

Linn County
SEXUAL INCIDENT RESPONSE SYSTEM
 ~ LEVEL 1 PROTOCOL ~
 (EDITION January 2019)

LEVEL 1 OUTCOME

(To be completed at the end of the Level 1 Investigation)

Disposition	Date	Administrator Name/Title
<input type="checkbox"/> Referred to Law Enforcement	_____	_____
<input type="checkbox"/> Dismissed	_____	_____
<input type="checkbox"/> Developed Supervision Plan	_____	_____
<input type="checkbox"/> Developed Plan to Protect a Targeted Victim	_____	_____
<input type="checkbox"/> Referred to Level 2 (see criteria)	_____	_____
<input type="checkbox"/> Other _____	_____	_____

Notes: _____

- This system is designed to examine sexual incidents that include problematic sexual behavior. It is not designed for use with students who are suicidal, engaging in threatening/violent behavior or who are misusing fire, unless they are doing so as part of a sexual act. (If a suicide assessment, threat assessment or fire-misuse assessment is needed, please consult the Linn County Mental Health at 541.967.3866 or Benton County Mental Health at 541.766.6835.
- Consult the flow chart below to determine the course of assessment. If a Level 1 Incident Assessment is indicated, proceed with the attached Protocol and step-by-step instructions.

Sexual Incident

UPON DISCOVERY OF THE INCIDENT, Law Enforcement SHOULD BE INFORMED. IF THE EVENT IS FOUND TO BE ILLEGAL, REPORT TO LEVEL OFFICES, AND FOLLOW DISTRICT PROTOCOL GUIDELINES.

Level 1 to be considered by Administrator & Counselor or SRO

Guidelines for consideration of Level 1 (any of the following):

1. Sexual incident occurs at school.
2. School staff is informed about concerning sexual behavior occurring in school or community.
3. Sexual behavior is causing disruption to school activity.
4. There is a history of sexually inappropriate behavior.
5. Staff, parent, or students perceive the sexual incident as unusual, odd, or inappropriate.
6. Administrator is unable to assert that the concern is unfounded.

Concern Addressed

Level 1 Protocol completed by Site Team

Steps 1-3:

Demographics and assessment.

Step 4:

Use supervision strategies to address concerns. Determine if Level 2 is needed by using suggested criteria.

Step 5:

(After completing Level 1) email Mark Summers at mark.summers@lblead.k12.or.us

Step 6:

File SIRC paperwork copies as per district procedure.

- IMPORTANT -

Maintain two copies of the Level 1: One in a letter-size manila envelope marked "Confidential" placed in the student's regular academic or cumulative file and a second copy in a working file in the administrator's (case manager's) office.

THIS PROTOCOL IS ONLY TO BE USED BY STAFF WHO HAVE BEEN TRAINED THROUGH THE LEVEL 1 ASSESSMENT PROCESS. READ AT THE START OF EVERY LEVEL 1 MEETING.

The results of this survey do not predict or diagnose sexual deviance, nor are they designed to assess an individual's or group's risk of harm to others. This survey is not a checklist that can be quantified. It is a guide designed to assist Level 1 teams in making a determination regarding whether the sexual incident in question is normative or non-normative and to assist the school staff in the development of a management plan. This guide is not intended to serve as an investigation of potential danger and should not be employed for the purpose of identifying circumstances and variables that may increase risk for potential problematic sexual behavior or criminal sexual misconduct. Furthermore, as additional information about a sexual incident is revealed, so may perceptions about the seriousness of the incident change. If you are reviewing this survey at a date after the assessment completion, do so while being mindful of supervision, intervention, and the passage of time.

Complete the following survey through the Site Team Investigation using the noted step-by-step instructions. The Site Team is composed of the following:

- Administrator (Discipline AP or Principal)
- Counselor
- Law Enforcement
- School Resource Officer (SRO)
- Educators or other people who know the student / students
- LBLESD Behavior Consultant
- Parents, whenever possible - If parents are unable or unwilling to attend, conduct the Parent Interview
- Campus Monitor if possible
- Case Manager/Probation Officer if adjudicated or ward of the Court

Many cases can be managed through a Level 1 Assessment with appropriate interventions. The assessment usually takes from 20 to 45 minutes and is a way of documenting concerns and management strategies. It is also a way to determine if there is a need to request a more extensive Level 2 Assessment by staff that specializes in Sexual Misconduct investigation (Step 4). If consultation is needed regarding the Level 1 or Level 2 process, please email Mark Summers at mark.summers@lblestd.k12.or.us

LEVEL 1 ASSESSMENT

STEP 1: MAKE SURE ALL STUDENTS / STAFF ARE SAFE

- If necessary take appropriate precautions such as detaining the student and restricting access to coats, backpacks, lockers, etc.

