



Sexual Abuse and Exploitation: Prevention, Identification, Reporting, and Response

Policy Number: RP-26-14

Release Date: September 16, 2026

Effective Date: November 17, 2026

Applicability: All Licensed Residential Programs

BACKGROUND

The Department of Early Education and Care (EEC) requires licensees to maintain environments that protect the safety, dignity, privacy, and well-being of each resident through individualized, trauma-informed, developmentally appropriate, and least restrictive practices.

Residents may have experienced trauma or other circumstances that increase their vulnerability to sexual abuse, sexual grooming, sexual exploitation, trafficking, and other forms of victimization. Residential providers can reduce the risk of sexual victimization by establishing coordinated policies, effective supervision, appropriate staffing, ongoing training, clear expectations for professional boundaries, and timely intervention.

AUTHORITY

- 606 CMR 3.01: Introduction
- 606 CMR 3.03: Licensure
- 606 CMR 3.04: Administration of the Program
- 606 CMR 3.05: Intake, Treatment, and Discharge
- 606 CMR 3.06: Programs and Services
- 606 CMR 3.07: Supervision, Staffing, and Care

- 606 CMR 3.09: Records and Confidentiality
- M.G.L. c. 119, § 51A;
- M.G.L. c. 19C; and
- Any other applicable federal, state, or local law

DEFINITIONS

For the purposes of this policy, the following definitions are used:

- **Abuse/Abuse Per Se/Neglect:** As used in M.G.L. c. 119 § 51A and M.G.L. c. 19C.
- **Mandated Reporter:** Any staff required under M.G.L. c. 119 § 51A or M.G.L. c. 19C to report suspected abuse and/or neglect.
- **Trauma-Informed and Responsive Care:** A comprehensive approach to care and service delivery that recognizes the prevalence and impact of trauma on residents and families and integrates this understanding into all aspects of care, programming, and organizational culture. Trauma-informed and responsive care is grounded in principles of safety, trust, collaboration, empowerment, healthy relationships, and respect for diversity. For the purposes of this policy, trauma-informed and responsive care is not a specific clinical treatment, but a universal framework that guides how all services and supports are delivered, including the training and development of the workforce.

POLICY STATEMENT

This policy establishes the minimum standards EEC-licensed residential programs must implement to prevent and reduce the risk of sexual abuse, sexual grooming, sexual exploitation, trafficking, and other forms of resident victimization; ensure the timely identification, reporting, and thorough investigation of these harms while also creating an individualized, trauma-informed response; and promote the safety, dignity, and well-being of residents.

The requirements of this policy support compliance with 606 CMR 3.00 and other applicable laws while promoting safe, accountable, and trauma-informed environments for residents.

Licensees are responsible for ensuring that all staff understand and comply with all requirements of this policy, inclusive of training requirements, and that services are

delivered in a manner that promotes resident safety, dignity, privacy, accountability, and trauma-informed and responsive care.

General Requirements

In accordance with 606 CMR 3.00, the licensee must:

- Provide services in environments that protect each resident's safety, dignity, privacy, and well-being; support individualized, trauma-informed, and developmentally appropriate care consistent with the resident's physical, emotional, social, cultural, and cognitive development, while taking into account the resident's age, family background, personality, learning style, and pattern and timing of growth;
- Maintain written policies and procedures addressing the prevention, identification, reporting, investigation, and response to sexual abuse, sexual grooming, sexual exploitation, and trafficking;
- Ensure that all related policies and procedures are implemented consistently throughout program operations, including policies related to resident supervision, staffing, training, documentation, internal oversight, and quality improvement;
- Ensure that the Chief Administrative Officer or designee provides appropriate oversight to verify staff compliance with this policy and all related program procedures;
- Ensure that all staff maintain professional boundaries and receive the training necessary to perform their duties safely and in accordance with program policies and applicable regulations;
- Maintain written policies governing staff use of electronic communication, social media, and other electronic interactions with residents; and
- Ensure that allegations of abuse, sexual abuse, grooming, exploitation, trafficking, or other prohibited conduct occurring on or off program premises, shall be investigated, reported to relevant authorities including DCF and CPPD (formerly DPPC), and responded to regardless of whether the alleged perpetrator is a current staff member, former staff member, resident, or another individual.

