**The Prison Rape Elimination Act (PREA)** is a Federal Law established to address the elimination and prevention of sexual assault and rape in correctional facilities. PREA applies to all federal, state, and local prisons, jails, police lock-ups, private facilities, and community settings such as residential facilities.

It is the policy of Lubbock County CRTC to comply with all standards set by PREA to prevent, respond, educate, screen and report sexual harassment or sexual abuse in all of its facilities.

The Lubbock County CRTC will demonstrate compliance not merely by words and written policy, but through a zero tolerance approach demonstrated through our actions to prevent, and the Department's response to outcries of sexual assault.

In response to PREA, the Lubbock County CRTC has a zero-tolerance policy relating to any sexual misconduct between staff, volunteers, contractors, and residents or their family members. Moreover, all forms of forced, coercive, or consensual sexual misconduct occurring among residents will be fully investigated, sanctioned (if authority to do so exists), and referred for prosecution if the prohibited conduct violates state criminal laws.

Facility Director and PREA Coordinator – Val Monteilh

PREA Lead Investigator – Emily Carter

The Lubbock County CRTC offers multiple ways to report sexual abuse and sexual harassment.

Reports can be made anonymously.

Reports can be made to any staff, volunteer, contractor, or medical or mental health staff.

Reports can be made directly to the Director or Assistant Director of the Lubbock CRTC at 806-775-5600.

Call the Lubbock Police Department at 806-775-1400.

Report to the Voices of Hope Crisis Line at 806-763-7273.

Lubbock County is scheduled for its first PREA audit in November 2019. The audit report will be posted on this site once available.

The Lubbock County CRTC policy regarding PREA is listed below.

**Chapter 31 PrISON RAPE ELIMINATION ACT (prea)**

**31.01 PREA COVERAGE**

1. The Lubbock County CRTC has a ZERO-TOLERANCE policy relating to any sexual misconduct between staff, volunteers, contractors, and residents or their family members. Moreover, all forms of forced, coercive, or consensual sexual misconduct occurring among residents will be fully investigated, sanctioned (if authority to do so exists), and referred for prosecution if the prohibited conduct violates state criminal laws. (211a)
2. All investigated cases found to be true will be handled to the highest standard of the facility discipline action, whether the perpetrator is an employee who will be separated from employment or a resident being dismissed from the program. In both situations if appropriate, the facility will seek law enforcement investigations and prosecution.

C. The Prison Rape Elimination Act (PREA) covers incidents involving staff, residents, volunteers, and collateral contacts.

* 1. Prohibited behaviors include, but are not limited to the following: touching, hugging, kissing, sexual assault, penetration, fondling, inappropriate viewing, sexual conduct, sexual harassment, sexual abuse, sexual gratification, romantic relationships, relationships between staff/residents, volunteers/residents or outside the agency involvement between staff and resident.
	2. Resident on Resident Sexual Abuse: Sexual contact between residents without the resident’s consent, or in which the resident is unable to consent or refuse.
	3. Staff Sexual Misconduct: Any behavior or act of a sexual nature whether it be consensual or non-consensual directed toward a resident by an employee, volunteer, contractor, visitor or other agency representative. Termination from employment shall be the presumptive disciplinary sanction for staff who engage in sexual misconduct.

**31.02 Definitions**

1. Definitions
	1. *Community confinement facility*: a community treatment center, residential re-entry center, restitution center, mental health facility, alcohol or drug rehabilitation center, or other community correctional facility (including Alternative to Incarceration Programs), other than a juvenile facility, in which individuals reside as part of a term of imprisonment or as a condition of pre-trial release or post-release supervision, while participating in gainful employment, employment search efforts, community service, vocational training, treatment, educational programs, or similar facility-approved programs during nonresidential hours. In this case it refers to Lubbock County Court Residential Center (LCCRTC).
	2. *Contractor*: a person who provides services on a recurring basis pursuant to a contractual agreement with the agency. In this case it refers to LCCRTC
	3. *Direct staff*: that security staff are in the same room with, and within reasonable hearing distance of the resident.
	4. *Employee*: a person who works directly for the facility.
	5. *Exigent circumstances*: any set oftemporary and unforeseen circumstances that require immediate action in order to combat a threat to the security of institutional order of a facility.
	6. *Gender nonconforming*: a person whose appearance or manner does not conform to traditional societal gender expectations.
	7. *Intersex*: a person who’s sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.
	8. *Mental Health Practitioner*: a mental health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A "qualified mental health practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.
	9. *Pat down search*: a running of hands over the clothed body of a resident by an employee to determine whether the individual possesses contraband.
	10. *PREA Coordinator*: LCCRTC has designated the PREA Coordinator to develop, implement and oversee agency efforts to comply with PREA requirements. The staff responsible for the coordination and compliance monitoring of PREA at LCCRTC. The Coordinator must have sufficient time and authority to perform Coordinator tasks.
	11. *Resident*: a person residing in the LCCRTC.
	12. *Sexual Abuse*:

