



OREGON OLDTIME FIDDLERS' ASSOCIATION (OOTFA)

SEXUAL ABUSE AND MOLESTATION PREVENTION POLICY with/AGREEMENT

The Oregon Oldtime Fiddlers' Association does not permit or allow sexual abuse or molestation to occur in the organization or at any activity sponsored by or related to it. In order to make this "zero tolerance" policy clear to all contractors, volunteers and members, we have adopted mandatory procedures that contractors, volunteers, family members, board members, individuals and victims must follow when they learn of or witness sexual abuse or molestation.

Sexual abuse takes the form of inappropriate sexual contact or interaction for the gratification of the actor who is functioning as a teacher or caregiver and is responsible for the patient's or child's care. Sexual abuse includes sexual assault, exploitation, molestation, or injury. It does not include sexual harassment, which is another form of behavior which is prohibited by OOTFA.

Reporting Procedure

All members who learn of sexual abuse being committed must immediately report it to the OOTFA President. If the victim is an adult, the abuse will be reported by this designee to the local or state Adult Protective Services (APS) Agency. If a child is the victim, the designee will report it to the local or state Child Abuse Agency. Appropriate family members of the victim must be notified immediately of suspected child abuse.

Investigation & Follow Up

We take allegations of sexual abuse seriously. Once the allegation is reported we will promptly, thoroughly and impartially initiate an investigation to determine whether there is a reasonable basis to believe that sexual abuse has been committed. Our investigation may be undertaken by either an internal team or we may hire an independent third party. We will cooperate fully with any investigation conducted by law enforcement or regulatory agencies and we may refer the complaint and the result of our investigation to those agencies. We reserve the right to place the subject of the investigation on an involuntary suspension from membership or contract or reassigning that person to responsibilities that do not involve personal contact with individuals or students. To the fullest extent possible, but consistent with our legal obligation to report suspected abuse to appropriate authorities, we will endeavor to keep the identities of the alleged victims and investigation subject confidential.

If the investigation substantiates the allegation, our policy provides for disciplinary penalties, including, but not limited to, termination of the actor's relationship with our organization. There are several "red flags" that suggest someone is being sexually abused. They take the form of physical or behavioral evidence.

Physical evidence of sexual abuse includes, but is not limited to:

- A. Sexually transmitted diseases.
- B. Difficulty walking or ambulating normally.
- C. Stained, bloody or torn undergarments.
- D. Genital pain or itching or physical injuries involving the external genitalia.

Behavioral signals suggestive of sexual abuse include, but are not limited to:

- A. Fear or reluctance about being left in the care of a particular person.
- B. Recoiling from being touched.
- C. Bundling oneself in excessive clothing, especially night clothes.
- D. Discomfort or apprehension when sex is referred to or discussed.
- E. Nightmares or fear of night and/or darkness.

Retaliation Prohibited

We prohibit any retaliation against anyone, including any contractor, volunteer, board member, student or individual, who in good faith reports sexual abuse, alleges that it is being committed or participates in the investigation. Intentionally false or malicious accusations of sexual abuse are prohibited.

Anyone who improperly retaliates against someone who has made a good faith allegation of sexual abuse, or intentionally provides false information to that effect, will be subject to discipline, up to and including termination of contract or membership.

ACKNOWLEDGMENT OF RECEIPT OF SEXUAL ABUSE POLICY

I, (print name) _____, acknowledge that I have received and read the sexual abuse policy immediately preceding my signature below. I understand that I am bound to follow the policy and understand the consequences in the event that I fail to do so.

DATE _____

NAME _____

By typing/printing your name above, it will be considered your Electronic Signature and an acceptance of this agreement.