IF *IMMINENT* DANGER EXISTS CALL LAW ENFORCEMENT, AND FOLLOW THE DISTRICT SAFETY GUIDELINES.

- Notification to parent / guardian of identified targeted student(s) as outlined in district policy.

STEP 2: COMPLETE THE FOLLOWING INFORMATION:

- The parent / guardian has been notified that this assessment is being done.
 The parent / guardian **has not** been notified of this meeting because: _____
- Parent interview completed, if parent cannot attend (see Sexual Incident Response System Guide).
 Parents decline to participate in meeting or interview.

SCHOOL: _____ SCHOOL PHONE #: _____ TODAY'S DATE: _____

ADMINISTRATOR/CASE MANAGER: _____

DATE OF INCIDENT: _____ STUDENT NAME: _____

DOB: _____ AGE: _____ GRADE: _____ GENDER: Male Female

IEP or 504 If IEP, Eligibility Code(s): _____ Self Contained Placement Yes No

STEP 3: ASSESSMENT – DISCUSS, INVESTIGATE, AND DOCUMENT

Each question is a prompt for exploration of the nature of the sexual incident. Please note concerns by each item or under other concerns **Review the questions below as an outline for a guided conversation investigating the nature of the sexual incident in question.**

Was a report filed with Law Enforcement? No Yes Officer/Deputy _____

Not applicable (historical incident / previous police contact / no current legal concern)

Was event determined to be criminal by Law Enforcement? No Yes Not applicable

Describe details of sexual incident (please be concrete and objective in your description): _____

PEER TO PEER

1. Are the individuals involved in the sexual incident roughly equivalent in regard to development, cognitive capacity, physical capacity, emotional functioning and coping skills?

No Yes, if no describe: _____

Note: if individuals differ in regard to age, development or cognitive capacity by three or more years, or if one or more of the individuals involved in the sexual incident are physically incapacitated, the incident in question may represent a concerning power imbalance that warrants further scrutiny.

HISTORICAL DATA

(Gathered via Law Enforcement investigation and File Review)

2. Is there a known history of previous problematic sexual behavior?

No Yes, if yes describe: _____

Note: Previous problematic sexually behavior suggests that a pattern of maladaptive sexual behavior may be present.

3. Has the student involved in the sexual incident been previously censured, disciplined, or placed on a behavior/safety plan for sexually inappropriate behavior? No Yes, if yes describe: _____

Note: Continuing inappropriate sexual behavior in response to censure may suggest a more serious concern regarding problematic sexual behavior that may warrant closer scrutiny.

4. Is there any evidence that the student has been exposed to inappropriate sexual content or behavior?

No Yes, if yes describe: _____

Note: Research suggests that developmentally premature or inappropriate exposure may play a role in the development of problematic sexual behavior.

INCIDENT DETAILS

5. Do all parties involved in the sexual incident (when spoken to separately) agree upon the details of the incident?

No Yes, if no describe: _____

Note: disagreement may reflect dishonesty and the need of one of the members to conceal the degree to which they instigated the sexual incident or attempted to hide its discovery.

6. Were coercion, violence, threats, force, manipulation, gifts, and/or privileges used by one or more parties as a strategy to facilitate compliance with the sexual incident or maintain secrecy?

No Yes, if yes describe: _____

Note: coercion indicates that at least one of the parties involved in the sexual incident put undue pressure on at least one of the other parties, suggesting that further scrutiny is warranted. Pay particularly close attention to any attempt/effort made by any party to maintain secrecy regarding the incident as this speaks to the degree to which the individual had knowledge that the sexual incident was inappropriate.

7. Was the sexual behavior consistent with developmentally normative/common sexual conduct (refer to Developmentally Normative/Common Sexual Conduct Form)?

No Yes, if no describe: _____

Note: developmentally atypical sexual behavior may suggest problematic or concerning sexual development that warrants further scrutiny.

8. Did the sexual incident cause physical or emotional pain or discomfort to any of the involved parties?

No Yes, if yes describe: _____

Note: sexual behavior that causes emotional, physical pain and/or psychological distress to others suggests that the event in question was harmful and should be examined with further scrutiny.