 Sexual abuse of a resident by another resident:

* 1. Sexual abuse of a resident by another resident includes any of the following acts with or without consent:
	2. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
	3. Contact between the mouth and the penis, vulva, or anus;
	4. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
	5. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse of a resident by a staff member, volunteer, visitor or contractor:

* 1. Sexual abuse of a resident by a staff member, volunteer, visitor or contractor, includes any of the following acts, with or without consent of the resident:
	2. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
	3. Contact between the mouth and the penis, vulva, or anus;
	4. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
	5. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, volunteer, visitor or contractor has the intent to abuse, arouse, or gratify sexual desire;
	6. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, volunteer, visitor or contractor has the intent to abuse, arouse, or gratify sexual desire;
	7. Any attempt, threat, or request by a staff member, volunteer, visitor or contractor to engage in the activities described in paragraphs (a)-(e) of this section;
	8. Any display by a staff member, volunteer, visitor or contractor of his or her uncovered genitalia, buttocks, or breast in the presence of a resident and,
	9. Voyeurism by a staff member, volunteer, visitor or contractor.
	10. *Sexual Contact*: sexual contact between residents is prohibited, deemed to be non-consensual due to the fact that they are persons in custody and therefore, deemed to be sexual abuse.
	11. *Sexual Harassment*:
		1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident directed toward another; and
		2. Repeated verbal comments or gestures of a sexual nature to a resident by a staff member, volunteer, visitor or contractor, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
	12. *Strip Search*: a search that requires a person to remove or arrange some or all clothing so as to permit a visual inspection of the person's buttocks or genitals.
	13. *Substantiated allegation*: an allegation that was investigated and determined to have occurred.
	14. *Transgender*: a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person’s assigned sex at birth.
	15. *Unfounded allegation*: an allegation that was investigated and determined not to have occurred.
	16. *Unsubstantiated allegation*: an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.
	17. *Volunteer*: means an individual who donates time and effort on a recurring basis to enhance the activities and programs of the agency.
	18. *Voyeurism*: by a staff member, volunteer, visitor or contractor means an invasion of privacy of a resident by staff or reasons unrelated to official duties, such as peering at a resident who is showering or using a toilet to perform bodily functions; requiring a resident to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a resident’s naked body or of a resident performing bodily functions.

**31.03 hiring and promotion (217)**

1. The agency shall not hire or promote anyone or enlist the services of any contractor/volunteer who may have:
	1. who have engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or another jurisdiction;
	2. been convicted of engaging or attempting to engage in any type of sexual misconduct; and/or
	3. been civilly or administratively adjudicated to have engaged in any type of sexual misconduct.
2. Before hiring new employees or enlisting the service of any contractor/volunteer that may have contact with residents, the agency shall:
	1. perform a criminal background records check;
	2. contact any former institutional employers for any information regarding sexual misconduct or alleged sexual misconduct;
	3. ask all applicants and employees about previous sexual misconduct;
	4. *best efforts* are made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in consistent with federal, state, and local laws; and
	5. the information shall be documented on a form completed during the initial interview and kept in the personnel file.
3. Material omissions or the provision of materially false information regarding sexual misconduct shall be grounds for termination.
4. Unless prohibited by law the agency shall provide information on substantiated allegations of sexual misconduct involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.
5. The LCCRTC also imposes upon all employees a continuing affirmative duty to disclose any such misconduct. Failure to disclose is grounds for dismissal.
6. Background checks are performed each year by the Assistant Director of Programming.

