



Norwegian Directorate for Children,  
Youth and Family Affairs

# Handbook

To «Guidelines for cases involving sexual  
abuse of adults with intellectual disabilities»



Illustration photo: Sidsel Andersen



# CONTENTS

Handbook

<b>1</b>	<b>POSTER</b>	<b>5</b>
<b>2</b>	<b>INTRODUCTION</b>	<b>6</b>
	2.1 Information about the guidelines and handbook .....	6
	2.2 Adults with intellectual and developmental disabilities .....	6
	2.3 Sexual abuse .....	7
	2.4 Objective .....	8
	2.5 Sharing information .....	8
	2.6 Familiarity with guidelines .....	9
<b>3</b>	<b>CONTACT INFORMATION</b>	<b>10</b>
	3.1 Responsible supervisor .....	10
	3.2 Relevant contact information within the organization/municipality .....	10
	3.3 External resources .....	11
<b>4</b>	<b>ACUTE SITUATIONS</b>	<b>12</b>
	4.1 What is an “acute situation”? .....	12
	4.2 Duty to report .....	12
	4.3 How to proceed .....	13
	4.4 Notifying next to kin .....	14
	4.5 Caring for the victim .....	16
	4.6 Documentation .....	17
	4.7 The suspected offender .....	18
<b>5</b>	<b>SUSPECTED SEXUAL ABUSE</b>	<b>21</b>
	5.1 What constitutes “suspicion”? .....	21
	5.2 Duty to report .....	22
	5.3 General procedure .....	22
	5.4 The suspected offender .....	23
	5.5 Notifying next of kin .....	24
	5.6 Caring for the victim .....	26
	5.7 Doubts about how to proceed .....	26
	5.8 Remember .....	26
<b>6</b>	<b>FOLLOW-UP</b>	<b>27</b>
	6.1 Where to turn .....	27
	6.2 Strategic discussion or strategy meeting .....	28
	6.3 Internal review .....	30
	6.4 Continued protection .....	30
	6.5 Closing the case, experiences and recommendations .....	31
<b>HANDBOOK</b>		

---

## PREFACE

BY MARI TROMMALD, DIRECTOR OF DIRECTORATE FOR CHILDREN, YOUTH AND FAMILY AFFAIRS

---

Individuals with intellectual disabilities are vulnerable and risk various types of abuse in general, and sexual abuse in particular. They are at greater risk than the general population, and very few such cases of abuse are reported to the police. These guidelines have been prepared to make it easier for you to know how to proceed when you suspect sexual abuse of adults with intellectual disabilities.

On Norwegian Directorate for Children, Youth and Family Affairs (Bufdir) website: [vernmotovergrep.no](http://vernmotovergrep.no), you will find the guidelines, poster and handbook to the guidelines available for download. You will also find training material and relevant articles. We hope this material will raise awareness of the sexual abuse of persons with intellectual disabilities and contribute to improving competence in reporting such cases and in taking care of the victims.

The objective is for the material to have a preventive effect: not only help identify abuse and ensure those responsible bear the consequences, but even more importantly, prevent the abuse from happening in the first place.

Our vision at the Norwegian Directorate for Children, Youth and Family Affairs (Bufdir), in accordance with the Human Rights, is to increase the individual's opportunities for personal success and development by providing a safe childhood, a good environment to grow up in, equality and non-discrimination. We hope these guidelines make a difference in the lives of individuals with intellectual disabilities, by guaranteeing them due process of law, and making sure they are taken seriously, and cared for in their particularly vulnerable situation.

Sincerely,

**DIRECTOR**  
MARI TROMMALD



## The group of experts who have prepared the guidelines and handbook

---

**Peter Zachariassen**, Department of Neurohabilitation, Oslo University Hospital  
**Jarle Eknes**, Coordinating Council for People with Intellectual Disabilities (SOR Foundation)  
**Trude Stenhammer**, Coordinating Council for People with Intellectual Disabilities (SOR Foundation)  
**Bernt Barstad**, Adult Habilitation Services, St.Olavs Hospital  
**Kjersti Andersen**, Municipality of Askøy  
**Tine Brager Hynne**, Signo Foundation  
**Gerd Andreassen**, the Norwegian Association of Local and Regional Authorities (KS)  
**Hedvig Ekberg**, Norwegian Association for Persons with Developmental Disabilities (NFU)  
**John-Ingvar Kristiansen**, Norwegian Directorate for Children, Youth and Family Affairs (Bufdir)  
**Cecilie Håkonsen Sandness**, Norwegian Directorate for Children, Youth and Family Affairs (Bufdir)

The working group was inspired by others who have worked on handbooks, procedures and guidelines relating to abuse against individuals with intellectual disabilities. The group would like to thank the Signo Foundation, which has developed procedures that were particularly relevant for the work with these guidelines. Trollheim vekst AS, in collaboration with Bernt Barstad, developed the procedure and training material entitled: Abuse - Procedures for abuse handling and prevention. This material was a central source of inspiration in the work with these guidelines.

The guidelines and handbook are built on the SUMO group's project report, entitled "The establishment of procedures for prevention, notification and follow-up of abuse against individuals with intellectual disabilities" (the SUMO project) (Oslo University Hospital and Innlandet, Førde and Finnmark Hospital Trusts). This report forms a broad and thorough basis for the topic and material presented here by Bufdir. The SUMO group's mandate was issued by the Ministry of Children, Equality and Social Inclusion.

The Habilitation Services and County Governor of Finnmark produced the "Intellectual Disability and Sexuality—a handbook. How to prevent and handle abuse", and the Adult Habilitation Services in Sør-Øst Hospital Trust collaborated on the leaflet "Intellectual Disabilities and Sexual Abuse—Prevention and Follow-Up".

This work was also inspired by the British Department of Health (DH) (2000) No Secrets: Guidance on developing and implementing multi-agency policies to protect vulnerable adults from abuse, London: DH.

Additional sources of inspiration are Surrey County Council's Safeguarding adults multi agency procedures (2011) and Social Care Institute for Excellence (SCIE) (2011) SCIE Report 39: Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse.

All the material has undergone a quality assurance process, where the National Police Directorate, the Norwegian Directorate of Health and a selection of municipalities participated.

**1 POSTER**

**From the guidelines:**

The content consists of three parts:

1. "Poster"
2. "Guidelines for cases involving sexual abuse of adults with intellectual disabilities"
3. "Handbook to "Guidelines for cases involving sexual abuse of adults with intellectual disabilities"

The poster should be at the front of the binder containing both the guidelines and the handbook, but it should also be posted on the wall of the office/break room/administration etc.

The poster, along with the other available material, can be downloaded from [vernmotovergrep.no](http://vernmotovergrep.no). Information about the guidelines should be available to the person with the intellectual disability. An easy-to-read brochure with information about the guidelines can be downloaded from [vernmotovergrep.no](http://vernmotovergrep.no).



## 2

## INTRODUCTION

## 2

## 2.1

## INFORMATION ABOUT THE GUIDELINES AND HANDBOOK

**From the guidelines:**

Any suspicion of sexual abuse is serious and requires immediate action. That is why our organization has decided to implement these guidelines. They tell you what to do if you suspect or come across sexual abuse. These guidelines are not intended for training purposes.