9. What does the student indicate was the motive for the sexual behavior (how do they explain it)? Describe: _____

Note: Poor insight, deceptiveness, lack of empathy and minimization may suggest the need for more intensive intervention than when these areas are not compromised.

10. Was there an obvious imbalance in power (difference in physical strength, social hierarchy or access to opportunity/resources) among the individuals involved in the sexual incident?

No Yes, if yes describe: _____

Note: an imbalance of power may suggest that coercion/manipulation played a role in the sexual incident.

11. Was social media used to expose, shame, coerce or threaten target?

No Yes, if yes describe: _____

Note: extensive restrictions around access to technology, in school & community is likely warranted.

12. Was a weapon present during the sexual incident?

No Yes, if yes describe: _____

Note: a weapon refers to any object that may be used to threaten physical or emotional safety (i.e. not limited to conventional weapons such as knives or firearms). The mere presence of a weapon, whether employed in a threatening manner or not, may suggest that coercion was employed.

13. Did grooming occur in the context of the sexual incident (refer to the Grooming Behaviors Form)? *Grooming includes the intent to engage in sexual harm and can be confused with underdeveloped social skills.*

No Yes, if yes describe: _____

Note: grooming suggests that strong sexual intent and manipulation played a role in the sexual incident which may require further scrutiny.

14. Did staff, parents or others voice a strong visceral response regarding the sexual incident?

No Yes, if yes describe: _____

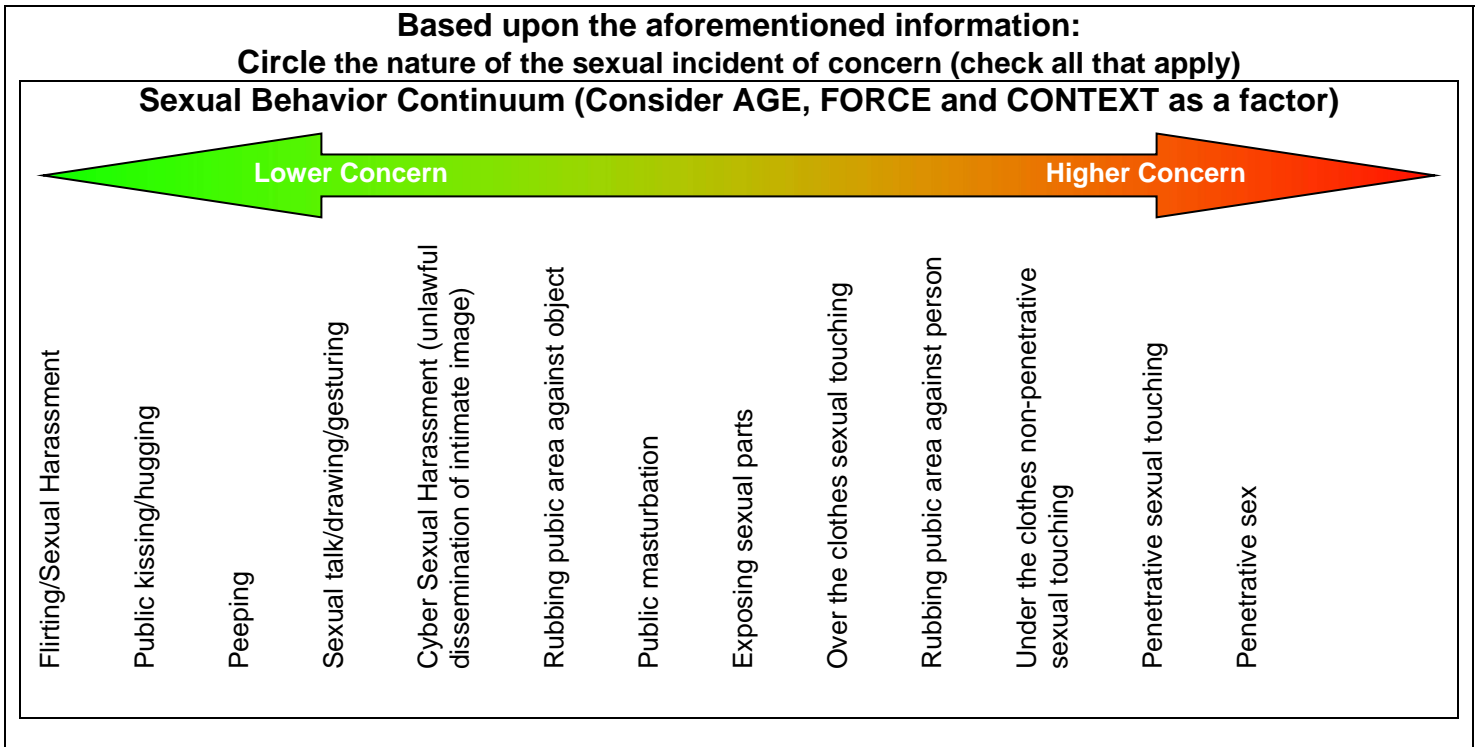
Note: a strong visceral response suggests that individuals have a serious concern that is difficult to verbalize. Further scrutiny of the incident is recommended.