**31.04 training and education (231)**

1. All staff members who have contact with residents will be trained on the following:
	1. the zero-tolerance policy on sexual misconduct;
	2. how to fulfill their responsibilities of prevention, detection, reporting, and response to sexual misconduct;
	3. resident rights to be free from sexual misconduct;
	4. the right of residents and employees to be free from retaliation for reporting sexual misconduct; (267 a)
	5. the dynamics of sexual misconduct in confinement;
	6. the common reactions of sexual misconduct victims;
	7. how to detect and respond to signs of threatened and actual sexual misconduct;
	8. how to avoid inappropriate relationships with residents;
	9. how to communicate effectively and professionally with residents; and
	10. how to comply with relevant laws related to mandatory reporting of sexual misconduct.
2. Current staff members will receive and acknowledge PREA training prior to being allowed to have contact with the residents. A refresher training will be provided every two years to ensure all employees understand the agency’s current sexual misconduct policies and procedures.
3. Volunteers and contractors will be trained and acknowledge their responsibilities under the agency’s zero-tolerance policy of sexual misconduct. A refresher training will be provided every two years.
4. Medical staff shall research and train every two years on PREA training for medical personnel using RELIAS, the PREA website and on the National Institute of Corrections NICIC website (235). The trained medical person shall:
	1. be able to detect and assess signs of sexual abuse and harassment;
	2. know how to preserve physical evidence of sexual abuse; and
	3. respond professionally to the victim
5. The Assistant Director of Operations or designee shall train as the lead internal investigator. The investigators shall train using the curriculum from PREA and NICIC websites.

**31.05 resident orientation and education**

1. During the intake/orientation process, all residents shall receive information in a manner that is understandable regardless of individual limitations explaining: (233 a)
	1. the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment;
	2. how to report incidents or suspicions of sexual misconduct;
	3. they are allowed to have a third-party report sexual misconduct in their name; (254)
	4. their rights to be free from sexual misconduct and retaliation for reporting such incident;
	5. agency policies and procedures for responding to such incidents; and
	6. consequences of false allegations.
2. Staff will document verification of resident orientation and education on PREA by completing the Resident PREA Acknowledgement Form. Staff will scan the signed acknowledgement form in the resident’s probation Sentry file, maintained by the Residential Community Supervision Officer. (242 d)
3. The screening for risk of sexual victimization and abusiveness shall be completed and utilized for housing, bed, work, education, and program assignments. A reassessment will be completed within thirty days if any new information is gathered involving potential victimization. (242 c)
4. Within the first thirty days, the new residents will attend an orientation with the Director or designee to discuss PREA information including watching the "what you need to know" video.
5. Education material is formatted in English, Spanish and shall be read to residents who have a problem reading.

**31.06 STAFFING AND staff responsibilities (responsive planning)**

1. The facility has developed a staffing plan that provides for expected levels of program supervision and monitoring to ensure the facility is safe and secure.
	1. The Facility Staffing Plan includes 4 direct care staff on duty during the day time and 3 direct care staff on duty during the overnight shift. (213 a)
	2. If for some reason the staffing plan is not in compliance with the number of staff needed to cover the shift, the shift leader shall contact the operations manager and/or the director to help cover the shift. (213b)
	3. In the first management meeting in December of each year, the management team will determine if the staffing plan is adequate and if additional cameras are needed for the purpose of monitoring the activities of the facility. (213 c1-c4)
2. All staff and residents will be alert to signs of potential situations in which sexual misconduct might occur. Staff shall:
	1. utilize video monitoring of residents;
	2. male staff perform unannounced rounds of the facility at different times throughout the day and night with the intent of identifying and deterring sexual abuse and harassment;
	3. look for signs which may include:
3. staff/resident being overly friendly;
4. offering money, gifts, favors, etc.; and
5. security threat group activity (i.e., gangs, mafia affiliation, religious zealots, etc.).
	1. If a deviation ever occurs in the staffing plan, it is documented and the reason for noncompliance is justified.
	2. Every year the facility will review the staffing plan to see whether adjustments are needed:

a. in prevailing staffing patterns;

b. the deployment of video monitoring systems and other monitoring technologies; and

c. the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

1. The Director or designee will act as the PREA coordinator and is responsible for the oversight of all PREA related activities.
2. The PREA coordinator shall:
	1. coordinate and develop procedures to identify, monitor, and track sexual misconduct incidents occurring at the CRTC;
	2. maintain related statistics of incidents of sexually abusive behavior (see Data Collection section);
	3. coordinate with the PREA investigator;
	4. conduct audits to ensure compliance with CRTC policy and the Prison Rape Elimination Act of 2003;
	5. ensure facility compliance with training requirements;
	6. coordinate training activities;
	7. report to the Director of another facility when a resident reports sexual misconduct that reportedly occurred at his/her facility; (263 a)
	8. request the director of the other facility to report any finding of sexual misconduct; (263 d)
	9. the notification shall be made within 72 hours from the time the resident reports the incident (263 b);
	10. document all incidents related to PREA; (263 c)
	11. if the Director receives allegation from another facility, she/he shall ensure that allegations is investigated. (263 d)
	12. develop, implement and oversee the LCCRTC compliance with PREA;
	13. track and report PREA statistical data to the PREA Coordinator; and
	14. coordinate the actions taken between the first responder, medical health provider, the internal investigator, and the Lubbock Police Department. (265)
3. The Lubbock Police Department will act as the PREA criminal investigator and will conduct investigations of all incidents of sexual misconduct.
* The Director or designee shall ensure that the victim has access to services from the crisis center when the LPD investigates the incident.
1. The Assistant Director of Operations shall serve as the Lead Investigator for the facility.
2. The PREA Coordinator is responsible for oversight of all PREA related activities.
3. The Operations Manager will serve as the PREA Compliance Manager and is responsible to:
4. report all PREA related incidents to the PREA Coordinator;
5. monitor the programs to reduce and prevent PREA violations; and
6. conduct frequent walk throughs to show a presence mostly in the blind spot areas.

**31.07 Housing**

A. The Director or designee shall individualize housing and programming assignments in deciding on a case-by-case basis to ensure the protection, security, safety and health of all residents. (242 c)

B. A transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration. (242 d)

C. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. (242 e)

D. A transgender, LGBT or intersex resident cannot be placed in a dorm only used to house these individuals. (242 f)

**31.08 reporting of sexual misconduct**

1. Resident reporting incidents
	1. Residents who are victims of or have knowledge of sexual misconduct should immediately report the incident to a staff member or residents may utilize the formal grievance procedure to report sexual misconduct. However, residents are not required to go through the informal resolution step to report allegations of sexual misconduct. Grievances will be given high priority in accordance with established facility policy. (251 a)
	2. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall document any verbal reports. (252 e)
	3. Residents are not required to file written reports; however, staff members who receive verbal reports from residents are required to immediately file written incident reports, notify their supervisor, and the PREA Coordinator.
	4. A resident is allowed to report an incident of sexual misconduct no matter when the incident occurred. (252 b)
	5. A resident is not required to give the grievance of a sexual misconduct to the staff member that he has filed the grievance against. (252 c)
2. Staff reporting incidents
	1. Regardless of its source, staff members who receive information concerning resident on resident sexual misconduct, or who observe an incident of resident on resident sexual contact, or have a reasonable cause to suspect sexual misconduct must immediately report the incident to the Assistant Director of Operations, their supervisor and the Director or designee. (251 c1) (222 a) (261 a, e)
	2. Regardless of its source, staff who receive information concerning staff on resident sexual misconduct, observe staff on resident sexual misconduct, or have reasonable cause to suspect a resident is the victim of sexual misconduct, must immediately report the Assistant Director of Operations the incident and to and the Director or designee.
	3. Any employee who fails to report an allegation, coerces or threatens another person to submit inaccurate, incomplete or untruthful information with the intent to alter a report may face disciplinary action up to and including dismissal even on the first offense.
	4. Staff reporting the incident shall not reveal any information related to the sexual abuse to anyone other than to the extent necessary for treatment, investigation or other security matters. (261 b)
3. If the incident warrants a criminal investigation, the director or designee will contact the Lubbock Police Department to report the incident. The director or designee along with the employee who reported the incident to the Director or designee shall remain at the facility to report the incident to the local law enforcement agency. (222 b)
4. Unsubstantiated, deliberately malicious or false reports by residents or other parties will result in disciplinary action up to and including unsuccessful discharge and/or dismissal for employees.
5. The staff member who reports an incident is required to complete a written statement including the facts as reported to him/her. This report shall be written as soon as the situation is stable and the residents are safe. The staff member shall complete the report prior to leaving the facility. (251 c2)
6. Every person including staff members have the right to report the incident in private with either their supervisor, an assistant director or the director. (251 d1)
7. Retaliation against a resident or staff member who reports sexual misconduct is prohibited. (261a) (267a)

