



## 14-2 CC Sexual Abuse Prevention and Response in Community Corrections

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### **POLICY:**

CoreCivic is committed to protecting residents in Community Corrections facilities from personal abuse, corporal punishment, personal injury, disease, property damage, and harassment. Sexual abuse in correctional institutions, including community confinement facilities, is a public safety issue that can impact facility order and security. It victimizes vulnerable residents, causes psychological trauma, can increase the spread of communicable diseases, and can elevate the risk of violence and tension. CoreCivic has zero tolerance toward all forms of sexual abuse and sexual harassment. **(115.211 (a))**. When it is learned that a resident may be subjected to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident. Residents who sexually abuse fellow residents will be disciplined and may be subject to criminal prosecution. Resident victims of sexual abuse or harassment will be provided with a supportive and protective environment. Regardless of consensual status, sexual activity between residents, employees, contractors or volunteers is strictly prohibited and is subject to administrative and criminal disciplinary sanctions. It is CoreCivic policy to aggressively investigate all allegations, regardless of the source, and prosecute those who are involved in incidents of sexual abuse that are criminal in nature.

This Policy complies with all applicable sections of the Federal Bureau of Prisons (BOP) Program Statement 5324.12 *Sexually Abusive Behavior Prevention and Intervention Program* (2015) and Program Statement 5200.04 *Transgender Offender Manual* (2018)

### **DEFINITIONS:**

Administrative Duty Officer (ADO) – The designated “on-call” staff member, at the administrative team level, approved by the appropriate Vice President, Community Corrections/designee, assigned to assume the required duties and responsibilities of the Facility Director during non-business hours.

Community Corrections Facility- A treatment center, halfway house, alcohol or drug rehabilitation center, or other community correctional facility (including residential re-entry centers), in which individuals reside as part of a term of incarceration or as a condition of pre-trial release or post-release supervision, while participating in gainful employment, employment search efforts, community service, vocational training, treatment, educational programs, or similar facility approved programs during nonresidential hours.

Contractor – For the purposes of this Policy, a person who provides services at the facility on a recurring basis pursuant to a contractual agreement with CoreCivic. Such individuals may include the contractor's employees who manage and operate facility departments such as health services and/or food services, medical professionals such as a psychiatrist or physician, contract attorneys, or consultants.

Employee – A person employed by CoreCivic whether on a full-time or part-time, seasonal, temporary, or PRN (as needed) basis.

Exigent Circumstances – Temporary unforeseen circumstance(s) that require immediate action in order to combat a threat to the security or institutional order of a facility.

Facility Support Center (FSC) – CoreCivic corporate headquarters where employees provide support, direction, and oversight in the management and operation of the company's correction, detention, residential and community correction facilities.

FSC PREA Committee – A committee comprised of senior operations, legal, and mental health managers who review issues related to PREA reporting, incident response, investigation, and prevention.

FSC PREA Coordinator – An upper-level management FSC employee designated to develop, implement, and oversee the CoreCivic companywide efforts to comply with the PREA National Standards and the company's Sexual Abuse Response and Prevention Program. He/she provides supervisory oversight to all CoreCivic facilities ensuring coordination in the prevention, detection, intervention, investigation, and discipline/prosecution of sexual abuse as specified in this policy. **(115.211 (b))**

Gender Identity-A person's private sense of their own gender. This is separate from their assigned sex and appearance. Because gender identity is an internal experience, it cannot be assigned, diagnosed, measured or disproved by anyone else. A person's gender identity is their own.

Gender Non-Conforming – A person who in appearance or manner does not conform to traditional societal gender expectations.

Incident Report- For the purposes of this Policy, an Incident Report is a formal written recording of the facts related to an incident of sexual abuse, sexual harassment or other occurrence specified in this policy. While Incident Reports may record resident misconduct for use in disciplinary proceedings, use of the term Incident Report is not limited to this purpose.

Intersex – A person who has a sexual or reproductive anatomy or chromosomal pattern that does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

LGBTI – Lesbian, Gay (Homosexual), Bisexual, Transgender, and Intersex. This acronym will include the term Gender Non-Conforming

Miranda and Garrity Warnings – Instructions provided at the start of an interview informing the interviewee of rights and liabilities outlined by the court decisions *Miranda v. Arizona* and *Garrity v. New Jersey*.

Pat-down search – For the purposes of this Policy, means a running of the hands over the clothed body of a resident by an employee to determine whether the individual possesses contraband.

PREA – The Prison Rape Elimination Act 42 USC 15601 et. Seq.

PREA Compliance Manager – A manager appointed by the Facility Director who maintains responsibility for the facility Sexual Abuse Response and Prevention Program.

PREA Standards –Title 28 of the Code of Federal Regulations (CFR) Part 115, National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) Subpart C-Standards for Community Confinement Facilities .

Preponderance of the Evidence Standard – An evidentiary standard under which an allegation is deemed substantiated if the weight of the available evidence indicates that the allegation is more likely than not to be truthful or correct.

Resident- Any adult or juvenile, male or female, receiving services or supervision in a CoreCivic Community Corrections facility. Residents may also be referred to as participants, clients, or offenders depending on classification and in accordance with contracting agency definitions.

Rape Crisis Center – An entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages.

SAFE/SANE Provider – A sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) is a specially trained registered nurse, physician assistant, or physician who provides comprehensive care, and timely collection of forensic evidence and testimony in sexual assault cases.

Sexual Abuse Response/Review Team (SART) – A team comprised of four or more individuals having a primary role in responding to reported incidents of sexual abuse, victim assessment and support needs, and ensuring policy and procedures are carried out that ensure resident safety.

Sexual Abuse of a Resident, by another Resident – Any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

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

- (3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- (4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual Abuse of a Resident, by an Employee, Contractor– Any of the following acts, with or without consent of the resident:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (2) Contact between the mouth and the penis, vulva, or anus;
- (3) Contact between the mouth and any body part where the employee, contractor, or civilian has the intent to abuse, arouse, or gratify sexual desire;
- (4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument that is unrelated to official duties or where the employee, contractor, or civilian has the intent to abuse, arouse, or gratify sexual desire;
- (5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the employee, contractor, or civilian has the intent to abuse, arouse, or gratify sexual desire;
- (6) Any attempt, threat, or request by an employee, contractor, or civilian to engage in the activities outlined above in (1) - (5) of this section;
- (7) Any display by an employee, contractor, or civilian of his or her uncovered genitalia, buttocks, or breast in the presence of an resident, and
- (8) Voyeurism by an employee, contractor, or civilian.

Sexual Harassment – Includes any of the following acts:

- (1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident, directed toward another; and
- (2) Repeated verbal comments or gestures of a sexual nature to a resident, by an employee, contractor or civilian, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Strip Search- For the purposes of this policy, a strip search means a search that requires a person to remove or arrange some or all clothing so as to permit a visual inspection of the person's breasts, buttocks, or genitalia.

Transgender – A person whose gender identity (i.e. internal sense of feeling male or female) is different from the person's sex at birth.

Volunteer– For the purposes of this policy, an individual who provides service(s) to the resident population, on behalf of a non-profit entity on a regular or routine basis for civic, charitable, religious, or humanitarian reasons without promise, expectation, or receipt of compensation for the service(s) rendered, and has attended a volunteer training/orientation program commensurate with his/her level of access and contact with residents.

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

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#### PROCEDURES:

##### A. ZERO TOLERANCE

1. CoreCivic has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment. Such conduct as defined in this policy is prohibited. This includes resident-on-resident sexual abuse or sexual harassment, and employee-on-resident sexual abuse or harassment. All employees and contractors are required to sign the 14-2J CC *CoreCivic Zero Tolerance Policy Acknowledgment* form to acknowledge the CoreCivic Zero Tolerance Policy. This form shall be retained in the employee personnel file. **(115.211 (a)) (4-ACRS-6A-05)**
2. CoreCivic has designated a Senior Director for PREA Compliance and Programs to be the agency PREA Coordinator. This upper-level management Facility Support Center (FSC) employee is responsible for the development, implementation, and oversight of CoreCivic efforts to comply with PREA Standards and the agency Sexual Abuse Response and Prevention Program. He/she provides supervisory oversight to all CoreCivic facilities ensuring coordination in the prevention, detection, intervention, investigation, and discipline/prosecution of sexual abuse as outlined in this policy. **(115.211 (b))**
3. Each CoreCivic Community Corrections facility has a designated PREA Compliance Manager to coordinate efforts at the facility level to comply with PREA Standards. This position is a manager appointed by the Facility Director who maintains responsibility for the facility Sexual Abuse Response and Prevention Program.

