

POLICY AND PROCEDURE
Lucas v. White Specialty Training
Materials
Volume 1

Specialized Training
Federal Bureau of Prisons
Sexual Abuse/Assault Prevention and Intervention

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Specialty Training

Federal Bureau of Prisons

Sexual Abuse/Assault Prevention and Intervention Program

July 21, 1998

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SPECIALIZED TRAINING

SEXUAL ABUSE/ASSAULT PREVENTION AND INTERVENTION

LESSON PLAN:	Sexual Abuse Program Coordinator Training
TIME FRAME:	2 Hours minimum
PURPOSE:	To provide guidelines for Sexual Abuse Coordinators who are responsible for ensuring the coordinated, interdisciplinary efforts at each institution in: • preventing sexual abuse/assault • intervening when sexual assaults occur • investigating allegations of sexual assault • disciplining/prosecuting perpetrators of sexual abuse/assault • educating and training staff and inmates • safeguarding, assessing, treating, and managing sexually assaulted inmates
OBJECTIVES:	At the end of this session each Program Coordinator will be able to: A. List the key aspects of the Sexual Abuse/Assault Prevention and Intervention Program. B. State staff and supervisory intervention strategies to minimize instances of inappropriate staff/inmate relationships. C. State the identification and referral process when an alleged staff/inmate sexual assault occurs.
STUDENT MATERIALS:	Handouts Program Statement 5324.04
INSTRUCTOR MATERIALS:	Lesson Plan Briefing Materials from NIC Flipchart
REFERENCES:	Program Statement, 5324.04, Sexual Abuse/Assault Prevention and Intervention Program and local institution supplement Program Statement 3420.08, Standards of Employee Conduct.
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PROGRAM COORDINATOR SPECIALTY TRAINING -SEXUAL ABUSE/ASSAULT PREVENTION AND INTERVENTION-

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I. INTRODUCTION

The sexual abuse of inmates has been identified across correctional systems as a major correctional management issue of the 1990's. A coordinated strategy that involves law and policy development, training of prisoners and correctional staff, and public education is being examined and pursued by most states. A federal law, the Sexual Abuse Act of 1986 (18 U.S.C. 2242-44) provides severe penalties for sexual abuse of inmates. If the abuse involves coercion, it is usually presented as a felony offense. The maximum penalty for an offense of this type is life in prison. If the abuse does not involve coercion, it is usually prosecuted as a misdemeanor. The penalties for this type of offense are still severe. Incidentally, there is no such thing as "consensual sex." In 1990, only 17 states and the federal government had laws prohibiting the sexual abuse of inmates. Today, sexual misconduct has been recognized as a national issue, and:

Handout - 50 State Survey

- 35 states, the District of Columbia, and the federal government have laws that specifically criminalizing sexual abuse in prisons.
- 28 states and the District of Columbia define sexual misconduct in prisons as a felony.
- 4 states define sexual misconduct in prisons as a misdemeanor.
- 3 states and the federal government define sexual misconduct in prisons as either a felony or a misdemeanor depending on the nature and severity of the assault.
- 3 states criminalize the conduct of both the prisoner and the corrections employee in "consensual" cases of sexual misconduct.
- 13 states and the District of Columbia specifically provide that even if a prisoner "consents" to or voluntarily engages in sex with a corrections staff person, the staff member is criminally liable.
- 9 states, the District of Columbia and federal government provide that marriage is a defense to a charge of sexual misconduct.
- 15 states have no laws criminalizing sexual misconduct in prisons.

The National Institute of Corrections (NIC), (the component of the BOP which provides direct assistance to states and local correctional systems), has been pro active and responsive in providing direct technical assistance to states who have experienced instances of sexual misconduct. NIC has worked directly with 24 states and the BOP in developing action plans to provide remedies for correctional systems in responding to the issue of sexual misconduct.

Handout: "Assumptions" from NIC

The BOP has a zero tolerance stance regarding inappropriate conduct between staff and inmates, particularly that of a sexual nature. There are currently 30,000 employees who work for the BOP. There were 15 cases sustained against BOP staff for sexual abuse of an inmate in 1997. With zero tolerance, the BOP strives to prosecute any instance of sexual misconduct and obtained 8 prosecutions in 1997. The BOP has very clear policy and training programs for staff and inmates.

Handout: BOP cases

Eleven of those cases involved male staff and female inmates, three involved female staff and male inmates and one case involved a female staff and a female inmate.

The BOP increased its focus on the issue of sexual abuse of inmates in July of 1996 after several incidents occurred at a facility for female offenders. The BOP, with assistance from the National Institute of Corrections (NIC), conducted focus groups with staff and inmates at four facilities to assess staff attitudes toward women offenders, BOP philosophy on the management of female offenders and training needs. Issues were identified and presented to a BOP Workgroup who formulated recommendations for refining BOP policy and training which were approved by the Executive Staff in December of 1996. Objectives and action steps were identified and target dates established for implementation beginning in April of 1997.

Discuss cases and how the dynamics between male staff and female inmates, male staff and male inmates, female staff and male inmates, and female staff and female inmates differ.

In December of 1997, the revised Program Statement entitled Sexual Abuse/Assault Prevention and Intervention Program was issued and included for the first time discussion of the protocol to follow to ensure:

Handout - Program Statement 5324.4, Sexual Abuse/Assault Prevention and Intervention Program

- effective procedures to prevent sexually assaultive behavior will be operative in each Bureau institution
- medical, psychological, safety, and social needs of victims will be promptly and effectively met
- all allegations of sexual abuse/assault will be promptly and effectively reported and investigated
- an, assailants, once identified, will be controlled, disciplined, and/or prosecuted

All staff received training on Sexual Misconduct, Sexual Assault Prevention and Intervention during Annual Refresher Training in 1998, and new employees received training beginning in March of 1998 as part of their basic training at the Staff Training Academy at Glynco. Specialized training has been developed for staff who have been appointed by the Warden [herein after referred to as Program

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Coordinators] to ensure that all elements of the program statement are met in a coordinated, interdisciplinary fashion to include:

- educating and training staff and inmates
- safeguarding, assessing, treating, and managing sexually assaulted inmates
- investigating disciplining, and/or prosecuting perpetrators of sexual assault

Specialty training has also been developed for medical and mental health staff, correctional supervisors (lieutenants), and other staff who are at the GS9 and above level to ensure all staff with management responsibilities are aware of their responsibilities in preventing sexual abuse/assault and intervening appropriately when allegations are brought to their attention by inmates.

In the near future, each institution will begin providing training for inmates on sexual abuse/assault prevention and intervention. Therefore, it is very important the Program Coordinator understand the dynamics involved when presenting this topic to staff and inmates. This training module is to be completed by the Program Coordinator and any staff responsible for conducting sexual abuse/assault training for staff and inmates.

II. OBJECTIVES

Handout: Objectives

The purpose of this training is to ensure Program Coordinators are aware of behaviors that constitute sexual abuse, sexual assault, or sexual misconduct, as defined by Bureau of Prisons policy and the law. As Program Coordinators, you are the local expert on this issue and should be very familiar with:

- the key aspects of the Sexual Assault/Prevention and Intervention Program Statement.
- effective intervention procedures to prevent sexually assaultive behaviors.
- methods to meet the medical, psychological, safety, and social needs of victims of sexual assault.

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III. LESSON PLAN

Handout: Definitions

A. DEFINITIONS

The Program Statement on Sexual Abuse/Assault Prevention and Intervention Program defines two types of sexual assault and the Employee Standards of Conduct describes prohibited sexual behavior:

1. **Inmate on inmate sexual abuse/assault:** One or more inmates engaging in, or attempting to engage in a sexual act with another inmate or the use of threats, intimidation, inappropriate touching, or other actions and/or communications by one or more inmates aimed at coercing and/or pressuring another inmate to engage in a sexual act. **Sexual acts or contacts between inmates, even when no objections are raised, are prohibited.**

2. **Staff on inmate sexual abuse/assault:** Engaging in, or attempting to engage in a sexual act with any inmate. The intentional touching of an inmate's genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of any person. **Sexual acts or contacts between an inmate and a staff member, even when no objections are raised, are always illegal.**

3. **From the Employee Standards of Conduct**

Staff-on-inmate sexual behavior that does not rise to the level of a criminal violation is covered by the Employee Standards of Conduct which states "an employee may not engage in, or allow another person to engage in sexual behavior with an inmate."

Employees are subject to administrative action, up to and including removal, for any inappropriate contact or relationship with inmates, regardless of whether such contact constitutes a prosecutable crime. **Physical contact is not required to subject an employee to sanctions for sexual misconduct.**

This type of behavior includes, and is not limited to, indecent, profane or abuse language or gestures, and inappropriate visual surveillance of inmates. Emphasize these actions which are more passive in nature are not specifically covered by the sexual abuse statute, but are still wrong, harassing in nature, and prohibited by the Employee Standards of conduct.

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Staff **must** understand they are obligated by the Standards of Conduct to report any allegation of sexual assault/abuse by other inmates or staff.

B. INDICATORS OF INAPPROPRIATE STAFF/INMATE RELATIONSHIPS

There are several warning signs/indicators that may let staff/supervisors know when someone may be involved in an inappropriate relationship with an inmate:

Discussion: Ask for other examples.

- spending too much time with one inmate
- exchange of personal items, notes, letters
- playing favorites
- idle conversation referring to relationships
- attempts by inmates' family/friends to contact a staff member
- unusual personal inquiries about an inmate.
- unexplained gestures or body language between inmates and staff
- accessing inmate living areas after regular work hours

C. MANAGERIAL INTERVENTIONS

As the Program Coordinator, you are responsible for assisting your Executive Staff in creating an environment that helps prevent staff involvement in inappropriate inmate relationships. The BOP also has a zero tolerance stance toward sexual harassment of staff. Now, how do the two relate? Maintaining professional relationships and appropriate boundaries with other staff and inmates is imperative when working in corrections. When staff are interacting inappropriately with each other, it is usually an indicator they are acting inappropriately with inmates.

- Does your institution culture promote overall human dignity that serve both staff and inmates?
- Have there been instances where violation of staff-offender boundaries have occurred?

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- Does your institution have programs in place for staff and inmates to develop more positive relationships with others?

Do staff know who to contact if they feel a relationship established with a co-worker or inmates has become too informal and uncomfortable?

1. What interventions are available at your facility, and are staff aware of them? The following are some examples:
 - a. Have you publicized the accessibility to support programs - local EAP and those in the community (no-cost and confidential)? This may divert employees who are encountering difficulties with their personal/family life from becoming involved with inmates.
 - b. Have you enhanced the surveillance process by installing video recording devices in SHU, remote areas of the institution, and female housing units? Has telephone monitoring been considered? This may not only detect misconduct, but it may also protect staff from false allegations.
 - c. Have windows been installed in office and closet doors?
 - d. Are the inmates kept busy? Idleness creates problems.
 - e. Has this issue been discussed with the union?
 - f. Have you ensured that staff understand their responsibility for ensuring confidentiality is maintained as instances of inappropriate staff-inmate relationships are reported and investigated?
 - g. Are staff aware it is against the code of conduct to retaliate against staff or inmates who make allegations of sexual abuse/assault?

This assistance through EAP is confidential and no-cost

Consult with the facilities manager, captain and SIS

Privacy for staff and inmates must be preserved throughout the investigation.

Instances of retaliation must be reported.

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| h. | It is every supervisor's responsibility to exercise proper supervision over staff and inmates, to take corrective action when warranted, and guard against retaliation by either staff or inmates. | |
| i. | Is there a clear action plan established for dealing with employees when allegations of sexual abuse/assault have been made? | Consult with your Regional Director to consider the options, e.g., home duty status or assignment to posts/shifts which keep them separated from the accusing inmate or staff member. |
| j. | Is there a plan to provide on-going training for all staff in the institution on what to do if they become inappropriately involved with an inmate, or what their responsibilities are if they become aware, or witness another staff member becoming inappropriately involved with an inmate? | All staff should have been trained at ART 1998, or at Glynco STA, beginning in March of 1998; specialized training is held for Program Coordinator, GS9 and above staff, Lieutenants, Health Services and Mental Health staff and is required for all incumbents within 120 days of appointment in any of the previously described positions, as outlined in the EDM Manual |
| k. | Supervisors must ensure staff understand it is against the code of conduct to <u>not</u> come forward and report occurrences of sexual abuse/assault. Staff must make their report to a supervisor and must be clear that by following the appropriate procedures they are not rumor mongering or gossiping. | Recognize that where the work environment is coercive or repressive, there will be a fear to bring forward complaints. |
| 2. | Ensure institution supervisors are creating an environment that provides interventions for staff by: | |
| a. | Rotation of inmate workers on work details in remote or isolated locations. | Check all details for longevity of inmates assigned |
| b. | Consistent discipline of violators. | |
| c. | Acknowledging the problem and not ignoring inappropriate behavior based on someone's age or position in the department. | |

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- d. Avoiding enabling behaviors which removes or cushions an employee from the consequences of their action.
- e. Correcting staff who show signs of inappropriate relationships with inmates and taking action as early as possible; ensuring that every complaint is taken seriously.
- f. Knowing the inmates.
- g. Watching for staff who withdraw from the administration, or who come to work on off days, or arrive early and leave late.
- h. Maintaining high visibility and managing by walking around.

D. PROGRAM COORDINATION

Managing sexual misconduct requires an interdisciplinary approach. Each institution should have a local institution supplement, approved by the Regional Director, that outlines their procedures and staff responsibilities for sexual abuse/assault intervention.

Preventing sexual assault, intervening when sexual assaults do occur, investigating allegations of sexual assault, and disciplining/prosecuting perpetrators of sexual assault/abuse involves the coordinated efforts of several institution departments.

- **Correctional Services:** influences the culture of the institution environment; manages protection and investigation
- **Psychology Services:** provides clinical assessment of psychological trauma and provides mental health aftercare and treatment plan
- **Health Services:** provides initial clinical assessment and treatment of physical trauma; certified medical professionals gather evidence
- **Legal:** manages case once referred for prosecution

Discuss roles of each member (see policy) and local institution supplement which outlines their responsibilities.

Specialized training for these staff has been developed and you should familiarize yourself with the lesson plans, if you are not the primary instructor. It is recommended that the Program Coordinator monitor the training conducted for all disciplines. It is also important to ensure the appropriate staff are making the presentations.

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- Unit Management: manages all inmate movement to include release
- Religious Services: provides spiritual assistance to traumatized inmate victims

Ordinarily an Associate Warden has overall responsibility for ensuring the program requirements are met.

E. INMATE EDUCATION

As part of the institution's Admission and Orientation Program, a staff member, designated by the Warden shall include a brief, candid presentation about the Sexual Abuse/Assault Prevention and Intervention Program that includes:

1. How inmates can protect themselves from becoming victims while incarcerated,
2. Treatment options available to victims of sexual assault, and
3. Methods of reporting incidents of sexual abuse/assault

Discuss how to file an administrative remedy directly to the Regional Office when the issue is considered sensitive in accordance with the program statement. Administrative Remedy Program must be emphasized. Also discuss method inmates can report to Office of Inspector General. Inmates are also advised they are obligated to report such incidents.

The presentation also includes information on services and programs available for victims of sexual abuse/assault and for sexually assaultive or aggressive inmates. Each inmate will also receive a brochure summarizing key elements.

Inmates who do not participate in the formal A&O program (e.g., inmates in the hospital or SHU units, or pre-trial and/or detention units), will be provided with the pamphlet. Posters will be placed in the inmate housing units and the law library.

F. PROTECTION

Prompt and effective intervention must be provided to victims of sexual assault/abuse. Staff shall take seriously all statements from inmates that they have been victims of sexual assaults and respond supportively and non-judgementally. Any inmate who alleges that he or she has been sexually assaulted, shall be offered immediate protection from the assailant, will be referred for a medical

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examination from a certified medical professional, as well as to a mental health professional, for a clinical assessment of the potential for suicide or other symptomology.

G. CONFIDENTIALITY

Staff shall provide services and conduct investigations of sexual abuse/assault incidents, maintaining strict confidentiality for the staff member, and inmate victims. Information concerning the identity of an inmate victim reporting a sexual assault, and the facts of the report itself, shall be limited to those who have a "need to know" in order to make decisions concerning the inmate-victim's welfare and for law enforcement/investigative purposes.

H. VICTIM IDENTIFICATION

For all staff

1. The following are primary ways staff learn that a sexual assault has occurred during confinement:

Handout: Victim Identification

- a. Staff discover an assault in progress.
- b. Victim reports an assault to a staff member.
- c. An assault is reported to staff by another inmate, or is the subject of inmate rumors.
- d. Medical evidence.

Intake screening now requests history of abuse/assault

While some victims will be clearly identified, most will probably not come forward directly with information about the event. In some circumstances, staff may hear of an inmate being threatened with sexual abuse/assault or rumored to be a victim. Some victims may be identified through unexplained injuries, changes in physical behavior due to injuries, or abrupt personality changes such as withdrawal or suicidal behavior.

2. The following guidelines may help staff in responding appropriately to a suspected victim:
 - a. The staff member who first identifies that an

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assault may have occurred should refer the matter to the institution's Operations Lieutenant or SIS.

- b. If it is suspected that the inmate was sexually assaulted, the inmate should be advised of the importance of getting help to deal with the assault, that he/she may be evaluated medically for sexually transmitted diseases and other injuries, and that trained staff are available to assist. The inmate must immediately be safeguarded and removed from the alleged staff or inmate perpetrator..
- c. Appropriate staff should review the background of a suspected victim, and the circumstances surrounding the incident, without jeopardizing the inmate's safety, identity, and privacy. Inmate identity and background must be kept confidential and is limited to those with a need to know.
- d. If staff discover an assault in progress, the suspected victim should be removed from the immediate area for care and for interviewing by appropriate staff.
- e. If the suspected victim is fearful of being labeled an informer, the inmate should be advised that the identity of the assailant(s) is (are) not needed to receive assistance.