Resident Safety and Support

Authority: 606 CMR 3.01; 606 CMR 3.05(1)(c); 606 CMR 3.05(4)(a)-(e); 606 CMR 3.06(3)(b)-(c).

To provide services that meet residents' immediate and long-term needs, including safety and well-being, licensees must ensure that:

- Intake assessments include measures to identify past or active history of trauma;
- Individualized treatment plans incorporate any known or identified past or active trauma history; and
- Residents identified through assessment, intake, treatment planning, or ongoing service delivery as having needs related to prior victimization, sexual abuse, exploitation, trafficking, trauma, or other key indicators that indicate a risk for or vulnerability to victimization are referred to, or provided with, services, supports, and interventions that address those identified needs, risks, and vulnerabilities.

Prevention Requirements

Authority: 606 CMR 3.03(7)(b)(1); 606 CMR 3.03(7)(e)(11); 606 CMR 3.04(3)(b); 606 CMR 3.04(3)(f); 606 CMR 3.04(3)(h); 606 CMR 3.04(3)(i); 606 CMR 3.04(6); 606 CMR 3.05(1)(c); 606 CMR 3.07(2)(a)-(i).

Licensees must establish and maintain systems designed to prevent sexual abuse, sexual grooming, sexual exploitation, trafficking, and other forms of resident victimization.

The licensee must:

- Ensure that all individuals successfully complete required Background Record Checks before performing duties in the program, maintain documentation of those checks in personnel records, and timely complete required renewals, consistent with 606 CMR 3.04(6);
- Maintain staffing levels sufficient to provide continuous supervision of residents and reduce opportunities for abuse, grooming, exploitation, trafficking, and other unsafe interactions between residents and between residents and staff;
- Establish written supervision procedures that define staff responsibilities, documentation requirements, and supervisory practices appropriate to resident needs;

- Ensure that residents are appropriately supervised based upon age, gender and gender identity, developmental level, clinical presentation, behavioral risk factors, and individualized assessments;
- Maintain a grievance process, with consideration for accessible reporting options that reduce barriers to reporting, including mechanisms that permit concerns to be submitted anonymously, that allows residents, families, staff, and other individuals to report concerns regarding resident safety without fear of retaliation;
- Incorporate information obtained through intake, assessment, treatment planning, and ongoing service delivery into individualized supervision and safety planning; and
- Periodically review supervision practices, staffing patterns, environmental risks, and incident data to identify opportunities to strengthen abuse prevention efforts.

Resident Room Assignments

Authority: 606 CMR 3.05(4)(a)-(b); 606 CMR 3.07(3)(a)-(d).

The licensee must assign resident sleeping arrangements in a manner that promotes safety, privacy, and individualized care.

Room assignments must consider, at a minimum:

- Age;
- Developmental level;
- Gender and gender identity;
- Past or active history of trauma or abuse;
- Risk for victimization;
- Risk of sexually harmful behavior;
- Behavioral health needs;
- Interpersonal compatibility; and
- Any other factor affecting resident safety.

The licensee must establish written policies and procedures for reviewing and modifying resident sleeping arrangements whenever a resident's assessed needs or identified safety risks change. Such policies must address, at a minimum, allegations or concerns involving abuse, sexual abuse, exploitation, trafficking, victimization, peer-to-peer

aggression, behavioral health needs, and other circumstances that may affect resident safety.

Special Considerations Regarding Missing or Absent Residents

Authority: 606 CMR 3.07(11)(a)-(h); 606 CMR 3.05(4); **606 CMR 3.06(1)(d)**; 606 CMR 3.06(3)(b)-(c); 606 CMR 3.07(1)(b); 606 CMR 3.09(1)(d)-(e).