##### B. HIRING AND PROMOTION

1. To the extent permitted by law, CoreCivic will decline to hire or promote any individuals, and decline to enlist the services of any contractor, who may have contact with residents and who has:
  - a. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
  - b. Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
  - c. Been civilly or administratively adjudicated to have engaged in the activity as outlined above in B.1.a., b. **(115.217 (a) (1-3))**
2. Any incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with residents. **(115.217 (b))**
3. All applicants, employees, and contractors who may have direct contact with residents shall be asked about previous misconduct, as outlined above in section B.1. The CoreCivic *14-2H CC Self-Declaration of Sexual Abuse/Sexual Harassment* form, or equivalent contracting agency form, will be completed as part of the hiring process. The CoreCivic online application form section that requires disclosure of misconduct as described in B.1. may be utilized in lieu of the 14-2H CC for new applicants. **(115.217 (f))**
4. The *14-2H CC Self-Declaration of Sexual Abuse/Sexual Harassment* form shall be completed by employees as part of the promotional process including both inter-facility promotions and intra-facility promotions. **(115.217 (f))**

5. The *14-2H CC Self-Declaration of Sexual Abuse/Sexual Harassment* form shall be completed by current employees and contractors on an annual basis to serve as verification of the fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy. The annual signature shall be in lieu of having the form completed as part of an annual review process. The completed 14-2H CC form shall be retained in each employee's personnel file **(115.17 (f))**.
6. To the extent permitted by law, CoreCivic may decline to hire or promote, and may terminate employment, based on material omissions regarding such misconduct, or the provision of materially false information. **(115.217 (g))**
7. Before hiring new employees or enlisting the service of any contractor who may have contact with residents, CoreCivic shall ensure that a criminal history record check has been conducted. In addition, CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with residents, or, have in place a system for otherwise capturing such information. **(115.217 (c) (1) 115.217 (e))**
8. Consistent with federal, state, and local law, the facility shall make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy. The CoreCivic *3-20-2B PREA Questionnaire for Prior Institutional Employers* form, or contracting agency equivalent form, shall be used to obtain such prior institutional employment information. **(115.217 (c) (2))**
9. Unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such former employee has applied to work. **(115.217 (h))**

#### C. TRAINING

1. All CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. Such training shall be tailored to the gender of the residents at the facility. Employees who have transferred or have been reassigned from a facility housing only one gender of resident (i.e. male facility to a female facility or vice versa) shall receive additional training **(115.231(a) (b)) (4-ACRS-7B-14;4-ACRS-7B-15;4-ACRS-7B-16; 4-ACRS-7B-17)**
2. At a minimum, all employees shall receive pre-service and annual in-service training on the following: **(115.231(a) (c))**
  - a. The CoreCivic zero-tolerance policy for sexual abuse and sexual harassment;
  - b. How to fulfill employee responsibilities for sexual abuse/sexual harassment prevention, detection, reporting, and response in accordance with this policy;
  - c. The right of residents to be free from sexual abuse and sexual harassment;
  - d. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
  - e. The dynamics of sexual abuse and sexual harassment in confinement, including locations, situations, and circumstances in which sexual abuse may occur;
  - f. Signs of victimization and the common reactions of sexual abuse and sexual harassment victims;
  - g. How to detect and respond to signs of threatened and actual sexual abuse;
  - h. How to avoid inappropriate relationships with residents;
  - i. How to communicate effectively and professionally with residents, including LGBTI and gender non-conforming residents; and
  - j. How to comply with laws relevant to mandatory reporting of sexual abuse to outside authorities.

3. Employees shall be required to confirm, by either electronic or manual signature, their understanding of the training that they have received. At Pre-Service Training and annual In-Service Training, each employee and contractor shall be required to sign a *14-2A CC PREA Training Acknowledgment* form. Signed documentation shall be maintained in the employee's training file **(115.231 (d))**.
4. In addition to the general training provided to all employees, security staff shall receive training in how to conduct cross-gender pat-down searches and searches of transgender and intersex residents, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs. **(115.215 (f))**
5. In addition to the general training provided to all employees, and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The facility PREA Compliance Manager shall ensure that more than one person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as a back-up during employee absences (e.g. leave, paid time off, sickness, offsite training, etc.) **(115.234 (a))**
  - a. Specialized training for investigators shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. **(115.234 (b))**
  - b. Employees who conduct sexual abuse and sexual harassment administrative investigations are required to document completion of this training by signing the *14-2A1 CC PREA Training Acknowledgment for Specialty Training*. This documentation shall be maintained in the employee training file. **(115.234 (c))**
6. In addition to the general training provided to all employees to comply with PREA Standard 115.231, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, working at the facility shall receive specialized medical/mental health training as outlined below: **(115.235 (a) (1-4) (b) (d))**
  - a. How to detect and assess signs of sexual abuse and sexual harassment;
  - b. How to preserve physical evidence of sexual abuse;
  - c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
  - d. How and to whom to report allegations of sexual abuse and sexual harassment.
  - e. CoreCivic staff do not conduct forensic examinations.
7. Medical and Mental Health Staff are required to document completion of this training by signing the *14-2A1 CC PREA Training Acknowledgment for Specialty Training*. This documentation shall be maintained in the employee training file **(115.235 (c))**.
8. **Contractors and Volunteers**
  - a. All volunteers and contractors who have contact with residents shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting, and response as outlined in this policy. **(115.232 (a))**
  - b. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents shall receive information on how to report allegations and incidents of sexual abuse and sexual harassment. All volunteers and contractors shall be required to sign the *14-2J CC CoreCivic Zero Tolerance Policy Acknowledgment* form **(115.232 (b))**.
    - i. Contractors, including but not limited to, medical, mental health, education and food service shall receive the same PREA training required of all CoreCivic employees who have contact with residents. These contractors shall be required

to sign the *14-2A CC PREA Training Acknowledgment* and the *14-2J CC CoreCivic Zero Tolerance Policy Acknowledgment* form.

- ii. Contractors who may have contact with residents, including but not limited to, vendors, delivery truck drivers, or service personnel repairing equipment in the facility, are required to sign the *14-2J CC CoreCivic Zero Tolerance Policy Acknowledgment* form which provides basic training on the zero tolerance policy and incident reporting. The *14-2K CC PREA Overview: Training for Contractors and Volunteers* may be required should their duties develop into recurring contact with residents.
- c. Volunteers, who will have contact with residents, shall complete the CoreCivic PREA training provided in the *14-2K PREA Overview: Training for Contractors and Volunteers* administered by the facility Chaplain or Volunteer Coordinator/designee. **(4-ACRS-7F-09)**
- d. The signed documentation confirming that each Volunteer or Contractor understands the training that he/she has received will be kept in the volunteer or contractor's file by either the Learning Development Manager, facility Volunteer Coordinator or other staff designated by Facility Director or PREA Compliance Manager. **(115.232 (c))**
- e. Documentation confirming that staff have completed training shall be maintained in accordance with CoreCivic Policies 1-15 CC Record Retention and 4-2 CC Maintenance of Training Records.

#### D. SUPERVISION AND MONITORING/STAFFING PLANS

1. CoreCivic shall develop an annual staffing plan for each facility that provides for adequate levels of staffing to protect residents against sexual abuse. The location of video monitoring systems shall be considered when determining adequate levels of staffing. In calculating staffing levels and determining the need for video monitoring, the following factors shall be take into consideration: **115.213 (a) (1-4)**
  - a. The physical layout of each facility
  - b. The composition of the resident population;
  - c. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
  - d. Any other relevant factors.
2. Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to the staffing plan established pursuant to section (D1). The following shall be considered as part of the assessment **(115.213 (c) (1-4))**.
  - a. Prevailing staffing patterns,
  - b. The facility deployment of video monitoring systems/ other monitoring technologies,
  - c. The resources the facility has available to commit to ensure adequate staffing levels.
3. The facility PREA Compliance Manager will complete the *14-2I CC Annual PREA Staffing Plan Assessment* and forward to the Facility Director for review. Upon completion of the Facility Director's review and signature, the *14-2I CC Annual PREA Staffing Plan Assessment* shall be forwarded to the FSC PREA Coordinator for additional review and consultation with the Facility as may be necessary.
4. The Vice President Community Corrections /designee shall approve the *14-2I CC Annual PREA Staffing Plan Assessment*. Any changes to policy and/or procedure, physical plant, approved

capital expenditures, video monitoring and/or technology, or staffing require the approval of the Vice President Community Corrections.

