be referred to the Collaborative Review Team during their stay when any of the following occurs:

- a) Self-reporting: a minor discloses additional information (e.g., they are LGBTQ+, or been a victim) and a VIS re-assessment is completed identifying the minor with a probability for victimization or sexually aggressive behavior; or
 - b) Grievance: a grievance is submitted raising an issue that identifies a possible enhanced risk of a minor of being abused or sexually aggressive.
- 3. Placement and programming assignments for each minor shall be reassessed by the Collaborative Review Team at the minor's current placement at least twice each year to review threats to safety experienced by the minor.
 - a) The Collaborative Review Team shall consider safety when determining placement of a youth.
 - b) The minor may request at any time that the Collaborative Review Team reconsider the placement or programming decision.
 - c) The SAVE facility compliance manager, or designee, in consultation with the facility APD and QMHP shall participate in this process.
- 4. The decisions made by the Collaborative Review Team shall be documented on the VIS risk assessment. The updated VIS risk assessment shall be included in the minor's CARE record.
- E. Reporting of Staff-to-Minor or Minor-to-Minor Sexual Abuse and Sexual Harassment:
 - 1. Staff, volunteers, or contractors in the facility who receive information verbally, in writing, anonymously, or through a third party, concerning sexual abuse or sexual harassment, or who have reason to suspect, or who observe an incident, are required to immediately report the incident (policy 05-15 Incident Reports) to their supervisor. Staff shall also report these incidents to Child Protective Services (UCA 80-2-602. Child abuse and neglect reporting requirements; policy 01-02 Code of Ethics).
 - 2. Division staff told about allegations of sexual abuse occurring in a division facility, private-contracted residential care, or other institution, shall notify their APD. The APD shall then notify the program director and division director about the allegation. If there is no evidence that a report has been made previously, an incident report shall be submitted (policy 05-15 Incident Reports).
 - a) Employees shall immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a placement (whether it is part of JJYS or not).
 - b) As soon as possible, but no later than 72 hours after receiving the allegation, the SAVE facility compliance manager shall confirm with the division's Internal Review that the head of the facility or agency where the alleged abuse occurred and the appropriate investigative agency has been notified.
 - c) Retaliation against minors or employees who report such an incident shall not be tolerated.
 - d) Employee neglect or violation of responsibilities that may have contributed to an incident or retaliation shall be reported.
 - 3. The allegation of staff-to-minor or minor-to-minor sexual abuse or sexual harassment are critical incident events (policy 05-15 Incident Reports).

- a) Staff shall follow the chain of command as outlined on the Incident Report Form; and
 - b) The facility APD, or designee, shall notify by email the SAVE coordinator and SAVE facility compliance manager.
4. The SAVE facility compliance manager, or designee, shall:
- a) Ensure the SAVE facility compliance managers receive reported incidents of sexual misconduct of staff and minors;
 - b) Review submitted incident reports to ensure required information is included and properly documented. If information is missing or incomplete, the SAVE facility compliance manager shall contact the staff member who reported the incident and ask them to complete an addendum for missing or incomplete information;
 - c) Notify the facility QMHP and facility medical staff (if applicable); and
 - d) For at least 90 days following a report of sexual misconduct of a staff or of a minor, the conduct and treatment of the minor or employee(s) who reported sexual abuse or sexual harassment shall be monitored. Monitoring may terminate if it is determined by investigating entities that the allegation is unfounded. Monitoring shall consist of reviewing the following items and documenting the results of the review in the minor's CARE record or employee's file:
 - 1) Minor's
 - a) Disciplinary reports;
 - b) Housing and room assignments;
 - c) Program changes; and
 - d) Periodic status checks.
 - 2) Staff
 - a) Staff performance reviews; and
 - b) Staff assignments and duties.
5. The division shall protect minors and employees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other minors or staff. Reports of retaliation shall be taken seriously and may result in disciplinary action, up to and including termination.
6. The division's Internal Review shall summarize investigative findings and notify the SAVE coordinator and SAVE facility compliance manager of the final disposition of the incident (i.e., child abuse findings, law enforcement investigation).
- a) Documentation of the final disposition shall be retained by Internal Review.
 - b) Written reports, (i.e., police reports, Internal Review reports), shall be retained by JJYS Internal Review for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
7. Persons who fail to report incidents of staff-to-minor or minor-to-minor sexual abuse and sexual harassment shall be held accountable by the APD, or designee, and personnel action up to and including termination may be taken.

