



**OFFICE OF REFUGEE RESETTLEMENT
PREVENTION OF SEXUAL ABUSE
COMPLIANCE AUDIT TOOL**

**ICF INTERVIEW GUIDE
FOR
SPECIALIZED STAFF**

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to interview and document responses from care provider specialized staff during site visits. PSA audits are required in the Interim Final Rule on Standards to Prevent, Detect, and Respond to Sexual Abuse and Sexual Harassment Involving Unaccompanied Children (45 CFR Part L). Public reporting burden for this collection of information is estimated to average 1 hour per response for the care provider and 1 hour per response for the contractor performing the audit, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information please contact UCPolicy@acf.hhs.gov.

Interview Details

Facility Name: _____

Name of person interviewed: _____

Title of person interviewed: _____

Date of interview: _____

Interviewer: _____

GUIDELINES FOR AUDITORS: SPECIALIZED STAFF INTERVIEWS

Selecting specialized staff for interview:

The auditor must request a list of staff sorted by assignment (e.g., youth care worker) and by shift as part of the pre-audit questionnaire. The auditor must select, at random, staff from the list of specialized staff below and request that these persons be brought for an interview during the onsite visit.

The auditor will request to interview specialized staff, including:

- Medical and mental health staff
- Administrative (human resources) staff
- Volunteers and contractors who have contact with unaccompanied children (UC)
- Staff who conduct the Assessment for Risk
- Intake staff

Interviews must be conducted in a setting where staff will feel free to talk without being overheard by other staff. At large facilities or those with many different housing units, auditors may choose to interview additional staff to develop a more comprehensive assessment. The decision regarding the total number staff to be interviewed should take into consideration the time available for interviews with both UC and staff during the visit.

Informing staff of the compliance audit's purpose and the reason for their requested participation:

Prior to interviewing each individual, the auditor should communicate the following:

“Thank you for meeting with me. My name is [NAME]. I work for ICF, which has a contract with the Office of Refugee Resettlement (ORR) to assess whether or not this care provider is in compliance with standards that have been established by the federal government to prevent sexual abuse and sexual harassment.”

“I have been approved by ORR to conduct this assessment. I selected your name and would like to ask you some questions about the care provider’s policies and practices. I will be interviewing other staff at this facility. Your participation is voluntary, and you may choose not to answer any or all of the questions.”

“As a matter of professional conduct, I will do my very best to protect the confidentiality of the information that you provide to me. Under no circumstances can I be required to turn over my interview notes to the care provider if they ask me for them. As I conduct my interviews, I will not be discussing what you tell me with any facility staff. However, you should be aware that I will provide this information to ORR.”

“You should also know that for the final report that I will give to the care provider at the end of this compliance audit, I am prohibited from including any personally identifying information of yours in it. If you experience any negative consequences for talking with me, such as retaliation or threatened retaliation, please do not hesitate to contact me. I can be reached at **[THIS SHOULD BE THE SAME CONTACT INFORMATION PROVIDED IN ADVANCE OF THE COMPLIANCE AUDIT VISIT THAT SOLICITS UC COMMENTS].**”

“Do you have any questions? Do I have your permission to ask you some questions?” IF YES TO PERMISSION, GO TO QUESTIONS.

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MEDICAL AND MENTAL HEALTH STAFF

1. Have you received specialized training regarding sexual abuse and sexual harassment? If so, can you describe it? What topics did the training cover? (§411.34(a))

The auditor should be listening for:

- a. How to detect and assess signs of sexual abuse and sexual harassment*
- b. How to respond effectively and professionally to victims of sexual abuse and sexual harassment*
- c. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment*
- d. How to preserve physical evidence of sexual abuse*

2. What have you been trained on?

Probe if they don't mention those listed below, if they received training on the topic, and probe when training/refresher was last received. (§411.34(c))