5. The facility shall make its best effort to comply, on a regular basis, with the approved PREA Staffing Plan and shall document and justify all deviations. The facility Operations Supervisor is responsible for reviewing the PREA Staffing Plan in conjunction with the daily shift roster. Deviations shall be reported in accordance with CoreCivic Policy 5-1 CC Incident Reporting. **(115.213 (b))**
6. If a position identified on the Staffing Plan is vacated for a shift, the Operations Supervisor shall notify the facility PREA Compliance Manager of the deviation. The PREA Compliance Manager shall document and describe the deviation along with a thorough justification for the deviation and description of any corrective actions that were taken to resolve the deviation. **(115.213 (b))**

#### **E. UPGRADES TO FACILITIES AND TECHNOLOGIES**

1. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the ability of the facility and company to protect residents from sexual abuse. **(115.218 (a))**
2. Considerations for modifications and renovations shall be documented on form 7-1B PREA Physical Plant Considerations. **(115.218 (a))**
3. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect residents from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations. **(115.218 (b))**

#### **F. EXTERNAL EMOTIONAL SUPPORT SERVICES**

1. CoreCivic shall maintain, or attempt to enter into a Memorandum of Understanding (MOU) or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. **(115.253 (c))**
2. All MOUs must be reviewed and approved by the CoreCivic FSC Legal Department prior to signature. The facility and FSC Legal shall maintain copies of MOUs. The facility shall maintain documentation showing attempts to enter into such agreements. **(115.253 (c))**
3. Residents shall have access to outside victim advocates for emotional support services related to sexual abuse by being provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. **(115.253 (a))**

#### **AT THIS FACILITY, THE FOLLOWING COMMUNITY AGENCY OR AGENCIES PROVIDE EMOTIONAL SUPPORT SERVICES:**

**TURLEY RRC-DOMESTIC VIOLENCE INTERVENTION SERVICES (DVIS) TULSA OKLAHOMA**

**OROC (BOP)- YWCA OF OKLAHOMA CITY**

4. Reasonable communication between residents and the posted numbers for emotional support or advocacy services shall be permitted in as confidential manner as possible. The facility shall post the extent to which such communication will be monitored and/or recorded. The facility shall have a process in place to ensure that written correspondence between residents and these agencies may remain confidential. **(115.253 (a))**
5. Residents shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. **(115.253 (b))**



- a. Consistent with applicable laws and emotional support service provider policy, information shall be reported to the facility without the resident's consent, in the event that the resident (1) threatens suicide or to commit other harm to self; (2) threatens to harm another person; (3) shares with the community agency information that relates to abuse or neglect of a child or vulnerable adult; or, (4) threatens the security of the facility or to escape. **(115.253 (b))**
- b. If confidential information must be disclosed, facility staff will not share any information beyond what is necessary to address the immediate safety concern or otherwise comply with applicable law. **(115.253 (b))**

#### **G. RESIDENT SCREENING**

1. All residents shall be assessed during an intake screening in order to obtain information relevant to housing, work, education, and program assignments. The goal is to keep separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. **(115.241 (a), 115.242 (a))**
2. Residents shall be assessed, within 24 hours of arrival at the facility, unless contracting agency policy authorizes 72 hours following arrival. This includes residents who have been transferred from another facility, have been received from a reception center where an assessment may already have been completed as part of reception, and residents who have been returned from court, or other leave status. **(115.241 (b)) (4-ACRS-2A-07; 4-ACRS-5A-01)**
3. Screenings will be completed and documented using an objective screening instrument. The *CoreCivic 14-2B CC Sexual Abuse Screening Tool* shall be utilized for this purpose unless the contracting agency requires usage of another form or computerized screening and assessment process. **(115.241 (c))**

#### **AT THIS FACILITY, THE FOLLOWING SCREENING TOOL IS USED IN LIEU OF THE 14-2B SEXUAL ABUSE SCREENING TOOL:**

N/A
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4. The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: **(115.241 (d) (1)-(9))**
  - a. Whether the resident has a mental, physical, or developmental disability;
  - b. The age of the resident;
  - c. The physical build of the resident;
  - d. Whether the resident has previously been incarcerated;
  - e. Whether the residents criminal history is exclusively nonviolent;
  - f. Whether the resident has prior convictions for sex offenses against an adult or child;
  - g. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
  - h. Whether the resident has previously experienced sexual victimization;
  - i. The resident's own perception of vulnerability;
5. The initial intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse **(115.241 (e))**
6. Screenings shall also include a review of the resident's available institutional file (or other documentation provided by the contracting agency or transferring facility).

7. Residents shall not be disciplined for refusing to answer, or for not disclosing complete information, in response to questions G.4.a., G.4.g., G.4.h., and G.4. (i). **(115.241 (h))**
8. Assessments and reassessments shall be conducted by the appropriate intake staff, Case Manager, or another staff member designated by the Facility Director.
9. All completed *14-2B CC Sexual Abuse Screening Tool* forms, or agency equivalent, will be maintained in the resident file, electronic record file system, and or medical record system in accordance with agency policy.
10. The facility shall control the dissemination within the facility of responses to questions on the screening forms in order to ensure that the sensitive is not exploited to the resident's detriment by staff or other residents. Measures taken shall include, but are not limited to: **(115.241(i))**
  - a. Sexual Abuse Screening Interviews with residents at intake shall be conducted with as much privacy as is reasonable given security and safety concerns.
  - b. A resident shall not be permitted to complete his/her own 14-2B CC form (or contracting agency assessment form) or utilize assistance from other residents to complete the form. All 14-2B CC forms shall be completed by staff.
  - c. Residents shall not be permitted to have access to files containing assessment forms belonging to other residents.
  - d. Where assessments are conducted electronically, access is granted only to those staff involved in the assessment process, those making housing and program decisions, and staff with a need to know for the safe and secure operation of the facility
11. Within a set period of time not to exceed 30 days from the resident's arrival at the facility, a reassessment of the resident's risk level for victimization or abusiveness, will be completed utilizing the *14-2B CC Sexual Abuse Screening Tool*, or contracting agency equivalent instrument. **(115.241 (f))**

**AT THIS FACILITY, THE SET PERIOD OF TIME FOR CONDUCTING THE REASSESSMENT IS THE FOLLOWING:**

**TURLEY RRC AND OROC (BOP):**  
**14-21 DAYS FOLLOWING DATE OF INTAKE**

12. The 30-day reassessment will include any additional relevant information received by the facility since the initial intake screening. The facility will maintain a tracking system to ensure that reassessments are not completed beyond 30 days. **(115.241 (f))**
13. A reassessment shall also be completed when warranted, due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the resident's risk of victimization or abusiveness. **(115.241 (g))**
14. Following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and alleged perpetrator. **(115.241 (g))**
15. All known resident- on-resident abusers shall have a documented referral to an appropriate facility for a mental health evaluation within 60 days of learning of such abuse history. Referrals for treatment shall be offered when deemed appropriate by mental health practitioners. **(115.283(h))**

**H. RESIDENT ORIENTATION AND EDUCATION**

1. Upon arrival at the facility for intake, each resident shall be provided with information regarding sexual abuse prevention and reporting (e.g. resident handbook, CoreCivic 14-2AA Preventing Sexual Abuse and Misconduct Brochure, contracting agency brochure, handout etc.). Information shall include but is not limited to
  - a. Explanation of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment,
  - b. How to report incidents or suspicions of sexual abuse or sexual harassment,
  - c. Rights to be free from sexual abuse and sexual harassment

- d. Right to be free from retaliation for reporting such incidents,
  - e. Agency policies and procedures for responding to such incidents
2. The facility shall provide resident education at intake in formats accessible to all residents, including those who are disabled or Limited English Proficient (LEP). **(115.233 (a) (c))**

**AT THIS FACILITY, THE FOLLOWING INFORMATION IS PROVIDED AT INTAKE:**

**TURLEY RRC AND OROC (BOP):**

**CORECIVIC PAMPHLET 14-2 AA; FACILITY HANDBOOK; AND VIDEO "PREA WHAT YOU NEED TO KNOW." LOCAL RAPE CRISIS CENTER PAMPHLETS ARE PROVIDED WHEN AVAILABLE**

3. Residents shall sign indicating acknowledgment that they have received Intake information and this documentation shall be maintained by the facility in the resident file. **(115.233 (d))**
4. In addition to providing information at Intake, the facility shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. **(115.233 (e))**
5. Residents who have been transferred from another facility shall receive intake material from the receiving facility to serve as refresher training. **(115.233 (b))**
6. The facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and respond to respond to sexual abuse and sexual harassment. **(115.216 (a))**
- a. Residents who are deaf or hard of hearing shall have access to information through simple written communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective, and appropriate to the needs of the resident shall be provided when simple written communication is not effective. **(115.216 (a))**
  - b. The facility will ensure that information is effectively communicated orally, on an individual basis, to residents with limited reading skills, residents who are blind or have low vision, and those who may have difficulty understanding provided information due to intellectual deficiencies, mental health concerns, or speech disabilities **(115.216 (a))**

**AT THIS FACILITY, THE FOLLOWING IS PROVIDED TO ASSIST RESIDENTS WITH DISABILITIES:**

**TURLEY RRC AND OROC (BOP):**

**TTY ACCESS; WRITTEN MATERIALS; ORAL PRESENTATIONS**

7. The facility shall take reasonable steps to ensure meaningful access to all aspects of the facility and agency efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are Limited English Proficient (LEP). Interpreters shall be provided who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. **(115.216(b))**

**AT THIS FACILITY, THE FOLLOWING IS PROVIDED TO ASSIST RESIDENTS WHO ARE LIMITED ENGLISH PROFICIENT (LEP):**

**TURLEY RRC AND OROC (BOP):**

**LANGUAGE LINE; CORECIVIC 14-2 AA PAMPHLET IN SPANISH; FACILITY ORIENTATION MATERIAL IN SPANISH**

8. The facility will not rely on residents to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations. **(115.216 (c))**

