

SERVING YOUTH

PREVENTING AND ADDRESSING CHILD SEXUAL ABUSE IN YOUTH SERVING ORGANIZATIONS

A Desk Guide for Leaders

Funded by



**Bloomberg American
Health Initiative**

Delivered by



In partnership with



Preventing and Addressing Child Sexual Abuse in Youth Serving Organizations

A Desk Guide for Leaders

This document is a publication of MOORE | Preventing Child Sexual abuse at Johns Hopkins Bloomberg School of Public Health.

Authors:

Elizabeth J. Letourneau, PhD

MOORE | Preventing Child Sexual Abuse
Johns Hopkins Bloomberg School of Public Health

Luciana C. Assini-Meytin, PhD

MOORE | Preventing Child Sexual Abuse
Johns Hopkins Bloomberg School of Public Health

Keith L. Kaufman, PhD

Department of Psychology, Portland State University

Ben Mathews, PhD

School of Law, Queensland University of Technology

Donald Palmer, PhD

UC Davis Graduate School of Management

Acknowledgements

An advisory group comprised of senior level representatives of youth serving organizations (YSOs) helped guide the research project that informed this work. These professionals reflected decades of “on the ground” YSO safety expertise and critical insights into the mechanisms that major YSO have developed and implemented to create the safest possible environment for the children that they serve and to prevent child sexual abuse and other forms of maltreatment in the YSO context. This expert Advisory Group provided input on critical decisions throughout the course of the research project, including the framing of the project; the types of prevention strategies, programs, and materials commonly utilized in the YSOs; the structure and availability of YSO prevention materials; the coding strategy and elements used to organize and assess identified YSO prevention materials; as well as interpretation of project findings and implications for future directions.

Advisory Group Members

- **Anne Calvo**, former Senior Director of Child Safety, YMCA of the USA
- **Ju’Riese Colon**, former National Vice President, Child and Club Safety, Boys and Girls Clubs of America
- **Britt Darwin-Looney**, Vice President, Child Protection and Organizational Risk, YMCA of the USA
- **Julie Novak**, Vice President of Youth Protection, Big Brothers and Big Sisters of America
- **Katherine E. Soule, PhD**, Director of Cooperative Extension for San Luis Obispo and Santa Barbara counties, and Youth, Families and Communities Advisor

This report was supported by a grant from the Bloomberg American Health Initiative at the Johns Hopkins Bloomberg School of Public Health.

Suggested Citation

Letourneau, E. J., Assini-Meytin, L.C., Kaufman, K. L., Mathews, B., & Palmer, D. (2020). Preventing and addressing child sexual abuse in youth serving organizations: A desk guide for organizational leaders. Baltimore, MD: Moore Center for the Prevention of Child Sexual Abuse, Johns Hopkins Bloomberg School of Public Health.

Resources That Informed Our Work

Resources Specific to Child Sexual Abuse:

- Australian Royal Commission into Institutional Responses to Child Sexual Abuse Final Report (primarily Vols 6 & 7)¹
- Canadian Centre for Child Protection Commit to Kids: Helping Organizations Prevent Child Sexual Abuse²
- Centers for Disease Control and Prevention Preventing Child Sexual Abuse Within Youth- Serving Organizations: Getting Started on Policies and Procedures³
- Ecological Perspective on Child Sexual Abuse Prevention⁴
- Situational Prevention Model⁵
- U.S. Center for SafeSport Recognizing, Reducing, and Responding to Misconduct in Sport: Creating Your Strategy⁶
- WePROTECT Global Alliance Preventing and Tackling Child Sexual Exploitation and Abuse (CSEA): A Model National Response⁷

Other Resources:

- Annie E. Casey Foundation 10 Practices: A Child Welfare Leader's Desk Guide to Building A High-Performing Agency⁸
- Institution for Innovation in Prosecution, John Jay College of Criminal Justice The Prosecutor's Role in Addressing Officer-Involved Fatalities and Critical Incidents: A Toolkit for Prosecutors and Communities, By Prosecutors and Communities

Child Sexual Abuse Prevention Resources from Youth Serving Organizations:

- Prevention policies, programs, trainings, practice documents, and other materials (e.g., checklists, tip sheets) provided by major national YSOs

Table of Contents

02	Acknowledgements
05	Glossary
06	Notes on Language
07	Introduction
13	Practice 01: Focus on Child Wellbeing and Safety
18	Practice 02: Make Training a Cornerstone
24	Practice 03: Increase the Monitoring of Adult-Child Interactions
29	Practice 04: Collaborate with Children and Parents
34	Practice 05: Identify and Address Safety Concerns
40	Practice 06: Enhance Evaluation and Accountability
45	Practice 07: Address Youth Sexual Behavior
50	Practice 08: Strengthen Human Resources
55	Resources and References

Glossary

Adolescent refers to anyone between the ages 10 and 19, and adolescence refers to “a period of life with specific health and developmental needs and rights” as defined by the World Health Organization.⁹ The vast majority of adolescents are included in the age-based definition of “child” (see Child or children).

Boundary violation refers to adult behaviors that may be potential antecedents of child sexual abuse (CSA), comprising more subtle forms of behavior that may be innocuous or possible indicators of grooming children for future abuse.

Child or children refers to anyone under the age of 18, in alignment with the United Nations Convention on the Rights of the Child.¹⁰

Child sexual abuse, as defined by the World Health Organization, refers to “the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society” by any adult “who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person.”¹¹

Problem sexual behavior refers to behavior initiated by a child that is illegal, developmentally inappropriate, or potentially harmful to that child or to other children or adults. There is growing recognition that the behaviors of children should be distinguished from the behaviors of adults, and some experts argue that sexual harm committed by children should not be labeled as CSA and instead should be called problem sexual behavior. An unresolved concern with this distinction, however, is that children who survived harmful sexual behavior committed by other children may not accept its characterization as problematic versus abusive. We believe the most relevant distinction lies in the responses to behavior rather than the label. Thus, whether harmful sexual behavior committed by children is labeled as abusive or as problematic, the responses to that behavior should be informed by an understanding of childhood as a distinct developmental period during which children are afforded extra protections against abuse as well as alternative responses to their own harmful behaviors that emphasize rehabilitation over retribution.¹²

Youth Serving Organization (YSO) refers broadly to any organization designed in part or whole to meet children’s needs and wants related to social and development enhancement, education, physical and mental health, sports, recreation and leisure, the arts, religion, juvenile justice, and child welfare.¹³

Notes on Language

Person-first language. Throughout this report we strive to avoid labels and instead utilize “person- first language,” in which we mention the person before the behavior, illness, or experience that, in part, characterizes that person. The goal of person-first language is to help both writers and readers consider the whole individual and to keep in mind that no one is defined by a single issue. Children with sexual behavior problems and adults who engage in harmful sexual behavior are commonly referred to as “juvenile sex offenders” or “sex offenders.” However, these and similar labels promote the mistaken concepts that children with problem sexual behavior represent a homogeneous class of individuals at uniformly high risk to reoffend with increasingly egregious sex crimes.¹⁴ Moreover, research demonstrates that these labels influence readers against viewing CSA as a preventable public health problem.¹⁵ In reality, the vast majority (95%–97%) of youth adjudicated for sex crimes never reoffend sexually,¹⁶ while experts recognize both CSA and problem sexual behavior as preventable public health problems.^{17,18} By using person-first language, we seek to respect the individual and convey a more accurate depiction of CSA and problem sexual behavior. In no way do we intend to minimize the harm done when an adult sexually abuses a child or when a child engages in problem sexual behavior with other children.

Adults versus children. As noted in the Glossary, we purposefully distinguish between adult- perpetrated CSA versus problem sexual behavior initiated by a child. This distinction recognizes the vast developmental differences between adults and children and serves to reinforce the fact that different strategies are needed to prevent and to appropriately address adult-perpetrated versus child-initiated sexual behaviors. Children with problem sexual behavior—even behavior that harms others—are still children, a concept that often gets lost once children are identified as having engaged in problem sexual behavior. YSOs rightly invoke a “zero-tolerance” policy that requires the removal of any adult who sexual abuses any child (or attempts to do so). With children, however, it is both just and developmentally appropriate to identify alternatives to expulsion that focus on identifying and reducing risk factors, addressing the needs of anyone who was harmed, and ensure the safety of all child participants.

Introduction

This Desk Guide provides senior leaders of national, regional, and local YSOs with new guidance and actionable options for preventing and addressing CSA.

This guidance is based on the principal that is well established with many, perhaps most YSOs— specifically, that YSOs, regardless of their specific missions, are accountable for two fundamental goals: (1) to keep children safe and (2) to place children on a path to a successful and satisfying life, with better outcomes for education, employment, mental health, physical health, and social formation.

The Case for Transforming Current Prevention Practice

Extensive efforts to prevent and address CSA contributed to substantial declines in the rates of such abuse. For example, in the U.S., lifetime rates of CSA among children ages 14–17 (that is, children with the most exposure to childhood violence by virtue of their age) declined 22% across three national surveys, from 27.8% in 2009 to 21.7% in 2015.^{19,20,21} Even steeper declines were identified between 1992 and 2009. Declines were steepest in the 1990s, continued at a greatly reduced rate through the 2000s, flattened out in the 2010s, and appear to be increasing as we enter the 2020s.²² However, even at historically low rates, approximately 12% of the world's children remain at risk for sexual abuse victimization.^{23,24,25}

We believe it will take significant changes to existing prevention and intervention efforts to drive rates down towards zero. Such changes are both warranted and timely.

As is well known, CSA increases the risk for a host of mental health, behavioral health, and physical health disorders and is associated with substantial fiscal costs to individuals, families, and society. The immediate and long-term trauma and fiscal costs associated with CSA support addressing CSA from a public health perspective that focuses significant attention on prevention.

As YSO leaders appreciate, there is also a clear business case for introducing effective change, in addition to a public health case. YSOs require support from a variety of stakeholders to survive and prosper. Politicians, governance boards, insurers, communities, and families want children to be safe while in the care of

YSOs. YSOs that do not implement best practices and provide an environment that decreases the likelihood of abuse, increases the likelihood of early detection, and enhances the likelihood of appropriate action risk the withdrawal of stakeholder support. Moreover, most YSOs are not for profit, a status predicated on providing a public good. Tolerance of abuse is contrary to the public good.

There are several existing guidelines for best practices to prevent and address CSA, and many YSOs already implement recommended practices. However, existing recommendations are not governed by an overarching framework and fail to take into consideration organizational theory, particularly the impact of organizational culture on the development, execution, and effects of prevention and intervention efforts.²⁶ Many organizations have worked for years to implement these guidelines, and some may have successfully integrated these within their own organizational culture; however, the guidelines themselves do not provide guidance on how to do so, and we believe this is a significant oversight that may limit the effectiveness of best practice guidelines.

Absent a unifying framework, current guidelines tend to offer an increasing number of discrete recommendations that get layered on top of an organization's existing rules and activities; they often prove difficult to implement in a way that is compatible with a YSO's purpose and thus are not woven into the fabric of an organization's mission, policies, and procedures.

Guidelines may suffer from two significant limitations. First, some rules may be vulnerable to being broken. For example, some organizations implement a rule

requiring two adults in the presence of a child. There are many predictable situations in which such a rule will be broken, such as when the second adult is unexpectedly absent or late, when multiple children have competing needs (e.g., one needs to go to the bathroom, another needs close supervision), or when a child has an unexpected need and there is only one adult available to meet that need (e.g., for a ride home if a parent is detained or for a phone call to talk things over when a parent is unsupportive). When rules are occasionally or often broken, this contributes to an organizational culture in which rule-breaking is tolerated. Second, some discrete recommendations are fundamentally incompatible with the practice of many YSOs. For example, mentor-based organizations (e.g., Big Brothers and Big Sisters of America), organizations that provide individual training (e.g., piano lessons), and providers of confidential services (e.g., physical, mental, and behavioral health care) are all oriented around a one-on-one adult-child model.

This Desk Guide seeks to shift the focus on preventing and addressing CSA away from a seemingly endless series of discrete rules towards the achievement of overarching goals. We present a core set of rational principals that flow from a unified framework and that can help guide the development of individualized protocols to best meet local needs by addressing local risks with strategies that are feasible in a local context.

We recognize that much of what we propose is already reflected in many organizations' policies and practices. Indeed, this work was informed by several organizations' CSA-focused efforts. Our hope is that this Desk Guide increases the coherence and reduces the complexity of organizations' CSA prevention efforts. While our focus is on CSA, we recognize there is substantial overlap in risk factors for CSA and other types of child abuse, neglect, and unintentional injury. We believe that efforts to prevent and address CSA will enhance the prevention of other form of child maltreatment and injury as well. Adverse childhood events, including different types of child abuse and neglect, are causally related to one another, and any effort that successfully reduces one form of harm, such as child sexual abuse, will likely be associated with reductions in other forms of harm.

A Systemic Overarching Framework for Youth Serving Organizations

As noted above, we believe that all YSOs should be accountable for the fundamental goals of keeping children safe and placing children on a path to a successful and satisfying life. Further, we believe that the primary way in which YSOs can achieve this fundamental result is through the development of caring and professional relationships between adults and children. Indeed, the development of positive relationships between children and adult staff and volunteers may be the only other unifying theme across all YSOs, whether they seek to enhance children's arts, athletics, civic duty, education, religion, or more general success and wellbeing.

We situate this adult-child relationship at the heart of our framework to prevent and address CSA in the context of YSOs. Many leaders will be familiar with the ecological systems framework²⁷ for understanding how a child's qualities and the qualities of the ecologies within which a child lives (and the interaction of those qualities) influence growth and development. These ecologies occur at the level of the individual, the micro-system (relationships), the macro-system (e.g., neighborhoods, schools, communities), and society.

In our adapted framework, we depict these ecologies as they occur in organizations, starting (as before) with the level of the individual (which may be the child participant or the adult organizational member), then the relationship (e.g., between the child and the organizational member, between two organizational members, or between two children), then the macro-system of the local organization, then the "society" of the full organization for those organizations with regional or national governance bodies (Figure 1). At each level, there are factors that influence whether a given child will benefit from participating in a given organization and, more specifically, that influence the likelihood that a given relationship will result in CSA (or other types of harm).