- a. ORR and the care provider facility's zero tolerance policies for all forms of sexual abuse, sexual harassment, and inappropriate sexual behavior.*
- b. The right of UC and staff to be free from sexual abuse, sexual harassment, and inappropriate sexual behavior.*
- c. Definitions and examples of sexual abuse and sexual harassment.*
- d. Situations where sexual abuse, sexual harassment, and inappropriate sexual behavior may occur.*
- e. Physical, behavioral, and emotional signs of sexual abuse and methods of preventing and responding to sexual abuse.*
- f. How to avoid inappropriate relationships with UC.*
- g. How to communicate effectively and professionally with UC, including LGBTQI+ UC.*
- h. How to report sexual abuse, sexual harassment, or inappropriate behavior as well as how to comply with relevant laws related to mandatory reporting.*
- i. How to keep information related to reports of sexual abuse, sexual harassment, and inappropriate sexual behavior confidential.*
- j. How to understand and discuss sexual behavior with children and youth from different cultures.*
- k. Trauma that UC may have experienced.*
- l. Existing resources outside and inside the facility for children and youth that can help a victim of sexual abuse or sexual harassment.*
- m. How to understand the culture and age of UC.*

3. At the initiation of services to a UC, do you disclose the limitations of confidentiality and your duty to report?

4. Are you required to report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or inappropriate sexual behavior immediately upon learning of it? (§411.61)

5. Can you describe how you report this information?

Probe: To whom would you report the alleged sexual abuse or sexual harassment? Is there anyone with whom you would not share the information? (§411.61)

6. Have you ever become aware of such incidents? Did you report them? (§411.61)
Note: A “no” response to the first question does not indicate noncompliance with this standard.

7. If you conduct forensic examinations, are you qualified? Have you received the appropriate training in conducting forensic medical examinations? What type of training have you received? (§411.34(a))

8. If there are not staff at the care provider to conduct forensic medical examinations, what process is in place to schedule one if an allegation involves oral, genital, or anal contact by or to another person or an object? (§411.21(b))

a. Is there a process to ensure that the forensic medical examination is performed using the SAFE (Sexual Assault Forensic Examiner) or SANE (Sexual Assault Nurse Examiner) protocol when possible? (§411.21(b))

b. Who performs forensic medical examinations when a SAFE or SANE is not available? (§411.21(b))

9. Is there a process in place to allow the presence of a victim's outside or internal victim advocate to the extent possible for support during a forensic examination and investigatory interviews? (§411.21(c)). If yes, what is the process? (§411.21(c))

10. Do UC victims of sexual abuse receive timely and unimpeded access to emergency medical treatment, crisis intervention services, emergency contraception, and sexually transmitted infections prophylaxis, according to professionally accepted standards of care? (§411.92(a))

Make sure you ask in a way to get answers to each of the services mentioned. Probe as to what is timely. (§411.92(a))

11. Are victims of sexual abuse offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis? (§411.92)

12. What does evaluation and treatment of UC who have been victimized entail?

Probe: See if treatment contains followup services, treatment plans and, when necessary, referrals for continued care after leaving the facility. (§411.93(b))

a. Are medical and mental health services consistent with the community level of care? (§411.93(c))

b. Are UC victims given access to all medical treatment, mental health treatment, and treatment services regardless of whether the victim names the abuser or cooperates with any investigation? (§411.92(b) and §411.93(f))

13. Are UC who have been victimized offered tests for sexually transmitted infections when the allegation involves oral, genital, or anal contact by or to another person? (§411.93(e))

14. Are victims who are at risk of pregnancy offered pregnancy tests? (§411.93(d))

14. If pregnancy results from sexual abuse while in care, are victims given timely and comprehensive information and access to all lawful pregnancy-related medical services? (§411.93(d))
 - a. Ordinarily, when are such victims provided this information and access to services? (§411.93(d))

15. Are family members and attorneys of record engaged in discussion regarding medical services? (§411.93(d))

16. Do you conduct a mental health evaluation of all known UC-on-UC abusers and offer treatment? (§411.93(g))
 - a. After learning about the abuse history of such a UC, when do you typically conduct an evaluation? (§411.93(g))

17. How are decisions made regarding the appropriate intervention for minors who engage in UC-on-UC sexual abuse?

Probe: Is the goal to promote improved behavior by the minor and ensure the safety of other UC? Do the decisions consider the social, sexual, emotional, and cognitive development of the minor? (§411.83)

18. What procedures are in place to make outside victim services available to UC victims of sexual abuse and sexual harassment? (§411.21(a))

ADMINISTRATIVE (HUMAN RESOURCES) STAFF

1. Describe the care provider background check policy and procedures for individuals prior to being hired and gaining access to children or youth.

