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## 14-2 FRS Sexual Abuse Prevention and Response

**FSC EFFECTIVE DATE:** OCTOBER 31, 2018  
**FSC SUPERSEDES DATE:** DECEMBER 4, 2014, 14-2(01) FRS MAY 26, 2015; 14-2(02) FRS MAY 26, 2017; 14-2(03) DHS APRIL 19, 2017  
**FACILITY:** SOUTH TEXAS FAMILY RESIDENTIAL CENTER  
**FACILITY SUPERSEDES DATE:**  
**FACILITY EFFECTIVE DATE:**

### **POLICY:**

CoreCivic is committed to protecting residents from sexual abuse. This policy complies with the Prison Rape Elimination Act (PREA) of 2003, the Department of Homeland Security (DHS) Standards to Prevent Detect and Respond to Sexual Abuse and Assault in Confinement Facilities (79 Fed. Reg. 13100 March 7, 2014) and the Immigration and Customs Enforcement (ICE) ICE Family Residential Standard (FRS) 2.7 Sexual Abuse and Assault Prevention and Response.

CoreCivic has a zero-tolerance for all forms of sexual abuse and sexual assault. Such conduct is prohibited and will not be tolerated. This includes resident-on-resident sexual abuse and assault; employee-on-resident sexual abuse and assault; and any contractor or civilian (including volunteer) -on-resident sexual abuse or assault. Upon receiving information indicating that a resident is subject to a substantial risk of imminent sexual abuse or assault, an employee shall take immediate action to protect the resident. It is CoreCivic policy to conduct administrative investigations on all allegations, regardless of the source, and to support any criminal investigations so that they can be prosecuted. Alleged victims of sexual abuse and assault will be provided a supportive and protective environment. Any sexual contact or activity between residents or employees/civilians/contractors and residents, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions.

### **AUTHORITY:**

CoreCivic Company Policy

### **DEFINITIONS:**

Administrative Duty Officer (ADO) – An administrative team-level facility employee designated to be "readily available upon short notice), approved for such assignment by the appropriate CoreCivic Vice President of Operations, to assume the required duties and responsibilities of the Facility Administrator during non-business hours.

Bad Faith – Acting with a dishonest belief or purpose.

Civilian – A person who is not a paid CoreCivic employee. Such individuals may include visitors, volunteer, delivery truck drivers, or service personnel repairing equipment in the facility. This does not include residents.

Contractor – 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 day care, health and/or food services, construction workers who are temporarily working on projects within the facility, or professionals such as a psychiatrist or medical doctor, contract attorneys, or consultants such as a professional.

Direct Staff Supervision – Security staff are in the same room with, and within reasonable hearing distance of, the residents.

Employee – A person employed by CoreCivic in an approved full-time or part-time position that is designated in the authorized staffing pattern. For the purposes of this policy, a paid intern may be considered an employee.

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

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

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

FSC Prevention of Sexual Assault (PSA) Coordinator – An upper-level management FSC employee designated to implement, and oversee CoreCivic's companywide efforts to comply with the Department of Homeland Security Standards and the company Sexual Abuse and Assault Prevention and Intervention Program. He/she provides oversight to all CoreCivic facilities ensuring coordination in the prevention, detection, intervention, investigation, discipline/prosecution of sexual abuse and assault as specified in this policy. (115.11 (b))

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

Resident – Any adult or juvenile, male or female, housed in a CoreCivic family residential facility.

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

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

PREA – The Prison Rape Elimination Act 6 USC [15601 et seq]

Prevention of Sexual Assault (PSA) Compliance Manager – An Administrative Duty Officer-level manager designated by the Facility Administrator who maintains responsibility for the facility's Sexual Abuse and Assault Prevention and Intervention Program. The PSA Compliance Manager serves as the facility point of contact for the ICE Liaison and ICE PSA Coordinator.

PREA National Standards – Part 115 of Title 6 of the Code of Federal Regulations, the Prison Rape Elimination Act National Standards, including Subpart A, Standards for Immigration Detention facilities, and Department of Homeland Security (DHS) PREA Standards.

PREA Staffing Plan – An approved plan for staffing the facility in accordance with PREA guidelines developed by the facility in conjunction with the FSC PSA Coordinator.

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

Qualified Health Care Professional (QHCP) – Includes physicians, physician assistants, nurse practitioners, dentists, mental health professionals, and others who, by virtue of their education, credentials, and experience, are permitted by law within the scope of their professional practice to evaluate and care for patients.

Qualified Mental Health Professionals (QMHP) – Includes psychiatrists, psychologists, psychiatric social workers, psychiatric nurses and others who, by virtue of their education, credentials, and experience are permitted to evaluate and care for the mental health needs of patients.

Rape Crisis Center – An entity that provides intervention and related assistance, such as the services specified in 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, a collection of forensic evidence and testimony in sexual assault cases.

Sexual Abuse and Assault of a Resident by Another Resident –

Any of the following acts by one or more residents who, by force, coercion, or intimidation, or if the victim or was unable to consent or refuse, engages in or attempts to engage in:

1. Contact between the penis and the vulva or anus and, for purposes of this subparagraph, contact involving penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Penetration, however slight, of the anal or genital opening of another person by a hand or finger or
4. Touching of the genitalia, anus, groin, breast, inner thighs, or the buttocks, either directly or through clothing, with an intent to abuse, humiliate, harass, degrade or arouse or gratify the sexual desire of any person;
5. Threats, intimidation, or other actions or communications by one or more residents aimed at coercing another resident to engage in a sexual act.

Sexual Abuse and Assault of Resident by an Employee, Contractor, or Civilian – Any of the following acts by one or more staff members, civilians, or contract personnel who, with or without consent of the resident, engages in or attempts to engage in:

1. Contact between the penis and the vulva or the penis and the anus and, for purposes of this subparagraph, involving the penis upon penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Penetration, however slight, of the anal or genital opening of another person by a hand, finger or by an object, for purposes of this subparagraph, penetration, however slight, of the anal or genital opening of another person by a hand, finger or by an object, unrelated to official duties or where the staff member, contractor, or civilian has the intent to abuse, harass, or gratify sexual desire;
4. Intentional touching of the genitalia, anus, groin, breast, inner thighs, or the buttocks, either directly or through clothing, that is unrelated to official duties or where the staff member, contractor, or civilian has the intent to arouse, or gratify sexual desire;
5. Threats, intimidation, harassment, indecent, profane or abusive language, or other actions or communications at coercing or pressuring a resident to engage in a sexual act.
6. Repeated verbal statements or comments of a sexual nature to a resident.
7. Any display by an employee, contractor, or civilian of his or her uncovered genitalia, buttocks, or breasts in the presence of a resident; and
8. Voyeurism by an employee, contractor, or civilian, which is defined as the inappropriate visual surveillance of a resident for reasons unrelated to official duties. Where not conducted for reasons relating to official duties, the following are examples of voyeurism: staring at a resident who is using a toilet in his or her housing facility; requiring a resident to expose his or her buttocks, genitals, or breasts; or taking images of a resident's naked body or of a resident performing bodily functions.

Sexual Abuse Response Team (SART) – A team comprised of four (4) or more individuals having a primary responsibility for responding to reported incidents of sexual abuse and assault, victim assessment and support needs, and ensuring that procedures are carried out that ensure resident safety.