**31.09 first responder duties (The following is the uniform evidence protocol)**

1. Staff members who receive an initial report of sexual misconduct will ensure that the victim is safe and kept separate from the alleged aggressor. (264 a)
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. (264 a2)
3. If the abuse occurred in a time frame that still allows for the collection of physical evidence, request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.(264 a3, 4)
4. If the first responder is not a staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify the appropriate CRTC staff. (264 b)
5. Ask the resident and document the questions listed below.
	1. What type of alleged sexual misconduct occurred?
	2. Who was involved in the misconduct?
	3. When did the misconduct occur?
	4. Where did the misconduct occur?
	5. The prohibited use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could comprise the residents' safety. Contact another staff member who can speak the resident's primary language. (216 c1)
	6. If another resident is used to interpret for a victimized resident, this shall be documented in the log under the PREA subject. (216 c2)
6. The first responder will immediately notify the PREA coordinator who will immediately notify the investigating authority. (222 b1)
7. The investigating authority is recommending the facility use National Protocol for Sexual Assault Medical Forensic Examinations ([www.ncjrs.gov/pdffiles1/ovw/206554.pdf](http://www.ncjrs.gov/pdffiles1/ovw/206554.pdf)). The medical staff will not preform any Medical Forensic Examinations.
8. Resident victims of sexual abuse shall receive timely, unimpeded, and ongoing access to emergency medical treatment and crisis intervention services as recommended by medical and mental health practitioners according to their professional judgment and shall be provided treatment services without cost.
9. The PREA coordinator will act as an ongoing liaison between the facility and the investigating authority.

**31.10 INVESTIGATING AND reporting investigation findings**

1. The facility shall have at least one trained investigator who received training through NICIC and the PREA website. (271 b)
2. When an investigator receives a report of sexual misconduct, he/she shall investigate promptly, thoroughly and objectively for all allegations including third-party and anonymous reports. (271 a)
3. Investigators shall: (271 c)
	1. gather and preserve direct and circumstantial evidence;
	2. including any available physical and DNA evidence;
	3. any available electronic monitoring data;
	4. interview alleged victims, suspected perpetrators, and witnesses; and
	5. review prior complaints and reports of sexual abuse involving the perpetrator.
4. An administrative investigation and criminal investigation shall: (271 f, g)
	1. include an effort to determine whether staff actions or failures to act contributed to the abuse;
	2. In determining whether an allegation is substantiated no standard higher than preponderance of the evidence will be imposed; (272)
	3. be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings and shall be held for a minimum of 5 years. (271 i)
5. When the quality of evidence appears to support criminal prosecution, the Coordinator and/or investigator shall contact the Lubbock Police Department for a criminal investigation and shall cooperate with the investigation. (271 d, l)
6. The credibility of the alleged victim, suspect, or witness shall be assessed on an individual basis. (217 e)
7. It is up to the District Attorney’s Office to file charges and to prosecute. (271 h)
8. Following an investigation into a resident’s allegation of sexual misconduct suffered in a CRTC facility, the CRTC shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. (273 a)
9. If the CRTC did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident. (273 b)
10. Following a resident’s allegation that a staff member has committed sexual misconduct against the resident, the CRTC shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (273 c1-c4)
	1. the staff member is no longer posted within the resident’s area;
	2. the staff member is no longer employed at the facility;
	3. the CRTC learns that the staff member has been indicted or convicted of a charge related to sexual misconduct within the CRTC; and/or
	4. the Director or other staff member learns that the staff member has been convicted on a charge related to the sexual abuse within the facility.
11. Following a resident’s allegation that he has been involved in an incident of sexual misconduct by another resident, the CRTC shall subsequently inform the alleged victim whenever: (273 d1-d2)
	1. The CRTC learns that the alleged abuser has been indicted or convicted on a charge related to sexual misconduct within the facility; or
	2. The CRTC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
12. All such notifications or attempted notifications shall be documented. (273 e)
13. The CRTC’s obligation to report under this standard shall terminate if the resident is released from the CRTC’s custody. (273 f)