All staff should also be trained in how to prevent and handle sexual abuse. Go to [vernmotovergrep.no](http://vernmotovergrep.no) for more information.

A handbook to these guidelines has also been prepared. This handbook contains more detailed information, and has the same structure and layout as these guidelines.

The front page of the guidelines and contact information can be downloaded in MS Word format from [vernmotovergrep.no](http://vernmotovergrep.no). The municipal logo can be added to the front page, and the contact information can be updated with local names and telephone numbers.

It is imperative that *Chapter 3: "Contact Information"* is continuously updated with the right names, telephone numbers and other key contact information. It could be a good idea to establish an annual procedure for updating relevant information.

**3.1 Responsible:** This should specify the name of the person responsible for updating the information, as well as for informing members of staff about these guidelines. Edit the information to match the responsibilities the person actually has. It is also important to specify when the information was last updated.

**3.2 Relevant contact information within the organization/municipality:** This is essential information. Local circumstances dictate which names are on this list. For example, if the organization/municipality has assigned responsibility for media contact, the person's name should be on this list, and media contact should be specified under Role.

**3.3 External resources:** We have listed some suggestions, but there may be local variations. Some municipalities have their own sexual abuse teams, for example, and they may go by different names. Members of staff who find themselves in an acute situation, having to address abuse or suspicion of abuse, should not have to spend time searching for updated information elsewhere. This information may not be readily available elsewhere either. It is imperative that the guidelines are up to date at all times.

## 2.2

## ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITY

**From the guidelines:**

These guidelines have been developed to help protect adults with diagnosed or presumed intellectual and developmental disability.

The guidelines ensure cases involving actual or suspected sexual abuse against individuals with intellectual and developmental disability are handled well. In practice, these guidelines also work well for other at-risk adults.

Most of the information in the guidelines will also be relevant for children and young people, but we have not included aspects that are child-specific. This includes the right of next of kin to be notified and the role of Child Welfare Services.

There are separate guidelines/procedures for children in general. Please go to: The Norwegian Knowledge Centre for the Health Services: Professional procedures for revealing neglect and sexual abuse against children: <http://www.helsebiblioteket.no/microsite/fagprosedyrer/fagprosedyrer/seksuelle-overgrep-mot-barn>

The Norwegian Directorate of Health: Sexual abuse against children. A handbook for supporting services. [http://www.regjeringen.no/upload/kilde/bfd/bro/2003/0017/ddd/pdfv/286825-seksuelle\\_overgrep\\_mot\\_barn.pdf](http://www.regjeringen.no/upload/kilde/bfd/bro/2003/0017/ddd/pdfv/286825-seksuelle_overgrep_mot_barn.pdf)

### **Competence to consent and adults with intellectual and developmental disability:**

As a norm, all adults are competent to make informed decisions with regard to their own safety and how they choose to live their lives. The issue of competence to consent is central to every case involving sexual abuse.

All steps taken must relate to the person's ability to choose how he or she wants to live, and the risks he or she is willing to take. A professional assessment of competence to consent should be made as soon as possible. The Habilitation Services can be asked to give a professional assessment.

This includes the person's ability to:

- understand the consequences of the situation he or she is in
- take steps to reduce the risk of sexual abuse
- take part, as far as possible, in the decision process regarding which measures to implement
- understand information relevant to the decisions made
- communicate their own decisions (whether by speech, sign language, assisted communication, movements, eye contact, etc.)

Competence to consent is both time and situation dependent. This means that the person may make some decisions, but not others, at a given time. The competence to consent may also change over time.

## 2.3

### SEXUAL ABUSE

#### **From the guidelines:**

The term sexual abuse covers physical and/or psychological violations of sexual integrity. Some cases clearly constitute abuse; other cases involve an element of doubt. These guidelines should be implemented even in cases where there is doubt.

The definition of abuse is when one person invades the rights of another person.

The term sexual abuse covers any sexual act imposed on someone who does not consent, or is not able to give consent, where the act entails subjective discomfort, pain, fear or another form of violation. Sexual abuse thus denotes tricking or coercing another person into engaging in sexual acts that are unwanted or that the person is developmentally unable to consent to. Sexual abuse is criminally punishable under the terms of the Penal Code, which also defines different levels of severity for sexual abuse (Chapter 19 of the Penal Code). The mildest forms of sexual abuse include presenting pornography to someone who does not consent to viewing it or to individuals under 2 the age of 18, or exposing oneself. Next is touching/fondling, whereas the most severe types of

abuse include oral, vaginal or anal penetration with the penis, fingers or other items. The Penal Code penalizes sexual acts with anyone who did not give their consent, and those who, by word or deed, exhibit sexually invasive or other indecent conduct in a public place, in the presence of or towards someone who did not give their consent, or in the presence of or towards children under the age of 16, and those who exploit another person's intellectual disability at any age. The law also covers sexual acts obtained by misuse of one's position or relationship or of trust or dependence.

Chapter 19, Section 193, Subsection 2, of the Penal Code specifies that “[a]ny person who engages in (or who aids and abets another person engaging in) sexual activity by exploiting a person's mental illness or developmental disability is liable to imprisonment for up to 5 years.”.

The acts defining criminal sexual activity are found here:  
<http://www.lovdatab.no/all/tl-19020522-010-023.html>

## 2.4

## OBJECTIVE

**From the guidelines:**

These guidelines are to ensure that any possible victim is cared for and followed up in a good way. When you, as a member of staff, learn of a possible case, you have the responsibility to report it. These guidelines are also to ensure that members of staff who suspect or hear of possible abuse, get help to deal with it properly.

The objective of these guidelines is to ensure that we have good procedures in place for reporting. We must safeguard the person subjected to the sexual abuse, as well as the person reporting the abuse. These guidelines are intended to raise awareness of and knowledge about these types of problems, and subsequently prevent further abuse.

## 2.5

## SHARING INFORMATION

**From the guidelines:**

It is important to restrict the number of people gaining information about the abuse. At the same time, it is important to release information to prevent abuse in other areas or of more people. It is the supervisor's responsibility to assess which information to provide to whom, in cooperation with the police, where necessary. Employees have a duty of confidentiality about any information related to the case to which they become privileged.

Respect for a person's integrity is a basic ethical principle that applies to all health and care services. This means, for example, that patients and other individuals are to be protected from having personal and health-related information disclosed to third parties, and that all those who provide health and care services have a duty of confidentiality in these matters.

**Exemptions from the duty of confidentiality**

Concerns for a person's integrity can sometimes conflict with other key concerns, including concerns for life and well-being. In such situations, there are exemptions from the duty of confidentiality. Under certain circumstances, health personnel are obligated to disclose patient and personal information, which would otherwise be deemed confidential, to the police, emergency services and child welfare services.

The most important provisions on the right to protection of information and the duty of confidentiality to which health personnel are subject, can be found in the Patients' Rights Act and the Health Personnel Act. The Personal Health Data Filing System Act, Public Administration Act and

the services acts also contain provisions involving confidentiality.