**I. HOUSING AND PROGRAM ASSIGNMENTS**

1. The facility shall use the information from the *14-2B CC Sexual Abuse Screening Tool*, or equivalent contracting agency form, completed at initial screening and all subsequent reassessments, in the consideration of housing, recreation, work program and other activities. **(115.242 (a))**
2. Screening of residents should only be used as a guideline for determining appropriate housing and services, and should never be used as the sole reason for the deprivation of a program or privilege.
3. The facility shall make individualized case-by-case determinations about how to ensure the safety of each resident. **(115.242 (a) (b))**
4. CoreCivic prohibits discrimination based on a resident's race, religion, national origin, sex, disability, or political views in making administrative decisions and in providing access to programs.
5. Male and female residents shall not be assigned to occupy the same housing unit, dormitory or sleeping room **(4-ACRS-1A-14)**
6. When both males and females are housed in the same facility, available services and programs shall be comparable. Neither gender shall be denied opportunities based on the smaller number in the population.
7. **Transgender/Intersex Housing**
  - a. The decision whether to assign a transgender or intersex resident to a male facility or a female facility will generally be made by the contracting agency prior to the resident's arrival at a CoreCivic facility. The Facility Director shall consult with his/her appropriate contracting agency representative, CoreCivic Managing Director, and the CoreCivic FSC PREA Coordinator in the event there are concerns with a placement.
  - b. In deciding whether to house a transgender/intersex resident in a male or female unit, pod, or dormitory within the facility subsequent to arrival, or, when making other housing and programming assignments for such residents, the facility shall consider whether the placement would ensure the resident's health and safety and whether the placement would present management or security problems. **(115.242 (c))**
  - c. Transgender or intersex resident gender self-identification and self-assessment of safety needs shall be given serious consideration in all housing and program assignments. **(115.242 (d))**
  - d. The facility shall not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units, wings or dormitories solely on the basis of gender identification or status

**J. LIMITS TO CROSS GENDER VIEWING AND SEARCHES**

1. Pat searches of female residents by male staff are prohibited except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order). The facility shall not restrict female resident access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. **(115.215 (b))**
2. Pat searches of male residents by female staff, where permitted by partner agency policy, are permissible under PREA Standards.
3. Strip searches of any resident may be conducted only if authorized by partner agency policy. Cross-gender resident strip searches (male staff on female residents or, female staff on male residents) shall not be conducted except in exigent circumstances. **(115.215 (a))**
4. A Urinalysis test that requires witnessing the exposure of genitalia as a part of the procedure to obtain a urine sample shall follow the same cross gender restrictions as a strip search.

**AT THIS FACILITY, PARTNER AGENCY POLICY AND/OR STANDARDS ON CROSS GENDER PAT SEARCHES IS AS FOLLOWS:**

5. **FBOP RRCs: FOR PURPOSES OF PAT SEARCHING AND VISUAL SEARCHES, RESIDENTS WILL BE SEARCHED IN ACCORDANCE WITH THE GENDER OF THE INSTITUTION, OR HOUSING ASSIGNMENT, IN WHICH THEY ARE ASSIGNED. TRANSGENDER RESIDENTS MAY REQUEST AN EXCEPTION. THE EXCEPTION MUST BE PRE-AUTHORIZED BY THE FACILITY DIRECTOR. EXCEPTIONS MUST BE SPECIFICALLY DESCRIBED (E.G., “PAT SEARCH ONLY BY FEMALE STAFF”), AND CLEARLY COMMUNICATED TO RELEVANT STAFF THROUGH A MEMORANDUM. RESIDENTS SHOULD BE PROVIDED A PERSONAL IDENTIFIER (E.G., NOTATION ON COMMISSARY CARD, ETC.) THAT INDICATES THEIR INDIVIDUAL EXCEPTION, TO BE CARRIED AT ALL TIMES AND PRESENTED TO STAFF PRIOR TO PAT SEARCHES.”. VISUAL SEARCHES: SEARCH WHICH REQUIRES THE PERSON TO REMOVE CLOTHING OTHER THAN OUTER GARMENTS (e.g. STRIP SEARCH, CAVITY SEARCH) ARE ONLY AUTHORIZED THROUGH THE RRM AND MUST BE CONDUCTED BY LAW ENFORCEMENT OR MEDICAL PERSONNEL. RRC STAFF ARE NOT AUTHORIZED TO CONDUCT SUCH SEARCHES AND MUST COORDINATE SEARCHES THROUGH THE RRM AND LAW ENFORCEMENT PERSONNEL.** Whenever a cross-gender pat search of a female resident or a cross-gender strip search of any resident does occur, the search shall be documented. Documentation shall be in a log maintained by the facility and in an Incident Report in accordance with *CoreCivic Policy 5-1 CC Incident Reporting*. Details of the exigent circumstances must be included in all log entries and Incident Reports. **(115.215 (c))**
6. Residents may shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine living quarter checks. **(115.215 (d))**
7. Staff of the opposite gender are required to announce their presence when entering a resident housing unit. Where a larger housing unit is broken into several individual smaller units such as pods, dorms, etc. the staff member must announce as he/she enters each of smaller individual units. **(115.215 (d))**
  - a. A verbal announcement upon arrival is required only when the status quo of the gender-supervision on the housing unit changes from exclusively same gender, to mixed- or cross-gender supervision. For example, a female Security Monitor entering a male housing unit or dormitory is not required to announce if there is already a female Security Monitor in the unit or dormitory.
  - b. In the event multiple opposite gender staff enter a housing unit simultaneously, only one of the opposite gender staff need make the announcement.
  - c. Announcements are required for both security and non-security staff.
  - d. Staff roving from one pod/dormitory to another inside of a larger unit must re-announce each time they enter.
  - e. Staff are not required to make announcements when responding to temporary and unforeseen circumstances that require immediate action in order to combat a threat to safety or security (e.g. fire alarms, or contraband detection.)
8. The facility shall post notices/rules that advise residents against disrobing or being unclothed in common areas. Residents shall be advised of locations such as restrooms and/or shower areas where they may undress without being monitored by opposite gender staff. Notices shall include the advisement that male and female staff routinely work and visit resident housing areas, and that cameras focused on common areas, including dormitory sleeping units, may be monitored by staff of either gender. **(115.215 (d))**
9. Cameras that capture areas in which residents are permitted to be undressed or toileting, such as showers, bathrooms, or inside cells, should only be monitored by officers or nonmedical administrators of the same gender as the residents being viewed through the camera. These areas may be digitally obscured and monitored by either gender **(115.215 (d))**
10. **Transgender/Intersex Viewing and Searches**

- a. The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. **(115. 215 (e))**
- b. The gender of the staff member searching a transgender or intersex resident will depend on the specific needs of the individual resident or resident and on the operational concerns of the facility. Under most circumstances, this will be a case-by-case determination, which may change over the course of incarceration and should take into consideration the gender expression of the resident.
- c. There are three (3) options for pat searching and strip searching (if authorized by partner policy) transgender or intersex residents:
  - i. Pat searches conducted only by female staff;
  - ii. Asking residents identified as transgender or intersex to identify the gender of staff with whom they would feel most comfortable conducting the pat search and/or strip search;
  - iii. Pat searches and strip searches conducted in accordance with the resident's gender identity.
- d. A Urinalysis administered for a transgender or intersex resident, should be supervised by staff using one of the options in J10 C ii or J10 C iii above.
- e. Pat searches and strip searches of transgender/intersex residents (if authorized by partner agency Policy) may be conducted by any staff based upon exigent circumstances. Details of the exigent circumstances must be documented.
- f. Residents shall not be permitted to change their gender identity solely to avoid being pat searched or strip-searched. These individuals shall be referred for a review by the Sexual Assault Review Team (SART)
- g. All searches of transgender and intersex residents shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. **(115.215 (f))**
  - i. Procedures shall not require two staff to search a transgender resident, as this would be more intrusive than necessary.
  - ii. "Dual searches" where two different gendered staff search different parts of a resident's body are not acceptable.
  - iii. Searches of breasts shall be conducted using the back of the hand
  - iv. Requests for transgender residents to remove appearance related items such as prosthetics, clothing that may convey gender identity, wigs, and cosmetics shall be consistent with requirements for the removal of similar items for other non-transgender/intersex residents.
  - v. Strip searches (if authorized by partner agency policy) of transgender/intersex residents shall be made in a manner designed to ensure as much privacy to the resident as practical. Staff should consider the physical layout of the institution, and the characteristics of a transgender/intersex resident to adjust conditions of the visual search as needed for the resident's privacy.
- h. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. **(115.242 (e))**
  - i. The degree of separation required is dependent on the layout of the facility, and may be accomplished either through physical separation (e.g. separate shower stalls) or by time phasing or scheduling (e.g. allowing a resident to shower before or after others).

- ii. The number of separate showers per day and the time of day for showering separately may be limited due to facility physical plant and/or institutional need.
- iii. Staff shall use discretion in determining whether to grant requests to shower separately made by newly arrived residents who have not been identified as Transgender or Intersex, or have this review pending.

