

**CHAPTER:** 14  
**SUBJECT:** SEXUAL ABUSE PREVENTION AND RESPONSE  
**SUPERSEDES DATE:** 14-02 JULY 31, 2014  
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**APPROVED:** SIGNATURE ON FILE  
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WARDEN/ADMINISTRATOR

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**14-105.1 POLICY:**

CoreCivic is committed to protecting residents from personal abuse, corporal punishment, personal injury, disease, property damage, and harassment (**ACI 4-4281**). This policy provides the facility with a mechanism for complying with the Prison Rape Elimination Act (PREA) of 2003, and Department of Homeland Security (DHS) Standards to Prevent Detect and Respond to Sexual Abuse and Assault in Confinement Facilities (79 Fed. Reg. 13100 March 7, 2014) and the 2007 Immigration and Customs Enforcement (ICE) Residential Standards

CoreCivic has mandated zero-tolerance towards all forms of sexual abuse. Such conduct is prohibited by this policy and will not be tolerated; to include Resident-on-Resident Sexual Abuse and Employee-on-Resident Sexual Abuse. This policy outlines CoreCivic's approach to preventing, detecting, and responding to such conduct. 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. It is CoreCivic's policy to aggressively investigate all allegations, regardless of the source, and prosecute those who are involved in incidents of sexual abuse. Alleged victims of sexual abuse will be provided a supportive and protective environment. (115.11 (a) (c)), (115.62)

Sexual activity between residents or employees/civilians/contractors/volunteers and residents, regardless of consensual status, is strictly prohibited and subject to administrative and criminal disciplinary sanctions. (**ACI 4-4281-6; 4-ALDF-4D-22-5**)

**14-105.2 AUTHORITY:**

Facility Policy

**14-105.3 DEFINITIONS:**

Bad Faith – Acting with a dishonest belief or purpose.

Civilian – A person who is not a paid CoreCivic 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 the agency or facility. 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.

Resident – Any person detained in an immigration detention facility or holding facility

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

Employee – A person employed by CoreCivic 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 or security of any person.

Facility Support Center (FSC) – CoreCivic's corporate headquarters where employees provide support, direction and oversight in the management and operation of the company's correction, detention, residential, and community corrections 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 CoreCivic's companywide efforts to comply with the PREA National Standards and the company's Sexual Abuse Response and Prevention Program. He/she must provide supervisory oversight to all CoreCivic facilities ensuring coordination in the prevention, detection, intervention, investigation, and discipline/prosecution of sexual abuse as specified in this policy. (115.11 (b))

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

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

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

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

Prevention of Sexual Assault (PSA) Compliance Manager – An Administrative Duty Officer-level manager appointed by the Facility Administrator who maintains responsibility for the facility's Sexual Abuse Response and Prevention Program. The PSA Compliance Manager serves as the facility point of contact for the local field office and ICE/ERO PSA Coordinator.

PREA National Standards – Part 115 of Title 6 of the Code of Federal Regulations, the Prison Rape Elimination Act National Standards, including Subpart A, Standards for Immigration Detention facilities.

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 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages.

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

Resident-on-Resident Sexual Abuse and/or Assault – Sexual abuse of a resident by another resident includes 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:

- a. Contact between the penis and the vagina or anus and, for purposes of this subparagraph, contact involving the penis upon penetration, however slight;
- b. Contact between the mouth and the penis, vagina or anus;
- c. Penetration, however slight, of the anal or genital opening of another person by a hand or finger or by any object;
- d. Touching of the genitalia, anus, groin, breast, inner thighs or 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
- e. 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.

Staff-on-Resident Sexual Abuse and/or Assault – Sexual abuse of a resident by a staff member, contractor, or volunteer includes any of the following acts, if engaged in by one or more staff members, volunteers, or contract personnel who, with or without the consent of the resident, engages in or attempts to engage in:

- a. Contact between the penis and the vagina or anus and, for purposes of this subparagraph, contact involving the penis upon penetration, however slight;
- b. Contact between the mouth and the penis, vagina or anus;
- c. Penetration, however slight, of the anal or genital opening of another person by a hand or finger or by any object that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- d. Intentional touching of the genitalia, anus, groin, breast, inner thighs or buttocks, either directly or through the clothing, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- e. 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;
- f. Repeated verbal statements or comments of a sexual nature to a resident;
- g. Any display of his or her uncovered genitalia, buttocks, or breast in the presence of a resident, or;
- h. Voyeurism, which is defined as the inappropriate visual surveillance of a resident for reasons unrelated to official duties. Where not conducted for reasons relating to official duties, the following are examples of voyeurism: staring at a resident who is using a toilet in his or her cell to perform bodily functions; requiring a resident to expose his or her buttocks, genitals, or breasts; or taking images of all or part of 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, 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.

