



BRIDGES FEDERAL REINTEGRATION CENTERS

Corporate Policy and Procedure

Title: Prison Rape: Prevention, Detection and Response **Date Issued: 06/01/21**

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I. Reference:

BOP Community Corrections Manual; BOP SOW, P.S. 5521.06

Purpose: To establish zero-tolerance standards for sexual abuse, sexual battery, and sexual harassment in Residential Reentry Centers while protecting the rights of residents, regardless of gender or sexual preference, through accountability of perpetrators and the punishment of residential correctional officials who fail to prevent, detect, and respond to sexual abuse, sexual battery, and sexual harassment crimes for incarcerated residents and those offenders under the Bureau of Prisons (BOP) jurisdiction.

To establish and provide implementation of standards for the detection, prevention, elimination and punishment of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment by increasing the availability of data, information, and training on the incidence of sexual abuse, sexual battery, and sexual harassment, consequently improving the management and administration of residential reentry facilities.

To establish guidelines for proper and immediate reporting of such incidents as well as providing appropriate safeguards for victims, the management of evidence, and actions to be taken from reporting an allegation to substantiation of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment.

The definitions contained herein are limited to the reporting, training, and investigation of alleged sexual abuse, sexual battery, sexual harassment, and sexual misconduct made pursuant to the Prison Rape Elimination Act of 2003. No definition contained herein expands or provides a cause of action under state or federal law. No definition contained herein applies to any other procedure or protocol of the Federal Bureau of Prisons unless expressly provided for an applicable procedure.

II. **Definitions:**

- A. **Abuser/Predator**, where used herein, refers to a staff member, volunteer, contractor, or resident committing forcible sexual contact against a resident.
- B. **Audit**, where used herein, refers to the inspection of facilities, conducted by individuals certified by the U.S. Department of Justice (USDOJ), to ensure compliance of PREA standards.
- C. **PREA Compliance Manager**, where used herein, refers to an employee designated to coordinate the center's effort to comply with PREA standards.
- D. **Contractor**, where used herein, refers to a person who provides service on a recurring basis pursuant to a contractual agreement with the BOP.
- E. **Data**, where used herein, refers to the information collected by the PREA Coordinator regarding incidents or allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment. This data will be made available to the federal government as required.
- F. **Employee/Staff**, where used herein, refers to individuals who work for Bridges Federal Reintegration Centers on a full-time or part-time basis.
- G. **Exigent Circumstances**, where used herein, refers to any set of temporary and unforeseen circumstances which requires immediate action in order to combat a threat to the security or institutional order of a facility.
- H. **Forensic Medical Examination**, where used herein, refers to an examination conducted by a Sexual Abuse Nurse Examiner (SANE) or Sexual Abuse Forensic Exam (SAFE) nurse that allows for the collection of physical evidence to be utilized for sexual abuse/sexual battery investigations.
- I. **Gender Dysphoria (GD)**, where used herein, refers to the range of diagnostic criteria referenced in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM5), particularly, personal identification with a gender other than the assigned gender.
- J. **Gender Nonconforming**, where used herein, refers to a person whose appearance or manner does not conform to traditional societal gender expectation.

- K. Intersex**, where used herein, refers to a medical condition wherein a person’s sexual anatomy, or chromosomal pattern does not fit the definition of male or female. This may also be referred to as disorders of sex development.
- L. LGBTQI**, where used herein, refers to Lesbian, Gay, Bisexual, Transgender, Queer and Intersex.
- M. R3M**, where used herein, refers to the organization’s official electronic data repository for staff to use toward the secure custody of residents and for the safe supervision of offenders in the community:-
- O. Prison Rape Elimination Act (PREA)**, where used herein, refers to Part 115 of Title 28 of the Code of Federal Regulations (C.F.R.), National Standards to Prevent, Detect, and Respond to Prison Rape, under the “Prison Rape Elimination Act of 2003.” The Act provides for analysis of the incidence and effects of prison rape in federal, state, and local institutions, and for information, resources, recommendations, and funding to protect individuals from prison rape.
- P. Corporate PREA Coordinator**, where used herein, refers to the staff members in the organization assigned to develop, implement, and oversee the residential reintegration center’s effort to comply with the PREA standards.
- Q. Sexual Abuse**, where used herein, refers to:
1. any unwanted or coerced act by a resident against another resident, without the resident’s consent, or where the coercion into the act is by overt or implied threats or violence including any of the following:
 - a. contacts between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - b. contacts between the mouth and the penis, vulva, or anus;
 - c. penetration of the anal or genital opening, however slight, by a hand, finger, object or other instrument; and
 - d. any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of another person, excluding contact incidental to a physical altercation.
 2. any of the following acts perpetrated by a staff member, contractor, or volunteer against a resident, with or without consent of the resident:
 - a. contacts between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - b. contacts between the mouth and the penis, vulva, or anus;

