

ATTACHMENT HH



Sexual Misconduct Characteristics

Name of Consumer: System Entered

WSC: System Entered

Current Residence: _____

Completed by: _____

Date Completed: _____ / _____ / _____

Instructions: Form to be completed by staff from an APD forensic facility, the assigned community behavior analysis provider, or the Area Behavior Analyst, to justify the need for Behavior Focused Extensive I or 2, or Intensive Behavior Res Hab for an individual exhibiting one or more of the following characteristics. Check all items that apply based upon current and historical documentation, entering the date of the last incident and a description of behavior exhibited, as well as any interventions used.

<u>Recipient Characteristics: Must have documented history of qualifying incidents.</u>	<u>Met</u>	<u>Date of last incident, Describe behavior</u>	<u>Interventions</u>
<p>1. <u>Sexual Battery:</u> Engaged in nonconsensual sexual behavior with another person, to include oral, anal, or vaginal penetration by, or union with, the sexual organ of another, or the anal or vaginal penetration of another by any other object (including digital penetration).</p>	<input checked="" type="checkbox"/>		
<p>2. <u>Inappropriate Sexual Behavior:</u> Touching or exposing one's own private areas that would result in unwanted public exposure, sexual arousal or intimidation and or nonconsensual sexual behavior including the following: engaging in or attempting to engage in hugging, kissing and/or fondling the private areas of another; stroking or rubbing the consumer's private body parts against another; stroking or rubbing any body part of another person, grabbing (the consumers own crotch) and stating "I have what you want"; kissing another person; exposing consumer's own private body parts; attempting to wipe, smear or project body fluids (i.e. semen, saliva, blood, feces) on another person.</p>	<input type="checkbox"/>		
<p>3. <u>Threats of Inappropriate Sexual Behavior:</u> Any physical act or vocal statement indicating intent to commit inappropriate sexual behavior towards another person.</p>	<input type="checkbox"/>		
<p>4. <u>Sexually Provocative Behavior:</u> Making verbal or written sexual statements to another person that are degrading and/or harassing including writing notes to another stating they want to have sex with the person. Verbally stating they want to have sex with the person; making verbal or written statements of a sexual nature about the person; stalking or following another person; staring excessively at children or another person's private areas; approaching or following children and attempting to attract their attention; seeking out children's pictures or toys.</p>	<input type="checkbox"/>		

<u>Recipient Characteristics: Must have documented history of qualifying incidents.</u>	<u>Met</u> <input checked="" type="checkbox"/>	<u>Date of last incident, Describe behavior</u>	<u>Interventions</u>
5. <u>Public Safety Violation:</u> Use of personal body fluids directed toward the environment that would result in an unsafe or hazardous condition including smearing of or depositing saliva (e.g. spitting), semen, feces or blood on walls, floors, furniture inside home or in public areas. This includes behavior that is NOT the result of carelessness or skill impairment.	<input type="checkbox"/>		
6. <u>Caused Injury Requiring Medical Care:</u> Engaged in sexual behavior that caused injury requiring emergency room or other in-patient care from a physician or other health care professional to self or others.	<input type="checkbox"/>		
7. <u>Required Restraint:</u> Engaged in sexual behavior that was unable to be controlled via less restrictive means and necessitated the use of restraints (manually, mechanically, or by commitment to a Crisis Stabilization Unit)	<input type="checkbox"/>		
8. <u>Law Enforcement Involvement:</u> Engaged in sexual behavior that resulted in arrest and confinement.	<input type="checkbox"/>		
9. <u>Needs Ongoing Supervision:</u> Requires visual supervision during all waking hours and intervention as determined by a Certified Behavior Analyst or licensed behavior analysis professional to prevent behaviors (1-8) described above that were highly likely (given past behavior in similar situations) without such supervision.	<input type="checkbox"/>		
10. <u>Presents Ongoing Risk:</u> *If the supervision and environment is such that the person lacks opportunity for engaging in these serious behaviors the behavior analyst providing oversight must determine that the behavior would be likely to occur at least every six months if the person is without the supervision or environment provided and documented in the person's records.	<input type="checkbox"/>		

cc: Area Behavior Analyst, Central Office Senior Behavior Analyst, Waiver Support Coordinator