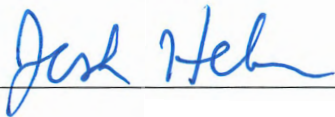


**Community Extended Nuclear Transition Residence for Ex-Offenders
Centre, Inc.**

Sexual Abuse/Assault/Harassment Prevention and Intervention	
Policy Number: P-19	Chapter: Programs
Pages: 21	
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Approved: 	Effective: 10-03-23

I. POLICY:

A. Purpose & Policy:

Centre will act to **prevent and/or reduce** all forms of sexual abuse and sexual harassment of clients through orientation, screening, assessment, staff training, data collection and monitoring, counseling, and investigation of alleged sexual abuse and or harassment.

The Purpose of this policy to ensure the prevention and/or detection of client sexual abuse and harassment which includes but is not necessarily limited to: providing guidelines to help prevent sexual assaults, abuse and or harassment on clients; to address the safety and treatment needs of client's who have been sexually assaulted, abused and or harassed; and to discipline and prosecute those who sexually assaulted, abused or harassed clients. **Centre Inc. mandates zero tolerance towards all forms of sexual abuse.** Types of Sexual Abuse are identified and defined in Section C. "Definitions" of this policy. All employees have a continuing affirmative duty to disclose any such conduct. This policy complies with the Prison Rape Elimination Act (PREA) Community Confinement Standards 28 C.F.R. Part 115. The Director of Operations serves as the agency's PREA Coordinator and is responsible for overseeing the agency's efforts to comply with PREA standards.

Each of Centre Inc.'s facilities / programs that house offender clients will designate an on-site PREA Compliance Officer. The Program Director / Manager at each location will serve as the PREA Compliance Officer. This staff person will be responsible for the following:

Ensure facility's compliance with PREA Standards. Focus on prevention through assuring all staff completes the required up-to-date training and monitor fidelity to policy addressing prevention through quality control. Encourage all staff to detect and report any and all potential situations pertaining to sexual abuse/harassment and monitor fidelity to policy addressing detection through quality control. Respond to, investigate, document and review all reports. Process all incidents with the Director of Operations – PREA Coordinator.

Facility Administrators, Program Directors / Coordinators / Managers, and Specialists are responsible for ensuring that all areas of each facility contain no physical barriers that could allow abuse to go

undetected and monitor for technology needs (replacing/moving video surveillance if needed).

When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

Staff of the opposite gender are required to announce their presence when entering resident sleeping rooms and bathrooms. Maintenance personnel must announce their presence prior to entering resident sleeping rooms and bathrooms.

In non-emergency situations, male employees, interns and volunteers are prohibited from entering female sleeping and bathing quarters if occupied unless they are accompanied by a second staff person.

Except in the case of emergency or other extraordinary or unforeseen circumstances, Centre Inc. restricts cross-gender viewing by nonmedical staff of residents/clients who are nude or performing bodily functions.

Centre Inc. prohibits searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. If a resident's genital status is unknown, staff will communicate with the resident, the referral agency and review documentation provided to Centre from the referral agency to assist with determining the resident's status. It is possible to learn this information as part of a broader medical examination conducted in private by a medical practitioner.

All residents, including those who are Limited English Proficiency (LEP), deaf, and disabled, are able to report sexual abuse to staff directly, through interpretive technology, or through non-offender/resident/client interpreters. The Sexual Abuse/Assault Prevention and Intervention packet is communicated appropriately to all incoming residents by staff at the time of orientation. This information packet contains the system for reporting sexual abuse.

Centre, Inc. adheres to PREA standard 28 CFR § 115.17: Hiring and Promotion Decisions. In the event the prospective employee had previous employment in an institution, hiring managers must make their best efforts 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. As defined in 42 U.S..Code § 1997, an institution is defined as:

- a jail, prison, or other correctional facility, whether for adults or juveniles
- a hospital, long-term care facility, or nursing home
- a residential facility for persons who are mentally ill, disabled, or chronically ill

During their initial contact with prior institutional employers, the hiring manager is responsible for obtaining information on whether or not there were any substantiated allegations of sexual abuse or harassment against the prospective employee. Centre Inc. prohibits the hiring or promotion of anyone who is found to have contact with residents and have engaged in sexual abuse or harassment in an institution, have been convicted of attempting or engaging in a nonconsensual sexual activity in the community, or have been civilly or administratively adjudicated in nonconsensual sexual activity. Similarly, Centre Inc. prohibits the enlistment of services of any contractor who may have engaged in sexual abuse or harassment in an institution, have been convicted of attempting or engaging in nonconsensual sexual activity in the community, or have been civilly or administratively adjudicated in nonconsensual sexual activity.

Centre Inc. conducts criminal background records checks at least every five years on current employees and contractors who may have contact with residents.

Centre Inc. will refer all victims (client/offender-on-client/offender or staff-on-client/offender) of sexually abusive penetration to a qualified forensic medical examiner. All forensic medical exams will be provided free of charge to the victim. Centre Inc. will make available or provide by referral a victim advocate to accompany the victim through the forensic medical exam process.

Sexual misconduct by staff against any client is prohibited by policy and law.

Sexual acts or contacts between a client and a staff member, even when no objections are raised, are always illegal/against the law.

The Sexual Abuse/Assault/Harassment Prevention and Intervention Policy includes several major elements: These elements include:

1. **Prevention.**
2. **Detection;** Prompt and effective and intervention to address the safety and treatment needs of victims if an assault occurs; and
3. **Responding;** Investigation, discipline, and prosecution of assailant(s).

B. Program Objectives:

1. Effective procedures to prevent sexually assaultive behavior will be operative in all Centre facilities and programs;
2. Centre direct-care staff utilizes facility checks/security inspections/resident counts, to maintain resident accountability and safety (see Resident Accountability Policy and Procedure). On-duty direct care staff is expected to be regularly out and about in the resident common areas of the facility. On-duty direct care staff is responsible for providing the supervision of residents/clients necessary to protect them from sexual abuse. On-duty staff is responsible for monitoring the entire facility.

Supervision and monitoring.

(a) Centre Inc. develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, Administrators take into consideration:

- (1) The physical layout of each facility;
- (2) The composition of the resident population;
- (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (4) Any other relevant factors.

(b) In circumstances where the staffing plan is not complied with, the Director of Operations will document and justify all deviations from the plan.

(c) Whenever necessary, but no less frequently than once each year, the Director of Operations shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
 - (2) Prevailing staffing patterns;
 - (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
 - (4) The resources the facility has available to commit to ensure adequate staffing levels.
3. The medical, psychological, safety, and social needs of victims of Sexual Abuse/Assault will be promptly and effectively met;
 4. All allegations of Sexual Abuse/Assault will be promptly and effectively reported and investigated; and
 5. Assailants, once identified, will be controlled, disciplined, and/or prosecuted.

C. Definitions:

1. ***Non-Consensual Sexual Act-*** Contact of any person without the person's consent, or contact of a person who is unable to consent or refuse, including;
 - a. Contact between the penis and vagina or the penis and the anus including penetration, however slight; or
 - b. Contact between the mouth and the penis, vagina, or anus; or
 - c. Penetration of the anal or genital opening of another person by a hand, finger, or other object.
2. ***Abusive Sexual Contact-*** Contact of any person without the person's consent, or contact of a person who is unable to consent or refuse; including intentional touching/fondling, either directly or through the clothing , of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person.
3. ***Staff Sexual Misconduct-*** Staff Sexual Misconduct includes:
 - a. Any behavior or act of a sexual nature directed toward a client by an employee, volunteer, official visitor, or agency representative;
 - b. Romantic relationships between staff and client;
 - c. Consensual or non-consensual acts including:
 1. Intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, arouse, or gratify sexual desire;
 2. Completed, attempted, threatened, or requested sexual acts; or
 3. Occurrences of indecent exposure, invasion of privacy, or staff voyeurism for sexual gratification.
4. ***Staff Sexual Harassment-*** Staff sexual harassment means repeated verbal statements or comments of a sexual nature to any client by an employee, volunteer, official visitor, or agency representative, including:
 - a. Demeaning references to gender or orientation or derogatory comments about body or clothing; or
 - b. Profane or obscene language or gestures.
5. ***Sexual Assault (Rape)-*** The act of sexual intercourse, any penetration, however slight, by the penis into the mouth, vagina, or anus of another person, or any penetration by any part of the body or an object into the anus or vagina of another person, or sexual contact, as defined below, with another person without that person's consent and knowing that is without that person's consent. Non-consensual sexual acts and abusive sexual contacts as defined above are types of

sexual assaults.

6. **Client Sexual Contact-** The act of kissing, hand holding touching by the intimate parts of one person to any part of another person, or touching by any part of one person or with any object or device, the intimate parts of another person. Sexual intercourse as defined above.
7. **Client Sexual Harassment-** Unwelcome sexual advances, requests for sexual favors, sexually motivated physical conduct or other verbal or physical conduct or communication of a sexual nature.

PREA Standards 28 C.F.R. Part 115.5 General Definitions: related to sexual abuse:

Substantiated allegation means an allegation that was investigated and determined to have occurred.

Unfounded allegation means an allegation that was investigated and determined not to have occurred.

Unsubstantiated allegation means an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

PREA Standards 28 C.F.R. Part 115.6 Definitions related to sexual abuse:

(1) Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident; and

(2) Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer.

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, **if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:**

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(2) Contact between the mouth and the penis, vulva, or anus;

(3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and

(4) 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 an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, **with or without consent of the inmate, detainee, or resident:**

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(2) Contact between the mouth and the penis, vulva, or anus;

(3) 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;

(4) 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, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(5) 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, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1) through (5) of this definition;

(7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and

(8) Voyeurism by a staff member, contractor, or volunteer.

Sexual harassment includes—

(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 inmate, detainee, or resident directed toward another; and

(2) Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

II. PROCEDURES:

A. Client Orientation:

1. Written policy, procedure, and practice ensure that information is provided to residential clients about sexual abuse/assault including:

- a. Prevention/Intervention (Recognizing behaviors that are inappropriate, harassing, or assaultive;
- b. Self Protection;
- c. Reporting Sexual Abuse Assault & privacy rights including how to confidentially report sensitive issues to facility staff, the referral agent, local law enforcement; and/or the Office of Inspector General.;
- d. Treatment and Counseling;

For BOP referrals: it includes a discussion of filing an administrative remedy directly to the Regional Office when the issue is considered sensitive in accordance with the Program Statement on the Administrative Remedy Program.

2. During the initial orientation with on duty-staff, the resident receives a copy of the "Sexual Abuse/Assault Awareness/Information pamphlet. The staff person and client review the materials which includes techniques for prevention; self protection, reporting of sexual abuse or assault, and how to seek

counseling if the client has been a victim of a sexual assault. The staff and client sign acknowledgement. The acknowledgement is maintained in the client's case file.

3. Appropriate provisions will be made as necessary for clients with limited English proficiency, clients with disabilities and clients with low literacy levels. The agency will not rely on resident interpreters, resident readers or other types of resident assistants. The Program Director/Manager and Case Manager will develop a plan specific to each unique situation designed to ensure all residents have equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment.

B. Intake Screening:

Centre Inc. personnel adhere to PREA Standard 115.241 Screening for risk of victimization and abusiveness and PREA Standard 115.242 Use of screening information. Program Director and/or Program Manager are specifically responsible for ensuring compliance to these PREA Standards.

*Dissemination of resident Intake Screening information within the facility will be done so on a "Need To Know" basis amongst personnel. Sensitive information will not be exploited by staff or other residents. Staff accessing "INITIAL ASSESSMENT/RE-ASSESSMENT PRISON RAPE ELIMINATION ACT" document for any purpose other than to make informed decisions within the scope of their assigned duty is prohibited. Centre Inc. personnel who do not have job responsibilities specific to this standard will not be granted access to this specific information within the agency's electronic case file system "SecurManage".

1. Clients will be screened within 48 hours of arrival at all residential facilities for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Sleeping room assignments will be made or adjusted accordingly. If at any time (intake, or any time thereafter) staff identifies a client with a history of sexual predation or sexual victimization, **WHICH HAS NOT BEEN PREVIOUSLY DOCUMENTED**, staff will report this information to the Director of Operations and referral contact person. Case Managers, Residential Staff and Program Managers will utilize risk screening results to assist with ensuring potential victims (those at risk for being sexually victimized) will be separated from potential aggressors (those at high risk of being sexually abusive) when assigning programming, work and education where possible.
2. Clients identified with a history of sexually assaultive behavior will be further assessed by the clinical staff or other qualified professional. Clients with a history of sexually assaultive behavior will be monitored and counseled accordingly.
3. Clients identified at risk for sexual victimization will be referred to and assessed by a mental health or other qualified professional. Clients at risk for sexual victimization will be monitored and counseled accordingly.
4. Ordinarily prior to arrival, the Program Director and/or Program Manager or designee screens all referrals for sexually assaultive behavior. When identified, and if the client is accepted into the program, direct care staff are made aware of the history and behavioral and treatment plan for monitoring purposes.
5. Within 48 hours of arrival, the Case Manager, Program Manager/Director, or designee meets with all residential clients and completes an initial intake interview/screening and/or assessment.

See "Referral, Admissions, Intake, and Orientation Processing" Policy and Procedure for specifics on utilization of the Sexual Victimization / Sexually Aggressive Risk Assessment.

- a. Upon completion of the screening/interview/assessment, clients may be identified as being vulnerable or sexually aggressive by their responses to specific questions on the

screening form.

- b. Clients identified as vulnerable or sexually aggressive will be discussed with the Program Director, and/or Director of Operations or designee. The Program Director/Manager makes a determination if the client is sexually vulnerable, or sexually aggressive.
 - c. The Case Manager or designee refers the client for appropriate mental health counseling and/or other types of treatment programs as deemed appropriate.
 - d. The Case Manager will also inform the Program Manager or designee who will make appropriate sleeping room accommodations.
6. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Director of Operations will be immediately notified. The Director of Operations will notify the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible but no later than 72 hours after receiving the allegation. The Director of Operations or designee will document this notification. In cases where the allegation includes Centre Inc., the allegation will be investigated in accordance with this policy.

C. Client Reports of Non-Consensual Sexual Acts, Abusive Sexual Contacts, Staff Sexual Misconduct, or Staff Sexual Harassment (Volunteers and Contractors are subject to all PREA Community Confinement Standards):

Centre Inc. personnel adhere to PREA Standard 115.251 Resident Reporting and PREA Standard 115.261. Staff and agency reporting duties. Program Director and/or Program Manager are specifically responsible for ensuring compliance to these PREA Standards. (See attachment A of this policy). In cases where allegations indicate the abuse/harassment occurred at outside institutions, the institution named in the allegation will be notified.

1. Clients, uninvolved inmates, or staff (third party individuals) may report incidents of non-consensual sexual acts, abusive sexual contacts, staff sexual misconduct or staff sexual harassment to any employee of Centre, Inc. They may do this verbally or in writing to a staff person. It is important that this information is passed along to the Director of Operations, Program Director and or Program Manager, on-call person, or designee immediately, in order to begin the investigation, and to preserve the crime scene and any potential evidence.

Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary as specified within this policy to make treatment, investigation and other security and management decisions.

2. When the Director of Operations, Program Director, Program Manager, on-call person or designee receives reports of any of the above types of sexual contact, they must determine the type of sexual contact that occurred from the definitions above in this policy and begin an investigation as outlined in the following section of this policy.
3. The Director of Operations and/or Executive Director or designee will be immediately notified and will then notify the victim and aggressor's referral agency contact person. For the Bureau of Prisons this is the Residential Reentry Manager (RRM or designee). For the North Dakota Department of Corrections this is the Deputy Director of Transitional Programs.

For all PREA incidents involving BOP residents:

Immediately complete the IMMEDIATE NOTIFICATION FORM and scan or

email it to the RRM or designee. Follow up with a phone call to the RRM office at 612-332-5024 during regular business hours or call the RRM cell phone at 202-598-0538 or designated COS telephone.

Notification to the RRM office is made immediately upon becoming aware of the report or allegation. Centre Inc. administration will not begin investigation process without RRM authorization. The RRM office will consult with the U.S. Department of Justice's Office of the Inspector General. Centre Inc. will await direction from the RRM office specific to the investigation process.

BOP policy requires an RRC to notify the BOP of significant incidents, which would include staff sexual abuse of a resident or sexually abusive behavior of one resident with another resident. This notification is sent to the RRM, the RRM prepares a referral to the Office of Internal Affairs, OIA then reviews the allegation and forwards the allegation to the Office of the Inspector General; OIG determines if there is sufficient evidence to conduct a criminal investigation, if yes, they contact the Asst US Attorney and begin their investigation - if they decline to take the investigation, OIG can direct OIA to conduct an investigation which is typically assigned to the RRM/COS.

D. Investigations of Non-Consensual Sexual Acts, Abusive Sexual Contacts, Client Sexual Harassment, Staff Sexual Misconduct, or Staff Sexual Harassment:

1. An investigation is conducted and documented whenever a sexual assault or threat is reported.

*Centre Inc. imposes the standard of a preponderance of evidence when determining whether allegations of sexual abuse or sexual harassment can be substantiated.

If the allegations of sexual abuse or sexual harassment have the potential for criminal prosecution, investigating staff will refer the incident to local law enforcement agencies who have legal authority to conduct criminal investigations.

During an investigation in which law enforcement is involved, Centre staff will:

- a. Cooperate with outside investigators and attempt to remain informed about the progress of the investigation by confirming law enforcement's plan for investigation including time line(s) and request that investigations are prompt, thorough, and objective and consider third-party and anonymous reporting.
- b. Cooperate with the assigned agency and will act on the guidance of the investigating law enforcement official and prosecutor to determine whether or not conducting compelled interviews would be an obstacle for subsequent criminal prosecution. During interviews, the designee will attempt to assess the credibility of alleged victims, suspects, and witnesses on an individual basis and not based on their status as a resident or staff. The designee will not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
- c. Attempt to determine whether staff actions or failures to act contributed to the abuse. They will also refer substantiated allegations of staff conduct that appears to be criminal to law enforcement for prosecution. Additionally, documented reports will be completed that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings per law enforcement's findings.
- d. Will not terminate an investigation based on the departure of the alleged abuser or victim from the employment or control of the facility or agency.

Per a Memorandum of Understanding, law enforcement agencies will:

- a. Cooperate with Centre, Inc. by providing necessary law enforcement investigation pertaining to qualifying allegations of sexual abuse/harassment/assault occurring at Centre, Inc. The referred agency will use investigators who have documented record of specialized training in sexual abuse investigations in accordance with § 115.234 and will ensure that investigations

- are prompt, thorough, objective and consider third-party and anonymous reporting. The agency will also consider adding or maintaining a policy governing the conduct of performing criminal investigations of sexual abuse/harassment in community confinement facilities.
- b. Act on the guidance of the criminal prosecutor to determine whether or not conducting compelled interviews would be an obstacle for subsequent criminal prosecution. The referred agency will attempt to assess the credibility of alleged victims, suspects, and witnesses on an individual basis and not based on their status as a resident or staff. Law enforcement will not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
 - c. Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The referred agency will then document criminal investigations in a written report that contains a thorough description of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings and attach copies of all documentary evidence where feasible. The agency will keep Centre Inc. informed of the progress of the investigation and will provide final report when or if allowable by law.
 - d. Will not terminate an investigation based on the departure of the alleged abuser or victim from the employment or control of the facility or agency.
2. Clients who are victims of sexual abuse have the option to report the incident to a designated staff member other than an immediate point of contact.
 3. Victims of sexual assault will be referred to the appropriate/applicable community medical, psychological, and law enforcement agencies for treatment and gathering of evidence. The referral and follow up will include provisions that include but are not necessarily limited to:
 - a. The extent of physical injuries is documented and with the victim's consent, the examination includes the collection of evidence from the victim;
 - b. Testing for sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, and other diseases);
 - c. Counseling as appropriate;
 - d. Prophylactic treatment and follow up for sexually transmitted diseases will be offered as appropriate;
 - e. Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.
 - f. Following the physical examination, there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up; and
 - g. A "Report of Significant Incident" is completed and forwarded to the Director of Operations, Executive Director, or designee, and includes addressing/assuring the alleged victim(s) was separated from the alleged assailant(s).
 - h. Resident victims of sexual abuse will receive timely and unimpeded access to emergency mental health care and ongoing medical and mental health care at no cost to the resident (during the offender's Residential program participation).
 4. Investigations of recent non-consensual sexual acts (occurring within 72 hours) / First Responder duties:
 - a. Responsibilities of the person receiving the report of a recent sexual assault include:
 1. Remain with the client to provide support and to ensure that the victim does not wash, shower, or change clothes prior to the examination;

2. Inform the on-duty supervisor and on-call person of the alleged assault;
 3. determine and secure the crime scene; and
 4. Document the incident as reported to you, in writing, for the investigator.
- b. Program Manager, Program Director, or On-Call/Staff Investigator responsibilities:
1. Notify the Director of Operations, Executive Director or Designee;
 2. Respond to the crime scene. A determination shall be made, based upon the amount of time that has passed since the alleged incident and other factors, whether there is a possibility of evidence still existing at the crime scene. If it is determined that evidence may still exist, or that a crime has been committed, secure the potential crime scene. Any potential evidence should remain in place for law enforcement examination and investigation;

If the 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, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

If the 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, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

If the first staff responder is not a security 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 security staff;

3. Notify the local law enforcement agency having jurisdiction of the allegations and confirm their plan for investigation including time line(s). The only persons that may enter the crime scene are the investigating law enforcement personnel and staff investigator as needed. A record will be kept of all persons entering the crime scene, and the time they entered. The area will remain secured as a crime scene until the law enforcement investigator releases it
4. As soon as practical, have staff escort the victim to a medical facility (local hospital emergency room) for examination. If the client alleging the assault refuses to be examined, have the client sign a statement refusing and document this in their case file;
5. Communicate the facts known about the incident, including the infectious disease status of the aggressor, if known, to the emergency room or clinic nurse;
6. Notify the Program Director or designee if applicable informing them of the incident and/or make a referral to a Mental Health Clinician/Psychiatric Department at the hospital/medical facility and request they immediately assess the victim to counsel and provide support. The mental health professional may sit in on any interviews with the victim, if requested to do so by the victim or by a law enforcement officer;
7. If the alleged aggressor is known, the aggressor must be, if possible removed from the facility and/or detained at a locked facility, pending the results of the investigation. The aggressor and the victim must be kept separate throughout the investigation;
8. False Accusations- If the investigation reveals that the client made a false allegation which the client in good faith could not have believed to be true; the facility may take disciplinary action against the client;
9. Upon completion of the investigation, and a determination that the incident did happen, determine if the incident was a non-consensual sexual act, an abusive sexual contact, or a consensual sexual contact, and ensure that appropriate

personnel complete the appropriate disciplinary reports and forward the reports to the appropriate personnel for disciplinary hearing/action;

10. Complete the Significant Incident Report and forward to the Director of Operations or designee.

5. Investigations of Non-consensual sexual acts occurring 72 hours or more in the past.

- a. If the alleged assault is reported or discovered more than 72 hours after the incident, the staff person shall:
 1. Notify the Director of Operations and/or Executive Director or Designee;
 2. Secure the crime scene, if feasible, as forensic evidence may still exist;
 3. The aggressor and alleged victim must be kept separate from each other. Make arrangements for physical separation of the victim and alleged aggressor in accordance with the allegations, our agreement with the referral agencies, and in accordance with law enforcement detention policies/procedures. The alleged victim should remain with a staff member in a private area pending investigation;
 4. Notify the local law enforcement agency having jurisdiction of the alleged incident and request they begin the investigation.
 5. Follow the same procedure for preserving the crime scene as described in section D, #4, part b, number 2 of this policy.
 6. Refer client to Program Director / Manager and/or mental health professional to assess the alleged victim. The mental health professional will be allowed to sit in on any interviews with the investigator and alleged victim;
 7. Consult with the alleged victim and medical personnel in regards to assessing and treating the alleged victims for injuries;
 8. Upon completion of the investigation, determine whether the incident was a non-consensual sexual act, (as opposed to possible abusive sexual contact, or a consensual sexual contact) and ensure that personnel complete the appropriate misconduct/disciplinary reports.
 9. Complete the "Report of Significant Incident" Report Form and forward to the Director of Operations for inclusion in annual reporting data.

6. Investigations of abusive sexual contacts:

- a. Any staff receiving notice from an client that they have been the victim of an abusive sexual contact (see definition above) should immediately report the incident to the shift supervisor, on-call person, the Director of Operations, and/or Executive Director or designee;
- b. The on-call person/manager, or Case Manager if applicable will as soon as practical, meet with the victim and begin the investigation;
- c. Due to the nature of the definition of an abusive sexual contact, there should be no need to send the victim outside the facility for a sexual assault examination, but the staff person should offer the victim an option to be screened for injuries at either the clinic or emergency room;
- d. Staff will offer the victim the option of speaking with a mental health professional;
- e. Depending on the circumstances of the abusive sexual contact, in most cases the staff person may wish to segregate the victim from the alleged perpetrator. However, there may be circumstances where it would be advantageous to the victim not to force this separation. When determining the course of action, the staff person should consider the best interests of the victim;
- f. If after the initial interview with the victim, the victim would like to file a police report and/or if the staff person suspects a crime may have been committed, the staff person will notify the local law enforcement agency having jurisdiction and request that they take over the investigation;
- g. False Accusations- If the investigation reveals that the client made a false allegation

which the client in good faith could not have believed to be true; the facility may take disciplinary action against the client;

- h. Upon completion of the investigation, determine if a facility/program rule was violated, and ensure that personnel complete and execute appropriate misconduct/disciplinary reports; and
- i. Complete the "Report of Significant Incident" Report Form and forward to the Director of Operations for inclusion in annual reporting data.

7. Investigations of Client Sexual Harassment:

- a. Any staff receiving notice from an client that they have been the victim of Client Sexual Harassment should immediately report the incident to the shift supervisor, on-call person, the Director of Operations, and/or Executive Director or designee;
- b. The on-call person/manager, or Case Manager if applicable will as soon as practical, meet with the victim and begin the investigation;
- c. Staff will offer the victim the option of speaking with a mental health professional;
- d. Depending on the circumstances of the harassment, in most cases the staff person may wish to segregate the victim from the alleged perpetrator. However, there may be circumstances where it would be advantageous to the victim not to force this separation. When determining the course of action, the staff person should consider the best interests of the victim;
- e. If after the initial interview with the victim, the victim would like to file a police report and/or if the staff person suspects a crime may have been committed, the staff person will notify the local law enforcement agency having jurisdiction and request that they take over the investigation;
- f. False Accusations- If the investigation reveals that the client made a false allegation which the client in good faith could not have believed to be true; the facility may take disciplinary action against the client;
- g. Upon completion of the investigation, determine if a facility/program rule was violated, and ensure that personnel complete and execute appropriate misconduct/disciplinary reports; and
- h. Complete the "Report of Significant Incident" Report Form and forward to the Director of Operations for inclusion in annual reporting data.

8. Investigations of Allegations of Staff Sexual Misconduct and Staff Sexual Harassment:

- a. Sexual contact between staff and inmates, volunteers, or contract personnel and inmates, regardless of consensual status, is prohibited, and subject to administrative disciplinary and criminal sanctions.
 - 1. Any employee who receives information about staff sexual misconduct or staff sexual harassment will immediately inform the Director of Operations and Executive Director or designee. Information may include rumors from staff or clients. Failure to report information about staff sexual misconduct or staff sexual harassment may result in disciplinary action, up to and including dismissal;
- b. The Director of Operations, Executive Director or designee will:
 - 1. Begin an investigation. They will ensure there is separation between the client and affected staff during the investigation. The separation does not represent a form of punishment for the client or affected staff.
 - 2. In cases of Staff Sexual Misconduct, refer the client to the hospital emergency room or clinic and offer an immediate sexual assault investigation if the alleged incident occurred less than 72 hours prior to the time the incident was reported;

3. Assure that all clients that report they have been the victim of staff sexual misconduct or staff sexual harassment are referred to mental health professional for assessment, support, and counseling services.
- c. The assigned investigator will meet with the client and review their statement. If it becomes apparent that a crime has possibly been committed, the staff person will request assistance from the local law enforcement agency having jurisdiction, and work as a liaison with that investigative agency while they take the lead in the investigation. Only in extreme cases where the staff investigator is certain that this is a false allegation of staff sexual misconduct, based on obvious and irrefutable facts of the case, will an outside agency not be called in to assume the investigation. Allegations of staff sexual harassment will be handled internally.
 - d. Employees are required to cooperate fully by providing all pertinent information during the investigation. Failure of an employee to answer any inquiry fully will be grounds for disciplinary action.
 - e. Employees will not make any attempt to contact the client/victim during the time the allegation is first made, until the completion of the investigation.
 - f. Employees are prohibited from any form of retaliation against a client who makes an allegation of staff sexual misconduct or staff sexual harassment.
 - g. False Accusations- If the investigation reveals that the client made a false allegation which the client in good faith could not have believed to be true; the facility may take disciplinary action against the client.
 - h. Employees, contract volunteers, official visitors, or agency representatives who are found to have committed staff sexual misconduct as defined above will face internal discipline, and the facility will also work with law enforcement to aid in the prosecution of such charges to the fullest extent possible. Employees, contract volunteers, official visitors, or agency representatives who are found to have committed staff sexual harassment will be disciplined internally per Centre's personnel policies. Centre Inc. will report all relevant information specific to employee, volunteer, official visitor, or agency representative discipline to relevant licensing bodies. The facility's PREA Compliance Officer is responsible for documenting this notification.

E. Resident Referral to outside services:

Centre Inc. personnel adhere to PREA Standard 115.253 Resident access to outside confidential support services. Program Director and/or Program Manager are specifically responsible for ensuring compliance to this PREA Standard. (See attachment A of this policy).

Centre Inc. personnel adhere to PREA Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers. Case Managers and/or Program Directors are responsible for ensuring all known resident-on-resident abusers are referred for a mental health evaluation and that treatment is offered when the mental health practitioner deems it is appropriate. In applicable cases, the Case Manager or designee will complete the referral within 60 days of learning of such abuse history.

Upon the assigned Case Manager becoming aware of potential release or transfer from Centre Inc. programming, they will assist the client with developing a plan for necessary continued care. This plan will include recommendations provided by the client's healthcare provider. The plan will be forwarded to the receiving institution and or communicated to the authority having jurisdiction

over the client where applicable. This will be documented in the Discharge Summary / Individual Program Plan of the client's Electronic Case File.

F. Protection Against Retaliation:

Retaliation of any kind against any person (residents, staff, volunteers, visitors etc.) will not be tolerated. Residential programs will have a designated staff person on every shift (24 hours per day, 365 days per year) who is assigned the duty of monitoring for retaliation. When staffing patterns allow for one staff person on shift, this person, regardless of title, will be assigned this duty. When staffing patterns allow for more than one person on shift, the Residential Specialist II will have this responsibility. Notification to the residents will be communicated through the "An Overview for Clients on Sexual Abuse/Assault Prevention and Intervention" which all incoming residents receive and acknowledge during admission. Notification to staff will be accomplished through the process of reading, signing and acknowledging their job description.

The assigned and designated on-shift staff person will monitor the conduct and treatment of residents or staff who have reported sexual abuse and of residents or staff who were reported to have suffered sexual abuse, to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation which includes notification to the facility's PREA Compliance Officer (or "Chain of Command" if the PREA Compliance Officer is involved).

The PREA Compliance Officer and PREA Coordinator will develop action plans for every resident and or staff who have reported and or suffered sexual abuse. The action plans for residents will be communicated to all Residential staff on a "need to know" basis and will ensure assigned and designated staff person is on alert for retaliation monitoring. The action plans for staff will be communicated to all Managerial and Administrative staff on a "need to know" basis and will ensure an assigned and designated staff person is on alert for retaliation monitoring. Action Plans will require routine status checks on the individual. The frequency of status checks will be determined on a case by case situation and designed to safeguard the individual's safety and consider and minimize the individual's potential anxiety. Action Plans will be documented and attached to the SART Report. The assigned and designated staff will be cognizant of resident disciplinary reports, housing, and program changes and will immediately report anomalies to the PREA Compliance Officer and or "Chain of Command". The PREA Coordinator will monitor and investigate negative performance reviews or reassignments of staff involving personnel involved in potential retaliation situations.

Initial retaliation monitoring period begins at the time abuse occurred or time report of abuse was made. The initial retaliation monitoring period will last 90 days. The monitoring period will be extended if the need exists. This policy and procedure will encompass and protect any individual who cooperates with an investigation and or communicates a fear of potential retaliation.

G. Prosecution:

1. The law enforcement investigator and Centre will work together with the local prosecutor's office to assure appropriate criminal prosecution of cases of sexual assault or staff sexual misconduct.

H. Employee, Volunteer and Contractor Training:

1. All new employees shall receive instruction on the specifics of the Sexual Abuse Assault Prevention and Intervention Policy and Procedure during their initial employee orientation training. This will include instruction related to the prevention, detection, response and investigation of sexual assaults and staff sexual misconduct.
2. Volunteers and Contractors who have contact with residents will be trained on the specifics of the

- Sexual Abuse Assault Prevention and Intervention Policy and Procedure including the agency's zero-tolerance policy and information on how to report such incidents.
3. Employees will receive refresher training/review of the policy and procedure will be conducted on an annual basis thereafter.
 4. All training will be documented.

I. Records Retention of Sexual Acts-Prison Rape Elimination Act Data Reporting:

- A. All case records associated with claims of sexual abuse, including incident reports, investigative reports, client information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and or counseling will be retained in accordance with Centre's record retention policy.
1. Whenever there is a claim of sexual assault, sexual misconduct by staff, or sexual harassment, an investigation will commence as outlined in this policy.
 2. At the completion of the investigation, the staff investigator will complete the "Report of Significant Incident" and attach/compile all the documentation, including the investigative report, incident reports with disposition, medical and counseling evaluation findings, and recommendations for post release treatment, and place the original in the client's case file, and forward a copy to the Director of Operations or designee.
 3. On or around January 1 of each year, the Director of Operations or designee will review the Significant Incident Reports, and tally statistics on the number of Non-consensual Sexual Acts, Abusive Sexual Contacts, Consensual Sexual Contacts, Staff Sexual Misconduct, and Sexual Harassment incidents. The Director of Operations will share/forward this information to its referral agencies and licensing authority oversight personnel as requested.

J. Resident Notification

- A. Centre Inc. personnel adhere to PREA Standard 115.273 Reporting to residents. Program Director and/or Program Manager are specifically responsible for ensuring compliance to this PREA Standard. (See attachment A of this policy).

Centre

I have read, understand, and agree to comply with the Sexual Abuse/Assault Prevention & Intervention Policy and Procedure. I have been given the opportunity to ask questions and have received appropriate clarifications.

The Purpose of this policy is to ensure the prevention and/or detection of client sexual assault which includes but is not necessarily limited to: providing guidelines to help prevent sexual assaults on clients; to address the safety and treatment needs of client's who have been sexually assaulted; and to discipline and prosecute those who sexually assault clients. **Centre Inc. mandates zero tolerance towards all forms of sexual abuse.** All employees have a continuing affirmative duty to disclose any such conduct. This policy complies with the Prison Rape Elimination Act (PREA) Community Confinement Standards 28 C.F.R. Part 115.

Print Name

Date

Signature

Sexual Abuse-Assault Prevention Intervention Policy and Procedure

§ 115.241 Screening for risk of victimization and abusiveness

(a) All residents shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents.

(b) Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

(c) Such assessments shall be conducted using an objective screening instrument.

(d) The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:

(1) Whether the resident has a mental, physical, or developmental disability;

(2) The age of the resident;

(3) The physical build of the resident;

(4) Whether the resident has previously been incarcerated;

(5) Whether the resident's criminal history is exclusively nonviolent;

(6) Whether the resident has prior convictions for sex offenses against an adult or child;

(7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

(8) Whether the resident has previously experienced sexual victimization; and

(9) The resident's own perception of vulnerability.

(e) The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.

(f) Within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

(g) A resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

(h) Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section.

(i) The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited

to the resident's detriment by staff or other residents.

§ 115.242 Use of screening information

(a) The agency shall use information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

(b) The agency shall make individualized determinations about how to ensure the safety of each resident.

(c) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

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

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

(f) The agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.

§ 115.251 Resident reporting

(a) The agency provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

(b) The agency also informs residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

(c) Staff accepts reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

(d) The agency provides a method for staff to privately report sexual abuse and sexual harassment of residents by accepting verbal, written and anonymous reports.

§ 115.253 Resident access to outside confidential support services

(a) The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

(b) The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to

authorities in accordance with mandatory reporting laws.

(c) The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

§ 115.261 Staff and agency reporting duties

(a) The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

(b) Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

(c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

(d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

(e) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

§ 115.273 Reporting to residents

(a) Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Program Director/Manager is responsible for documenting this notification within the Significant Incident Report.

(b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

(c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

(1) The staff member is no longer posted within the resident's unit;

(2) The staff member is no longer employed at the facility;

(3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

(4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

(d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

(1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

(2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

(e) All such notifications or attempted notifications shall be documented.

(f) An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.