Everyone has a general duty to try to stop certain forms of serious crime by reporting them or other means. Section 139 of the Penal Code. This duty to prevent takes precedence over any statutory duty of confidentiality. The crimes covered include rape, sexual activity involving children, sexual abuse of foster children, step children or anyone under the age of 18 under one's care, authority or supervision, as well as the rape, gross assault and battery and murder of children or adults.

This duty to prevent only applies where there is reliable information that a crime is impending or expected. If the crime has already been committed, a person is only liable to report the matter to the police if doing so can prevent further serious crime.

## 2.6

### FAMILIARITY WITH GUIDELINES

#### **From the guidelines:**

All employees *must* be aware of where the binder containing the guidelines is located, and they must also be familiar with its contents.

The guidelines poster is to hang in offices, staff rooms, administration offices, etc.

Making sure that the handbook and guidelines are easily available is essential to ensure proper procedure in handling cases involving sexual abuse.

It is imperative that members of staff also receive training in how to prevent, identify and handle abuse.

The topic of abuse and how to handle abuse should be on the agenda regularly. Go to [vernmotovergrep.no](http://vernmotovergrep.no) for tips on eLearning courses, books, and other information on the topic.

3

**CONTACT INFORMATION**

3

In handling situations involving sexual abuse or suspected sexual abuse, it is important to be able to find updated contact information in the guidelines. Running around trying to find the right phone number to the right person is not a good use of time or resources. It is imperative to make sure this information is up to date at all times

3.1

**RESPONSIBLE SUPERVISOR**

**From the guidelines:**

The supervisor is responsible for making sure all members of staff are familiar with the guidelines, and for implementing proper procedure on suspicion of abuse.

The supervisor must ensure that all contact information is up to date.

Name	Signature	Date

The person responsible may vary. The main point is to specify who the person responsible is, as described above. The person's name and signature, as well as the date must be included in the guidelines.

The supervisor is responsible for making sure all members of staff are sufficiently trained in how to use the guidelines and handbook.

3.2

**RELEVANT CONTACT INFORMATION WITHIN THE ORGANIZATION/MUNICIPALITY**

**From the guidelines:**

Name	Role/position	Telephone/contact information

Chief executive and other individuals with relevant responsibilities within the organization/municipality.

This list should include up-to-date information, including names, roles, telephone numbers and other contact information.

**3.3 EXTERNAL RESOURCES**

From the guidelines:

Name	Role/position in the organization	Telephone/contact information
Police emergencies:		
Police:		
Medical emergencies:		
Emergency room:		
Children’s Houses (Statens Barnehus):		
Rape crisis unit:		
Women's crisis shelter:		
Support Center against Incest:		
Habilitation Services in the Hospital Trust:		

These are examples of external resources it may be relevant to contact in acute situations or upon suspicion of abuse.

It is important that this contact information is kept up to date at all times. Pay particular attention to the phone numbers; make sure they are correct. At least once a year, all phone numbers should be called to verify that they are still correct.

## 4

## GUIDELINES IN ACUTE SITUATIONS

## 4

## 4.1 WHAT IS AN “ACUTE SITUATION”?

**From the guidelines:**

We have opted to define two types of acute situations: “Acute situation close in time” and “Acute situation with a risk of reoccurrence”.

A typical “acute situation close in time” is if you witness sexual abuse as it happens. Another example is when a person tells you, or there are physical indications, that he or she has just been subjected to sexual abuse.

An “acute situation with a risk of reoccurrence” is where you begin to suspect, or receive reports of, abuse that may have happened some time ago, but where the victim is about to put themselves in a situation where there is new risk of abuse. One example of this could be that you learn of an incident that happened last summer, at the family's holiday home, where the suspected offender is one of the neighbours. The victim is going back to the same place in two days. This does not constitute an acute situation close in time to the actual abuse, but the risk of the person being abused again may be acute. Steps must be taken to prevent further abuse.

**Acute situation close in time:**

The clear-cut acute situations are relatively easily identified. These are situations where you witness the act, where the crime scene has biological evidence, or where the incident happened recently.

**Example:**

Kari is working the night shift at a house-sharing facility, and finds the door to one of the apartments open. She hears sobbing coming from the bedroom, and finds Trude crying in bed, semi-naked, and her T-shirt torn.

**Acute situations with a risk of reoccurrence:**

Another type of acute situation is when members of staff report/reveal an abuse that happened some time ago, but where there is a high risk of further abuse.

**Example:**

Someone is reluctant to visit an uncle they have not visited in six months. When asked about this, they reveal that they were abused by this uncle, and are afraid it will happen again the next time they go there, and the next time they are due to go there is tomorrow.

## 4.2

## DUTY TO REPORT

**From the guidelines:**

All members of staff who receive information about sexual abuse have a duty to report this to the supervisor in charge at once.

The exemptions from the duty of confidentiality apply in these situations too. See Chapter 2.5. The supervisor must be notified, even if he or she is not on duty at the time.

**From the guidelines:****Acute situation close in time**

---

- You must notify your supervisor as soon as possible.
  - The supervisor must notify the police. If it is not possible or advisable to contact your immediate supervisor at once, contact the next in line or the police directly.
- In cooperation with the police, bring the victim to a rape crisis unit/doctor for medical examination.
- While waiting for police to arrive:
  - Make sure the victim does not wash and that other forensic evidence does not degrade.
  - Secure the crime scene until the police arrive; this includes locking doors and windows to a possible crime scene.
  - Make sure clothes are not washed. If there may be DNA evidence (saliva, semen, hair, etc.), put the clothes into paper bags.
  - Lock away documents and items that may be relevant.
- You must write down everything that has happened.
  - Note the date, where it happened, who was present, what was said (verbatim), precise descriptions of observations, name of the person writing the memo.
- Tell the victim that you want to help.
  - Do not promise not to tell anyone. Inform the victim that you have to tell someone what happened.
- Do not confront the alleged offender. This is so that this person cannot destroy evidence or manipulate witnesses.
- Leave the police work to the police.
- The organization must report the case to the police.
- Be aware of your right to have a permanent contact with the police.

How you proceed from here will depend on who the suspected offender is, and other circumstances. This is described in more detail below.

### Acute situations with a risk of reoccurrence

First, you must minimize the risk of reoccurrence. This could entail cancelling the trip to the location/venue where there is a suspected risk of further sexual abuse. Or it could entail cancelling a trip where there is a risk of the victim meeting the suspected offender again. Furthermore, it may entail that you give the victim a more attractive offer than the scheduled activity. The most important thing is to prevent a situation where there is a risk that the person can be subjected to further sexual abuse.

Then, you must handle the abuse itself, either as an acute situation in line with the description above, or as a suspicion, as described later on, in Chapter 5.

There are different ways to go about reporting a crime to the police, and the “right” one is dependent on the context. In any event, the police and prosecuting authority must be informed that the person has an intellectual disability, so that this can be taken into account in preparing witness statements, judge's interviews.