Probe: Are there any types of employees that the care provider does not perform background checks on? (§411.16(c))

- a. Is the process the same for a volunteer or contractor who may have contact with children and youth? (§411.16(c))

2. What is the scope of background investigations performed on applicants and current employees?

Probe: Does it include an FBI fingerprint check of national and state criminal history repositories and a child protective services check?

3. What system does the care provider presently have in place to conduct and document criminal record background checks of current employees, contractors, and volunteers who may have contact with UC? How often are these background checks conducted? (§411.16(e))

Listening for at least once every 5 years.

4. For those who may have contact with UC, does the care provider consider prior incidents of sexual abuse, sexual harassment, and inappropriate sexual behavior in determining whether to hire or promote anyone, or to enlist the services of any contractor? Can you provide an example of when this was done? (§411.16(a))

5. What is asked of all applicants and employees who may have contact with UC when they apply, are considered for promotions, or during their reviews? (§411.16(b))

Listen for previous misconduct in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees.*

* *Previous misconduct: (1) Any civil or criminal convictions, charges, arrests, investigations, or adjudications; (2) Having engaged in or attempted to engage in sexual abuse, sexual harassment, or inappropriate sexual behavior; (3) Having been civilly or administratively adjudicated to have engaged in or attempted to engage in any of the activities listed above.*

6. Does the care provider impose upon employees a continuing affirmative duty to disclose any such previous misconduct? (§411.16(b))

7. What happens when a former employee applies for work at another care provider or institutional employer? (§411.16(e))

Listen for whether the care provider provides information on substantiated allegations of sexual abuse and sexual harassment involving the former employee, unless prohibited by law.

8. Typically, how quickly are staff, contractors, or volunteers suspended from duties that allow access to UC if they are suspected of perpetrating sexual abuse or sexual harassment? (§411.66)

9. What disciplinary action is taken against staff who have a substantiated allegation of sexual abuse and sexual harassment against them? What action is taken if staff violates sexual abuse and sexual harassment policies and procedures? (§411.81(a))

10. Is termination the presumptive disciplinary sanction for staff engaged in sexual abuse or sexual harassment? (§411.81(b))

11. What action is taken against contractors and volunteers with a substantiated allegation of sexual abuse or sexual harassment against them? (§411.82(a)) What action is taken if a contractor or volunteer violates an IFR (Interim Final Rule) standard, or sexual abuse and sexual harassment policies and procedures? (§411.82(b))

VOLUNTEERS AND CONTRACTORS WHO HAVE CONTACT WITH UC

1. What training have you received? (§411.32)

If they don't mention those listed below, probe if they received training on the topic and probe when that training/refresher was last received. (§411.32)

- a. *ORR and the care provider facility's zero tolerance policies for all forms of sexual abuse, sexual harassment, and inappropriate sexual behavior?*
- b. *The right of UC and staff to be free from sexual abuse, sexual harassment, and inappropriate sexual behavior?*
- c. *Definitions and examples of sexual abuse and sexual harassment?*
- d. *Situations where sexual abuse, sexual harassment, and inappropriate sexual behavior may occur?*
- e. *Physical, behavioral, and emotional signs of sexual abuse and methods of preventing and responding to sexual abuse?*
- f. *How to avoid inappropriate relationships with UC?*
- g. *How to communicate effectively and professionally with UC, including UC who are LGBTQI+?*
- h. *How to report sexual abuse, sexual harassment, or inappropriate behavior as well as how to comply with relevant laws related to mandatory reporting?*
- i. *How to keep information related to reports of sexual abuse, sexual harassment, and inappropriate sexual behavior confidential?*
- j. *How to understand and discuss sexual behavior with children and youth from different cultures?*
- k. *Trauma that UC may have experienced?*
- l. *Existing resources outside and inside the facility for children and youth that can help a victim of sexual abuse or sexual harassment?*
- m. *How to understand the culture and age of UC?*

STAFF WHO CONDUCT THE ASSESSMENT FOR RISK

1. Describe the facility's Assessment for Risk (risk assessment) process? (§411.41(a))

Listen for the below items and probe if information is not provided by staff.