**14-105.4 PROCEDURES:****A. PSA COMPLIANCE MANAGER**

The facility shall designate a Prevention of Sexual Assault (PSA) Compliance Manager who shall serve as the facility point-of-contact for the local ICE/ERO field office and ICE/ERO PSA Coordinator. The PSA Compliance Manager shall have sufficient time and authority to oversee facility efforts to comply with facility sexual abuse and assault prevention and intervention policies and procedures. (115.11 (d)). The PSA Compliance Manager shall:

1. Assist with the implementation of written policies and procedures for the Sexual Abuse and Assault Prevention and Intervention Program,
2. Assist with the development of initial and ongoing training protocols;
3. Serve as a liaison with other agencies;
4. Coordinate the gathering of reports on allegations of sexual abuse or assault;
5. Review the results of every investigation of sexual abuse and assist in conducting an annual review of all investigations to assess and improve prevention and response efforts; and
6. Review facility practices to ensure required levels of confidentiality are maintained.

**B. CONFIDENTIALITY, HIRING/ PROMOTION, AND STAFF TRAINING****1. Confidentiality**

- a. All information concerning an event of resident sexual abuse is to be treated as confidential. Other than 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, to make treatment, investigation, and other security and management decisions and to prevent further victimization of other residents or staff in the facility
- b. 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))
- c. Security and management of documentation containing PREA information will be in accordance with CoreCivic and/or ICE/ERO policy regarding records management, records retention, HIPAA, etc.

**2. Hiring and Promotion**

- a. To the extent permitted by law, CoreCivic will decline to hire or promote anyone who may have contact with residents, and decline to enlist the services of any contractor, or volunteer, who may have contact with residents, who:

- i. Has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- ii. 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
- iii. Has been civilly or administratively adjudicated to have engaged in the activity as outlined above in B.2.a.ii. (115.17 (a))

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

- b. All applicants and employees who may have direct contact with residents shall be asked about previous misconduct, as outlined above in B.2.a.i-iii., 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.
  - i. The 14-2H-DHS Self-Declaration of Sexual Abuse form will be completed upon application for employment and as part of the promotional interview process.
  - ii. The 14-2H-DHS 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.2.a.i-iii. (115.17 (b))
- c. Background Records Check
  - i. Before hiring new employees who may have contact with residents, CoreCivic shall conduct a background investigation to determine whether the candidate for hire is suitable for employment with the facility, including a criminal background records check. (115.17 (c))
  - ii. Upon request by ICE/ERO, the facility shall submit for the agency's approval written documentation showing the detailed elements of the facility's background check for each staff member and the facility's conclusions. (115.17 (c))
  - iii. 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 any resignation during a pending investigation of an allegation of sexual abuse as defined by this policy. *The 3-20-2B PREA Questionnaire for Prior Institutional Employers Form* shall be used to solicit such prior employment information. (115.17(b))
  - iv. CoreCivic shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents. Upon request by ICE/ERO, the facility shall submit for the agency's approval written documentation showing the detailed elements of the facility's background check for each contractor and the facility's conclusions. (115.17 (d))
  - v. CoreCivic shall conduct criminal background records checks at least every five (5) years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information. (115.17 (c))

- vi. Unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. (115.17 (f))

### 3. Staff Training

#### a. Employees

Training on the facility's Sexual Abuse or Assault Prevention and Intervention Program shall be included in training for all new employees, and shall also be included in annual refresher training thereafter. (ACI 4-4084; ACI-4-4084-1; 4-ALDF-7B-08; 4-ALDF-7B-10; 4-ALDF-7B-10-1) Employee training shall ensure facility staff are able to fulfill their responsibilities under DHS standards,

- i. The CoreCivic's zero-tolerance policies for all forms of sexual abuse; (115.31 (a)(1))
- ii. The right of residents and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; (115.31 (a)(2))
- iii. Definitions and examples of prohibited and illegal sexual behavior; (115.31 (a)(3))
- iv. Recognition of situations where sexual abuse may occur; (115.31 (a)(4))
- v. Recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and responding to such occurrences; (115.31 (a)(5))
- vi. How to avoid inappropriate relationships with residents; (115.31 (a)(6))
- vii. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; (115.31 (a)(7))
- viii. Procedures for reporting knowledge or suspicions of sexual abuse; (115.31 (a)(8))and
- ix. The requirement to limit reporting of sexual abuse 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)(9))

#### b. Specialized Training

- i. In addition to the general training provided to all employees, security staff shall receive training in in proper procedures for conducting pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex residents. All pat-down searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and agency policy, including consideration of officer safety. (115.15 (j))
- ii. The facility shall provide specialized training on sexual abuse and effective cross-agency coordination to Facility Investigators who conduct

administrative investigations into allegations of sexual abuse at immigration detention facilities. This training covers, interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process. (115.34 (a))