**AT THIS FACILITY, TRANSGENDER AND/OR INTERSEX RESIDENTS ARE PROVIDED THE OPPORTUNITY TO SHOWER SEPARATELY AS FOLLOWS:**

**TURLEY RRC AND OROC (BOP):**

**SEPARATE SHOWER STALLS ARE AVAILABLE AT EACH FACILITY. SEPARATE TIMES OR ALTERNATIVE LOCATIONS WILL BE CONSIDERED ON A CASE BY CASE FOLLOWING A MEETING BETWEEN THE STAFF AND THE RESIDENT**

## **K. REPORTING SEXUAL ABUSE AND/OR SEXUAL HARASSMENT**

### **1. Resident Reporting**

- a. Residents shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other residents or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. **(115.251 (a))**
- b. Residents who are victims of sexual abuse or sexual harassment have multiple internal and external methods option to report an incident or allegation **(115.251 (a))** :
  - i. Verbally reporting to any employee
  - ii. Forwarding a letter, sealed and marked "confidential", to the Facility Director or other facility supervisory staff ;
  - iii. Contacting the facility PREA Compliance Manager.

**AT THIS FACILITY, RESIDENTS MAY REPORT ALLEGATIONS OF SEXUAL ABUSE AND SEXUAL HARASSMENT BY CONTACTING ANY OF THE FOLLOWING:**

**TURLEY RRC AND OROC (BOP):**

- **VERBALLY OR IN WRITING TO ANY STAFF PERSON**
- **A LETTER MARKED CONFIDENTIAL TO THE ATTENTION OF THE FACILITY DIRECTOR**
- **CALLING OR WRITING THE BOP RESIDENTIAL REENTRY MANAGER**
- **CALLING LOCAL LAW ENFORCEMENT**

- c. The facility shall provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of CoreCivic or the contracting agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to facility officials, allowing the resident to remain anonymous upon request. **(115.251 (b))**

**AT THIS FACILITY, THE FOLLOWING NON-CORECIVIC AND NON-CONTRACTING AGENCY REPORTING MECHANISM OR PROCESS (INCLUDING ANONYMOUS REPORTING) HAS BEEN ESTABLISHED:**

**TURLEY RRC: RESIDENTS MAY WRITE OR CALL THE TULSA COUNTY SHERIFF'S OFFICE**

**OROC (BOP): RESIDENTS MAY WRITE OR CALL THE OKLAHOMA CITY POLICE DEPARTMENT**

- d. CoreCivic facilities do not maintain administrative procedures to address resident grievances regarding sexual abuse, unless specifically mandated by contract. Allegations

of sexual abuse and/or sexual harassment are not processed through the facility resident grievance process. **(115.252 (a))**

- i. Should a report of sexual abuse or sexual harassment be submitted and received as a resident grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the designated facility Investigator or Facility Director for investigation and reporting in accordance with this policy.
- ii. All resident grievances alleging sexual abuse and sexual harassment shall be documented and reported through use of the CoreCivic 5-1 Incident Reporting procedure.

## 2. Staff Reporting

- a. In accordance with this policy all staff including employees, contractors and volunteers are required to report immediately any knowledge suspicion, or information regarding, an incident of sexual abuse or sexual harassment that has occurred in any facility (including a facility that is not part of CoreCivic). **(115.261 (a))**
- b. Staff must take all allegations of sexual abuse seriously, including verbal, anonymous, and third party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. **(115.251 (c))**
- c. Staff who fail to report allegations may be subject to disciplinary action.
- d. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions. **(115.261 (b))**
- e. Unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outlined in this policy. At the initiation of providing medical care, both medical and mental health professionals will inform residents of their professional duty to report and the limitations of confidentiality. **(115.261 (c))**
- f. CoreCivic employees, contractors, volunteers and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics line at 1-800-461-9330 or [www.corecivic.com/ethicsline](http://www.corecivic.com/ethicsline) **(115.251 (d) (115.254))**
- g. Third party reporting information is posted on the facility page on the CoreCivic web site: [CoreCivic.com](http://CoreCivic.com).
- h. If the alleged victim is under the age of 18 or is considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the investigating entity responsible for criminal investigations and the contracting agency for additional reporting under applicable mandatory reporting laws. **(115.261 (d))**
- i. The facility shall report all allegations of sexual abuse and sexual harassment including 3d party and anonymous reports to the facility's designated investigators **(115.261(e))**

## L. COORDINATED RESPONSE / SEXUAL ABUSE RESPONSE (SART)

1. In order to coordinate actions taken by initial first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse, the facility has established a Sexual Abuse Response/Review Team (SART) that may include, but is not limited, to the following positions **(115.265)**:
  - a. **Administrative Duty Officer (ADO)** – The ADO on-site or on-call is responsible for overall coordination of the facility response to an incident of sexual abuse. The ADO will ensure that the *14-2C CC Checklist* is followed and that the incident has been reported in accordance with CoreCivic Incident Reporting procedures. The ADO will serve as a primary liaison with investigators until the PREA Compliance Manager and/or Facility Director arrive.



- b. **Security Representative**- The Security Representative shall ensure resident safety needs are addressed, including separating the alleged victim and perpetrator.
  - c. **Program Representative**--This position may be the resident's assigned case manager, case manager supervisor or counselor. The program representative will ensure that all referrals to outside community agencies for medical and mental health have been made and that all subsequent re-assessments have been completed.
  - d. **Victim Services Representative** - An employee designated by the Facility Director may serve as the facility Victim Services Representative. The Victim Services representative may not be a member of security. This individual shall attempt to obtain the services of a victim advocate from a rape crisis center to assist the alleged victim of sexual abuse. In the absence of a victim advocate, the victim services representative may provide residents with support and ensure that residents are aware that they may access additional victim resources through community rape crisis centers or equivalent agencies.
2. SART team assignments for a response to an immediate report of Sexual Abuse as outlined in section M of this Policy shall be made by the PREA Compliance Manager, ADO or highest-ranking authority on-site.
  3. The Facility Director shall designate full time Sexual Abuse Review Team members to coordinate the after action response to an incident of sexual abuse. These SART responsibilities shall include, but are not limited to, the following:
    - a. Participating in the development of practices and/or procedures that encourage prevention of sexual abuse and enhance compliance with PREA National Standards;
    - b. Conducting the Post Incident Review and completing the 14-2F Sexual Abuse Incident Review Report;
    - c. Serving on the facility multi-disciplinary team responsible for developing treatment plans for Transgender residents; and
    - d. Ensuring that follow-up Medical and mental health referrals have been completed.
  4. The written institution Coordinated Response Plan is contained in section M of this policy **(115.265)**

#### **M. COORDINATED RESPONSE PROCEDURES**

1. When it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident. **(115.262)**
2. Upon learning of sexual abuse, or an allegation of sexual abuse, the first security responder is required to complete the following:
  - a. Separate the alleged victim from the alleged abuser. When the alleged abuser is a resident, he/she shall be placed in secure location to facilitate the collection of evidence if required; **(115.264 (a) (1))**
  - b. Preserve and protect the crime scene until appropriate steps can be taken to collect evidence of the crime scene and any investigation; **(115. 264 (a) (2))**
  - c. If the alleged abuser is a staff member, that individual shall be separated from the alleged resident victim, and removed from the crime scene to another area pending consideration for possible reassignment.
  - d. Notify the highest supervisory authority on-site.
3. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then shall notify security staff. **(115.264 (b))**
4. Following notification from first responders, the highest supervisory authority on-site shall ensure that the ADO, the PREA Compliance Manager, and Facility Director shall be immediately notified of the incident.

5. If the abuse occurred within a period of time that allows for collection of physical evidence, responding staff shall, to the best of their ability, request that the victim does not take any actions that could destroy physical evidence. This would include, as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking drinking, eating, or brushing his/her teeth. **(115.264 (a) (3))**
6. If the abuse occurred within a time period that allows for collection of physical evidence and when the alleged abuser is a resident, staff shall ensure that the alleged abuser does not take any actions could destroy physical evidence. This would include as appropriate washing, showering, removing clothing without medical supervision, urinating, defecating, smoking drinking, eating, or brushing his/her teeth **(115.264 (a)(4))**
7. A supervisor shall attempt to obtain a brief statement from the alleged victim concerning the incident in order to obtain basic information regarding the location and time of the incident, identity of the alleged abuser, and any possible witnesses.
8. Supervisory responders shall attempt to locate and preserve any crime scene. These actions may include, but are not limited to, the following:
  - a. Sealing access to the immediate area of the scene, if possible;
  - b. Photographing the scene and visible evidence at the scene (e.g. tissue or blood); and
  - c. Securing and reviewing any available video footage of the affected area. Responders shall consult with local law enforcement to determine whether any gap between the alleged date of the incident and the reporting dates precludes the collection of physical evidence.
9. Administrative Duty Officer (ADO) staff, the PREA Compliance Manager, Facility Director or designated on-site supervisory staff shall immediately report all allegations of sexual assault, sexual abuse or sexual harassment to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior or the allegation would be not be considered a criminal act under federal, state, or local law **(115.222 (b))**
  - a. As found in the Definition section of this policy, allegations of sexual abuse that may include potentially criminal behavior include Sexual Abuse of a Resident by another Resident, sections one (1) through four (4), if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse. These allegations should be reported and referred for an investigation to local law enforcement **(115.6)**.
  - b. As found in the Definition Section of this Policy, allegations of Sexual Abuse that may include potentially criminal behavior include Sexual Abuse of a Resident, by an Employee, Contractor or Volunteer sections one (1) through six (6), with or without the consent of the resident. These allegations should be reported and referred for an investigation to local law enforcement. **(115.6)**
  - c. Allegations of sexual abuse by voyeurism or display of uncovered genitalia as defined in Sexual Abuse of a Resident, by an Employee, Contractor or Volunteer, sections seven (7) and eight (8) as well as allegations of sexual harassment as found in the definitions, shall be referred to law enforcement, unless the allegation does not involve potentially criminal behavior, or, the allegation would not be considered a criminal act under federal, state, or local law. **(115.6)**
  - d. Consensual sex between two residents does not fall under the definition of a reportable incident under PREA, and does not require a notification to law enforcement or the completion of the 5-1 Incident Report.
  - e. The ADO staff, PREA Compliance Manager, and/or Facility Director shall ensure that incident reports are completed documenting the incident, and that all referrals to law enforcement have been made in accordance with CoreCivic Policy 5-1 CC Incident Reporting.