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

## **PROCEDURES INDEX:**

- A. CONFIDENTIALITY**
- B. HIRING AND PROMOTION**
- C. EMPLOYEE TRAINING**
- D. STAFFING**
- E. SUPERVISION AND MONITORING**



- B2a. The 14-2H-FRS Self-Declaration of Sexual Abuse form will be completed upon application for a part of the promotional interview process.
- B2b. The 14-2H-FRS Self-Declaration of Sexual Abuse form shall also serve as verification of an employee of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy above in B1a.-c. The 14-2H-FRS Self-Declaration of Sexual Abuse Form shall be signed annually by each employee and contractor, and a copy maintained in the Human Resources file.
- B3. Background Records Check
  - B3a. Before hiring new employees who may have contact with residents, CoreCivic shall:
    - B3a1. Perform a criminal background records check; and (115.17 (c))
    - B3a2. Consistent with federal, state, and local law make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or assault or any resignation during a pre-employment investigation of an allegation of sexual abuse or assault as defined by this policy. The 3-20-2B P Questionnaire for Prior Institutional Employers shall be used to solicit such prior employment information.
  - B3b. CoreCivic shall also perform a criminal background records check before enlisting the services of contractors who may have contact with residents. (115.17 (d))
  - B3c. CoreCivic shall conduct criminal background records checks at least every five (5) years of current unescorted contractors who may have contact with residents or have in place a system for otherwise obtaining such information. (115.17 (c)) Unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse or assault involving a former employee upon receiving a request from the employer for whom such employee has applied to work. (115.17 (f))

### **C. EMPLOYEE TRAINING**

- C1. All CoreCivic facility employees shall receive training on CoreCivic's zero-tolerance policy for sexual abuse and assault. (115.31 (a)(1)) Such training shall be tailored to the gender and age of the residents at the facility. At a minimum, all employees shall receive pre-service and annual in-service training on the following:
  - C1a. The DHS PREA Standards and other applicable ICE policy;
  - C1b. Federal, state, or local laws imposing criminal liability for the sexual abuse of a person held in custody;
  - C1c. An employee's duty to report any occurrence of sexual abuse and assault;
  - C1d. How to fulfill employee responsibilities for sexual abuse and assault prevention, detection, reporting, and investigation in accordance with this policy; 115.31 (a)(1)
  - C1e. The right of residents and staff to be free from sexual abuse and free from retaliation for reporting sexual abuse and assault; (115.31(a)(2))
  - C1f. Definitions and examples of prohibited and illegal sexual behavior; 115.31 (a) (3)
  - C1g. Recognition of situations where sexual abuse and assault may occur (115.31 (a) (4))
  - C1h. Recognition of physical, behavioral, and emotional signs of sexual abuse and assault, and methods of prevention and responding to such occurrences; 115.31 (a) (5)
  - C1i. How to avoid inappropriate relationships with residents; 115.31 (a) (6)
  - C1j. How to communicate effectively and professionally with residents, including LGBTI and Gender-atypical residents; 115.31 (a) (7)
  - C1k. Procedures for reporting knowledge or suspicion of sexual abuse and assault; 115.31 (a) (8)

- C11. The requirements to limit reporting of sexual abuse and assault to personnel with a need to know decisions concerning the victim's welfare and for law enforcement or investigative purposes. (115.34 (a) (b))
- C2. Specialized Training
  - C2a. In addition to the general training provided to all employees, security staff shall receive training on 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.
  - C2b. In addition to the general training provided to all employees, and to the extent that CoreCivic conducts sexual abuse and assault investigations, investigators shall receive training on sexual abuse and assault investigations, conducting effective cross-agency coordination, techniques for interviewing sexual abuse and assault victims, and sexual abuse and assault evidence collection. The facility shall retain written documentation verifying training. (115.34 (a) (b))
  - C2c. The facility PSA Compliance Manager shall ensure that more than one (1) person at the facility is trained as a sexual abuse and assault investigator. This will ensure that a trained investigator is available during employee absences (e.g. leave, paid time off, sickness, offsite training, etc.) from work.
  - C2d. In addition to the general training provided to all employees, all full and part-time Qualified Health Professionals and Qualified Mental Health Professionals, who work in the facility, shall receive specialized training as outlined below:
    - C2d1. How to detect and assess signs of sexual abuse and assault;
    - C2d2. How to preserve physical evidence of sexual abuse and assault;
    - C2d3. How to respond effectively and professionally to victims of sexual abuse and assault;
    - C2d4. How and to whom to report allegations of sexual abuse and assault; and
    - C2d5. How to preserve physical evidence of sexual abuse and assault. (115.35 (b)(1-4))
- C3. Civilians/Contractor Training
  - C3a. All civilians/contractors who have contact with residents shall receive training on their responsibility to sexual abuse and assault prevention, detection, reporting, and response as outlined in this policy. (115.32 (a))
  - C3b. The level and type of training provided to civilians/contractors shall be based on the services the level of contact they have with residents. All civilians/contractors who have contact with residents shall be informed of CoreCivic's zero-tolerance policy regarding sexual abuse and assault and informed how to report. (115.32(b))
  - C3c. Civilians/contractors shall be required to confirm, by either electronic or manual signature, their understanding of the received training. The 14-2A PREA Training and/or Policy Acknowledgment form serves as verification of the civilian or contractor's review and understanding of the contents of the zero tolerance policy and the form shall be completed by each civilian or contractor who has contact with residents, Signed documentation shall be maintained in the civilian or contractor's file. (115.32 (c))
  - C3d. Employees shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the employee's training file.
- C4. Training Documentation
  - C4a. The 14-2A PREA Training and/or Policy Acknowledgment shall be completed by each employee and shall serve as verification of the employee's acknowledgment and understanding of PREA-related training, as required by CoreCivic Policy 14-2-FRS.
  - C4b. 14-2A forms will be maintained by the Manager, Learning Development with a copy to the Human Resources Department.

- C4c. A newly signed 14-2A-FRS Policy Acknowledgment form may be required for future revisions determined by the General Counsel or designee.
- C4d. Documentation of all PREA training in conducting investigations shall be maintained in accordance with CoreCivic Policies 1-15 Record Retention and 4-2 Maintenance of Training Records. (115.34(b))

#### **D. STAFFING**

- D1. The facility maintains comprehensive resident supervision guidelines to determine and meet the supervision needs. These guidelines are reviewed at least annually. (115.13 (b)) The facility will ensure supervision of residents, through appropriate staffing levels and, where applicable, video monitoring to protect residents against sexual abuse and assault. (115.13 (a))
- D2. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration:
  - D2a. Generally accepted detention and correctional practices;
  - D2b. Any judicial findings of inadequacy;
  - D2c. All components of the facility's physical plant;
  - D2d. The composition of the resident population;
  - D2e. The prevalence of substantiated and unsubstantiated incidents of sexual abuse and assault;
  - D2f. Findings and recommendations of sexual abuse and assault incident review reports; and
  - D2g. Any other relevant factors, including but not limited to the length of time residents spend in age-appropriate housing. (115.13 (c))
- D3. Annual PREA Staffing Plan Assessment  
Whenever necessary, but no less frequently than once each year, an annual facility PREA staffing plan assessment will be completed.
  - D3a. The facility PSA Compliance Manager will complete the 14-2I-FRS Annual PREA Staffing Plan Assessment and forward it to the Facility Administrator for review. Upon completion of the Facility Administrator's review, the 2I-FRS Annual PREA Staffing Plan Assessment will be forwarded to the FSC PSA Coordinator.
  - D3b. In consultation with the designated Business Unit Vice President, the FSC PSA Coordinator shall determine, and document whether adjustments are needed to:
    - D3b1. The staffing plan established pursuant to this section;
    - D3b2. The facility's deployment of video monitoring systems and other monitoring technologies;
    - D3b3. The resources the facility has available to commit to ensure adherence to the staffing plan; and
    - D3b4. Changes to policy and/or procedure, physical plant, approved capital expenditures, video monitoring technology, or staffing require the approval of the appropriate Business Unit Vice President.

#### **E. SUPERVISION AND MONITORING**

- E1. Staff, including supervisors, shall conduct frequent unannounced facility rounds to identify and prevent incidents of sexual abuse and assault of residents. Such inspections shall be implemented for night, as well as day, shifts. All such rounds shall be documented as PREA Rounds in the applicable log (e.g. ADO, post log, shift log). This practice shall be implemented on all shifts and in all areas where residents are permitted. (115.13 (c))
- E2. Employees shall be prohibited from alerting other employees that security inspections are occurring unless the announcement is related to the legitimate operational functions of the facility. (115.13 (d))

**F. EXTERNAL VICTIM ADVOCATE AND SUPPORT SERVICES**

- F1. CoreCivic shall maintain or attempt to enter into Memorandums of Understanding (MOU), or ot with community service providers or, if local providers are not available, with national organizat legal advocacy and confidential emotional support for immigrant victims of crime. CoreCivic sh of agreements or documentation showing attempts to enter into such agreements. (115.53 (a))
- F2. The facility shall establish, in writing, procedures to include outside agencies in the facility's sex assault prevention and intervention protocols, if such community resources are available. (115.5
- F3. Residents shall be provided access to outside victim advocates for emotional support services rel abuse and assault by giving residents mailing addresses and telephone numbers, including toll-fr where available, of local, state, or national victim advocacy or rape crisis organizations. Such in included in the facility Resident Handbook and shall be posted throughout resident housing areas shall enable reasonable communication between residents and these organizations and agencies, manner as possible. (115.53 (c))

**AT THIS FACILITY, RESIDENTS MAY OBTAIN OUTSIDE CONFIDENTIAL SUPPOI THROUGH THE FOLLOWING COMMUNITY RESOURCES:**

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- F4. Residents shall be informed, prior to giving them access, of the extent to which such communica monitored and the extent to which reports of abuse will be forwarded to authorities in accordance reporting laws. (115.53 (d))
- F5. As requested by the victim, the presence of his or her outside or internal victim advocate, includi victim advocacy services offered by a hospital conducting a forensic exam, shall be allowed for s exam and investigatory interviews. (115.21 (d))

**G. COORDINATED RESPONSE/SEXUAL ASSAULT RESPONSE TEAM (SART)**

- G1. The facility will establish a SART which includes the following positions:
  - G1a. PSA Compliance Manager;
  - G1b. Medical representative;
  - G1c. Security representative;
  - G1d. Mental health representative; and
  - G1e. Victim Services Coordinator. (115.65 (a))

**NOTE:** The medical and/or mental health professional may serve as the facility's Victim Service The facility Victim Services Coordinator will not be a member of security.

- G2. The SART responsibilities shall include the following:
  - G2a. Responding to reported incidents of sexual abuse and assault;
  - G2b. Responding to victim assessment and support needs;
  - G2c. Ensuring policy and procedures are enforced to enhance resident safety; and
  - G2d. Participating in the development of practices and/or procedures that encourage prevention and ir sexual abuse and assault and enhance compliance with DHS PREA Standards.(115.65 (b))
- G3. SART Member Responsibilities
  - G3a. The PSA Compliance Manager will:



- G3a1. Review the facility's response to sexual abuse and assault allegations, with the Facility Administrator to ensure the policy is implemented effectively and victim needs are addressed;
- G3a2. Serve as a primary liaison with local law enforcement or delegate this responsibility to the facility;
- G3a3. Ensure the completion of the 14-2C-FRS Sexual Abuse Incident Check Sheet; and
- G3a4. Ensure that thirty/sixty/ninety (30/60/90) day monitoring is conducted by the designated staff, following an allegation of sexual abuse and assault, to protect against potential retaliation against residents. This shall include periodic status checks of residents and review of relevant documentation (including disciplinary reports, housing or program changes, or negative performance reviews or reassignments).

Monitoring shall be documented on the 14-2D-FRS PREA Retaliation Monitoring Report (30/60/90).

Monitoring shall continue beyond ninety (90) days if the initial monitoring indicates a continuing risk of retaliation. (115.67 (c))

- G3a5. Ensure prompt actions are taken to remedy any identified retaliation. (115.67 (c)).
- G3b. The medical representative will:
  - G3b1. Ensure that the facility's medical staff respond appropriately in medically stabilizing an alleged victim and conducting a medical assessment by a community medical provider, if medically indicated;
  - G3b2. Address any ongoing medical care needs following the incident;
  - G3b3. Ensure compliance with the following:

Resident victims of sexual abuse and assault shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. (115.82 (a))

Resident victims of sexual abuse and assault while detained shall be offered timely information and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. (115.82 (a))

Medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the perpetrator or cooperates with any investigation of the incident. (115.82 (b) and (115.83) (f))

In accordance with PREA Standard 115.83 (a), the facility shall offer medical and mental health treatment and, as appropriate, treatment to all residents who have been victimized by sexual abuse or sexual harassment while in the facility's custody or detention facility.

The evaluation and treatment of such victims shall include, as appropriate, follow-up services and, when necessary, referrals for continued care following their transfer to, or placement in, another facility or their release from custody. (115.83 (b))

The facility shall provide such victims with medical and mental health services consistent with the level of care. (115.83 (c))

Victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate. (115.83 (e))

Resident victims of sexually abusive vaginal penetration by a male perpetrator while detained shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive comprehensive information about lawful pregnancy related medical services and timely access to those services. (115.83 (d))

- G3c. The security representative will:
  - G3c1. Ensure resident safety needs are addressed, including separating the alleged victim and perpetrator;
  - G3c2. Ensure employee responses to reports of sexual abuse and assault are timely and consistent with the facility's policy.

G3d. The mental health representative will:

G3d1. Ensure the alleged victim is assessed;

G3d2. Ensure mental health needs are addressed according to policy and local procedure; and

G3d3. Attempt to conduct a mental health evaluation of all known resident-on-resident perpetrators with a history of learning of such abuse history and offer treatment when deemed appropriate by mental health professionals. (115.83 (g))

G3e. The Victim Services Coordinator will:

G3e1. Offer and attempt to obtain the services of a victim advocate from a rape crisis center to assist the victim; however, the victim may choose to decline to access a victim advocate. A victim advocate can be contacted at any time following an allegation of sexual abuse or assault; there is no time limitation.

Efforts to identify and utilize a victim advocate shall be documented on the 14-2C-FRS Sexual Abuse Check Sheet via the Incident Reporting Database (IRD).

In the absence of a victim advocate, the Victim Services Coordinator will provide residents with emotional support services related to sexual abuse and assault if the person is trained in crisis intervention.

G3e2. Ensure that residents are aware they may access additional victim resources through community agencies;

G3e3. Ensure that alleged victims are informed of their rights to care and protection from further victimization;

G3e4. In the absence of a victim advocate, the Victim Services Coordinator may provide residents with emotional support services related to sexual abuse and assault. However, prior to rendering such services, the Victim Services Coordinator must receive documented training in crisis intervention.

## **H. ASSESSMENT FOR RISK OF VICTIMIZATION AND ABUSIVENESS**

H1. The facility shall assess all adult residents upon intake to identify those likely to be sexual abuse and assault victims, and shall house residents to prevent sexual abuse and assault, taking steps to mitigate any such danger. Residents shall be screened in order to obtain information relevant to work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at low risk of being sexually abusive. (115.41 (a))

H2. Each new arrival shall be kept separate from the general population until he/she is classified and housed accordingly. (115.41 (a))

H3. Residents shall be screened, and the initial housing assignment should be completed within two days of admission to the facility. (115.41 (b))

H4. The facility shall consider, to the extent that the information is available, the following criteria to determine risk of sexual victimization: (115.41 (c))

H4a. Whether the resident has a mental, physical, or developmental disability;

H4b. The age of the resident;

H4c. The physical build and appearance of the resident;

H4d. Whether the resident has previously been detained;

H4e. The nature of the resident's criminal history;

H4f. Whether the resident has any convictions for sex offenses against an adult or child;

H4g. Whether the resident has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;

H4h. Whether the resident has self-identified as having previously experienced sexual victimization; and

- H4i. The resident's own concerns about his/her physical safety.
- H5. Residents shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to items (a), (g), (h), or (i) above. (115.41 (f))
- H6. The initial screening shall consider prior acts of sexual abuse or assault, prior convictions for violence, history of prior institutional violence or sexual abuse or assault, as known to the facility, in assessing the risk of being sexually abusive, (115.41 (d))
- H7. The 14-2B-FRS Sexual Abuse Screening Tool, or electronic OMS version, will be utilized to conduct the screening.
- H8. Residents with a history of sexually assaultive behavior may not be eligible for placement in a facility. The Facility Director/designee shall immediately inform ICE/Enforcement Removal Operations upon identification of any resident with a history of sexually assaultive behavior. (ICE FRS 2.7)
- H9. If screening indicates that a resident has experienced prior sexual victimization, staff shall, as appropriate, ensure that the resident is immediately referred to a qualified medical or mental health practitioner for a mental health follow-up as appropriate. (115.81 (a))
- H9a. When a referral for medical follow-up is initiated, the resident shall receive a health evaluation within (2) working days from the date of assessment. (115.81 (b))
- H9b. When a referral for mental health follow-up is initiated, the resident shall receive a mental health evaluation no later than seventy-two (72) hours after the referral. (115.81 (c))
- H10. The facility shall implement appropriate controls on the dissemination of responses to questions from this screening, to ensure that sensitive information is not exploited to the resident's detriment by other residents. (115.41 (g)) These controls, include, but are not limited to:
- H10a. Conducting screenings and assessments in as private an area as possible so that conversation is not overheard by other staff or residents;
- H10b. Restricting computer access to screening and assessment records only to staff who need this information for complete assignments directly related to this policy; and
- H10c. Ensuring hard copies of screening and assessment forms are secured when not in use by authorized staff and not accessible to residents.
- H11. Screening of residents should only be used as a guideline for determining appropriate housing and should never be used as the sole reason for the deprivation of a program or privilege.
- H12. Reassessment
- The facility shall reassess each resident's risk of victimization or abusiveness between sixty (60) days from the date of the initial assessment. The reassessment will include any additional relevant information received by the facility since the initial intake screening; and (115.41 (e)) when warranted, due to a request, incident of sexual abuse, or receipt of additional information that may impact the resident's risk of victimization or abusiveness. (115.41 (e))
- H12a. The reassessment of the resident's risk level of victimization or abusiveness will be conducted by the Case Manager or a staff member designated by the Facility Administrator.
- H12b. The 14-2B-FRS Sexual Abuse Screening Tool will be used for completing the re-assessment.
- H12c. The facility will maintain a tracking mechanism to ensure that reassessments are completed within ninety (90) day time frame.
- H13. Completed 14-2B-FRS forms, will be maintained in the resident's central file or electronic record and forwarded to the resident's medical record and/or, where applicable, the resident's electronic medical record.

## **I. RESIDENT ORIENTATION AND EDUCATION**

- I1. During the intake process, all residents shall be provided written information regarding sexual prevention and reporting (e.g. resident handbook, 14-2AA-FRS Preventing Sexual Abuse and M brochure). (115.33 (a) and (c))
- I2. An orientation program will be conducted that includes instruction on the following topics:
  - I2a. CoreCivic's zero tolerance policy regarding all forms of sexual abuse and assault;
  - I2b. Prevention and intervention strategies;
  - I2c. Definitions and examples of resident-on-resident sexual abuse and assault, staff-on-resident sexual abuse and assault, and coercive sexual activity;
  - I2d. Explanation of methods for reporting sexual abuse and assault, including to any staff member, to any member other than an immediate point-of-contact line officer (e.g. the compliance manager or a specialist, the DHS Office of Inspector General, the ICE Joint Intake Center, and the ICE Resident Information Line (DRIL));
  - I2e. Information about self-protection and indicators of sexual abuse and assault;
  - I2f. Prohibition against retaliation, including an explanation that reporting sexual abuse and assault should not impact the resident's immigration proceedings; and
  - I2g. The right of a resident who has been subjected to sexual abuse and assault to receive treatment and support. (115.33 (a)(1-6))
- I3. The facility shall take appropriate steps to ensure that residents with disabilities (including, but not limited to, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have physical, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all facility efforts to prevent, detect, and respond to sexual abuse. Such steps shall include, when necessary, the following:
  - I3a. Providing residents who are deaf or hard of hearing, with access to in-person, telephonic, or video services that enable effective, accurate, and impartial interpretation, both receptively and expressively, and necessary specialized vocabulary. (115.16 (a) 115.33 (b))
  - I3b. Providing residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision with written materials related to sexual abuse in formats or through methods that ensure effective communication. (115.16 (a))
- I4. For Limited English Proficient (LEP) residents the facility shall provide in-person or telephonic services that enable effective, accurate, and impartial interpretation, by someone other than another resident. Should the resident express a preference for another resident to provide interpretation, the agency shall ensure that such interpretation is appropriate and consistent with DHS policy. The provision of interpretation to alleged perpetrators, residents who witnessed the alleged abuse, and residents who have a close relationship with the alleged perpetrator is not appropriate in matters relating to allegations of sexual abuse and assault. (d)
- I5. The facility shall maintain documentation of resident participation in educational sessions pertaining to sexual abuse and assault. (115.33 (c))
- I6. In addition to providing such education, the facility shall post on all housing unit bulletin boards notices: (115.33 (d))
  - I6a. The ICE prescribed sexual assault awareness notice (refer to Appendices);
  - I6b. The name of the Compliance Manager; and

- I6c. The name of local organizations that can assist residents who have been victims of sexual abuse
- I7. The facility shall make available and distribute the DHS prescribed Sexual Assault Awareness I pamphlet. (115.33 (e))
- I8. Information about reporting sexual abuse and assault shall be included in the Resident Handbook available to all residents.

**J. HOUSING AND PROGRAM ASSIGNMENTS**

- J1. The facility shall use the information obtained from the 14-2B-FRS Sexual Abuse Screening Tool for initial screening in the assignment of housing, recreation, voluntary work programs, and other activities. Individualized determinations shall be made on how to ensure the safety of each resident. (115.42(a),(b),(c))
- J2. Upon notification of the arrival or identification of a transgender or intersex resident, that resident shall be taken to the intake area and ICE/ERO shall be notified immediately. (115.42(a),(b),(c))

**AT THIS FACILITY, TRANSGENDER AND/OR INTERSEX RESIDENTS ARE PROCESSED AS FOLLOWS:**

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- J3. Residents considered at risk for sexual victimization shall be placed in the least restrictive housing unit that is available and appropriate. If appropriate custodial options are not available at the facility, the facility will contact the ICE/ERO Field Office Director to determine if ICE/ERO can provide additional assistance. (115.42(a),(b),(c))
- J4. Family Residential Centers do not operate Special Housing Units or Administrative Segregation Units. (115.68)

**K. SEARCHES AND OBSERVATION**

- K1. In accordance with 2007 ICE/ERO Family Residential Standards, a pat-down search during admission or at any time thereafter, shall not be conducted on any resident unless a reasonable and articulable suspicion is documented. There must be a reasonable belief or suspicion that contraband may be concealed on the resident. A good opportunity for concealment has occurred. If required, frisk/pat searches must be authorized by the ICE/ERO Assistant Field Office Director (AFOD).
- K1a. All pat-down searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and policy, including officer safety. (115.15 (j))
- K1b. A pat-down is an inspection of a resident, using the hands. The staff person uses his/her sense of touch to pat or run the hands over the clothed resident's body. It is considered the least intrusive of searches and should only be conducted by a staff member of the same gender.
- K1c. Cross-gender resident pat searches of female residents by male employees is prohibited except in extraordinary circumstances (that is, temporary unforeseen circumstances that require immediate action in order to maintain threat to security or institutional order). (115.15(c))
- K1d. A pat-down does not require the resident to remove clothing, although the inspection includes a visual inspection of residents clothing and personal effects.
- K1e. A hand-held and/or stationary metal detector shall be available and may be used in lieu of a pat-down. (115.15 (d))
- K1f. All cross-gender pat searches will be documented. (115.15 (d))
- K2. A strip search, also referred to as a visual search, may not be authorized or conducted without the approval of the ICE/ERO AFOD.

- K2a. A strip search shall be conducted by two (2) staff members of the same gender as the resident and in circumstances where it can be shown that a life or public safety issue is clearly established.
- K2b. A strip search is a visual inspection of all body surfaces and body cavities. The inspector shall not expose the surface of the resident. The inspector may request that the resident move parts of the body to permit inspection. It is considered more intrusive than a pat-down and shall be made in a manner designed to afford as much privacy to the resident as practicable.
- K2c. A strip search requires the removal or rearrangement of some or all of the resident's clothing to expose clothing or to permit the inspection of exterior skin surfaces of the body, including breasts and external genital areas, inside of the nose, ears, and mouth.
- K2d. If items are discovered that protrude from a body cavity, the removal of those items are governed by the procedures applicable to body cavity searches. In every instance where it is established that a foreign object is located within a body cavity, only a qualified medical authority shall be authorized to locate and remove the object. Only the ICE/ERO Field Office Director/designee may authorize a body cavity search.
- K2e. Body cavity searches will not be performed on juveniles and, instead, shall be referred to medical personnel. Facility staff shall not conduct visual body cavity searches of juveniles and, instead, shall refer all body cavity searches of juveniles to a medical practitioner. All strip searches and visual body cavity searches shall be documented. (115.15 (e)) (115.15 (f))
- K3. Residents at a Family Residential Services facility shall be able to shower, perform bodily functions, and change clothing **without being viewed by staff** except in exigent circumstances or when such viewing is necessary for routine cell checks or is otherwise appropriate in connection with a medical examination or monitoring of movement. (115.15 (h))
- K4. Employees of the opposite gender must announce their presence when entering an area where residents are to be showering, performing bodily functions, or changing clothing. (115.15 (g))
- K5. The facility shall not search or physically examine a resident for the sole purpose of determining genital characteristics. If the resident's gender is unknown, it may be determined during conversation with the resident, by reviewing medical records, or, if necessary, learning that information as part of a standard medical examination that all residents must undergo as part of intake or other processing procedure conducted by a medical practitioner. (115.15 (i))
- K6. The facility shall train security staff in proper procedures for conducting pat-down searches, including female gender pat-down searches. All pat-down searches shall be conducted in a professional and respectful manner in the least intrusive manner possible consistent with security and needs, agency policy, and official procedures. (115.15 (j))

## **L. REPORTING SEXUAL ABUSE AND ASSAULT**

### **L1. Resident Reporting**

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 staff neglect of responsibilities that may have contributed to such incidents. (115.51 (a))

L2. The facility shall provide instructions on how residents may contact their consular official, the ICE Inspector General, and the ICE Hotline. Reporting will be confidential, and if desired, anonymous.

L3. Residents who are victims of sexual abuse have the option to privately report an incident to a designated staff member other than an immediate point-of-contact line officer by using any of the following methods: (115.51 (b))

L3a. Submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member via a sick call;

- L3b. Calling the facility twenty-four (24) hour toll-free notification telephone number;
- L3c. Verbally telling any employee, including the facility Chaplain;
- L3d. Forwarding a letter (including anonymously), sealed and marked "confidential", to the Facility or any other employee;
- L3e. Calling or writing someone outside the facility who can notify facility staff;
- L3f. Forwarding a letter to the CoreCivic FSC PSA Coordinator at the following address:  
10 Burton Hills Boulevard  
Nashville, TN 37215
- L4. **ICE/ERO has established the following reporting methods:**
  - L4a. **Directly report to the U.S. Department of Homeland Security (DHS) Office of the Inspector General (OIG) complaint hotline toll-free telephone number at 1-800-323-8603 (this number also has an option to call outside of ICE). The phone number and pertinent information are securely posted inside each facility for access twenty-four (24) hours per day seven (7) days per week; (115.51 (b))**
  - L4b. **Contact the ICE community and resident toll-free hotline telephone number at 9116# or 1-800-323-8603**
  - L4c. **Tell an ICE/Enforcement and Removal Operations (ERO) staff member who visits the facility**
  - L4d. **Write a letter reporting the sexual misconduct to the ICE Officer-in-Charge, ICE Assistant Director, or ICE Field Office Director. To ensure confidentiality, use special mail procedures**
  - L4e. **File a written formal request or emergency grievance to ICE/ERO;**
  - L4f. **Contact the ICE Office of Professional Responsibility (OPR) Joint Intake Center (JIC) at the toll-free hotline number (1-877-246-8253 OR e-mail [joint.intake@dhs.gov](mailto:joint.intake@dhs.gov); and/or**
  - L4g. **Mail a letter to:**  
**P.O Box 14475**  
**1200 Pennsylvania Ave NW**  
**Washington DC 20044**
- L5. Formal Grievances filed by residents involving allegations of an immediate threat to a resident's welfare, related to sexual abuse will be removed from the grievance process and will be forwarded to the facility Investigator or Administrative Duty Officer.
  - L5a. Residents will be permitted to file a formal grievance related to sexual abuse at any time during, without lodging an informal grievance or complaint. (115.52 (a))
  - L5b. To prepare a grievance a resident may obtain assistance from another resident, the housing office staff, family members, or legal representatives. (115.52 (f))
  - L5c. The facility shall not impose a time limit on when a resident may submit a grievance regarding sexual abuse. (115.52 (b))
  - L5d. Facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for assessment. (115.52 (d))
  - L5e. The facility shall issue a decision on the grievance within five (5) days of receipt and shall respect the grievance decision within thirty (30) days. (115.52 (e))
  - L5f. The facility shall send all grievances related to sexual abuse, and the facility's decisions with respect to grievances, to the appropriate ICE Field Office Director at the end of the grievance process. (115.52 (g))
- L6. Anonymous Reporting

Residents shall have at least one way to report sexual abuse to a public or private entity or office CoreCivic, and that is able to receive and immediately forward resident reports of sexual abuse a facility officials, allowing the resident to remain anonymous upon request (115.51 (a))

**AT THIS FACILITY, RESIDENTS MAY ANONYMOUSLY REPORT ABUSE THROUGH THE FOLLOWING METHOD(S):**

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**L7. Employee Reporting Duties**

L7a. Staff members who become aware of alleged sexual abuse shall immediately follow the reporting procedures set forth in this policy in sections G. Coordinated Response/Sexual Abuse Response Team (SART) and H. Reporting Procedures. (115.61 (b))

L7b. The facility shall require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility, retaliation against residents or staff who reported an incident, an investigation about such an incident, and any staff neglect or violation of responsibilities that contributed to an incident or retaliation. (115.61 (a))

L7c. Employees shall take all allegations of sexual abuse and assault seriously, including verbal, anonymous, and written reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal or written reports. (115.61 (a))

L7d. **When it is learned that a resident is subject to a substantial risk of imminent sexual abuse, action shall be taken to protect the resident (115.62)**

L7e. Employees having contact with the alleged victim should behave in a manner that is sensitive, supportive, and non-judgmental.

L7f. Employees are required to immediately report any knowledge, suspicion, or information regarding sexual abuse or assault that occurred in the facility in accordance with this policy, whether or not the report is made to CoreCivic management authority.

L7g. Employees who fail to report allegations may be subject to disciplinary action.

L7h. Apart from reporting to designated supervisors or officials, employees shall not reveal any information regarding a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to conduct an investigation, and other security and management decisions. (115.61 (c))

L7i. Employees may privately report sexual abuse and assault of residents by forwarding a letter, sealed and labeled "Confidential", to the Facility Administrator. (115.61 (a))

L7j. Reports of Sexual Abuse may also be reported to the CoreCivic Ethics Hotline at [www.CoreCivic.ethicspoint.com](http://www.CoreCivic.ethicspoint.com).

L7k. Unless otherwise precluded by federal, state, or local law, medical and mental health professionals are required to follow reporting procedures as outlined above in section L2.

L7l. 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. (115.61 (c))

L7m. Medical and mental health practitioners shall obtain informed consent from resident before reporting sexual abuse or assault, except in cases of prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of eighteen (18). (115.81 (e))

L7n. If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the designated state or local service agency in accordance with applicable mandatory reporting laws. (115.61 (d))

**L8. Third Party Reporting**



The facility shall establish a method to receive third-party reports of sexual abuse and assault and information on the facility PREA link. (115.54)

**AT THIS FACILITY, THIRD PARTY REPORTS OF SEXUAL ABUSE MAY BE MADE**

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**M. RESPONSE PROCEDURES**

- M1. Upon learning of an allegation that a resident was sexually abused, the first security staff member, report, or his/her supervisor, shall ensure that the alleged victim and perpetrator are separated and the victim is kept safe, and has no contact with the alleged perpetrator. The responder shall, to the greatest possible, preserve and protect any crime scene. (115.64 (a) (1) (2))
- M2. The alleged victim shall be immediately escorted to the Health Services Department. (115.64 (a) (2))
- M2a. The Health Services Department is responsible for medical stabilization and assessment of the victim transported to an outside medical provider, if medically indicated, for collection of evidence and medical treatment. CoreCivic will request, in writing, that the examination be performed by a Sexual Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). If a SAFE or SANE is not available, the examination may be performed by other qualified medical practitioners.
- M2b. The Health Services Department shall provide services in accordance with ICE Health Services LOP00-02 Sexual Abuse Prevention.
- M2c. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence including, but not limited to, washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. (115.64 (a)(3))
- M2d. When the alleged perpetrator is a resident, he/she shall be removed from the general population and separated and held in a medical unit in the event evidence collection is required. If the abuse occurred within a time period that still allows for the collection of physical evidence, responders shall ensure that the alleged victim not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating. (115.64 (a)(3))
- M2e. 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 notify security staff. (115.64 (a)(3))
- M3. Responding staff shall notify the highest ranking authority onsite. Upon notification, the highest ranking authority shall ensure that the following actions are accomplished:
  - M3a. The PSA Compliance Manager and the Facility Administrator or ADO are immediately notified
  - M3b. While in the Health Services Department, a brief statement is obtained from the alleged victim regarding the incident. Based upon the alleged victim's statement regarding the location and time of the incident, the crime scene is preserved. These actions shall include the following:
    - M3b1. Sealing access to the immediate area of the scene, if possible;
    - M3b2. Photographing the scene and visible evidence at the scene (e.g. tissue or blood); and
    - M3b3. Securing any available recorded video footage of the affected area.
  - M3c. If a victim of sexual abuse and assault is transferred between facilities, the sending facility shall, by law, inform the receiving facility of the incident and the victim's potential need for medical or so on. (115.65 (c))

- M4. The PSA Compliance Manager, Facility Administrator, or ADO will ensure that the following i:
- M4a. All allegations of sexual abuse shall be promptly reported to a law enforcement agency with the conduct criminal investigations unless the allegation does not involve potentially criminal behavior.
- AT THIS FACILITY, THE FOLLOWING LAW ENFORCEMENT AGENCIES ARE IN ACCORDANCE WITH STANDARD 115.22 (e):**

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- M4b. The reporting party should request guidance from law enforcement agencies in preserving the evidence and coordinating an investigation.
- M4e. Investigations shall not be initiated by the facility investigator or other facility staff until law enforcement is notified and has informed the facility whether they (i.e. law enforcement) will handle the investigation.
- M4d. Ensure that the alleged perpetrator is removed from the general population pending an investigation of the allegation and that the alleged victim is separated/isolated from the alleged perpetrator until completion of the investigation.
- M4e. The alleged resident victim should be placed in a supportive environment that represents the least restrictive housing option possible.
- M4f. Ensure that employees, contractor, or volunteers suspected of being the alleged perpetrator of sexual abuse are removed from all duties requiring resident contact pending the outcome of the investigation.
- M4g. Ensure that medical and mental health referrals are completed.
- M4h. Ensure that a referral to law enforcement for an investigation has been initiated and documented.
- M4i. Ensure appropriate incident reports are completed in accordance with CoreCivic Policy 5-1 Incident Reporting.
- M4j. Review any video recordings of the alleged crime scene from the time period implicated by the allegation and ensure that all video recordings are secured and preserved from the time period referenced in the allegation.
- M5. Upon receiving an allegation that a facility resident was sexually abused while housed at another facility (state, federal, local, or other private operator), the following actions shall be taken:
- M5a. The Facility Administrator of the facility that received the allegation shall contact the Facility Administrator of the appropriate office of the facility where the alleged abuse took place as soon as possible, but no later than two (72) hours after receiving the allegation. (115.63 (a)(b))
- M5a1. 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.
- M5a2. The facility shall document that it has provided such notification through the 5-1B Notice to Admittee (115.63 (c))
- M5b. Should the facility be contacted by another agency or another facility reporting an allegation of sexual abuse reportedly occurred at any CoreCivic facility, the facility shall determine whether the allegation is being investigated.
- M5b1. The facility shall record the name of the agency making the contact, and any information (name and title) that may assist in determining whether an investigation was conducted. A resident statement should be obtained.
- M5b2. If the allegation was reported and investigated in accordance with CoreCivic policy and/or referred to law enforcement investigation if appropriate, the facility shall document the allegation, the name and title of the person providing the information, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur.

- M5b3. If the allegation was not reported and/or not investigated, facility staff shall initiate reporting and procedures in accordance with this policy. Notification shall be made to the ICE Field Office Director (115.63 (d))
- M5b4. All such contacts and notifications shall be documented on the 5-1B Notice to Administration; include the allegation, any details learned from contact with the site where the alleged abuse took place, and response to the allegation. (115.63 (c))
- M6. A preliminary review of the incident and the response shall be conducted telephonically within 24 hours (excluding weekends and holidays) following reportable PREA incidents of Employee-on-Abuse and Resident-on-Resident Sexual Abuse. Upon receipt of the 5-1A Incident Report, the review shall be convened by the FSC Security Manager responsible for the facility.

M6a. Employee-on-Resident Sexual Abuse

Required Participants

FSC Managing Director/designee;  
FSC PSA Coordinator/designee;  
Facility Administrator  
Facility PSA Compliance Manager; and  
Facility Investigator.

Optional Participants

Staff identified by the Facility Administrator if their participation is necessary to provide specific information essential to complete the review; and  
FSC PREA Committee Members.

M6b. Resident-on-Resident Sexual Abuse

Required Participants

FSC PSA Coordinator/designee;  
Facility Administrator  
Facility PSA Compliance Manager; and  
Facility Investigator.

Optional Participants

FSC Managing Director;  
Staff identified by the Facility Administrator if their participation is necessary to provide specific information essential to complete the review; and  
FSC PREA Committee Members.

M6c. Review Protocol

At a minimum, the review 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); and  
Whether employee actions or failures to act contributed to the sexual abuse;

## **N. POST INVESTIGATION REVIEW**

- N1. The Facility Administrator will ensure that a post investigation review of a sexual abuse and assault is conducted at the conclusion of every sexual abuse and assault investigation and, where the allegation is determined to be unfounded, prepare a written report within thirty (30) days of the conclusion of the investigation. (115.86 (a))
- N1a. In addition to the Facility Administrator, the incident review team shall include upper-level facility staff and the facility SART, with input from line supervisors, investigators, and medical or mental health professionals. (115.86 (a))
- N2. The review team shall:
  - N2a. Consider whether the allegation or investigation indicates a need to change policy or practice to detect, or respond to sexual abuse and assault; (115.86 (a))
  - N2b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; Lesbian, Gay, Bisexual, or Transgender Non-Conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (115.86 (b)) and
  - N2c. Examine the area in the facility where the incident allegedly occurred to assess whether physical environment factors may enable abuse.
- N3. All findings and recommendations for improvement will be documented on the 14-2F-FRS Sexual Abuse and Assault Review Report. Completed 14-2F-FRS forms will be forwarded to the Facility Administrator, the Compliance Manager, and the FSC PSA Coordinator. (115.86 (d)(6))
- N4. The facility shall implement the recommendations for improvement or shall document reasons for non-compliance. Both the report and response shall be forwarded to the FSC PSA Coordinator and the ICE Preventive Services Coordinator. (115.86 (e))
- N5. The facility shall conduct an annual review of all sexual abuse investigations and resulting interventions to assess and improve sexual abuse and assault intervention, prevention and response efforts. If the facility has had any reports of sexual abuse and assault during the annual reporting period, then the facility shall submit a negative report. The results and findings of the annual review shall be provided to the Facility Administrator, FSC PSA Coordinator, ICE Field Office Director, and the ICE PSA Coordinator. (115.86 (c))

## **O. ADMINISTRATIVE AND CRIMINAL INVESTIGATIONS**

The Facility Administrator shall ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse or assault. (115.71 (c) (1) (i)) All investigations into alleged sexual abuse must be conducted by qualified investigators.

- O1a. Administrative Investigation
  - Upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after the appropriate investigative office within DHS, and the assigned criminal investigative entity. All administrative investigations will include:
    - O1a1. Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and available electronic monitoring data; (115.71 (c) (1) (i))
    - O1a2. Interviewing alleged victims, suspected perpetrators, and witnesses; (115.71 (c) (1) (ii))
    - O1a3. Reviewing prior complaints and reports of sexual abuse and assault involving the suspected perpetrator; (115.71 (c) (1) (iii));

- O1a4. Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual being a resident, staff, or employee, and without requiring any resident who alleges sexual abuse and assault to undergo a polygraph; (115.71 (c) (1) (iv))
- O1a5. An effort to determine whether actions or failures to act at the facility contributed to the abuse; (115.71 (c) (1) (v))
- O1a6. Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessment and investigation facts and findings; (115.71 (c) (1) (vi))
- O1a7. Retention of such reports for as long as the alleged perpetrator is detained or employed by the agency plus five (5) years. (115.71 (c) (1) (vii))

**NOTE:** Such procedures shall govern the coordination and sequencing of administrative and criminal investigations in accordance with section 1.a. above, to ensure that the criminal investigation is not compromised by an administrative investigation.

- O1b. When an administrative investigation is undertaken, the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse and assault are substantiated. (115.72)
- O1c. The departure of the alleged perpetrator or victim from the employment or control of the facility shall not be a basis for terminating an investigation. (115.71 (e))
- O1d. When outside agencies investigate sexual abuse and assault, the facility shall cooperate with outside investigators and endeavor to remain informed about the progress of the investigation.
- O1e. Such investigations shall be documented on the 5-1G Incident Investigation Report via the Incident Reporting Database (IRD) with the following components:
  - O1e1. Investigative facts (i.e. specific details about what actually happened);
  - O1e2. Physical evidence (e.g. clothes collected, medical evidence, etc.);
  - O1e3. Testimonial evidence (e.g. witness statements);
  - O1e4. Review of prior complaints and reports of sexual abuse and assault involving the suspected perpetrator;
  - O1e5. Reasoning behind credibility assessments (i.e. why is the person deemed credible or not credible) shall be assessed on an individual basis and shall not be determined by the person's status as a resident or employee. (115.71(c)(iv))
  - O1e6. Investigative findings (i.e. discovery or outcome of the investigation); and
  - O1e7. Whether actions and/or failures of staff to act contributed to the incident, including an explanation of the factors that determined the conclusion.

## O2. Criminal Investigations

- O2a. The facility shall attempt to enter into a written Memorandum of Understanding (MOU) with the investigating agency or entity outlining the roles and responsibilities of both the facility and the agency in performing sexual abuse investigations.

**AT THIS FACILITY, THE FOLLOWING LAW ENFORCEMENT AGENCY CONDUCTS SEXUAL ABUSE INVESTIGATIONS:**

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- O2b. The facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. (115.71 (f))

- O2c. The facility investigator, as delegated by the PREA PSA Compliance Manager and/or Facility Administrator, shall establish a relationship with local law enforcement agencies and prosecutors to develop a clear and concise investigative guidelines and procedures during a criminal investigation of an alleged sexual abuse incident.
- O2d. Discussions with state or local law enforcement should articulate a delineation of roles of the facility and the law enforcement investigator.
- O2e. Facility employees will assist the state or local law enforcement by preserving the integrity of the cases are not lost based on lack of evidence, improper technique, and/or lack of credibility.
- O3. Responsibilities of the Investigating Entity/Forensic Medical Exams

Investigations conducted by a facility employee for allegations of sexual abuse and assault will be in accordance with the Code of Federal Regulations, Title 6, Part 115.21, Evidence Protocol and Forensic Medical Examinations, as outlined below. If the facility is not responsible for investigating such allegations, the facility shall request that the responsible outside agency or entity (i.e. state or local law enforcement, coroner, etc.) comply with these requirements. (115.21 (e))

- O3a. The investigating entity shall follow a uniform evidence protocol that maximizes the potential for physical evidence for administrative proceedings and criminal prosecutions. (115.21 (a))
- O3b. The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, adapted from or otherwise based on the most recent edition of the Department of Justice's Office of Justice Programs publication, "A National Protocol for Sexual Assault Medical Forensic Protocols" (2011). (115.21 (a))
- O3c. The facility shall offer all victims of sexual abuse and assault access to forensic medical examinations onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate and with the resident's consent. Such examinations shall be performed by a SAFE or SANE where possible. If a SAFE or SANE cannot be made available, the examination can be performed by other qualified medical practitioners. The investigating entity shall document its efforts to provide SAFEs or SANEs. (115.21 (c))

**AT THIS FACILITY, RESIDENTS ARE TRANSPORTED TO THE FOLLOWING LOCAL SAFE/SANE EXAM:**

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- O3d. The investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center. The investigating entity may utilize a rape crisis center that is part of a governmental unit as long as it is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a non-governmental entity that provides similar victim services. (115.21 (b))

**AT THIS FACILITY, VICTIM ADVOCACY SERVICES ARE PROVIDED BY THE FOLLOWING COMMUNITY AGENCY**

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- O3e. If the agency listed above in section 3.d. is not available to provide victim advocate services, the facility shall make available a qualified staff member from a community-based organization, or a qualified investigating entity staff member, to provide these services.
- O3f. As requested by the victim, either the victim advocate, a qualified investigating entity staff member, or a community-based organization staff member shall accompany and support the victim through the examination process and investigatory interviews and shall provide emotional support, crisis intervention information, and referrals. (115.21 (d))

**P. INCIDENT CLASSIFICATION**

All allegations of sexual abuse and assault shall be reported in accordance with CoreCivic Policy Reporting.

**P1. Incident Classification**

P1a. Following completion of the investigation, the allegation will be classified as follows:

P1a1. Substantiated – An incident shall be classified as substantiated if the results of the investigation allegation did occur.

P1a2. Unsubstantiated – An incident shall be classified as unsubstantiated if the results of the investigation that the evidence was insufficient to make a final determination of whether or not the allegation occurred.

P1a3. Unfounded – An incident shall be classified as unfounded if the results of the investigation determined the allegation did not occur.

P1b. The Facility Administrator will determine the appropriate classification of the incident and ensure the PREA Reporting form (refer to CoreCivic Policy 5-1 Incident Reporting) is completed and maintained in the incident packet.

**Q. RESIDENT NOTIFICATIONS**

Q1. When the resident is still in immigration detention, or where otherwise feasible, following an investigation of a resident's allegation that he/she suffered sexual abuse and assault at the facility, the resident shall be notified of the result of the investigation and any responsive action taken. (115.73) If the facility did not conduct an investigation, the relevant information shall be requested from the outside investigating agency or entity in order to notify the resident.

Q2. All resident notifications or attempted notifications shall be documented on the 14-2E-FRS Resident Status Notification. The resident shall sign the 14-2E-FRS Resident Allegation Status Notification when such notification has been received. The signed 14-2E-FRS shall be filed in the resident's file. (115.73)

**R. DISCIPLINARY PROCEDURES**

**R1. Residents**

**R1a. Substantiated Incidents**

R1a1. All residents found guilty of sexual abuse and assault shall be disciplined in accordance with the disciplinary procedures. (115.78 (a))

R1a2. Because the burden of proof is substantially easier to prove in a resident's disciplinary case than prosecution, a resident may be institutionally disciplined even though law enforcement officials cannot prosecute.

R1a3. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. (115.78 (b))

R1a4. The disciplinary process shall consider whether a resident's mental disabilities or mental illness or her behavior when determining what type of sanction, if any, should be imposed. (115.78 (d))

R1a5. A resident may be disciplined for sexual conduct with an employee only upon a finding that the resident consented to such contact. (115.78 (e))

**R1b. Deliberate False Allegations**

- R1b1. Residents who deliberately allege false claims of sexual abuse and assault can be disciplined. If sexual abuse and assault made in good faith based upon a reasonable belief that the alleged conduct not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence to substantiate the allegation. (115.78 (f))
- R1b2. The Facility Administrator or designee should contact law enforcement to determine if a deliberate accusation may be referred for prosecution.
- R2. Employees
  - R2a. Staff suspected of perpetrating sexual abuse and assault shall be removed from all duties requiring resident contact pending the outcome of an investigation. (115.66)
  - R2b. Employees shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse and assault policies. Termination shall be the presumptive disciplinary sanction for employees engaged in or attempted or threatened to engage in sexual abuse and assault. (115.76 (a)(b))
  - R2c. Disciplinary sanctions for violations of CoreCivic policies relating to sexual abuse (other than actual 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. (115.76 (a))
  - R2d. All terminations for violations of CoreCivic sexual abuse and assault policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies if the activity was clearly not criminal, and to any relevant licensing bodies, to the extent known. (115.76 (a))
  - R2e. The facility shall report all removals from duty or resignations in lieu of removal for violation of sexual abuse and assault policies to the ICE Field Office Director, as well as to appropriate law enforcement agencies unless the activity was clearly not criminal.
- R3. Civilians/Contractors
  - R3a. Contractors and civilians suspected of perpetrating sexual abuse and assault shall be removed from all duties requiring resident contact pending the outcome of an investigation. (115.66) (115.77 (b))
  - R3b. Any civilian/volunteer or contractor who engages in sexual abuse shall be prohibited from contact with residents. (115.77 (a))
  - R3c. The facility shall report incidents of substantiated sexual abuse by a contractor or civilian/volunteer to law enforcement agencies unless the behavior was clearly not criminal. (115.77 (a))
  - R3d. The facility shall make reasonable efforts to report removals or resignations, as well as any incidents of substantiated sexual abuse and assault by a contractor or civilian, to any relevant licensing bodies, to the extent known. (115.77 (a))
  - R3e. Any other violation of CoreCivic sexual abuse and assault policies by a civilian or contractor may result in disciplinary actions. (115.77 (a-c))
  - R3f. The facility shall take appropriate remedial measures, and shall consider whether to prohibit future contact with residents by civilians or contractors who have not engaged in sexual abuse and assault, but have been involved in such provisions within this policy.