1. **The victim reports the crime personally** – or with his or her next of kin/guardian.
2. **Someone else reports the crime on behalf of the victim.** In these cases, a report is filed on the victim's behalf, and submitted to the prosecuting authority along with a written consent from the victim.
3. **The crime is reported without the victim's consent.** There may be situations where the victim does not want to report the crime to the police, but a decision is made to overrule this wish. The reasons for doing so may vary. One might fear the risk of the offender abusing the victim again or abusing others, or the crimes may be so serious that it would be in the victim's best interest to report it to the police.

### REPORT FROM THE FIRST STAGE OF THE PROCESS

Note the date, where it happened, who was present, what was said (verbatim), precise descriptions of observations, name of the person writing the memo, etc.

On suspicion of abuse, or actual abuse, it is important to gather and make note of the following information, which will be useful for the police and the organization in taking the case further. Chapter 4.6 Documentation includes a comprehensive list of aspects to include in the report.

## 4.4 NOTIFYING NEXT OF KIN

### From the guidelines:

Talk to the victim about if or how he or she wants next of kin to be notified. In most cases it would be natural to notify next of kin. In cases where the suspected offender is someone in the victim's family, work with the police on notifying next of kin.

This must be assessed before deciding when, how and whether to notify the next of kin.

The role of the victim's next of kin should not be underestimated. Next of kin can be an invaluable support to the victim in going to medical examinations, interviews with the police/Children's Houses, and in processing what has happened.

Insofar as it is possible, and when it is in the victim's best interest, next of kin/legal guardian should be involved in the decision-making processes in connection with which measures to implement.

The justification for choosing to involve (or not to involve) next of kin must be documented by the case coordinator.

### **Next of kin**

---

Patients' Rights Act: Section 1-3 B: The person whom the patient has appointed next of kin. If the person is unable to appoint a next of kin, the next of kin shall be the person with the greatest permanent and regular contact with the patient, in the following preferential order:

spouse, partner, individuals living with the patient in a marriage or partnership-equivalent relationship, children of legal age, parents or others with parental responsibility, siblings of legal age, grandparents, other family members close to the patient, and the patient's legal guardian.

### **Next of kin's right to information**

---

Pursuant to the Patients' Rights Act, next of kin to patients with an intellectual disability who are unable to protect their own interests have the right to information.

If a guardian has been appointed to protect the patient's personal interests, he or she has the right to information. If a person has been appointed a legal guardian, but has competence to consent and clearly objects to such information being disclosed to the guardian, one should not disclose the information.

### **Duty of confidentiality**

Protecting patients' and clients' integrity is a basic ethical principle that applies to all health and care services. This means that patients and clients have a right to protection from personal and health-related information being disclosed to third parties. As a norm, all those who provide health and welfare services have a duty of confidentiality regarding this type of information. This duty of confidentiality is regulated by various acts, on the basis of whether the services provided are health or care services. Provision regarding confidentiality is found in the Patients' Rights Act, the Public Administration Act, the Health Personnel Act, the Personal Health Data Filing System Act and the service acts..

### **Exemptions from confidentiality**

The person can consent to information being disclosed to next of kin, other public agencies, psychologists, doctors, etc. It is important to assess whether the person has competence to consent. This means one must assess whether the person is able to understand what it entails to give or withhold consent.

If a guardian has been appointed to protect the patient's personal interests, the guardian may, on behalf of the person in question, give consent to disclosing confidential information. This only applies to cases where the person does not have competence to consent.

The Health Personnel Act bestows a right to disclose on health and care personnel. Whenever weighty public or private interests so demand, the law allows disclosure of confidential information. The member of staff must conduct a specific assessment of the situation in question to determine whether the above conditions have been met.

## 4.5 CARING FOR THE VICTIM

## 4

### From the guidelines:

The supervisor is responsible for making sure the victim receives proper care and follow-up, regardless of whether the matter is reported to the police.

Inform those who need to know in order to ensure that the person receives proper care.

The supervisor must, as soon as possible, contact the prosecuting authority to discuss whether a restraining order should be issued while the case is under investigation.

The victim/next of kin also have the right to be represented by counsel.

If the person does not have a legal guardian, or if there is a conflict of interests, a temporary substitute guardian may be appointed.

If the suspect also has an intellectual disability, the organization must also consider how to care for this person and provide follow up.

It is important to keep in mind the principle of “need to know and nice to know”. Rumours travel fast in cases involving abuse. It is important to disclose information on a “need to know” basis only, primarily out of concern for the victim, but also out of concern for the investigation.

Confidentiality and disclosure legislation should be well known throughout the municipality/ organization. It is important to handle these types of cases professionally and quickly. Information should not be disclosed to more people than necessary. This is both out of concern for the victim and for the investigation.

The right to counsel is conferred by statute in Section 107a of the Act relating to Legal Procedure in Criminal Cases (Criminal Procedure Act). For more information about counsel for the victim, see the National Police Directorate's publication 2011/7 B: [https://www.politi.no/vedlegg/rapport/Vedlegg\\_1479.pdf](https://www.politi.no/vedlegg/rapport/Vedlegg_1479.pdf)

### **Decisions the supervisor (or sexual abuse team) has to make as soon as possible:**

- Decide who will be talking to the victim (if someone hasn't already) and how to document what is being said. Make sure there are two people present, if possible. This should not take the form of a witness interview. Ask open-ended questions, focusing on the individual's needs.
- Decide who will be responsible for making sure the victim stays involved throughout the process, provided the person is willing, able and strong enough to do so. Describe how to achieve these goals.
- Decide who will assist the victim throughout the investigation, making sure the individual's need for support, for example in connection with interviews, is met.
- Decide who will be responsible for making sure the victim's safety is protected.
- If the victim's competence to consent has not been determined, a preliminary position on the degree of competence to consent has to be taken. Document your justifications for this position.
- If the victim's competence to consent is clearly limited, decide who is in the best position to protect the victim's interests throughout the process.
- Identify whether the victim is in need of advice, support, assistance or health services in addition to his or her regular needs.

- Identify the individual's needs for assistance in communication.
- Identify whether there are aspects associated with gender, ethnicity, sexual orientation or functional ability that need to be taken into account.
- Identify who will inform the victim of any progress in the case and which types of information to share with this person.
- When the victim has competence to consent on these issues, make sure the individual's wishes for information sharing are respected, provided there are no weighty issues for overruling said wishes.
- If there is reason to fear that the suspected offender will attempt to contact the victim, it is possible to request that a restraining order be issued. Contact the prosecuting authority if this is relevant.

## 4.6

## DOCUMENTATION

**From the guidelines:**

Everything that happens, what has been done and said, must be documented. Try hard to be objective in this; do not moralize.

As a member of staff, it is not your job to investigate; your responsibility is to gather relevant information until the police arrive to take over.

It is imperative that a report of suspected (or actual) abuse is written immediately after the information came to light. This documentation must then be kept in a safe place, because it may be relevant as evidence in a hearing later on.

This documentation must accurately reflect what has been said and done by the persons involved: the victim, suspected offender and possible witnesses.

The report must be based on facts. If parts of it include your assessment or opinion, this must be clearly stated. If it includes information from other people, the report must clearly specify who these people are.

**COLLECT AND MAKE NOTE OF THE FOLLOWING INFORMATION** (this list can be printed as a separate attachment, if necessary)

Only write down specific information. Skip items you are not sure about.

• **INFORMATION ABOUT THE VICTIM:**

- Name, date of birth, gender and age
- Address and telephone number
- Name of spouse or partner, if applicable
- Assistance needs of the victim, for example need for assisted communication
- Names of next of kind and legal guardian, if applicable
- Is the victim aware that this procedure has been implemented? If no, why?
- The victim's competence to consent: Does the victim have competence to consent, or should this be assessed? See Chapter 2.5.

• **INFORMATION ABOUT THE ABUSE**

- How and when did your suspicions arise?
- When and where did the alleged abuse take place?
- Factual description of the abuse
- How does the victim describe the abuse?
- Is there any information about possible witnesses, and, if so, how do we contact them?
- Is there a risk of further abuse against this victim or others?

• **INFORMATION ABOUT THE OFFENDER** (if any)

- Name, age and gender
- What is his/her relationship with the victim?
- Are the victim and the offender neighbours in a house-sharing facility/co-located residences?
- Do they work together (or go to school together, etc.)?
- Is the offender a member of staff or a volunteer?
- What is the offender's position/role?
- Which organization does the offender work for?
- Is it possible that others are at risk of being subjected to abuse by the same offender?

• **HAVE ANY IMMEDIATE MEASURES BEEN IMPLEMENTED?**

- Which institutions have been contacted? Police, ambulance, doctor, others?
- Which measures have been implemented?
- Describe plans to implement measures to safeguard the victim, if any
- If children are involved, have child welfare services been notified?
- Should a restraining order be issued?

## 4.7

### THE SUSPECTED OFFENDER

**From the guidelines:**

- As the norm, suspected offenders must not be confronted.
- However, if the suspected offender is aware of the suspicions, the process must be handled by another unit. The person following up on the suspected offender must not be the person looking after the victim of the abuse. If the suspect is a member of staff, the person following up on the suspect must be from another unit.

**If the suspected offender is an employee, the following must be implemented:**

- In cooperation with the police, the employer decides whether the suspected offender is to be suspended.

- The suspected offender must be informed of the organization's guidelines (even though the suspected offender is expected to be familiar with the organization's guidelines, he or she shall be informed of them again).
- He or she shall be informed of whether the police are involved in the case.
- If the suspected offender would like to give their version of events, refer them to the police.
- However, if the suspected offender does provide information about the incident in the meeting, he or she must be informed that the organization is not bound by a duty of confidentiality concerning anything revealed in the conversation, and that a written record of the meeting will be handed in to the police.
- The written record must be objective, and free of personal interpretations.
- The suspected offender shall be given the opportunity to read through the written record, and sign it.
- The record of the interview is to be given to the police.
- If the organization has a sexual abuse team/resource unit, the supervisor is to handle the case in cooperation with this unit.

**If the suspected offender is not a member of staff and wishes to give a statement, the following must be implemented:**

---

- If the suspected offender is a third party with no intellectual disability, refer them to the police.
- If the person has an intellectual disability, the police shall conduct the first interview where possible.
- If the person has an intellectual disability and volunteers information to a member of staff, the supervisor and a colleague shall conduct the first interview with the suspected offender.
- Inform them that the police are involved, and that the organization is not bound by a duty of confidentiality concerning anything disclosed in the conversation.
- It is not your job to investigate, but to concentrate on what the suspected offender wants to tell you.
- Write down the conversation. Be objective and avoid personal interpretations. Write down both questions and answers. Do not ask leading questions. For example: Do not ask who/what/where, but ask them to tell you about it.
- The suspected offender is to have the opportunity to read through the written record or have it/ read aloud to them, and then sign it.
- The written record of the interview is to be given to the police.
- If the organization has a sexual abuse team/resource unit, the supervisor is to handle the case in collaboration with this unit.

**Employee suspension**

---

A suspension must be implemented immediately on suspicion of sexual abuse to prevent further abuse while the case is still in limbo. Employee suspensions should be implemented in cooperation with the police. Assess the risk to the victim and of tampering with the investigation.

A suspension normally entails removing an employee from his or her position temporarily, without terminating his or her employment. The reason for the rules of suspension is that the employer may have a valid need to order the employee to step back from his or her position immediately.

Suspicion of sexual abuse is an example of this type of situation, and it may be necessary to remove the person from his or her position to prevent further abuse or the suspect destroying evidence.

The basic condition for suspension is that there is reason to assume that the employee is guilty of an offence that could lead to summary dismissal. In addition, the needs of the organization must indicate that it is necessary to remove the employee from his or her position.

The employee may be suspended while the employer investigates whether the offence constitutes grounds for summary dismissal. Suspension should normally not exceed three months, cf. Section 15-13 (1) of the Act relating to Working Environment, Working Hours and Employment Protection etc. (Working Environment Act).

A suspended employee is still entitled to his or her salary, cf. Section 15-13 (3) of the Working Environment Act.

### **Conditions for summary dismissal**

---

If the suspected offender is found guilty of sexual abuse, the employer shall consider summary dismissal.

An employer can summarily dismiss an employee, ordering him or her to step down immediately, if he or she is guilty of a gross breach of duty or other serious breach of the contract of employment, cf. Section 15-14 of the Working Environment Act.

Before the employer makes a decision on whether to summarily dismiss the employee, the issue must, insofar as it is practicable, be discussed with the employee and his or her representatives, unless this is something the employee objects to.

Summary dismissal is a more severe reaction than regular dismissal. Summary dismissal is thus reserved for gross breach of duty. The law stipulates “serious breach of the contract of employment”. The limits of what constitutes a serious breach must be determined on the basis of a specific assessment.

The previous work rules of KS (Norwegian Association of Local and Regional Authorities) Section 15 included a provision that could still serve as a guideline:

Effect—when an employee must step down

In cases involving summary dismissal, the employee is not entitled to continue in his or her position, as is the case with a regular dismissal. This shall apply even if negotiations or hearings are still on-going. Furthermore, summary dismissal entails immediate suspension of wage payments and deregistration from pension funds. The same formal requirements apply to summary dismissals as to regular dismissals, cf. Section 15-14 (2) of the Working Environment Act, cf. Item 12.4.

Summary dismissal should not be used if regular dismissal can be used to achieve the same ends without loss or detriment to the enterprise.

#### **If the suspected offender is another person with an intellectual disability:**

Consequences for the person could include moving, a restraining order, police custody or custody alternatives. If the suspected offender has an intellectual disability, he or she should be assigned a person to support him or her throughout the process, from the first interview until the investigation is over.

## 5

## GUIDELINES FOR CASES OF SUSPECTED SEXUAL ABUSE

## 5

## 5.1

### WHAT CONSTITUTES "SUSPICION"?

#### From the guidelines:

Suspicion can be based on your noticing physical signs or changes in a person's behaviour that may indicate that he or she has been subjected to sexual abuse. Another example is the observation of a member of staff or others violating personal boundaries or exhibiting unusual sexualized behaviour. It could also be that a person tells you or drops hints that sexual abuse may have taken place.

### CHECKLIST

#### INDICATIONS THAT PHYSICAL AND/OR SEXUAL ABUSE MAY HAVE TAKEN PLACE

This is a list of the most common indications that a person may have been subjected to abuse. This list is not comprehensive; other indications may be present in individual cases, and not all signs have to be present at the same time. It is very important to be particularly attentive if there are sudden and inexplicable changes in a person's behaviour.

#### 1) Behavioural changes

Abuse can lead to many changes in a person's behaviour. Signs include social isolation, concentration problems, passiveness, aggression directed at him or herself or others. Sudden and seemingly inexplicable anger directed at people close to them. Abnormal reactions to normal events (taste, sound, smell, movement...)

#### 2) Physical, somatic signs

Headache, stomach ache, muscle tightness, frequent urinary tract infections, hygiene issues involving urine and faeces, sleep disorders, inexplicable weight loss, frequent nightmares, tooth decay, bruising. If applicable, identified by medical examination: Inexplicable fear of physical or gynaecological examination, vaginal or anal trauma, sexually transmitted infections.

#### 3) Fear of individuals or contexts that the person previously had no problem with

If a person has been subjected to physical or sexual abuse, it may manifest as a reluctance to leave a place or to go to places where the offender might be. Fear in the presence of a specific person or when talking about them.

#### 4) Sexualized behaviour

If a person has been subjected to sexual abuse, he or she could exhibit sexualized behaviour or use specific words or expressions that do not reflect the individual's age and level of development. Forcing himself or herself on others in a compulsive way.

#### 5) Regression

The person may regress, showing less independence than before: personal hygiene, Activity of daily life skills, suddenly begins wetting their pants, unable to recall words he or she used to know, beginning to stutter.

#### 6) Depression and sadness

"There is something about Leif...he doesn't smile like he used to; he seems unhappy and sad."

These signals are not necessarily indication of abuse. There may be many different causes behind behavioural changes. The signals will vary, given the individual's age, social and cultural connections, networks and stimulation, both psychologically and physically. We must remember to stay humble and give ourselves enough time to collect information, allowing us to learn as much as we can about the case or offer other explanations. If you have doubts, you can always contact Habilitation Services to discuss the case without mentioning names.

Based on "Håndbok - Utviklingshemmede, seksualitet og tiltak for å forebygge og varsle seksuelle overgrep", County Governor of Finnmark (2012), "Seksuelle overgrep mod mennesker med handicap - gode råd om at se og forebygge overgrep", Social Development Centre (SUS), Copenhagen (2010) and "The sexual abuse of young people with a disability or chronic health condition", Kaufman, M., Canadian Paediatric Society (2011).

## 5.2 DUTY TO REPORT

### From the guidelines:

On suspicion of sexual abuse, all members of staff have a duty to report to their supervisor at once.

If the suspect is the supervisor, report this to their next in line.

Failing to report abuse or suspected abuse could lead to the destruction of evidence, a risk of further abuse and a higher number of victims.

Under and pursuant to Section 139 of the Penal Code, it is a criminal offence to fail to report an abuse to the police, if doing so can prevent further sexual abuse. In these situations, members of staff are exempt from their duty of confidentiality. This duty to report also applies if members of staff suspect that a person is subjected to sexual abuse outside the organization/institution/municipality.

## 5.3 GENERAL PROCEDURE

### From the guidelines:

On suspicion of sexual abuse, all relevant observations must be recorded as they occur.

- Write down when you first got suspicious and why (chain of events)
  - date
  - setting
  - who was present at the time you made the observation, precise description of observation
  - name of the person writing the memo
- The suspected offender must not be confronted, due to the risk of him or her destroying evidence.
- Do not carry the suspicion alone. Contact your immediate supervisor or, if necessary (e.g. if your suspicions are not taken seriously), contact the supervisor next in line or the police.
- If your suspicions do not involve parents/next of kin, the supervisor will normally make sure they are informed of the suspicion in line with the individual's wishes and needs, preferably in cooperation with the police.

- Consult with the police, community psychologist, resource groups, habilitation services or other relevant organizations and agencies.
- If the victim is volunteering information, encourage him or her to tell you what happened, but do not pressure him or her.
- Write down what is being said, word for word. Ask when this last happened. Ask open-ended questions! Write down details and statements from the victim, as precisely as you possibly can.
- Tell him or her that you want to help.
- Do not promise not to tell anyone.
- Continue to take notes as you observe or talk to the victim; write down his or her frame of mind (e.g. crying, anger) and what he or she says.

#### 5.4 THE SUSPECTED OFFENDER

##### **From the guidelines:**

- As the norm, suspected offenders must not be confronted.
- However, if the suspected offender is aware of the suspicions, the process must be handled by another unit. The person following up on the suspected offender, if applicable, must not be the same person following up on the victim of the abuse. The person following up on the suspected offender must be from another unit than the one where the suspected offender works.

##### **If the suspected offender is an employee, the following must be implemented:**

- In cooperation with the police, the employer considers whether the suspected offender is to be put on suspension.
- The suspected offender must be informed of the organization's guidelines (even though the suspected offender is expected to be familiar with the organization's guidelines, he or she shall be informed of them again).
- He or she shall be informed that the police are involved.
- If the suspected offender would like to give his or her version of events, he or she shall be referred to the police.
- However, if the suspected offender does provide information about the incident in the meeting, he or she must be informed that the organization is not bound by a duty of confidentiality concerning anything revealed in the conversation, and that the written record of the meeting will be turned over to the police.
- The written record must be objective, and free of personal interpretations.
- The suspected offender shall be given the opportunity to read through the written record, and sign it.
- The written record of the meeting shall be turned over to the police.
- If the organization has a sexual abuse team/resource unit, the supervisor must handle the case in collaboration with this unit.

**If the suspected offender is not a member of staff and wishes to give a statement, the following must be implemented:**

- If the suspected offender is a third party with no intellectual disability, the person is to be referred to the police.
- If the person has an intellectual disability, the police shall conduct the first interview, if possible.
- If the person has an intellectual disability and volunteers information to a member of staff, the supervisor and a colleague shall conduct the first interview with the suspected offender.
- He or she must be informed that the police are involved, and that the organization is not bound by a duty of confidentiality concerning anything disclosed in the conversation.
- Your job is not to investigate, but to focus on what the suspected offender wants to tell you.
- A record shall be written on the basis of what was said in this interview. The record must be objective and free of personal interpretations. Write down both questions and answers. Do not ask leading questions.
- The suspected offender shall be given the opportunity to read through the report, or have it read aloud to him/her, and then sign it.
- The report of the meeting shall be handed in to the police.
- If the organization has a sexual abuse team/resource unit, the supervisor must handle the case in collaboration with this unit.

The potential consequences to the offender depend on the “role” this person has:

**Individual with an intellectual disability:** Having to move, restraining order, custody, custody alternative. If the suspected offender has an intellectual disability, he or she should be assigned a person to support him or her throughout the process, from the first interview until the investigation is over.