Discuss how victim may be traumatized and be unable to give much detail. There will be opportunities to secure more details later.

I. PROCEDURES FOR STAFF INTERVENTION

For all staff

The following procedures may apply for reported or known victims of sexual assault. If the inmate was threatened with sexual assault or was assaulted on an earlier occasion, some steps may not be necessary.

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1. Early Intervention Techniques

- a. It is important that all contact with a sexual assault victim be sensitive, supportive, and non-judgmental.
- b. It is not necessary to make a judgment about whether or not a sexual assault occurred.
- c. Identify the inmate victim(s) and remove them from the immediate area;
- d. To facilitate evidence collection, the victim should not shower, wash, drink, eat, defecate or change any clothing until examined.
- e. Alert medical staff immediately and escort the victim to the Health Services Unit for a medical evaluation as soon as possible. If necessary, medical staff shall refer the victim to a local emergency facility.
- f. Appropriate staff shall coordinate other services to do follow-up (e.g, housing, suicide assessment).
- g. A brief statement about the assault should be obtained from the inmate. (The victim may be in shock, and unable to give much detail. It is important to be understanding and responsive. Opportunities to secure more details will occur later.)
- h. Following medical evaluation/treatment, the victim may need to be reassigned to protective custody or to another secure area of the facility. Ensure that the alleged assailant(s) have no access to the area.

Handout: Early Intervention Techniques

Discuss how critical staff sensitivity is at this time.

Medical exam and clinical assessment of potential for suicide or other related symptomology must be addressed. Staff must be sensitive to the family concerns of the inmate victim.

Discuss how appropriate staff will coordinate other services such as housing.

Refer to local policy.

2. Collect Evidence from Victim

- a. Use HIV infection precautions and procedures.

For Correctional Services SIS staff

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Contact medical staff to determine how to preserve medical indications of sexual assault. In the crime scene area, look for the presence of body fluids, pubic hair, or semen that can be used as evidence. For example, blankets and sheets should be collected.

Handout: Collect Evidence from Victim

- b. Use standard evidence collection procedures (photographs, etc.) identified in the SIS Manual.

3. Collect Evidence from Assailant

- a. Identify and isolate the assailant, pending further investigation.
- b. Use the standard evidence gathering procedures identified in the SIS Manual.
- c. Report the incident to the appropriate law enforcement agency.
- d. If institution medical staff attempt to examine the alleged assailant, findings should be documented both photographically and in writing. A written summary of all medical evidence and findings should be completed and maintained in the inmate's medical record. Copies of this written summary should also be provided to the SIS and appropriate law enforcement officials.

For Correctional Services/SIS Staff/Health Services staff

Handout: Collect Evidence from Assailant

J. MEDICAL ASSESSMENT OF VICTIM

- 1. If trained medical staff are available in the institution, render treatment locally whenever feasible.
- 2. If the alleged victim is examined in the institution (see the Health Services Manual, Sexual Assault) to determine the extent of injuries, all findings should be documented both photographically and in writing. An

For Health Services staff

Handout: Medical Assessment of Victim

Refer to local policy which specifies the certification requirements for the jurisdiction in which your institution is

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original Inmate Injury Assessment and Follow-up form (BP-S362) should be filed in the inmate's medical record. A copy of BP-S362 should be provided to the SIS or appropriate law enforcement official.

located and determine where and who will conduct the medical examination.

3. If deemed necessary by the examining physician, follow established procedures for use of outside medical consultants or for an escorted trip to an outside medical facility.
4. Notify staff at the community medical facility and alert them to the inmate's condition.
5. When necessary, conduct STD and HIV testing.
6. Refer the inmate for crisis counseling as appropriate.

K. MEDICAL TRANSFERS FOR EXAMINATION AND TREATMENT

1. If determined appropriate by the institution physician and if approved by the Warden or designee, the inmate may be examined by medical personnel from the community. A contractual arrangement may be developed with a rape crisis center or other medical service if available in the community and should be utilized to enhance institution medical services as deemed appropriate by institution medical staff and the Warden. The contract should provide for clinical examination, for assessing physical injuries, and for the collection of any physical evidence of sexual assault. It should also allow for contract medical personnel to come into the institution and for the escorting of inmates to the contract facility (e.g., crisis care center, medical clinic, hospital, etc.).
2. Escorting staff should treat the victim in a supportive and non-judgmental way.
3. Information about the assault is confidential, and should be given only to those directly involved in the

For all staff and Correctional and Health Services staff

Handout: Medical Transfers for Examination and Treatment

Refer to local supplement

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investigation and/or treatment of the victim.

L. MENTAL HEALTH SERVICES

1. Psychology Services or other mental health staff shall be notified immediately after the initial report of an allegation of sexual abuse/assault of an inmate.
2. Any alleged victim(s) shall be seen, within 24 hours following such notification, by a mental health clinician to provide crisis intervention and to assess any immediate and subsequent treatment needs.
3. The findings of this initial crisis/evaluation session shall be summarized in a written format within one week of the initial session and, once completed, shall be placed in the appropriate treatment record, with a copy provided to the Clinical Director and other staff responsible for oversight of sexual abuse/assault prevention and intervention procedures.
4. Additional psychological or psychiatric treatment, as well as continued assessment of mental health status and treatment needs, shall be provided as needed and only with the victim's full consent and collaboration. Decisions regarding the need for continued treatment and/or assessment shall be made by qualified clinicians according to established professional standards, and shall be made with an awareness that victim(s) of sexual abuse/assault commonly experience both immediate and delayed psychiatric and/or emotional symptoms.

If the victim(s) choose to continue to pursue treatment, the clinician will either provide appropriate treatment or facilitate referral of the victim(s) to the appropriate treatment option(s) including individual therapy, group therapy, further psychological assessment, assignment to a mental health case load and/or facility, referral to a psychiatrist, and/or other treatment options. Pending referral, mental health services shall continue unabated. If the victim(s) chooses to decline further

For Psychology Services

Handout: Mental Health Services

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treatment services, he or she shall be asked to sign a statement to that effect.

5. All treatment and evaluation sessions shall be properly documented and placed in the appropriate treatment record to ensure continuity of care within, between, or outside Bureau facilities.
6. Should the victim be released from custody during the course of treatment, the victim will be advised of community mental health resources in their release area.

M. INVESTIGATION

In any case of alleged, or suspected, sexual misconduct or sexual assault by a staff member, the Chief Executive Officer must be notified immediately and s/he must telephonically report the allegation to the Office of Internal Affairs (OIA). Even though OIG and/or the Civil Rights Division (CRD) will notify the FBI, to help expedite the investigative process, the Warden may also notify the FBI.

For all staff .

Handouts: Investigations

Remember, if you were the reporting staff member, to minimize your involvement in the investigation procedures you should not speak to other staff members concerning the allegation. Furthermore, you are obligated to maintain confidentiality of the allegations to protect both the staff member and the inmate.

1. Institution staff, i.e., SIA, SIS, or Executive Staff, will not investigate allegations of staff sexual misconduct and/or assault beyond interviewing the inmate victim to discern what happened and then report their findings to the Warden.
 - a. Statistics show this interview should ideally be conducted by a staff member who the inmate trusts, since more information could possibly be obtained. The Psychologist or Chaplain may be considered for this interview as they are

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frequently trusted by inmates. Staff should recognize that inmates do not always lie. All such incidents/allegations will be thoroughly investigated. The incident will be documented and maintained in the SIS file tracking systems. Ordinarily, the inmate will not be subject to disciplinary action, even if the allegation is not sustained. However, based on the outcome of the investigation, it is possible the inmate could be charged with a prohibited act, such as lying.

- b. Statistics also indicate many female offenders have been victimized by men before coming to prison and some may prefer to talk to a female staff member rather than a male because of this prior trauma.

N. MONITORING AND FOLLOW-UP

For all staff and Psychology and Health
Services staff

1. Arrange with the unit team and Correctional Services to place the inmate in appropriate housing.
2. Monitor the physical and mental health of the victim and coordinate the continuation of necessary services.
3. Dispense medication, provide routine examinations and STD and HIV follow-up.
4. Conduct post-crisis counseling and arrange for psychiatric care if necessary.
5. Psychology staff should watch for reaction stages and provide support as needed during critical stages.
6. Determine the risk of keeping the victim at the same facility where the incident occurred.

Handout: Monitoring and Follow-up

O. RELEASE PREPARATION AND CONTINUING CARE

1. Psychology staff shall ordinarily determine the need for

For all staff and Psychology and
Unit Management staff

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aftercare and transitional treatment services, and notify the Case Manager of their recommendations.

Handout: Release Preparation and Continuing Care

2. The willingness of the victim to participate in treatment in the community should be determined.
3. For those cases that will use continuing care services, efforts to facilitate them should begin about 12 months prior to their release.
4. If CCC services are used, mental health counseling and other transitional services that facilitate the victim's healthy reintegration into the community and with the family may be necessary.
5. The responsibilities of the victim in the treatment process should be identified.
6. Arrangements should be made through the U.S. Probation Office for psychological, medical, or other support services in the victim's release district.
7. The victim should be encouraged to participate in support groups in the community.

Refer to local procedures for specific follow-up procedures.

P. AFTERMATH

Taking the proper steps after a reported incident of sexual assault/abuse is critical. As you can see, this issue is taken seriously and can lead to the prosecution, conviction and incarceration of staff. If staff feel the investigation process is a witch hunt, or they never hear of the results, problems can result.

Therefore, management has a responsibility to staff to take appropriate action when a staff member is accused of sexual misconduct or sexual assault. To protect all persons involved, institution staff must understand they will not be advised of the details of the case, or the outcome of the investigation, until such information is made a matter of public record and is available to the general public.

Handout: Aftermath

PROGRAM COORDINATOR SPECIALTY TRAINING -SEXUAL ABUSE/ASSAULT PREVENTION AND INTERVENTION-

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After an incident of sexual misconduct, there is an aftermath that must be managed by staff at all levels. The following can occur:

- Polarization: staff take sides
- Placing blame on others
- Gossip and stories
- Heightened awareness and fear of maintaining professional, appropriate relationships with inmates
- Staff may want "witnesses" when talking to an inmate of the opposite gender
- Thoughts about "what more could I have done?"
- Feelings of anger, guilt, betrayal

When backlash occurs, staff are frozen. Staff may feel a need to talk about their feelings and may seek out a trusted person, such as a psychologist, chaplain, supervisor, or executive staff member for further guidance

Discussion

Until a prosecution occurs, the information that is provided staff will be very limited and this could further serve to alienate staff. The information will be limited due to privacy issues and possible pending future legal actions.

IV. SUMMARY

We have talked today about the types of staff behaviors that are against the law and/or against the code of conduct as outlined by the Sexual Abuse/Assault Prevention Program. We have outlined the obligations of both staff and inmates in reporting inappropriate behavior, discussed possible staff reactions to an incident of this type, and have given you the appropriate steps to take if such an incident is alleged or known to have occurred.

In summary, ensuring your institution has an action plan in place to prevent sexual abuse/assaults between inmates, and between staff and inmates, and that staff understand the appropriate intervention to take when instances occur, is your responsibility as Program Coordinator. Ignoring the issue or inappropriate handling of an allegation may increase your risk of legal liability.

2

SPECIALIZED TRAINING
SEXUAL ABUSE/ASSAULT PREVENTION AND INTERVENTION

LESSON PLAN:	General Training for GS-09 and Above Staff
TIME FRAME:	2 Hours
PURPOSE:	To provide guidelines for staff at the mid management and management levels to better understand local procedures for preventing sexual abuse/assault, intervening when sexual assaults occur by addressing the safety and treatment needs of inmate victims, investigating allegations of sexual assault, and disciplining/prosecuting perpetrators of sexual abuse/assault.
OBJECTIVES:	At the end of this session each staff member will be able to: A. List the key aspects of the Sexual Abuse/Assault Prevention and Intervention Program. B. State staff and supervisory intervention strategies to minimize instances of inappropriate staff/inmate relationships. C. State the identification and referral process when an alleged staff/inmate sexual assault occurs.
STUDENT MATERIALS:	Handouts
INSTRUCTOR MATERIALS:	Lesson Plan Briefing Materials from NIC Flipchart
REFERENCES:	Program Statement, 5324.04, Sexual Abuse/Assault Prevention and Intervention Program and corresponding institution supplement Program Statement 3420.08, Standards of Employee Conduct.
CLASS SIZE:	No more than 15 participants
INSTRUCTOR:	A staff member who is recognized as a good communicator, serves in a managerial role, and whose experience demonstrates an understanding of the Sexual Abuse/Assault Intervention and Prevention Program.
COORDINATED AND DEVELOPED BY:	Teresa Hunt Katsel, Central Office Gloria Lucero, MSTC
APPROVED BY:	Dennis R. Bidwell, Senior Deputy Assistant Director Correctional Programs Division

**GENERAL SPECIALTY TRAINING FOR GS 9 AND ABOVE STAFF
-SEXUAL ABUSE/ASSAULT PREVENTION AND INTERVENTION-**

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I. INTRODUCTION

The sexual abuse of inmates has been identified across correctional systems as a major correctional management issue of the 1990's. A coordinated strategy that involves law and policy development, training of prisoners and correctional staff, and public education is being examined and pursued by most states. A federal law, the Sexual Abuse Act of 1986 (18 U.S.C. 2242-44) provides severe penalties for sexual abuse of inmates. If the abuse involves coercion, it is usually presented as a felony offense. The maximum penalty for an offense of this type is life in prison. If the abuse does not involve coercion, it is usually prosecuted as a misdemeanor. The penalties for this type of offense are still severe. Incidentally, there is no such thing as "consensual sex." In 1990, only 17 states and the federal government had laws prohibiting the sexual abuse of inmates. Today, sexual misconduct has been recognized as a national issue, and:

Handout - 50 State Survey

- 35 states, the District of Columbia, and the federal government have laws that specifically criminalizing sexual abuse in prisons.
- 28 states and the District of Columbia define sexual misconduct in prisons as a felony.
- 4 states define sexual misconduct in prisons as a misdemeanor.
- 3 states and the federal government define sexual misconduct in prisons as either a felony or a misdemeanor depending on the nature and severity of the assault.
- 3 states criminalize the conduct of both the prisoner and the corrections employee in "consensual" cases of sexual misconduct.
- 13 states and the District of Columbia specifically provide that even if a prisoner "consents" to or voluntarily engages in sex with a corrections staff person, the staff member is criminally liable.
- 9 states, the District of Columbia and federal government provide that marriage is a defense to a charge of sexual misconduct.
- 15 states have no laws criminalizing sexual misconduct in prisons.

The National Institute of Corrections (NIC), (the component of the BOP which provides direct assistance to states and local correctional systems), has been pro active and responsive in providing direct technical assistance to states who have experienced instances of sexual misconduct. NIC has worked directly with 24 states and the BOP in developing action plans to provide remedies for correctional systems in responding to the issue of sexual misconduct.

Handout: "Assumptions" from NIC

The BOP has a zero tolerance stance regarding inappropriate conduct between staff and inmates, particularly that of a sexual nature. There are currently 30,000 employees who work for the BOP. There were 15 cases sustained against BOP staff for sexual abuse of an inmate in 1997. With zero tolerance, the BOP strives to prosecute any instance of sexual misconduct and obtained 8 prosecutions in 1997. The BOP has very clear policy and training programs for staff and inmates.

Handout: BOP cases

Eleven of those cases involved male staff and female inmates, three involved female staff and male inmates and one case involved a female staff and a female inmate.

The BOP increased its focus on the issue of sexual abuse of inmates in July of 1996 after several incidents occurred at a facility for female offenders. The BOP, with assistance from the National Institute of Corrections (NIC), conducted focus groups with staff and inmates at four facilities to assess staff attitudes toward women offenders, BOP philosophy on the management of female offenders and training needs. Issues were identified and presented to a BOP Workgroup who formulated recommendations for refining BOP policy and training which were approved by the Executive Staff in December of 1996. Objectives and action steps were identified and target dates established for implementation beginning in April of 1997.

Discuss cases and how the dynamics between male staff and female inmates, male staff and male inmates, female staff and male inmates, and female staff and female inmates differ.

In December of 1997, the revised Program Statement entitled Sexual Abuse/Assault Prevention and Intervention Program was issued and included for the first time discussion of the protocol to follow to ensure:

Handout - Program Statement 5324.4, Sexual Abuse/Assault Prevention and Intervention Program

- effective procedures to prevent sexually assaultive behavior will be operative in each Bureau institution
- medical, psychological, safety, and social needs of victims will be promptly and effectively met
- all allegations of sexual abuse/assault will be promptly and effectively reported and investigated
- an, assailants, once identified, will be controlled, disciplined, and/or prosecuted

All staff received training on Sexual Misconduct, Sexual Assault Prevention and Intervention during Annual Refresher Training in 1998, and new employees received training beginning in March of 1998 as part of their basic training at the Staff Training Academy at Glynco. Specialized training has been developed for staff who have been appointed by the Warden [herein after referred to as Program

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Coordinators] to ensure that all elements of the program statement are met in a coordinated, interdisciplinary fashion to include:

- educating and training staff and inmates
- safeguarding, assessing, treating, and managing sexually assaulted inmates
- investigating disciplining, and/or prosecuting perpetrators of sexual assault

Specialty training has also been developed for medical and mental health staff, correctional supervisors (lieutenants), and other staff who are at the GS9 and above level to ensure all staff with management responsibilities are aware of their responsibilities in preventing sexual abuse/assault and intervening appropriately when allegations are brought to their attention by inmates.

