

Victim Safety/Trauma Plan

Instructions:

- 1. If there is reason to believe that sexual abuse/sexual assault has occurred, a victim safety/trauma plan is to be completed in order to assure the physical and psychological safety of the victim.
- 2. If the allegation is made after hours, the milieu supervisor will contact the Clinical Director, Clinical Service Provider/Mental Health Professional on-call and/or Facility Administrator in order to complete an initial plan that addresses the steps below.
- 3. Within 24 hours of the alleged assault, the victim safety/trauma plan should be reviewed and updated by a multidisciplinary team comprised of clinical staff and staff from all program areas that will have supervisory responsibility for the alleged victim.
- 4. Please refer to Policy 9.19; Sexual Contact Prevention Policy to ensure compliance with all areas after an alleged assault has occurred.

Step 1:

□ Mental health counseling

Based on the initial interview with youth, identify the components of the victim safety/short-term trauma plan. Please ensure that all these areas are addressed in plan.

□ Monitoring for post-traumatic stress

Staff/peer support, Who		symptoms (Not sleeping, Bad dreams, etc.)
		Monitoring for suicidal impulses
Psychiatric assessment		Relaxation Skills
Family contact/other support:		Possibility of Retaliation
		Critical & Police Filing Packet
Evaluation of sleeping location		Call Law Enforcement
Preserve Evidence/Crime Scene		Medical Review Immediately
Separation from Aggressor		Ongoing Medical Evaluation(s)
Notify Supervisor		Other
Notify and Arrange for SANE Program		
 Room assignment and other living arrang Participation in educational/vocational presented Staff supervision and monitoring procedure 	ogrammir	ng, recreation, leisure activities, etc.

<u>Step 3:</u> Identify the monitoring and supervision procedures to ensure that the alleged victim is protected against potential emotional or physical abuse or retaliation by other youth for disclosing.
<u>Step 4:</u> Identify high-risk behaviors the youth may display (e.g., isolating, angry outbursts, bad dreams, flashbacks, sleeping a lot, etc.) and coping skills he/she can utilize during this time: