

	POLICY TITLE		Sexual Abuse and Assault Prevention and Intervention		
	CHAPTER	14	POLICY NUMBER	14-2	Page 1 of 32
	EFFECTIVE DATE		SUPERSEDES DATE		
	DECEMBER 4, 2014		NONE		
<i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Harley G. Lappin</i> <i>Executive Vice President/Chief Corrections Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Steven E. Groom</i> <i>Executive Vice President/General Counsel</i>	FACILITY NAME	SOUTH TEXAS FAMILY RESIDENTIAL CENTER			
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IMMIGRATION AND CUSTOMS ENFORCEMENT	Chief, Juvenile and Family Residential Management Unit		<i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> Stephen M. Antkowiak		

14-2.1 POLICY:

Sexual abuse and assault in detention centers 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 tension. This policy provides CCA detention facilities with a mechanism to affirmatively act to prevent sexual abuse and assault, to provide prompt and effective intervention and treatment for victims of sexual abuse and assault, to control, discipline and prosecute perpetrators of sexual abuse and assault, and comply with the Department of Homeland Security Prison Rape Elimination Act (PREA) and all relevant Immigration and Customs Enforcement (ICE) implementing policy.

CCA has a zero-tolerance for all forms of sexual abuse and assault. Such conduct is prohibited by this policy and will not be tolerated; to include resident-on-resident sexual abuse and assault; employee-on-resident sexual abuse and assault; and any contractor or civilian-on-resident sexual abuse or assault. Upon receiving any information indicating that a resident is subject to a substantial risk of imminent sexual abuse or assault, any facility employee shall take immediate action to protect the resident. It is CCA's policy to conduct administrative investigations on all allegations, regardless of the source, and to support any criminal investigations so that perpetrators are prosecuted. Alleged victims of sexual abuse and assault will be provided a supportive and protective environment. (115.11 (a), 115.62)

Sexual activity between residents or employees/civilians/contractors and residents, regardless of consensual status, is strictly prohibited and subject to administrative and criminal disciplinary sanctions.

14-2.2 AUTHORITY:

CCA Company Policy

14-2.3 DEFINITIONS:

Bad Faith – Acting with a dishonest belief or purpose.

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

Contractor – A person who provides services at the facility on a recurring basis pursuant to a contractual agreement with CCA. Such individuals may include the contractor's employees who manage and operate facility departments such as health and/or food services, construction workers who are temporarily working on projects within the facility, medical professionals such as a psychiatrist or medical doctor, contract attorneys, or consultants such as a professional librarian.

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

Employee – A person employed by CCA in an approved full-time or part-time position that is designated as such 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 combat a threat to the security or order of a facility.

Facility Support Center (FSC): CCA's corporate headquarters where employees provide support and oversight in the management and operation of the company's 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 CCA's companywide efforts to comply with the PREA National Standards and the company's Sexual Abuse and Assault Prevention and Intervention Program. He/she must provide supervisory oversight to all CCA facilities ensuring coordination in the prevention, detection, intervention, investigation, and 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 gender expectations.

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

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

Intersex – A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical 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]

PREA Compliance Manager – An Administrative Duty Officer-level manager appointed by the Facility Administrator who maintains responsibility for the facility's Sexual Abuse and Assault Prevention and Intervention Program.

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 PREA Coordinator.

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.

Qualified Health Care Professional (QHCP) – Includes physicians, physician assistants, nurse practitioners, nurses, 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 by law 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 6 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 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 did not consent 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 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 or finger or any object; and
4. Touching of the genitalia, anus, groin, breast, inner thighs, or the buttocks, either directly or through the clothing, with an intent to abuse, humiliate, harass, degrade or arouse or gratify the sexual desire of any person; or
5. Threats, intimidation, or other actions or communications by one or more residents aimed at coercing or pressuring 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, if engaged in 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, contact 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 any object that is unrelated to official duties or where the staff member, contractor, or civilian has the intent to abuse, arouse, or gratify sexual desire;
4. Intentional touching of the genitalia, anus, groin, breast, inner thighs, or the buttocks, either directly or through the clothing, that is unrelated to official duties or where the staff member, contractor, or civilian has the intent to abuse, arouse, or gratify sexual desire;
5. Threats, intimidation, harassment, indecent, profane or abusive language, or other actions or communications, aimed 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 breast 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 detainee who is using a toilet in his or her housing area to perform bodily functions; requiring a resident to expose his or her buttocks, genitals, or breasts; or taking images of all or part 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 role in responding to reported incidents of sexual abuse and assault, victim assessment and support needs, and ensuring policy and 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.

Voyeurism – 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 detainee who is using a toilet in his or her housing area to perform bodily functions; requiring a resident to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a resident's naked body or of a resident performing bodily functions.

14-2.4 PROCEDURES:

PROCEDURES INDEX

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A. CONFIDENTIALITY

1. All information concerning an event of resident sexual abuse or assault is to be treated as confidential. Apart from such reporting, staff shall not reveal any information related to a sexual abuse or assault report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other residents or staff in the Center, make medical treatment, investigation, law enforcement, or other security and management decisions. This information should never be shared with other residents.
2. Appropriate controls shall be implemented within the facility regarding the dissemination of responses to questions asked pursuant to screening for risk of victimization and abusiveness in order to ensure that sensitive information is not exploited by employees or other residents to the resident's detriment. (115.41(g))
3. Security and management of documentation containing PREA information will be in accordance with CCA and/or agency policy regarding records management, records retention, HIPAA, etc.

B. HIRING AND PROMOTION

1. To the extent permitted by law, CCA will decline to hire or promote anyone who may have contact with residents, and decline to enlist the services of any contractor, or civilian, who may have contact with residents, who:
 - a. Has engaged in sexual abuse or assault in a prison, jail ,holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
 - b. Has been convicted of engaging or attempting to engage in sexual activity 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. Has been civilly or administratively adjudicated to have engaged in the activity as outlined above in B.1.a. or B.1.b. (115.17 (a))

NOTE: To the extent permitted by law, CCA may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information. (115.17 (e))

2. All applicants and employees who may have direct contact with residents shall be asked about previous misconduct, as outlined above in B.1.a.-c., in written applications or interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. (115.17 (b))
 - a. The 14-2H Self-Declaration of Sexual Abuse form will be completed upon application for employment and as part of the promotional interview process.
 - b. The 14-2H Self-Declaration of Sexual Abuse form shall also serve as verification of an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy, and as outlined above in B.1.a.-c.
3. Background Records Check
 - a. Before hiring new employees who may have contact with residents, CCA shall:
 - i. Perform a criminal background records check; and (115.17 (c))
 - ii. 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 pending investigation of an allegation of sexual abuse or assault as defined by this policy. The 3-20-2A Verification of Employment form shall be used to solicit such prior employment information.
 - b. CCA shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents. (115.17 (d))
 - c. CCA shall conduct criminal background records checks at least every five (5) years of current employees and unescorted contractors who may have contact with residents or have in place a system for otherwise capturing such information. (115.17 (c)) Unless prohibited by law, CCA shall provide information on substantiated allegations of sexual abuse or assault involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. (115.17 (f))

C. TRAINING AND ACKNOWLEDGEMENT

1. Employees

a. All CCA facility employees shall receive training on CCA'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:

- i. The DHS PREA Standards and other applicable ICE policy, state or local laws imposing criminal liability for the sexual abuse of a person held in custody;

AT THIS FACILITY, THE APPLICABLE STATE OR LOCAL LAWS GOVERNING SEXUAL ABUSE OF PERSONS IN CUSTODY IN ADDITION TO PREA (INCLUDING CHILD ABUSE LAWS/NEGLECT REPORTING LAWS) ARE:

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- ii. An employee's duty to report any occurrence of sexual abuse and assault;
- iii. How to fulfill employee responsibilities for sexual abuse and assault prevention, detection, reporting, and response in accordance with this policy;
- iv. The right of residents to be free from sexual abuse and assault; (115.31 (a)(2))
- v. The right of residents and employees to be free from retaliation for reporting sexual abuse and assault; (115.31(a)(2))
- vi. Definitions and examples of prohibited and illegal sexual behavior;
- vii. Recognition of situations where sexual abuse and assault may occur;
- viii. Recognition of physical, behavioral, and emotional signs of sexual abuse and assault, and methods of preventing and responding to such occurrences;
- ix. How to avoid inappropriate relationships with residents;
- x. How to communicate effectively and professionally with residents, including LGBTI and Gender Non-Conforming residents;
- xi. Procedures for reporting knowledge or suspicion of sexual abuse and assault;
- xii. The requirements to limit reporting of sexual abuse and assault to personnel with a need to know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes. (115.31 (a)(3-9))

b. Specialized Training

- i. 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. (115.15.(j))
- ii. In addition to the general training provided to all employees and to the extent that CCA conducts sexual abuse and assault investigations,

investigators shall receive training on sexual abuse and assault and conducting effective cross-agency coordination. (115.34 (a))

- The PREA Compliance Manager shall ensure that more than one (1) person at the facility receives training as a sexual abuse and assault 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.) from work.
 - Specialized training shall include effective cross agency coordination, techniques for interviewing sexual abuse and assault victims, and sexual abuse and assault evidence collection.
 - The first security staff member to respond to a report of sexual abuse and assault, of his/her supervisor, shall preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence. When possible and feasible, appropriate staff shall preserve the crime scene, and safeguard information and evidence in coordination with the referral agency and consistent with established evidence-gathering and evidence-processing procedures.
 - If the abuse occurred within a time period that still allows for the collection of physical evidence, the responder shall request the alleged victim not to take any actions, and shall ensure that the alleged abuser does not take any actions, that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
 - If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.
 - Documentation confirming that investigators have completed the required specialized training in conducting sexual abuse and assault investigations shall be maintained in accordance with CCA Policies 1-15 Record Retention and 4-2 Maintenance of Training Records. (115.34(b))
- iii. In addition to the general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, who work in the facility, shall receive specialized medical training as outlined below:
- How to detect and assess signs of sexual abuse and assault;
 - How to preserve physical evidence of sexual abuse and assault;
 - How to respond effectively and professionally to victims of sexual abuse and assault;

- How and to whom to report allegations of sexual abuse and assault; and
 - How to preserve physical evidence of sexual abuse and assault. (115.35 (b)(1-4))
- iv. In the absence of a victim advocate, the Victim Services Coordinator may provide residents with confidential 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.
- c. 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.
- d. The 14-2A Policy Acknowledgement form shall be completed by each employee serving as verification of the employee's review and understanding of the contents of this policy. The completed forms will be maintained by the Manager, Human Resources. A newly signed 14-2A Policy Acknowledgement form will be required for future revisions of this policy as determined by the General Counsel or designee.
2. Civilians/Contractors
- a. All civilians/contractors who have contact with residents shall receive training on their responsibilities pertaining to sexual abuse and assault prevention, detection, reporting, and response as outlined in this policy. (115.32(a))
- b. The level and type of training provided to civilians/contractors shall be based on the services they provide and level of contact they have with residents. All civilians/contractors who have contact with residents shall be notified of CCA's zero-tolerance policy regarding sexual abuse and assault and informed how to report such incidents. (115.32(b))
- c. Civilians/contractors shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the civilian or contractor's file. (115.32 (c))
- d. Civilians/contractors who have contact with residents on a recurring basis shall be provided a copy of this policy prior to admission to the facility to begin their assignment or task.
- e. The 14-2A Policy Acknowledgement form serves as verification of the civilian's or contractor's review and understanding of the contents of this policy and shall be completed by each civilian or contractor who has contact with residents. The completed forms will be maintained by the Manager, Human Resources. A newly signed 14-2A, Policy Acknowledgement form, will be required for future revisions of this policy as determined by the General Counsel or designee.

D. STAFFING

1. FSC will develop, in coordination with the facility, comprehensive resident supervision guidelines to determine and meet the facility's resident supervision needs, and shall review those guidelines at least annually. (115.13 (b)) Each facility will ensure sufficient supervision of residents, including through appropriate staffing levels and, where applicable, video monitoring, to protect residents against sexual abuse and assault. (115.13 (a))

2. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration:
 - a. Generally accepted detention and correctional practices;
 - b. Any judicial findings of inadequacy;
 - c. All components of the facility's physical plant;
 - d. The composition of the resident population;
 - e. The prevalence of substantiated and unsubstantiated incidents of sexual abuse and assault;
 - f. Findings and recommendations of sexual abuse and assault incident review reports; and
 - g. Any other relevant factors, including but not limited to the length of time residents spend in agency custody. (115.13 (c))

3. Annual PREA Staffing Plan Assessment

Whenever necessary, but no less frequently than once each year, for each CCA facility, an annual PREA staffing plan assessment will be completed.

- a. The PREA Compliance Manager will complete the 14-2I Annual PREA Staffing Plan Assessment and forward to the Facility Administrator for review. Upon completion of the Facility Administrator's review, the 14-2I Annual PREA Staffing Plan Assessment will be forwarded to the FSC PREA Compliance Coordinator.
- b. In consultation with the Vice President, Correctional Programs, the FSC PREA Compliance Coordinator shall assess, determine, and document whether adjustments are needed to:
 - i. The staffing plan established pursuant to this section;
 - ii. The facility's deployment of video monitoring systems and other monitoring technologies; and
 - iii. The resources the facility has available to commit to ensure adherence to the staffing plan.
- c. 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, Correctional Programs.

E. SUPERVISION AND MONITORING

1. Supervision

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

2. Resident Monitoring

Residents identified in the intake screening (pursuant to Section 14-2.4(H) below) as having experienced prior sexual victimization or perpetrated sexual abuse and assault, will be immediately referred, as appropriate, to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. (115.81 (a))

- a. When a referral for medical follow-up is initiated, the resident shall receive a health evaluation no later than two (2) working days from the date of assessment. (115.81 (b))
- b. 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))
- c. The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

F. EXTERNAL VICTIM ADVOCATES AND SUPPORT SERVICES

1. CCA shall maintain or attempt to enter into Memorandums of Understanding (MOU) or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support for immigrant victims of crimes. (115.53 (a)) Before developing or attempting to enter into an MOU, the facility shall contact the FSC Assistant General Counsel, Vendor Contracts. CCA shall maintain copies of agreements or documentation showing attempts to enter into such agreements.
2. Each facility shall establish, in writing, procedures to include outside agencies in the facility's sexual abuse and assault prevention and intervention protocols, if such resources are available. (115.53 (b))
3. Residents shall be provided access to outside victim advocates for emotional support services related to sexual abuse and assault by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Such information shall be included in the facility's Resident Handbook. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. (115.53 (c))
4. 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. (115.53 (d))
5. As requested by the victim, the presence of his or her outside or internal victim advocate, including any available victim advocacy services offered by a hospital conducting a forensic exam, shall be allowed for support during a forensic exam and investigatory interviews (115.21 (d))

G. SEXUAL ASSAULT RESPONSE TEAM (SART)

1. Each facility will establish a SART which includes the following positions:
 - a. PREA Compliance Manager;
 - b. Medical representative;
 - c. Security representative;
 - d. Mental health representative; and

- e. Victim Services Coordinator.

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

2. The SART responsibilities shall include the following:

- a. Responding to reported incidents of sexual abuse and assault;
- b. Responding to victim assessment and support needs;
- c. Ensuring policy and procedures are enforced to enhance resident safety; and
- d. Participating in the development of practices and/or procedures that encourage prevention and intervention of sexual abuse and assault and enhance compliance with DHS PREA Standards.

3. SART Member Responsibilities

- a. The PREA Compliance Manager will:

- i. Review the facility's response to sexual abuse and assault allegations, with the Administrator or designee, to ensure the policy is implemented effectively and victim needs are addressed;
- ii. Serve as a primary liaison with local law enforcement or delegate this responsibility to the facility investigator;
- iii. Ensure the completion of the 14-2C, Sexual Abuse Incident Check Sheet; and
- iv. Ensure that thirty/sixty/ninety (30/60/90) day monitoring is conducted by the designated staff, following a substantiated or unsubstantiated allegation of sexual abuse and assault, to protect against potential retaliation against residents or employees. This shall include periodic status checks of residents and review of relevant documentation (including any resident disciplinary reports housing or program changes, or negative performance reviews or reassignments of staff).
 - Monitoring shall be documented on the 14-2D PREA Retaliation Monitoring Report (30/60/90) form.
 - Monitoring shall continue beyond ninety (90) days if the initial monitoring indicates a continuing need. (115.67 (c))
- v. Ensure prompt actions are taken to remedy any identified retaliation. (115.67 (c)).

- b. The medical representative will:

- i. Ensure that the facility's medical staff respond appropriately in medically stabilizing an alleged victim before assessment by a community medical provider, if medically indicated; and
- ii. Address any ongoing medical care needs following the incident.
- iii. Additionally, the medical representative will ensure compliance with the following:
 - In accordance with PREA Standard 115.82, resident victims of sexual abuse and assault 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.

- If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.
 - Resident victims of sexual abuse and assault while detained shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
 - 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.
- In accordance with PREA Standard 115.83, the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse or assault in a detention facility.
 - 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.
 - The facility shall provide such victims with medical and mental health services consistent with the community level of care.
 - Resident victims of sexually abusive vaginal penetration while detained shall be offered pregnancy tests.
- c. The security representative will:
- i. Ensure resident safety needs are addressed, including separating the alleged victim and perpetrator; and
 - ii. Ensure employee responses to reports of sexual abuse and assault are timely and consistent with policy.
- d. The mental health representative will:
- i. Ensure the alleged victim is assessed;
 - ii. Ensure mental health needs are addressed according to policy and local procedure; and
 - iii. Attempt to conduct a mental health evaluation of all known resident-on-resident abusers within sixty (60) days of learning of such abuse history

and offer treatment when deemed appropriate by mental health practitioners.

- e. The Victim Services Coordinator will:
- i. Offer and attempt to obtain the services of a victim advocate from a rape crisis center to assist the alleged victim; however, the victim may choose to decline to access a victim advocate. A victim advocate can be requested 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, Sexual Abuse Incident Check Sheet via the IRD.
 - In the absence of a victim advocate, the Victim Services Coordinator will provide residents with confidential emotional support services related to sexual abuse and assault if the person is trained in crisis intervention.
 - ii. Ensure that residents are aware they may access additional victim resources through community victim resource agencies; and
 - iii. Ensure that alleged victims are informed of their rights to care and protection from further victimization.

H. RESIDENT SCREENING

1. Initial

The facility shall assess all residents on intake to identify those likely to be sexual aggressors or sexual abuse and assault victims and shall house residents to prevent sexual abuse and assault, taking necessary steps to mitigate any such danger. (115.41 (a)) Upon admission to the facility, residents shall be screened by staff assigned to perform the initial intake screening process in order to obtain information relevant to housing, voluntary work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The screening shall identify past victims and/or predators and assess vulnerability to sexual abuse and assault victimization.

Residents with a history of sexually assaultive behavior shall not be eligible for placement in a family residential center and shall be refused admission and immediately transferred to a secure facility. Residents identified as "high risk" of sexually assaultive behavior shall not be eligible for placement in a family residential center and shall be refused admission and immediately inform ICE/ERO. **(ICE RS 2.7)**

- a. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. (115.41 (a)) Residents shall be screened, and the initial housing assignment should be completed within 12 hours of admission to the facility. (115.41 (b))
- b. Screenings shall include interview questions and a review of the resident's institutional file (or other documentation provided). Prior convictions of this type will also be considered. Screenings will be completed and documented using the 14-2B, Sexual Abuse Screening Tool, with referrals to Classification/Unit Staff and the Health Services Department for further evaluation and screening as necessary, unless the facility management contract requires otherwise. (115.41 (c))

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

- c. All completed 14-2B forms, or agency equivalent, will be maintained in the resident's central file, with a copy forwarded to the resident's medical record and/or, where applicable, the resident's electronic records.
- d. 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.

2. Reassessment

A reassessment of the resident's risk level of victimization or abusiveness will be conducted by the appropriate Case Manager or a staff member designated by the Administrator. The reassessment shall occur:

- a. Between sixty (60) and ninety (90) days of the resident's arrival at the facility. The reassessment will include any additional relevant information received by the facility since the initial intake screening; and (115.41 (e))
- b. 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. (115.41 (e))

NOTE: The 14-2B Sexual Abuse Screening Tool will be used for completing the reassessment.

3. Resident Refusal to Disclose

Residents may not be disciplined for refusing to answer, or for not disclosing complete information, in response to questions asked pursuant to the following:

- a. Whether the resident has a mental, physical, or developmental disability;
- b. Whether the resident is or is perceived to be LGBTI or Gender Non-Conforming;
- c. Whether the resident has previously experienced sexual victimization; or
- d. The resident's own perception of vulnerability. (115.41 (f))

I. RESIDENT ORIENTATION AND EDUCATION

- 1. Upon arrival at the facility, all residents shall be provided written information regarding sexual abuse and assault prevention and reporting (e.g. resident handbook, 14-2AA Preventing Sexual Abuse brochure, etc.). (115.33 (a) and (c)) Additionally, an orientation will be conducted during the intake process to include comprehensive information about the following topics:

- a. CCA's zero tolerance policy regarding all forms of sexual abuse and assault;
- b. Prevention and intervention strategies;
- c. Definitions and examples of resident-on-resident sexual abuse and assault, staff-on-resident sexual abuse and assault and coercive sexual activity;
- d. Explanation of methods for reporting sexual abuse and assault, including to any staff member, to include a staff member other than an immediate point-of-contact line officer (e.g. the compliance manager or a mental health specialist,

the DHS Office of Inspector General, the ICE Joint Intake Center, and the ICE Detainee Reporting and Information Line (DRIL);

- e. Information about self-protection and indicators of sexual abuse and assault;
 - f. Prohibition against retaliation, including an explanation that reporting sexual abuse and assault shall not negatively impact the resident's immigration proceedings; and
 - g. The right of a resident who has been subjected to sexual abuse and assault to receive treatment and counseling. (115.33 (a)(1-6))
2. Residents will be provided education (notification, orientation, and instruction) in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. (115.33 (b)) (115.16 (a))
 - a. In the event a resident has difficulty understanding provided information and/or procedures outlined in this policy, employees must ensure that such information is effectively communicated to such residents on an individual basis. (115.16 (b))
 - b. Auxiliary aids that are reasonable, effective, and appropriate to the needs of the resident shall be provided when simple written or oral communication is not effective. (115.16 (b))
 3. The facility shall maintain documentation of resident participation in educational sessions pertaining to sexual abuse and assault. (115.33 (c))
 4. In addition to providing such education, the facility shall post on all housing unit bulletin boards the following notices: (115.33 (d))
 - a. The ICE prescribed sexual assault awareness notice (see 14-2.7 Appendices);
 - b. The name of the Compliance Manager; and
 - c. The name of local organizations that can assist residents who have been victims of sexual abuse and assault.
 5. The facility shall make available and distribute the DHS prescribed Sexual Assault Awareness Information pamphlet. (115.33 (e))
 6. Information about reporting sexual abuse and assault shall be included in the resident handbook and made readily available.

J. HOUSING AND PROGRAM ASSIGNMENTS

1. LGBTI and Gender Non-Conforming
 - a. In deciding whether to house a transgender or intersex resident in a male housing unit/area or a female housing unit/area, or when making other housing and programming assignments for such residents, the facility shall consider the transgender or intersex resident's gender self-identification and an assessment of the effect of placement and shall consider on a case-by-case basis whether such a placement would ensure the resident's health and safety. The facility shall consult a medical or mental health professional as soon as practicable on this assessment. The facility should not base placement decisions on transgender or intersex residents solely on the identity documents or physical anatomy of the resident; a resident's self-identification of his/her gender and self-assessment of safety needs shall always be taken into consideration as well. (115.42 (b))

- b. Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review whether any threats to safety were experienced by the resident. (115.42 (b))
2. Segregation Housing
- a. Use of Administrative Segregation to protect residents at high risk for sexual abuse and assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, as a last resort. (115.42 (b))
 - b. Residents vulnerable to sexual abuse and assault should be assigned to administrative segregation for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of thirty (30) days. (115.43 (b)) Staff shall document detailing reasons for placement of an individual in administrative segregation on the basis of a vulnerability to sexual abuse and assault. (115.43 (a))
 - c. If involuntary segregated housing is warranted as outlined above in J.2.b., the facility will take the following actions:
 - i. A supervisory staff member shall conduct a review within seventy-two (72) hours of the resident's placement in segregation to determine whether segregation is still warranted; and
 - ii. A supervisory staff member shall conduct, at a minimum, and identical review after the resident has spent seven days in administrative segregation, and every week thereafter for the first thirty (30) days and every ten (10) days thereafter. (115.43 (d)(1-2))
 - d. Facilities shall notify the appropriate ICE Field Office Director no later than seventy-two (72) hours after the initial placement into segregation, whenever a resident has been placed in segregation on the basis of a vulnerability to sexual abuse or assault. (115.43 (e)) The facility staff will also contact the FSC PREA Coordinator in such circumstances.
 - e. Residents placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the maximum extent possible. If access to programs, privileges, education, or work opportunities is restricted, the facility shall document the following:
 - i. The opportunities that have been limited;
 - ii. The duration of the limitation; and
 - iii. The reasons for such limitations. (115.43 (c))

K. SEARCHES AND OBSERVATION

1. Cross-Gender

- a. Cross-gender resident strip searches and/or body cavity searches shall not be conducted except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when performed by medical practitioners. Body cavity searches will not be performed on juveniles and, instead, shall be referred to medical personnel. (115.15 (e)) Facility staff shall not conduct visual body cavity searches of juveniles and, instead, shall refer all such body cavity

searches of juveniles to a medical practitioner. All strip searches and visual body cavity searches shall be documented. (115.15 (f))

- b. Cross-gender resident frisk/pat searches of female residents by male employees is 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). Cross-gender frisk/pat searches of male residents shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the frisk/pat search is required or in exigent circumstances. (115.15 (b)(c))
 - c. All cross-gender frisk/pat searches will be documented in a log book. If a strip search of any resident does occur, the search shall be documented on the 5-1B Notice to Administration (NTA) (refer to CCA Policy 5-1 Incident Reporting). (115.15 (d))
2. Searches or physical examination of a transgender or intersex resident for the sole purpose of determining the resident's genital status is prohibited. 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. (115.15 (i))
 3. Pat and strip searches of transgender/intersex residents will be completed by a staff member of the same sex the resident has been classified by the customer/partner agency. Searches of breasts will be completed using the back and/or side of the hand.
 4. Residents may shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them, except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when such viewing is incidental to routine living quarter checks. (115.15 (g))
 5. Family Residential Facility residents shall be permitted to shower, perform bodily functions, and change clothing without being viewed by staff, except in exigent circumstances or when such viewing is incidental to routine checks or in otherwise appropriate in connection with a medical examination or monitored bowel movement. (115.15 (h))
 6. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. (115.42 (c))

a. AT THIS FACILITY, PROCEDURES FOR SHOWERING TRANSGENDER AND INTERSEX RESIDENTS SEPARATE FROM OTHER RESIDENTS ARE:

7. Employees of the opposite gender must announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. (115.15 (g))

L. REPORTING SEXUAL ABUSE AND ASSAULT

1. Resident Reporting
 - a. Residents shall be encouraged to immediately report pressure, threats, or instances of sexual abuse and assault, as well as possible retaliation by other residents or employees for reporting sexual abuse and staff neglect or violation of responsibilities that may have contributed to such incidents. The facility shall

provide instructions on how detainees may contact their consular official, the DHS Office of the Inspector General and the ICE DRIL Hotline, to confidentially and, if desired, anonymously, report any incident. Residents who are victims of sexual abuse have the option to privately report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: (115.51 (a) and (b))

- i. Submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member during sick call;
- ii. Calling the facility's twenty-four (24) hour toll-free notification telephone number;
- iii. Verbally telling any employee, including the facility Chaplain;
- iv. Forwarding a letter, sealed and marked "confidential", to the Facility Administrator or any other employee;
- v. Calling or writing someone outside the facility who can notify facility staff;
- vi. Contacting their respective consular office; and/or
- vii. Forwarding a letter to the FSC PREA Coordinator at the following address:

10 Burton Hills Boulevard
Nashville, TN 37215

AT THIS FACILITY, ADDITIONAL RESIDENT REPORTING METHODS REQUIRED BY THE CONTRACTING AGENCY ARE:

- b. **Unless otherwise mandated by contract, alleged PREA incidents will not be processed through the facility's resident grievance process. Residents will be permitted to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. The facility shall not impose a time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. The facility shall issue a decision on the grievance within five (5) days of receipt and shall respond to an appeal of the grievance decision within thirty (30) days. Facilities shall send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process.**
- c. **Should a report be submitted and received as a resident grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer. (115.52)**

2. Employee Reporting Duties

- a. Employees must take all allegations of sexual abuse and assault seriously, including verbal, anonymous and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. (115.51 (c)) All reports of sexual abuse and assault will be reported to the facility investigator. (115.61 (b)) Employees having contact with the alleged victim should behave in a manner that is sensitive, supportive, and non-judgmental.

- i. All employees are required to immediately report:
 - Any knowledge, suspicion, or information regarding an incident of sexual abuse or assault that occurred in the facility in accordance with this policy, whether or not the area is under CCA's management authority;
 - Retaliation against residents or employees who have reported such an incident; and
 - Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. (115.61 (a))
- ii. Employees who fail to report allegations may be subject to disciplinary action.
- b. Apart from reporting to designated supervisors or officials, employees 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. (115.61 (c))
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. (115.62)
- c. Employees may privately report sexual abuse and assault of residents by forwarding a letter, sealed and marked "confidential", to the Facility Administrator. (115.61 (a))
- d. Unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outlined above in L.2.a. 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)) Medical and mental health practitioners shall obtain informed consent from resident before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of eighteen (18). (115.81 (e))
- e. 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 services agency under applicable mandatory reporting laws. (115.61 (d))

AT THIS FACILITY, THE DESIGNATED STATE AND/OR LOCAL REPORTING AGENCY (IES) IS:

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3. Anonymous Reporting
 - a. Each facility shall provide at least one way for residents to report abuse to a public or private entity or office that is not part of CCA, and that is able to receive and immediately forward resident reports of sexual abuse and assault to facility officials, allowing the resident to remain anonymous upon request (115.51 (a))
 - b. Residents may also anonymously report abuse through the ICE DRIL and the DHS OIG Hotline. Both are reporting options outside of CCA; and the OIG Hotline provides an option to report outside of ICE.

AT THIS FACILITY, THE FOLLOWING ANONYMOUS REPORTING MECHANISM AND PROCESS HAS BEEN ESTABLISHED:

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4. Third Party Reporting

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

M. RESPONSE PROCEDURES

1. Any employee who discovers or learns of sexual abuse and assault, or an allegation of sexual abuse and assault, shall ensure that the following actions are accomplished:

a. The alleged victim is kept safe, has no contact with the alleged perpetrator, and is immediately escorted to the Health Services Department. (115.64 (a)(1))

i. The Health Services Department is responsible for medical stabilization and assessment of the victim until transported to an outside medical provider, if medically indicated, for collection of evidence and any necessary medical treatment. CCA will request, in writing, that the examination be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). If a SAFE or SANE provider is not available, the examination may be performed by other qualified medical practitioners.

- The Health Services Department shall provide services in accordance with CCA Policy 13-79 Sexual Assault Response, unless otherwise mandated by contract.

AT THIS FACILITY, THE FOLLOWING CONTRACTUALLY-REQUIRED POLICY IS USED IN LIEU OF CCA POLICY 13-79:

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ii. If the abuse occurred within a time period that still allows for the collection of physical evidence, employees shall, to the best of their ability, ensure that the victim does not wash, shower, remove clothing without medical supervision, use the restroom facilities, eat, drink or brush his/her teeth. (115.64 (a)(3))

b. The highest ranking authority onsite is immediately notified and will further ensure to protect the safety of the victim and the integrity of the crime scene and any investigation. (115.54 (a)(2))

c. When the alleged perpetrator is a resident, he/she is removed from the general population or otherwise separated and held in a medical unit in the event evidence collection is required.

d. All acquired information concerning the allegation is kept confidential by discussing the information with only those employees who have a direct need to know.

e. 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 (b))

- f. An incident statement is written in accordance with CCA Policy 5-1 Incident Reporting.
 2. Upon notification of alleged sexual abuse and assault, the highest ranking authority onsite shall ensure that the following actions are accomplished:
 - a. When the alleged perpetrator is a resident, in order to preserve any evidence, the alleged perpetrator is not allowed to wash, shower, brush his/her teeth, use the restroom facilities, change clothes, or eat or drink while he/she is removed from the general population or otherwise separated and held in a medical unit. (115.64 (a)(4))
 - b. The PREA Compliance Manager and the Facility Administrator or ADO are immediately notified of the allegation.
 - c. While in the Health Services Department, a brief statement is obtained from the alleged victim concerning the incident.
 - i. Based upon the alleged victim's statement regarding the location and time of the incident, ensure any crime scene is preserved. These actions shall include the following:
 - Sealing access to the immediate area of the scene, if possible;
 - Photographing the scene and visible evidence at the scene (e.g. tissue or blood); and
 - Securing any available recorded video footage of the affected area.
 - d. If a victim of sexual abuse and assault is transferred between facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services. (115.65 (c))
3. If the allegation involves events that took place while the alleged victim was not in CCA custody (e.g. while housed at another provider's facility), the following actions shall be taken:
 - a. The Facility Administrator that received the allegation shall contact the facility head or appropriate office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. (115.63 (a)(b))
 - b. Determine whether the allegation was reported and investigated.
 - i. If the allegation was reported and investigated by the appropriate officials, the facility shall document the allegation, the name and title of the person contacted, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur.
 - ii. If the allegation was not reported or not investigated, 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.
 - c. All such contacts and notifications shall be documented on the 5-1B Notice to Administration; including the allegation, any details learned from contact with the site where the alleged abuse took place, and the facility's response to the allegation. (115.63 (c))

- d. If an allegation is received a notification from another facility, he/she will ensure the allegation is investigated. (115.63 (d))
4. The PREA Compliance Manager, Facility Administrator, or Administrative Duty Officer will ensure that the following is completed:
- a. The PREA Compliance Manager, Facility Administrator or designee shall immediately report all allegations of rape, sexual assault, or employee-on-resident sexual misconduct to state or local law enforcement agencies for criminal investigation if the allegation is potentially criminal in nature. The reporting party should request guidance from the law enforcement agency(ies) in preserving the crime scene and coordinating an investigation.

AT THIS FACILITY, SUCH ALLEGATIONS ARE REPORTED TO THE FOLLOWING LAW ENFORCEMENT/GOVERNMENTAL ENTITY:

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- b. Ensure the alleged perpetrator is removed from the general population pending an investigation into the allegation. Ensure the alleged victim is separated/isolated from the alleged perpetrator until completion of the investigation.
 - c. Resident victim should be placed in a supportive environment that represents the least restrictive housing option possible. Resident victims shall not be held for longer than five (5) days in any type of administrative segregation, except in highly unusual circumstances or at the request of the resident. A resident victim who has been in protective custody after sexual abuse and assault shall not be returned to the general population until completion of a proper re-assessment, taking into consideration any increased vulnerability as a result of the abuse. The facility shall notify the ICE Field Office Director whenever a resident victim has been held in segregation for seventy-two (72) hours (115.68)
 - d. If the allegation involves an employee, ensure steps are taken to place this person in a non-resident contact role.
 - e. Immediately notify the applicable Field Office Director.
 - f. Ensure that medical and mental health referrals are completed.
 - g. Ensure that an investigation is initiated and documented. No investigations will be completed by the facility investigator until law enforcement has been notified and informed the facility whether they (i.e. law enforcement) will handle the investigation.
 - h. Ensure appropriate incident reports are completed in accordance with CCA Policy 5-1 Incident Reporting.
 - i. Review any video recordings of the alleged crime scene from the time period implicated by the allegation. Ensure all video recordings are secured and preserved from the time period implicated by the allegation.
5. A preliminary review of the incident and the facility's response shall be conducted forty-eight (48) to seventy-two (72) hours following a reportable PREA incident. The review will be convened by the FSC Managing Director, Operations, responsible for the facility.
- a. Participants will include the facility PREA Compliance Manager, Facility Administrator, facility Investigator, FSC Managing Director, and/or FSC Vice

President of the Business Unit involved, and other FSC PREA committee members.

- b. At a minimum, the review shall include:
 - i. Discussion of the incident, and whether the incident response meets applicable standards;
 - ii. Appropriate categorization of the incident report;
 - iii. Completion of required notifications;
 - iv. A request for law enforcement involvement; and
 - v. Whether any employee actions or failures to act contributed to the sexual abuse and assault.

N. POST INVESTIGATION REVIEW

1. The Facility Administrator will ensure that a post investigation review of a sexual abuse and assault incident is conducted at the conclusion of every sexual abuse and assault investigation and, where the allegation was not determined to be unfounded, prepare a written report within thirty (30) days of the conclusion of the investigation. (115.86 (a))
 - a. In addition to the Facility Administrator, the incident review team shall include upper-level facility management and the facility SART, with input from line supervisors, investigators, and medical or mental health practitioners.
2. The review team shall:
 - a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse and assault; (115.86 (a))
 - 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; (115.86 (b))
 - c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
3. All findings and recommendations for improvement will be documented on the 14-2F Sexual Abuse Incident Review Report. Completed 14-2F forms will be forwarded to the Facility Administrator, the PREA Compliance Manager, and the FSC PREA Compliance Coordinator. (115.86 (d)(6))
4. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. Both the report and response shall be forward to the FSC PREA Coordinator and the ICE Prevention of Sexual Assault Coordinator. (115.86 (e))
5. Each facility shall conduct an annual review of the all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse and assault intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse and assault during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the Facility Administrator, FSC PREA Compliance Manager, 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. (115.22 (a) 115.71) 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.

1. Administrative Investigation

- a. Upon conclusion of a criminal investigation where the allegation was substantiated, 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 consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity. Administrative investigations will include:
 - i. Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;
 - ii. Interviewing alleged victims, suspected perpetrators, and witnesses;
 - iii. Reviewing prior complaints and reports of sexual abuse and assault involving the suspected perpetrator;
 - iv. Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as resident, staff, or employee, and without requiring any resident who alleges sexual abuse and assault to submit to a polygraph;
 - v. An effort to determine whether actions or failures to act at the facility contributed to the abuse;
 - vi. 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; and
 - vii. Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five (5) years.

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

- b. 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. 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. 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.
- c. Such investigations shall be documented on the 5-1G Incident Investigation Report via the IRD and shall detail the following components:

- i. Investigative facts (i.e. specific details about what actually happened);
 - ii. Physical evidence (e.g. clothes collected, medical evidence, etc.);
 - iii. Testimonial evidence (e.g. witness statements);
 - iv. Review of prior complaints and reports of sexual abuse and assault involving the suspected perpetrator;
 - v. Reasoning behind credibility assessments (i.e. why is the person deemed credible or not credible. Credibility 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))
 - vi. Investigative findings (i.e. discovery or outcome of the investigation); and
 - vii. Whether actions and/or failures of staff to act contributed to the incident, including an explanation as to what determined the conclusion.
2. Roles within a Criminal Investigation
 - a. Whenever feasible, the facility shall enter into a written Memorandum of Understanding (MOU) with the outside investigating agency or entity outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. Before developing or attempting to enter into an MOU, the facility shall contact the FSC Assistant General Counsel, Vendor Contracts. CCA shall maintain copies of agreements or documentation showing attempts to enter into such agreements.
 - i. When outside agencies investigate sexual abuse and assault, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. (115.71 (f))
 - b. The facility investigator, as delegated by the PREA Compliance Manager and/or Facility Administrator, shall establish a relationship with local law enforcement agencies and prosecutors to develop a clear understanding of the investigative guidelines and procedures during a criminal investigation of an alleged sexual abuse and assault incident.
 - c. Discussions with state or local law enforcement should articulate a delineation of roles of the facility investigator and the law enforcement investigator.
 - d. Facility employees will assist the state or local law enforcement by preserving the integrity of the evidence so that cases are not lost based on lack of evidence, improper technique, and/or lack of credibility.
3. Contracting Governmental Agencies with Required Internal Investigation Processes
 - a. If the contracting governmental correctional agency utilizes an internal investigative process required by contract, law, or regulation, that agency's investigative process will be invoked for allegations of sexual abuse and assault.
 - b. **AT THIS FACILITY, ADDITIONAL CONTRACTING AGENCY REQUIREMENTS PERTAINING TO THE INVESTIGATION OF RAPE, SEXUAL ASSAULT, OR EMPLOYEE ON RESIDENT SEXUAL MISCONDUCT ARE:**

[REDACTED]

4. Responsibilities of the Investigating Entity

Investigations conducted by a facility employee for allegations of sexual abuse and assault will be handled 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, contracting agency, etc.) comply with these requirements. (115.21 (e))

- 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. (115.21 (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 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. (115.21 (a))
 - c. The facility shall offer all victims of sexual abuse and assault access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate and only with the resident's consent. Such examinations shall be performed by a SAFE or SANE where possible. If SAFEs or SANEs 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))
 - d. 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 the center 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))
 - i. If a rape crisis center is not available to provide victim advocate services, the investigating entity shall make available a qualified staff member from a community-based organization, or a qualified investigating entity staff member, to provide these services.
 - ii. The investigating entity shall document efforts to secure services from rape crisis centers.
 - e. As requested by the victim, either the victim advocate, a qualified investigating entity staff member, or qualified community-based organization staff member 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. (115.21 (d))
5. In any sexual abuse and assault 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 and assault has taken place. (115.72)

P. INCIDENT CLASSIFICATION

All allegations of sexual abuse and assault shall be reported in accordance with CCA Policy 5-1 Incident Reporting.

1. Incident Classification

- a. Following completion of the investigation, the allegation will be classified as follows:
 - i. Substantiated – An incident shall be classified as substantiated if the results of the investigation determine that the allegation did occur.
 - ii. 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.
 - iii. Unfounded – An incident shall be classified as unfounded if the results of the investigation determine the allegation did not occur.
- b. The Facility Administrator will determine the appropriate classification of the incident and ensure that the 5-1E PREA Reporting form (refer to CCA Policy 5-1 Incident Reporting) is completed and maintained with the incident packet.

Q. RESIDENT NOTIFICATIONS

1. When the resident is still in immigration detention, or where otherwise feasible, following an investigation into 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 the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the resident.
2. All resident notifications or attempted notifications shall be documented on the 14-2E Resident Allegation Status Notification. The resident shall sign the 14-2E Resident Allegation Status Notification, verifying that such notification has been received. The signed 14-2E Resident Allegation Status Notification shall be filed in the resident's file. (115.73 (e))

R. DISCIPLINARY PROCEDURES

1. Residents

- a. Substantiated Incidents
 - i. All residents found guilty of sexual abuse and assault shall be disciplined in accordance with the facility disciplinary procedures. (115.78 (a))
 - ii. Because the burden of proof is substantially easier to prove in a resident's disciplinary case than in a criminal prosecution, a resident may be institutionally disciplined even though law enforcement officials decline to prosecute.
 - iii. 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. (115.78 (b))
 - iv. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when

determining what type of sanction, if any, should be imposed. (115.78 (d))

- v. A resident may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such contact. (115.78 (e))
 - b. Deliberate False Allegations
 - i. Residents who deliberately allege false claims of sexual abuse and assault can be disciplined. However, a report of sexual abuse and assault 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 an investigation does not establish evidence sufficient to substantiate the allegation.
 - ii. The Facility Administrator or designee should contact law enforcement to determine if a deliberately false accusation may be referred for prosecution.
2. Employees
- a. 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)
 - b. Employees shall be subject to disciplinary sanctions up to and including termination for violating CCA's sexual abuse and assault policies. Termination shall be the presumptive disciplinary sanction for employees who have engaged in or attempted or threatened to engage in sexual abuse and assault. (115.76 (a)(b))
 - c. Disciplinary sanctions for violations of CCA policies relating to sexual abuse (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. (115.76 (a))
 - d. All terminations for violations of CCA 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, unless the activity was clearly not criminal, and to any relevant licensing bodies, to the extent known. (115.76 (c) and (d))
 - e. The facility shall report all removals from duty or resignations in lieu of removal for violation of agency or facility 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.
3. Civilians/Contractors
- a. 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))
 - b. Any civilian or contractor who engages in sexual abuse and assault shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to any relevant licensing body, to the extent known. Any other

violation of CCA sexual abuse and assault policies by a civilian or contractor will result in further prohibitions. (115.77 (a-c))

- c. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents by civilians or contractors who have not engaged in sexual abuse and assault, but have violated other provisions within this policy.
- d. 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.

S. POST INCIDENT CLASSIFICATION PROCEDURES

1. Once the investigation is complete, the necessity of filing any resident “incompatible” or “keep separate” notices between the victim and perpetrator will be evaluated, such that the victim and perpetrator or potential perpetrator are kept separate while housed at the CCA facility or recommend a transfer to another facility.
2. The predatory resident shall be reclassified in accordance with the applicable classification procedures. This should be accomplished in consultation with the ICE Field Office.

T. COLLECTION AND USE OF DATA

1. Internal

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 CCA Policy 1-15 Retention of Records. (115.87 (a))

a. The Facility Administrator must maintain two types of files. **(ICE RS 2.7)**

i. General files include:

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

ii. Investigative files include:

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

iii. The Facility Administrator shall maintain these files chronologically in a secure location. At this facility, these files will be maintained electronically.

b. Allegation Tracking

- i. Each facility will ensure that incidents of sexual abuse and assault are entered into the IRD as required by CCA Policy 5-1 Incident Reporting and 14-2BB PREA 5-1 IRD Incident Reporting Definitions. (115.87 (a))

- ii. At least annually, CCA shall aggregate the incident-based sexual abuse and assault data. (115.87 (b))
 - The date, time, location, and nature of the incident;
 - The demographic background of the victim and perpetrator (including citizenship, age, gender, and whether 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 and 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/custody classification, medical examination, mental health counseling, etc.); and
 - Any sanctions imposed on the perpetrator. (115.67 (d)(1-6))
 - iii. Upon request, CCA will provide all data described in this section from the previous calendar year to the Office for Civil Rights and Civil Liberties no later than June 30. (115.67 (e))
 - iv. Data collected for this purpose shall be securely stored and retained in accordance with CCA Policy 1-15 Retention of Records. (115.89 (a))
2. External
- a. Any requests for information from an outside agency or entity (excluding the contracting governmental agency) regarding incidents of sexual abuse and assault shall be forwarded to and reviewed by the FSC General Counsel or designee and the Senior Director, PREA Programs and Compliance, prior to sending the response to the requesting entity.
 - b. Public Access
 - i. The FSC PREA Coordinator shall make all aggregated sexual abuse and assault data available to the public at least annually through the CCA website. (115.89 (b))
 - ii. Before making aggregated sexual abuse and assault data publicly available, CCA shall remove all personal identifiers. (115.89 (c))
3. Data Review
- a. The FSC PREA Coordinator shall review all aggregated sexual abuse and assault data collected in order to assess and improve the effectiveness of its sexual abuse and assault prevention, detection, and response policies, practices, and training, to include:
 - i. Identifying problem areas;
 - ii. Taking corrective action on an ongoing basis; and
 - iii. Preparing an annual report of findings and corrective actions for each facility, as well as CCA as a whole. (115.88 (a)(1-3))

- b. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of CCA's progress in addressing sexual abuse and assault. (115.88 (b))
- c. CCA's report shall be approved by the company's Chief Corrections Officer and made readily available to the public through the CCA website. (115.88 (c))
- d. 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. (115.88 (d))

U. QUALITY ASSURANCE COMPLIANCE

1. Internal Audits

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

2. External Audits

An external audit of all CCA facilities shall be conducted every three (3) years to ensure compliance with this policy, the PREA National Standards, and federal law and regulations. The FSC Quality Assurance Department will coordinate all such external audits in conjunction with the FSC PREA Compliance Coordinator, to include all aspects of the audit process as outlined in this section.

V. UPGRADES TO FACILITIES AND TECHNOLOGIES

1. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CCA 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 7-1B PREA Physical Plant Considerations form. (115.18 (a))
2. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CCA 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))

14-2.5 REVIEW:

This policy will be reviewed by the General Counsel or qualified designee on an annual basis.

14-2.6 APPLICABILITY:

All ICE Family Residential Facilities

14-2.7 APPENDICES:

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

14-2.8 ATTACHMENTS:

- 14-2A Policy Acknowledgement
- 14-2B Sexual Abuse Screening Tool

14-2C	Sexual Abuse Incident Check Sheet
14-2D	PREA Retaliation Monitoring Report (30/60/90)
14-2E	Resident Allegation Status Notification
14-2F	Sexual Abuse Incident Review Report
14-2G	PREA Physical Plant Considerations [MOVED TO CCA POLICY 7-1 RECORD DRAWINGS AND ALTERATIONS/ADDITIONS AS FORM 7-1B PREA PHYSICAL PLANT CONSIDERATIONS]
14-2H	Self-Declaration of Sexual Abuse/Sexual Harassment
14-2I	Annual PREA Staffing Plan Assessment
3-20-2A	Verification of Employment
5-1B	Notice to Administration
5-1E	PREA Reporting

14-2.9 REFERENCES:

CCA Policy 1-15

CCA Policy 4-2

CCA Policy 5-1

CCA Policy 13-79

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 and Assault in 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)

ACA Standards:

ACI 4-4056

ACI 4-4084

ACI 4-4277

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