In the near future, each institution will begin providing training for inmates on sexual abuse/assault prevention and intervention. Therefore, it is very important that staff at the GS9 and above level understand the dynamics involved, as you may be required to manage a situation when you are duty officer, and at a minimum, you must be aware of the appropriate intervention to take if staff or inmates report that sexual abuse/assault has occurred between inmates, or between staff and an inmate. This training module is to be completed by the all staff at the GS 9 and above level.

II. OBJECTIVES

Handout: Objectives

The purpose of this training is to ensure Program Coordinators are aware of behaviors that constitute sexual abuse, sexual assault, or sexual misconduct, as defined by Bureau of Prisons policy and the law. As Program Coordinators, you are the local expert on this issue and should be very familiar with:

- the key aspects of the Sexual Assault/Prevention and Intervention Program Statement.
- effective intervention procedures to prevent sexually assaultive behaviors.
- methods to meet the medical, psychological, safety, and social needs of victims of sexual assault.

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III. LESSON PLAN

A. DEFINITIONS

Handout: Definitions

The Program Statement on Sexual Abuse/Assault Prevention and Intervention Program defines two types of sexual assault and the Employee Standards of Conduct describes prohibited sexual behavior:

1. **Inmate on inmate sexual abuse/assault:** One or more inmates engaging in, or attempting to engage in a sexual act with another inmate or the use of threats, intimidation, inappropriate touching, or other actions and/or communications by one or more inmates aimed at coercing and/or pressuring another inmate to engage in a sexual act. **Sexual acts or contacts between inmates, even when no objections are raised, are prohibited.**
2. **Staff on inmate sexual abuse/assault:** Engaging in, or attempting to engage in a sexual act with any inmate. The intentional touching of an inmate's genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of any person. **Sexual acts or contacts between an inmate and a staff member, even when no objections are raised, are always illegal.**
3. **From the Employee Standards of Conduct**

Staff-on-inmate sexual behavior that does not rise to the level of a criminal violation is covered by the Employee Standards of Conduct which states "an employee may not engage in, or allow another person to engage in sexual behavior with an inmate."

Employees are subject to administrative action, up to and including removal, for any inappropriate contact or relationship with inmates, regardless of whether such contact constitutes a prosecutable crime. **Physical contact is not required to subject an employee to sanctions for sexual misconduct.**

This type of behavior includes, and is not limited to, indecent, profane or abuse language or gestures, and inappropriate visual surveillance of inmates. Emphasize these actions which are more passive in nature are not specifically covered by the sexual abuse statute, but are still wrong, harassing in nature, and prohibited by the Employee Standards of conduct.

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Staff **must** understand they are obligated by the Standards of Conduct to report any allegation of sexual assault/abuse by other inmates or staff.

B. INDICATORS OF INAPPROPRIATE STAFF/INMATE RELATIONSHIPS

There are several warning signs/indicators that may let staff/supervisors know when someone may be involved in an inappropriate relationship with an inmate:

- spending too much time with one inmate
- exchange of personal items, notes, letters
- playing favorites
- idle conversation referring to relationships
- attempts by inmates' family/friends to contact a staff member
- unusual personal inquiries about an inmate
- unexplained gestures or body language between inmates and staff
- accessing inmate living areas after regular work hours

Discussion: Ask for other examples.

C. MANAGERIAL INTERVENTIONS

As most of you are first line supervisors, you are responsible for assisting your Executive Staff in creating an environment that helps prevent staff involvement in inappropriate inmate relationships. The BOP also has a zero tolerance stance toward sexual harassment of staff. Now, how do the two relate? Maintaining professional relationships and appropriate boundaries with other staff and inmates is imperative when working in corrections. When staff are interacting inappropriately with each other, it is usually an indicator they are acting inappropriately with inmates.

- Does your institution culture promote overall human dignity that serve both staff and inmates?
- Have there been instances where violation of staff-offender boundaries have occurred?

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- Does your institution have programs in place for staff and inmates to develop more positive relationships with others?

Do staff know who to contact if they feel a relationship established with a co-worker or inmates has become too informal and uncomfortable?

1. What interventions are available at your facility, and are staff aware of them? The following are some examples:
 - a. Have you publicized the accessibility to support programs - local EAP and those in the community (no-cost and confidential)? This may divert employees who are encountering difficulties with their personal/family life from becoming involved with inmates.
 - b. Have you enhanced the surveillance process by installing video recording devices in SHU, remote areas of the institution, and female housing units? Has telephone monitoring been considered? This may not only detect misconduct, but it may also protect staff from false allegations.
 - c. Have windows been installed in office and closet doors?
 - d. Are the inmates kept busy? Idleness creates problems.
 - e. Has this issue been discussed with the union?
 - f. Have you ensured that staff understand their responsibility for ensuring confidentiality is maintained as instances of inappropriate staff-inmate relationships are reported and investigated?
 - g. Are staff aware it is against the code of conduct to retaliate against staff or inmates who make allegations of sexual abuse/assault?

This assistance through EAP is confidential and no-cost

Privacy for staff and inmates must be preserved throughout the investigation.

Instances of retaliation must be reported.

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| h. | It is every supervisor's responsibility to exercise proper supervision over staff and inmates, to take corrective action when warranted, and guard against retaliation by either staff or inmates. | |
| i. | Is there a clear action plan established for dealing with employees when allegations of sexual abuse/assault have been made? | Your Warden will consult with your Regional Director to consider the options, e.g., home duty status or assignment to posts/shifts which keep them separated from the accusing inmate or staff member. |
| j. | Is there a plan to provide on-going training for all staff in the institution on what to do if they become inappropriately involved with an inmate, or what their responsibilities are if they become aware, or witness another staff member becoming inappropriately involved with an inmate? | All staff should have been trained at ART 1998, or at Glynco STA, beginning in March of 1998; specialized training is held for Program Coordinator, GS9 and above staff, Lieutenants, Health Services and Mental Health staff and is required for all incumbents within 120 days of appointment in any of the previously described positions, as outlined in the EDM Manual |
| k. | Supervisors must ensure staff understand it is against the code of conduct to <u>not</u> come forward and report occurrences of sexual abuse/assault. Staff must make their report to a supervisor and must be clear that by following the appropriate procedures they are not rumor mongering or gossiping. | Recognize that where the work environment is coercive or repressive, there will be a fear to bring forward complaints. |
| 2. | Ensure institution supervisors are creating an environment that provides interventions for staff by: | |
| a. | Rotation of inmate workers on work details in remote or isolated locations. | Check all details for longevity of inmates assigned |
| b. | Consistent discipline of violators. | |
| c. | Acknowledging the problem and not ignoring inappropriate behavior based on someone's age or position in the department. | |

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- d. Avoiding enabling behaviors which removes or cushions an employee from the consequences of their action.
- e. Correcting staff who show signs of inappropriate relationships with inmates and taking action as early as possible; ensuring that every complaint is taken seriously.
- f. Knowing the inmates.
- g. Watching for staff who withdraw from the administration, or who come to work on off days, or arrive early and leave late.
- h. Maintaining high visibility and managing by walking around.

D. PROGRAM COORDINATION

Managing sexual misconduct requires an interdisciplinary approach. Each institution should have a local institution supplement, approved by the Regional Director, that outlines their procedures and staff responsibilities for sexual abuse/assault intervention.

Discuss roles of each member (see policy) and local institution supplement which outlines their responsibilities.

Preventing sexual assault, intervening when sexual assaults do occur, investigating allegations of sexual assault, and disciplining/prosecuting perpetrators of sexual assault/abuse involves the coordinated efforts of several institution departments.

Specialized training for these staff has been developed.

- Correctional Services: influences the culture of the institution environment; manages protection and investigation
- Psychology Services: provides clinical assessment of psychological trauma and provides mental health aftercare and treatment plan
- Health Services: provides initial clinical assessment and treatment of physical trauma; certified medical professionals gather evidence
- Legal: manages case once referred for prosecution

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- Unit Management: manages all inmate movement to include release
- Religious Services: provides spiritual assistance to traumatized inmate victims

Ordinarily an Associate Warden has overall responsibility for ensuring the program requirements are met.

E. INMATE EDUCATION

As part of the institution's Admission and Orientation Program, a staff member, designated by the Warden shall include a brief, candid presentation about the Sexual Abuse/Assault Prevention and Intervention Program that includes:

1. How inmates can protect themselves from becoming victims while incarcerated,
2. Treatment options available to victims of sexual assault, and
3. Methods of reporting incidents of sexual abuse/assault

The presentation also includes information on services and programs available for victims of sexual abuse/assault and for sexually assaultive or aggressive inmates. Each inmate will also receive a brochure summarizing key elements.

Inmates who do not participate in the formal A&O program (e.g., inmates in the hospital or SHU units, or pre-trial and/or detention units), will be provided with the pamphlet. Posters will be placed in the inmate housing units and the law library.

Discuss how to file an administrative remedy directly to the Regional Office when the issue is considered sensitive in accordance with the program statement. Administrative Remedy Program must be emphasized. Also discuss method inmates can report to Office of Inspector General. Inmates are also advised they are obligated to report such incidents.

F. PROTECTION

Prompt and effective intervention must be provided to victims of sexual assault/abuse. Staff shall take seriously all statements from inmates that they have been victims of sexual assaults and respond supportively and non-judgementally. Any inmate who alleges that he or she has been sexually assaulted, shall be offered immediate protection from the assailant, will be referred for a medical

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examination from a certified medical professional, as well as to a mental health professional, for a clinical assessment of the potential for suicide or other symptomology.

G. CONFIDENTIALITY

Staff shall provide services and conduct investigations of sexual abuse/assault incidents, maintaining strict confidentiality for the staff member, and inmate victims. Information concerning the identity of an inmate victim reporting a sexual assault, and the facts of the report itself, shall be limited to those who have a "need to know" in order to make decisions concerning the inmate-victim's welfare and for law enforcement/investigative purposes.

H. VICTIM IDENTIFICATION

1. The following are primary ways staff learn that a sexual assault has occurred during confinement:

For all staff

- a. Staff discover an assault in progress.
- b. Victim reports an assault to a staff member.
- c. An assault is reported to staff by another inmate, or is the subject of inmate rumors.
- d. Medical evidence.

Handout: Victim Identification

Intake screening now requests history of abuse/assault

While some victims will be clearly identified, most will probably not come forward directly with information about the event. In some circumstances, staff may hear of an inmate being threatened with sexual abuse/assault or rumored to be a victim. Some victims may be identified through unexplained injuries, changes in physical behavior due to injuries, or abrupt personality changes such as withdrawal or suicidal behavior.

2. The following guidelines may help staff in responding appropriately to a suspected victim:

- a. The staff member who first identifies that an

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assault may have occurred should refer the matter to the institution's Operations Lieutenant or SIS.

- b. If it is suspected that the inmate was sexually assaulted, the inmate should be advised of the importance of getting help to deal with the assault, that he/she may be evaluated medically for sexually transmitted diseases and other injuries, and that trained staff are available to assist. The inmate must immediately be safeguarded and removed from the alleged staff or inmate perpetrator..
- c. Appropriate staff should review the background of a suspected victim, and the circumstances surrounding the incident, without jeopardizing the inmate's safety, identity, and privacy. Inmate identity and background must be kept confidential and is limited to those with a need to know.
- d. If staff discover an assault in progress, the suspected victim should be removed from the immediate area for care and for interviewing by appropriate staff.
- e. If the suspected victim is fearful of being labeled an informer, the inmate should be advised that the identity of the assailant(s) is (are) not needed to receive assistance.

Discuss how victim may be traumatized and be unable to give much detail. There will be opportunities to secure more details later.

I. PROCEDURES FOR STAFF INTERVENTION

The following procedures may apply for reported or known victims of sexual assault. If the inmate was threatened with sexual assault or was assaulted on an earlier occasion, some steps may not be necessary.

1. Early Intervention Techniques

For all staff

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| <p>a. It is important that all contact with a sexual assault victim be sensitive, supportive, and non-judgmental.</p> | <p>Handout: Early Intervention Techniques</p> |
| <p>b. It is not necessary to make a judgment about whether or not a sexual assault occurred.</p> | <p>Discuss how critical staff sensitivity is at this time.</p> |
| <p>c. Identify the inmate victim(s) and remove them from the immediate area;</p> | |
| <p>d. To facilitate evidence collection, the victim should <u>not</u> shower, wash, drink, eat, defecate or change any clothing until examined.</p> | |
| <p>e. Alert medical staff immediately and escort the victim to the Health Services Unit for a medical evaluation as soon as possible. If necessary, medical staff shall refer the victim to a local emergency facility.</p> | <p>Medical exam and clinical assessment of potential for suicide or other related symptomology must be addressed. Staff must be sensitive to the family concerns of the inmate victim.</p> |
| <p>f. Appropriate staff shall coordinate other services to do follow-up (e.g, housing, suicide assessment).</p> | |
| <p>g. A brief statement about the assault should be obtained from the inmate. (The victim may be in shock, and unable to give much detail. It is important to be understanding and responsive. Opportunities to secure more details will occur later.)</p> | |
| <p>h. Following medical evaluation/treatment, the victim may need to be reassigned to protective custody or to another secure area of the facility. Ensure that the alleged assailant(s) have no access to the area.</p> | <p>Discuss how appropriate staff will coordinate other services such as housing.</p> <p>Refer to local policy.</p> |

J. INVESTIGATION

In any case of alleged, or suspected, sexual misconduct or sexual assault by a staff member, the Chief Executive Officer

For all staff

Staff need to be familiar with the process.

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must be notified immediately and s/he must telephonically report the allegation to the Office of Internal Affairs (OIA). Even though OIG and/or the Civil Rights Division (CRD) will notify the FBI, to help expedite the investigative process, the Warden may also notify the FBI.

Handout: Investigations

Remember, if you were the reporting staff member, to minimize your involvement in the investigation procedures you should not speak to other staff members concerning the allegation. Furthermore, you are obligated to maintain confidentiality of the allegations to protect both the staff member and the inmate.

1. Institution staff, i.e., SIA, SIS, or Executive Staff, will not investigate allegations of staff sexual misconduct and/or assault beyond interviewing the inmate victim to discern what happened and then report their findings to the Warden.
 - a. Statistics show this interview should ideally be conducted by a staff member who the inmate trusts, since more information could possibly be obtained. The Psychologist or Chaplain may be considered for this interview as they are frequently trusted by inmates. Staff should recognize that inmates do not always lie. All such incidents/allegations will be thoroughly investigated. The incident will be documented and maintained in the SIS file tracking systems. Ordinarily, the inmate will not be subject to disciplinary action, even if the allegation is not sustained. However, based on the outcome of the investigation, it is possible the inmate could be charged with a prohibited act, such as lying.
 - b. Statistics also indicate many female offenders have been victimized by men before coming to prison and some may prefer to talk to a female staff member rather than a male because of this prior trauma.

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K. MEDICAL TRANSFERS FOR EXAMINATION AND TREATMENT

For all staff and Correctional
and Health Services staff

Handout: Medical Transfers for
Examination and Treatment

Refer to local supplement

1. If determined appropriate by the institution physician and if approved by the Warden or designee, the inmate may be examined by medical personnel from the community. A contractual arrangement may be developed with a rape crisis center or other medical service if available in the community and should be utilized to enhance institution medical services as deemed appropriate by institution medical staff and the Warden. The contract should provide for clinical examination, for assessing physical injuries, and for the collection of any physical evidence of sexual assault. It should also allow for contract medical personnel to come into the institution and for the escorting of inmates to the contract facility (e.g., crisis care center, medical clinic, hospital, etc.).
2. Escorting staff should treat the victim in a supportive and non-judgmental way.
3. Information about the assault is confidential, and should be given only to those directly involved in the investigation and/or treatment of the victim.

L. MONITORING AND FOLLOW-UP

For all staff and Psychology and Health
Services staff

Handout: Monitoring and Follow-up

1. Arrange with the unit team and Correctional Services to place the inmate in appropriate housing.
2. Monitor the physical and mental health of the victim and coordinate the continuation of necessary services.
3. Dispense medication, provide routine examinations and STD and HIV follow-up.
4. Conduct post-crisis counseling and arrange for psychiatric care if necessary.
5. Psychology staff should watch for reaction stages and provide support as needed during critical stages.

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6. Determine the risk of keeping the victim at the same facility where the incident occurred.

M. RELEASE PREPARATION AND CONTINUING CARE

For all staff and Psychology and Unit Management staff

1. Psychology staff shall ordinarily determine the need for aftercare and transitional treatment services, and notify the Case Manager of their recommendations.
2. The willingness of the victim to participate in treatment in the community should be determined.
3. For those cases that will use continuing care services, efforts to facilitate them should begin about 12 months prior to their release.
4. If CCC services are used, mental health counseling and other transitional services that facilitate the victim's healthy reintegration into the community and with the family may be necessary.
5. The responsibilities of the victim in the treatment process should be identified.
6. Arrangements should be made through the U.S. Probation Office for psychological, medical, or other support services in the victim's release district.
7. The victim should be encouraged to participate in support groups in the community.

Handout: Release Preparation and Continuing Care

Refer to local procedures for specific follow-up procedures.

N. AFTERMATH

Taking the proper steps after a reported incident of sexual assault/abuse is crucial. As you can see, this issue is taken seriously and can lead to the prosecution, conviction and incarceration of staff. If staff feel the investigation process is a witch hunt, or they never hear of the results, problems can result.

For all staff

Handout: Aftermath

When backlash occurs, staff are frozen. Staff may feel a need to talk about their feelings and may

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Therefore, management has a responsibility to staff to take appropriate action when a staff member is accused of sexual misconduct or sexual assault. To protect all persons investigation, until such information is made a matter of public record and is available to the general public.

seek out a trusted person, such as a psychologist, chaplain, supervisor, or executive staff member for further guidance

Discussion

After an incident of sexual misconduct, there is an aftermath that must be managed by staff at all levels. The following can occur:

- Polarization: staff take sides
- Placing blame on others
- Gossip and stories
- Heightened awareness and fear of maintaining professional, appropriate relationships with inmates
- Staff may want "witnesses" when talking to an inmate of the opposite gender
- Thoughts about "what more could I have done?"
- Feelings of anger, guilt, betrayal

Until a prosecution occurs, the information that is provided staff will be very limited and this could further serve to alienate staff. The information will be limited due to privacy issues and possible pending future legal actions.