OTHER CONCERNS (*Note current or historical*)

Planful <input type="checkbox"/> No <input type="checkbox"/> Yes	Inappropriate use of digital media? <input type="checkbox"/> No <input type="checkbox"/> Yes
Opportunistically Vigilant? <input type="checkbox"/> No <input type="checkbox"/> Yes	Impulsive? Remarkable Behavioral Discord? <input type="checkbox"/> No <input type="checkbox"/> Yes
Enuretic/Encopretic <input type="checkbox"/> No <input type="checkbox"/> Yes Lack of control of urination/involuntary defecation	Harms Animals <input type="checkbox"/> No <input type="checkbox"/> Yes
Threatening Behavior	
Suicidal Ideation? <input type="checkbox"/> No <input type="checkbox"/> Yes Past / Present	<input type="checkbox"/> Refer for Suicide Risk Assessment
Targeted Threat? <input type="checkbox"/> No <input type="checkbox"/> Yes Past / Present	<input type="checkbox"/> Refer for Student Threat Assessment
Fire Misuse? <input type="checkbox"/> No <input type="checkbox"/> Yes Past / Present	<input type="checkbox"/> Refer for Fire Misuse Assessment

Other Concerns (Trauma, DHS involvement, multiple out of home placements, mental health concerns, health concerns, important historical factors, exposure to abuse/neglect, current mood, sleep routine, appetite, medication, familial history of sexual misconduct, gang involvement, other delinquent behaviors, etc.):

Strengths/Inhibitors (stabilizing or positive factors):



**STEP 4: DEVELOP A SUPERVISION PLAN TO ADDRESS CONCERNS
(Including aggravating factors) IDENTIFIED THROUGH STEP 3.**

In supervision planning, one should be mindful of the degree to which our strategies limit Access to Potential Targets and Opportunity, and consider the nature of the student's Intent.

Perceived Intent:

- Engage in sexually concerning behavior
- Coping with feelings of distress
- Unknown
- Other (Specify): _____

Target (mark all that apply):

- Younger children (specify age): _____
- Peers
- Compromised Peers (specify): _____
- Adults
- Males
- Females
- Other: _____

Opportunities (mark all that apply):

- Transitions/Lining-up
- Recess/Lunch/Assemblies
- Bathroom
- Technology use
- Bus
- Aftercare
- Classroom
- Walking Home
- Technology Access/Online conduct
- Community
- Home
- Other: _____

STEP 4 Continued

**RECOMMENDED INTERVENTIONS (CHECK IF IMPLEMENTED):
Bolded Items are typically included in most supervision plans**

Individual Options:

1. Intended victim warned – parent/guardian notified (see Notification form)
2. Plan to Protect a Targeted Victim (see form)
3. Protective Response initiated by Security Department
4. **Individual Accountability Plan**
Detail Expectations of Plan (e.g. Hands to work, no sexual talk, stay in assigned area at all times, no contact with victim (direct or 3rd party), no loitering before/after school, etc.): _____
5. Suicide Assessment initiated on _____ (use District Suicide Protocol)
date
6. Threat Assessment initiated on _____ (use District Threat Assessment Protocol)
date
7. Fire setter Assessment initiated on _____ (use District Fire setter Assessment Protocol)
date
8. Other: _____

SIRC Program Protocols developed by John Van Dreal & Shelley Rutledge at Salem-Keizer Public Schools, and Wilson Kenney.
THESE PROTOCOLS ARE ONLY FOR USE BY SCHOOL DISTRICTS THAT HAVE STAFF TRAINED IN THE SIRC LEVEL 1 PROTOCOL ASSESSMENT PROCESS

School Options:

9. Bus Supervision, Specify: (e.g. assigned seat to self, in view of a camera, near the driver, etc . . .)
-
10. Parent to walk student into the office each morning and retrieve each afternoon
11. Student Escorted from Transport to School Office, and from Classroom to Transport by: _____
12. Student Escorted from School Office to Classroom and back by Adult, Specify: _____
13. **Line-of-Sight Supervision (Zone) *defined by an assigned area that is supervised by adults**
14. Arms-Reach Supervision (One-on-one)
15. Supervised Lunch/Breaks/Recess/Assembly specify: _____
16. Special Classroom Seating Assignment (to increase the ease of supervision and limit access to high traffic areas e.g. pencil sharpener or classroom sink)
17. No After-School Activities (at this time)
18. Supervised After-School Activities (specify in a specific safety plan after meeting as a team to explore goodness of fit between activity, structure, supervision and the student's need for support)
19. **Academic Restrictions (e.g. student should not be involved in: childcare courses, mentoring younger students, volunteering in elementary programs or having a helper role in classrooms serving students with significant intellectual or developmental disabilities, school jobs that lack structure/supervision or jobs that provide unsupervised access to areas of the building or any quasi-privilege, nor unfiltered access to technology)**
Specify: _____
20. No Access to Technology (de-activate student log-in)
21. **Supervised Access to Technology (Academic Purposes Only)**
22. Eliminate access to media center unless directly supervised by faculty
23. Intermittent checks of internet history
24. Student to turn in phone and other personal electronic devices each morning and retrieve at dismissal
25. Bathroom Plan, Specify: e.g. use of a single stall bathroom or staff to provide a bathroom sweep
-
26. Social Work Services to assist family in navigation of community based services and resources
27. Travel card and time accountability
28. Social skills building programs
29. Increase supervision in following settings in the following ways: _____
30. Modifications of daily schedule late arrival / early dismissal
31. **Alert staff on need-to-know basis,**
 All supervisory staff Administration Team only Law Enforcement Teacher Only Teacher and I.A. Security Specialists Counseling Team Office Staff Relevant Athletic Coaching Staff
Administrator responsible for alerting staff and teachers: _____
32. Eliminate use of locker (hall/P.E./Athletic)
33. Random Check of backpack, locker, pocket, purse, etc. by:
 Administrator CDS / Counselor Law Enforcement Office staff Other _____
34. Assign identified staff to build trusting relationship through check-in or mentorship:
 Administrator Mentor Counselor School Resource Officer Teacher Other: _____
35. Other interventions or supervision strategies that will likely decrease the possibility of a future sexual incident
Describe: _____

(NOTE: If student is on IEP/504 plan, any change in placement or Special Ed services must be done through Special Education Team process or 504 team process.)

36. Referral to School's Student Study Team
37. Tiered FBA/BIP
38. Consider 504 Plan Eligibilities
39. Referral to appropriate Special Ed. Team to consider Psycho Educational Evaluation / Special Education Assessment
40. Referral to appropriate school team to consider alternative services or placement
41. Home supervision pending further assessment
42. Behavior Cadre Team Referral
43. Behavior Consultant Team Referral
44. SCIT Staffing
45. Other: _____

Family / Home Options:

Guardians encouraged to:

- 46. Eliminate access to technology
- 47. **Actively** engage in your child's online use (*see handout **Electronic Safety for Kids***)
- 48. Supervise Access to **Developmentally Appropriate** Technology
- 49. Remove **ALL** social media access
- 50. Monitor all social media use and remove access to applications that can't be monitored carefully (i.e. Snapchat)
- 51. Remove message applications, including texting (*when there is a pattern of concerning communications*)
- 52. Provide line-of-Sight Supervision ****You should see and hear** your child when they are in the presence of other children, *including siblings* (*see handout **Supervision Guidelines for Children with PSB***)
- 53. Consider resources to teach boundaries and body safety at home (*see handouts **Teaching Boundaries & Teaching Body Safety Rules***)

- 54. Review & pursue crisis/mental health services
- 55. Provide detailed information regarding safety concerns to care providers when leaving child in care of others
- 56. Increase supervision during highly stimulating or unstructured activities when other children are present (specify): _____
- 57. Immediately report new concerns to school administrator or counselor
- 58. Eliminate sleepovers (friends or family members)
- 59. Explore family counseling with a therapist who can assist in addressing problematic sexual behaviors
- 60. Carefully monitor for concerning/problematic sexual behaviors and grooming behaviors
- 61. Eliminate contact between students involved in sexual incident
- 62. Other: _____