- a. *The time frame for administering the Assessment for Risk after a UC arrives at the care provider facility (§411.41(a))*
- b. *How often the Assessment of Risk is updated. (§411.41(a))*
- c. *What the initial risk screening considers. (§411.41(b))*
- d. *The process for conducting the initial screening.*
- e. *Where the initial screening is conducted. (§411.41(c))*
- f. *How they learned of the information.*

Probe: Learned the information from conversations with minor during intake, medical and mental health screenings, other assessments, reviewing court records, case files, care provider behavioral records, and other relevant documentation. (§411.41(c))

2. Have you been trained to complete the Assessment for Risk? What did this consist of?

Note to auditor: The standard references "trained staff" but does not specify the training. The purpose of this question is to gauge the qualifications of the staff conducting the assessment. (§411.41(c))

3. What is your educational background and experience?

Note to auditor: ORR policy requires that the Assessment for Risk be completed by a case manager with at least a bachelor's degree in psychology, counseling, social work, or a related human services field and at least five years of experience providing direct social services to child clients and training in conducting child assessments.)

4. What controls does the care provider have on the Assessment for Risk information within the facility to protect sensitive information from exploitation? (§411.41(d))

5. How does the care provider use the Assessment for Risk to inform the assignment of youth to housing, education, recreation, and other activities and services? Does the care provider consider whether assignments will ensure the minor's health and safety? (§411.42(a))

6. Are youth ever placed on one-on-one supervision because of the Assessment for Risk?

7. Can you describe an instance when this would happen? (§411.42(b))

8. How does the care provider facility determine housing assignments for transgender or intersex youth? (§411.42(c))

9. How often are placement and programming assignments for each transgender or intersex minor reassessed to review any threats to safety experienced by the minor? (§411.42(c))

10. Are a transgender or intersex minor's personal views with respect to their own safety given serious consideration when making placement and programming assignments? Please describe. (§411.42(c))

11. If the assessment indicates that a minor has experienced prior sexual victimization or perpetrated sexual abuse, do you immediately refer the minor for medical and/or mental health follow-up? (§411.91(a))
 - a. Typically, how long after the referral does the minor receive a medical or mental health evaluation? (§411.91(b) and §411.91(b))

12. Are any disclosures made during the Assessment for Risk reported according to ORR policies and procedures? (§411.91(a))

INTAKE STAFF

1. What is provided to each UC during intake? (§411.33(a))

Listen for providing each UC with an orientation on topics related to preventing, detecting, and responding to sexual abuse and harassment.

2. How quickly after admission do you provide this orientation? How often do you provide refresher sessions? (§411.33(a))

3. What topics does the orientation include: (§411.33(a))

Listen for the following topics:

- a. The care provider's zero tolerance policy*
- b. The child's right to be free from sexual abuse or sexual harassment*
- c. The child's right to be free from retaliation for reporting sexual abuse or sexual harassment*
- d. The child's rights and responsibilities related to sexual abuse and sexual harassment*
- e. Definitions, explanations, and examples of child-on-child sexual abuse, adult on child sexual abuse, coercive sexual activity, inappropriate sexual behavior, appropriate and inappropriate relationships, and sexual harassment*
- f. How to report sexual abuse and sexual harassment*
- g. The child's right to receive treatment, services, and counseling if the child or youth has been sexually abused or harassed and what those services include*
- h. Boundaries and respecting one another*

4. How is the orientation provided? (§411.33(b))

Listen for it being in a format that is accessible to all children and youth.

5. Is the orientation separate from the information provided about their immigration case? (§411.33(b))

6. How is UC participation in orientation and refresher sessions documented? (§411.33(c))