**AT THIS FACILITY, ALLEGATIONS OF SEXUAL ABUSE INVOLVING POTENTIALLY CRIMINAL BEHAVIOR ARE REPORTED TO THE FOLLOWING LAW ENFORCEMENT AGENCY (IES):**

**TURLEY RRC: TULSA COUNTY SHERIFF'S OFFICE**  
**OROC (BOP): OKLAHOMA CITY POLICE DEPARTMENT**

10. Administrative Duty Officer (ADO) staff, the PREA Compliance Manager, Facility Director or designated on-site supervisory staff shall immediately report all allegations of sexual assault, sexual abuse, or sexual harassment, to the contracting agency or applicable contracting governmental agency.

**AT THIS FACILITY, ALLEGATIONS OF SEXUAL ABUSE AND SEXUAL HARASSMENT ARE REPORTED TO THE FOLLOWING CONTRACTING AGENCY CONTACTS:**

**TURLEY RRC AND OROC (BOP):**  
**FEDERAL BUREAU OF PRISONS**  
**RESIDENTIAL REENTRY OFFICE**  
**US ARMED FORCES RESERVE CMPL**  
**344 MARINE FORCES DR**  
**GRAND PRAIRIE, TX 75051**  
  
**EMAIL: CDA-CCM@BOP.GOV**  
  
**OFFICE PHONE: 972-730-8837 (MAIN OFFICE)**  
**RESIDENTIAL REENTRY MANAGER: 972-730-8830**

11. The facility shall offer all victims of sexual abuse access to forensic medical exams, where evidentiarily or medically appropriate. The PREA Compliance Manager, Facility Investigator or ADO shall consult with law enforcement prior to transporting a resident for an examination to be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). If it is determined that an examination is necessary for the collection of evidence, then the facility shall transport the alleged victim. If a SAFE/ SANE provider is not available, the examination may be performed by other qualified medical practitioners. **(115.221 (d))**

**AT THIS FACILITY, SAFE/SANE EXAMS ARE PROVIDED OR COORDINATED BY THE FOLLOWING:**

**TURLEY RRC: HILLCREST MEDICAL CENTER TULSA OKLAHOMA**  
**OROC (BOP): YWCA OKLAHOMA CITY**

12. As requested by the victim, either a victim advocate from a Rape Crisis Center, or a qualified community-based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C CC Sexual Abuse Incident Check Sheet. **(115.221 (e))**

**AT THIS FACILITY, VICTIM ADVOCATES FOR A SAFE/SANE EXAM ARE PROVIDED AS FOLLOWS:**

**TURLEY RRC: DOMESTIC VIOLENCE INTERVENTION SERVICES (DVIS)-TULSA**  
**OROC (BOP): YWCA OKLAHOMA CITY**

13. If unable to secure the services of a victim advocate to accompany the alleged victim to the SAFE/SANE exam, and if requested by the victim, the facility may use a qualified facility staff member for this purpose. The staff member must have been screened by SART and the Facility Director for appropriateness to serve in this role and must have received documented education concerning sexual assault and forensic examination issues. **(115.221 (h))**

#### 14. Retaliation Monitoring

- a. ADO staff or the Facility Director will determine, on a case-by-case basis, whether or not placement of a staff member on administrative leave or in a non-contact role with the victim and/or other residents is warranted. This determination will take into account the gravity and credibility of the allegations. **(115.267 (b))**
- b. Residents and staff who report sexual abuse or sexual harassment (or cooperate with sexual abuse or sexual harassment investigations) shall be protected from retaliation by other residents or staff. **(115.267 (a))**
- c. For at least 90 days (30/60/90) following a report of sexual abuse, the facility shall monitor the conduct and treatment of residents who reported sexual abuse and residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation against them by residents or staff. Monitoring shall be documented on the 14-2D CC *PREA Retaliation Monitoring Report* (30/60/90) or contracting agency equivalent form. **(115.267 (c))**
- d. The facility shall employ multiple protection measures to monitor retaliation against residents including, but not limited to,
  - i. Housing changes or transfers for resident victims or abusers,
  - ii. Removal of alleged staff or resident abusers from contact with victims,
  - iii. Emotional support services for residents who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,
  - iv. Periodic status checks, and monitoring disciplinary reports, housing and program changes **(115.267 (b) (c) (d))**.

**AT THIS FACILITY, THE POSITION THAT WILL SERVE AS THE DESIGNATED STAFF PERSON CONDUCTING RESIDENT 30/60/90 DAY MONITORING IS:**

<p><b>TURLEY RRC AND OROC (BOP):</b>  <b>FACILITY PREA COMPLIANCE MANAGER</b></p>
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- e. For at least 90 days (30/60/90) following a report of *sexual abuse*, the agency shall monitor the conduct and treatment of **staff** who reported sexual abuse to see if there are changes that may suggest possible retaliation by residents or other staff. Monitoring shall be documented on the 14-2D CC *PREA Retaliation Monitoring Report* (30/60/90) or contracting agency equivalent form. **(115.267 (c))**
  - i. Retaliation Monitoring for staff shall include, but is not limited to, monitoring negative performance reviews, disciplinary reports, and reassignments. **(115.267 (c))**
  - ii. Emotional support services may be provided for staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. **(115.267 (c))**

**AT THIS FACILITY, THE POSITION THAT WILL SERVE AS THE DESIGNATED STAFF PERSON CONDUCTING STAFF 30/60/90 DAY MONITORING IS:**

<p><b>TURLEY RRC AND OROC (BOP):</b>  <b>FACILITY PREA COMPLIANCE MANAGER</b></p>
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- f. Ninety (90) day retaliation monitoring for staff and residents on the 14-2D CC form or contracting agency equivalent form is not required for allegations of sexual harassment. **(115.267 (c))** The facility shall consider on a case-by-case basis whether retaliation

monitoring should be implemented for such allegations in order to protect staff or residents

- g. The facility shall continue such retaliation monitoring beyond 90 days if the initial monitoring indicates a continuing need. **(115.267 (d))**
- h. The facility obligation to monitor retaliation for staff and residents shall terminate if the facility determines that the allegation is unfounded **(115.267 (f))**
- i. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. **(115.267 (e))**

#### **15. Referrals to Medical and Mental Health Services**

- a. Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which shall be determined by community medical and mental health practitioners according to their professional judgement. **(115.282 (a))**
- b. If the facility does not have qualified medical or mental health practitioners on staff, security staff first responders shall take preliminary steps to protect the victim. **(115.282 (b))**
- c. Resident victims of sexual abuse shall be offered timely information about and referral for timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. **(115.282 (c))**
- d. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. **(115.282 (d) )**
- e. The facility shall offer all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility medical and mental health evaluation and treatment as appropriate. **(115.283 (a))**
- f. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. **(115.283 (b))**
- g. The facility shall provide such victims with medical and mental health services consistent with the community level of care. **115.283 (c)**
- h. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered referral for pregnancy tests. If pregnancy results, such victims shall receive timely and comprehensive information about and timely access to, all lawful pregnancy-related medical services. **(115.283 (d) (e)) (4-ACRS-4C-14)**
- i. Resident victims of sexual abuse while incarcerated shall be referred for tests for sexually transmitted infections as medically appropriate. **115.283 (f)**
- j. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. **115.283 (g)**

#### **16. Reporting to Other Confinement Facilities**

- a. Upon receiving an allegation that a current resident had been sexually abused while confined at another facility (e.g. state, federal, local, or other private operator) the following actions shall be taken:
  - i. The Facility Director of the facility that received the allegation shall notify the Facility Director or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. **(115.263 (a) (b))**