Documentation of completed training shall be maintained in accordance with CoreCivic Policies 1-15 Record Retention and 4-2 Maintenance of Training Records. (115.34 (b))

- iii. The PSA Compliance Manager shall ensure that more than one (1) person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as a back-up during employee absences (e.g. leave, paid time off, sickness, offsite training, etc.) from work.
  - iv. 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, (115.35 (a)) shall receive specialized medical training as outlined below:
    - How to detect and assess signs of sexual abuse;
    - How to respond effectively and professionally to victims of sexual abuse;
    - How and to whom to report allegations or suspicions of sexual abuse; and
    - How to preserve physical evidence of sexual abuse. (115.35 (b)(1-4))
  - v. ICE/ERO shall review and approve the facility's policy and procedures to ensure that facility medical staff is trained in procedures for examining and treating victims of sexual abuse. (115.35(c))
- c. Civilians/Contractors/Volunteers
- i. The facility shall ensure that all volunteers and other contractors who have contact with residents have been trained on their responsibilities under the facility's sexual abuse prevention, detection, intervention and response policies and procedures. (115.32 (a))
  - ii. The level and type of training provided to volunteers and other contractors will be based on the services they provide and their level of contact with residents; but, all volunteers and contractors who have any contact with residents must be notified of the facility's zero-tolerance policy and informed how to report such incidents. (115.32 (b))
  - iii. Civilians/contractors/volunteers 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.
- d. Training and Policy Acknowledgement Documentation
- i. 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 using the *14-2A DHS Policy and Training Acknowledgement* form. (115.31(c))

- ii. Civilians/contractors/volunteers shall be required to confirm, by either electronic or manual signature, their receipt and understanding of the received training. Signed documentation will be maintained in the civilian or contractor's file using the *14-2A DHS Policy and Training Acknowledgement* form (115.32 (c))
- iii. For employees, the *14-2A DHS Policy and Training Acknowledgement* form completed by each employee shall serve 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 in accordance with CoreCivic Policies 1.15 Record Retention and 4-2 Maintenance of Training Records.

**C. SUPERVISION AND MONITORING**

1. The facility shall maintain a Policy Manual that includes comprehensive resident supervision guidelines to determine and meet the facility resident supervision needs. These guidelines shall be approved by ICE/ERO and shall be reviewed 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. (115.13 (a))
2. In calculating staffing levels and determining the need for video monitoring, the following factors shall be take 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;
  - f. Recommendations of sexual abuse 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**
  - a. Whenever necessary, but no less frequently than once each year, for each, an annual PREA staffing plan assessment is completed.
  - b. The Facility PSA Compliance Manager will complete the *14-2I-DHS Annual PREA Staffing Plan Assessment* and forward it to the Facility Administrator for review. Upon completion of the Facility Administrator's review, the *14-2I-DHS Annual PREA Staffing Plan Assessment* will be forwarded to the FSC PREA Coordinator.
  - c. In consultation with the facility, the FSC PREA 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.

- d. Changes to staffing, policy/procedure, physical plant, approved capital expenditures, video monitoring and/or technology require the approval of the Business Unit Vice President/Designee.

#### 4. **Supervision**

- a. Staff, including supervisors, shall conduct frequent unannounced facility rounds to identify and deter sexual abuse of residents. The occurrence of such rounds shall be documented in the applicable log (e.g. Administrative Duty Officer, 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 supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. (115.13 (d))
- c. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic shall consider the effect of the design, acquisition, expansion, or modification upon their ability to protect residents from sexual abuse. Such considerations shall be documented on the 7-1B PREA Physical Plant Considerations form. (115.18(a))
- d. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect residents from sexual abuse. Such considerations shall be documented on the 7-1B PREA Physical Plant Considerations form. (115.18 (b))

#### **D. RESIDENT SCREENING, CLASSIFICATION AND REASSESSMENT**

1. All residents shall be screened upon arrival at the facility for potential risk of sexual victimization or sexually abusive behavior, and shall be housed to prevent sexual abuse or assault, taking necessary steps to mitigate any such danger. (115.41(a)) **(ACI 4-4281-2; 4-ALDF-4D-22-1)**
2. Each new resident shall be kept separate from the general population until he/she has been classified and may be housed accordingly. (115.41(a))
3. The initial classification process and initial housing assignment should be completed within twelve (12) hours of admission to the facility (115.41 (b)) **(ACI 4-4281-2; 4-ALDF-4D-22-1)**
4. The facility shall consider, to the extent that the information is available, the following criteria to assess residents for risk of sexual victimization:
  - a. Whether the resident has a mental, physical, or developmental disability;
  - b. The age of the resident;
  - c. The physical build and appearance of the resident;
  - d. Whether the resident has previously been incarcerated or detained;
  - e. The nature of the resident's criminal history;
  - f. Whether the resident has any convictions for sex offenses against an adult or child;