Likewise, at each level there are prevention and response strategies that reduce the likelihood of abuse, increase the likelihood of early detection, and enhance appropriate action.

The Systemic Overarching Framework integrates organizational theory, ecological theory, and a public health model as described in this section of the guide. Adopting a public health approach to CSA is essential^{28,29} and means that communities and organizations seek the optimal ways to design, implement, and evaluate programs to prevent risk to

children.³⁰ This approach requires a multidisciplinary approach to the four dimensions of any public health response: (1) defining and measuring the problem; (2) identifying risk factors; (3) developing and testing interventions; and (4) implementing interventions.^{31,32} Importantly, this systematic public health approach depends on agencies and communities serving children to be genuinely committed to prevention of and early intervention for CSA, to monitor and refine prevention

initiatives, and to coordinate implementation of responses.³³ Communities and organizations play a central role, and their full participation is essential to create ownership of the problem and its solutions, to promote social justice, and to champion children's health.^{34,35} At its best, a public health approach will involve the creation of networks of private and public organizational capacity, including community-based organizations, to respond proactively to CSA.^{36,37}

Figure 1. A Systemic Overarching Framework for CSA Prevention in YSOs



Adapted from Decker et al., An Integrated Public Health Approach to Interpersonal Violence and Suicide Prevention and Response. Public Health Reports, 2018.

Individual: Risk factors for adult perpetration of CSA have been identified within five risk domains, including sexual problems (e.g., sexual interest in children, hyper-sexual behavior); internalizing problems (e.g., depression), social deficits (e.g., loneliness); offense-supportive attitudes and cognitions; and externalizing behaviors (e.g., aggression, substance abuse). For children under the age of 18, common risk factors also include (but are not limited to) lack of sexual knowledge, inadequate adult supervision, impulsivity, curiosity, and a prior history of sexual or physical abuse victimization. Effective responses to CSA victimization include trauma-informed care and support such as Trauma-focused Cognitive Behavior Therapy.

Effective responses to youth problem sexual behaviors include Multisystemic Therapy for Problem Sexual Behavior and Cognitive-Behavior Therapy for Problem Sexual Behavior. Effective prevention strategies include school-based universal prevention interventions such as Shifting Boundaries.

Interpersonal: Less is known about risk factors that operate at the interpersonal level. However, adults in adult-child relationships that are characterized by a lack of shared biology (e.g., between a mother's new husband or boyfriend and her children) and a high level of control (e.g., in the context of a locked out-of-home setting) are at increased risk of engaging in abusive behavior. Likewise, adults in relationships with children who are characterized by a disability or other characteristic that may be construed in negative terms (e.g., children found delinquent of crimes, children who identify as LGBTQ, children in poverty, children who are homeless) are at risk of engaging in abusive behavior. Other risk factors operating at the level of dyadic social interaction would include leadership rooted in charismatic authority and problematic social norms governing adult-child and child-child interaction. Examples of such problematic social norms include acceptance of adult-child interaction outside the context of regular YSO activities (e.g., individualized coaching of youth athletes outside the context of team practices), the use of sexualized banter to engage youth, and beliefs that youth and children have reached the same level of emotional, sexual, and moral development as adults. Prevention and response strategies include family-based therapy to strengthen family ties, development of pro-social behavior, assuring that leader authority rests on professional

competence, and change of problematic social norms by, for example, limiting adult-child interactions to sanctioned YSO activities and by relating to children and adolescents in developmentally appropriate ways.

Local YSO: Still less is known about risk and protective factors that operate at the macro-system of the local organization. Potential risk factors likely include inadequate administrative controls, unitary chains of command, and resource constraints that may limit the resources available to address child sexual abuse (e.g., a small stand-alone childcare center). Prevention responses and strategies include encouraging organizational norms that support subordinates questioning superiors' authority and enacting robust child safety guidelines, rules, and protocols.

YSO National Office: Perhaps the least information exists at the level of the "society" of the full organization, for organizations with regional or national governance bodies. Potential risk factors may include weak federation governance of satellite entities, competing goals (e.g., when the goal of keeping children safe is at odds with achieving competitive, reputational, or economic success), and inadequate training of leaders (training that might not impart knowledge, skills, and attitudes that facilitate child safety). Prevention responses and strategies include strengthening federation governance of satellite entities, appointing leaders with strong training or track records in child safety, and including a strong focus on child safety in leadership training.

Organizational Theory and Culture

Early in human history, the vast majority of adult-child relationships were formed either in the family or the community. Beginning with the Industrial Revolution, an increasing proportion of adult-child relationships have been incorporated within the boundaries of formal organizations.³⁸ Today, while many adult-child relationships are formed inside the family or the community at large, an increasing number are formed in child-care centers, schools, after-school programs, religious organizations (churches, synagogues, temples, mosques), sports clubs, knowledge academies, and a plethora of other specialized types of YSOs (e.g., Boy Scouts, Big Brothers and Big Sisters, 4-H, etc). As such, YSOs are located at the relationship level in the figure above.

Formal organizations (hereafter, simply “organizations”) are sometimes referred to as “strong situations,” in that they are defined by a number of structures and processes that constrain human behavior so as to accomplish one or more purposes.³⁹ Organizations consist of incentive systems, which attach rewards and punishments to different types of behaviors. They also consist of administrative systems, which divide members into subunits and articulate rules, protocols, and standard operating procedures that prescribe or proscribe different behaviors. Further, organizations are almost always characterized by chains of command, in which some members are given authority over others. They also are composed of small informal groups, which evolve norms that guide behavior and apply peer pressure to enforce them. Finally, organizations exhibit cultures, which consist of assumptions, values, and beliefs that guide behavior at the most general level. The manner in which these structures are constituted varies across YSOs and influences the likelihood that abuse will occur, the speed with which abuse that occurs will be detected, and the effectiveness with which detected abuse will be addressed. Each of the recommendations outlined in this Desk Guide can be traced back to these structures and processes.

Prevention and response strategies. In developing prevention and response strategies within the overarching framework, we first ask, “what is the overarching goal of the strategy?” Obviously, each strategy will be oriented toward preventing, identifying, or addressing abuse. However, if that is our only consideration, then we end up where we started—with a growing list of “dos” and “don’ts” including many that are impractical for and/or incompatible with too many organizational models to make them de facto recommendations. We recommend that organizations work to identify the larger principle that a specific rule seeks to address. That process will then position YSO leaders and their staff to identify and employ a broader range of effective solutions.

For example, one question might be, “what are we trying to achieve by eliminating one-on-one adult-child interactions?” By requiring the presence of a second adult at all times (and/or the presence of multiple children), we are trying to increase the visibility of adult-child interactions. And what does that achieve? We might assume that more visible interactions will be more professional and more caring because:

01

Potential motivated offenders will fear detection and punishment.



02

Potential non-motivated offender will wish to be seen as fulfilling their job requirements and, more generally, as conforming to their superiors and peers' expectations.

Fortunately, there are many ways to achieve the goals of ensuring caring and professional relationships and increasing the visibility of adult-child interactions without prohibiting all one-on-one adult-child interactions.

How to Use

This Desk Guide aims to provide a theoretical framework within which to place strategies for preventing and addressing CSA, overarching goals to be attained, and examples of strategies by which these goals might be achieved.

Our working team reviewed hundreds of best practice recommendations, and we identified more than a thousand elements of actual current YSO prevention (or “safety”) practices. We believe most current and recommended practice is or could be designed to address just eight overarching goals:

01 Focus on Child Wellbeing and Safety Creating a truly child-safe space starts with establishing strong policies and practices that reinforce caring and professional adult relationships with children.	02 Make Training a Cornerstone Education and training designed for leaders, staff, volunteers — as well as for parents, children and teens — are essential components of effective prevention.	03 Increase the monitoring of Adult-Child interactions Where possible, organizations will benefit from creating regulations and re-designing physical spaces to facilitate the monitoring of all adult-child interactions.	04 Collaborate with Children and Parents Parents and children should be regularly surveyed and interviewed about their interactions with leadership, staff and volunteers to enhance professional conduct.
05 Identify and Address Safety Concerns Mitigating risk relies first on identifying and recognizing setting-specific safety concerns, and then implementing solutions in partnership with staff and parents.	06 Enhance Evaluation and Accountability Creating and maintaining child-safe spaces requires consistent policies and practices, strong oversight and the active participation of all stakeholders.	07 Address Youth Sexual Behavior Separate measures are required to address sexual behavior between youth. Relying on policies meant to prevent adults from abusing youth is inadequate.	08 Strengthen Human Resources An organization is defined by its people. Maintaining child-safe spaces becomes easier when staff and volunteers understand and embrace their role in protection.

In the remainder of this Desk Guide, we define each of these goals, identify key questions to help guide each goal at the local YSO level, and provide examples of how these goals are currently or could be addressed. We hope that leaders of YSOs will use this information as a foundation for creating tailored prevention and response protocols that are specific to their own organizations and responsive to their own organizational missions.

We must caution that, at this time (2020), there is very little research evaluating the effectiveness of specific protocols or strategies for preventing or addressing CSA within youth serving settings. With our ongoing program of research, we plan to address this knowledge gap. We hope this Desk Guide spurs others to consider the importance of not only recommending but also testing CSA prevention and response strategies.

01 FOCUS ON CHILD WELLBEING AND SAFETY

GOAL

Creating a truly child-safe space starts with establishing strong policies and practices that reinforce caring and professional adult relationships with children.

Funded by



**Bloomberg American
Health Initiative**

Delivered by



In partnership with



01 Focus on Child Wellbeing and Safety

Instill throughout the organization a dedication to child wellbeing and safety as a paramount goal and a prevailing culture. Every YSO has a specific mission that guides its policies and practices and as well as the selection, recruitment, and retention of child participants. Child safe organizations orient their policies and practices to first support child wellbeing and safety overall, and then to achieve mission-specific goals. Child wellbeing and safety are prioritized through:

Instill throughout the organization the importance of developing caring and professional adult relationships with children. Children benefit from caring relationships with adults—relationships in which the adult’s responsibility for a child manifests as positive affect towards the whole child, listening and being attentive to the child as an individual, and responding to that child’s individual needs.⁴⁰ The development of such relationships is fundamental to the success of YSOs. Indeed, the development of caring relationships with children by adult staff and volunteers may be the one unifying theme across all YSOs, whether they seek to enhance children’s arts, athletics, civic duty, education, religion, or more general success and wellbeing.

Without professionalism, however, caring relationships may devolve into abusive or exploitative relationships. The adults who comprise a YSO, including leaders, staff, and volunteers, are all considered professionals due to their overriding commitment to the children they serve and because these adults avail themselves of state-of-the-art knowledge to support their child participants. For example, adults at a youth sports organization are considered professionals as a result of their efforts to ensure the wellbeing of children and because they learn specific techniques to help children develop specific athletic skills. By comparison, adults who work at a sports-oriented retail store are not professionals, in the sense that they may legitimately prioritize selling their products over the needs of children and regardless of any actual benefit to children.

Professionalism within the context of caring relationships serves to maintain boundaries so that caring relationships do not become intimate relationships.

Professionalism encourages appropriate and thoughtful behavior towards children, behavior that is in the support of the organization’s mission and more generally in the service of child wellbeing.

Overtly address boundary violations. Caring and professional relationships can deteriorate into inappropriate and harmful relationships through boundary violations that increase the intimacy of a relationship. Boundary violations may result from someone’s overt efforts to undermine organizational policy and procedure intended to protect children. More commonly, however, boundary violations result from a lack of knowledge, momentary lapses in memory or judgment, or as a result of the adult’s negative feelings (e.g., anger, envy, frustration, bias) or displaced needs (e.g., for attention, flattery, friendship, power, sex). For example, displaced needs for affection or adulation may cause a coach to violate several boundaries in order to spend extra time with a particular child. Boundary violations can be prevented through the provision of regular training in combination with the establishment of clear policies and consistent supervision of organizational staff and volunteers.

Foster a child safe culture. Child safe cultures consist of shared assumptions, values, and beliefs about the importance of child wellbeing and safety relative to other organizational goals, and about the means by which children can be safeguarded. For example, a child safe culture in a youth sports organization would prioritize child safety over that organization’s goal of enhancing child participants’ fitness and athletic skills.

Caring and professional relationships thrive in organizations with a child safe culture.

When leaders, staff, and volunteers share assumptions, values, and beliefs in regards to the ends and means related to child safety, they will be more likely to do the right thing when confronted with situations that are not explicitly covered by safety policy or practice guidelines (e.g., when confronting situations not anticipated by child safe rules and regulations).

Lead by example. Leaders can instill caring and professional behavior and develop child safe cultures by paying close attention to the practical and the symbolic significance of their behavior. Leaders champion and model compliance with organizational policies, practices, and codes of behavior. Certainly, the manner in which leaders interact with children or how they discuss children during formal and informal meetings will influence how staff and volunteers perceive and treat the children in their care. Likewise, the manner in which leaders interact with staff and volunteers will have a strong impact on organizational culture. The

people leaders hire and fire, the behaviors leaders reward and sanction, the issues to which leaders attend, the way in which leaders react to crises, and leaders' overall behavior, more generally, are all critical sources of information to staff and volunteers. All of these factors influence the development of caring and professional adult-child relationships.

Establish strong policies and practices to convey the importance of caring and professional relationships within a context of child safety. Creating a positive organizational climate through the establishment of child safe policies and practices and a code of conduct that clearly articulate a commitment to treating children with caring and professionalism and the development of a child safe culture.

For example,

a youth sports club's organizational policies could lead with an overt commitment to the protection of the health, safety, and welfare of children and overtly state that this commitment supersedes the organization's mission to improve children's athletic skill.

Organizational practices are instituted to emphasize this commitment. For example, a youth sports organization could foster caring and professional relationships and a child safe culture by instituting awards ceremonies that acknowledge coaches for the holistic development of the children they supervise, rather than solely the competitive success of their teams.

Use child-focused language. How we label children and their behavior influences how we think about and treat them. Leaders, staff, and volunteers can contribute to the development of caring and professional relationships and a child safe culture by referring to child participants in conversation and formal communications as "children" (which draws attention to their vulnerable status) rather than labels that decontextualize age and/or overemphasize organizational goals.