- c. contacts between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- d. penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, which is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- e. any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- f. any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs 1-5 of this section;
- g. any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a resident, and
- h. voyeurism by a staff member, contractor, or volunteer.
- i. unwelcomed sexual advances, and requests for sexual favors by staff, contractors or volunteers.

R. Sexual Battery, where used herein, refers to nonconsensual oral, anal, or vaginal penetration by, or union with, the sexual organ of another or the oral, anal, or vaginal penetration of another by any other object; however, sexual battery does not include an act done for bona fide medical purpose. Any resident, employee or volunteer, or contractor who commits a sexual battery may be criminally prosecuted.

S. Sexual Harassment, where used herein, includes “repeated” verbal statements or comments of a sexual nature to a resident by an employee, volunteer, contractor, or another resident such as:

- 1. demeaning references to gender or derogatory comments about body or clothing; or
- 2. profane or obscene language or gestures; or
- 3. statements, conveyed through normal conversation with sexual or inappropriate connotation.
- 4. coercive statements of a sexual nature; or
- 5. unwelcome sexual advances, and requests for sexual favors by residents.

T. Staff Sexual Misconduct, where used herein, refers to the “consensual” oral, anal, or vaginal penetration by, or union with, the sexual organ of a resident and an employee. Any employee who engages in sexual misconduct with a resident without committing the crime of sexual battery, commits a felony of the third degree.

- U. **Transgender**, where used herein, refers to a person whose gender identity is different from the person's assigned sex at birth.
- V. **Victim Advocate**, where used herein, refers to a qualified individual trained in rape crisis counseling.
- W. **Volunteer**, where used herein, refers to an individual who donates her/his time or effort on a recurring basis to enhance the activities and programs at the facility.
- X. **Voyeurism**, where used herein, refers to the invasion of a resident's privacy by staff for reasons unrelated to official duties, such as staring at a resident who is using a toilet to perform bodily functions, showering, changing clothes, or taking images of all or parts of a resident's naked body.

III. Procedure:

A resident cannot consent to sexual or romantic behavior with a staff member, contractor, or volunteer while under the supervision of the Florida Bureau of Prisons.

- A. **Exclusions:** The terms and conditions as described throughout this procedure will not apply to:
 1. the use of custodial personnel's hands or electronic contraband detection devices to perform clothed or unclothed searches of residents in accordance with P.S. 5521-006 "Searches of housing units, inmates and inmate work areas;
 2. custodial or medical personnel gathering physical evidence, or engaged in other legitimate medical treatment, in the course of investigating a prison sexual battery;
 3. the use of a health care provider's hands or fingers or the use of medical devices in the course of appropriate medical treatment unrelated to prison sexual abuse; or
 4. the use of a health care provider's hands or fingers and the use of instruments to perform body cavity searches of residents in accordance with P.S. 5521-006 "Searches of housing units, inmates and inmate work areas".
 5. staff shall not conduct cross-gender pat searches without exigent circumstances being present and when conducted, the search will be documented via an incident report.

- B. **Pprevention/Detection**
 - Identification:**
 1. Initial orientation will be provided to all newly received residents concerning sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in accordance with "Resident Orientation," procedures.