Residents who become missing or absent may be at increased risk for sexual abuse, sexual exploitation, trafficking, coercion, and other forms of victimization. Licensees must implement procedures to reduce these risks and ensure appropriate assessment and intervention following the resident's return.

The licensee must:

- Maintain written policies and procedures to identify the warning signs and prevent residents from becoming missing or absent, including procedures to prevent abduction, exploitation, or trafficking and to identify and address environmental and operational factors that may increase the risk of a resident becoming missing or absent;
- Assess each missing or absent episode for known or suspected risk factors, including prior victimization, trafficking indicators, patterns and known triggers for elopement, known associates, online contacts, and other relevant circumstances, and, when appropriate, consult with the resident's parent or guardian to obtain information relevant to safety and risk of victimization;
- Upon the resident's return, and as soon as possible, conduct or arrange for screening for trafficking, exploitation, sexual abuse, sexual grooming, coercion, or other victimization, taking into consideration the circumstances of the absence and the resident's developmental and communication needs, and arrange for medical evaluation or treatment when indicated;
- Document assessment findings, protective interventions, and follow-up actions in the resident's record;
- Revise treatment plans, supervision strategies, safety plans, and room assignments, as appropriate, based on information obtained during post-return screening and assessment; and

- Maintain current referral procedures and community resource information for providers with expertise in responding to sexual abuse, sexual exploitation, and trafficking and provide or arrange referrals based on residents' identified needs.

Training Requirements

Authority: 606 CMR 3.04(3)(b); 606 CMR 3.04(6)(e)(5); 606 CMR 3.04(7)(c)(4)-(5); 606 CMR 3.04(7)(c)(11); 606 CMR 3.04(7)(d); 606 CMR 3.07(3)(c).

The licensee must ensure all staff receive initial and ongoing training on prevention, identification, reporting, and response to sexual abuse, sexual grooming, sexual exploitation, trafficking, and other forms of resident victimization. Training must promote professional competence, trauma-informed and responsive care, and compliance with applicable laws, regulations, and program policies.

The licensee must:

- Ensure that staff complete all orientation and annual training required by 606 CMR 3.04(7) before assuming responsibilities requiring independent judgment or unsupervised contact with residents;
- Provide training on the prevention, recognition, reporting, and response to sexual abuse, sexual grooming, sexual exploitation, trafficking, and abuse and neglect;
- Provide training on maintaining professional boundaries, ethical conduct, appropriate staff-resident relationships, and behaviors that may place residents or staff at risk;
- Ensure staff understand their responsibilities as mandated reporters under M.G.L. c. 119, § 51A and M.G.L. c. 19C, including internal reporting procedures and external reporting obligations;
- Provide training regarding resident supervision, environmental safety, room assignment considerations, and strategies to reduce opportunities for abuse and exploitation;
- Ensure training reflects current evidence-informed, trauma-informed, and developmentally appropriate practices; and
- Document all required training in each employee's personnel record.

Professional Boundaries

Authority: 606 CMR 3.04(3)(b); 606 CMR 3.04(6)(b)(4); 606 CMR 3.04(7)(c)(4)-(5); 606 CMR 3.04(7)(c)(11); 606 CMR 3.07(1)(a)(3)-(7); 606 CMR 3.07(1)(e); 606 CMR 3.07(10).

The licensee must establish and enforce standards of professional conduct that protect residents from sexual abuse, sexual grooming, exploitation, trafficking, boundary violations, and other inappropriate relationships. Staff must maintain professional relationships with residents at all times and conduct themselves in a manner that promotes resident safety, trust, dignity, and therapeutic care.