For example,

verbal and written communications in a youth sports organization should refer to "children" rather than "athletes" or even "child athletes." The term "athlete" fails to convey a child's younger and more vulnerable developmental status relative to that of an adult athlete.

Moreover, the terms "athlete" and "child athlete" both keep the focus on the goal of improving athletic skill, rather than caring for children. Teenagers much prefer being referred to as "teens" rather than "children," and this label recognizes their developmental status relative to both adults and children. However, the use of "young men" or "young women"—while often meant to compliment or inspire teens or younger children—also decontextualizes age and may cause adults to lose track of the developmental differences between children and adults.

Focus on Child Wellbeing and Safety

Does My Organization Make Child Wellbeing and Safety Its Highest Priority?

This table identifies critical questions that are arguably at the heart of creating child safe organizations that epitomize child wellbeing and safety. Leaders can use these questions and suggested strategies, and those throughout this guide, to create their organization's policies and practices and to assess the impact of those policies and practices with regard to child safety and wellbeing.

CRITICAL QUESTIONS	GOALS	ACTIONS TO ACHIEVE GOALS
Does my organization place child wellbeing and safety ahead of all other organizational goals?	Organizational policies and communications epitomize a commitment to child health, safety, and wellbeing. In turn, staff and volunteer behavior toward children reflects these policies.	Obtain input in the formulation of policy from all YSO stakeholders (leadership, board members, staff, volunteers, parents, children). Ensure that children are adequately represented across all areas of decision making.
	Organizational policies and statements articulate children's rights to be treated with respect, dignity, and fairness; to protection and safety; and to an environment free from abuse, violence, harassment, and discrimination on the basis of race, ethnicity, religion, nationality, gender, sexual orientation, veteran status, marital status, or disability.	Obtain input on statements from YSO stakeholders (staff, volunteers, parents, children).
	Organization's leadership and oversight board publicly endorse primacy of child wellbeing and safety.	Recruit leadership and board members who share these values and institutionalize them with well-written organizational policies and communication.
Does my organization instill a sense of professionalism in staff and volunteers?	Organizational policies, communications and guidelines emphasize the importance of developing caring and professional relationships with children.	Ensure that statements and examples overtly distinguish between caring vs. intimate and between professional
	The organization provides clear guidance on what is considered acceptable "professional behavior."	Specify expectations for professional behavior (e.g., timeliness, dress codes); have experienced staff members mentor new staff and volunteers to clarify professional behavior.
		Provide feedback on professionalism to staff and volunteers during scheduled performance evaluations and as needed.
	Professional behavior and language are modeled by organizational leaders and supervisors.	When questioned, staff and volunteers affirm that leadership and supervisors typically model expected professional behavior and language.
		Use child-first language when discussing or describing children verbally and in writing; avoid labels that decontextualize age (e.g., "young woman"); avoid labels in which a desired (e.g., "athletic") or undesired (e.g., "delinquent") characteristic is emphasized over the person (e.g., child or teen).
	There is overt recognition that adults will often have to use their judgment regarding how to best ensure the wellbeing and safety of a child in any given situation., and that such judgment is part of professionalism.	Design training to focus on how to apply accepted policies and practices in a broad range of situations. It also focuses on underlying principles to foster staff success in novel situations.
	There is overt recognition that boundary violations may serve as important signals that a child-staff/volunteer relationship might be moving away from being caring and/or professional and toward harmful or abusive.	Ensure that staff and volunteers receive ongoing supervision and are encouraged to point out instances when peers experience "drift" away from caring and professional behavior, so as to ensure child safety.

Focus on Child Wellbeing and Safety

CRITICAL QUESTIONS	GOALS	ACTIONS TO ACHIEVE GOALS
Does my organization foster a child safe culture?	Leaders champion and model compliance with organizational principles and codes related to professional behavior.	Hold leaders to the same standards and ensure they are accountable to the same degree as staff/volunteers for child safe behaviors.
		Ensure the oversight board obtains independent information on leader's behavior with staff/volunteers, children, and parents.
	Leaders and supervisors recognize and reward staff/volunteer's exemplary child safe language and behavior.	Recognize exemplary adherence to guidelines around child safe language and behavior in performance evaluations, spot recognition, during regular meetings, and via child safe awards.
	When asked, staff/volunteers articulate that child wellbeing and safety are the most important goals of the organization.	Overtly state the primary of child wellbeing and safety in the onboarding orientation, regularly scheduled trainings, and ongoing supervision.
	Organizational statements emphasize that all adults at all levels—leaders, staff, volunteers—understand they are individually and collectively responsible for child safety and wellbeing.	Ensure that all job descriptions emphasize child wellbeing and safety. All performance evaluations should include evaluation of staff member's contribution to creating a child safe climate.
		Provide guidance on accepted/ expected/ethical standards of behavior of adults working with or in the presence of children.
Do my organization's policies, practices, culture, and monitoring work to improve child wellbeing and safety?	Organizational statements overtly acknowledge that prioritizing child wellbeing and safety might sometimes appear to undermine the organization's mission and clarify that child wellbeing and safety always take precedence over other aspects of mission.	Ensure that trainings include situations in which adhering to restrictions on allowable interactions that enhance child wellbeing and/or safety may limit a specific aspect of the organizational mission; regular leadership, board, and staff meetings make space for nonjudgmental discussion of such instances.
	The organization has a system in place to evaluate child wellbeing and safety and the extent to which these efforts are sufficient.	Monitor (collect, organize, and review) allegations of abuse and associated reports, instances of boundary violations, and violations of other organizational culture, norms, and rules. Survey children and parents about their experiences with staff and volunteers; surveys include direct questions about abusive behaviors, boundary violations, and other relevant violations.

02

MAKE TRAINING A CORNERSTONE

GOAL

Education and training designed for leaders, staff, volunteers – as well as for parents, children and teens – are essential components of effective prevention.

Funded by



**Bloomberg American
Health Initiative**

Delivered by



In partnership with



02 Make Training a Cornerstone

Education and training of YSO staff is an essential component of every organization's prevention efforts. It is so central to good practice that it is frequently described by experts in the field as the cornerstone of all organizational responses.

Training should be designed and delivered to leaders, staff, and volunteers. Modified training can also be designed for parents, and for children and youth themselves.

Knowledge truly is power, and the development of knowledge and skills will best empower a YSO to prevent CSA, and to respond appropriately if it does occur.

Better yet, all such education inherently deepens the general professionalism of the YSO workforce, further developing their capacity to engage with children and youth in the best possible way.

A great deal of research has been done about the essential components of training for YSOs in this context, which can guide your organization's efforts.⁴¹⁻⁴⁶ Training can equip YSO staff and volunteers with the necessary knowledge and attitudes to best prevent CSA.

For YSO staff, knowing about CSA is essential to helping prevent it, identify it, and effectively respond to it. Education and training efforts are essential to create an understanding of why your organization's prevention efforts exist, build commitment to those efforts, and foster an empathic commitment to children and youth.

Three dimensions work together to create a thriving YSO centered around training:

01

A culture of child protection is necessary to make a YSO a safe place for children.

02

The core condition required to establish and maintain this culture is a genuine commitment to protect children from abuse, held by the YSO leadership and staff.

03

This commitment is fostered through training, directed towards development of:

- (I) **knowledge** about CSA;
- (II) **attitudes** that reflect an authentic desire to protect children; and
- (III) **awareness** of key YSO policies and procedures about CSA.

A well-educated YSO is a healthy YSO. Training should focus on the three dimensions of knowledge, attitudes, and awareness.

Knowledge

Training to develop knowledge about CSA should include material on:

- the nature of CSA;
- the prevalence and patterns of CSA;
- the harms caused by sexual abuse (health, educational, and behavioral consequences);
- how to identify sexual abuse (physical and behavioral indicators);
- how to respond to disclosures;
- how to identify inappropriate conduct;
- maintaining professional boundaries (physical, emotional, and through communications);
- professional self-regulation (avoiding boundary violations or seeking a supervisor's guidance when boundary violations occur); and managing ethical conflicts.

Attitudes

Training to foster positive attitudes towards the YSO's role regarding CSA prevention should include material on:

- the harms caused to children by sexual abuse (health, educational, and behavioral consequences);
- the wrongfulness of sexual abuse in ethics and law;
- adults' ethical duty to protect children, especially in organizational settings;
- the important protective role played by YSO staff in children's lives; and
- the duty to place the child's needs and best interests first, above all other considerations.

Awareness

Training to build awareness of YSO policy and other obligations should focus on:

- awareness of the YSO's policy regarding a commitment to CSA prevention;
- awareness of the YSO's code of conduct regarding prohibited behaviors;
- awareness of the YSO's rules and procedures on reporting known incidents and suspected cases, as well as how to comply with them; and
- awareness of duties to report CSA in state law, and how to comply with them.

Does My Organization Make Child Wellbeing and Safety Its Highest Priority?

This table identifies critical questions that are arguably at the heart of creating child safe organizations that epitomize child wellbeing and safety. Leaders can use these questions and suggested strategies, and those throughout this guide, to create their organization's policies and practices and to assess the impact of those policies and practices with regard to child safety and wellbeing.

CRITICAL QUESTIONS	GOALS	ACTIONS TO ACHIEVE GOALS
Does my organization have training materials for: leaders, staff and volunteers, children and youth, parents?	The organization audits the existence of training materials for leaders, staff and volunteers, children and youth, and parents.	Ensure that training materials are customized for leaders, staff and volunteers, children and youth, parents. Formally record these training materials as part of your YSO's suite of policies and procedures.
Does my organization deliver this training for: leaders, staff and volunteers, children and youth, parents?	The organization audits the delivery of training materials for leaders, staff and volunteers, children and youth, parents.	Ensure that the YSO has mechanisms to deliver the training materials for leaders, staff and volunteers, children and youth, parents. Formally record how these training materials are delivered.
Does my organization require that training is periodically repeated?	The organization audits the requirement to repeat training. The organization ensures there is a system for recording the completion of training, especially by YSO leaders, staff, and volunteers.	Formally record how often these training materials are required to be delivered. Ensure that training is periodically repeated, especially by leaders and staff. Develop and maintain a systematic record of training completion.
Does my organization have a mechanism to review the training to ensure that it is continuously improved as necessary?	The organization audits the existence of a training review mechanism. The organization ensures there is a department of the YSO with responsibility to oversee training.	Ensure that there is a mechanism for review at reasonable time intervals (e.g., every 3 years, and or after major adverse events). Formally record how the training materials are reviewed (by whom, how often, through what mechanism), how the review is performed, and what recommendations are actioned and recorded.
Does training for my organization's staff (including leaders) focus on building the required knowledge of the impact of child sexual abuse as well as the awareness of my YSO's policies and procedures to prevent it?	The organization audits the delivery of training content on: <ul style="list-style-type: none"> • the definition of CSA • the forms of CSA • boundary violations that may precede abuse • the prevalence and patterns of CSA e.g., girls vs. boys, age of onset, frequency, types • of relationships, where it happens • the harms caused by CSA (health, educational, and behavioral consequences) • how to identify sexual abuse (physical and behavioral indicators) • how children disclose their experience, and how to respond to disclosures • how to identify inappropriate conduct • maintaining professional boundaries (physical, emotional, and communications) • self-regulation (avoiding slippage) • managing ethical conflicts 	Ensure that there is a mechanism to measure attainment of baseline knowledge of CSA (short-term goal). Ensure that staff demonstrate retained and/or improved knowledge over time (medium-term goal). Ensure that staff demonstrate retained advanced knowledge over time (long-term goal).

Make Training a Cornerstone

CRITICAL QUESTIONS	GOALS	ACTIONS TO ACHIEVE GOALS
Does training for my organization's staff (including leaders) focus on building the required attitudes about the impact of child sexual abuse as my YSO's policies and procedures to prevent it?	<p>The organization audits the delivery of training content on:</p> <ul style="list-style-type: none"> the harms caused to children by sexual abuse (health, educational, and behavioral consequences) the wrongfulness of sexual abuse in ethics and law adults' ethical duty to protect children, especially in organizational settings the important protective role played by YSO staff in children's lives the duty to place the child's needs and best interests first, above other considerations 	<p>Ensure that there is a mechanism to measure attainment of baseline attitudes towards child safety (short-term goal).</p> <p>Ensure that staff demonstrate retained and/or improved attitudes over time (medium-term goal).</p> <p>Ensure that staff demonstrate retained advanced attitudes over time (long-term goal) and model these attitudes in their work in the YSO.</p>
Does training for my organization's staff (including leaders) focus on building the required awareness of policy and obligations regarding child sexual abuse?	<p>The organization audits the delivery of training content on:</p> <ul style="list-style-type: none"> awareness of the YSO's policy regarding a commitment to CSA prevention awareness of the YSO's code of conduct regarding prohibited behaviors awareness of the YSO's rules and procedures on reporting known incidents and suspected cases, and how to comply with them awareness of duties to report CSA in state law, and how to comply with them 	<p>Ensure that there is a mechanism to measure attainment of baseline awareness of policy and obligations (short-term goal).</p> <p>Ensure that staff demonstrate retained awareness and/or improved awareness over time (medium-term goal).</p> <p>Ensure that staff demonstrate retained advanced awareness over time (long-term goal), and comply with duties in policy, code of conduct, and law.</p>
Does my organization provide training for children and youth about our code of conduct?	<p>The organization audits the delivery of training content on:</p> <ul style="list-style-type: none"> information about CSA appropriate and inappropriate interactions for children and youth, online and offline, with other youth and adults consent and consensual relationships key elements of the YSO code of conduct reporting procedures 	<p>Inculcate knowledge, attitudes, and awareness in these domains among children and youth at the YSO.</p>

CRITICAL QUESTIONS	GOALS	ACTIONS TO ACHIEVE GOALS
Does my organization provide training for parents about our code of conduct?	<p>The organization audits the delivery of training content on:</p> <ul style="list-style-type: none"> • information about CSA • appropriate and inappropriate interactions for children and youth, online and offline, with other youth and adults • consent and consensual relationships • key elements of the YSO code of conduct • reporting procedures 	<p>Inculcate knowledge, attitudes, and awareness in these domains among parents at the YSO.</p>
Does my organization regularly evaluate how our training is improving child wellbeing and safety?	<p>The organization implements its system to evaluate the training approaches and the extent to which they achieve their goals.</p> <p>The organization surveys staff about the adequacy of training (knowledge development, attitudinal development, awareness-raising).</p> <p>The organization monitors (collects, organizes, and reviews) allegations of abuse and associated reports, instances of boundary violations, and violations of other organizational culture, norms, and rules.</p> <p>The organization surveys children and parents about their experiences with staff and volunteers; surveys include direct questions about abusive behaviors, boundary violations, and other relevant violations.</p>	<p>Chart knowledge, attitudes, and awareness.</p> <p>Survey staff on satisfaction with training (knowledge development, attitudinal development, awareness-raising).</p> <p>Document:</p> <ul style="list-style-type: none"> • Medium-term to long-term reduction in incidents of CSA at the YSO; • Medium-term to long-term reduction in breaches of the Code of Conduct • Compliance with reporting policies <p>Document increases in self-reported:</p> <ul style="list-style-type: none"> • feelings of safety • absence of incidents • appropriate responses to incidents

03

INCREASE THE MONITORING OF ADULT-CHILD INTERACTIONS

GOAL

Where possible, organizations will benefit from creating regulations and re-designing physical spaces to facilitate the monitoring of all adult-child interactions.