- g. Whether the resident has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
    - h. Whether the resident has self-identified as having previously experienced sexual victimization; and
    - i. The resident's own concerns about his or her physical safety. (115.41 (c)(1-9))
5. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing residents for risk of being sexually abusive. (115.41(d))
6. Residents shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to items (a), (g), (h), or (i) above. (115.41 (f))
7. The 14-2B-DHS Sexual Abuse Screening Tool form or electronic OMS version will be utilized to complete the initial screening.
8. The facility shall implement appropriate protections on the dissemination within the facility of responses to questions asked pursuant to this screening to ensure that sensitive information is not exploited to the resident's detriment by staff or other resident. (115.41 (g))
9. If screening indicates that a resident has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the resident is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. (115.81(a)) **(ACI 4-4281-4; ACI-4-4281-5; 4-ALDF-4D-22-3; 4-ALDF-22-4)**
  - 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))
10. Reassessment

The facility shall reassess each resident's risk of victimization or abusiveness between sixty (60) and ninety (90) days from the date of the initial assessment, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization. (115.41 (e))

  - a. 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 Facility Administrator.
  - b. The 14-2B-DHS Sexual Abuse Screening Tool will be used for completing the re-assessment.
  - c. The reassessment will include any additional relevant information received by the facility since the initial intake screening; and 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.
11. Completed 14-2B-DHS forms, will be maintained in the resident's central file or electronic records, with a copy forwarded to the resident's medical record and/or, where applicable, the resident's electronic medical records.

12. Following any investigation into an allegation of sexual abuse, 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 CoreCivic facility or recommend a transfer to another facility.
13. The predatory resident shall be reclassified in accordance with the applicable classification procedures.

#### **E. HOUSING AND PROGRAM ASSIGNMENTS**

1. The facility shall use the information obtained from the 14-2B-DHS conducted at initial screening in the assignment of housing, recreation, voluntary work programs and other activities. Individualized determinations shall be made on how to ensure the safety of each resident (115.42 (a))
2. Immigrations and Customs Enforcement does not place residents who are identified as transgender or intersex at the T. Don Hutto Residential Center. Upon notification of the arrival or identification of a transgender or intersex Resident, that resident will remain in the intake area until transferred to another facility by ICE/ERO. (115.42(a),(b),(c))
3. Residents considered at risk for sexual victimization shall be placed in the least restrictive housing that is available and appropriate. If appropriate custodial options are not available at the facility, the facility will consult with the ICE/ERO Field Office Director to determine if ICE/ERO can provide additional assistance
4. The T. Don Hutto Residential Center does not have nor operate a Special Housing Unit or Administrative Segregation Unit. (115.43, 115.68)

#### **F. RESIDENT ORIENTATION AND EDUCATION**

1. Upon admission, all residents shall be notified of the facility's zero tolerance policy on all forms of sexual abuse and assault through the orientation program and resident handbook. Residents will be provided with information (orally and in writing) about the facility's SA-API Program. Such information shall include, at a minimum: (115.33 (a)) **(ACI 4-4281-1; 4-ALDF-2A-29)**
  - a. Prevention and intervention strategies;
  - b. Definitions and examples of resident-on-resident sexual abuse and assault, staff-on-resident sexual abuse and assault and coercive sexual activity;
  - c. Explanation of methods for reporting sexual abuse or assault, including to any 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, and the Joint Intake Center,
  - d. Information about self-protection and indicators of sexual abuse and assault;
  - e. Prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the resident's immigration proceedings; and
  - f. The right of a resident who has been subjected to sexual abuse to receive treatment and counseling.
2. The facility shall post on all housing unit bulletin boards the following notices:
  - a. The DHS-prescribed sexual abuse and assault awareness notice;
  - b. The name of the facility PSA Compliance Manager, and information about how to contact him/her

- c. Information about local organization(s) that can assist residents who have been victims of sexual abuse or assault, including mailing addresses and telephone numbers (toll-free hotline numbers where available). (115.33(d))
3. The facility shall provide the resident 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))
4. The facility shall make available and distribute the DHS-prescribed "Sexual Assault Awareness Information" pamphlet. (115.33 (e))
5. During intake or subsequent orientation, residents shall be shown CoreCivic and/or ICE/ERO PREA videos that provide additional information on PREA topics. These videos will be shown in both English and Spanish. Residents must sign and acknowledge that they have seen the video.
6. Information about reporting sexual abuse shall be included in the resident handbook. The resident shall sign for receipt of the handbook and a copy placed in his/her file.
7. The facility shall maintain documentation of resident participation in educational sessions pertaining to sexual abuse. (115.33 (c))
8. Information about reporting sexual abuse shall be included in the Resident Handbook made available to all immigration detention facility residents. (115.33(f))