IV. SUMMARY

We have talked today about the types of staff behaviors that are against the law and/or against the code of conduct as outlined by the Sexual Abuse/Assault Prevention Program. We have outlined the obligations of both staff and inmates in reporting inappropriate behavior, discussed possible staff reactions to an incident of this type, and have given you the appropriate steps to take if such an incident is alleged or known to have occurred.

In summary, ensuring you understand the critical role all staff have in preventing sexual abuse/assaults between inmates, and between staff and inmates, and in taking the appropriate intervention when instances occur. Ignoring the issue or inappropriate handling of an allegation may increase your risk of legal liability.

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**SPECIALIZED TRAINING
SEXUAL ABUSE/ASSAULT PREVENTION AND INTERVENTION**

LESSON PLAN:	Lieutenants Training
TIME FRAME:	2 Hours minimum
PURPOSE:	To provide guidelines for supervisory correctional services staff to better understand local procedures for preventing sexual abuse/assault, intervening when sexual assaults occur by addressing the safety and treatment needs of inmate victims, investigating allegations of sexual assault, and disciplining/prosecuting perpetrators of sexual abuse/assault.
OBJECTIVES:	At the end of this session each staff member will be able to: A. List the key aspects of the Sexual Abuse/Assault Prevention and Intervention Program. B. State staff and supervisory intervention strategies to minimize instances of inappropriate staff/inmate relationships. C. State the identification and referral process when an alleged staff/inmate sexual assault occurs. D. State why the lieutenant's leadership role is critical in managing the culture of the institution, and in the prevention and intervention of Sexual Abuse and Assault.
STUDENT MATERIALS:	Handouts
INSTRUCTOR MATERIALS:	Lesson Plan Briefing Materials from NIC Flipchart
REFERENCES:	Program Statement, 5324.04, Sexual Abuse/Assault Prevention and Intervention Program Program Statement 3420.08, Standards of Employee Conduct.
CLASS SIZE:	No more than 15 participants
INSTRUCTOR:	A staff member who is recognized as a good communicator, serves in a managerial role, and whose experience demonstrates an understanding of the Sexual Abuse/Assault Intervention and Prevention Program.
COORDINATED AND DEVELOPED BY:	Teresa Hunt Katsel, Central Office Gloria Lucero, MSTC
APPROVED BY:	Scott Dodrill, Administrator Correctional Services, Central Office

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I. INTRODUCTION

The sexual abuse of inmates has been identified across correctional systems as a major correctional management issue of the 1990's. A coordinated strategy that involves law and policy development, training of prisoners and correctional staff, and public education is being examined and pursued by most states. A federal law, the Sexual Abuse Act of 1986 (18 U.S.C. 2242-44) provides severe penalties for sexual abuse of inmates. If the abuse involves coercion, it is usually presented as a felony offense. The maximum penalty for an offense of this type is life in prison. If the abuse does not involve coercion, it is usually prosecuted as a misdemeanor. The penalties for this type of offense are still severe. Incidentally, there is no such thing as "consensual sex." In 1990, only 17 states and the federal government had laws prohibiting the sexual abuse of inmates. Today, sexual misconduct has been recognized as a national issue, and:

Handout: 50 State Survey

- 35 states, the District of Columbia, and the federal government have laws that specifically criminalizing sexual abuse in prisons.
- 28 states and the District of Columbia define sexual misconduct in prisons as a felony.
- 4 states define sexual misconduct in prisons as a misdemeanor. 3 states and the federal government define sexual misconduct in prisons as either a felony or a misdemeanor depending on the nature and severity of the assault.
- 3 states criminalize the conduct of both the prisoner and the corrections employee in "consensual" cases of sexual misconduct.
- 13 states and the District of Columbia specifically provide that even if a prisoner "consents:" to or voluntarily engages in sex with a corrections staff person, the staff member is criminally liable.
- 9 states, the District of Columbia and federal government provide that marriage is a defense to a charge of sexual misconduct.
- 15 states have no laws criminalizing sexual misconduct in prisons.

The National Institute of Corrections (NIC), (the component of the BOP which provides direct assistance to states and local correctional systems), has been pro active and responsive in providing direct

Handout: Assumptions from NIC

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technical assistance to states who have experienced instances of sexual misconduct. NIC has worked directly with 24 states and the BOP in developing action plans to provide remedies for correctional systems in responding to the issue of sexual misconduct.

The BOP has a zero tolerance stance regarding inappropriate conduct between staff and inmates, particularly that of a sexual nature. There are currently 30,000 employees who work for the BOP. There were 15 cases sustained against BOP staff for sexual abuse of an inmate in 1997. With zero tolerance, the BOP strives to prosecute any instance of sexual misconduct and obtained 8 prosecutions in 1997. The BOP has very clear policy and training programs for staff and inmates.

The BOP increased its focus on the issue of sexual abuse of inmates in July of 1996 after several incidents occurred at a facility for female offenders. The BOP, with assistance from the National Institute of Corrections (NIC), conducted focus groups with staff and inmates at four facilities to assess staff attitudes toward women offenders, BOP philosophy on the management of female offenders and training needs. Issues were identified and presented to a BOP Workgroup who formulated recommendations for refining BOP policy and training which were approved by the Executive Staff in December of 1996. Objectives and action steps were identified and target dates established for implementation beginning in April of 1997.

In December of 1997, the revised Program Statement entitled Sexual Abuse/Assault Prevention and Intervention Program was issued and included for the first time discussion of the protocol to follow to ensure:

- effective procedures to prevent sexually assaultive behavior will be operative in each Bureau institution
- medical, psychological, safety, and social needs of victims will be promptly and effectively met
- all allegations of sexual abuse/assault will be promptly and effectively reported and investigated
- an, assailants, once identified, will be controlled, disciplined, and/or prosecuted

All staff received training on Sexual Misconduct, Sexual Assault Prevention and Intervention during Annual Refresher Training in 1998, and new employees received training beginning in March of 1998 as part of their basic training at the Staff Training Academy at Glynco. Specialized training has been developed for staff who have been appointed by the Warden [herein after referred to as Program

Handout: BOP Cases

Eleven of those cases involved male staff and female inmates, three involved female staff and male inmates and one case involved female staff and a female inmate. Two of these cases involved contract male staff and female inmates and two involved female contract staff, one with a male inmate and one with a female inmate.

Handout: Program Statement 5324.04, Sexual Abuse/ Assault Prevention and Intervention Program

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Coordinators] to ensure that all elements of the program statement are met in a coordinated, interdisciplinary fashion to include:

- educating and training staff and inmates
- safeguarding, assessing, treating, and managing sexually assaulted inmates
- investigating disciplining, and/or prosecuting perpetrators of sexual assault

Specialty training has also been developed for medical and mental health staff, correctional supervisors (lieutenants), and other staff who are at the GS9 and above level to ensure all staff with management responsibilities are aware of their responsibilities in preventing sexual abuse/assault and intervening appropriately when allegations are brought to their attention by inmates.

In the near future, each institution will begin providing training for inmates on sexual abuse/assault prevention and intervention. Therefore, it is very important that Lieutenants understand the dynamics involved in managing sexual abuse/assault and misconduct. Lieutenants are perhaps the most influential group of supervisors in an institution. They set the tone for the vast majority of the institution workforce, who are the correctional officers they supervise. But even more importantly, Lieutenants are the supervisory contact for staff or inmates who need assistance at any time of the day. It is critical that Lieutenants understand and appreciate the tremendous influence they have on the institution culture. Their role in managing an incident of sexual abuse/assault and understanding the roles of the other staff involved cannot be over emphasized.

II. OBJECTIVES

The purpose of this training is to ensure Lieutenants are aware of behaviors that constitute sexual abuse, sexual assault, or sexual misconduct, as defined by Bureau of Prisons policy and the law. As supervisors, you should be familiar with:

Handout: Objectives

- the key aspects of the Sexual Assault/Prevention and Intervention Program Statement.
- effective staff/supervisory procedures to prevent sexually assaultive behaviors.

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- effective methods to meet the medical, psychological, safety and social needs of victims of sexual assault.

III. LESSON PLAN

A. DEFINITIONS

The Program Statement on Sexual Abuse/Assault Prevention and Intervention Program defines two types of sexual assault and the Employee Standards of Conduct describes prohibited sexual behavior:

Handout: Definitions

1. Inmate on inmate sexual abuse/assault: One or more inmates engaging in, or attempting to engage in a sexual act with another inmate or the use of threats, intimidation, inappropriate touching, or other actions and/or communications by one or more inmates aimed at coercing and/or pressuring another inmate to engage in a sexual act. **Sexual acts or contacts between inmates, even when no objections are raised, are prohibited.**
2. Staff on inmate sexual abuse/assault: Engaging in, or attempting to engage in a sexual act with any inmate. The intentional touching of an inmate's genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of any person. **Sexual acts or contacts between an inmate and a staff member, even when no objections are raised, are always illegal.**

3. From the Employee Standards of Conduct

Staff-on-inmate sexual behavior that does not rise to the level of a criminal violation is covered by the Employee Standards of Conduct which states "an employee may not engage in, or allow another person to engage in sexual behavior with an inmate."

Employees are subject to administrative action, up to and including removal, for any inappropriate contact or relationship with inmates, regardless of whether such contact constitutes a prosecutable crime. **Physical**

This type of behavior includes, and is not limited to, indecent, profane or abusive language or gestures, and inappropriate visual surveillance of inmates. Emphasize these actions which are more passive in nature are not

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contact is not required to subject an employee to sanctions for sexual misconduct.

Staff must understand they are obligated by the Standards of Conduct to report any allegation of sexual assault/abuse by other inmates or staff.

specifically covered by the sexual abuse state, but are still wrong, harassing in nature, and prohibited by the Employee Standards of Conduct.

B. INDICATORS OF INAPPROPRIATE STAFF/INMATE RELATIONSHIPS

There are several warning signs/indicators that may let staff/supervisors know when someone may be involved in an inappropriate relationship with an inmate:

- spending too much time with one inmate
- exchange of personal items, notes, letters
- playing favorites
- idle conversation referring to relationships
- attempts by inmates' family/friends to contact a staff member
- unusual personal inquiries about an inmate
- unexplained gestures or body language between inmates and staff
- accessing inmate living areas after regular work hours

Discussion: ask for other examples

C. MANAGERIAL INTERVENTIONS

The BOP also has a zero tolerance stance toward sexual harassment of staff. Now, how do the two relate? Maintaining professional relationships and appropriate boundaries with other staff and inmates is imperative when working in corrections. When staff are interacting inappropriately with each other, it is usually an indicator they are acting inappropriately with inmates.

- Does your institution culture promote overall human dignity that serve both staff and inmates?
- Have there been instances where violation of staff-offender boundaries have occurred?

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- Does your institution have programs in place for staff and inmates to develop more positive relationships with others?

Discussion: ask for other examples

Do staff know who to contact if they feel a relationship established with a co-worker or inmates has become too informal and uncomfortable?

This may have some impact on preventing over-familiarity with individual inmates.

1. What interventions are available at your facility, and are staff aware of them? The following are some examples:

- a. Have you publicized the accessibility to support programs - local EAP and those in the community (no-cost and confidential)? This may divert employees who are encountering difficulties with their personal/family life from becoming involved with inmates.

This assistance through EAP is confidential and no-cost.

- b. Have you enhanced the surveillance process by installing video recording devices in SHU, remote areas of the institution, and female housing units? Has telephone monitoring been considered? This may not only detect misconduct, but it may also protect staff from false allegations.

- c. Have windows been installed in office and closet doors?

- d. Are the inmates kept busy? Idleness creates problems.

- e. Has this issue been discussed with the union?

- f. Have you ensured that staff understand their responsibility for ensuring confidentiality is maintained as instances of inappropriate staff-inmate relationships are reported and investigated?

- g. Are staff aware it is against the code of conduct to retaliate against staff or inmates who make allegations of sexual abuse/assault?

Privacy for staff and inmates must be preserved throughout the investigation. Lieutenants can assist staff in better understanding the investigative process and why information is so limited -- to protect the privacy rights of staff and inmates.

- h. It is every supervisor's responsibility to exercise proper supervision over staff and inmates, to take corrective

Instances of retaliation must be reported.

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action when warranted, and guard against retaliation by either staff or inmates.

- i. Is there a clear action plan established for dealing with employees when allegations of sexual abuse/assault have been made?

- j. Is there a plan to provide on-going training for all staff in the institution on what to do if they become inappropriately involved with an inmate, or what their responsibilities are if they become aware, or witness another staff member becoming inappropriately involved with an inmate?

- k. Supervisors must ensure staff understand it is against the code of conduct to not come forward and report occurrences of sexual abuse/assault. Staff must make their report to a supervisor and must be clear that by following the appropriate procedures they are not rumor mongering or gossiping.

- 2. Ensure institution supervisors are creating an environment that provides interventions for staff by:

- a. Rotation of inmate workers on work details in remote or isolated locations.
- b. Consistent discipline of violators.
- c. Acknowledging the problem and not ignoring inappropriate behavior based on someone's age or position in the department.

Consult with your Regional Director to consider the options, e.g., home duty status or assignment to post/shifts which keep victims separated from the perpetrating inmate or staff member.

All staff should have been trained at ART 1998, or at Glynco STA, beginning in March of 1998; specialized training is held for Program Coordinators, GS9 and above staff, lieutenants, Health Services and Mental health staff and is required for all incumbents within 120 days of appointment in any of the previously described positions, as outlined in the EDM Manual.

Recognized that where the work environment is coercive or repressive, there will be a fear to bring forward complaints.

Check all details for longevity of inmates assigned.

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- d. Avoiding enabling behaviors which removes or cushions an employee from the consequences of their action.
- e. Correcting staff who show signs of inappropriate relationships with inmates and taking action as early as possible; ensuring that every complaint is taken seriously.
- f. Knowing the inmates.

- g. Watching for staff who withdraw from the administration, or who come to work on off days, or arrive early and leave late.

Identify those that are manipulative or sexually assaultive so you can track their daily routines, activities, and contacts with staff.

- h. Maintaining high visibility and managing by walking around.

The earlier potentially compromising situations/conditions are dealt with, the more likely an inappropriate relationship will be prevented.

C. PROGRAM COORDINATION

Managing sexual misconduct requires an interdisciplinary approach. Each institution should have a local institution supplement, approved by the Regional Director, that outlines their procedures and staff responsibilities for sexual abuse/assault intervention.

Make frequent, unscheduled visits to ALL work sites and housing areas.

Preventing sexual assault, intervening when sexual assaults do occur, investigating allegations of sexual assault, and disciplining/prosecuting perpetrators of sexual assault/abuse involves the coordinated efforts of several institution departments.

Discuss roles of each member (see policy) and local institution supplement which outlines their responsibilities. Discuss how Lieutenants interact with each of these areas in managing the overall program.

- Correctional Services: influences the culture of the institution environment; manages protection and investigation
- Psychology Services: provides clinical assessment of psychological trauma and provides mental health aftercare and treatment plan
- Health Services: provides initial clinical assessment and treatment of physical trauma; certified medical professionals gather evidence

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- Legal: manages case once referred for prosecution
- Unit Management: manages all inmate movement to include release
- Religious Services: provides spiritual assistance to traumatized inmate victims

Ordinarily an Associate Warden has overall responsibility for ensuring the program requirements are met.

D. INMATE EDUCATION

As part of the institution's Admission and Orientation Program, a staff member, designated by the Warden shall include a brief, candid presentation about the Sexual Abuse/Assault Prevention and Intervention Program that includes:

1. How inmates can protect themselves from becoming victims while incarcerated,
2. Treatment options available to victims of sexual assault, and
3. Methods of reporting incidents of sexual abuse/assault

The presentation also includes information on services and programs available for victims of sexual abuse/assault and for sexually assaultive or aggressive inmates. Each inmate will also receive a brochure summarizing key elements.

Inmates who do not participate in the formal A&O program (e.g., inmates in the hospital or SHU units, or pre-trial and/or detention units), will be provided with the pamphlet. Posters will be placed in the inmate housing units and the law library.

E. PROTECTION

Prompt and effective intervention must be provided to victims of sexual assault/abuse. Staff shall take seriously all statements from inmates that they have been victims of sexual assaults and respond supportively and non-judgementally. Any inmate who alleges that he or she has been sexually assaulted, shall be offered immediate protection from the assailant, will be referred for a medical examination from a certified

Discuss how to file an administrative remedy directly to the Regional Office when the issue is considered sensitive in accordance with the program statement, Administrative Remedy Program. Inmates are also advised reporting such an incident is a responsibility and they are obligated to report it in order to maintain a safe and secure environment.

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medical professional, as well as to a mental health professional, for a clinical assessment of the potential for suicide or other symptomology.

F. CONFIDENTIALITY

Staff shall provide services and conduct investigations of sexual abuse/assault incidents, maintaining strict confidentiality for the staff member, and inmate victims. Information concerning the identity of an inmate victim reporting a sexual assault, and the facts of the report itself, shall be limited to those who have a "need to know" in order to make decisions concerning the inmate-victim's welfare and for law enforcement/investigative purposes.

G. VICTIM IDENTIFICATION

1. The following are primary ways staff learn that a sexual assault has occurred during confinement:

- a. Staff discover an assault in progress.
- b. Victim reports an assault to a staff member.
- c. An assault is reported to staff by another inmate, or is the subject of inmate rumors.
- d. Medical evidence.