Funded by



**Bloomberg American
Health Initiative**

Delivered by



In partnership with



03 Increase the Monitoring of Adult-Child Interactions

Increased monitoring of adult-child interactions is an important strategy to enhance the safety of children participating in YSO programming. This approach does, however, require tailoring to meet the differential needs of both “place-based” YSOs (e.g., Dance Studios, Youth Sports) and one-to-one mentoring programs (e.g., Big Brothers Big Sisters of America).

Increased Monitoring In Place-Based YSOs

The most direct way to ensure that adults maintain caring and professional relationships with children is to make certain that adult-child interactions are observable and interruptible. That is, adult-child interactions must be visible to other adults. Typically, we behave towards or in the presence of children with greater care and professionalism when we are in the presence of our peers and supervisors. Absent the immediate presence of other adults (e.g., during one-on-one instruction), the strong likelihood of being interrupted or observed also helps adults maintain professional behavior towards or in the presence of children.

Design the organization’s physical space to maximize visibility of adult-child interactions. Ideally, an organization’s buildings are designed, or redesigned, to enhance child health, safety, and wellbeing. Core principles of safe design should be followed to protect a child’s physical integrity. For instance, guardrails and protective gates are used to prevent small children from entering areas that present a risk for a fall, and secure storage areas are used to prevent children accessing hazardous materials such as cleaning supplies.

Similarly, spaces designed to increase the observability of adult-children interactions can enhance child safety by reducing the likelihood of abusive behaviors.

For example, the use of half walls (versus floor-to-ceiling walls) to divide spaces may ensure that interactions between a dance instructor and children are observable by other adults in the building. The use of glass panels in office walls and doors allows for other adults to observe interactions between staff and children. Organizations’ risks in all physical spaces should be identified and mitigated while maintaining a child’s right to privacy. For example, when children are using a bathroom or a changing room, they should be afforded a developmentally appropriate amount

of privacy (e.g., older children and teens receive full privacy while younger children may need assistance). Other strategies to address safety while maintaining child’s right to privacy may include: restricting particular bathrooms to use by children in the same development stage or who are close in age, remodeling to increase the number of single stall bathrooms, limiting the number of children who can be in a bathroom at one time, or putting staff in charge of bathroom passes while encouraging staff to monitor how long children spend time in a bathroom unsupervised.

Establish regulations to enhance the visibility of adult-children. It is not always possible for adult child-interactions to occur in physical spaces with direct lines of sight available to other adults from the organization. For example, limitations in visibility might occur as a result of the characteristics of the organization’s physical space or due to the nature of the activity (e.g., in some mentoring programs, children and staff or volunteers are allowed to meet outside the organization’s physical space).

In these cases, regulations can enhance visibility. For example, a regulation that requires drivers to check in and check out after transporting children would enhance visibility by allowing supervisors to detect whether trips take longer than anticipated and to follow up accordingly. Similarly, rules can be established to increase the likelihood that adult-children interactions are interruptible or observable by other adults. The situations in which direct lines of sight to other adults in the organization is not possible might vary across an organization’s sites as well as between organizations. It will be necessary to create general rules that apply across all organization sites, as well as specific rules that address the local context of any given site.

The process of identifying situations in which adult-child interactions occur and procedures for increasing their visibility should be carried out with input from representatives of all relevant stakeholders, including

Increase the Monitoring of Adult-Child Interactions

organizational leaders and supervisors, front-line staff and volunteers, parents, and the children themselves. This process of identifying solutions to local circumstances with input from key constituents should help increase buy-in for implementing new rules.

Equally as important is the need for organizations to periodically and formally assess the implementation of new rules and to identify solutions when rules are occasionally or routinely violated. Further, staff and volunteers should be trained to address and report unexpected circumstances in which unobservable adult-child interactions are unavoidable. These circumstances can happen, for example, due to a reduction in the staff to child ratio when an employee calls-in sick, when a staff member has to leave the room to help another child, or when a parent does not show up to pick up a child.

Some situations of adult-child interaction are inherently more isolated and less visible. Some of these situations may also inherently present higher risks for abusive or inappropriate behavior.

Absent both the immediate presence of other adults and a strong likelihood of being interrupted or observed (e.g., when transporting a child to an event, or administering therapeutic treatment), the likelihood of children and parents being asked about children's experiences in the YSO may serve to deter inappropriate behavior and foster caring and professional behavior.

YSO staff see and talk with children on an almost daily basis and have many opportunities to engage them about their experiences. Moreover, regular dialog between staff and children has a long-term benefit of teaching children that the staff are interested in hearing what they have to say and may help reinforce the norm of reaching out to staff "about anything".

Likewise, YSO staff frequently encounter parents (e.g., during drop-off/pick-up) and can take advantage of those moments to ask about their or their children's experiences. Additionally, such dialog could help identify occasional or common rule-violating behaviors, which indicate the need to intervene around a given staff/ volunteer or to revisit the rule itself and generate new solutions in cases where the rule is violated by several people.

Increased Monitoring in Mentoring Programs

National mentoring programs have demonstrated their ability to ensure high levels of safety for the children and teens that they serve for a great many years.

Mentoring programs are expressly designed to establish and encourage one-to-one relationships between a mentor and a well-matched youth in need of a caring relationship.

Since most programs encourage mentors to engage youth in a broad range of one-to-one healthy activities, the concept of "increased visibility" is not a good fit. However, as some mentoring programs have demonstrated, powerful monitoring strategies are available to maximize youth safety in this type of organization, as well.

The following discussion reflects the cutting-edge approaches that some of the most effective mentoring programs have put into place to ensure the safety of the children and teens involved in their mentoring programs.

Monitoring prospective mentors. Mentoring programs have utilized extensive background screening approaches. Some have paired this strategy with intensive applicant interviews and comprehensive reference checks to ensure that mentor applicants are as safe a choice as possible for pairing with program youth. The applicant process often also involves matching mentors to youth on a number of dimensions to foster successful and lasting relationships.

Training to strengthen safety monitoring. Training provided to youth and their parents, as part of the program's orientation, allows them to play an active role in the safety monitoring process.

Training often includes, but is not limited to, such topics as: appropriate boundaries; prevention strategies and early indicators of child sexual abuse; how to report abuse; and program rules and expectations.

Mentor training also highlights these topics, as well, setting clear expectations and outlining program policies and strategies intended to maintain youth safety.

Increase the Monitoring of Adult-Child Interactions

Intensive match monitoring & supervision. Youth safety has been enhanced through the use of ongoing and active program staff monitoring of the mentorship relationship as well as regular mentor supervision. Program staff receive extensive training to ensure their ability to closely monitor the mentorship match and to position them to identify early indicators of child sexual abuse and other forms of maltreatment. Some of the most effective match monitoring involves regular contacts by program staff with parents, youth, and mentors. For example, during the first year, Big Brothers and Big Sisters of America's (BBBSA) match staff have monthly conversations with parents, youth, and mentors. During these contacts, staff collect general

feedback on the match as well as "triangulating" descriptions of recent mentor-mentee outings. If discrepancies arise, they follow-up to ensure that mentors are following program guidelines and that there are not indicators of safety concerns. This process also offers staff an opportunity to work with mentors to provide them with supervision to support the match as well as clarify organizational guidelines and policies. Monitoring is a part of BBBSA's ongoing safety efforts and after the first year is completed quarterly for all matches. It should be noted that this pattern of staff check-ins with youth, parents, and mentors is done on a random schedule to foster the clearest possible picture of mentor – youth interactions.

What Steps Does the Organization Take to Increase Monitoring of Adult-Child Interactions?

This table identifies critical questions to ask that are central to ensuring the organization has a systematic and effective approach to increasing the visibility of adult-child interactions, and when visibility is low. Leaders can use these questions and suggested strategies for addressing these questions to create their organization's approach to visibility and monitoring.

CRITICAL QUESTIONS	GOALS	ACTIONS TO ACHIEVE GOALS
For place-based organizations: Does my organization's physical space allow for maximum observation of adult-child interactions?	Organizational policies express a commitment to creating physical environments that increases the observability of child-adult interactions.	Obtain input on statements from YSO stakeholders (staff, volunteers, parents, children).
	Organization's physical environment is built to allow observation of child-adult interactions (e.g., room doors have windows, activity rooms are divided by half-walls, open floor plan, rooms have interior glass window).	Identify the organizational spaces that do not permit direct line of sight. Alter spaces that do not permit direct line of sight (e.g., by retrofitting doors with glass windows, placing diaper changing stations in visible areas). Re-purpose spaces that do not permit direct line of sight to avoid adult-child interactions in these spaces.
For place-based organizations: Does my organization have a system in place to evaluate child wellbeing and safety when interactions cannot be observed?	The organization has in place a system available to staff and volunteers to foster easy reporting when unexpected non-visible interactions take place and ensures regular review of these reports to identify permanent solutions for related issues that become frequent.	Develop or review existing system for evaluating and acting upon reports of adult- child interactions that cannot be easily observed. Train staff to recognize and report non-observable interactions. Audit the organization's system for responding to non-observable adult-child interactions. Regularly monitor for adherence to rules and healthy relationship development
	The organization has a system in place in which children and parents are directly asked about interactions with adult staff and volunteers.	The organization surveys children and parents about their experiences with staff and volunteers in situations where the child is alone with an adult in the organization.

Increase the Monitoring of Adult-Child Interactions

CRITICAL QUESTIONS	GOALS	ACTIONS TO ACHIEVE GOALS
<p>For place-based and mentoring programs:</p> <p>Does my organization have rules to increase the likelihood that adult-child interactions are visible to other adults or regularly monitor adherence to policies, rules, and maintenance of healthy boundaries and relationship development?</p>	<p>Organizational policies express a commitment to creating physical environments that increases the observability of child-adult interactions.</p> <p>Does my organization have rules to increase the likelihood that adult-child interactions are visible to other adults or regularly monitor adherence to</p>	<p>Obtain input from YSO stakeholders (staff, volunteers, parents, children) to identify activities with reduced observability.</p> <p>Involve YSO stakeholders (staff, volunteers, parents, children) in the identification of solutions to increase observability of activities.</p> <p>Systematically identify implementation barriers.</p> <p>Display rules clearly.</p> <p>Train “place based” program staff and volunteers to identify and implement solutions to maintain child safety under unexpected circumstances.</p> <p>Train mentor program youth and parents to recognize and report boundary violations and abuse as well as support key program safety policies.</p> <p>Train mentors on prevention as well as key safety policies.</p> <p>Conduct regular monitoring calls to “triangulate” input from youth, parents, and mentors regarding recent mentor-youth outings and follow-up on any discrepancies or rule violations to ensure safety.</p> <p>Regularly monitor for adherence to rules and healthy interactions in mentoring programs.</p> <p>Regularly monitor program compliance to detect out-of- program contact.</p>

04

COLLABORATE WITH CHILDREN AND PARENTS

GOAL

Parents and children should be regularly surveyed and interviewed about their interactions with leadership, staff and volunteers to enhance professional conduct.

Funded by



**Bloomberg American
Health Initiative**

Delivered by



In partnership with



04 Collaborate with Children and Parents

Children participate in decisions affecting them and are taken seriously. Arguably, the most important constituents of YSOs are children and parents. Yet organizational policies and practices are often developed and revised without substantive input from parents or especially children. True collaboration moves beyond communicating with parents and children (e.g., to inform them about policies) to actively involving them in key decision-making activities.

The United Nation's Convention on the Rights of the Child (CRC) clearly embodies the international community consensus that childhood is a period of vulnerability and developmental importance that requires special protections from abuse, neglect, and exploitation. As well, the CRC in article 12 emphasizes the importance of children actively participating in decisions that affect them and being taken seriously—including strategies to promote their wellbeing and protect them from harm. The CRC also notes the importance of adults working with children to help them “articulate their lives, develop strategies for change and exercise their rights.”⁴⁷ Involving children, along with their parents, can lead to better decision making by increasing the amount and accuracy of information about children's first-hand experiences that inform those decisions. The inclusion of parents is important, given their essential role in ensuring their children's wellbeing and safety, and also because parents often have knowledge about the experiences of their children that will be relevant to decision making.

Principles of democratic participation underpin child and parent inclusion in safety-related decision making. In the 30 years since enactment of the CRC, much has been learned about how to appropriately engage children in decision making activities. Much of this pertains to properly engaging parents as well as children in the development of organizational policies and procedures and embodying principles of co-design and trauma-informed care, policy, and practice. Fundamental principles of democratic participation include but are not limited to

- Participants understand what the project or process is about, what it is for, and their role within it;
- Participants understand what decisions can be made and by whom;
- Participants are involved at the earliest possible stage in any initiative;
- All participants' views are treated with equal respect, regardless of age or other factors.

Collaborate with Children and Parents

Children and parents are treated as part of the solution to CSA.