8. Information related to a victim of sexual misconduct or sexual abuse shall be considered confidential and shall only be released to those who need the information to perform their duties (policy 01-02 Code of Ethics).
 9. A report made in good faith, based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. These reports shall not result in disciplinary action or criminal charges.
 10. Employees who make false allegations may be subject to corrective or disciplinary action and/or criminally charged.
- F. Reporting Procedure for Minors:
1. The division shall provide multiple ways for minors to report sexual abuse, sexual harassment, or retaliation. These include:
 - a) Speaking with a staff member or other trusted adult;
 - b) Filling out a grievance;
 - c) Filling out a sick call request; or
 - d) Accessing a confidential hotline external to the division that is able to receive and immediately forward reports by minors of sexual abuse and sexual harassment to agency officials. Minors may request a special call (policy 04-04 Telephone Access) that is privileged and not monitored by staff.
 2. The methods to report sexual abuse and sexual harassment shall be posted at the facility and provided to minors during intake.
- G. Division Employee Initial Response Duties
1. If there is a reason to believe that staff-to-minor or minor-to-minor sexual abuse or harassment has occurred, the employee shall take reasonable and appropriate measures to assure victim safety by doing the following:
 - a) Ask the victim:
 - 1) Are you injured?
 - 2) Do you need medical attention?
 - 3) Do you believe that you or someone else is in immediate danger?
 - 4) Would you like to talk with a mental health clinician?
 - b) The alleged victim and alleged perpetrator shall be physically separated. Non-punitive change in housing may be provided;
 - c) The shift leads shall be notified; and
 - d) An Incident Report shall be completed by the first responder (policy 05-15 Incident Reports).
 - e) An initial Victim Safety Plan shall be completed by the shift supervisor, QMHP, or a contracted behavioral health provider.
 - 1) The QMHP or contracted behavioral health provider shall ensure the Victim Safety Plan appropriately addresses all victim psychological and physical safety needs; and
 - 2) The Victim Safety plan shall be documented in the minor's CARE record.
 2. Physical Evidence (policy 05-09 Evidence):
 - a) When an incident involves potential physical evidence, a chain of custody shall be maintained. If the incident is reported within five days of occurrence,

the investigating entity may still collect evidence. Staff, including medical staff, shall not attempt evidence collection. Facility employees shall do the following:

- 1) Request that the alleged victim, and require the alleged perpetrator, not shower, wash hands, brush teeth, change clothes, urinate, defecate, drink or eat until all investigation and examination protocols are completed.
 - 2) The room and area where the alleged sexual contact occurred shall be secured and not accessed until released by the APD.
 - 3) Collection of potential evidence shall be done in coordination with local law enforcement (policy 05-09 Evidence). In most circumstances the extent of this cooperation shall involve securing the possible crime scene. Examples of securing the scene may include restricting access to a particular area or securing a lockable room.
3. All investigations shall be kept confidential. Information shall be shared only with persons who have a "need to know" (policy 01-02 Code of Ethics).
- H. Treatment for Victims of Staff-to-Minor Sexual Abuse and Minor-to-Minor Sexual Abuse:
1. A minor who is a victim shall be taken to the facility's medical clinic for an initial medical assessment, during clinic hours. If after clinic hours, the facility's on-call or after hours emergency medical protocol shall be followed (policy 07-02 Emergency Medical Care).
 2. The SAVE facility compliance manager, or designee, shall provide information on local support services to alleged victims.
 - a) The minor shall have access, privately and anonymously, to an outside victim advocate or rape crisis organization for emotional support services; under
 - b) The minor may request a special call to a victim advocate or rape crisis organization (policy 04-04 Telephone Access) that is privileged and not monitored by staff; and
 - c) Minors may have a victim advocate come to the facility for emotional support and accompany them to an outside medical treatment facility.
 - d) Minors may receive confidential mental health counseling from victim advocates or rape crisis organizations from outside of the division that are experts in sexual abuse.
 3. The minor shall be provided medical treatment as appropriate and be seen by a qualified medical professional such as a Sexual Assault Nurse Examiner (SANE). Acute trauma care shall be provided by the SANE program including but not limited to, treatment of injuries, HIV/AIDS education, timely access to emergency contraception, prophylaxis and testing for sexually transmitted diseases.
 4. When the possibility of pregnancy exists, the minor shall receive a pregnancy test.
 5. A QMHP or a contracted behavioral health provider shall meet with the minor victim as soon as possible, but no later than the end of the following day to assess for safety and the need for additional services. These services could include medical or mental health treatment, a specialized intervention plan (SIP, see Policy 05-17 Specialized Interventions), or similar service. Telehealth may be used to facilitate the assessment and delivery of these services.
- I. Minors' Victim Rights for Staff-to-Minor Sexual Abuse and Minor-to-Minor Sexual Abuse:

