

EDUCATIONAL SERVICE DISTRICT **112**
Sexual Incident
Level 1 Protocol

Sexual Incident

Upon discovery of the incident, the school resource officer or local law enforcement should be informed. If the event is found to be illegal, report to the level offices and follow district protocol guidelines.

Level 1 to be considered by Administrator & Counselor

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

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

Level 1 Protocol completed by School Team

Steps 1-3:

Demographics and Assessment

Step 4:

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

Step 5:

If requesting a Level 2, contact Threat Assessment Coordinator at ESD 112.

Steps 6-7:

Finalize and send copy of Level 1 to the Threat Assessment Coordinator at ESD 112.

IMPORTANT

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

Unfounded Concern

**This protocol is only to be used by staff who have been trained in the Level 1 Screening Process.
Read at the beginning of every Level 1 meeting.**

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

Complete the following as part of the School Team Investigation using the step-by-step instructions.

LEVEL 1 ASSESSMENT

Step 1: Make sure all students/staff are safe

- If necessary, take appropriate precautions such as detaining the student and restricting access to coats, backpacks, lockers, etc.
- If IMMEDIATE danger exists, call law enforcement, level office, and follow district safety guidelines.**
- Notification to parent/guardian of identified targeted student(s) as outlined in the district policy.

Step 2: Complete the following information:

- The parent/guardian has been notified.
- The parent/guardian has not been notified of this meeting because: _____
- Parent interview completed, if parent cannot attend.
- Parent discouraged from attending by legal counsel.

School:		School Phone:		Today's Date:	
Admin/Case Mgr:			Date of Incident:		
Student Name:			Student #:		
DOB:		Age:		Grade:	

- Copy of **DISTRICT INCIDENT REPORT** is attached.

Step 3: Discuss, Investigate, and Document

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

Was a report filed with L.E.? No Yes

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

Was the event determined to be illegal by the L.E. investigation? No Yes Not applicable

Describe details of sexual incident (If L.E. is involved, please provide deputy name and case number):

Peer to Peer

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

No Yes If no, describe: _____

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

Historical Data

2. Is there a known history of previous sexually inappropriate behavior?

No Yes If yes, describe: _____

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

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

If yes, describe: _____

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

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

No Yes If yes, describe: _____

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

Incident Details

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

No Yes If no, describe: _____

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

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

No Yes If yes, describe: _____

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

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

No Yes If no, describe: _____

Note: developmentally atypical sexual behavior may suggest pathological sexual development that warrants further scrutiny.

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

No Yes If yes, describe: _____

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

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

Describe: _____

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

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

No Yes If yes, describe: _____

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

11. Was a weapon present during the sexual incident?

No Yes If yes, describe: _____

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

12. Did grooming occur in the context of the sexual incident (refer to the Grooming Behaviors Form)?

No Yes If yes, describe: _____

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

Other Concerns	
Enuretic/Encopretic? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Past <input type="checkbox"/> Present <i>See definitions below:</i>	Impulsive? <input type="checkbox"/> No <input type="checkbox"/> Yes
Harms Animals? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Past <input type="checkbox"/> Present	Opportunistically Vigilant? <input type="checkbox"/> No <input type="checkbox"/> Yes
Planful? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Past <input type="checkbox"/> Present	Social Media Involvement? <input type="checkbox"/> No <input type="checkbox"/> Yes
Threatening Behavior	
Suicidal Ideation? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Past <input type="checkbox"/> Present	<input type="checkbox"/> Refer for Suicide Risk Assessment
Targeted Threat? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Past <input type="checkbox"/> Present	<input type="checkbox"/> Refer for Student Threat Assessment
Firesetting? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Past <input type="checkbox"/> Present	<input type="checkbox"/> Refer for Firesetting Risk Assessment
Definitions: Enuretic: Lack of control of urination, especially during sleep; bed-wetting; urinary incontinence Encopretic: Involuntary defecation	
Other Concerns (DSHS involvement, multiple foster placements, mental health concerns, health concerns, important historical factors, exposure to abuse/neglect, current mood, sleep routine, appetite, medication, familial history of sexual misconduct, etc.): <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	
Strengths/Inhibitors (stabilizing or positive factors): <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>	

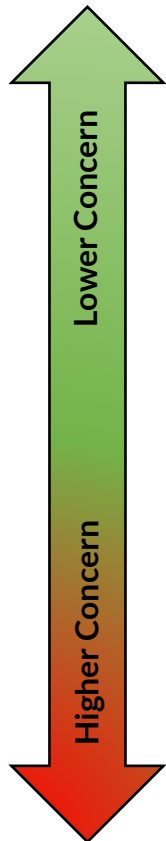
13. Did staff, parents or others voice a strong visceral response regarding the sexual incident?

No Yes If yes, describe: _____

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

**Based upon the aforementioned information,
Note the nature of the sexual incident of concern**

SEXUAL BEHAVIOR CONTINUUM
(Consider AGE, FORCE, and CONTEXT as a factor)



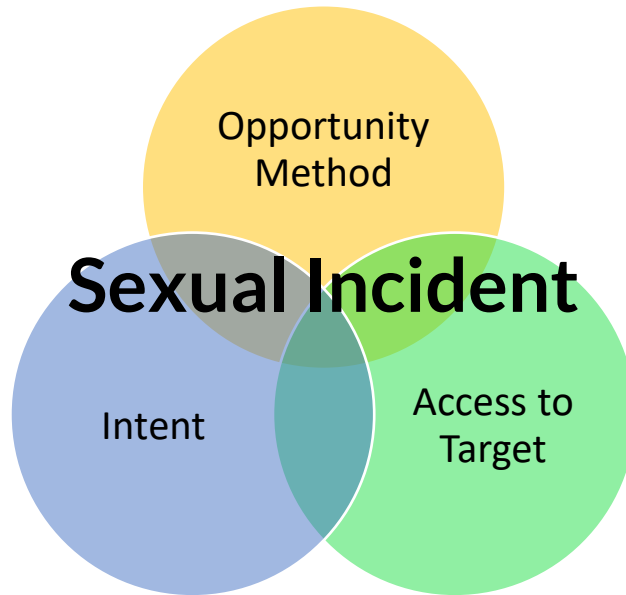
- Flirting / Sexual Harassment
- Public kissing / hugging
- Peeping
- Sexual talk / drawing / gesturing
- Rubbing pubic area against object
- Public masturbation
- Exposing sexual parts
- Over the clothes sexual touching
- Rubbing pubic area against person
- Under the clothes non-penetrative sexual touching
- Penetrative sexual touching
- Penetrative sex

Considering requesting a LEVEL 2 THREAT ASSESSMENT if:

1. After attempts to follow Level 1 Protocol, team is unable to gather adequate information to effectively format a safety plan or mitigate risk, and/or
2. You have confidently answered the questions on this protocol and have safety concerns that are beyond your School Team's ability to supervise and secure within the school, and/or
3. You have exhausted your school resources and would like support to explore community resources.

See Step 5 for Level 2 Threat Assessment referral process.

**Step 4: Develop a Supervision Plan to address concerns
(including aggravating factors) identified through Step 3.**



**Sexual Incidents occur at the intersection of Opportunity, Access, and Intent.
In supervision planning, one should be mindful of the degree to which our strategies limit Access
and Opportunity, and consider the nature of the student's Intent.**

Perceived Intent:

- Engage in sexually concerning behavior
- Unknown
- Other (Specify): _____

Target (mark all that apply):

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

Opportunities (mark all that apply):

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

Step 4: Continued

RECOMMENDED INTERVENTIONS (CHECK IF IMPLEMENTED):

Bolded Items are typically included in most supervision plans

Individual Options:

1. Intended victim warned – parent/guardian notified (see Notification form)
2. Protective Response initiated by Security Department
3. **Individual Accountability Plan**

Detail Expectations of Plan (e.g. Hands to work, No sexual talk, etc.):

4. Suicide Assessment initiated. Date: _____ (use District Suicide Protocol)
5. Restorative Intervention learning
6. Threat Assessment initiated. Date: _____ (use District Threat Assessment Protocol)
7. Fire-setter Assessment initiated. Date: _____ (use District Firesetter Assessment Protocol)
8. Other: _____

School Options:

9. Bus Supervision, Specify: _____
10. Student Escorted from Transport to School Office, and from Classroom to Transport by: _____
11. Student Escorted from School Office to Classroom and back by Adult, Specify: _____
12. **Line-of-Sight Supervision (Zone)**
13. Arms-Reach Supervision (one-on-one)
14. Supervised Lunch/Breaks/Recess/Assembly
15. Special Classroom Seating Assignment (to increase supervision)
16. No After-School Activities
17. Supervised After-School Activities (Specify in Safety Plan)
18. Academic Restrictions (e.g. not involved in child care courses, mentoring younger students, technology)
Specify: _____
19. No Access to Technology
20. Supervised Access to Technology
21. Bathroom Plan, Specify: _____
22. Review educational plan
23. Social Work Services
24. Travel card and time accountability
25. Social skills building programs
26. Increase supervision in following settings in the following ways:
27. Modifications of daily schedule. Late arrival / early dismissal
28. **Alert staff on need-to-know basis. Specify staff:**
 All supervisory staff Teacher only Teacher and I.A.'s only SRO Office

Staff member responsible for alerting staff and teachers: _____

*These protocols are only for use by school districts that participate in the
ESD 112 Threat Assessment Cooperative and staff trained in the Level 1 Protocol Assessment Process.*

29. Random Check of backpack, locker, pocket, purse, etc. by:
 Administrator Counselor SRO Office staff Other _____
30. Assign identified staff to build trusting relationship through check-in or mentorship:
 Administrator Mentor Counselor SRO Teacher
 Other: _____
31. Other interventions or supervision strategies that will likely decrease the possibility of a future sexual incident Describe: _____