The licensee must maintain written policies governing professional boundaries that include, at a minimum:

- Expectations for appropriate staff-resident interactions;
- Appropriate physical contact consistent with the residents' needs and the staff member's responsibilities;
- Restrictions on personal, financial, or social relationships with residents;
- Standards governing electronic communication, text messaging, social media, mobile devices, and other forms of electronic interaction;
- Procedures for reporting suspected boundary violations or sexual grooming behaviors with consideration for accessible reporting options that reduce barriers to reporting, including mechanisms that permit concerns to be submitted anonymously; and
- Supervisory review of reported concerns.

Staff must not engage in conduct that creates, or reasonably appears to create, a risk of sexual grooming, exploitation, abuse, favoritism, coercion, or impaired professional judgment, including but not limited to:

- Engaging in secretive or unauthorized communications;
- Exchanging gifts, money, favors, or personal items outside approved program practices;
- Sharing personal contact information;
- Interacting with residents outside approved professional responsibilities and settings;
- Using electronic communication in a manner inconsistent with program policy; and

- Engaging in any conduct that compromises resident safety, professional objectivity, or public confidence in the program.

Staff must immediately report suspected boundary violations, sexual grooming behaviors, or other conduct that may place a resident at risk, in accordance with program policy and applicable legal reporting requirements.

Programs should develop and maintain internal policies that address expectations related to relationships between former staff and residents, in the event a staff is terminated from employment or a resident is discharged from a program and include information on such in initial and ongoing trainings related to boundaries and professionalism.

Identification of Sexual Abuse, Sexual Grooming, and Exploitation

Authority: 606 CMR 3.04(7)(c)(4)-(5); 606 CMR 3.05(1)(c); 606 CMR 3.05(4)(a)-(e).

The licensee must establish and train employees on practices that support the early identification of sexual abuse, sexual grooming, sexual exploitation, trafficking, and other forms of victimization. Staff should be trained to identify, report, and be alert to physical, behavioral, emotional, environmental, and situational indicators that may suggest a resident has experienced or is at risk of abuse.

The licensee must ensure that:

- Direct care staff and other members of the multidisciplinary team will observe for, recognize, document, and report potential indicators of abuse, sexual grooming, exploitation, trafficking, coercion, or other victimization. When specific indicators are identified, the program shall arrange for further assessment by appropriately qualified personnel, as indicated. Information obtained through admission, assessment, supervision, treatment planning, daily interactions, incident reviews, or resident disclosures is considered when evaluating resident safety;
- Concerns identified by staff are documented promptly and communicated through established supervisory and reporting procedures;
- New or emerging safety concerns are incorporated into the resident's assessment, individualized treatment plan, supervision strategies, room assignments, and safety planning; and

- Staff understand that the absence of a disclosure does not eliminate the responsibility to recognize, document, and report reasonable suspicion of abuse or neglect.

Response to Suspected Abuse

Authority: 606 CMR 3.04(3)(f); 606 CMR 3.04(5)(d); M.G.L. c. 119, § 51A; M.G.L. c. 19C.

The licensee must maintain written procedures for responding promptly, appropriately, and consistently to allegations, disclosures, observations, or reasonable suspicions of sexual abuse, sexual grooming, sexual exploitation, or other forms of abuse or neglect.

The primary objectives of the response must be to:

- Protect the immediate safety of the resident;
- Ensure timely reporting to the appropriate authorities;
- Preserve evidence when applicable;
- Coordinate with investigative agencies;
- Provide appropriate medical and behavioral health services; and
- Minimize additional trauma to the resident by providing individualized services and supports in a manner that promotes the resident's safety, dignity, privacy, and well-being and addresses concerns related to intimidation, coercion, or retaliation following a report of alleged abuse.