Child safety is improved when organizations involve children and their parents not only in decision making but also in trainings and other efforts aimed at preventing, detecting, and responding to abuse.

There are several ways in which children and parents can be engaged as part of the solution:

01

Provide parents and children with clear information on preventing, recognizing, and responding to CSA. Thus, not only are organizational members trained to prevent and address abuse, but so too are the child participants and their parents. This practice of training parents and children not only increases the number of people equipped to address abuse, but also increases their agency to do so.

02

Encourage parents to visit the organization unannounced. A key component to ensure that organizational members engage in caring and professional behavior with children is to welcome unannounced visits by their parents.

03

Obtain child and parent feedback on organizational members' behavior. To a remarkable degree, organizations use (and best practice guidelines recommend) methods for identifying CSA and related grooming behaviors or boundary violations *without actually asking children about their experiences*. A willingness to teach staff and volunteers about the so-called "signs" of abuse combined with an extreme reluctance to actually inquire about abuse seems counterproductive and inefficient.

We recommend that organizations with sufficient resources actively engage children and parents to obtain data on staff members' fidelity to organizational principles, policies, and rules and to determine whether these are effective in preventing abuse.

Additionally, such surveys should help identify occasional or common rule-violating behaviors, which indicate the need to intervene with a given staff/volunteer or to revisit the rule itself and generate new solutions in cases where the rule is violated by several people. There are many considerations to developing effective surveys. These include:

- a. Frame surveys as part of the organization's commitment to child wellbeing;
- b. Include assessment of both exemplary and concerning behaviors;
- c. Ensure that survey items are easy to understand and clearly worded. Vaguely worded items about "inappropriate behavior" or "behaviors that made you feel uncomfortable" often fail to identify abusive behavior. Clearly worded items specifically about sexual abuse and other rule/boundary violations are needed to support the identification of concerning or abusive behaviors.
- d. Include a focus on organizational leadership as well as front-line workers and volunteers. We are all too aware of "powerful persons" who use their position to access and abuse children and who are often treated with deference that makes it difficult to identify or intervene in problematic behavior.
- e. Survey children and parents regularly and randomly. CSA (and other prohibited behaviors; i.e., boundary violating behaviors) is a hidden problem. Therefore, surveys should be conducted randomly and on a basis that aligns with organizational structure, activities, and typical staff turnover. Organizations in which children spend one-on-one time with mentors may decide to survey the child and parent frequently, perhaps early in the relationship and then every other month thereafter.

Organizations in which children participate in large groups for extended periods of time may select random subsets from each group to survey early in the tenure of a new staff member and then at regular intervals thereafter. Organizations that operate for brief but intense periods of time (e.g., 1- or 2-week camping experiences during summer months) may choose to survey a subsample of children from each new group of enrollees.

Collaborate with Children and Parents

What Steps Does My Organization Take to Collaborate with Children and Parents?

This table identifies critical questions that are central to fostering collaboration among an organization, children, and parents. Leaders can use these questions and suggested strategies for addressing these questions to create their organization's approach for increasing collaboration with children and parents.

CRITICAL QUESTIONS	GOALS	ACTIONS TO ACHIEVE GOALS
Does my organization collaborate with children and parents to develop our policies and procedures?	Organizational procedures require that children and parents be included in the development new policy and in the substantial revision of existing policy.	Use existing communication processes, or draw on other established methods, to ensure children and parents are involved in co-design of policy. Obtain input on statements from YSO's stakeholders (staff, volunteers, parents, children).
	Children and parents understand their role in the development of new/revision of existing policy.	Ensure that procedures include fundamental principles of democratic participation.
Does my organization view children and parents as part of the solution in preventing and addressing child sexual abuse?	Children and parents are provided with information and opportunities to prevent and address CSA.	Provide child- and parent-focused trainings on CSA. Encourage parents to make unannounced visits. Survey children and parents on organizational members' exemplary and problematic behaviors.

05

IDENTIFY AND ADDRESS SAFETY CONCERNS

GOAL

Mitigating risk relies first on identifying and recognizing setting-specific safety concerns, and then implementing solutions in partnership with staff and parents.

Funded by



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

**Bloomberg American
Health Initiative**

Delivered by



PREVENTING CHILD SEXUAL ABUSE

In partnership with



University
of California
Cooperative
Extension



UC DAVIS
GRADUATE SCHOOL
OF MANAGEMENT

05 Identify and Address Safety Concerns

Well-developed policies and practices provide a strong foundation for preventing CSA in YSOs. There are many policies and practices that can be adopted across the whole spectrum of YSOs, because they provide basic organizational safety elements that contribute to the prevention of a host of adverse impacts. There is, as yet, little data supporting the impact of specific policies and practices on preventing CSA. Nevertheless, we believe in the value of such safety policies and practices.

At the same time, however, it is clear that individual YSOs should be doing even more to create the safest possible environment for the children and teens that they serve in their specific settings. So, in addition to adopting evidence-based and promising policies and practices, YSOs should also regularly conduct setting-specific assessments to identify their unique safety risks and take steps to remediate these concerns. This, combined with well-conceived general safety policies and practices, will maximize the organization's safety climate.

Goals. Quite simply, the goal of this effort is to identify and resolve setting-specific YSO safety concerns associated with CSA. To do so, it is necessary to conduct an in-depth assessment to identify the full range of safety risks. Once identified, the YSO will be well positioned to utilize organizational strengths to create solutions tailored to their specific safety needs.

General considerations. While a great deal can be said about the nature of safety risks, a number of primary factors should be considered in addressing this area:

- YSO policies and practices are almost exclusively organization wide. In contrast, the process of identifying and resolving specific safety risks should focus on local YSO settings, one at a time. For example, a YSO may complete this process separately for each of its “brick and mortar” sites as well as its co-located school-based programs.
- A broad range of risks may contribute to the perpetration of CSA. For example, inadequate supervision of YSO staff, the absence of clear policies prohibiting fraternization with youth outside of YSO programming, inadequate screening and hiring practices, and poorly defined roles for “teen counselors” are just a few of the many risks that may contribute to the risk of CSA in the YSO context.
- Efforts should be made to identify as many setting-specific, current safety risks as possible. This will best position the YSO to address the risks that are most likely to lead to CSA as well as other potential youth harms.
- Prevention and intervention strategies should be highly tailored to respond to the setting's identified safety risks, and to be affordable, doable, and sustainable over time.

Assessing Setting-specific YSO Safety Risks

This section provides details regarding the assessment process. It defines the types of risks that should be considered, program stakeholders to include, as well as the safety risk assessment process itself. It focuses on various elements of the YSO's situation that create risk for CSA.

Types of risks to consider. In seeking to prevent CSA in a variety of settings, attention has historically focused on **individual's** personal characteristics as key risk factors. In large part, this has been based on research findings indicating that particular youth characteristics have been associated with CSA victimization, including being female, being under the age of 12 years old, having a disability, having mental health difficulties and/or an intellectual deficit. While numerous attempts have been made, individual factors have not been found to reliably predict CSA perpetrators. Even “industry standard” employee/volunteer background checks fail to screen out a large proportion of YSO candidates who are risk of child abuse. In fact, it is notable that studies have suggested that as many as 95% of new YSO offenders have no history of criminal charges that would appear on a background check. That said, most YSOs and their insurance companies find it worth their while to continue this practice for the small proportion of applicants with a criminal history.

Identify and Address Safety Concerns

Identifying situational risk factors seems to offer a more broad-based and productive approach to identifying salient areas of YSO safety concern. Situational risk factors are typically defined as including:

- **Environmental risks** – Those safety risks related to the YSO setting’s physical environment as well as their surrounding community. For example: poorly lit grounds around the facility; unlocked classrooms that go unused during evening programming; and staff offices whose doors lock automatically and lack embedded windows.
- **Risky situations** – Circumstances and situations that increase youth’s risk of CSA. For example: inadequate staff and volunteer supervision of youth while at the local pool; Staff/volunteers transporting youth on field trips; and “more flexible” rules for older teens that allow them to find secluded locations in and around the YSO setting to engage in sexual behaviors with peers.
- **Daily and routine activities** – These are behaviors and activities that happen on a regular basis and have the potential to increase the risk of CSA. They may involve the behavior of youth participating in YSO programming and/or YSO staff and volunteers. For example: staff routinely drive a number of younger children home, rather than have them walk alone on cold and dark winter nights; youth stop to play in abandoned buildings on the way to the YSO; and staff “roughhouse” with youth in ways that might be considered physically intrusive.
- **Policies** – This category reflects missing policies, policies in need of updating, and/or perfectly good policies that may not be adequately communicated to staff/volunteers or may not be enforced as intended. For example: the absence of a policy allows multiple children to linger in the YSO bathroom where staff are not allowed; social media policies that haven’t been updated in number of years create a number of significant safety gaps; and a fraternization policy that prohibits staff from interacting with youth outside of the YSO that is almost never enforced.

Obtaining input from key stakeholders. The goal of identifying the most complete picture of existing safety risks for a particular setting is advanced by including input from a broad range of stakeholders. For most YSOs, core stakeholders will include YSO leadership (both specific to the target location and representing the central YSO leadership and board), setting staff and volunteers, teenage program participants, and participants’ parents reflecting the full age-range served by the YSO.

The safety risk assessment process. YSOs will benefit from bringing together groups of similar stakeholders (e.g., parents, youth participating in the YSO’s programs, staff, and volunteers) in a series of meetings and offering them a structured opportunity to help identify setting-specific safety risks. A combination of individual and group work seems most productive.

A comprehensive list of YSO setting safety risks identified by key groups forms the foundation of efforts to develop solutions to address these concerns.

Addressing Setting-specific Safety Risks

Prioritizing identified risks to guide taking action.

Once key individuals representing relevant stakeholder groups have been identified, one method for moving forward is to convene a small work group to prioritize identified safety risks (i.e., 5–7 members). Each member of the work group should be asked to identify their top 10 safety concerns from the comprehensive list of safety risks identified for the target YSO site. Work group members should be asked to prioritize risks based on their urgency as well as the degree of potential harm to youth. They should also be asked to consider and include risks suggested by all stakeholder groups involved in addressing safety concerns, as well as to focus on groups that their organization has control over impacting. Work group members should also be asked to rank order (i.e., #1 = the highest priority risk to address) their top 10 concerns. A staff member should combine each work group member’s top 10 into a single, combined prioritized list of risks for use in the next step of this process.

Generating solutions to identify high-priority safety risks. The same leadership/staff work group should be reconvened to develop tailored solutions to remediate high-priority safety risks. The work group should:

- Develop solutions for safety risks based on their prioritization;
- Select prevention strategies whenever possible, as prevention approaches are more likely to keep the risk from recurring (e.g., locking and alarming all building doors other than the main entrance that requires checking in and out with the person assigned to the main desk);
- Create a risk reduction solution when a prevention strategy is not possible, given the situation (e.g., minimizing youth risk during an “open house” by asking all guests to sign in and wear a name tag reflecting their registration for the event);
- Plan to develop solutions that include all necessary components to create a comprehensive response;

Identify and Address Safety Concerns

- Note that some solutions will involve efforts to enhance existing policies and practices;
- Identify existing organizational strengths and resources to form the foundation of solutions to address identified safety concerns, whenever possible. If existing strength and resources are not sufficient, create or arrange to access needed solutions to effectively resolve particular safety concerns; and
- Ensure that solutions are affordable, doable based on organizational capacity, and consistent with YSO policies.

The process for the work group to develop solutions for high-priority safety risks is as follows:

- Select a suitable high-priority risk to address that the work group has the ability to resolve;
- Ask the work group to suggest components that they deem necessary to create a high- quality solution. For example, a comprehensive solution to address a lack of adequate youth supervision by staff may include:
 - Creating a **new policy** that more clearly describes expectations around supervision of YSO youth;
 - Developing a youth supervision staff **training module**;
 - Arranging for all staff to complete the new **training**;
 - Creating and **posting signs** around the building that encouraging staff to focus on high- quality youth supervision;
 - Creating a plan for more closely **monitoring staff** following the training;
 - Developing individual **coaching strategies** for staff that would benefit from additional skills enhancement; and
 - Creating an **annual booster training** to strengthen these skills on an ongoing basis.
- Encourage the work group to draw from existing organizational strengths and resources, whenever possible, as the foundation for solutions. If this is not adequate, new strategies and/ or resources from outside the organization should be considered.
- Once the solution is fully outlined, move on to the next highest priority risk to resolve. Again, invite the work group to develop a comprehensive set of solution components.
- Repeat this process until solutions have been developed for all of the identified risks.

Implementing safety solutions and monitoring progress.

The implementation of each solution developed by the work group should be guided by a brief plan that specifies which staff member is responsible for each of the components that make up the solution. This plan should also specify a due date to complete each component as well as track when each component is resolved. The plan will serve as a helpful tool that allows leadership to monitor progress and help resolve barriers to the full completion of the plan.

Revisiting the YSO safety prevention process to ensuring ongoing youth safety.

Given the dynamic nature of YSO settings, it is important to repeat this process on a regular basis. Many programs repeat the process annually. Doing so ensures that new safety risks are regularly identified and addressed. Moreover, if previously addressed safety risks arise again, it is an indication that the previously solution has not been effective and needs to be replaced.

Identify and Address Safety Concerns

Does My Organization Have a Systematic Approach to Addressing Organizational Specific CSA Safety Risks?

The following table describes critical questions that should be asked to ensure a systematic and effective approach to identifying and addressing organization-specific CSA safety risks. YSO leadership can use this information to assess their current capacity in this area and to work toward enhancing their organizational response.