2. Each time a resident arrives at the Residential Reentry Center staff will screen the resident upon arrival as soon as possible, and within 24 hours. This screening shall be conducted as part of the intake process to assess the resident's sexual orientation, including whether the resident identifies as LGBTQI, and whether the resident has a mental, physical, or developmental disorder that requires particularized medical or mental health care. This information will be documented on the Intake Screening form and filed within SecurManage.
3. Residents with a possible diagnosis of Gender Dysphoria (GD), will receive appropriate physical and mental health evaluations from qualified medical and mental health practitioners. The evaluations will include an assessment of the resident's pre-incarceration treatment and life experiences history and post-incarceration treatment and experiences, including but not limited to:
 - a. hormone therapy;
 - b. completed or in-process surgical procedures;
 - c. life experiences consistent with the resident's gender identity; and
 - d. mental health history.
4. Staff will not search or physically examine a potential GD resident, transgender resident, or intersex resident for the sole purpose of determining the resident's genital status. If the genital status is unknown, it can be determined through conversation with the resident, by reviewing medical documentation or if necessary, through a broader medical examination conducted in private by a medical practitioner.
5. Searches of transgender and intersex residents will be conducted as outlined in P.S. 5521-006 "Searches of housing units, inmates and inmate work areas" Bridges staff will never conduct an unclothed body search unless directed and authorized by the Residential Reentry Monitor (RRM).
6. Housing for potential GD residents, transgender residents, and intersex residents will be determined on a case-by-case basis. The resident's safety as well as the safety and the security of the facility will be taken into consideration when making the housing determination.
7. Access to necessary physical and mental health evaluations and treatment will be provided to assist residents with suspected GD, transgender residents, or intersex residents in adaptive functioning and preparation for re-entry upon release.
8. GD, transgender, and intersex residents will be assessed biannually by classification. An interview will be conducted as well as a review of their housing, program and work assignments to determine if there are any necessary changes or threats to the resident's safety.

9. A transgender and/or intersex resident's own view, with respect to their own safety, shall be given serious consideration. A risk assessment may additionally be required, depending on the resident's answers during the interview. Once identified the resident will maintain the designation until classification completes the next biannual review.
10. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. The resident's preference will be documented on the risk assessment and the resident will be provided a printout of her/his preference.
11. Staff will screen all residents immediately upon within 24 hours of intake. Characteristics such as the resident's age, criminal record, and prior identified history of sexual victimization or predation will be utilized to help determine if s/he is at risk of future victimization of sexual abuse, sexual battery, or is at risk of committing sexual abuse or sexual battery. If s/he is identified as a potential victim or abuser (perpetrator); housing, bed, and work assignments will be appropriately assigned based on known information and established protocol. The resident victimization screening shall occur in a private setting and include the following.
 - a. Does the resident have a mental, physical, or developmental disability?
 - b. Is the resident under age 25?
 - c. Is the resident small in physical build?
 - d. Has the resident previously been incarcerated?
 - e. Whether the inmate's criminal history is exclusively nonviolent?
 - f. Does the resident have a prior convictions for sex offenses against an adult or child;
 - g. Is the resident perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming?
 - h. Has the resident previously experienced sexual victimization?
 - i. Does the resident perceives themselves as vulnerable?

To assess risk of sexual abusiveness, the Standards require facilities to consider:

 - a. Prior acts of sexual abuse?
 - b. Prior convictions for violent offenses?
 - c. History of prior institutional violence or sexual abuse, as known to the facility?
12. Within 30 days from the initial intake screening, the facility will reassess the resident's risk of victimization or abusiveness if additional information is received by the institution.

13. A resident's risk level will be reassessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.
14. Residents will not be disciplined for refusing to answer, or for not disclosing complete information in response to the questions asked during the risk screening.
15. Residents perceived to be vulnerable will be housed and given work/program assignments consistent with custody level and medical status. Residents at high risk of victimization will not be involuntarily segregated unless an assessment of all other available alternatives has been made and it is determined that there are no available alternative means of separation from likely abusers.

C. Staff:

1. Any staff member will notify the Supervisor if s/he observes a resident acting in what appears to be a sexually threatening or coercive manner, or if the staff member has reason to believe that a resident poses a risk of being sexually victimized. The Bridge Facility Supervisor will initiate the appropriate incident reports and notify the Corporate PREA Compliance Manager and the Florida State Executive Director.
2. The Facility Director shall ensure that unannounced supervisory rounds and opposite gender housing announcements are conducted in accordance with policy and procedure.

D. Training/Education: All staff training on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment related to PREA standards shall be developed by the Bureau. All staff assigned shall be thoroughly trained and informed regarding the company's zero-tolerance policy on sexual abuse, sexual battery, staff sexual misconduct and sexual harassment during New Employee Orientation and then annually thereafter. Designated staff at each facility will follow Bridges PREA Employee Training Lesson Plan to ensure that the following BOP required PREA training is being delivered in accordance with P.S. 5324-012 Sexually Abusive Behavior Prevention and Intervention Program and Bridges Policy 60-11-035. Staff shall be trained in:

1. A statement on the BOP and Bridges zero-tolerance for sexual abuse and sexual harassment;
2. How employees shall fulfill their responsibilities under 5324-012 Sexually Abusive Behavior Prevention and Intervention Program, related PREA procedures, and the company's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

3. The resident's rights to be free from sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment;
4. That the rights of both staff and residents to be free from retaliation for reporting sexual abuse, sexual battery, staff sexual misconduct and sexual harassment;
5. The dynamics of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in confinement settings;
6. Common reactions to sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in confinement settings;
7. How to detect and respond to signs of threatened and actual sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment;
8. How to avoid inappropriate relationships with residents and offenders; and
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
11. Overview of the following policies:
 - a. 5324-012 Sexually Abusive Behavior Prevention and Intervention Program
 - b. BI Policy and PREA Procedure
 - c. BI Policy and Procedure-Sexual Harassment
 - d. NI1-127- Volunteer, Interns and Contractor training

E. Volunteers and Interns:

1. All Volunteers and Interns shall receive PREA training which will be delivered during their orientation phase.
2. A copy of the read and sign shall be maintained on record at each facility in their designated file.
3. Each Volunteer and Intern shall go through refresher training annually;

F. Residents:

1. Each Facility Director will ensure that the resident orientation process will encourage residents to immediately report any concern or fear of possible sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment to staff. This will include **the sexual abuse brochures distributed to residents, and that the following posters are clearly displayed, in both**

English and Spanish, in an area easily accessible to residents, family members, and the public at each facility:

- a. PREA Poster – English
 - b. PREA Poster – Spanish
2. Residents with recognized disabilities and Limited English Proficiency (LEP) shall be advised of the Department’s zero tolerance policy on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in accordance with the resources outlined in “Americans with Disabilities Act Provisions for Residents,” and resources as appropriate. Resources include:
 - a. closed captioning (deaf/hard of hearing);
 - b. large print material (impaired vision);
 - c. reading of materials to resident(s) by staff (blind/limited mental capacity);
 - d. Language Line services (LEP)
 3. LEP residents should be provided PREA education in their primary language.
 4. All modifications to the PREA education process for LEP and disabled residents should be documented on the incident report.
 5. Residents shall not be used as interpreters or readers except in exigent circumstances.
 6. Each facility will ensure that “Sexual Abuse Awareness,” brochures are distributed to residents within the first 24 hours, and that the “Zero Tolerance for Sexual Abuse and Sexual Harassment,” poster is clearly displayed, in both English and Spanish, in areas easily accessible to residents, family members, and the public at each facility.
- G.** All staff, volunteers, and contractors will ensure that they foster an environment within their centers that clearly precludes sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment. This includes, but may not be limited to:
1. taking all reports concerning sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment seriously;
 2. initiating immediate reporting of alleged sexual abuse, sexual battery, staff sexual misconduct and sexual harassment to the PREA Compliance Manager;
 3. taking immediate steps to ensure preservation of possible crime scenes, including appropriate evidence protection;

4. taking all appropriate measures to ensure the safety of a resident who may have been sexually abused or battered or of a resident who may have reported the sexual abuse or sexual battery of another; and
5. promptly reporting any allegation involving retaliation against alleged victims or identified reporters of sexual abuse, sexual battery, staff misconduct, or sexual harassment; and
6. promptly reporting any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation.

H. Reporting: All incidents or allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment will be reported.

1. The following methods are available for residents and offenders to report incidents of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment:
 - a. a verbal report to any staff member, volunteer, or contractor;
 - b. calling an outside entity (Women's Center of Jacksonville) and report (904-271-7273 for residents);
 - c. filing a "Resident Request,"
 - d. filing an informal and/or formal grievance;
 - e. having a family member, friend, or other member of the public contact the Women's Center of Jacksonville (904-271-7273);
 - f. having a family member, friend, or other member of the public submit a third-party grievance;
 - g. write or e-mail the Corporate PREA Coordinator.
2. In all center instances of incidents involving sexual abuse, sexual battery, staff sexual misconduct, or staff sexual harassment, the Operation Supervisor (or highest-ranking supervisor on duty) will ensure that an Incident Report is completed,
3. The resident(s) suspected of committing sexual abuse or sexual battery will be restrained in a secure location pending RRM notification.
4. Staff will not reveal any information related to the sexual misconduct, sexual battery, sexual abuse or sexual harassment allegation to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions.

5. No initial time limit shall be imposed for sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment grievances.
6. Anonymous reports of sexual abuse and sexual harassment will be accepted, documented, and reported to the Corporate PREA Compliance Coordinator.
7. Staff may privately report any PREA related incident to include sexual misconduct, sexual battery, sexual abuse and sexual harassment of residents to any Supervisor.

I. Response:

1. Center: Any employee who has knowledge of or receives information, written or verbal (via firsthand or from a third party), regarding the fear of, coercion into, or actual sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment will immediately notify the highest-ranking supervisor on duty and the Facility Director.
2. The Facility Director or designee will ensure that they will immediately notify the PREA Compliance Coordinator who will then take immediate steps to evaluate the resident's concern/allegation. The authority notified will ensure proper medical treatment (if applicable) and mental health treatment are obtained. An investigation will be initiated in accordance with this procedure.
3. The Facility Director and PREA Compliance Coordinator shall ensure an administrative investigation is conducted for non-criminal incidents and a referral for a criminal investigation, if potentially criminal behavior is involved. Criminal investigations shall be referred to the Duval County Sheriff's Office who has legal authority to conduct criminal investigations. All investigations into alleged sexual abuse must be conducted by qualified investigator.
4. Any employee who fails to report or take immediate action regarding these incidents, or intentionally manifests actions to embarrass, demean, or humiliate any victim or informant, or trivializes a report of sexual abuse or sexual battery will be subject to the appropriate level of discipline. This discipline will possibly include termination of employment.
5. Upon learning of a resident sexual abuse or sexual battery allegation or incident, the first operations staff member to respond to the report shall be required to:
 - a. separates the alleged victim and abuser;
 - b. preserves and protect any potential crime scene until appropriate steps can be taken to collect any evidence;

- c. if the alleged abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including but not limited to, washing, bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating;
 - d. if the alleged abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including but not limited to, washing, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and
 - e. if the first responder is not a security staff member, request that the alleged victim not take any action that could destroy physical evidence, and then notify security staff.
7. Any resident who alleges sexual abuse or sexual battery shall be given a Jacksonville Women's Center brochure and advised of her/his right to access crisis intervention services, to have a forensic examination, and to have a victim advocate present during the forensic examination and/or the investigative interview, if s/he chooses.
 8. A medical examination is not required for a resident who alleges only sexual harassment or alleges an incident where no physical contact occurred. Victim advocacy and mental health services, however, shall be offered in these instances.
 9. Residents and/or staff who report sexual abuse will be monitored for retaliation for at least 90 days, with at least three contact status checks to occur within the 90-day monitoring period at the 30-, 60-, and 90-day marks from the date of the allegation.
 - a. Conduct, including a review of disciplinary reports, treatment by other staff and residents, and changes in housing, program assignments, work assignments, and demeanor will be reviewed along with the periodic status checks. For auditing purposes, it is the responsibility of the originating facility.
 - b. If a resident is transferred during the 90-day monitoring period, it is the receiving institutions' procedural responsibility to continue monitoring the resident for the remainder of the 90-day period.
 - c. Although monitoring shall continue for at least 90 days, if during this period, the investigation has determined the allegation to be unfounded, monitoring may cease.

J. Post Sexual Battery Guidelines: The Corporate PREA Compliance Coordinate and/or the Duval County Sheriff's Office shall conduct investigations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment,

1. If the alleged sexual abuse or sexual battery occurred less than 72 hours prior to the reporting of the incident, post-sexual battery guidelines should be implemented immediately in an effort to preserve and collect evidence.
2. If the alleged sexual abuse or sexual battery occurred more than 120 hours prior to the reporting of the incident, the Office of the Corporate PREA Compliance Coordinator will be notified and will determine if physical evidence is likely to exist and whether it can be collected through a forensic examination.
3. The Corporate PREA Compliance Coordinator will collect evidence as appropriate and if possible, collect the clothing the resident was wearing at the time of the alleged sexual abuse or sexual battery.
4. Neither the alleged victim nor abuser shall be allowed to shower or wash in any manner, until s/he is authorized to do so by the responding investigator.
5. If a resident is taken out of a facility for any reason related to a PREA incident, it must be ascertained what tests the victim received outside of the facility and copies of those results will be forwarded to the Corporate PREA Compliance Coordinator.
6. Treatment as appropriate will be offered to the victim and alleged perpetrator by the local hospital authority (unless otherwise directed) based on results of testing. Regardless of the results of any testing conducted, education, including education on STD and HIV/AIDS symptoms and transmission, will be provided to the victim and alleged perpetrator. Female victims shall also be offered pregnancy testing as necessary.

K. Medical and Mental Healthcare: If results of the medical assessment indicate that a resident has experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the resident shall be offered a follow-up meeting with a mental health practitioner within 14 days of the screening.

1. The provision of any information relating to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, state, or local law.
2. If during a screening or services, medical and mental health practitioners gain knowledge of sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment that did not occur in an

institutional setting they shall obtain informed consent from the resident before reporting the information.

3. Alleged resident victims of sexual abuse, sexual battery, or staff sexual misconduct shall receive timely, unimpeded access to emergency treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health practitioners according to their professional judgment.
4. Resident victims of sexual abuse, sexual battery, or staff sexual misconduct while incarcerated will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Additionally, the victim will be offered support services by means of a mailing address and/or telephone numbers to local community support group organizations, where available.
5. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.
 - a. As appropriate, medical and mental health evaluation and treatment shall be offered to all residents who have been sexually victimized and will be consistent with the community level of care. The evaluation and treatment of such victims shall include as appropriate, follow-up services, and, when necessary, referrals for continued care following a transfer to, or placement in, another facility, or a release from custody.
 - b. Resident victims of vaginal penetration during the resident's incarceration shall be offered pregnancy tests and, if pregnancy results, such victim will receive timely and comprehensive information about, and timely access to, all pregnancy-related medical services.
 - c. A mental health evaluation will be offered to any identified resident-on-resident abusers within 60 days of learning of such abuse history and, as appropriate, the abuser will be offered treatment.

L. Discipline:

1. Resident(s) who have been found guilty of sexual abuse, sexual battery, or sexual harassment, through the course of either internal or external hearings will be processed, unless otherwise ordered through judicial or administrative process.
2. When it is determined that a resident has filed a PREA report in bad faith, i.e., knowingly filed a false report, that resident shall be subject to discipline.

3. Staff, contractors, or volunteers who engage in sexual abuse, sexual battery, or sexual harassment and have been found guilty will be disciplined up to and including termination of contract and/or prohibition from working or volunteering for the organization. Additionally, any contractor or volunteer who engages in sexual abuse and sexual battery will be reported to law enforcement, unless it was clearly not criminal, and to any relevant licensing bodies.

M. Investigative Findings – Report:

Unless the allegation is unfounded, following a resident’s allegation that a staff member has committed sexual abuse against her/him, the PREA Compliance Manager or her/his designee shall inform the resident whenever the staff member, contractor or volunteer is no longer:

1. assigned to the facility; or
2. employed with the Organization.

N. Case Records: Case or investigation records, including but not limited to, any criminal investigation, administrative investigation, medical evaluations and treatments, recommendations of post-release treatment, and counseling associated with allegations of sexual abuse or sexual battery shall be retained by the organization for ten years after the date of the initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer.