1. The SAVE facility compliance manager shall provide victims of sexual abuse with a [Victim's Rights Brochure](#) or confirm with the victim advocate that one has been provided.
 2. This information shall be provided immediately upon learning that law enforcement will pursue criminal charges against the alleged perpetrator.
 3. The Victim's Rights Brochure shall be in a language a victim understands, with an explanation of right(s) the minor may have concerning the investigation and prosecution.
- J. Reporting Back to Minor:
1. Following an investigation into a minor's allegation of sexual abuse, the SAVE facility compliance manager shall inform the minor as to whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded.
 2. Following a minor's allegation that an employee has committed sexual abuse against the minor, unless the agency has determined that the allegation is unfounded, the SAVE facility compliance manager or SAVE coordinator shall use information from the division's Internal Review team to inform the minor when:
 - a) The employee is no longer employed at the facility;
 - b) The employee is no longer posted on the minor's unit;
 - c) The facility has learned that the employee has been criminally charged as a result of the allegation; and
 - d) The facility has learned that the employee has been convicted of charges related to the allegation.
 3. Following a minor's allegation that another minor has committed sexual abuse against the minor, the SAVE facility compliance manager shall inform the minor when the facility learns the alleged abuser:
 - a) Has been criminally charged;
 - b) Has been adjudicated delinquent as a result of the allegation; or
 - c) Has been acquitted or that charges were declined for filing.
 4. All notifications or attempted notifications shall be documented in the minor's CARE record as a follow-up to the Incident Report.
 5. The facility's obligation to notify the minor ends if the minor is released from the division's custody.
- K. Division Employee, Contract Worker, and Volunteer Training:
1. Staff sexual misconduct and minor sexual misconduct prevention training shall be provided to division employees, volunteers, and contract workers. Training shall include, but is not limited to:
 - a) Zero-tolerance policy for sexual abuse and sexual harassment;
 - b) Instruction in professional boundaries while working with minors in JJYS care;
 - c) Review of current state law and division policy;
 - d) A minor's right to be free from sexual abuse and sexual harassment;
 - e) The right of a minor and an employee to be free from retaliation for reporting sexual abuse and sexual harassment;
 - f) The dynamics of sexual abuse and sexual harassment in facilities;
 - g) The common reactions of minors who are victims of sexual abuse and sexual harassment;

- h) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse among minors;
 - i) How to avoid inappropriate relationships with minors;
 - j) How to communicate effectively and professionally with minors; and
 - k) Relevant laws regarding the applicable age of consent.
2. Staff shall be trained initially upon hire and then every other year after the initial training. Training shall be provided by a division trainer and the division SAVE Coordinator, or designee, to ensure training addresses best practice standards.
 3. Volunteers shall receive facility information regarding the division's zero tolerance for sexual misconduct and how to report allegations of abuse. Volunteers receive notice and defined rights and responsibilities regarding expected conduct with minors (policy 01-02-1 Volunteer Code of Ethics).
- L. Disciplinary Actions for Minors:
The division has a zero tolerance policy for sexual misconduct of minors in its care. Consensual sexual activity within the facility that is not deemed as sexual abuse shall be handled internally pursuant to division facility policy.
- M. Annual Facility Review:
A facility review shall be completed annually by the division's Internal Review. The assessment shall be reviewed during the annual division staffing plan review, audit, and during the division SAVE monitoring visit.
- N. Critical Incident Debriefing - Sexual Abuse Review:
1. Substantiated and unsubstantiated staff sexual misconduct and minor sexual abuse incidents shall conclude with a critical incident debriefing (policy 05-12 Critical Incident Debriefing) completed by the APD in coordination with the division SAVE coordinator. The review process shall consider:
 - a) Whether changes in policy or practice are needed;
 - b) Whether race, ethnicity, sexual orientation, gender identity, gang affiliation, or minor's culture played a role;
 - c) Whether physical barriers in the facility may enable abuse;
 - d) Adequacy of staffing levels; and
 - e) Video monitoring needs.
 2. The critical incident debriefing shall occur as per policy 05-12 Critical Incident Debriefing. Prior to the debriefing, the SAVE coordinator shall attempt to meet with the victim advocate separately, if applicable, to review the care and support the victim received, as well as the communication that occurred between the facility, hospital, and advocate.
 3. The SAVE coordinator shall prepare a report of the findings, including but not limited to, determinations made in Section V.N, to include recommendations for detection, prevention, and elimination of sexual abuse. The report shall be submitted to the division's Internal Review, the facility APD, the program director, the division director and the facility SAVE compliance manager.
 4. The facility APD may implement the recommendations for improvement or shall document in writing the reasons for not doing so within 30 days after receipt of the report.

5. The APD, working closely with the SAVE Coordinator, shall complete the Critical Incident Debriefing Form (policy 05-12 Critical Incident Debriefing) documenting the resolution of the incident.
- O. Data Collection and Tracking:
1. Critical incident reports that allege staff sexual misconduct or minor sexual misconduct shall be collected in the Incident Reporting system.
 2. The division Research and Evaluation Bureau shall provide critical incident data from the Incident Reporting system to the SAVE coordinator and JJYS Internal Review at least annually.
 3. The SAVE coordinator shall be responsible for compiling and annually reporting statistical data to the Federal Bureau of Justice as required by the Department of Justice and to the Utah Legislative Law Enforcement and Criminal Justice Interim Committee.
 4. The SAVE coordinator shall provide the division director, deputy director, and program directors, on an annual basis, a report that identifies trends, safety risks, and training needs to be addressed at facilities.
 5. The agency shall maintain staff sexual abuse data collected for at least 10 years after the date of its initial collection.

VI. Continuous Renewal

This policy shall be reviewed every three years to determine its effectiveness and appropriateness. This policy may be reviewed before that time to reflect substantive change.

This policy has been reviewed by the Division of Juvenile Justice and Youth Services Executive Management Team, and is approved upon the signature of the Director.



Brett Petersen, Director Signature
Division of Juvenile Justice & Youth Services

11/26/2024

Date