

 <div>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</div>	Index 502.06.3	Page 1 of 6
	Effective Date: October 1, 2013	
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Approved by: Derrick D. Schofield		
Subject: MEDICAL, MENTAL HEALTH, VICTIM ADVOCACY, AND COMMUNITY SUPPORT SERVICES FOR PREA VICTIMS		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 39-13-501, TCA 39-13-503, TCA 39-16-408, the 2003 Prison Rape Elimination Act, 42 USC 15601 through 15609 (PREA), and Title 28 CFR Part 115.
- II. PURPOSE: To ensure compliance with state and federal laws and the Prison Rape Elimination Act of 2003 as it relates to medical, mental health, victim advocacy, and community support services.
- III. APPLICATION: All TDOC employees, inmates, residents, Wardens, Health and Mental Health Administrators, counseling services staff, health and mental health care staff, the medical and mental health contractors, and privately managed institutions.
- IV. DEFINITIONS:
  - A. Employee: For the purpose of this policy, any full-time or part-time staff member, contractor, employee of a contractor, volunteers, or interns.
  - B. Facility/Site PREA Coordinator (FPC): Deputy Wardens of TDOC institutions and Associate Wardens of privately managed institutions that coordinate local PREA programming activities and reporting requirements and oversee the functions of the PREA Compliance Manager. The Director of Community Correction shall serve as the FPC for community confinement centers (residential transitional centers, halfway houses, etc. who are under contract with the TDOC)
  - C. Prison Rape Elimination Act (PREA): Federal legislation enacted in 2003 to address the problem of sexual abuse of a person in custody within the United States.
  - D. PREA Victim Advocate: A person made available to the victim from a rape crisis center or, if unavailable, a qualified employee designated by the FPC to support an alleged victim during the investigation of an alleged sexual assault. A qualified agency employee is an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues.
  - E. Sexual Abuse: Encompasses inmate-on-inmate sexual abuse; inmate-on-inmate sexual harassment; staff-on-inmate sexual abuse; and staff-on-inmate sexual harassment. (These definitions include and are the same for resident-on-resident and staff-on-resident incidents)
    1. Inmate-on-inmate sexual abuse: Encompasses all incidents of inmate-on-inmate sexually abusive contact and inmate-on-inmate sexually abusive penetration.

Effective Date: October 1, 2013	Index #502.06.3	Page 2 of 6
Subject: MEDICAL, MENTAL HEALTH, VICTIM ADVOCACY, AND COMMUNITY SUPPORT SERVICES FOR PREA VICTIMS		

2. Inmate-on-inmate sexually abusive contact: Non-penetrative touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks without penetration by an inmate of another inmate without the latter's consent, or of an inmate who is coerced into sexual contact by threats of violence, or of an inmate who is unable to consent or refuse.
3. Inmate-on-inmate sexually abusive penetration: Penetration by an inmate of another inmate without the latter's consent, or of an inmate who is coerced into sexually abusive penetration by threats of violence, or of an inmate who is unable to consent or refuse. The sexual acts included are:
  - a. Contact between the penis and the vagina or the anus;
  - b. Contact between the mouth and the penis, vagina, or anus; or
  - c. Penetration of the anal or genital opening of another person by a hand, finger, or other object.
4. Inmate-on-inmate sexual harassment: Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, or gestures or actions of a derogatory or offensive sexual nature by one inmate directed towards another inmate.
5. Staff-on-inmate sexual abuse: Encompasses all occurrences of staff-on-inmate sexually abusive contact, staff-on-inmate sexually abusive penetration, staff-on-inmate indecent exposure, and staff-on-inmate voyeurism. Staff solicitations of inmates to engage in sexual contact or penetration constitute attempted staff-on-inmate sexual abuse.
6. Staff-on-inmate sexually abusive contact: Non-penetrative touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks by a staff member of an inmate with or without the latter's consent that is unrelated to official duties.
7. Staff-on-inmate sexually abusive penetration: Penetration by a staff member of an inmate with or without the latter's consent. The sexual acts included are:
  - a. Contact between the penis and the vagina or the anus;
  - b. Contact between the mouth and the penis, vagina, or anus; or
  - c. Penetration of the anal or genital opening of another person by a hand, finger, or other object.
8. Staff-on-inmate indecent exposure: The display by a staff member of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate.
9. Staff-on-inmate voyeurism: An invasion of an inmate's privacy by an employee for reasons unrelated to official duties or when otherwise not necessary for safety and security reason, such as peering at an inmate who is using a toilet in his or her cell; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions and distributing or publishing them.

Effective Date: October 1, 2013	Index #502.06.3	Page 3 of 6
Subject: MEDICAL, MENTAL HEALTH, VICTIM ADVOCACY, AND COMMUNITY SUPPORT SERVICES FOR PREA VICTIMS		

10. Staff-on-inmate sexual harassment: Repeated verbal comments or gestures of a sexual nature to an inmate by a staff member. Such statements include demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

F. Sexual Abuse Nurse Examiner (SANE): Nurses specially trained in the discipline of sexual response.

G. Sexual Abuse Response Team (SART): A coordinated response team comprised of medical and mental health practitioners, facility investigators, and facility security leadership.

H. Victim: Any inmate or resident within TDOC custody, including but not limited to contracted residential or confinement facilities, who has been identified as a victim of prison or facility sexual abuse.

V. POLICY: It is the policy of the TDOC to provide appropriate medical or mental health, victim advocacy, and community support services in accordance with the Prison Rape Elimination Act of 2003.

#### VI. PROCEDURES:

A. All staff shall accept reports of sexual abuse, harassment or retaliation by other inmates or staff for reporting sexual abuse or sexual harassment in accordance with Policy #502.06.2.