- ii. A copy of the statement of the resident shall be forwarded to the appropriate official at the location where the incident was reported to have occurred.
- iii. The facility shall document that it has provided such notification through 5-1 CC Incident Reporting procedures. **(115.263 (c))**
- b. Upon receiving notification from another facility that an incident/allegation of sexual abuse had occurred while the resident was previously confined at the facility, the following actions shall be taken. **(115.263 (d))**
  - i. The facility shall record the name of the agency making the notification, and any information (names, dates, time) that may assist in determining whether an investigation was conducted. A resident statement should be requested.
  - ii. If the allegation was reported and investigated in accordance with CoreCivic Policy and/or referred for criminal investigation if appropriate, the facility shall document the allegation, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur.
  - iii. If the allegation was not reported and/or not investigated, facility staff shall initiate reporting and investigation procedures in accordance with this policy. The Incident shall be reported through 5-1 CC Incident Reporting procedures

#### 17. Preliminary Incident Review

- a. All allegations of sexual abuse and sexual harassment shall be reported in accordance with CoreCivic Policy 5-1 CC Incident Reporting
- b. A preliminary telephonic review of all allegations of sexual abuse shall be conducted within 72 hours (excluding weekends and holidays) following reportable incidents of Employee-on-Resident Sexual Abuse and Resident-on-Resident Sexual Abuse.
- c. Upon receipt of the 5-1A Incident Report, the review will be convened by the FSC Manager of Operations Support assigned to the facility.
  - i. For reports of Employee-on-Resident Sexual Abuse, required participants include:
    - Managing Director, or designee;
    - FSC PREA Investigations Coordinator;
    - Facility Director
    - Facility PREA Compliance Manager; and
    - Facility Investigator.
  - ii. For reports of Resident-on-Resident Sexual Abuse, required participants include:
    - FSC PREA Investigations Coordinator;
    - Facility Director
    - Facility PREA Compliance Manager; and
    - Facility Investigator.
  - iii. Optional participants for the reviews include staff identified by the Facility Director, if their participation is necessary to provide specialized information to complete the review; and FSC PREA Committee Members.
  - iv. At a minimum, the telephonic review of Sexual Abuse allegations shall include:
    - Discussion of the incident, and whether the incident response meets applicable standards;
    - Appropriate categorization of the incident report;
    - Completion of required notifications;
    - A request for law enforcement involvement (if appropriate);
    - Whether employee actions, or failures to act, contributed to the sexual abuse; and
    - Preliminary discussion as to whether the incident may be considered Substantiated, Unsubstantiated, Unfounded or will remain pending.

- v. Upon receipt of the electronic 5-1 Incident Report for allegations of Employee-on-Resident Sexual Harassment, and Resident-on-Resident Sexual Harassment, incidents in these categories will be reviewed online by, at a minimum, the following:
  - Facility Director
  - FSC PREA Coordinator/designee,
  - Facility PREA Compliance Manager and
  - Facility Investigator.
- vi. Incidents of Sexual Harassment do not require a telephonic review unless, in the judgement of the Facility Director or FSC PREA Coordinator/designee, the details or nature of the incident requires this level of review.

## N. ADMINISTRATIVE INVESTIGATIONS

1. The Facility Director shall ensure that an administrative investigation and/or a referral for a criminal investigation, is completed for all allegations of sexual abuse and sexual harassment. **(115.222 (a))**
2. An administrative investigation into an allegation with potentially criminal behavior shall not be initiated by a facility investigator until the law enforcement agency responsible for conducting criminal investigations declines to accept the case or otherwise authorizes the facility to begin an administrative investigation. Administrative Investigations shall not interfere with criminal investigations being conducted by law enforcement and shall be coordinated with the investigative entity conducting that investigation.
3. All allegations of sexual abuse and sexual harassment shall be reported in the CoreCivic 5-1 CC Incident Reporting. If a resident expresses verbally or in writing that an allegation is "PREA" the allegation should be reported, investigated, and documented on a 5-1 CC Incident Report. The facility shall not utilize a screening process to determine whether an allegation/incident is or is not a valid complaint under PREA before an investigation has been initiated.
4. Facility administrative investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly and objectively for all allegations including third-party reports and anonymous reports. **(115.271 (a))**
5. The facility shall use investigators for administrative investigations who have received specialized training in sexual abuse investigations pursuant to Standards **115.234** and **115.271(b)**.
6. Administrative Investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Such investigations shall be documented on the 5-1G CC Incident Investigation Report and shall detail the following components: **(115.271 (f) (1) (2))**
  - a. Investigative facts (i.e. specific details about what actually happened);
  - b. Physical evidence (e.g. clothes collected, medical evidence, etc.);
  - c. Testimonial evidence (e.g. witness statements);
  - d. Reasoning behind credibility assessments (i.e. why is the person deemed credible or not credible);
  - e. Investigative findings (i.e. discovery or outcome of the investigation); and
  - f. An explanation as to how the conclusion of the investigation was reached.
7. The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation. **(115.271 (j))**
8. In any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place. **(115.272)**
9. The facility shall retain all case records into allegations of sexual abuse, including incident reports, resident information, investigative reports, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. **(115.271 (i))**

10. CoreCivic is not a State entity or component of the Department of Justice responsible for investigating allegations of sexual abuse **(115. 221 (g)(1)(2)) (115.222 (d)(e)) (115.234 (d)) (115.271 (k))**

#### **O. CRIMINAL INVESTIGATIONS**

1. CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse. All allegations of sexual abuse or sexual harassment shall be referred for investigation to an agency or entity with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. **(115.222(b))**
2. Each CoreCivic facility shall enter, or attempt to enter, into a written Memorandum of Understanding (MOU) with an outside law enforcement agency or investigating entity, outlining the roles and responsibilities of both the facility and the investigating entity in conducting sexual abuse investigations **(115.222 (c))**.
3. If the contracting governmental agency utilizes an internal investigative process (e.g. a Department of Corrections Office of Inspector General) required by contract, statute, or regulation, that agency investigative process and Policy will be followed for allegations of sexual abuse **(115.222 (c)(d))**
4. The facility shall request through an MOU that the investigating entity follow the requirements of sections O.4.a. through O.4.e. below **(115.221 (f))**:
  - a. The investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. **(115.221 (a))**
  - b. The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. **(115.221 (b))**
  - c. The investigating agency shall offer all victims of sexual abuse access to forensic medical examinations, without financial cost, where medically appropriate or necessary for gathering evidence. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. **(115.221 (c))**
  - d. The investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center. **(115.221 (d))**
  - e. As requested by the victim, a victim advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. **(115.221 (e))**
5. The facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. **(115.271 (l))**
6. CoreCivic shall request (through an MOU or other communication) that entities conducting criminal investigations include the following in their policy and procedures:
  - a. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. **(115.271 (c))**
  - b. When the quality of evidence appears to support criminal prosecution, the investigating entity shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution **(115.271 (d))**.
  - c. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency



shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. **(115.271 (e))**

- d. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. **(115.271 (j))**
- e. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution **(115.271 (h))**.
- f. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. **(115.271 (g))**
- g. The agency shall retain all investigative reports into allegations of sexual abuse for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. **(115.271 (i))**

#### **P. POST INVESTIGATION REVIEW**

- 1. The PREA Compliance Manager shall ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. **(115.286 (a))**
- 2. In addition to the PREA Compliance Manager, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors, and investigators. Medical or mental health practitioners may be used if assigned on-site to the facility **(115.286 (c))**
- 3. Sexual Abuse Incident reviews review shall occur within 30 days of the conclusion of the investigation. The review team shall: **(115.286 (b)(d) (1-5))**
  - a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
  - b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI and/or Gender Non-Conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
  - c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
  - d. Assess the adequacy of staffing levels in that area during different shifts; and
  - e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- 4. All findings and recommendations for improvement will be documented on the *14-2F CC Sexual Abuse Incident Review Report* or required equivalent contracting agency form. Completed 14-2F CC forms shall be forwarded to the Facility Director, the PREA Compliance Manager, and the FSC PREA Coordinator/designee. **(115.286 (d)(6))**
- 5. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. **(115.286 (e))**

#### **Q. INCIDENT CLASSIFICATION**

- 1. All allegations of sexual abuse and sexual harassment shall be reported in accordance with CoreCivic Policy 5-1CC Incident Reporting. Following completion of the investigation, the allegation will be classified as follows:
  - a. Substantiated – An incident shall be classified as substantiated if the results of the investigation determine that the allegation did occur.
  - b. Unsubstantiated – An incident shall be classified as unsubstantiated if the results of the investigation determine that the evidence was insufficient to make a final determination of whether or not the allegation occurred.

- c. Unfounded – An incident shall be classified as unfounded if the results of the investigation determine the allegation did not occur.
2. The Facility Director will determine the appropriate classification of the incident and ensure that the PREA Reporting form (refer to CoreCivic Policy 5-1 CC Incident Reporting) is completed and maintained with the incident packet.