CRITICAL QUESTIONS	GOALS	ACTIONS TO ACHIEVE GOALS
Does my organization's assessment identify the full range of safety risk types and develop solutions to address these risks on a recurrent basis?	The organization audits the site- specific safety assessment to determine if they investigate the full range of safety risk types.	<p>Confirm that the assessment includes a focus on safety risk types: individual, environmental, risky situations, daily and routine activities, and policies.</p> <p>Develop and maintain a systematic record of risk types assessed for each YSO site.</p>
Does my organization's assessment process obtain input from key stakeholder groups?	The organization audits the site-specific safety assessment to determine if all key stakeholder groups were included in the process.	<p>Confirm that the assessment includes each of the key stakeholder groups— at a minimum: YSO central and site- specific leadership, site staff, parents, and youth program participants.</p> <p>Develop and maintain a systematic record of key stakeholder groups included for each YSO site.</p>
Does my organization complete each of the steps in conducting the safety risk assessment?	The organization audits notes from each YSO site's assessment to determine if all steps involved in the process were completed.	<p>Confirm that the assessment process includes each of the key steps: convening stakeholder groups, defining risk area prompts one at a time, collecting risks generated by each stakeholder group for each prompt, and summarizing safety risks across the stakeholder meetings.</p> <p>Develop and maintain a systematic record of the assessment process steps completed for each YSO site.</p>
Does my organization complete each of the steps involved in prioritizing identified safety risks?	The organization audits notes from each YSO site to determine if all steps involved in the prioritization process were completed.	<p>Confirm that the prioritization process includes each of the key steps: convene work group; have each participant identify their top 10 high-priority risks to address first; have work group members rank risks from #1 to #10; and have a staff member summarize the list of risks across work group members.</p> <p>Develop and maintain a systematic record of the prioritization process steps completed for each YSO site.</p>

Identify and Address Safety Concerns

CRITICAL QUESTIONS	GOALS	ACTIONS TO ACHIEVE GOALS
Does my organization complete each of the steps involved in the solution development process?	The organization audits notes from each YSO site to determine if all steps involved in the solution development process were completed.	<p>Confirm that the solution development process includes each of the key steps, including: convene work group; select each high-priority risk; generate a complete set of solution components; and repeat this process for each high-priority risk.</p> <p>Develop and maintain a systematic record of prioritization process steps completed for each YSO site.</p>
Does my organization complete each of the steps involved in the solution implementation and monitoring process?	The organization audits notes from each YSO site to determine if all steps involved in the solution implementation and monitoring process were completed.	<p>Confirm that the solution development process includes each of the key steps: convene work group; for each solution component, identify a responsible staff member, due date, and completion date; and monitor progress with this brief implementation plan.</p> <p>Develop and maintain a systematic record of prioritization process steps completed for each YSO site.</p>
Does my organization regularly assess site-specific safety risks and develop solutions to address identified concerns?	<p>The organization audits records to determine the schedule upon</p> <p>which each YSO setting conducts a safety risk assessment and solution development process.</p>	<p>Formally record how often this assessment/ solution development process is completed at each YSO site.</p> <p>Ensure that this process is repeated annually. Develop and maintain a systematic record of assessment completion.</p>

06

ENHANCE EVALUATION AND ACCOUNTABILITY

GOAL

Creating and maintaining child-safe spaces requires consistent policies and practices, strong oversight and the active participation of all stakeholders.

Funded by



**Bloomberg American
Health Initiative**

Delivered by



In partnership with



06 Enhance Evaluation and Accountability

Ongoing accountability is an essential hallmark of a YSO that is safe for children. A YSO environment lacks sufficient accountability when there are gaps in critical CSA prevention and safety information, policies, and practices. Moreover, accountability requires YSOs to have systems to document consistent implementation of policies and practices, and evaluations of their impact. YSO environments with an absence of these safety measures create a climate where undesirable events are more likely to happen. As well, they lack mechanisms to learn from adverse incidents, respond appropriately to them, and reduce their future likelihood.

Accountability. We use accountability broadly, to indicate completeness of safety planning, documentation of safety planning, and adherence to safety planning. An essential condition for ensuring organizational accountability is the leaders' demonstrated commitment to it at the organization-wide level, and their willingness to themselves be made accountable at the individual level. When leaders reinforce organizational commitment to child wellbeing and to expected behavior, they help ensure the development of organizational norms that prioritize child wellbeing.

This leadership by example is extremely powerful in developing a positive culture to protect children and youth. Leaders need to subject themselves and other powerful individuals in the organization to the same policies, rules, and norms that are imposed on staff and volunteers—and to hold themselves and other powerful individuals accountable for any breaches.

Evaluation. To enable accountability, it is essential for the YSO to have a system to evaluate and continuously **review and improve its prevention efforts**.

It is important to determine the degree of adherence to policies and rules designed to prevent, identify, and/or address unprofessional behavior and higher-risk situations. Because of their salience, higher-risk activities should be subject to a particularly strong level of scrutiny to ensure appropriate evaluation and accountability.

An important mechanism for this type of evaluation is through **surveys** or interviews with YSO participants (e.g., children, adolescents, and parents). These

evaluation methods can identify whether rules and policies are known, observed, or breached, and to what extent. These surveys can be conducted not only with staff and volunteers, but also with children and parents. In particular, staff and volunteers may be in a unique position to identify occasional or routine violations of policies, rules, and norms, including violations committed by themselves and by other members of the organization.

In conducting such surveys, protections need to be in place for participants, and reassurances provided of confidentiality and non-reprisal.

A positive child safe culture is characterized by a context in which people are encouraged to speak up about problems and are even rewarded for doing so.

Policies, rules, or norms that are found to be often or sometimes violated should be targeted for review. These reviews can consider salience (by asking: is this rule actually needed?), **implementation considerations** (by asking: how can we best implement this rule?), and **feasibility** (by asking: what is a realistic way to achieve the goal of this rule?).

Surveys and other evaluation mechanisms provide an opportunity to **identify the underlying cause** of a broader problem. This enables the YSO to improve policies and practices to reduce the risk of CSA and occasional or routine rule violations. Such outcomes are far superior to a simple conclusion that an adverse event is a “one-off” incident that was unavoidable.

Organizations sometimes argue or assume that violations are infrequent and involve only “a few bad apples.” However, if objective internal evaluations identify policies that are more regularly or broadly violated, the organization can understand that a problem transcends individual violations.

Leaders must be at the forefront of the organization's efforts to implement a robust **system of monitoring, reporting, measurement, and oversight**. Since transparency is a hallmark of a healthy organizational environment, these actions should involve input from staff and volunteers, and results should be shared. Staff know what happens on the ground and can often identify both problems and solutions.

Other mechanisms are also useful. **Individual staff reviews** can offer a chance to better supervise and support YSO staff, hear about their progress and problems, and learn from their insights. Peer support systems, properly led by senior trusted staff, can also provide a forum for open conversation and institutional learning. These two-way feedback loops can occur on an ongoing informal basis through everyday conversations, in addition to formal staff reviews.

Independent external oversight is also a reassuring hallmark of healthy institutions. The YSO should ideally build in a mechanism for **external independent oversight**, to ensure the YSO is not innocently or otherwise failing to meet its own standards. This oversight should happen periodically at practicable periods. The YSO should also be able to seek ad hoc advice from independent specialist agencies to investigate failures and recommend improvements. Individuals should also have a confidential external agency to which they can turn, in cases where there is a systemic or supervisory problem. All these options should be formally recorded and communicated as part of the YSO's systematic approach to evaluation and accountability.

Enhance Evaluation and Accountability

Does My Organization Have a System to Increase Evaluation and Accountability?

This table identifies critical questions that are central to achieving good practice in organizational evaluation and accountability. Leaders can use these questions and suggested strategies to create their organization's approach to evaluation and accountability.

CRITICAL QUESTIONS	GOALS	ACTIONS TO ACHIEVE GOALS
Does my organization have a holistic, overall system of evaluation and accountability?	The organization audits the existence of a systematic, documented approach to accountability and evaluation.	Ensure the overall broader system of evaluation is conducted as planned at appropriate periods.
Does my organization have ongoing methods of evaluation and accountability that are implemented at the organizational level?	<p>The organization has a system to identify problematic situations regarding high-risk activities, other activities, and individual conduct.</p> <p>Staff are encouraged to be alert to inappropriate adult-child interactions.</p> <p>Procedures are in place to encourage staff and others to report suspected cases of CSA and inappropriate adult-child interactions.</p> <p>Rules are in place to prohibit reprisals against staff who report incidents and problems.</p>	<p>Conduct surveys with staff, children and youth, and parents.</p> <p>Ensure staff are conscious of clear indicators of CSA and of indicators of inappropriate interactions.</p> <p>Ensure staff and others in the YSO make reports of CSA and of inappropriate interactions.</p> <p>Ensure staff are protected from reprisals, and reprisals do not occur.</p>
Does my organization have ongoing methods of evaluation and accountability that are implemented at the individual level?	<p>Supervisors conduct individual staff reviews.</p> <p>Therapeutic supervision is available for staff who need or desire it.</p> <p>A system of informal peer mentoring is designed.</p>	<p>Conduct individual staff reviews at a satisfactory frequency.</p> <p>Provide tailored supervision to staff requesting it or judged to benefit from it.</p> <p>Suitably qualified staff administer peer mentoring.</p>

Enhance Evaluation and Accountability

CRITICAL QUESTIONS	GOALS	ACTIONS TO ACHIEVE GOALS
Does my organization impose due diligence requirements on its leaders or office-bearers?	The organization audits the presence of due diligence duties for YSO leaders and office-bearers.	<p>Hold leaders to a high level of responsibility for institutional child safe practice.</p> <p>The YSO leaders:</p> <ul style="list-style-type: none"> • Acquire high-level knowledge of all training components (knowledge, attitudes, and awareness detailed in Practice 2) • Have particularly strong awareness of the YSO's approaches to CSA prevention • Champion a culture that supports child safety • Ensure CSA prevention is a standing item on official YSO meeting agendas • Ensure CSA prevention is built in to the YSO governance model • Themselves comply with all safety requirements
Does my organization regularly review and improve child safe practices, especially for high-risk activities?	<p>The organization audits the presence of a process for ongoing review of child safe practices.</p> <p>The organization ensures there is a detailed process of review of all high-risk activities undertaken in the YSO.</p>	<p>Conduct periodic reviews.</p> <p>Document review findings in detail and make them available to all involved in the YSO.</p>
Does my organization analyze complaints to identify causes and systemic failures to inform continuous improvement in organizational safeguarding?	<p>A detailed, rigorous, and robust process for analyzing complaints exists.</p> <p>The organization ensures that staff are made aware of the process.</p> <p>The organization ensures that serious breaches are subject to root cause analysis.</p>	<p>Have a complaints analysis process that is detailed, rigorous, robust, and documented.</p> <p>Ensure that YSO staff are aware of the process.</p> <p>Subject all serious breaches to thorough review and root cause analysis.</p>
Does my organization have a process for including evaluation and oversight by an independent body?	<p>The organization audits the presence of a process for ongoing periodic evaluation and oversight by an independent external agency.</p> <p>The organization ensures all in the YSO are aware of this process.</p>	<p>Ensure periodic evaluation is conducted by the external agency.</p> <p>Publish the report of this agency and make available to all involved in the YSO.</p> <p>Have a process for acting on, and reporting against, recommendations made by the external agency.</p>

07 ADDRESS YOUTH SEXUAL BEHAVIOR

GOAL

Separate measures are required to address sexual behavior between youth. Relying on policies meant to prevent adults from abusing youth is inadequate.

Funded by



**Bloomberg American
Health Initiative**

Delivered by



In partnership with



07 Address Youth Sexual Behavior

Organizations that bring youth together should be prepared to prevent and respond to the occurrence of sexual behaviors between youth. Children and adolescents are sexual beings, but with far less knowledge, experience, and self-control than adults. Early sexual experimentation is normative and typically innocuous. However, relative to adults, youth who engage in sexual behaviors are at greater risk of making mistakes or bad decisions that can cause harm, in large part because they know relatively little about appropriate sexual behavior, partners, and concepts such as consent. Moreover, even innocuous behavior may be inappropriate in organizational settings.

Subjecting youth to the same policies, practices, and expectations as adults is insufficient and potentially harmful. Expectations for behavior should be based on developmental stage, which differs between children, teens, and adults. This is true even when the same legal requirements might be triggered regardless of age or development.

Likewise, simply telling youth that all sexual behavior is prohibited is unlikely to extinguish such behavior. Children and adolescents may not know what constitutes appropriate sexual behavior or what to do when they experience or are the subject of sexual interest. Organizations are encouraged to provide youth with clear, developmentally appropriate guidance on expectations for sexual behavior during organizational activities and outings and while on organizational grounds, and on concepts such as privacy, personal boundaries, and consent within an overarching framework of healthy (versus dangerous) sexuality.

Move beyond a victimization focus. Many YSOs train youth to recognize, resist, and report sexual abuse. When properly conducted, such trainings can increase knowledge about sexual abuse and may help youth disclose ongoing or past victimization and experience less self-blame. However, a narrow or exclusive focus on victimization experiences can encourage an inaccurate perception among youth and staff that all sexual interactions between youth should be treated as crimes and ignores the importance of youth friendships, which can become consensually romantic or sexual. A victimization-only focus fails to provide youth with guidance about developmentally appropriate

behaviors and overlooks the fact that half or more of sexual abuse against youth is caused by other youth. Guidance for youth, including teen leaders, should include information on appropriate and inappropriate physical and verbal interactions, the nature of consent and coercion, and the importance of maintaining behavioral boundaries with younger youth. Teen leaders in particular may find it more difficult to navigate relationships with youth participants who are close in age and developmental status. Thus, specific coaching for teen leaders regarding appropriate behavior will be important.

Move beyond a zero-tolerance approach. It may be tempting to simply state that all sexual behavior is against organizational rules and will result in expulsion of one or both of the involved youth. However, this approach risks disenfranchising the very youth who may benefit most from the caring and professional involvement of organizational staff and volunteers. Youth whose behavior is immature, impulsive, and/or simply uninformed would benefit more from education on why a certain behavior is against the rules and from the opportunity to recover from the mistake than from being kicked out of the program.

A zero-tolerance policy also fails to recognize the reality of youth as sexual beings. Responses to youth sexual interactions should include a range of options including ignoring certain behaviors (e.g., handholding, mutual kissing, self-touching in an appropriately private place).

Responses to non-ignorable but apparently mutual sexual behaviors can include redirection (e.g., instructing all youth to place hands on desks as a non-stigmatizing way to intervene with a youth who is self-touching during class), calmly separating the youth and reminding them of the rules, increasing supervision, and communicating with parents of the involved youth. Staff should be trained to immediately intervene and end coercive sexual interactions, report such behaviors to their supervisors, and contact parents of the involved youth. Organizations may also provide parents with referrals to family-focused services that address abuse victimization or problem sexual behavior.