O. Confidentiality of Records: No employee, volunteer, or contractor may knowingly disclose any information pursuant a sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment to any person other except as permitted by law. The release of any information identifying any PREA or other sexual battery or sexual abuse victims in the custody of the organization shall not be printed, published, or broadcasted unless a court determines that such information is no longer confidential and exempt pursuant to applicable law.

P. Sexual Abuse Incident Review: The facility shall conduct a sexual abuse incident review within 30 days of the conclusion of the investigation. This review team shall consist of the Director, Assistant Director and the PREA Compliance Manager. The team will also obtain input via reports from line supervisors, investigators, and medical or mental health practitioners. The team shall meet to, at a minimum:

1. assess the adequacy of staffing levels in the area where the incident happened;

2. consider whether the incident/allegation was motivated by race, ethnicity, LGBTQI identification, gang affiliation, or other group dynamics at the institution;
3. examine the area that the incident allegedly occurred to assess whether physical barriers or obstructions in the area may have enabled abuse;
4. assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
5. on a monthly basis, prepare a report with recommendations for improvements, and submit to the PREA Compliance Coordinator.

Q. PREA Compliance Coordinator: The PREA Compliance Coordinator will be responsible for the coordination of the activities related to the PREA compliance program through:

1. the implementation of terms and conditions of the contracts with service providers for PREA audits in facility;
2. the development of effective strategies to ensure a successful compliance, including policies, procedures, protocols, training, and dissemination of information related to the compliance with federal laws; and
3. the review of standards to suggest to the United States Department of Justice (USDOJ) any revisions, additions, or deletions which may be required;
4. the review of all audits, survey results, and incident reports on issues that may affect the compliance process and taking a proactive approach to corrective measures;
5. advising executive, managerial, and supervisory staff within the organization on issues related to the compliance process;
6. planning, directing, and coordinating all activities related to the compliance program, including administrative, financial, and operational issues;
7. serving as the liaison between the organization and the USDOJ;
8. coordinating, as appropriate with organization program areas to ensure adherence to the compliance standards;
9. maintaining records of all compliance activities, including, but not limited to:
 - a. compliance contract;
 - b. documentation of all audits, audit reports, corrective action plans, waivers, appeals, standards revisions, and compliance hearings;
 - c. the organization's correspondence with the USDOJ, their responses, and follow-up documentation;

- d. any changes or amendments to the compliance contract, audit schedules, and hearings; and
 - e. other related documentation;
10. providing training to staff covering all phases of the compliance process, including new compliance procedures and new or revised standards;
 11. representing the organization in PREA compliance audits, hearings, PREA committee meetings, and conferences when necessary;
 12. conducting pre-audit inspection of facilities to ensure that they are prepared for scheduled compliance audits;
 13. acting as liaison between field staff and executive staff on compliance issues;
 14. enforcing the performance of the PREA compliance contract terms and conditions;
 15. assisting in the revision of the organization's policies and procedures to ensure compliance with PREA standards; and
 16. conducting annual staffing reviews for each institution.

R. PREA Compliance Manager:

The PREA Compliance Manager is responsible for the compliance program at the facility under the advice of the PREA Coordinator. The Facility Director will ensure the following:

1. there is a designated staff member at their facility to keep abreast of all updates and revisions to PREA guidelines and any applicable policies.
2. ensures that her/his facility is prepared for PREA audits, including gathering all documentation necessary to demonstrate compliance with the standards.
3. prepares and maintain records of all compliance activities within her/his respective facilities that are requested by the PREA Compliance Coordinator;
4. responds in a timely manner to any request(s) for information from the PREA Compliance Coordinator;
5. coordinate with the Prea Compliance Coordinator for office space, facility tours, interviews, and information needed by the mock audit team or the visiting DOJ auditing team for any PREA audit conducted at their facility;
6. ensures the facility puts forth its best effort to maintain compliance during the three-year period between audits; and

7. adheres to the organization's annual PREA self-audits during years where the facility does not receive a mock (pre-audit) or certified DOJ audit.

Lori Costantino-Brown

Lori Costantino-Brown, President/CEO