**Member of staff:** Suspension, relocation, restraining order, custody, summary dismissal, dismissal

**Supervisor:** Suspension, demotion, relocation, restraining order, custody, summary dismissal, dismissal

## 5.5

## NOTIFYING NEXT OF KIN

**From the guidelines:**

Talk to the person you suspect is a victim of sexual abuse about how and whether he or she wants next of kin to be notified. In most cases it would be natural to notify next of kin. In cases where the suspected offender is someone in the victim's family, work with the police on notifying next of kin. See the handbook for more detailed information about the competence to consent.

As a norm, all adults are competent to make informed decisions with regard to their own safety and how they choose to live their lives. The issue of competence to consent is central to every case involving sexual abuse.

All steps taken must take into consideration the at-risk adult's ability to choose how he or she wants to live, and the risks he or she is willing to take. A professional assessment of competence to consent should be conducted as soon as possible. The Habilitation Services can be asked to give a professional assessment.

**This includes the person's ability to:**

- understand the consequences of the situation he or she is in
- take steps to reduce the risk of sexual abuse
- take part, to the greatest extent possible, in the decision process regarding which measures to implement
- comprehend information relevant to decisions being made
- communicate his or her own decision (either by speech, sign language, other means of assisted communication, movements, eye contact, etc.)

Competence to consent is both time and situation dependent. This means that the person may make some decisions, but not others, at a given time. The competence to consent may also change over time.

These aspects must be assessed before deciding when, how and whether to notify next of kin.

The role of the individuals who are the victim's next of kin in this situation should not be underestimated. Next of kin can be an invaluable support to the victim in going to medical examinations, interviews with the police /Children's Houses, and in processing what has happened.

Insofar as it is possible, and when it is in the victim's best interest, the next of kin/legal guardian should be involved in the decision-making processes in connection with which measures to implement.

The justification for choosing to involve (or not to involve) next of kin must be documented by the case coordinator.

### **Next of kin**

---

The person whom the patient has appointed next of kin. If the person is unable to appoint a next of kin, next of kin shall be the person with the longest standing and regular contact with the patient, in the following preferential order:

spouse, partner, individuals living with the patient in a marriage or partnership-equivalent relationship, children of legal age, parents or others with parental responsibility, siblings of legal age, grandparents, other family members close to the patient, and the patient's legal guardian or guardian ad litem.

### **Next of kin's right to information**

---

Pursuant to the Patients' Rights Act, next of kin to patients with an intellectual disability (who are unable to protect their own interests) have the right to information.

The right of a person's next of kin to receive information is at present inadequately maintained. The municipality's duty to inform next of kin is not sufficiently regulated.

If the person has been appointed a guardian with a mandate to protect their personal interests, the guardian will, by the power of this mandate have the right to be informed.

## 5.6 CARING FOR THE VICTIM

### From the guidelines:

The supervisor is responsible for making sure the victim receives proper care and follow-up, regardless of whether the matter is reported to the police.

To do this, inform those who need to know.

The supervisor must, as soon as possible, contact the prosecuting authority to discuss whether a restraining order should be issued while the case is under investigation.

The victim/next of kin have the right to be represented by counsel.

If the suspected offender has an intellectual disability, the organization has to consider care and follow-up for this person.

## 5.7 DOUBTS ABOUT HOW TO PROCEED

### From the guidelines:

If there is any doubt as to how to proceed with a suspicion of sexual abuse, the organization's chief executive /supervisor in charge may, after consulting senior management, contact the police/the Children's House for an assessment. You can discuss the case with them without providing names of the suspected victim or the other persons involved.

If the person expected to handle the case has a close relationship with the suspected offender, another supervisor must assume responsibility for the procedure. All members of staff must always assess their own neutrality.

## 5.8 REMEMBER

### From the guidelines:

On suspicion of abuse, you have a personal responsibility for reporting your suspicions to someone who will follow up on the matter in accordance with correct procedure.

If the person to whom you first report your suspicions does not take you seriously, you are responsible for taking the matter higher to the next level of management or directly to the police.

If the supervisor is not on duty, or you suspect this person to be involved in the case, you must take the matter to the next level of management.

The organization is responsible for taking care of all those involved, both members of staff and others.

Different individuals should be made responsible for following up on the different parties. Do not overstep your responsibilities.

Members of staff have a duty of confidentiality as well as a duty to report. All steps taken must be documented in writing throughout the process.

## 6

## FOLLOW-UP

The initial handling of any case is critical for how well the individuals' needs for due process of law and for protection are met. However, all cases of this nature, regardless of how they were first handled, must receive proper follow-up.

## 6.1

## WHERE TO TURN

**From the guidelines:**

Consider where to turn for help and who to work with.

**You may need:**

- Habilitation Services in the Hospital Trust
- The police
- The Children's House in the region/county
- Rape crisis unit
- Community psychologist/district medical officer
- It could also be relevant to involve the victim's regular doctor (GP), if necessary consulting with the victim and/or the victim's next of kin and guardian.
- Mental health care services
- Sexual abuse teams in the county or municipality
- Women's crisis shelter
- Public health service nurse
- Other collaborative partners with relevant expertise

Given that organizational structures and available expertise vary in different parts of the country, it is important that the information in Part 3, "Contact information" is up to date and relevant for your organization.

If the municipality has a sexual abuse team, they must be contacted immediately.

The supervisor must consider which referrals he or she will need, and which collaborative partners to include in the process.

**The supervisor is responsible for:**

- gathering initial information and establishing facts
- identifying risks, and eliminating or minimizing said risks
- appointing a coordinator for the case (could be a person from another organization or unit, e.g. the police) until a strategy meeting has been held.

Given that organizational structures and available expertise vary in different parts of the country, it is important that the information in Part 3, "Contact information" is up to date and relevant for your organization.

## 6

## FOLLOW-UP

*The working group is not aware of any treatment programs specializing in sexual abuse against individuals with intellectual disabilities. Consequently, the municipality will have to rely on the local treatment options available. This naturally falls under the responsibility of an abuse team. In the event of an acute situation, this team will immediately know where to refer the person.*

## 6.2

## STRATEGIC DISCUSSION OR STRATEGY MEETING

**From the guidelines:**

Appoint a coordinator for the case.

Assess the risk of further abuse, and make a temporary plan to protect the victim/possible victim.

Work out a follow-up plan.

Initially, the police and immediate supervisor coordinate the case. Then relevant parties, e.g. the abuse team, victim and next of kin/guardian, meet.

A strategy meeting is held when the municipality and/or organization have summoned all relevant parties to the case. (If the case involves an acute situation, it could be preferable to hold the strategy discussion as a telephone conference.)

**Who should participate in this strategy meeting?**

Participation in the strategy meeting should be limited to individuals who need to have knowledge of the case to contribute in the decision-making process. This includes members of staff who will be assigned a role in the internal review to follow or in the risk analysis work, or who will be asked to implement measures in connection with the individual behind the abuse. This person must be sufficiently authorized by his or her own organization to make decisions in the strategy meeting in line with his or her organization's role and the resources the organization can and will contribute. The person must also be authorized to make decisions in connection with a plan to protect the victim.