Develop clear reporting guidance for youth sexual behavior. Coercive sexual behaviors involving youth may need to be reported to child protective services or law enforcement. Unfortunately, mandatory reporting policies are often vague, especially when it comes to reporting the behavior of youth. Organizations should determine ahead of time the criteria for reporting coercive sexual interactions in a manner that complies with the law while accounting for the potential risks to youth of both under-reporting and over-reporting sexual interactions.

Be alert for bias. Research demonstrates that mutual sexual exploration or behavior between youth of the same sex, between LGBTQ youth, and between (or involving) Black youth is more likely to be reported and acted on than sexual behavior between white youth of different sexes.

Research also demonstrates that youth with cognitive and/or physical disabilities are often incorrectly assumed to be uninterested in sex and are less likely to be educated about appropriate sexual behavior and concepts.

Organizations should strive to ensure that all youth in their care are provided with developmentally appropriate guidance and that emerging sexuality is viewed by staff and volunteers as an expected, normative development as youth age into and through puberty. In particular, decisions to report youth sexual behavior to the authorities should be scrutinized by supervisors for implicit bias (e.g., an adult's overreaction to mutual interactions involving two boys or two girls).

Involve youth and parents. Guidance on educating youth about sexual behaviors and whether and how to intervene when these behaviors inevitably appear should be developed in collaboration with youth and parents. Such collaboration helps ensure that guidance provided by the organization aligns with local norms.

The goodwill engendered by involving youth and parents in these discussions ahead of time may also help engender a more collaborative (vs. adversarial) approach with parents when intervention is deemed necessary.

Likewise, youth and parents can help review organizational policy language regarding sexual contact between youth and may be more likely to suggest alternatives to language that implies similarity with adult perpetrators of child sexual abuse.

Use child-friendly language. Language can influence how people think and behave towards youth, and many labels that were once common are now avoided as pejorative. One hesitates even to write the word “retard,” a formerly common term that we would never apply to a child. Even “intellectually disabled” still labels the child’s deficit ahead of the child. Person-first language places the child first, as in “child with an intellectual disability.” Person-first or child-friendly language is, we believe, essential to the development of a child safe environment. This concern extends to youth who have engaged in mutual sexual behaviors and youth who have engaged in problem sexual behavior, including behavior that has harmed others. Child safe organizational staff and volunteers avoid referring to youth who engage in mutual sexual behaviors with terms that sexualize, shame, or otherwise stigmatize the youth (e.g., “slut,” “stud,” “whore,” “prostitute”). Adults avoid referring to youth who have engaged in problem sexual behavior with stigmatizing labels that emphasize the behavior over the youth (e.g., “molester,” “offender,” “perpetrator”).

Research has demonstrated that adults who read about a child who has engaged in a “crime of a sexual nature” are more likely to support treatment and less punitive interventions than adults who read about a “juvenile sex offender.”

Does My Organization Have a System to Address Youth Sexual Behavior?

This table identifies critical questions that are central to achieving good practice in addressing youth sexual behavior. Leaders can use these questions and suggested strategies to create their organization's approach to addressing child and adolescent developmentally normative and problem sexual behavior.

CRITICAL QUESTIONS	GOALS	ACTIONS TO ACHIEVE GOALS
Does my organizational policy frame sexual behavior between youth as developmentally normative, even if such behavior is prohibited?	The organization delivers guidance on youth sexual behavior within an overall frame that overtly recognizes healthy sexual development as a normative component of child development. Trainings distinguish between developmentally typical versus atypical behaviors based on child developmental status.	Draw on existing best practice material to articulate this approach in the organization's policy framework.
Does my organization clearly convey its expectations about sexual interactions to youth and parents?	Organizational guidance includes written and verbal information on expectations. Information is presented to youth and parents in simple, clear, and developmentally appropriate language.	Draw on existing best practice material to convey these expectations to youth and parents, tailored to the organization's context (including the ages of youth who are served by the organization).
Does my organization involve youth and parents in the development of guidance for addressing child and adolescent sexual behavior?	Organizational policy and code of conduct about youth sexual behavior, including how to respond to such behavior, is informed by youth and parents.	Obtain input from parents and children when designing or revising guidance for addressing child and adolescent sexual behavior.
Does my organization have a graduated approach to addressing youth sexual behavior when it occurs?	Organizational policy provides a range of strategies for responding to youth sexual behavior that includes ignoring some behaviors (e.g., mutual kissing between close-in-age youth), redirecting some behaviors (e.g., asking all youth to put hands on desks as a non-stigmatizing way to redirect one youth's self-touching; reminding older youth that sexual touching should be done in private and away from the organization's grounds), providing extra oversight coupled with informing parents of sexual behaviors that are developmentally atypical (e.g., a youth who mimics intercourse with a peer), or typical and mutual but inappropriate to the setting (e.g., mutual intercourse). Staff are trained to immediately intervene to prevent or interrupt aggressive or non-mutual sexual behaviors, including all sexual behaviors that involve youth at different developmental stages (e.g., three or more years apart in age).	Follow a graduated approach that includes training staff to: 1. immediately separate youth engaged in sexual activity; 2. briefly and calmly explain that these interactions are not permitted and why; 3. notify a supervisor of the intervention taken; 4. determine whether parents need to be informed; 5. determine whether the observed interaction triggers mandatory reporting requirements.
Does my organization have clear criteria regarding when to report youth sexual behavior to law enforcement or child protective services?	Staff are trained to comply with local reporting requirements; this includes knowing which situations merit a formal report to child protective services or law enforcement as well as which situations do not. All involved youth and their parents are notified prior to a report being made.	Review state reporting policy for clarity. Where unclear, guidance is requested from the authorizing state agency. For example, a mandate to report all suspected "sexual molestation or exploitation" that does not clearly define sexual molestation or exploitation will require clarity with respect to non-coercive interactions between youth. Once guidance has been obtained, write organizational policy that describes the elements of reportable youth interactions and distinguishes these from non-reportable events.

Address Youth Sexual Behavior

CRITICAL QUESTIONS	GOALS	ACTIONS TO ACHIEVE GOALS
Does my organization train staff and volunteers to treat all youth equally?	Organization provides training that alerts staff to the fact that adults are more likely to report and respond to sexual interactions that involve same-sex youth and LGBTQ youth. Likewise, trainings note that white adults view Black youth as more sexually developed and sexualized than their white peers and many adults incorrectly view youth with physical and/or cognitive delays as essentially asexual.	Supervisors scrutinize reports of youth sexual interactions as well as any steps that were taken to address such interactions for potential bias.
Does my organization avoid sexualizing and stigmatizing labels of youth involved in consensual or problem sexual behaviors?	When mutual but inappropriate behavior or problem sexual behavior is identified and addressed, label the behavior, not the youth. Youth are never referred to with sexualized labels ("slut," "stud") or with stigmatizing offense-related labels ("child abuser," "juvenile sex offender," "molester," "perpetrator," "predator," "offender," "sex offender").	<p>Review and revise all policies, codes of conduct, training materials, and other organizational materials to remove inappropriate labels; train staff and volunteers to use appropriate person-first/child-friendly language; inform external consultants/trainers that youth are not to be labeled.</p> <p>Ensure that policies discuss youth problem sexual behavior separately from adult sexual offending.</p> <p>Negative example: <i>What is the typical predator like? People who sexually abuse children come from all walks of life and are often seen as nice or respected people. To further complicate detection, about half of all reported incidents involve juvenile molesters.</i></p>

08 STRENGTHEN HUMAN RESOURCES

GOAL

An organization is defined by its people. Maintaining child-safe spaces becomes easier when staff and volunteers understand and embrace their role in protection.

Funded by



**Bloomberg American
Health Initiative**

Delivered by



In partnership with



08 Strengthen Human Resources

Recruitment and Selection Processes

The goal of the recruitment process is to generate the largest pool of the most highly qualified candidates possible, where “highly qualified” means not just knowledgeable and skilled but also possessing attitudes conducive to enhancing child safety. At a minimum, a sound recruitment process would, at the least, spread widely news of staff/volunteer (hereafter, for simplicity, just “staff”) openings so as to assure an ample supply of candidates who are skilled at and committed to the protection of children, as opposed to sole mastery of a narrow skill set related to the YSO’s mission (e.g., soccer training or math instruction). At a maximum, it would convey to candidates specifically and concretely aspects of the YSO that would allow applicants to self-select into/out of the applicant pool on the basis of candidate/YSO fit along the dimension of attitudes towards child safety. For example, advertisements of openings should include information about the YSO’s overarching commitment to child safety, its adherence to the latest accepted guidelines for ensuring child safety (e.g., in the case of a sports YSO, its adherence to SafeSport guidelines), and its resolve to cooperate with governing body and law enforcement agencies in the investigation and prosecution of misconduct.

The goal of the selection process is to bypass applicants who are risk of child abuse and to bring on board applicants who possess knowledge, skills, and attitudes that are likely to enhance the organization’s ability to ensure child safety.

What are now standard selection procedures should be followed: criminal background checks, in-person interviews, letters of recommendation, and direct contact with recommenders. Notably, there may be a strong deterrent value of communicating to potential applicants the organization’s strong commitment to a culture of child safety, its well-developed policies and practices designed to identify and address at-risk behaviors, and its unwavering commitment to reporting and prosecuting CSA and other forms of abuse.

The recruitment and selection process should focus on candidate attitudes towards behaviors that might be considered emotional or physical abuse of children, as well as attitudes related to the sexual abuse of children. Research is clear on the link between emotional, physical, and sexual abuse of children. Candidates are

unlikely to exhibit attitudes indicative of a predilection for or a tolerance of CSA, because of the widespread social taboos associated with this type of abuse. But they are more likely to evidence attitudes towards emotional and physical abuse, because social taboos associated with them are less widespread. For example, sports-related YSOs should pay close attention to candidate attitudes regarding the physical and emotional rigors of training.

Finally, as indicated earlier in the Desk Guide, the attention to developing a robust recruitment process and rigorous selection process goes some way towards conveying the cultural assumption to YSO members that child safety is a priority of the organization.

Socialization Processes

Practice #2 discusses the importance of training for the development of knowledge and skills and for the enhancement of attitudes related to child safety, where training is characterized as the sharing of information (e.g., regarding the prevalence and consequences of CSA). But a large body of psychological research indicates that the sharing of information is insufficient to change attitudes. Based partly on this research, organization theorists distinguish between “training,” which is geared toward imparting technical knowledge and skills, and “socialization,” which is geared toward changing attitudes. Organization theorists maintain that most successful socialization processes consist of three phases: unfreezing (in which the employee is separated from old attitudes considered inappropriate for their organizational context), change (in which the employee is introduced to and encouraged to adopt new attitudes considered appropriate for their organizational context), and refreezing (in which the employee is placed in a social context that reinforces his/her new attitudes).

Time and space constraints prohibit a thorough systematic elaboration of how YSOs might “socialize” their staff members. But it is possible to briefly suggest a few mechanisms through which socialization of staff members might be achieved. In what follows, “desired attitudes” refers to attitudes that are antithetical to CSA and “old attitudes” refers to attitudes that might be directly or indirectly conducive to or tolerant of it. The unfreezing of old attitudes might be facilitated by conducting onboarding activities off-site, in groups of staff members with whom the target staff member is not familiar. This would make it more difficult for

the target staff member to seek out other likeminded people to reinforce their old attitudes during the onboarding process. The imparting of desired attitudes might be facilitated during onboarding activities in two ways. First, through an assignment to a “big brother” or “big sister” who has already embraced the desired attitudes, staff members could be provided with role models that exemplify the desired attitude change. Second, by participating in scenarios and role plays related to child safety incidents, staff members could be provided with leeway to develop their own unique path towards attitude change (facilitating internalization of the attitudes). Finally, the refreezing of desired attitudes could be facilitated by ensuring that employees are placed in regular contact with other YSO staff who embrace the desired attitudes.

Supervision

Supervisors should meet with staff members at regular intervals, at which time they should set staff member goals and determine measurable (although not necessarily quantitative) indicators of goal attainment. Specifically, the paramount goal of ensuring the safety of children in a staff member’s care should be delineated, and indicators of child safety goal achievement should be developed. The elaboration of indicators of child safety goal achievement should be developed collaboratively, to enhance staff buy-in. Finally, assessment of child safety goal attainment should be accomplished by the supervisor’s direct observation, staff member peer input, and the staff member’s self-evaluation.

Supervisors should also monitor and provide feedback on staff member behavior related to child safety on a periodic real-time basis. Feedback should be both confirming/corrective and praising/ admonishing, depending on the staff member’s behavior.

Confirming and corrective feedback provides staff members with information about the appropriateness of their behavior. Praising or admonishing feedback provides staff members with fine-grained rewards and punishments.; praise should be administered in public, while admonishments should be administered in private. Research suggests that periodic monitoring and feedback in the form of substantive input and social approval/disapproval can be as important in guiding employee behavior as are regular performance evaluation meetings.

Staffing

To the extent possible, YSO leaders should create specialized roles responsible for the suppression of CSA, the detection of abuse that occurs, and the response to CSA that is detected. Further, they should assign staff to these roles on the basis of their possession of knowledge, skills, and attitudes related to child abuse.

High Commitment Human Resource Management Strategies

Many organization theorists believe that “high commitment” human resource management (HRM) practices are conducive to high organizational performance. High commitment HRM practices include robust and rigorous recruitment and selection processes (discussed above), employment security, filling of leadership positions from within, involvement of employees in the sharing of information and formulation of organizational practices, teamwork, merit-based promotion, and minimization of status differentials. Some organizational theorists believe that the utility of the above practices depends on an organization’s internal and external environment (as determined, for example, by its industry or mission).

It is possible that some of the high commitment HMR practices will be useful in ensuring child safety in YSOs. For example,

it seems likely that staff who are hired on a temporary basis or hired on a permanent basis but without the possibility of advancement will be less vigilant protectors of children than will staff who are hired on a permanent basis and have realistic chances of advancement.

Similarly, it seems that staff who are instructed to conform to child safety policies and procedures created by leadership will be less vigilant protectors of children than will staff who are invited to participate in the assessment of their organization’s child safety risks and the formulation of practices to address them.