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

1. In accordance with 2007 ICE/ERO Residential Standards, a pat-down search during admission to a facility, or at any time thereafter, shall not be conducted on any resident unless a reasonable and articulable suspicion can be documented. There must be a reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred. If required, pat searches must be authorized by the ICE/ERO AFOD.
  - a. All pat-down searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and policy, including officer safety. (115.15 (j))
  - b. A pat-down is an inspection of a resident/resident, using the hands. The staff person uses his or her sense of touch when patting or running the hands over the clothed resident's body. It is considered the least intrusive of the body searches and should only be conducted by a staff member of the same gender.
  - c. Cross-gender pat-down searches of female residents shall not be conducted unless in exigent circumstances. If required, a cross-gender pat-down search must be authorized by the ICE/ERO AFOD. (115.15(c))
  - d. A pat-down does not require the resident to remove clothing, although the inspection includes a search of the residents clothing and personal effects.
  - e. A hand-held and/or stationary metal detector shall be available and will be used in lieu of a pat-down.
  - f. All pat searches will be documented in a log book. (115.15 (d))
2. A strip search, also referred to as a visual search may not be authorized or conducted without the explicit consent of the ICE/ERO AFOD.

- a. A strip search shall only be conducted by two ICE/ERO staff members of the same gender as the resident and only under circumstances where it can be shown that a life or public safety issue is clearly established.
  - b. A strip search is a visual inspection of all body surfaces and body cavities. The inspector shall not touch any skin surface of the resident. However, the inspector may request that the resident move parts of the body to permit visual inspection. It is considered more intrusive than a pat-down and shall be made in a manner designed to ensure as much privacy to the resident as practicable.
  - c. A strip search requires the removal or rearrangement of some or all of the resident's clothing to examine the clothing or to permit the inspection of exterior skin surfaces of the body, including breasts and exterior anal and genital areas, inside of the nose, ears, and mouth.
  - d. If items are discovered that protrude from a body cavity, the removal of those items are governed by the procedures applicable to body cavity searches. In every instance where it is established that a foreign object is located within a body cavity, only a qualified medical authority shall be authorized to locate and remove the object. Only the ICE/ERO Field Office Director/designee may authorize a body cavity search.
  - e. Cross-gender strip searches or cross-gender visual body cavity searches shall not be conducted. (155.15(e))
  - f. If a strip search or body cavity search of any resident does occur, the search shall be documented on the 5-1B Notice to Administration (NTA) (refer to CoreCivic Policy 5-1 Incident Reporting). (115.15(f))
3. Residents at T. Don Hutto shall be able to shower, perform bodily functions, and change clothing without being viewed by staff, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. (115.15 (h))
  4. 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))
  5. The facility shall not search or physically examine a resident for the sole purpose of determining the resident's genital characteristics. If the resident's gender is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, learning that information as part of a standard medical examination that all residents must undergo as part of intake or other processing procedure conducted in private, by a medical practitioner. (115.15 (i))

## H. ACCOMMODATING RESIDENTS WITH DISABILITIES OR LIMITED ENGLISH PROFICIENCY

### 1. Residents with Disabilities

- a. The T. Don Hutto Residential Center ensures that residents with disabilities (including, but not limited to, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. (115.33 (b)) (**4-ALDF-6B-02; ACI 4-4277**)

- b. When necessary to ensure effective communication with residents who are deaf or hard of hearing, or residents who have intellectual, psychiatric, or speech disabilities, limited reading skills, or who are blind or have low vision, the facility shall accommodate the resident by:
  - i. Providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary; and
  - ii. Providing access to written materials related to sexual abuse in formats or through methods that ensure effective communication. (155.16(a))
- c. Auxiliary aids such as readers, materials in Braille, audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf persons (TTYs), interpreters, and note-takers, may be provided as needed.

## **2. Residents with Limited English Proficiency (LEP)**

- a. The facility shall ensure meaningful access to all aspects of ICE/ERO's and the facility's efforts to prevent, detect, and respond to sexual abuse to residents who are LEP, including steps to provide in-person or telephonic interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. (115.33 (b))
- b. In matters relating to allegations of sexual abuse, translation services shall be provided by someone other than another resident, unless the resident expresses a preference for another resident to provide interpretation and ICE/ERO determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, residents who witnessed the alleged abuse, and residents who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse. (115.16 (c))
- c. Residents with LEP will be provided in-person or telephonic interpretation services. The facility will provide access to the Language Line or other similar translation service at no cost to the resident.
- d. Where practicable, provisions for written translation of materials related to sexual abuse or assault shall be made for any significant segments of the population with LEP. Oral interpretation or assistance shall be provided to any resident who speaks another language in which written material has not been translated or who is illiterate.
- e. All written materials provided to residents shall generally be translated into Spanish. Information provided to residents will be available in both English and Spanish, including, but not limited to:
  - i. Written information provided to residents at intake, and in orientation;
  - ii. PREA information posted on housing unit bulletin boards; and
  - iii. Orientation videos.