1. All staff shall maintain confidentiality except to the extent necessary to make treatment, investigation and other security management decisions.

2. Unless otherwise precluded by federal, state, or local law, medical and mental health providers shall be required to report sexual abuse and shall inform inmates of the providers' duty to report, and the limitations of confidentiality, at the initiation of services.

3. Medical and Mental Health providers shall obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in the institutional setting.

4. Non-SART members of medical and mental health staff will not be involved in the criminal investigations of PREA allegations, except for the preservation of evidence per operational protocol. Investigations will be conducted in accordance with Policy #502.06.2.

B. Medical and Mental Health support and services shall be provided to victims of sexual abuse or sexual harassment in accordance with Policy #502.06.2 and to the extent allowable and not in direct conflict with the Prison Elimination Act of 2003.

##### 1. Referrals and Monitoring:

a. If the intake screening process indicates that an inmate has experienced prior sexual victimization, or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a referral to a medical and or mental health provider within 14 days of the intake screening.

Effective Date: October 1, 2013	Index #502.06.3	Page 4 of 6
Subject: MEDICAL, MENTAL HEALTH, VICTIM ADVOCACY, AND COMMUNITY SUPPORT SERVICES FOR PREA VICTIMS		

- b. Within a set time period, not to exceed 30 days from the inmate's arrival at the institution, the institution will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.
- c. Those inmates identified as victims during the intake screening process placed in segregated housing involuntarily, shall be re-evaluated within 30 days of arrival at a facility by the mental health staff. If extension is necessary, there shall be documentation of the basis for concern for inmate safety and reason for no alternative means of separation.

2. Medical Response:

a. Access to Emergency Care:

- (1) Victims of sexual abuse 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 providers, according to their professional judgment, in accordance with Policy #113.30.
- (2) If no qualified medical or mental health providers are on duty at the time a report of recent abuse is made, correctional officers are trained to render first aid as needed. Once the victim is safe and the scene is secure, if medical attention is deemed necessary for stabilization, the security shift supervisor shall notify the medical member of SART or their designee.
- (3) Medical care should be limited to stabilizing the victim for transport.
- (4) Medical and mental health shall follow operational protocols regarding evidence preservation.

- b. All inmates alleging to be victims of a sexual abuse shall automatically be referred to Mental Health staff utilizing the referral process in accordance with Policy #113.82.

c. SANE Response:

- (1) Upon receiving a report of an alleged sexual abuse within the 72 hour time frame, the victim shall be transported by security to an outside medical facility with SANE personnel for a forensic examination, whenever possible, at no cost to the victim.
  - (a) If the victim is medically unstable, transport shall be to the nearest emergency medical facility by Emergency Medical Services.

Effective Date: October 1, 2013	Index #502.06.3	Page 5 of 6
Subject: MEDICAL, MENTAL HEALTH, VICTIM ADVOCACY, AND COMMUNITY SUPPORT SERVICES FOR PREA VICTIMS		

- (b) A PREA Victim Advocate shall be made available to the alleged victim, when requested, to accompany and support the victim through the forensic medical examination and the investigation process.
  - (2) Upon receiving a report of an alleged sexual abuse outside of the 72 hour time frame, SART members shall determine if SANE response is indicated at an outside medical facility with SANE personnel. The alleged victim shall be transported only to medical facilities trained and equipped with SANE personnel.
  - (3) If SANE personnel cannot be made available, the forensic examination can be performed by other qualified medical practitioners. The medical member of the SART shall document the efforts to provide SANE services.
- 3. Follow-up Care for Sexual Abuse:
  - a. Ongoing medical and mental health care for sexual abuse victims and abusers:
    - (1) The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lock-up, or juvenile facility.
    - (2) 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.
    - (3) The facility shall provide such victims with medical and mental health services consistent with the community level of care.
    - (4) Inmate victims of sexually abusive vaginal penetration, while incarcerated, shall be offered pregnancy tests and timely information about, and access to, all pregnancy-related medical services that are lawful in the community. (See Policy #113.90)
    - (5) Inmate victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted infections and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, as medically appropriate in accordance with Policy #113.42.
    - (6) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with investigations.
    - (7) All prisons shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health providers.

Effective Date: October 1, 2013	Index #502.06.3	Page 6 of 6
Subject: MEDICAL, MENTAL HEALTH, VICTIM ADVOCACY, AND COMMUNITY SUPPORT SERVICES FOR PREA VICTIMS		

b. Inmate Access to Outside Confidential Support Services:

- (1) The facility's Inmate PREA Victim Advocate shall ensure that inmates are provided access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing address and telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. A list of these agencies shall be submitted to the Assistant Commissioner of Rehabilitative Services/designee by July 1 of each year for review and approval.
- (2) The FPC shall ensure that inmates are informed, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
- (3) The TDOC shall attain memoranda of understanding (MOU) or other agreements with community services providers that are able to provide inmates with confidential emotional support services related to sexual abuse. MOUs are to be approved by the Director of Contracts Administration and TDOC General Counsel. The Assistant Commissioner of Rehabilitative Services/designee shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

C. Employee Training:

1. All Medical and Mental Health care and Counseling Services employees, (TDOC, contracted, privately managed, and agency), full and part-time, shall receive specialized training in the prevention, detection, response, and reporting of sexual abuse, in addition to any general training required for all employees.
2. Documentation of specialized training for medical and mental health employees shall be the responsibility of the Health Service Administrator and Mental Health Administrator at each facility.
3. Documentation of specialized training for counseling services employees shall be the responsibility of the Deputy Warden and/or Associate Warden at each facility.

VII. ACA STANDARDS: 4-4281 through 4-4281-8, 4-4348, 4-4351, 4-4353, 4-4354, 4-4371, and 4-4406.

VIII. EXPIRATION DATE: October 1, 2016.