For all staff

While some victims will be clearly identified, most will probably not come forward directly with information about the event. In some circumstances, staff may hear of an inmate being threatened with sexual abuse/assault or rumored to be a victim. Some victims may be identified through unexplained injuries, changes in physical behavior due to injuries, or abrupt personality changes such as withdrawal or suicidal behavior.

Intake screening now requests history of abuse/assault

2. The following guidelines may help staff in responding appropriately to a suspected victim:

- a. The staff member who first identifies that an assault may have occurred should refer the matter to the institution's Operations Lieutenant or SIS.

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- b. If it is suspected that the inmate was sexually assaulted, the inmate should be advised of the importance of getting help to deal with the assault, that he/she may be evaluated medically for sexually transmitted diseases and other injuries, and that trained staff are available to assist. They must immediately be safeguarded and removed from the alleged staff or inmate perpetrator.
- c. Appropriate staff should review the background of a suspected victim, and the circumstances surrounding the incident, without jeopardizing the inmate's safety, identity, and privacy. Inmate identity and background must be kept confidential and is limited to those with a need to know.
- d. If staff discover an assault in progress, the suspected victim should be removed from the immediate area for care and for interviewing by appropriate staff.
- e. If the suspected victim is fearful of being labeled an informer, the inmate should be advised that the identity of the assailant(s) is (are) not needed to receive assistance.

H. PROCEDURES FOR STAFF INTERVENTION AND INVESTIGATION

The following procedures may apply for reported or known victims of sexual assault. If the inmate was threatened with sexual assault or was assaulted on an earlier occasion, some steps may not be necessary.

1. Early Intervention Techniques

- a. It is important that all contact with a sexual assault victim be sensitive, supportive, and non-judgmental.

Discuss how victim may be traumatized and be unable to provide much detail. There will be opportunities to secure more details later.

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| <ul style="list-style-type: none"> b. It is not necessary to make a judgment about whether or not a sexual assault occurred. | <p>For all staff</p> |
| <ul style="list-style-type: none"> c. Identify the inmate victim(s) and remove them from the immediate area; | <p>Handout: Early Intervention Techniques</p> |
| <ul style="list-style-type: none"> d. To facilitate evidence collection, the victim should <u>not</u> shower, wash, drink, eat, defecate or change any clothing until examined. | <p>Discuss how critical staff sensitivity is at this time.</p> |
| <ul style="list-style-type: none"> e. Alert medical staff immediately and escort the victim to the Health Services Unit for a medical evaluation as soon as possible. If necessary, medical staff shall refer the victim to a local emergency facility. | |
| <ul style="list-style-type: none"> f. Appropriate staff shall coordinate other services to do follow-up (e.g, housing, suicide assessment). | |
| <ul style="list-style-type: none"> g. A brief statement about the assault should be obtained from the inmate. (The victim may be in shock, and unable to give much detail. It is important to be understanding and responsive. Opportunities to secure more details will occur later.) | |
| <ul style="list-style-type: none"> h. Following medical evaluation/treatment, the victim may need to be reassigned to protective custody or to another secure area of the facility. Ensure that the alleged assailant(s) have no access to the area. | <p>Medical exam and clinical assessment of potential for suicide or other related symptomology must be addressed. Staff must be sensitive to the family concerns of the inmate victim.</p> |
| <p>2. Collect Evidence from Victim</p> | |
| <ul style="list-style-type: none"> a. Use HIV infection precautions and procedures. Contact medical staff to determine how to preserve medical indications of sexual assault. In the crime scene area, look for the presence of body fluids, pubic hair, or semen that can be used as evidence. For example, blankets and sheets should be collected. | <p>Discuss how to coordinate other services such as housing.</p> <p>For Correctional Services/SIS staff</p> |

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- b. Use standard evidence collection procedures (photographs, etc.) identified in the SIS Manual.
 - 3. Collect Evidence from Assailant
 - a. Identify and isolate the assailant , pending further investigation.
 - b. Use the standard evidence gathering procedures identified in the SIS Manual.
 - c. Report the incident to the appropriate law enforcement agency.
 - d. If institution medical staff attempt to examine the alleged assailant, findings should be documented both photographically and in writing. A written summary of all medical evidence and findings should be completed and maintained in the inmate's medical record. Copies of this written summary should also be provided to the SIS and appropriate law enforcement officials.
- I. MEDICAL ASSESSMENT OF VICTIM
- 1. If trained medical staff are available in the institution, render treatment locally whenever feasible.
 - 2. If the alleged victim is examined in the institution (see the Health Services Manual, Sexual Assault) to determine the extent of injuries, all findings should be documented both photographically and in writing. An original Inmate Injury Assessment and Follow-up form (BP-S362) should be filed in the inmate's medical record. A copy of BP-S362 should be provided to the SIS or appropriate law enforcement official.
 - 3. If deemed necessary by the examining physician, follow established procedures for use of outside medical consultants or for an escorted trip to an outside medical facility.

Handout: Collect Evidence from Victim

For Correctional Services/SIS Staff/Health Services Staff

Handout: Collect Evidence from Assailant

For Health Services staff

Handout: Medical Assessment of Victim

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4. Notify staff at the community medical facility and alert them to the inmate's condition.
5. When necessary, conduct STD and HIV testing.
6. Refer the inmate for crisis counseling as appropriate.

Refer to local policy which specifies the certification requirements for the jurisdiction in which your institution is located to determine who will conduct the medical examination.

J. MEDICAL TRANSFERS FOR EXAMINATION AND TREATMENT

1. If determined appropriate by the institution physician and if approved by the Warden or designee, the inmate may be examined by medical personnel from the community. A contractual arrangement may be developed with a rape crisis center or other medical service if available in the community and should be utilized to enhance institution medical services as deemed appropriate by institution medical staff and the Warden. The contract should provide for clinical examination, for assessing physical injuries, and for the collection of any physical evidence of sexual assault. It should also allow for contract medical personnel to come into the institution and for the escorting of inmates to the contract facility (e.g., crisis care center, medical clinic, hospital, etc.).
2. Escorting staff should treat the victim in a supportive and non-judgmental way.
3. Information about the assault is confidential, and should be given only to those directly involved in the investigation and/or treatment of the victim.

For Correctional Services and Health Services Staff

Handout: Medical Transfers for examination and Treatment

Refer to local supplement

K. SEXUAL ABUSE/ASSAULT CRISIS INTERVENTION PROTOCOL

Let's look at reporting procedures when an inmate reports they have been assaulted or is rumored to be a victim. Preventing

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sexual abuse, intervening when sexual assaults do occur, investigating allegations, disciplining and prosecuting perpetrators involves the coordinated efforts of several departments..

Preventing sexual abuse suggests that staff should attempt to identify sexually assaultive inmates.

All staff

Any inmate who alleges that he or she has been sexually assaulted shall be offered immediate protection from the assailant and will be referred for a medical examination as well as a clinical assessment of the potential for suicide or other related symptoms.

Handout: Sexual Abuse/Assault
Crisis Intervention Protocol

During Business Hours staff are advised to notify the Operations Lieutenant. The Operations Lieutenant shall:

Provide for victim's safety.
Refer to Health Services, Psychology.
Notify Captain, SIS, AW and Warden.

Non Business Hours staff are advised to notify the Operations Lieutenant. The Operations Lieutenant shall:

Provide for victim's safety.
Refer to Health Services or Psychology Services.
Notify Captain, SIS, Duty Officer, AW, and Warden.

Correctional Services and Legal staff shall coordinate such matters as evidence and witness testimony collection and corroboration and consultation on administrative and disciplinary issues.

L. INVESTIGATION

In any case of alleged, or suspected, sexual misconduct or sexual assault by a staff member, the Chief Executive Officer must be notified immediately and s/he must telephonically report the allegation to the Office of Internal Affairs (OIA). Even though OIG and/or the Civil Rights Division (CRD) will notify the FBI, to help expedite the investigative process, the Warden may also notify the FBI.

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Remember, if you were the reporting staff member, to minimize your involvement in the investigation procedures you should not speak to other staff members concerning the allegation. Furthermore, you are obligated to maintain confidentiality of the allegations to protect both the staff member and the inmate.

1. Institution staff , i.e., SIA, SIS, or Executive Staff, will not investigate allegations of staff sexual misconduct and/or assault beyond interviewing the inmate victim to discern what happened and then report their findings to the Warden.

- a. Statistics show this interview should ideally be conducted by a staff member who the inmate trusts, since more information could possibly be obtained. The Psychologist or Chaplain may be considered for this interview as they are frequently trusted by inmates. Staff should recognize that inmates do not always lie. All such incidents/allegations will be thoroughly investigated. The incident will be documented and maintained in the SIS file tracking systems. Ordinarily, the inmate will not be subject to disciplinary action, even if the allegation is not sustained. However, based on the outcome of the investigation, it is possible the inmate could be charged with a prohibited act, such as lying.
- b. Statistics also indicate many female offenders have been victimized by men before coming to prison and some may prefer to talk to a female staff member rather than a male because of this prior trauma.

All staff

It is important for all staff to understand the investigative process. All allegations will be taken seriously and investigated promptly.

Refer to local policy.

M. TRACKING SEXUAL ABUSE

The major purpose of the Bureau's Sexual Abuse Prevention and Intervention Program is to protect inmates in Bureau custody. Monitoring and evaluation are essential to assess both sexual assault levels and agency effectiveness in reducing sexually abusive behavior. Accordingly, the SIS must maintain two types of files:

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1. General Files which includes data on:
 - a. The victim(s) and assailant(s) of a sexual assault
 - b. Crime characteristics
 - c. Formal and/or informal action(s) taken.
2. Investigative Files which are opened following any allegation of sexual assault which include copies of:
 - a. All reports,
 - b. Medical forms,
 - c. Supporting memos and videotapes, and
 - d. Any other evidentiary materials pertaining to the allegation.

Refer to the SIS Manual

The SIS shall maintain the following on the computerized incident index system current listings of sexual assault victims and assailants. A specific STG SENTRY assignment shall be given to sexual abuse assailants and victims to allow administrative, treatment, and SIS staff the ability to track inmates across the system either as a victim or as an assailant.

N. MENTAL HEALTH SERVICES

1. Psychology Services or other mental health staff shall be notified immediately after the initial report of an allegation of sexual abuse/assault of an inmate.
2. Any alleged victim(s) shall be seen, within 24 hours following such notification, by a mental health clinician to provide crisis intervention and to assess any immediate and subsequent treatment needs.
3. The findings of this initial crisis/evaluation session shall be summarized in a written format within one week of the initial session and, once completed, shall be placed in the appropriate treatment record, with a copy provided to the Clinical Director and other staff responsible for oversight of sexual abuse/assault prevention and intervention procedures.

For Psychology Services Staff

Handout: Mental Health Services

Emphasize first two points with lieutenants.

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4. Additional psychological or psychiatric treatment, as well as continued assessment of mental health status and treatment needs, shall be provided as needed and only with the victim's full consent and collaboration. Decisions regarding the need for continued treatment and/or assessment shall be made by qualified clinicians according to established professional standards, and shall be made with an awareness that victim(s) of sexual abuse/assault commonly experience both immediate and delayed psychiatric and/or emotional symptoms.

If the victim(s) choose to continue to pursue treatment, the clinician will either provide appropriate treatment or facilitate referral of the victim(s) to the appropriate treatment option(s) including individual therapy, group therapy, further psychological assessment, assignment to a mental health case load and/or facility, referral to a psychiatrist, and/or other treatment options. Pending referral, mental health services shall continue unabated. If the victim(s) chooses to decline further treatment services, he or she shall be asked to sign a statement to that effect.

5. All treatment and evaluation sessions shall be properly documented and placed in the appropriate treatment record to ensure continuity of care within, between, or outside Bureau facilities.
6. Should the victim be released from custody during the course of treatment, the victim will be advised of community mental health resources in their release area.

O. MONITORING AND FOLLOW-UP

1. Arrange with the unit team and Correctional Services to place the inmate in appropriate housing.
2. Monitor the physical and mental health of the victim and coordinate the continuation of necessary services.
3. Dispense medication, provide routine examinations and STD and HIV follow-up.

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4. Conduct post-crisis counseling and arrange for psychiatric care if necessary.
5. Psychology staff should watch for reaction stages and provide support as needed during critical stages.
6. Determine the risk of keeping the victim at the same facility where the incident occurred.

For Psychology and Health Services staff

Handout: Monitoring and Follow up

P. RELEASE PREPARATION AND CONTINUING CARE

Emphasize points 1 and 6 with lieutenants

1. Psychology staff shall ordinarily determine the need for aftercare and transitional treatment services, and notify the Case Manager of their recommendations.
2. The willingness of the victim to participate in treatment in the community should be determined.
3. For those cases that will use continuing care services, efforts to facilitate them should begin about 12 months prior to their release.
4. If CCC services are used, mental health counseling and other transitional services that facilitate the victim's healthy reintegration into the community and with the family may be necessary.
5. The responsibilities of the victim in the treatment process should be identified.
6. Arrangements should be made through the U.S. Probation Office for psychological, medical, or other support services in the victim's release district.
7. The victim should be encouraged to participate in support groups in the community.

For Psychology and Unit Staff

Handout: Release Preparation and Continuing Care

Lieutenants need to be aware of general continuity of care upon release.

Q. AFTERMATH

Taking the proper steps after a reported incident of sexual assault/abuse is critical. As you can see, this issue is taken seriously and can lead to the prosecution, conviction and

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incarceration of staff. If staff feel the investigation process is a witch hunt, or they never hear of the results, problems can result.

Therefore, management has a responsibility to staff to take appropriate action when a staff member is accused of sexual misconduct or sexual assault. To protect all persons involved, institution staff must understand they will not be advised of the details of the case, or the outcome of the investigation, until such information is made a matter of public record and is available to the general public.

After an incident of sexual misconduct, there is an aftermath that must be managed by staff at all levels. The following can occur:

- Polarization: staff take sides
- Placing blame on others
- Gossip and stories
- Heightened awareness and fear of maintaining professional, appropriate relationships with inmates
- Staff may want "witnesses" when talking to an inmate of the opposite gender
- Thoughts about "what more could I have done?"
- Feelings of anger, guilt, betrayal

Until a prosecution occurs, the information that is provided staff will be very limited and this could further serve to alienate staff. The information will be limited due to privacy issues and possible pending future legal actions.

IV. SUMMARY

We have talked today about the types of staff behaviors that are against the law and/or against the code of conduct as outlined by the Sexual Abuse/Assault Prevention Program. We have outlined the obligations of both staff and inmates in reporting inappropriate behavior, discussed possible staff reactions to an incident of this type, and have given you the appropriate steps to take if such an incident is alleged or known to have occurred.

For all staff

Handout: Aftermath

When backlash occurs, staff are frozen. Staff may feel a need to talk about their feelings and may seek out a trusted person, such as a psychologist, chaplain, supervisory, or executive staff member for further guidance.

Lieutenant play a critical role in helping staff to minimize rumors, and to better understand the dynamics involved when inappropriate relationship develop in a correctional environment.

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In summary, ensuring you understand the critical role a lieutenant has in preventing sexual abuse/assaults between inmates, and between staff and inmates, and in taking the appropriate intervention when instances occur. Ignoring the issue or inappropriate handling of an allegation may increase your risk of legal liability.

4

**SPECIALIZED TRAINING
SEXUAL ABUSE/ASSAULT PREVENTION AND INTERVENTION**

LESSON PLAN:	Health Services Staff Training
TIME FRAME:	2 Hours minimum
PURPOSE:	To provide guidelines for health services professionals to understand local procedures for preventing sexual abuse/assault, intervening when sexual assaults occur by addressing the safety and treatment needs of inmate victims, investigating allegations of sexual assault, and disciplining/prosecuting perpetrators of sexual abuse/assault.
OBJECTIVES:	At the end of this session each staff member will be able to: A. List the key aspects of the Sexual Abuse/Assault Prevention and Intervention Program. B. State staff and supervisory intervention strategies to minimize instances of inappropriate staff/inmate relationships. C. State the identification and referral process when an alleged staff/inmate sexual assault occurs.
STUDENT MATERIALS:	Handouts
INSTRUCTOR MATERIALS:	Lesson Plan Briefing Materials from NIC Flipchart
REFERENCES:	Program Statement, 5324.04, Sexual Abuse/Assault Prevention and Intervention Program Program Statement 3420.08, Standards of Employee Conduct Health Services Manual
CLASS SIZE:	No more than 15 participants.
INSTRUCTOR:	A medical professional who is recognized as a good communicator, serves in a managerial role, and whose experience demonstrates an understanding of the Sexual Abuse/Assault Intervention and Prevention Program.
COORDINATED AND DEVELOPED BY:	Teresa Hunt Katsel, Central Office Gloria Lucero, MSTC
APPROVED BY:	Thurman Robbins, Health Services Division Central Office

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I. INTRODUCTION

The sexual abuse of inmates has been identified across correctional systems as a major correctional management issue of the 1990's. A coordinated strategy that involves law and policy development, training of prisoners and correctional staff, and public education is being examined and pursued by most states. A federal law, the Sexual Abuse Act of 1986 (18 U.S.C. 2242-44) provides severe penalties for sexual abuse of inmates. If the abuse involves coercion, it is usually presented as a felony offense. The maximum penalty for an offense of this type is life in prison. If the abuse does not involve coercion, it is usually prosecuted as a misdemeanor. The penalties for this type of offense are still severe. Incidentally, there is no such thing as "consensual sex." In 1990, only 17 states and the federal government had laws prohibiting the sexual abuse of inmates. Today, sexual misconduct has been recognized as a national issue, and:

Handout: 50 State Survey

- 35 states, the District of Columbia, and the federal government have laws that specifically criminalizing sexual abuse in prisons.
- 28 states and the District of Columbia define sexual misconduct in prisons as a felony.
- 4 states define sexual misconduct in prisons as a misdemeanor.
- 3 states and the federal government define sexual misconduct in prisons as either a felony or a misdemeanor depending on the nature and severity of the assault.
- 3 states criminalize the conduct of both the prisoner and the corrections employee in "consensual" cases of sexual misconduct.
- 13 states and the District of Columbia specifically provide that even if a prisoner "consents" to or voluntarily engages in sex with a corrections staff person, the staff member is criminally liable.
- 9 states, the District of Columbia and federal government provide that marriage is a defense to a charge of sexual misconduct.
- 15 states have no laws criminalizing sexual misconduct in prisons.