## **I. REPORTING PROCEDURES**

### **1. Resident Reporting**

- a. The T. Don Hutto Residential Center provides multiple ways for residents to privately report sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations that may have contributed to such incidents. (115.51(a))

- b. Any resident may report acts of sexual abuse or assault to any employee, contractor, or volunteer.
- c. If a resident is not comfortable with making the report to immediate point-of-contact line staff, he/she shall be allowed to make the report to a staff person with whom he/she is comfortable in speaking about the allegations.
- d. Residents wishing to report an incident of sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations that may have contributed to such incidents, have the option to report to a designated employee other than an immediate point-of-contact line officer confidentially, or anonymously, if desired, by using any of the following methods: (115.51 (a)) **(ACI 4-4281-7; 4-ALDF-4D-22-7)**
- i. Submitting a request to meet with Health Services Staff and/or Mental Health Services or reporting the incident to a Health Services staff member during sick call;
  - ii. Verbally telling any employee, including the facility Chaplain;
  - iii. Forwarding a letter, sealed and marked "confidential", to the Facility Administrator or any other employee;
  - iv. Calling or writing someone outside the facility who can notify facility staff;
  - v. Calling the CoreCivic's twenty-four (24) hour toll-free notification telephone number at **1-866-757-4448**;
  - vi. Forwarding a letter to the FSC PREA Coordinator at the following address:
- 10 Burton Hills Boulevard  
Nashville, Tennessee 37215**
- vii. Calling or writing the Rape Crisis Center:  
**Rape Crisis Center  
Po Box 27062  
San Antonio, Texas 78227  
1-844-252-7273  
(Hotline Available 24/7)**
  - viii. Calling the Immigration and Customs Enforcement, Office of Enforcement and Removal Operations' Detention Reporting and Information Line (ICE/ERO DRIL) at **1-888-351-4024**
- e. Residents shall also be permitted to directly report to the U.S. Department of Homeland Security OIG via telephone the toll free hot line at **1-800-323-8603 (TTY 1-844-889-4357)**. This number and pertinent information will be securely posted inside each housing unit for access twenty-four hours per day seven days per week (24/7).
- f. Residents may also report by mailing a letter to U.S. Department of Homeland Security OIG at the following address:

**Office of Inspector General  
Department of Homeland Security  
245 Murray Lane SW  
Washington, DC 20528-0305**

- g. Residents may make telephone calls or file written reports to their consulates and/or consular offices. Consulate calling instructions and phone numbers are available in the resident phonebook at each resident telephone. Additionally, resources with phone numbers and addresses for consulates and/or consular offices will be kept in the resident library and by request for residents unable to visit the library. (115.51 (a))
- h. T. Don Hutto Residential Center provides a way for residents to report abuse to a public or private entity or office that is not part of ICE/ERO or CoreCivic, and that is able to receive and immediately forward resident reports of sexual abuse to facility officials, allowing the resident to remain anonymous upon request. (115.51 (b)). For T Don Hutto, residents may call or write to the following:

**WILLIAMSON COUNTY CRISIS CENTER  
DBA HOPE ALLIANCE ("HOPE ALLIANCE")  
1011 Gattis School Rd, Suite 106  
Round Rock, TX 78664  
1-800-460-7233 (SAFE)**

-or-

**Rape Crisis Center  
Po Box 27062  
San Antonio, Texas 78227  
1-844-252-7273**

## 2. Employee Reporting Duties

- a. Employees must take all allegations of sexual abuse seriously, including verbal, anonymous and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. (115.51 (c)) Staff shall respond supportively and non-judgmentally.
- b. When there is reasonable belief 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. All reports of sexual abuse will be reported to the Facility Administrator, Facility Investigator, or PSA. (115.61 (b))
- d. All employees are required to immediately report:
  - i. Any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility in accordance with this policy, whether or not the area is under CoreCivic management authority;
  - ii. Retaliation against residents or employees who have reported such an incident; and
  - iii. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. (115.61 (a))
- e. In addition to reporting incidents directly to facility staff through internal reporting methods, T. Don Hutto Residential Center employees and/or third parties, may report incidents to any of the following: (115.54, 115.61(a))

### ICE/OPR Joint Intake Center



Toll-free hotline number (1-877-246-8253) or  
E-mail [joint.intake@dhs.gov](mailto:joint.intake@dhs.gov); or

Immigration and Customs Enforcement Community and Resident Hotline  
1-888-351-4024

CoreCivic 24-hour Ethics Line: 1-866-757-4448  
or, visit [www.CoreCivic.ethicspoint.com](http://www.CoreCivic.ethicspoint.com)

- f. Apart from such reporting, staff shall not reveal any information related to a sexual abuse 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 facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions. (115.61(c))
- g. Unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outlined above. 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. 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).
- h. Employees who fail to report allegations will be subject to disciplinary action.