The licensee must ensure that written procedures include:

- Immediate actions to protect the resident from further harm;
- Obtainment of emergency and non-emergency medical evaluation or treatment, when indicated;
- Immediate preservation of physical, electronic, and documentary evidence, when applicable, while avoiding re-traumatization;
- Designation of individuals responsible for internal administrative review;
- Procedures to coordinate internal administrative reviews with DCF, CPPD (formerly DPPC), law enforcement, EEC, and other investigating agencies to avoid interference with external investigations and unnecessary or duplicative interviews of residents;

- Coordination with law enforcement, the Department of Children and Families, the Disabled Persons Protection Commission, EEC, and other authorized agencies, as appropriate;
- Standardized documentation requirements;
- Implementation of corrective actions following administrative review; and
- Protection of the confidentiality of information to the extent permitted by law.

Staff Restrictions Pending Investigation

Authority: 606 CMR 3.04(5)(d)(2)-(4).

The licensee must take immediate action to protect residents whenever allegations or reasonable suspicions involve a staff member, volunteer, contractor, intern, or any other individual with access to residents.

The licensee must:

- Immediately remove the individual from unsupervised and supervised contact with residents pending the outcome of the investigation;
- Implement additional protective measures when necessary to ensure resident safety;
- Cooperate fully with all official investigations; and
- Take appropriate administrative action based upon investigative findings and applicable employment policies.

Mandated Reporting

Authority: M.G.L. c. 119, § 51A; M.G.L. c. 19C; 606 CMR 3.04(3)(f)(6); 606 CMR 3.04(3)(g); 606 CMR 3.04(5)(d).

The licensee must establish written procedures that ensure compliance with all mandated reporting requirements under Massachusetts law and EEC regulations.

Staff must immediately report suspected abuse or neglect in accordance with M.G.L. c. 119, § 51A or M.G.L. c. 19C, as applicable.

The licensee must ensure that:

- Staff understand their responsibilities as mandated reporters;
- Internal reporting procedures do not delay or interfere with an individual's legal obligation to file a mandated report;
- Required notifications to EEC are completed immediately and no later than twenty-four (24) hours after learning that a report has been filed;
- All required notifications to other governmental agencies are completed in accordance with applicable law; and
- Staff fully cooperate with all official investigations.
- Staff are aware of and understand the requirements of M.G.L. c. 265, § 23A¹/₂, including the criminal penalties applicable to sexual conduct involving individuals in their care or under their custodial or supervisory authority.
- Staff are aware of and understand that M.G.L. c., Section 23A ¹/₂ provides criminal penalties specifically for mandated reporters related to sexual conduct with individuals in their care.

Documentation and Incident Reporting

Authority: 606 CMR 3.04(3)(h)

The licensee must document all allegations, disclosures, observations, reasonable suspicions, reports, protective actions, notifications, investigations, and administrative reviews involving suspected sexual abuse, sexual grooming, trafficking, sexual exploitation, or other forms of abuse or neglect.

Documentation must be completed promptly, maintained in accordance with applicable confidentiality requirements, and be sufficiently detailed to demonstrate compliance with this policy.

Documentation must include, as applicable:

- Resident identification;
- Date, time, and location of the incident or concern;
- Description of the allegation, disclosure, observation, or incident;
- Individuals involved and witnesses;
- Immediate protective actions taken;
- Required notifications and reports;
- Medical or behavioral health services provided or arranged;

- Investigative activities;
- Administrative review findings;
- Corrective actions implemented; and
- Follow-up services, monitoring, or safety planning.

ADDITIONAL INFORMATION

- **Mandated Reporter Training** offered in partnership with the Massachusetts Office of the Child Advocate (OCA) (www.mandatedreportertraining.com/Massachusetts)
- **Mass. General Laws c.265 § 23A-½** (<https://www.mass.gov/info-details/mass-general-laws-c265-ss-23a-12>)
- **My Life My Choice** (www.mylifemychoice.org)
- **National Center for Missing and Exploited Children** (www.missingkids.org)
- **Safe Kids Thrive** (www.safekidsthive.org)
- **51A Online Mandated Reported Training** by Middlesex Children's Advocacy Center (<https://51a.middlesexcac.org/>)