## **S. POST INCIDENT CLASSIFICATION PROCEDURES**

- S1. Once the investigation is complete, the necessity of filing any resident "incompatible" or "keep separate" between the victim and perpetrator will be evaluated, such that the victim and perpetrator or perpetrator and victim are kept separate while housed at the CoreCivic facility or recommend a transfer to another facility.



- S2. The predatory resident shall be reclassified in accordance with the applicable classification process should be accomplished in consultation with the ICE Field Office.

**T. COLLECTION AND USE OF DATA**

**T1. Internal**

All case records associated with claims of sexual abuse, including incident reports, investigative information, case disposition, medical and counseling evaluation findings, and recommendations treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-15 Retention of Records (115.87 (a))

- T1a. The Facility Administrator must maintain two types of files. (ICE FRS 2.7)

**T1a1. General files include:**

The victim(s) and assailant(s) of a sexual assault;  
Crime characteristics; and  
All formal and/or informal action taken.

**T1a2. Investigative files include:**

All reports;  
Medical forms;  
Supporting memos and videotapes; and  
Any other evidentiary materials pertaining to the allegation.

- T1a3. The Facility Administrator shall maintain these files chronologically in a secure location. Files shall be maintained electronically.

**T1b. Allegation Tracking**

- T1b1. The facility will ensure that incidents of sexual abuse and assault are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting and 14-2-BB-FRS PREA 5-1 IRD Incident Reporting and Retention of Records (a))

- T1b2. At least annually, CoreCivic shall aggregate the incident-based sexual abuse and assault data: (115.67 (d)(1-6))

The date, time, location, and nature of the incident;

The demographic background of the victim and perpetrator (including citizenship, age, gender, and whether the victim either has self-identified as gay, lesbian, bisexual, transgender, intersex or gender nonconforming);

The reporting timeline for the incident (including the name of the individual who reported the incident, the date and time the report was received);

Any injuries sustained by the victim;

Post-report follow up responses and action taken by the facility (e.g. housing placement/counseling, medical examination, mental health counseling, etc.); and

Any sanctions imposed on the perpetrator. (115.67 (d)(1-6))

- T1b3. Data collected for this purpose shall be securely stored and retained in accordance with CoreCivic Policy 1-15 Retention of Records. (115.89 (a))

**T2. External**

- T2a. Any requests for information from an outside agency or entity (excluding the contracting government) regarding incidents of sexual abuse and assault shall be forwarded to and reviewed by the FSC G

designee and the Senior Director, PREA Programs and Compliance, prior to sending the response to the reporting entity.

**T2b. Public Access**

T2b1. The FSC PSA Coordinator shall make all aggregated sexual abuse and assault data available to the public annually through the CoreCivic website. (115.89 (b))

T2b2. Before making aggregated sexual abuse and assault data publicly available, CoreCivic shall remove all identifying identifiers. (115.89 (c))

**T3. Data Review**

T3a. The FSC PSA Coordinator shall review all aggregated sexual abuse and assault data collected in the past year and improve the effectiveness of its sexual abuse and assault prevention, detection, and response and training, to include:

T3a1. Identifying problem areas;

T3a2. Taking corrective action on an ongoing basis; and

T3a3. Preparing an annual report of findings and corrective actions for each facility, as well as CoreCivic's annual report. (115.88 (a)(1-3))

T3b. Such report shall include a comparison of the current year's data and corrective actions with the previous year's data and shall provide an assessment of CoreCivic's progress in addressing sexual abuse and assault.

T3c. CoreCivic's report shall be approved by the company's Chief Corrections Officer and made readily available to the public through the CoreCivic website. (115.88 (c))

T3d. Specific material may be redacted from the reports when publication would present a clear and present danger to the safety and security of a facility, but the nature of the material redacted must be indicated. (115.88 (d))

**U. QUALITY ASSURANCE COMPLIANCE**

**U1. Internal Audits**

The FSC Quality Assurance Department shall conduct an annual audit of all CoreCivic facilities to ensure compliance with CoreCivic policy, the PREA National Standards, and federal law and regulation.

**U2. External Audits**

During the three (3) year period starting on July 5, 2015 and during each three (3) year period thereafter, CoreCivic shall ensure that each immigration and detention facility that has adopted these standards is audited at least once.

**V. UPGRADES TO FACILITIES AND TECHNOLOGIES**

V1. 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 company's ability to protect residents from sexual abuse and assault. Such considerations shall be documented on the 7-1B PREA Physical Plant Considerations form. (115.18 (a))

V2. When installing or updating a video monitoring system, electronic surveillance system, or other security technology, CoreCivic will consider how such technology may enhance the ability to protect residents from sexual abuse and assault. Such considerations shall be documented on the 7-1B PREA Physical Plant Considerations form. (115.18 (b))

**REVIEW:**

This policy will be reviewed annually by the CoreCivic FSC PSA Coordinator. ICE shall review and approve all subsequent revisions (115.11 (c))

## **APPLICABILITY:**

All ICE Family Residential Facilities

## **APPENDICES:**

14-2AA-FRS Preventing Sexual Abuse and Misconduct Brochure ([English](#) and [Spanish](#))  
14-2BB-FRS PREA 5-1 IRD Incident Reporting Definitions  
ICE-FRS [Sexual Assault Awareness Poster](#)

## **ATTACHMENTS:**

14-2A-FRS [CoreCivic PREA Training and/or Policy Acknowledgment](#)  
14-2B-FRS [Sexual Abuse Screening Tool](#)  
14-2C-FRS [Sexual Abuse Incident Check Sheet](#)  
14-2D-FRS [PREA Retaliation Monitoring Report \(30/60/90\)](#)  
14-2E-FRS [Resident Allegation Status Notification](#)  
14-2F-FRS [Sexual Abuse Incident Review Report](#)  
14-2H-FRS [Self-Declaration of Sexual Abuse/Sexual Harassment](#)  
14-2I-FRS [Annual PREA Staffing Plan Assessment](#)  
3-20-2A [Verification of Employment](#)  
5-1B [Notice to Administration \(NTA\)](#)  
5-1E [PREA Reporting](#)  
5-1G [Incident Investigation Report](#)  
7-1B [PREA Physical Plant Considerations](#)

## **REFERENCES:**

CoreCivic Policy 1-15 Retention of Records  
CoreCivic Policy 4-2 Maintenance of Training Records  
CoreCivic Policy 5-1 Incident Reporting  
CoreCivic Policy 13-79 Sexual Abuse Response  
ICE Health Services Corp (IHSC) LOP00-02 Sexual Abuse Prevention  
PREA National Standards – Title 6 of the Code of Federal Regulations, Part 115  
Department of Homeland Security (DHS) Standards to Prevent, Detect, and Respond to Sexual Abuse at Confinement Facilities (Federal Register 79, No. 45, March 7, 2014)  
ICE Family Residential Standard 2.7 Sexual Abuse and Assault Prevention and Intervention  
Bureau of Justice Statistics (BJS) Survey of Sexual Violence (SSV)  
Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Forensic protocols developed after 2011  
Code of Federal Regulations, Title 6, Part 115.21, Evidence Protocol and Forensic Medical Examination  
American Correctional Association (ACA) Standards for Adult Correctional Institutions (ACI) and Adult Facilities (ALDF):  
ACI 4-4056  
ACI 4-4084  
ACI 4-4281-1 through 8  
4-ALDF-2A-29  
4-ALDF-4D-22-1 through 5  
4-ALDF-4D-22-7 and 8

4-ALDF-6B-02

4-ALDF-7B-10

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