## J. GRIEVANCES

1. Grievances alleging sexual abuse shall be treated as Emergency Grievances. 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.
2. The facility shall permit a resident to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. (115.52(a))
3. The facility shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (115.52(b))
4. To prepare a grievance, a resident may obtain assistance from another resident, the housing officer or other facility staff, family members, or legal representatives. Staff shall take reasonable steps to expedite requests for assistance from these other parties. (115.52(f))
5. After receiving an emergency grievance alleging that a resident is subject to an immediate threat to resident health, safety, or welfare related to sexual abuse, the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) shall be immediately forwarded to an ADO-level employee who can initiate immediate corrective action as needed. (115.52(c))
6. Time Guidelines

- a. Facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. (115.52(d))
  - b. If a grievance contains allegations regarding sexual abuse and other allegations or complaints not involving sexual abuse, normal time guidelines shall be applied to the other allegations or complaints.
  - c. A final decision on the Emergency Grievance alleging sexual abuse shall be provided to the resident within 5 days of receipt.
  - d. A decision on an appeal of the Final Decision shall receive a response to the resident within 30 days.
  - e. Facilities shall send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the facility ICE/ERO AFOD to forward to the appropriate ICE/ERO Field Office Director at the end of the grievance process. (115.52(e))
7. The initial response and final decision shall document the facility's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.
5. Nothing in this section shall restrict CoreCivic ability to defend against a resident lawsuit on the grounds that the applicable statute of limitations has expired.
6. Allegations Against Employees
- a. A resident shall not be required to use an informal grievance process or otherwise attempt to resolve an alleged incident of sexual abuse informally
  - b. A resident/resident who alleges sexual abuse may submit a grievance without submitting it to an employee who is the subject of the complaint even if normal procedures would require that the grievance be submitted to that employee.
  - c. If an employee is the target of an allegation of sexual abuse contained in a grievance, that grievance will not be referred to that employee.
7. Third parties, including other residents, employees, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse or to file such requests on behalf of residents.
- a. If a third party files such a request on behalf of a resident, the facility may require, as a condition of processing the request, that the alleged victim agree to have the request filed on his/her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.
  - b. If the resident declines to have the request processed on his/her behalf, the facility shall document the resident's decision.
  - c. Staff will take reasonable steps to expedite requests for assistance from outside parties.
8. The facility may only discipline a resident/resident for filing a grievance related to alleged sexual abuse when it can be demonstrated that the resident/resident filed the grievance in bad faith.
9. The facility shall send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate ICE/ERO Field Office Director/designee at the end of the grievance process.

**K. COORDINATED RESPONSE PROCEDURES (115.62(a))**

## 1. Sexual Abuse Response Team (SART) (115.65(b))

a. Each facility will establish a SART which shall include, but is not limited to, the following positions:

- PSA Compliance Manager;
- Medical representative;
- Security representative;
- Mental health representative; and
- Victim Services Coordinator.

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

b. The SART responsibilities shall include, but are not limited to, the following:

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

c. SART Member Responsibilities

i. The PSA Compliance Manager will:

- Review the facility's response to sexual abuse allegations, with the Administrator or designee, to ensure the policy is implemented effectively and victim needs are addressed;
- Serve as a primary liaison with local law enforcement or delegate this responsibility to the Facility Investigator;
- Ensure the completion of the 14-2C Sexual Abuse Incident Check Sheet; and
- Ensure prompt actions are taken to remedy any identified retaliation. (115.67 (c))

ii. The Medical Representative will:

- 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
- Address any ongoing medical care needs following the incident.

iii. The Security Representative will:

- Ensure resident safety needs are addressed, including separating the alleged victim and perpetrator; and

- Ensure employee responses to reports of sexual abuse are timely and consistent with policy.
- iv. The Mental Health Representative will:
- Ensure the alleged victim is assessed; and
  - Ensure mental health needs are addressed according to policy and local procedure.
- v. The Victim Services Coordinator will:
- Attempt to obtain the services of a victim advocate from a rape crisis center to assist the alleged victim. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Check Sheet via the Incident Reporting Database (IRD);
  - In the absence of a victim advocate, and/or facility mental health services the Victim Services Coordinator will attempt to obtain confidential emotional support services related to sexual abuse for residents;
  - Ensure that residents are aware they may access additional victim resources through community victim resource agencies; (115.53 (b)) and
  - Ensure that alleged victims are informed of their rights to care and protection from further victimization.