**31.11 RESIDENT VICTIM SERVICES**

a. A resident victim of sexual abuse shall have unimpeded access to emergency medical treatment and crisis intervention services. (282 a)

B. The facility does not have a qualified medical (SANE) on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall take the resident to the emergency room at UMC. (282 b)

c. The shift leader shall immediately contact the counselor on call. (282 b)

D. A victim of sexual abuse while in the facility shall be offered testing for sexually transmitted infection as medically appropriate. (283 f)

E. The facility nurse shall help the resident receive emergency contraception and sexually transmitted infections prophylaxis. The medical staff shall help the victim of a sexual assault testing for sexually transmitted infections. (282 c)

F. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. (282 g)

G. The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse. (283 a)

H. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. (283b)

I. The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. (283 h)

**31.12 Disciplinary Sanctions**

A. All sexual misconduct is prohibited and subject to removal from the facility.

B. Any contractor or volunteer who engages in sexual abuse or misconduct with a resident shall be prohibited from contact with residents. The Director shall report the incident to the Lubbock Police Department if the incident is criminal. (277 a)

C. Following an administrative finding that a resident engaged in resident-on-resident sexual abuse the resident shall be removed from the facility. (278 a)

D. If a resident is found to have violated the zero tolerant sexual misconduct rules in the handbook and the violation is not contributed by his mental illness, the resident shall be removed from the facility. (278 b, c)

E. A resident who is inappropriate with a staff member and the staff member did not consent; the resident is subject to discipline actions up to removal from the facility. (278 e)

F. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. (278 f)

**31.13 retaliation**

1. Retaliation against residents, employees, or other parties for reporting sexual misconduct will not be tolerated. Those who retaliate may face disciplinary action up to and including unsuccessful discharge for residents and dismissal for employees. Protection measures by the CRTC include but are not limited to the following: (267 b)
	1. housing changes or transfer for resident victims or abuser;
	2. removal of alleged staff or resident abusers from contact with victims;
	3. emotional support services will be provided for residents or staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations;
	4. monitor the conduct and treatment of residents or staff who reported the sexual misconduct, any individual expressing a fear of retaliation, and of residents who were reported to have suffered sexual misconduct to see if there are changes that may suggest possible retaliation for at least 90 days; (267 c)
	5. promptly act to remedy any such retaliation, included but not limited to: (267 c)
		* resident disciplinary reports;
		* housing changes;
		* program changes;
		* negative performance reviews of staff;
		* reassignment of staff; and/or
		* periodic status checks for residents. (267 d)
	6. if another individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation; (267 e)
	7. continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need; and (267 c)
	8. the obligation to monitor shall terminate if the allegation is determined to be unfounded. (267 f)