**OBJECTIVE FOR THE STRATEGY MEETING/STRATEGY DISCUSSION:**

- agree on who should do what, where and when
- analyse the risk for the victim and others
- take care of the victim's immediate needs
- collect information on what has happened

**The discussion/meeting should achieve the following:**

- pay attention to the victim's wishes
- appoint a coordinator for the case
- agree on whether an internal review should be initiated, in addition to the police investigation, and if so, how to conduct this investigation and who should head it. An internal review seeks to find out if—and if so, how—internal guidelines and procedures have failed, and must not be confused with the police investigation!
- conduct a risk analysis
- prepare a preliminary risk plan
- thoroughly document all decisions, and base all decisions on facts
- document the information that has been shared, and with whom it has been shared
- agree on a plan for the internal review, including deadlines
- agree on a communications strategy
- assess whether children might be involved, and whether to notify child welfare services
- restrict who has access to information and what they have access to
- protect and support the person who initially reported the abuse

The strategy meeting should be held before initiating an internal review. This does not include the police investigation, which at times must take precedence in terms of the collection of evidence. The organization must NOT initiate an internal review BEFORE the strategy meeting has been held and decisions have been made by the parties involved.

Before any decision is made to notify the suspected offender that an investigation has been initiated, the organization must consult with the police. This decision must weigh the risks of unforeseen consequences, such as the offender attempting to hide his or her tracks, erase electronic traces (text messages, multimedia messages, Facebook, chat logs, etc.), take revenge on the victim or the person reporting the abuse, or abusing again .

If the offender has an intellectual disability as well, one must consider how to protect his or her needs during the investigation and internal review . If the offender has limited competence to consent, he or she should be appointed a person to look out for his/her interests until the case is closed, either through the legal system or otherwise.

### **SUBSEQUENT MEETINGS, FURTHER PROCESSING**

---

Victim care and risk analyses/risk plans must be continually evaluated. Make sure the representatives of all organizations involved make the case a priority until it can be closed. The victim's next of kin or legal guardian can participate if the victim so desires, but this must be established prior to the meeting.

### **OBJECTIVE OF MEETINGS**

---

- Evaluate new information that has been revealed since the last meeting
- Evaluate measures on the basis of the most recent information
- If claims have NOT been verified, prepare a plan of action for how to proceed
- If claims have not yet been determined, prepare a plan of action for how to proceed
- Consider the legal implications of the case
- Make a decision on the basis of the current risk and anticipated future risks
- Prepare a new plan for how to protect the victim(s)
- Agree on how to follow up on and evaluate said plan
- Determine which measures to implement if the allegations prove to have no merit, yet there are lingering concerns about the quality of the services offered
- Consider measures outside of criminal charges; there may not be sufficient grounds on which to prosecute, but that does not mean that one shouldn't consider pursuing the matter through other means, such as the organization's personnel code. The grounds for prosecution may also change at a later point in time
- Consider the complexity of the case
- How many organizations are or should be involved with the case?
- How serious are the allegations?

### **A two-part approach to meetings is recommended:**

---

**Part 1:** Professionals and members of staff discuss the case and prepare preliminary plans

**Part 2:** The victim (and/or his or her next of kin and guardian) take part in the decision-making process. The agenda should allow for the victim to play an active role in this part of the meeting.

The victim's views on how to handle the case must be sought regularly throughout the process. The coordinator must ensure that the victim is satisfied with the measures implemented and that he or she feels safe.

## 6.3

## INTERNAL REVIEW

**From the guidelines:**

Assess how well you applied these guidelines.

Assess how the procedures were applied in an internal review and in evaluation of the developments in the case.

**RESPONSIBILITY FOR INTERNAL REVIEW**

In the meeting with the parties involved, a decision should be made as to who will be responsible for heading up the internal review within the organization. The person's neutrality must be assessed, and he or she will be working closely with/receive guidance from the police.

The person cannot be a line supervisor of the alleged offender, nor work in the same place/department/unit.

In the event of criminal prosecution, the police will always assume the leading role. Also assess the safety of the person(s) carrying out the internal review.

**DEADLINES FOR INTERNAL REVIEW:**

The internal review should be complete within 20 days of the strategy meeting, but must not at any time conflict with the investigation of the actual abuse.

**REPORT FROM INTERNAL REVIEW:**

The report should keep information about the victim, offender and others involved to a minimum.

The report should only be distributed to individuals or organizations that need this information in order to protect the victim's interests.

The report forms the basis for a re-evaluation of the protection plan and measures implemented for the offender, provided the abuse has been sufficiently documented.

## 6.4

## CONTINUED PROTECTION

**From the guidelines:**

Continually assess the risk of further abuse, and how to give the victim, or suspected victim, of abuse the best possible care.

The plan for continued protection should be well covered by the strategy meeting and subsequent meetings. It is, of course, imperative to work systematically with risk analyses and risk plans.

As with all other processes in this case, it is very important to thoroughly document all information, plans and decisions, and to file this documentation in a safe place.

**From the guidelines:**

Prepare a final report.

Assess the strengths and weaknesses of how you handled the case.

Determine whether the experience you have drawn from this process will have consequences for how you apply these guidelines or how you train members of staff in applying the guidelines or if you need to make written amendments to these guidelines.

Decide whether to report the case to regulatory bodies.

**THE COORDINATOR SHOULD MAKE SURE:**

- that all measures have been completed or implemented
- that all documentation has been properly recorded and completed
- that the victim (or his or her representative) has been informed of the outcome of the case and that it has been closed
- that the victim is given the opportunity to express how he/she experienced the process
- that the victim (or his or her representative) knows who to contact in the event of concerns involving new abuse
- that all other parties involved know what to do in the event of possible further abuse
- if abuse was proven and the offender was convicted: make sure that the Norwegian Board of Health Supervision has been notified if the person holds authorization as a health care worker
- that the person who initially reported the abuse is informed that the case is closed
- that all organizations involved have been informed that the case is closed

**POTENTIAL RESULTS OF EVALUATING THE WORK DONE ON THE CASE:**

- New measures by the organization with regard to staff: number, recruitment, organizational guidelines and procedures, procedures for reporting abuse, work practice, training and work environment. This could entail changes in the training of each individual employee.
- Improvements in risk monitoring and quality assurance in the provision of services
- Other organizations could order the organization to improve its practices, e.g. the county governor
- The purchaser in the municipality where the victim is registered may request improvements in the provision of services and risk assessments, or the contract may be terminated.
- In serious cases, the supervisor in charge may risk prosecution, if systematic neglect leading to criminal acts can be documented
- Professionals should be reported to their respective professions' ethical committees and the County Board of Health Supervision if there has been a conviction in the case, or if there are other compelling arguments in favour of having these organs review the individual's authorization.

For more information, articles, suggestions for training material, etc., go to: [vermotovergrep.no](http://vermotovergrep.no)



Norwegian Directorate for Children,  
Youth and Family Affairs

Publisher:  
Directorate for Children,  
Youth and Family Affairs

Graphic design: Tibe Reklamebyrå

MAILING ADDRESS:  
Postboks 2233,  
3103 Tønsberg  
Norway

Directory: +47 466 15 000

ISBN: 978-82-8286-285-1