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The National Institute of Corrections (NIC), (the component of the BOP which provides direct assistance to states and local correctional systems), has been pro active and responsive in providing direct technical assistance to states who have experienced instances of sexual misconduct. NIC has worked directly with 24 states and the BOP in developing action plans to provide remedies for correctional systems in responding to the issue of sexual misconduct.

Handout: "Assumptions" from NIC

The BOP has a zero tolerance stance regarding inappropriate conduct between staff and inmates, particularly that of a sexual nature. There are currently 30,000 employees who work for the BOP. There were 15 cases sustained against BOP staff for sexual abuse of an inmate in 1997. With zero tolerance, the BOP strives to prosecute any instance of sexual misconduct and obtained 8 prosecutions in 1997. The BOP has very clear policy and training programs for staff and inmates.

Handout: BOP Cases

Eleven of those cases involved male staff and female inmates, three involved female staff and male inmates and one case involved a female staff and a female inmate.

Discuss cases and how the dynamics between male staff and female inmates, male staff and male inmates, female staff and male inmates, and female staff and female inmates differ.

The BOP increased its focus on the issue of sexual abuse of inmates in July of 1996 after several incidents occurred at a facility for female offenders. The BOP, with assistance from the National Institute of Corrections (NIC), conducted focus groups with staff and inmates at four facilities to assess staff attitudes toward women offenders, BOP philosophy on the management of female offenders and training needs. Issues were identified and presented to a BOP Workgroup who formulated recommendations for refining BOP policy and training which were approved by the Executive Staff in December of 1996. Objectives and action steps were identified and target dates established for implementation beginning in April of 1997.

In December of 1997, the revised Program Statement entitled Sexual Abuse/Assault Prevention and Intervention Program was issued and included for the first time discussion of the protocol to follow to ensure:

Handout; Program Statement 5324.4, Sexual Abuse/Assault Prevention and Intervention Program.

- effective procedures to prevent sexually assaultive behavior will be operative in each Bureau institution
- medical, psychological, safety, and social needs of victims will be promptly and effectively met
- all allegations of sexual abuse/assault will be promptly and effectively reported and investigated
- an, assailants, once identified, will be controlled,

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disciplined, and/or prosecuted

All staff received training on Sexual Misconduct, Sexual Assault Prevention and Intervention during Annual Refresher Training in 1998, and new employees received training beginning in March of 1998 as part of their basic training at the Staff Training Academy at Glynco. Specialized training has been developed for staff who have been appointed by the Warden [herein after referred to as Program Coordinators] to ensure that all elements of the program statement are met in a coordinated, interdisciplinary fashion to include:

- educating and training staff and inmates
- safeguarding, assessing, treating, and managing sexually assaulted inmates
- investigating disciplining, and/or prosecuting perpetrators of sexual assault

Specialty training has also been developed for medical and mental health staff, correctional supervisors (lieutenants), and other staff who are at the GS9 and above level to ensure all staff with management responsibilities are aware of their responsibilities in preventing sexual abuse/assault and intervening appropriately when allegations are brought to their attention by inmates.

In the near future, each institution will begin providing training for inmates on sexual abuse/assault prevention and intervention. Therefore, it is very important the Program Coordinator understand the dynamics involved when presenting this topic to staff and inmates. This training module is to be completed by the Program Coordinator and any staff responsible for conducting sexual abuse/assault training for staff and inmates.

II. OBJECTIVES

The purpose of this training is to ensure staff are aware of behaviors that constitute sexual abuse, sexual assault, or sexual misconduct, as defined by Bureau of Prisons policy and the law. As staff/supervisors, you should be familiar with:

Handout: Objectives

- the key aspects of the Sexual Abuse/Assault Prevention and Intervention Program Statement.
- staff/supervisory intervention strategies to minimize

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- episodes of inappropriate staff/inmate relationships.
the identification and referral process when an alleged sexual assault occurs.

III. LESSON PLAN

A. DEFINITIONS

Handout: Definitions

The Program Statement on Sexual Abuse/Assault Prevention and Intervention Program defines two types of sexual assault and the Employee Standards of Conduct describes prohibited sexual behavior.

1. **Inmate on inmate sexual abuse/assault:** One or more inmates engaging in, or attempting to engage in a sexual act with another inmate or the use of threats, intimidation, inappropriate touching, or other actions and/or communications by one or more inmates aimed at coercing and/or pressuring another inmate to engage in a sexual act. **Sexual acts or contacts between inmates, even when no objections are raised, are prohibited.**
2. **Staff on inmate sexual abuse/assault:** Engaging in, or attempting to engage in a sexual act with any inmate. The intentional touching of an inmate's genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of any person. **Sexual acts or contacts between an inmate and a staff member, even when no objections are raised, are always illegal.**
3. **From the Employee Standards of Conduct**

Staff-on-inmate sexual behavior that does not rise

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to the level of a criminal violation is covered by the Employee Standards of Conduct which states "an employee may not engage in, or allow another person to engage in sexual behavior with an inmate."

Employees are subject to administrative action, up to and including removal, for any inappropriate contact or relationship with inmates, regardless of whether such contact constitutes a prosecutable crime. **Physical contact is not required to subject an employee to sanctions for sexual misconduct.**

Staff **must** understand they are obligated by the Standards of Conduct to report any allegation of sexual assault/abuse by other inmates or staff.

This type of behavior includes, and is not limited to, indecent, profane or abusive language or gestures, and inappropriate visual surveillance of inmates. Emphasize these actions which are more passive in nature are not specifically covered by the sexual abuse statute, but are still wrong, harassing in nature, and prohibited by the Employee Standards of Conduct.

B. INDICATORS OF INAPPROPRIATE STAFF/INMATE RELATIONSHIPS

There are several warning signs or behaviors that may alert you that a staff member may be involved in an inappropriate relationship with an inmate:

Discussion: Ask for other examples.

- spending too much time with one inmate
- exchange of personal items, notes, letters
- playing favorites
- idle conversation referring to relationships
- attempts by inmates' family/friends to contact a staff member
- unusual personal inquiries about an inmate
- unexplained gestures or body language between inmates and staff
- accessing inmate living areas after regular work hours

C. MANAGERIAL INTERVENTIONS

The BOP also has a zero tolerance stance toward sexual harassment of staff. Now, how do the two relate? Maintaining professional relationships and appropriate boundaries with other staff and inmates is imperative when working in corrections.

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When staff are interacting inappropriately with each other, it is usually an indicator they are acting inappropriately with inmates.

- Does your institution culture promote overall human dignity that serve both staff and inmates?
- Have there been instances where violation of staff-offender boundaries have occurred?
- Does your institution have programs in place for staff and inmates to develop more positive relationships with others?

Do staff know who to contact if they feel a relationship established with a co-worker or inmates has become too informal and uncomfortable?

1. What interventions are available at your facility, and are staff aware of them? The following are some examples:

- a. Have you publicized the accessibility to support programs - local EAP and those in the community (no-cost and confidential)? This may divert employees who are encountering difficulties with their personal/family life from becoming involved with inmates.
- b. Have you enhanced the surveillance process by installing video recording devices in SHU, remote areas of the institution, and female housing units? Has telephone monitoring been considered? This may not only detect misconduct, but it may also protect staff from false allegations.
- c. Have windows been installed in office and closet doors?
- d. Are the inmates kept busy? Idleness creates problems.
- e. Has this issue been discussed with the union?

This assistance through EAP is confidential and no-cost.

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|--|---|
| <p>f. Have you ensured that staff understand their responsibility for ensuring confidentiality is maintained as instances of inappropriate staff-inmate relationships are reported and investigated?</p> | <p>Privacy for staff and inmates must be preserved throughout the investigations.</p> |
| <p>g. Are staff aware it is against the code of conduct to retaliate against staff or inmates who make allegations of sexual abuse/assault?</p> | <p>Instances of retaliation must be reported.</p> |
| <p>h. It is every supervisor's responsibility to exercise proper supervision over staff and inmates, to take corrective action when warranted, and guard against retaliation by either staff or inmates.</p> | |
| <p>i. Is there a clear action plan established for dealing with employees when allegations of sexual abuse/assault have been made?</p> | <p>Consult with your Regional Director to consider the options, e.g., home duty status or assignment to posts/shifts which keep them separated from the accusing inmate or staff member.</p> |
| <p>j. Is there a plan to provide on-going training for all staff in the institution on what to do if they become inappropriately involved with an inmate, or what their responsibilities are if they become aware, or witness another staff member becoming inappropriately involved with an inmate?</p> | <p>All staff should have been trained at ART 1998, or at Glynco, STA, beginning in March of 1998; specialized training is held for Program Coordinators, GS(and above staff, lieutenants, Health services and Mental Health staff and is required for all incumbents within 120 days of appointment in any of the previously described positions, as outlined in the EDM Manual.</p> |
| <p>k. Supervisors must ensure staff understand it is against the code of conduct to <u>not</u> come forward and report occurrences of sexual abuse/assault. Staff must make their report to a supervisor and must be clear that by following the appropriate procedures they are not rumor mongering or gossiping.</p> | <p>Recognize that where the work environment is coercive or repressive, there will be a fear to bring forward complaints.</p> |
| <p>2. Ensure institution supervisors are creating an environment that provides interventions for staff by:</p> | |
| <p>a. Rotation of inmate workers on work details in remote or isolated locations.</p> | <p>Check all details for longevity of inmates assigned.</p> |
| <p>b. Consistent discipline of violators.</p> | |
| <p>c. Acknowledging the problem and not ignoring</p> | |

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inappropriate behavior based on someone's age or position in the department.

- d. Avoiding enabling behaviors which removes or cushions an employee from the consequences of their action.
- e. Correcting staff who show signs of inappropriate relationships with inmates and taking action as early as possible; ensuring that every complaint is taken seriously.
- f. Knowing the inmates.
- g. Watching for staff who withdraw from the administration, or who come to work on off days, or arrive early and leave late.
- h. Maintaining high visibility and managing by walking around.

D. PROGRAM COORDINATION

Managing sexual misconduct requires an interdisciplinary approach. Each institution should have a local institution supplement, approved by the Regional Director, that outlines their procedures and staff responsibilities for sexual abuse/assault intervention.

Discuss roles of each member (see policy) and local institution supplement which outlines their responsibilities.

Preventing sexual assault, intervening when sexual assaults do occur, investigating allegations of sexual assault, and disciplining/prosecuting perpetrators of sexual assault/abuse involves the coordinated efforts of several institution departments.

- Correctional Services: influences the culture of the institution environment; manages protection and investigation
- Psychology Services: provides clinical assessment of psychological trauma and provides mental health aftercare and treatment plan
- Health Services: provides initial clinical assessment and

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treatment of physical trauma; certified medical professionals gather evidence

- Legal: manages case once referred for prosecution
- Unit Management: manages all inmate movement to include release
- Religious Services: provides spiritual assistance to traumatized inmate victims

Ordinarily an Associate Warden has overall responsibility for ensuring the program requirements are met.

E. INMATE EDUCATION

As part of the institution's Admission and Orientation Program, a staff member, designated by the Warden shall include a brief, candid presentation about the Sexual Abuse/Assault Prevention and Intervention Program that includes:

- A. How inmates can protect themselves from becoming victims while incarcerated.
- B. Treatment options available to victims of sexual assault, and
- C. Methods of reporting incidents of sexual abuse/assault.

Discuss how to file an administrative remedy directly to the Regional Office when the issue is considered sensitive in accordance with the program statement. Administrative Remedy Program must be emphasized. Also discuss method inmates can report to Office of Inspector General. Inmates are also advised they are obligated to report such incidents.

The presentation also includes information on services and programs available for victims of sexual abuse/assault and for sexually assaultive or aggressive inmates. Each inmate will also receive a brochure summarizing key elements.

Inmates who do not participate in the formal A&O program (e.g., inmates in the hospital or SHU units, or pre-trial and/or detention units), will be provided with the pamphlet. Posters will be placed in the inmate housing units and the law library.

F. PROTECTION

Prompt and effective intervention must be provided to victims of sexual assault/abuse. Staff shall take seriously all statements

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from inmates that they have been victims of sexual assaults and respond supportively and non-judgmentally. Any inmate who alleges that he or she has been sexually assaulted, shall be offered immediate protection from the assailant, will be referred for a medical examination from a certified medical professional, as well as to a mental health professional, for a clinical assessment of the potential for suicide or other symptomology.

G. CONFIDENTIALITY

Staff shall provide services and conduct investigations of sexual abuse/assault incidents, maintaining strict confidentiality for the staff member, and inmate victims. Information concerning the identity of an inmate victim reporting a sexual assault, and the facts of the report itself, shall be limited to those who have a "need to know" in order to make decisions concerning the inmate-victim's welfare and for law enforcement/investigative purposes.

H. VICTIM IDENTIFICATION

1. The following are primary ways staff learn that a sexual assault has occurred during confinement:
 - a. Staff discover an assault in progress.
 - b. Victim reports an assault to a staff member.
 - c. An assault is reported to staff by another inmate, or is the subject of inmate rumors.
 - d. Medical evidence.

For all staff

Handout: Victim Identification

Intake screening now requests history of abuse/assault

While some victims will be clearly identified, most will probably not come forward directly with information about the event. In some circumstances, staff may hear of an inmate being threatened with sexual abuse/assault or rumored to be a victim. Some victims may be identified through unexplained injuries, changes in physical behavior due to injuries, or abrupt personality changes such as withdrawal or suicidal behavior.

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2. The following guidelines may help staff in responding appropriately to a suspected victim:

- a. The staff member who first identifies that an assault may have occurred should refer the matter to the institution's Operations Lieutenant or SIS.
- b. If it is suspected that the inmate was sexually assaulted, the inmate should be advised of the importance of getting help to deal with the assault, that he/she may be evaluated medically for sexually transmitted diseases and other injuries, and that trained staff are available to assist. They must immediately be safeguarded and removed from the staff or inmate perpetrator..
- c. Appropriate staff should review the background of a suspected victim, and the circumstances surrounding the incident, without jeopardizing the inmate's safety, identity, and privacy. Inmate identity and background must be kept confidential and is limited to those with a need to know.
- d. If staff discover an assault in progress, the suspected victim should be removed from the immediate area for care and for interviewing by appropriate staff.
- e. If the suspected victim is fearful of being labeled an informer, the inmate should be advised that the identity of the assailant(s) is (are) not needed to receive assistance.

Discuss how victim may be traumatized and be unable to give much detail. There will be opportunities to secure more details later.

I. PROCEDURES FOR STAFF INTERVENTION

For all staff

The following procedures may apply for reported or known victims of sexual assault. If the inmate was

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threatened with sexual assault or was assaulted on an earlier occasion, some steps may not be necessary.

1. Early Intervention Techniques

Handout: Early Intervention Techniques

- a. It is important that all contact with a sexual assault victim be sensitive, supportive, and non-judgmental.
- b. It is not necessary to make a judgment about whether or not a sexual assault occurred.
- c. Identify the inmate victim(s) and remove them from the immediate area;
- d. To facilitate evidence collection, the victim should not shower, wash, drink, eat, defecate or change any clothing until examined.
- e. Alert medical staff immediately and escort the victim to the Health Services Unit for a medical evaluation as soon as possible. If necessary, medical staff shall refer the victim to a local emergency facility.
- f. Appropriate staff shall coordinate other services to do follow-up (e.g, housing, suicide assessment).
- g. A brief statement about the assault should be obtained from the inmate. (The victim may be in shock, and unable to give much detail. It is important to be understanding and responsive. Opportunities to secure more details will occur later.)
- h. Following medical evaluation/treatment, the victim may need to be reassigned to protective custody or to another secure area of the facility. Ensure that the alleged assailant(s) have no access to the area.

Discuss how critical staff sensitivity is at this time.

Medical exam and clinical assessment of potential for suicide or other related symptomology must be addressed. Staff must be sensitive to the family concerns of the inmate victim.

Discuss how appropriate staff will coordinate other services such as housing. Refer to local policy.

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2. Collect Evidence from Victim

- a. Use HIV infection precautions and procedures. Contact medical staff to determine how to preserve medical indications of sexual assault. In the crime scene area, look for the presence of body fluids, pubic hair, or semen that can be used as evidence. For example, blankets and sheets should be collected.
- b. Use standard evidence collection procedures (photographs, etc.) identified in the SIS Manual.

For Correctional Services/SIS and certified medical staff

Handout: collect evidence from Victim

3. Collect Evidence from Assailant

- a. Identify and isolate the assailant, pending further investigation.
- b. Use the standard evidence gathering procedures identified in the SIS Manual.
- c. Report the incident to the appropriate law enforcement agency.
- d. If institution medical staff attempt to examine the alleged assailant, findings should be documented both photographically and in writing. A written summary of all medical evidence and findings should be completed and maintained in the inmate's medical record. Copies of this written summary should also be provided to the SIS and appropriate law enforcement officials.