Other Community Options:

Encouraged to pursue:

- 63. Referral to YST
- 64. Family and Youth Crisis Services
- 65. Mentoring Programs
- 66. Problematic Sexual Behavior / Interpersonal Boundaries programs
- 67. Juvenile Department
- 68. Alcohol / Drug evaluation
- 69. County Mental Health

Other Options: _____

Review:

Administrator will review the status of this plan and revise as needed on: _____ (date)

CONSIDER REQUESTING A LEVEL 2 SEXUAL INCIDENT RESPONSE IF:

1. Your case involves an active or a pending criminal investigation for sexually related crimes in the community or in an education setting (immediacy if victim is a student in the same building).
2. You have knowledge that a student has been arrested, lodged in detention or is being processed through juvenile court for sexual misconduct related charges.
3. You have knowledge that a younger student (typically under 12) or a student with a significant developmental or cognitive impairment is under the jurisdiction of the court or child welfare or residing in a sexual misconduct treatment program because of an egregious sexual act against another child or an extensive pattern of sexual misconduct.
4. You have a Level 1 SIRC in place and yet despite **consistent** implementation of the plan, the student's sexual behavior **escalates AND** you are unable to successfully mitigate the behavior despite **extensive** effort and **strategic** intervention.

**** CALL to consult with SIRC coordinator if you are unable to reassure a parent who has ongoing concerns about their child being subjected to or the target of another student's problematic sexual behavior**

STEP 5: After completion of the Level 1 Assessment, *and if* the Site Team has determined that a Level 2 Assessment is needed (based on the above criteria), *immediately contact*

Mark Summers at **mark.summers@lbleisd.k12.or.us** to begin the process.

Please provide Dispatch with the information requested below so a complete Level 2 team can be assembled in a timely manner.

If a Level 2 Response is not requested, move to Step 6 to complete the protocol.

NOTE:

While awaiting the Level 2 Response, use the student supervision plan (Step 4) to manage the situation and document interim steps taken by Site Team.

INFORMATION NEEDED FOR DISPATCHING A LEVEL 2

1. Is student adjudicated? Yes No

If yes – Name of Probation Officer _____ Phone #: _____

2. A Ward of the Court or other supervision? Yes No

If yes – Name of Caseworker _____ Phone #: _____

3. Other agencies or individuals involved with the student (therapists, doctors, etc.) that should be included with the parent's permission? Yes No

If yes, is there signed consent for exchange of information? Yes No

If yes, please list agencies and individuals: _____ Phone #: _____

_____ Phone #: _____

4. **Special Ed. Or 504 involvement, disability codes and current placement?** Yes No
 If yes, details: _____
5. **Is student in self-contained classroom?** Yes No If yes, details: _____
6. **Was parent or guardian present at Level 1 Meeting:** Yes No
7. **Are parents available to attend Level 2?** Yes No
 If yes, Building Team to invite parent to attend.
8. **Other information Level 2 team will need for assessment:** _____

STEP 6:
Sign, send, file and begin supervision as planned.

1. **Sign the Protocol**
2. **Maintain two copies of the Level 1.**
One in a letter-size manila envelope marked “Confidential Record” placed in the student’s regular academic or cumulative file and a *second* copy in a working file in the Administrator’s (case manager’s) office.

Team Signatures:

Administrator, Supervisor **Date**

Counselor **Date**

Law Enforcement **Date**

LBL **Date**

School Resource Officer **Date**

Parent **Date**

Parent **Date**

Other **Date**

RECOMMENDATIONS FOR CASE MANAGERS (ADMINISTRATORS)

- Familiarize yourself with the Level 1 information gained.
- Assign tasks and completion date expectations.
- Routinely check in with teachers, coaches, campus monitors, counselors, and parents for changes in behaviors, academics, attendance, or other concerns. Include both positive and negative behavior.
- Status checks should be completed as often as necessary until your level 1 team determines the level of risk has diminished.
- Document your updates and management steps through the process.
- If the student moves to another school or program, immediately notify the receiving school of the Level 1/Level 2 and management plan.
- Contact your district threat assessment consultant with any concerns or significant updates.

REVIEW NOTES

Review Date: _____

Notes: _____

Review Date: _____

Notes: _____

Review Date: _____

Notes: _____

Review Date: _____

Notes: _____

Review Date: _____

Notes: _____

Review Date: _____

Notes: _____