Step 4: Continued

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

32. Referral to appropriate school team to consider alternative placement
33. Home supervision pending further assessment
34. Increased supervision in the following settings:
35. Referral to appropriate Special Ed. Team to consider Psycho Educational Evaluation / Special Education Assessment or Behavior Team Referral. **(NOTE: Must be done through Special Education Team Process.)**
- Other:

Family / Home Options:

- Guardians encouraged to:
- | | |
|--|---|
| <p>36. <input type="checkbox"/> No Access to Technology</p> <p>37. <input type="checkbox"/> Supervised Access to Technology</p> <p>38. <input type="checkbox"/> Line-of-Sight Supervision</p> <p>39. <input type="checkbox"/> Safety Proof home</p> <p>40. <input type="checkbox"/> Review & pursue crisis/mental health services</p> <p>41. <input type="checkbox"/> Provide detailed information regarding safety concerns to care providers when leaving child in care of others</p> <p>42. <input type="checkbox"/> Increase supervision (specify): _____</p> | <p>43. <input type="checkbox"/> Eliminate sleepovers</p> <p>44. <input type="checkbox"/> Guardian provided list of treatment providers</p> <p>45. <input type="checkbox"/> Guardian provided list of concerning / grooming behaviors</p> <p>46. <input type="checkbox"/> Guardian discouraged from allowing contact between students involved in sexual incident</p> <p>47. <input type="checkbox"/> Other: _____</p> |
|--|---|

Encouraged Community Options:

- Community Organization encouraged to pursue: _____
- | | |
|--|---|
| <p>48. <input type="checkbox"/> Mental Health evaluation</p> <p>49. <input type="checkbox"/> Psychosexual evaluation</p> <p>50. <input type="checkbox"/> Anger management programs</p> <p>51. <input type="checkbox"/> Sexual Misconduct / Interpersonal Boundaries programs</p> <p>52. <input type="checkbox"/> Alcohol / Drug evaluation</p> | <p>53. <input type="checkbox"/> Parenting Programs</p> <p>54. <input type="checkbox"/> Mentoring programs</p> <p>55. <input type="checkbox"/> Notify Probation / Parole officer</p> <p>56. <input type="checkbox"/> Faith Based Community Programs</p> <p>57. <input type="checkbox"/> YWCA</p> |
|--|---|

Other Options:

Review:

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

See Step 5 for Level 2 Threat Assessment referral process.

STEP 5: After completion of Level 1 Assessment, *and if* School Team determines that a Level 2 Assessment is needed, *immediately contact* Travis.Effinger@ESD112.org (360.209.8879) or Don.Lawry@ESD112.org (360.952.3336)

Send a copy of the Level 1 to the Threat Assessment Coordinator as soon as possible

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

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

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

INFORMATION NEEDED FOR DISPATCHING A LEVEL 2

1. **Is student adjudicated?** Yes No
If yes – Name of Probation Officer _____ Phone #: _____

2. **A Ward of the Court or other supervision?** Yes No
If yes – Name of Caseworker _____ Phone#: _____

3. **Other agencies or individuals involved with the student (therapists, doctors, etc.) that should be included with the parent’s permission?** Yes No
If yes, is there signed consent for exchange of information? Yes No

If yes, please list agencies and individuals:

Name	Agency	Phone Number

4. **Special Ed. or 504 involvement, disability codes and current placement?** Yes No
If yes, details: _____

REVIEW NOTES

Review Date:
Notes:

Review Date:
Notes:

Review Date:
Notes:

Review Date:
Notes:

Review Date:
Notes:

Review Date:
Notes:

**Step 7: Please email this page for data collection purposes to
Threat Assessment Coordinator: Don.Lawry@esd112.org**

Incident Date: _____ Level 1 Date: _____ Student's Grade: ____ Gender: M F Nonbinary

School Contact: _____ Phone: _____ IEP: 504 Plan:

School District: _____ School: _____

Was student excluded from school based on the incident? Yes No Please note: RCW 28A.320.123 prohibits the suspension or expulsion based merely on threat assessment referral or performance.

Method of Exclusion:

Student was assigned ISS.

Length of time: _____

Alternative Learning Environment.

(online, alternative program, etc.)

Length of time: _____

Suspended/Expulsion – Based on current Washington State [Student Discipline Rules](#)

Suspension

Length of time: _____

Expulsion

Length of time: _____

Emergency Expulsion

Length of time: _____

Time Frame of Threat Assessment Performed Post Incident:

24 hours 48 hours 49-72 hours >72 hours

The Level I Screening took place for one or more of the following reasons:

Communicated threat or threatening reference (i.e., verbal comment, written information, drawings, gestures, cyber, etc.)

Parent/staff/peer potential violence concerns

Weapon

Physical threat

Sexual incident

Violent act

Self-harm

Other (describe):

Escalating pattern of aggression

Outcome of the Level I Assessment:

Concerns dismissed (action?) _____

Level I Plan in place

Referred to Level II

Other (describe):

Follow-up date: _____

Race/Ethnicity:

2 or more races (please mark all races below)

American Indian or Alaskan Native

Native Hawaiian or other Pacific Islander

Asian

Hispanic/Latino

Black or African American

Caucasian/White