For Correctional Services/SIS Staff/Health Services staff

Handout: Collect Evidence from Assailant

J. MEDICAL ASSESSMENT OF VICTIM

1. If trained medical staff are available in the institution, render treatment locally whenever feasible.

For Health Services staff

Handout: Medical Assessment of

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2. If the alleged victim is examined in the institution (see the Health Services Manual, Sexual Assault) to determine the extent of injuries, all findings should be documented both photographically and in writing. An original Inmate Injury Assessment and Follow-up form (BP-S362) should be filed in the inmate's medical record. A copy of BP-S362 should be provided to the SIS or appropriate law enforcement official.
3. If deemed necessary by the examining physician, follow established procedures for use of outside medical consultants or for an escorted trip to an outside medical facility.
4. Notify staff at the community medical facility and alert them to the inmate's condition.
5. When necessary, conduct STD and HIV testing.
6. Refer the inmate for crisis counseling as appropriate.

Victim

Refer to local policy which specifies the certification requirements for the jurisdiction in which your institution is located and determine where and who will conduct the medical examination.

K. MEDICAL TRANSFERS FOR EXAMINATION AND TREATMENT

Health services will be responsible for victim examination, treatment, and medical evidence collection. This will include examination, treatment, documentation of any injuries, processing evidence with a rape kit, and will be done in an environment that meets both the inmate's safety and therapeutic needs. The medical staff member collecting evidence MUST BE CERTIFIED to perform the procedures. Medical examination will include testing for HIV and sexually transmitted diseases (STD's).

For all staff and Correctional and Health Services staff

Handout: Medical Transfers for Examination and Treatment

Refer to local supplement

1. If determined appropriate by the institution physician and if approved by the Warden or designee, the inmate may be examined by medical personnel from the community. A contractual arrangement may be developed with a rape crisis

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center or other medical service if available in the community and should be utilized to enhance institution medical services as deemed appropriate by institution medical staff and the Warden. The contract should provide for clinical examination, for assessing physical injuries, and for the collection of any physical evidence of sexual assault. It should also allow for contract medical personnel to come into the institution and for the escorting of inmates to the contract facility (e.g., crisis care center, medical clinic, hospital, etc.).

2. Escorting staff should treat the victim in a supportive and non-judgmental way.
3. Information about the assault is confidential, and should be given only to those directly involved in the investigation and/or treatment of the victim.

L. INVESTIGATION

For all staff

In any case of alleged, or suspected, sexual misconduct or sexual assault by a staff member, the Chief Executive Officer must be notified immediately and s/he must telephonically report the allegation to the Office of Internal Affairs (OIA). Even though OIG and/or the Civil Rights Division (CRD) will notify the FBI, to help expedite the investigative process, the Warden may also notify the FBI.

Handout: Investigations

Remember, if you were the reporting staff member, to minimize your involvement in the investigation procedures you should not speak to other staff members concerning the allegation. Furthermore, you are obligated to maintain confidentiality of the allegations to protect both the staff member and the inmate.

1. Institution staff, i.e., SIA, SIS, or Executive Staff, will not investigate allegations of staff sexual misconduct and/or assault beyond interviewing the inmate victim to discern what happened and then report their findings to the Warden.

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- a. Statistics show this interview should ideally be conducted by a staff member who the inmate trusts, since more information could possibly be obtained. The Psychologist or Chaplain may be considered for this interview as they are frequently trusted by inmates. Staff should recognize that inmates do not always lie. All such incidents/allegations will be thoroughly investigated. The incident will be documented and maintained in the SIS file tracking systems. Ordinarily, the inmate will not be subject to disciplinary action, even if the allegation is not sustained. However, based on the outcome of the investigation, it is possible the inmate could be charged with a prohibited act, such as lying.
- b. Statistics also indicate many female offenders have been victimized by men before coming to prison and some may prefer to talk to a female staff member rather than a male because of this prior trauma.

M. MENTAL HEALTH SERVICES

For Psychology Services

Handout: Mental Health Services

1. Psychology Services or other mental health staff shall be notified immediately after the initial report of an allegation of sexual abuse/assault of an inmate.
2. Any alleged victim(s) shall be seen, within 24 hours following such notification, by a mental health clinician to provide crisis intervention and to assess any immediate and subsequent treatment needs.
3. The findings of this initial crisis/evaluation session shall be summarized in a written format within one week of the initial session and, once completed, shall be placed in the appropriate

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treatment record, with a copy provided to the Clinical Director and other staff responsible for oversight of sexual abuse/assault prevention and intervention procedures.

4. Additional psychological or psychiatric treatment, as well as continued assessment of mental health status and treatment needs, shall be provided as needed and only with the victim's full consent and collaboration. Decisions regarding the need for continued treatment and/or assessment shall be made by qualified clinicians according to established professional standards, and shall be made with an awareness that victim(s) of sexual abuse/assault commonly experience both immediate and delayed psychiatric and/or emotional symptoms.

If the victim(s) choose to continue to pursue treatment, the clinician will either provide appropriate treatment or facilitate referral of the victim(s) to the appropriate treatment option(s) including individual therapy, group therapy, further psychological assessment, assignment to a mental health case load and/or facility, referral to a psychiatrist, and/or other treatment options. Pending referral, mental health services shall continue unabated. If the victim(s) chooses to decline further treatment services, he or she shall be asked to sign a statement to that effect.

5. All treatment and evaluation sessions shall be properly documented and placed in the appropriate treatment record to ensure continuity of care within, between, or outside Bureau facilities.
6. Should the victim be released from custody during the course of treatment, the victim will be advised of community mental health resources in their release area.

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N. MONITORING AND FOLLOW-UP

For all staff and Psychology and Health Services staff.

Handout: Monitoring and Follow up

1. Arrange with the unit team and Correctional Services to place the inmate in appropriate housing.
2. Monitor the physical and mental health of the victim and coordinate the continuation of necessary services.
3. Dispense medication, provide routine examinations and STD and HIV follow-up.
4. Conduct post-crisis counseling and arrange for psychiatric care if necessary.
5. Psychology staff should watch for reaction stages and provide support as needed during critical stages.
6. Determine the risk of keeping the victim at the same facility where the incident occurred.

O. RELEASE PREPARATION AND CONTINUING CARE

For all staff and Psychology and Unit Management Staff

Handout: Release Preparation and Continuing Care

1. Psychology staff shall ordinarily determine the need for aftercare and transitional treatment services, and notify the Case Manager of their recommendations.
2. The willingness of the victim to participate in treatment in the community should be determined.
3. For those cases that will use continuing care services, efforts to facilitate them should begin about 12 months prior to their release.
4. If CCC services are used, mental health counseling and other transitional services that facilitate the victim's healthy reintegration into the community and with the family may be necessary.
5. The responsibilities of the victim in the treatment

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process should be identified.

Refer to local procedures for specific follow-up procedures.

6. Arrangements should be made through the U.S. Probation Office for psychological, medical, or other support services in the victim's release district.
7. The victim should be encouraged to participate in support groups in the community.

P. AFTERMATH

Handout: Aftermath

Taking the proper steps after a reported incident of sexual assault/abuse is critical. As you can see, this issue is taken seriously and can lead to the prosecution, conviction and incarceration of staff. If staff feel the investigation process is a witch hunt, or they never hear of the results, problems can result.

Therefore, management has a responsibility to staff to take appropriate action when a staff member is accused of sexual misconduct or sexual assault. To protect all persons involved, institution staff must understand they will not be advised of the details of the case, or the outcome of the investigation, until such information is made a matter of public record and is available to the general public.

After an incident of sexual misconduct, there is an aftermath that must be managed by staff at all levels. The following can occur:

- Polarization: staff take sides
- Placing blame on others
- Gossip and stories
- Heightened awareness and fear of maintaining professional, appropriate relationships with inmates
- Staff may want "witnesses" when talking to an inmate of the opposite gender
- Thoughts about "what more could I have done?"

When backlash occurs, staff are frozen. Staff may feel a need to talk about their feelings and may seek out a trusted person, such as a psychologist, chaplain, supervisory, or executive staff member for further guidance.

Discussion

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- Feelings of anger, guilt, betrayal

Until a prosecution occurs, the information that is provided staff will be very limited and this could further serve to alienate staff. The information will be limited due to privacy issues and possible pending future legal actions.

IV. SUMMARY

We have talked today about the types of staff behaviors that are against the law and/or against the code of conduct as outlined by the Sexual Abuse/Assault Prevention Program. We have outlined the obligations of both staff and inmates in reporting inappropriate behavior, discussed possible staff reactions to an incident of this type, and have given you the appropriate steps to take if such an incident is alleged or known to have occurred.

In summary, ensuring you understand the critical role health care professionals have in preventing sexual abuse/assaults between inmates, and between staff and inmates, the appropriate intervention to take when instances occur. Ignoring the issue or inappropriate handling of an allegation may increase your risk of legal liability.

5

SPECIALIZED TRAINING
SEXUAL ABUSE PREVENTION AND INTERVENTION

LESSON PLAN:	Mental Health Staff Training
TIME FRAME:	2 Hours minimum
PURPOSE:	To provide guidelines for mental health professionals to better understand local procedures for preventing sexual abuse/assault, intervening when sexual assaults occur by addressing the safety and treatment needs of inmate victims.
OBJECTIVES:	At the end of this session each staff member will be able to: A. List the key aspects of the Sexual Abuse/Assault Prevention and Intervention Program. B. State staff and supervisory intervention strategies to minimize instances of inappropriate staff/inmate relationships. C. State the identification and referral process when an alleged staff/inmate sexual assault occurs.
STUDENT MATERIALS:	Handouts
INSTRUCTOR MATERIALS:	Lesson Plan Briefing Materials from NIC Flipchart
REFERENCES:	Program Statement, 5324.04, Sexual Abuse/Assault Prevention and Intervention Program and corresponding Institution Supplement Program Statement 3420.08, Standards of Employee Conduct.
CLASS SIZE:	No more than 15 participants
INSTRUCTOR:	A mental health professional who is recognized as a good communicator, serves in a managerial role, and whose experience demonstrates an understanding of the Sexual Abuse/Assault Intervention and Prevention Program.
COORDINATED AND DEVELOPED BY:	Teresa Hunt-Katsel, Central Office Gloria Lucero, MSTC
APPROVED BY:	Vickie Verdeyen, Central Office

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I. INTRODUCTION

The sexual abuse of inmates has been identified across correctional systems as a major correctional management issue of the 1990's. A coordinated strategy that involves law and policy development, training of prisoners and correctional staff, and public education is being examined and pursued by most states. A federal law, the Sexual Abuse Act of 1986 (18 U.S.C. 2242-44) provides severe penalties for sexual abuse of inmates. If the abuse involves coercion, it is usually presented as a felony offense. The maximum penalty for an offense of this type is life in prison. If the abuse does not involve coercion, it is usually prosecuted as a misdemeanor. The penalties for this type of offense are still severe. Incidentally, there is no such thing as "consensual sex." In 1990, only 17 states and the federal government had laws prohibiting the sexual abuse of inmates. Today, sexual misconduct has been recognized as a national issue, and:

Handout - 50 State Survey

- 35 states, the District of Columbia, and the federal government have laws that specifically criminalizing sexual abuse in prisons.
- 28 states and the District of Columbia define sexual misconduct in prisons as a felony.
- 4 states define sexual misconduct in prisons as a misdemeanor.
- 3 states and the federal government define sexual misconduct in prisons as either a felony or a misdemeanor depending on the nature and severity of the assault.
- 3 states criminalize the conduct of both the prisoner and the corrections employee in "consensual" cases of sexual misconduct.
- 13 states and the District of Columbia specifically provide that even if a prisoner "consents:" to or voluntarily engages in sex with a corrections staff person, the staff member is criminally liable.
- 9 states, the District of Columbia and federal government provide that marriage is a defense to a charge of sexual misconduct.
- 15 states have no laws criminalizing sexual misconduct in prisons.

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The National Institute of Corrections (NIC), (the component of the BOP which provides direct assistance to states and local correctional systems), has been pro active and responsive in providing direct technical assistance to states who have experienced instances of sexual misconduct. NIC has worked directly with 24 states and the BOP in developing action plans to provide remedies for correctional systems in responding to the issue of sexual misconduct.

The BOP has a zero tolerance stance regarding inappropriate conduct between staff and inmates, particularly that of a sexual nature. There are currently 30,000 employees who work for the BOP. There were 15 cases sustained against BOP staff for sexual abuse of an inmate in 1997. With zero tolerance, the BOP strives to prosecute any instance of sexual misconduct and obtained 8 prosecutions in 1997. The BOP has very clear policy and training programs for staff and inmates.

The BOP increased its focus on the issue of sexual abuse of inmates in July of 1996 after several incidents occurred at a facility for female offenders. The BOP, with assistance from the National Institute of Corrections (NIC), conducted focus groups with staff and inmates at four facilities to assess staff attitudes toward women offenders, BOP philosophy on the management of female offenders and training needs. Issues were identified and presented to a BOP Workgroup who formulated recommendations for refining BOP policy and training which were approved by the Executive Staff in December of 1996. Objectives and action steps were identified and target dates established for implementation beginning in April of 1997.

In December of 1997, the revised Program Statement entitled Sexual Abuse/Assault Prevention and Intervention Program was issued and included for the first time discussion of the protocol to follow to ensure:

- effective procedures to prevent sexually assaultive behavior will be operative in each Bureau institution
- medical, psychological, safety, and social needs of victims will be promptly and effectively met
- all allegations of sexual abuse/assault will be promptly and effectively reported and investigated
- an, assailants, once identified, will be controlled,

Handout - BOP Cases

Eleven of those cases involved male staff and female inmates, three involved female staff and male inmates and one case involved female staff and a female inmate.

Two of these cases involved contract male staff and female inmates and two involved female contract staff, one with a male inmate and one with a female inmate.

Discuss Definitions from Sexual Abuse/Assault Prevention and Intervention Program Statement

Discuss sexual behaviors definitions from Employee Standards of Conduct. Emphasize these actions which are more passive in nature are not specifically covered by the sexual abuse statute, but are still wrong, harassing in nature and prohibited.

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disciplined, and/or prosecuted

All staff received training on Sexual Misconduct, Sexual Assault Prevention and Intervention during Annual Refresher Training in 1998, and new employees received training beginning in March of 1998 as part of their basic training at the Staff Training Academy at Glynco. Specialized training has been developed for staff who have been appointed by the Warden [herein after referred to as Program Coordinators] to ensure that all elements of the program statement are met in a coordinated, interdisciplinary fashion to include:

- educating and training staff and inmates
- safeguarding, assessing, treating, and managing sexually assaulted inmates
- investigating disciplining, and/or prosecuting perpetrators of sexual assault

Specialty training has also been developed for medical and mental health staff, correctional supervisors (lieutenants), and other staff who are at the GS9 and above level to ensure all staff with management responsibilities are aware of their responsibilities in preventing sexual abuse/assault and intervening appropriately when allegations are brought to their attention by inmates.

In the near future, each institution will begin providing training for inmates on sexual abuse/assault prevention and intervention. Therefore, it is very important that Mental Health staff understand the dynamics involved when handling this issue. This training module is to be completed by the staff who provide mental health services for staff and inmates.

II. OBJECTIVES

The purpose of this training is to ensure staff are aware of behaviors that constitute sexual abuse, sexual assault, or sexual misconduct, as defined by Bureau of Prisons policy and the law. As staff/supervisors, you should be familiar with:

Handout - Objectives

- the key aspects of the Sexual Abuse/Assault Prevention and Intervention Program Statement.
- staff/supervisory intervention strategies to minimize

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- episodes of inappropriate staff/inmate relationships.
the identification and referral process when an alleged sexual assault occurs.

III. LESSON PLAN

A. DEFINITIONS

The Program Statement on Sexual Abuse/Assault Prevention and Intervention Program defines two types of sexual assault and the Employee Standards of Conduct describes prohibited sexual behavior.

Handout - Definitions

1. **Inmate on inmate sexual abuse/assault:** One or more inmates engaging in, or attempting to engage in a sexual act with another inmate or the use of threats, intimidation, inappropriate touching, or other actions and/or communications by one or more inmates aimed at coercing and/or pressuring another inmate to engage in a sexual act. **Sexual acts or contacts between inmates, even when no objections are raised, are prohibited.**
2. **Staff on inmate sexual abuse/assault:** Engaging in, or attempting to engage in a sexual act with any inmate. The intentional touching of an inmate's genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of any person. **Sexual acts or contacts between an inmate and a staff member, even when no objections are raised, are always illegal.**
3. **From the Employee Standards of Conduct**

Staff-on-inmate sexual behavior that does not rise to the level of a criminal violation is covered by the Employee Standards of Conduct which states "an employee may not engage in, or allow another person to engage in sexual behavior with an

This type of behavior includes, and is not limited to, indecent, profane or abuse language or gestures, and inappropriate visual surveillance of inmates. Emphasize these actions which are more passive in nature are not specifically covered by the sexual abuse statute, but are still wrong, harassing in nature, and

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inmate.”

prohibited by the Employee Standards of Conduct.

Employees are subject to administrative action, up to and including removal, for any inappropriate contact or relationship with inmates, regardless of whether such contact constitutes a prosecutable crime. **Physical contact is not required to subject an employee to sanctions for sexual misconduct.**

Staff **must** understand they are obligated by the Standards of Conduct to report any allegation of sexual assault/abuse by other inmates or staff.

B. INDICATORS OF INAPPROPRIATE STAFF/INMATE RELATIONSHIPS

There are several warning signs or behaviors that may alert you that a staff member may be involved in an inappropriate relationship with an inmate:

Discussion - Ask for other examples.

- spending too much time with one inmate
- exchange of personal items, notes, letters
- playing favorites
- idle conversation referring to relationships
- attempts by inmates' family/friends to contact a staff member
- unusual personal inquiries about an inmate
- unexplained gestures or body language between inmates and staff
- accessing inmate living areas after regular work hours

C. MANAGERIAL INTERVENTIONS

The BOP also has a zero tolerance stance toward sexual harassment of staff. Now, how do the two relate? Maintaining professional relationships and appropriate boundaries with other staff and inmates is imperative when working in corrections. When staff are interacting inappropriately with each other, it is usually an indicator they are acting inappropriately with inmates.