## R. RESIDENT NOTIFICATIONS

1. Following an investigation into a resident's allegation that he/she suffered sexual abuse at the facility, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the resident. **(115.273 (a) (b))**
2. Following an resident's allegation that an employee has committed sexual abuse against the resident, the facility shall subsequently inform the resident (unless the facility has determined that the allegation is unfounded) whenever: **(115.273 (c) (1-4))**
  - a. The employee is no longer posted within the resident's unit as a result of the findings of the investigation;
  - b. The employee is no longer employed at the facility as a result of the allegation;
  - c. The facility learns that the employee has been indicted on a charge related to sexual abuse within the facility; or
  - d. The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.
3. Following an resident's allegation that he/she has been sexually abused by another resident, the facility shall subsequently inform the alleged victim whenever:
  - a. The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
  - b. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. **(115.273 (d) (1, 2))**
4. All resident notifications or attempted notifications shall be documented on the *14-2E CC Resident Allegation Status Notification*. The resident shall sign the *14-2E CC Resident Allegation Status Notification*, verifying that such notification has been received. The signed 14-2E CC Resident Allegation Status Notification shall be filed in the resident's file. **(115.273 (e))**
5. The facility obligation to notify the resident as outlined in this section shall terminate if the resident is released from CoreCivic custody. **(115.273 (f))**

## S. DISCIPLINARY PROCEDURES

1. **Resident Discipline**
  - a. Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. **(115.278 (a))**
  - b. Because the burden of proof is substantially less in a resident's disciplinary hearing than in a criminal prosecution, a resident may be institutionally disciplined even though law enforcement officials decline to prosecute.
  - c. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. **(115.278 (b))**
  - d. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. **(115.278 (c))**

- e. A resident may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such contact. **(115.278 (e))**
- f. Sexual activity between residents is prohibited in all CoreCivic facilities, and residents may be disciplined for such activity. Such activity shall not be deemed sexual abuse if it is determined that the activity is not coerced. **(115.278 (g))**
- g. Residents who deliberately allege false claims of sexual abuse may be disciplined. For the purposes of a disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying even if the investigation does not establish evidence sufficient to substantiate the allegation. **(115.278 (f))**
- h. The Facility Director or designee shall contact law enforcement to determine if a deliberately false accusation may be referred for prosecution.
- i. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits. **(115.278 (d))**

## 2. Staff Discipline

- a. Employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic sexual abuse or sexual harassment policies. **(115.276 (a))**
- b. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. **(115.276 (b))**
- c. Disciplinary sanctions for employee violations of CoreCivic policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories. **(115.276 (c))**
- d. All employee terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. **(115.276 (d))**
- e. Any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to any relevant licensing body. **(115.277 (a))**
- f. Any other violation of CoreCivic sexual abuse or sexual harassment policies by a contractor or volunteer will result in appropriate corrective action up to and including restricting contact with residents and removal from the facility. **(115.277 (b))**
- g. Neither CoreCivic, nor any other entity responsible for collective bargaining on CoreCivic's behalf, shall enter into or renew any collective bargaining agreement or other agreement that limits the company's ability to remove alleged employee sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. **(115.266 (a))**
- h. Nothing in this requirement shall restrict the entering into or renewal of agreements that govern:
  - i. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions outlined above in and a preponderance of the evidence in determining whether sexual abuse or sexual harassment are substantiated. **(115.266 (b) (1))**
  - ii. Whether a no-contact assignment that is, imposed pending the outcome of an investigation shall be expunged from or retained in the employee's personnel file following a determination that the allegation of sexual abuse is not substantiated. **(115.266 (b) (2))**

**T. COLLECTION AND USE OF DATA**

1. CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the 5-1 CC reporting system as required by *CoreCivic Policy 5-1CC Incident Reporting* and 5-1 BB Incident Reporting Definitions. **(115.287 (a) (115.287 (e))**
2. CoreCivic shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. **(115.287 (d))**
3. The incident-based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or at a date requested by that Department. **(115.287 (b) (c); 115.287 (f))**
4. The FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, to include Identifying problem areas and taking corrective action on an ongoing basis. **(115.288 (a)(1)(2))**
5. CoreCivic will prepare an annual report of findings and corrective actions. Such report shall include a comparison of the current year's aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. **(115.288 (a) (3) (115.288 (b))**
6. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated. **(115.288 (d))**
7. Before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers. **(115.289 (c))**
8. The CoreCivic Annual report shall be approved by the company Chief Corrections Officer and made available to the public through the CoreCivic website. **(115.288 (c) 115.289 (b))**
9. Any requests for information from an outside agency or entity (excluding the contracting governmental correctional agency) regarding incidents of sexual abuse/harassment shall be forwarded to and reviewed by the FSC General Counsel or designee, and the FSC PREA Coordinator, prior to sending the response to the requesting entity.
10. The agency shall maintain sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. **(115.289 (d))**
11. All case records associated with claims of sexual abuse, including incident reports, investigative reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-15 Retention of Records. **(115.287 (d); 115.289 (a))**

**U. AUDITS**

1. The FSC Quality Assurance Department shall conduct an internal audit of all CoreCivic facilities to ensure compliance with this policy and the PREA National Standards.
2. Each CoreCivic facility shall be audited at least once in each PREA Audit cycle by a certified PREA Auditor external to CoreCivic to ensure compliance with the PREA National Standards. The FSC PREA Coordinator shall coordinate and schedule all external audits **(115.401 (a) (b))**.
3. PREA Audits shall be conducted by certified United States Department of Justice PREA Auditors. All auditors must be in good standing with the Department of Justice and must have completed all DOJ Auditor training and background investigation requirements. **(115.402 (b))**

4. Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his/her ability to conduct an audit of CoreCivic **(115.403 (a))**.
5. No audit may be conducted by an auditor who has received financial compensation from CoreCivic (except for compensation received for conducting prior PREA National Standards audits) within the three years prior to CoreCivic's retention of the auditor. **(115. 402 (c))**
6. CoreCivic will not employ, contract with, or otherwise financially compensate the auditor for three years subsequent to the company's retention of the auditor, with the exception of contracting for subsequent PREA Standards audits. **(115. 402 (d))**
7. PREA Auditors conducting a PREA Audit at a CoreCivic facility shall be authorized to:
  - a. Have access to, and observe, all areas of the facility; **(115.401 (h))**
  - b. Request and receive copies of any relevant documents (including electronically-stored information); **(115.401 (i))**
  - c. Conduct private interviews with residents; and **(115.401 (m))**
  - d. Receive confidential information or correspondence sent by residents in the same manner as if the residents were communicating with legal counsel **(115.401 (o))**.

**REVIEW:**

This policy will be reviewed annually by the Senior Director, PREA Compliance and Programs, or a qualified designee.

**APPLICABILITY:**

All CoreCivic Community Corrections Facilities under United States Department of Justice (DOJ) PREA Standards.

**APPENDICES:**

14-2AA Preventing Sexual Abuse and Misconduct Brochure (English and Spanish)

**ATTACHMENTS:**

14-2A CC	PREA Training Acknowledgment
14-2A1 CC	PREA Training Acknowledgment for Specialty Training
14-2B CC	Sexual Abuse Screening Tool
14-2C CC	Sexual Abuse Incident Check Sheet
14-2D CC	PREA Retaliation Monitoring Report (30/60/90)
14-2E CC	Resident Allegation Status Notification
14-2F CC	Sexual Abuse Incident Review Report
14-2H CC	Self-Declaration of Sexual Abuse/Sexual Harassment
14-2I CC	Annual PREA Staffing Plan Assessment
14-2J CC	CoreCivic Zero Tolerance Policy Acknowledgment
14-2K CC	PREA Overview: Training for Contractors and Volunteers
3-20-2B	PREA Questionnaire for Prior Institutional Employers
7-1B	PREA Physical Plant Considerations

**REFERENCES:**

CoreCivic Policy 1-15 CC Retention of Records  
 CoreCivic Policy 4-2 Maintenance of Training Records  
 CoreCivic Policy 5-1 CC Incident Reporting  
 CoreCivic Policy 7-1 Record Drawings and Alterations/Additions

Prison Rape Elimination Act of 2003 42 USC 15607

Prison Rape Elimination Act Community Confinement Standards – United States Department of Justice Final Rule National Standards to Prevent, Detect, and Respond to Prison Rape, Title 28 of the Code of Federal Regulations, Part 115 May 17, 2012

Federal Bureau of Prisons (BOP) Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program (2015)

Federal Bureau of Prisons (BOP) Program Statement 5200.04 Transgender Offender Manual (2018)

Bureau of Justice Statistics (BJS) Survey of Sexual Violence (SSV)

U.S. Department of Justice Office on Violence Against Women “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,”

*American Correctional Association Performance-Based Standards for Adult Community Residential Services 4<sup>th</sup> Edition*

4-ACRS-1A-14

4-ACRS-2A-07

4-ACRS-4C-14

4-ACRS-5A-01

4-ACRS-6A-05

4-ACRS-7B-14

4-ACRS-7B-15

4-ACRS-7B-16

4-ACRS-7B-17

4-ACRS-7F-09