Does My Organization Have a System to Address Human Resource and Management Issues?

This table identifies critical questions that are central to achieving good practice in human resource and management. Leaders can use these questions and suggested strategies to create their organization's approach to human resource and management to enhance child safety.

CRITICAL QUESTIONS	GOALS	ACTIONS TO ACHIEVE GOALS
Does my organization have a plan for recruiting applicants capable and desirous of ensuring the safety of the organization's children?	<p>A boilerplate job opening announcement specifies that applicants should prioritize safety concerns in their interactions with children.</p> <p>A list of physical and virtual channels through which job announcements should be posted is created.</p> <p>A list of organizations and individuals with whom job announcements should be shared is created.</p>	<p>Peruse job announcements disseminated by organizations that you believe exemplify the prioritization of child safety.</p> <p>Identify the recruitment channels used by organizations that you believe exemplify the prioritization of child safety.</p>
Does my organization have a plan for selecting among recruited applicants those capable and desirous of ensuring the safety of children in our care?	<p>Procedures for conducting job applicant criminal background checks are established.</p> <p>Protocols for obtaining job applicant recommendations that allow for thorough vetting (when possible, voice communication) are established.</p> <p>Protocols for conducting job applicant interviews that allow for thorough vetting (when possible, in-person communication) are established.</p> <p>List of desired job applicant attributes and questions designed to elicit those attributes is created.</p>	<p>Identify state of the art means of checking job applicants' criminal backgrounds.</p> <p>Collaborate with current staff and volunteers to identify the specific child safety attributes that persons seeking to join the organization should possess.</p> <p>Establish a mandatory minimum level of rigor needed to obtain comprehensive information about candidates' attributes (e.g., email message, written letter, phone conversation) in light of the organization's child safety risks.</p> <p>Establish a mandatory minimum level of rigor needed to conduct interviews with staff or volunteer candidates' (e.g., email exchange, phone conversation, in-person discussion) in light of the organization's child safety risks.</p>
Does my organization have a plan for socializing new staff and volunteers so that they embrace attitudes conducive to ensuring the safety of the children in our care?	<p>The organization establishes a procedure by which new staff and volunteers are encouraged to abandon internalized attitudes inconsistent with the organization's prioritization of child safety.</p> <p>The organization establishes a procedure for assigning new staff and volunteers to current staff/volunteer mentors who embody the organization's prioritization of child safety.</p> <p>The organization establishes a procedure for engaging new staff and volunteers in role play scenarios related to child safety.</p> <p>The organization establishes a procedure for assigning new staff and volunteers to organizational activities in which they will interact with current staff and volunteers who embody the organization's prioritization of child safety.</p>	<p>Identify and discourage new staff and volunteer attitudes that might be problematic from the standpoint of child safety.</p> <p>Identify current staff and volunteers who exemplify attitudes conducive to child safety and connect these staff and volunteers to new staff and volunteers in meaningful ways (e.g., as on-the-job trainers).</p> <p>Engage new staff and volunteers around how they would cope with hypothetical child safety dilemmas.</p> <p>Discourage new and current staff/volunteer associations that might undermine your socialization efforts.</p>

Strengthen Human Resources

CRITICAL QUESTIONS	GOALS	ACTIONS TO ACHIEVE GOALS
Does my organization have a plan for supervising staff and volunteers to ensure they are effectively prioritizing the safety of children in our care?	<p>Supervisors hold regular meetings with subordinates to establish goals and measures of goal attainment related to child safety.</p> <p>The organization establishes an ongoing practice of periodic</p> <p>direct observation and provision of feedback to staff regarding matters related to child safety.</p>	<p>Allot some time each day to observe and interact with staff and volunteers in connection with child safety matters.</p> <p>Reserve time for periodic assessments of staff and volunteer child safety goals and goal attainment.</p> <p>Collaborate with staff and volunteers to develop specific expectations regarding the pursuit and achievement of child safety goals.</p>
Does my organization designate a position or person as solely or partly responsible for managing some or all aspects of child safety in our organization?	<p>The organization creates positions devoted to leading the implementation and evaluation of child safety measures.</p> <p>The responsibility for leading the implementation and evaluation of child safety measures is added to a current staff member's other job-related responsibilities.</p>	<p>As the organization grows, consider the efficacy of devoting partial or entire organizational roles to ensuring that the organization is effectively guaranteeing the safety of children.</p>

Resources and References

- ¹ Australian Government Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final report. Sydney: Commonwealth of Australia. Available online: <https://www.childabuseroyalcommission.gov.au/final-report> (accessed on 25 March 2020).
- ² CCCP: Canadian Center For Child Prevention. Based on review of: Canadian Center For Child Prevention “Commit To Kids: Helping Organizations Prevent Child Sexual Abuse” Programs (hard copies).
- ³ Saul J, Audage NC (2007). Preventing child sexual abuse within youth-serving organizations: Getting started on policies and procedures: Centers for Disease Control and Prevention. (<https://www.cdc.gov/violenceprevention/pdf/PreventingChildSexualAbuse-a.pdf>)
- ⁴ See for example: Kenny, M.C., Wurtele, S.K. (2012). Preventing childhood sexual abuse: An ecological approach. *Journal of Child Sexual Abuse*, 21(4), 361-367.
- ⁵ See for example: Kaufman, K.L., Tews, H., Schuett, J.M., Kaufman, B.R. Prevention is better than cure: The value of situational prevention in organisations. Creating safer organisations: Practical steps to prevent the abuse of children by those working with them. 2012:140-169.
- ⁶ CSS: Center for SafeSport. Based on review of: *U.S. Center For SafeSport Recognizing, Reducing, & Responding To Misconduct In Sport: Creating Your Strategy* (Revised Draft May, 2018).
- ⁷ WePROTECT: WePROTECT Global Alliance. Based on Review of: WePROTECT Global Alliance. Based on review of *Preventing and Tackling Child Sexual Exploitation and Abuse (CSEA): A Model National Response* (November, 2016). Available at <https://www.weprotect.org/the-model-national-response>.
- ⁸ Annie E. Casey Foundation (2015). 10 Practices: A Child Welfare Leader’s Desk Guide to Building a High-Performing Agency. Annie E. Casey Foundation, Baltimore, MD. Available at <https://www.aecf.org/resources/10-practices-part-one/>
- ⁹ World Health Organization (2014). *Health for the World’s Adolescents: A second chance in the second decade*. Available at <https://apps.who.int/adolescent/second-decade/section2>
- ¹⁰ UN General Assembly. Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series. <https://www.refworld.org/docid/3ae6b38f0.html>2019.
- ¹¹ World Health Organization. Guidelines for medico-legal care for victims of sexual violence. https://www.who.int/violence_injury_prevention/publications/violence/med_leg_guidelines/en/: World Health Organization; 2003.
- ¹² Chaffin, M. (2008). Our minds are made up—don’t confuse us with the facts: Commentary on policies concerning children with sexual behavior problems and juvenile sex offenders. *Child Maltreatment*, 13, 110-121. doi:10.1177/1077559508314510
- ¹³ Erooga, M., Kaufman, K.L., Zatzkin, J.G. Powerful perpetrators, hidden in plain sight: An international analysis of organizational child sexual abuse cases. Forthcoming.
- ¹⁴ Willis, G.M., Letourneau, E.J. (2018). Promoting accurate and respectful language to describe individuals and groups. *Sexual Abuse*, 30, 480-483.
- ¹⁵ Harris, A.J., Socia, K.M. (2016). What’s in a name? Evaluating the effects of the “sex offender” label on public opinions and beliefs. *Sexual Abuse*, 28(7), 660-678.
- ¹⁶ Caldwell, M. F. (2016). Quantifying the decline in juvenile sexual recidivism rates. *Psychology, Public Policy, and Law*, 22(4), 414-426.
- ¹⁷ Assini-Meytin, L.C., Fix, R.L., & Letourneau, E.J. (2019). Child sexual abuse: The need for a perpetration prevention focus. *Journal of Child Sexual Abuse*. (in press).
- ¹⁸ Letourneau, E.J., Schaeffer, C.M., Bradshaw, C.P., & Feder, K.A. (2017). Preventing the onset of child sexual abuse by targeting young adolescents with universal prevention programming. *Child Maltreatment*, 22, 100-111.
- ¹⁹ Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. L. (2009). Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics*, 124, 1411-1423.
- ²⁰ Finkelhor, D., Turner, H., Shattuck, A., & Hamby, S. (2014). The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. *Journal of Adolescent Health*, 55, 329-333.
- ²¹ Finkelhor, D., Turner, H., Shattuck, A., & Hamby, S. (2015). Prevalence of childhood exposure to violence, crime, and abuse. *JAMA Pediatrics*, 169(8), 746-754.
- ²² Finkelhor, D., Saito, K., & Jones, L. (2020). *Updated trends in child maltreatment, 2018*. Crimes Against Children Research Center, University of New Hampshire. Accessed on March 20, 2020 at http://www.unh.edu/ccrc/pdf/CV203%20-%20Updated%20trends%202018_ks_df.pdf
- ²³ Barth, J., Bermetz, L., Heim, E., Trelle, S., and Tonia, T. (2013). The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis. *International Journal of Public Health*, 58, 469-483.

- ²⁴ Pereda, N., Guilera, G., Forns, M., and Gomez-Benito, J. (2009). The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review* 29, 328–338.
- ²⁵ Stoltenborgh, M., van Ijzendoorn, M.H., Euser, E.M., and Bakermans-Kranenburg, M.J. (2011). A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *Child Maltreatment* 16, 79–101.
- ²⁶ Palmer, D., & Feldman, V. (2018). *Comprehending the Incomprehensible: Organization Theory and Child Sexual Abuse in Organizations*. New York, NY: Cambridge University Press.
- ²⁷ Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- ²⁸ Letourneau, E.J., Eaton, W., Bass, J., Berlin, F., & Moore, S. (2014). The need for a comprehensive public health approach to preventing child sexual abuse. *Public Health Reports*, 129, 222–228.
- ²⁹ Mathews, B. (2019). *New international frontiers in child sexual abuse: theory, problems and progress*. Dordrecht: Springer.
- ³⁰ Mercy, J. A., & Saul, J. (2009). Creating a healthier future through early interventions for children. *Journal of the American Medical Association*, 301(21), 2262–2264.
- ³¹ Hammond, W.R., Whitaker, D.J., Lutzker, J.R., Mercy, J., & Chin, P.M. (2006). Setting a violence prevention agenda at the Centers for Disease Control and Prevention. *Aggression and Violent Behavior*, 11(2):112–119.
- ³² Mercy, J.A., Rosenberg, M.L., Powell, K.E., Broome, C.V., & Roper, W.L. (1993). Public health policy for preventing violence. *Health Affairs*, 12(4), 7–29.
- ³³ Mercy, J.A., Rosenberg, M.L., Powell, K.E., Broome, C.V., & Roper, W.L. (1993). Public health policy for preventing violence. *Health Affairs*, 12(4), 7–29.
- ³⁴ Hammond, W.R., Whitaker, D.J., Lutzker, J.R., Mercy, J., & Chin, P.M. (2006). Setting a violence prevention agenda at the centers for disease control and prevention. *Aggression and Violent Behavior*, 11(2), 112–119.
- ³⁵ Krieger, N., & Birn, A.E. (1998). A vision of social justice as the foundation of public health: Commemorating 150 years of the spirit of 1848. *American Journal of Public Health*, 88(11), 1603–1606.
- ³⁶ McMahon, P.M., & Puett, R.C. (1999). Child sexual abuse as a public health issue: Recommendations of an expert panel. *Sexual Abuse: A Journal of Research and Treatment*, 11(2), 257–266.
- ³⁷ Zimmerman, F., & Mercy, J.A. (2010). A better start: Child maltreatment prevention as a public health priority. *Zero to Three*, 30(5), 4–10.
- ³⁸ Perrow, Charles. (1991). “A society of organizations,” *Theory and Society*, Vol. 20, No. 6 (Dec., 1991), pp. 725–762.
- ³⁹ Davis-Blake, A., & Pfeffer, J. (1989). Just a mirage: The search for dispositional effects in organizational research. *Academy of management review*, 14(3), 385–400.)
- ⁴⁰ Abma, T.A., Widdershoven, G.A.M., & Verkerk, M. (2009). The quality of caring relationships. *Psychology Research and Behavior Management*, 2, 39–45.
- ⁴¹ Mathews, B. (2011). Teacher education to meet the challenges of child sexual abuse. *Australian Journal of Teacher Education*, 36, 13–32.
- ⁴² Kaufman, K., Erooga, M., & Mathews, B. (2019). Recommendations for preventing child sexual abuse in youth serving organizations. *Journal of Interpersonal Violence*, 34(20), 4199–4224.
- ⁴³ Mathews, B., & Collin-Vézina, D. (2016). Child sexual abuse: Raising awareness and empathy is essential to promote new public health responses. *Journal of Public Health Policy*, 37, 304–314.
- ⁴⁴ Mathews, B. (2017). Optimising implementation of reforms to better prevent and respond to child sexual abuse in institutions: insights from public health, regulatory theory, and Australia’s Royal Commission. *Child Abuse & Neglect*, 74, 86–98.
- ⁴⁵ Rheingold, A.A., Zajac, K., & Patton, M. (2012). Feasibility and acceptability of a child sexual abuse prevention program for childcare professionals: Comparison of a web-based and in-person training. *Journal of Child Sexual Abuse*, 21, 422–436.
- ⁴⁶ Wurtele, S., Mathews, B., & Kenny, M. (2019). Keeping Students Out of Harm’s Way: Reducing Risks of School Staff Sexual Misconduct. *Journal of Child Sexual Abuse*, 28(2), 160–186.
- ⁴⁷ Lansdown, G. (2001). Promoting children’s participation in democratic decision-making (No. innins01/9). Available at <https://www.unicef-irc.org/publications/pdf/insight6.pdf>.

Learn More. Act Now.

Funded by



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

**Bloomberg American
Health Initiative**

Delivered by



In partnership with



University
of California
Cooperative
Extension



UC DAVIS
GRADUATE SCHOOL
OF MANAGEMENT