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- Does your institution culture promote overall human dignity that serve both staff and inmates?
- Have there been instances where violation of staff-offender boundaries have occurred?
- Does your institution have programs in place for staff and inmates to develop more positive relationships with others?

This may have some impact on preventing over-familiarity with individual inmates.

Do staff know who to contact if they feel a relationship established with a co-worker or inmates has become too informal and uncomfortable?

What interventions are available at your facility, and are staff aware of them? The following are some examples:

- a. Have you publicized the accessibility to support programs - local EAP and those in the community (no-cost and confidential)? This may divert employees who are encountering difficulties with their personal/family life from becoming involved with inmates.
- b. Have you enhanced the surveillance process by installing video recording devices in SHU, remote areas of the institution, and female housing units? Has telephone monitoring been considered? This may not only detect misconduct, but it may also protect staff from false allegations.
- c. Have windows been installed in office and closet doors?
- d. Are the inmates kept busy? Idleness creates problems.
- e. Has this issue been discussed with the union?
- f. Have you ensured that staff understand their responsibility for ensuring confidentiality is maintained as instances of inappropriate staff-

This assistance through EAP is confidential and no-cost.

Privacy for staff and inmates must be preserved throughout the investigation.

Instances of retaliation must be reported.

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- inmate relationships are reported and investigated?
- g. Are staff aware it is against the code of conduct to retaliate against staff or inmates who make allegations of sexual abuse/assault?
- h. It is every supervisor's responsibility to exercise proper supervision over staff and inmates, to take corrective action when warranted, and guard against retaliation by either staff or inmates.
- i. Is there a clear action plan established for dealing with employees when allegations of sexual abuse/assault have been made?
- j. Is there a plan to provide on-going training for all staff in the institution on what to do if they become inappropriately involved with an inmate, or what their responsibilities are if they become aware, or witness another staff member becoming inappropriately involved with an inmate?
- k. Supervisors must ensure staff understand it is against the code of conduct to not come forward and report occurrences of sexual abuse/assault. Staff must make their report to a supervisor and must be clear that by following the appropriate procedures they are not rumor mongering or gossiping.
2. Ensure institution supervisors are creating an environment that provides interventions for staff by:
- a. Rotation of inmate workers on work details in remote or isolated locations.
- b. Consistent discipline of violators.
- c. Acknowledging the problem and not ignoring inappropriate behavior based on someone's age or position in the department.
- Your Warden will consult with your Regional Director to consider the options, e.g. home duty status or assignment to posts/shifts which keep them separated from the accusing inmate or staff member.
- All staff should have been trained at ART 1998, or at Glynco STA, beginning in March of 1998; specialized training is held for Program Coordinator, GS9 and above staff, Lieutenants, Health Services and Mental Health staff and is required for all incumbents within 120 days of appointment in any of the previously described positions, as outlined in the EDM Manual.
- Recognize that where the work environment is coercive or repressive, there will be a fear to bring forward complaints.
- Check all details for longevity of inmates assigned.

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- d. Avoiding enabling behaviors which removes or cushions an employee from the consequences of their action.
- e. Correcting staff who show signs of inappropriate relationships with inmates and taking action as early as possible; ensuring that every complaint is taken seriously.
- f. Knowing the inmates.
- g. Watching for staff who withdraw from the administration, or who come to work on off days, or arrive early and leave late.
- h. Maintaining high visibility and managing by walking around.

D. PROGRAM COORDINATION

Managing sexual misconduct requires an interdisciplinary approach. Each institution should have a local institution supplement, approved by the Regional Director, that outlines their procedures and staff responsibilities for sexual abuse/assault intervention.

Preventing sexual assault, intervening when sexual assaults do occur, investigating allegations of sexual assault, and disciplining/prosecuting perpetrators of sexual assault/abuse involves the coordinated efforts of several institution departments.

- Correctional Services: influences the culture of the institution environment; manages protection and investigation
- Psychology Services: provides clinical assessment of psychological trauma and provides mental health aftercare and treatment plan
- Health Services: provides initial clinical assessment and treatment of physical trauma; certified medical professionals gather evidence
- Legal: manages case once referred for prosecution

Discuss roles of each member (see policy) and local institution supplement which outlines their responsibilities.

Specialized training for these staff has been developed and you should familiarize yourself with the lesson plans, if you are not the primary instructor. It is recommended that the Program Coordinator monitor the training conducted for all disciplines. It is also important to ensure the appropriate staff are making the presentations.

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- Unit Management: manages all inmate movement to include release
- Religious Services: provides spiritual assistance to traumatized inmate victims

Ordinarily an Associate Warden has overall responsibility for ensuring the program requirements are met.

E. INMATE EDUCATION

As part of the institution's Admission and Orientation Program, a staff member, designated by the Warden shall include a brief, candid presentation about the Sexual Abuse/Assault Prevention and Intervention Program that includes:

- a. How inmates can protect themselves from becoming victims while incarcerated.
- b. Treatment options available to victims of sexual assault, and
- c. Methods of reporting incidents of sexual abuse/assault.

Discuss how to file an administrative remedy directly to the Regional Office when the issue is considered sensitive in accordance with the program statement, Administrative Remedy Program must be emphasized. Also discuss method inmates can report to Office of Inspector General. Inmates are also advised they are obligated to report such incidents.

The presentation also includes information on services and programs available for victims of sexual abuse/assault and for sexually assaultive or aggressive inmates. Each inmate will also receive a brochure summarizing key elements.

Inmates who do not participate in the formal A&O program (e.g., inmates in the hospital or SHU units, or pre-trial and/or detention units), will be provided with the pamphlet. Posters will be placed in the inmate housing units and the law library.

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F. PROTECTION

Prompt and effective intervention must be provided to victims of sexual assault/abuse. Staff shall take seriously all statements from inmates that they have been victims of sexual assaults and respond supportively and non-judgementally. Any inmate who alleges that he or she has been sexually assaulted, shall be offered immediate protection from the assailant, will be referred for a medical examination from a certified medical professional, as well as to a mental health professional, for a clinical assessment of the potential for suicide or other symptomology.

G. CONFIDENTIALITY

Staff shall provide services and conduct investigations of sexual abuse/assault incidents, maintaining strict confidentiality for the staff member, and inmate victims. Information concerning the identity of an inmate victim reporting a sexual assault, and the facts of the report itself, shall be limited to those who have a "need to know" in order to make decisions concerning the inmate-victim's welfare and for law enforcement/investigative purposes.

H. VICTIM IDENTIFICATION

1. The following are primary ways staff learn that a sexual assault has occurred during confinement:

- a. Staff discover an assault in progress.
- b. Victim reports an assault to a staff member.
- c. An assault is reported to staff by another inmate, or is the subject of inmate rumors.
- d. Medical evidence.

For all staff

Intake screening now requests history of abuse/assault.

While some victims will be clearly identified, most will probably not come forward directly with information about the event. In some circumstances, staff may hear of an inmate being threatened with sexual abuse/assault or rumored to be a victim. Some victims may be identified

A staff member who the inmate knows may be of assistance in taking the initial interview since more information could possibly be obtained. The Psychologist or Chaplain may be considered for this interview as they are frequently

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through unexplained injuries, changes in physical behavior due to injuries, or abrupt personality changes such as withdrawal or suicidal behavior.

trusted by inmates.

2. The following guidelines may help staff in responding appropriately to a suspected victim:
 - a. The staff member who first identifies that an assault may have occurred should refer the matter to the institution's Operations Lieutenant or SIS.
 - b. If it is suspected that the inmate was sexually assaulted, the inmate should be advised of the importance of getting help to deal with the assault, that he/she may be evaluated medically for sexually transmitted diseases and other injuries, and that trained staff are available to assist. They must immediately be safeguarded and removed from the alleged staff or inmate perpetrator.
 - c. Appropriate staff should review the background of a suspected victim, and the circumstances surrounding the incident, without jeopardizing the inmate's safety, identity, and privacy. Inmate identity and background must be kept confidential and is limited to those with a need to know.
 - d. If staff discover an assault in progress, the suspected victim should be removed from the immediate area for care and for interviewing by appropriate staff.
 - e. If the suspected victim is fearful of being labeled an informer, the inmate should be advised that the identity of the assailant(s) is (are) not needed to receive assistance.

Stress that timely reporting is of paramount importance.

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I. PROCEDURES FOR STAFF INTERVENTION AND INVESTIGATION

The following procedures may apply for reported or known victims of sexual assault. If the inmate was threatened with sexual assault or was assaulted on an earlier occasion, some steps may not be necessary.

1. Early Intervention Techniques

For all staff

- a. It is important that all contact with a sexual assault victim be sensitive, supportive, and non-judgmental.
- b. It is not necessary to make a judgment about whether or not a sexual assault occurred.
- c. Identify the inmate victim(s) and remove them from the immediate area;
- d. To facilitate evidence collection, the victim should not shower, wash, drink, eat, defecate or change any clothing until examined.
- e. Alert medical staff immediately and escort the victim to the Health Services Unit for a medical evaluation as soon as possible. If necessary, medical staff shall refer the victim to a local emergency facility.
- f. Appropriate staff shall coordinate other services to do follow-up (e.g, housing, suicide assessment).
- g. A brief statement about the assault should be obtained from the inmate. (The victim may be in shock, and unable to give much detail. It is important to be understanding and responsive. Opportunities to secure

Handout - Early Intervention Techniques

Medical exam and clinical assessment of potential for suicide or other related symptomology must be addressed. Staff must be sensitive to the family concerns of the inmate victim.

Discuss how appropriate staff will coordinate other services such as housing.

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more details will occur later.)

- h. Following medical evaluation/treatment, the victim may need to be reassigned to protective custody or to another secure area of the facility. Ensure that the alleged assailant(s) have no access to the area.

2. Collect Evidence from Victim

- a. Use HIV infection precautions and procedures. Contact medical staff to determine how to preserve medical indications of sexual assault. In the crime scene area, look for the presence of body fluids, pubic hair, or semen that can be used as evidence. For example, blankets and sheets should be collected.
- b. Use standard evidence collection procedures (photographs, etc.) identified in the SIS Manual.

Handout - Collect Evidence from Victim

3. Collect Evidence from Assailant

- a. Identify and isolate the assailant , pending further investigation.
- b. Use the standard evidence gathering procedures identified in the SIS Manual.
- c. Report the incident to the appropriate law enforcement agency.
- d. If institution medical staff attempt to examine the alleged assailant, findings should be documented both photographically and in writing. A written summary of all medical evidence and findings should be completed and maintained in the inmate's medical record. Copies of this written summary should

For Correctional Services/SIS staff/Health Services staff

Handout - Collect Evidence from Assailant

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also be provided to the SIS and appropriate law enforcement officials.

J. MEDICAL ASSESSMENT OF VICTIM

1. If trained medical staff are available in the institution, render treatment locally whenever feasible.
2. If the alleged victim is examined in the institution (see the Health Services Manual, Sexual Assault) to determine the extent of injuries, all findings should be documented both photographically and in writing. An original Inmate Injury Assessment and Follow-up form (BP-S362) should be filed in the inmate's medical record. A copy of BP-S362 should be provided to the SIS or appropriate law enforcement official.
3. If deemed necessary by the examining physician, follow established procedures for use of outside medical consultants or for an escorted trip to an outside medical facility.
4. Notify staff at the community medical facility and alert them to the inmate's condition.
5. When necessary, conduct STD and HIV testing.
6. Refer the inmate for crisis counseling as appropriate.

For Health Services staff

Handout - Medical Assessment of Victim

Refer to local policy which specifies the certification requirements for the jurisdiction in which your institution is located and determine where and who will conduct the medical examination.

K. MEDICAL TRANSFERS FOR EXAMINATION AND TREATMENT

1. If determined appropriate by the institution physician and if approved by the Warden or designee, the inmate may be examined by medical personnel from the community. A contractual arrangement may be developed with a rape crisis center or other medical service if available in the community and should be utilized to enhance

For Correctional Services and Health Services staff

Handout - Medical Transfers for Examination and Treatment.

Refer to Local Supplement.

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institution medical services as deemed appropriate by institution medical staff and the Warden. The contract should provide for clinical examination, for assessing physical injuries, and for the collection of any physical evidence of sexual assault. It should also allow for contract medical personnel to come into the institution and for the escorting of inmates to the contract facility (e.g., crisis care center, medical clinic, hospital, etc.).

2. Escorting staff should treat the victim in a supportive and non-judgmental way.
3. Information about the assault is confidential, and should be given only to those directly involved in the investigation and/or treatment of the victim.

L. MENTAL HEALTH SERVICES

For Psychology Services

1. Psychology Services or other mental health staff shall be notified immediately after the initial report of an allegation of sexual abuse/assault of an inmate.
2. Any alleged victim(s) shall be seen, within 24 hours following such notification, by a mental health clinician to provide crisis intervention and to assess any immediate and subsequent treatment needs.
3. The findings of this initial crisis/evaluation session shall be summarized in a written format within one week of the initial session and, once completed, shall be placed in the appropriate treatment record, with a copy provided to the Clinical Director and other staff responsible for oversight of sexual abuse/assault prevention and intervention procedures.
4. Additional psychological or psychiatric treatment, as well as continued assessment of mental health

Handout - Mental Health Services

Emphasize Point 1,3, 4 & 5

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status and treatment needs, shall be provided as needed and only with the victim's full consent and collaboration. Decisions regarding the need for continued treatment and/or assessment shall be made by qualified clinicians according to established professional standards, and shall be made with an awareness that victim(s) of sexual abuse/assault commonly experience both immediate and delayed psychiatric and/or emotional symptoms.

If the victim(s) choose to continue to pursue treatment, the clinician will either provide appropriate treatment or facilitate referral of the victim(s) to the appropriate treatment option(s) including individual therapy, group therapy, further psychological assessment, assignment to a mental health case load and/or facility, referral to a psychiatrist, and/or other treatment options. Pending referral, mental health services shall continue unabated. If the victim(s) chooses to decline further treatment services, he or she shall be asked to sign a statement to that effect.

5. All treatment and evaluation sessions shall be properly documented and placed in the appropriate treatment record to ensure continuity of care within, between, or outside Bureau facilities.
6. Should the victim be released from custody during the course of treatment, the victim will be advised of community mental health resources in their release area.

M. MONITORING AND FOLLOW-UP

1. Arrange with the unit team and Correctional Services to place the inmate in appropriate housing.

For all staff and Psychology and Health Services

Handout - Monitoring and Follow-up

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2. Monitor the physical and mental health of the victim and coordinate the continuation of necessary services.
3. Dispense medication, provide routine examinations and STD and HIV follow-up.
4. Conduct post-crisis counseling and arrange for psychiatric care if necessary.
5. Psychology staff should watch for reaction stages and provide support as needed during critical stages.
6. Determine the risk of keeping the victim at the same facility where the incident occurred.

N. RELEASE PREPARATION AND CONTINUING CARE

For Psychology and Unit staff

1. Psychology staff shall ordinarily determine the need for aftercare and transitional treatment services, and notify the Case Manager of their recommendations.
2. The willingness of the victim to participate in treatment in the community should be determined.
3. For those cases that will use continuing care services, efforts to facilitate them should begin about 12 months prior to their release.
4. If CCC services are used, mental health counseling and other transitional services that facilitate the victim's healthy reintegration into the community and with the family may be necessary.
5. The responsibilities of the victim in the treatment process should be identified.
6. Arrangements should be made through the U.S. Probation Office for psychological, medical, or other support services in the victim's release

Handout - Release Preparation and Continuing Care

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district.

7. The victim should be encouraged to participate in support groups in the community.

O. AFTERMATH

Taking the proper steps after a reported incident of sexual assault/abuse is critical. As you can see, this issue is taken seriously and can lead to the prosecution, conviction and incarceration of staff. If staff feel the investigation process is a witch hunt, or they never hear of the results, problems can result.

Therefore, management has a responsibility to staff to take appropriate action when a staff member is accused of sexual misconduct or sexual assault. To protect all persons involved, institution staff must understand they will not be advised of the details of the case, or the outcome of the investigation, until such information is made a matter of public record and is available to the general public.

After an incident of sexual misconduct, there is an aftermath that must be managed by staff at all levels. The following can occur:

- Polarization: staff take sides
- Placing blame on others
- Gossip and stories
- Heightened awareness and fear of maintaining professional, appropriate relationships with inmates
- Staff may want "witnesses" when talking to an inmate of the opposite gender
- Thoughts about "what more could I have done?"
- Feelings of anger, guilt, betrayal

For all staff

Handout - Aftermath

When backlash occurs, staff are frozen. Staff may feel a need to talk about their feelings and may seek out a trusted person, such as a psychologist, chaplain, supervisor, or executive staff member for further guidance.

Psychologists play a critical role in helping staff and inmates to better understand the dynamics involved in inappropriate relationships developed in the correctional environment. They also have the clinical skills to provide appropriate mental health services for victims who have been traumatized.

Until a prosecution occurs, the information that is provided staff will be very limited and this could further serve to alienate staff.

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The information will be limited due to privacy issues and possible pending future legal actions.

IV. SUMMARY

We have talked today about the types of staff behaviors that are against the law and/or against the code of conduct as outlined by the Sexual Abuse/Assault Prevention Program. We have outlined the obligations of both staff and inmates in reporting inappropriate behavior, discussed possible staff reactions to an incident of this type, and have given you the appropriate steps to take if such an incident is alleged or known to have occurred.

In summary, ensuring you understand the critical role mental health professionals have in preventing sexual abuse/assaults between inmates, between staff and inmates in taking the appropriate intervention when instances occur. Ignoring the issue or inappropriate handling of an allegation may increase your risk of legal liability.

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