**31.14 sexual misconduct grievance process**

1. There is no time limit on when a resident may submit a grievance regarding an allegation of sexual misconduct or risk of imminent sexual misconduct. (252 b1)
2. No formal grievance process is required nor is the resident required to attempt to resolve the incident with staff regarding an allegation of sexual misconduct.
3. Nothing in this policy shall restrict the CRTC’s ability to defend against a lawsuit filed by a resident on the grounds that the application statute of limitations has expired. (252 b4)
4. The agency shall ensure:
	1. a resident who alleges sexual misconduct may submit a grievance without submitting it to a staff member who is the subject of the complaint;
	2. such grievance is not referred to a staff member who is the subject of the complaint;
	3. the CRTC shall issue a final decision on the merits of any portion of a grievance alleging sexual misconduct within 90 days of the initial filing of the grievance; (252 d1)
	4. computation of the 90-day time period shall not include time consumed by the residents in preparing any appeal; (252 d2)
	5. the agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The CRTC shall notify the resident in writing of any such extension and provide a date by which a decision will be made; (353 d3)
	6. at any level of the grievance process, including any properly noticed extension, the resident may consider the absence of a response to be a denial at any level; (252 d4)
	7. third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for a grievance relating to allegations of sexual misconduct, and shall also be permitted to file such requests on behalf of residents; (252 e1)
	8. if a third-party file such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the grievance process; (252 e2) and
	9. if the resident declines to have the request processed on his or her behalf, the agency shall document the resident’s decision. (252 e3)
	10. Any grievance received alleging a resident is at risk of imminent sexual abuse, the staff shall take immediate action to protect the resident and to contact the Director or designee immediately. The final agency shall document whether the resident is in imminent risk within 5 calendar days. (252 f2)
	11. The resident may receive discipline actions for filing a grievance related to alleged sexual abuse if the resident filed the grievance in bad faith. (525 g)
5. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall document and notify the head of the facility or appropriate office of the agency within seventy-two hours where the alleged abuse occurred. (263 a-c)

**31.15 victim services (253)**

A. A resident has the right to an outside victim advocate for emotional support services related to sexual abuse. Each resident receives a flyer in his preferred language, that gives the information to the Voices of Hope Crisis Center. (253 a)

B. Residents will be allowed to call the Voices of Hope Crisis Center while monitored by a counselor or designee. (253 b)

**31.16 data collection and review**

1. The management team shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation including where the allegation has not been substantiated unless the allegations has been determined to be unfounded. This review will occur within 30 days of the conclusion of the investigation. (286 a, b, c)
2. Within 30 days of the conclusion of the investigation, the PREA coordinator will convene a review team who shall: (286 d1-6)
	1. consider whether the allegation or investigation indicates a need to change policy or practice;
	2. consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bi-sexual, transgender, intersex identification, status or perceived status, gang affiliation, or otherwise caused by other group dynamics at the CRTC;
	3. examine the area in the CRTC where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
	4. assess the adequacy of staffing levels in that area during different shifts;
	5. assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
	6. compile a report of the findings to include implementing recommendations for improvement or document reasons for not doing so.
3. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. (286 e)
4. The facility shall collect, maintain, and review accurate uniformed data for every allegation of sexual misconduct using the Survey of Sexual Violence by the Department of Justice. This data should be compiled annually and maintained for a minimum of ten years from the date after its initial collection. (287 a-c) (289d)
5. The facility shall maintain, review and collect data as needed from all available incident-based documents including reports, investigation files and sexual abuse incident reviews. (287d)
6. Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. (287 f)
7. Documentation of incident-based sexual abuse data shall be stored with the Assistant Director of Operations during each audit period. At the conclusion of the PREA audit, the documentation shall be gathered into one electronic folder and placed on the Share drive under the secured Management Folder. (287 b) (289 a)
8. The report shall be approved by the Director of the CSCD and the finding shall be posted on the facility website. (288 c)
9. The report may be redacted if there is a threat to the safety and security of a facility but must indicate the nature of the material redacted. (288 d) (289 c)

**31.17 AUDITS**

1. Information, videos, other electronics will be made available to TDCJ-CJAD and PREA as requested for audit purposes. (401 f, h, j)
2. Every three years starting from November 2019, at least once every three years, the facility shall have an outside PREA auditor conduct a facility audit. (401 a)
3. The Facility Director and the Assistant Director of Operations, shall conduct an internal PREA audit each October. The auditors will use the PREA audit form provided on the PREA website to ensure compliance of the PREA standards. (401 b, c, d, e)
4. During the internal audit, the Director or designee shall maintain the PREA folders with related documentation and updated policy and procedures. (401 f, g)
5. The facility shall make available in a private space, residents, staff, supervisors, administrators and any other advocates who may have insight into relevant conditions in the facility, for the PREA auditors. (401 l, m, o)