## 2. First Response

- a. When a staff member has reasonable belief that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident. (115.62)
- b. Any employee who has knowledge of sexual abuse, or an allegation of sexual abuse, shall ensure that the following actions are accomplished:
- i. 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))
- ii. 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. (115.64 (a)(2))
- iii. 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 take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. (115.64 (a)(3)) **(ACI 4-4282)**
- iv. If the sexual 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 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. (115.64(a)(4))

- v. 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. The facility will request through local law enforcement, 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.
  - vi. When the alleged perpetrator is a resident, he/she is secured in a single cell (if available) in the event evidence collection is required.
  - vii. All acquired information concerning the allegation is kept confidential by discussing the information with only those employees who have a direct need to know.
  - viii. 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))
  - ix. An incident statement is written in accordance with CoreCivic Policy 5-1 Incident Reporting.
- c. Upon notification of alleged sexual abuse, the highest ranking authority on-site shall ensure that the following actions are accomplished:
- i. When the alleged perpetrator is a resident, in order to preserve any evidence, the alleged perpetrator should not be allowed to wash, shower, brush his/her teeth, use the restroom facilities, change clothes, or eat or drink while secured in segregation in a single cell (if available). (115.64 (a)(4))
  - ii. The PSA Compliance Manager and the Facility Administrator or ADO are immediately notified of the allegation.
  - iii. While in the Health Services Department, a brief statement is obtained from the alleged victim concerning the incident.
  - iv. 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 and 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 referenced in the allegation or investigation.
- d. If a victim of sexual abuse is transferred between DHS 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))
- e. If a victim is transferred from a DHS immigration detention facility to a non-DHS facility, 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, unless the victim requests otherwise. (115.65 (d))

- f. The PSA Compliance Manager, Facility Administrator, or ADO, will ensure that the following is completed:
- i. The PSA Compliance Manager, Facility Administrator or designee shall immediately report all allegations of rape, sexual assault, or Employee-on-Resident sexual misconduct to the Williamson County Sheriff's Department for criminal investigation if the allegation would be considered a criminal act under federal, state, or local law.
  - ii. The reporting party shall request guidance from the law enforcement agency in preserving the crime scene, the needs to transport for a SAFE/SANE exam, and coordinating the investigation response.
  - iii. Ensure the alleged perpetrator is secured in segregation in a single cell (when possible) pending an investigation into the allegation. Ensure the alleged victim is separated/isolated from the alleged perpetrator until completion of the investigation.
  - iv. If the allegation involves an employee, ensure steps are taken to place this person in a non-resident contact role.
  - v. Immediately report the Incident to ICE Enforcement and Removal Operations (ERO). In turn, ICE/ERO will report the allegation as a significant incident, and refer the allegation for investigation
  - vi. **The facility shall notify the ICE/ERO Field Office Director (FOD) of allegations of sexual abuse or assault using the following process by reporting the incident to the ICE/ERO AFOD on site at the facility who will in turn notify the FOD**
  - vii. As instructed by the ICE/ERO Field Office Director, the facility will comply with any requirements for coordination with the ICE OPR for investigation or referral of incidents of sexual assault to another investigative agency, and discipline and prosecution of assailants.
  - viii. Ensure that medical and mental health referrals are completed. Documentation of medical and mental health evaluations and treatment, crisis intervention counseling and recommendations for post-release follow-up treatment and/or counseling shall be retained in the resident's medical file in accordance with an established schedule.
  - ix. Ensure that an investigation is initiated and documented; however, investigations into allegations of sexual abuse must be investigated by an employee who has received training in the investigation of sexual abuse cases.
  - x. Ensure appropriate incident reports are completed in accordance with CoreCivic Policy 5-1 Incident Reporting.
- g. A preliminary review of the incident and the response shall be conducted telephonically within seventy-two (72) hours (excluding weekends and holidays) following reportable PREA incidents of Employee-on-Resident Sexual Abuse and Resident-on-Resident Sexual Abuse. Upon receipt of the 5-1 Incident Report, the review will be convened by the FSC Administrative Assistant responsible for the facility.

**Employee-on-Resident Sexual Abuse -Required Participants:**

- Managing Director/designee;
- FSC PREA Coordinator/designee;

- Facility Administrator;
- Facility PSA Compliance Manager; and
- Facility Investigator.

**Employee-on-Resident Sexual Abuse** -Optional Participants:

- Staff identified by the Facility Administrator if his/her participation is necessary to provide specialized information essential to complete the review; and
- FSC PREA Committee Members.

**Resident-on-Resident Sexual Abuse**- Required Participants:

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

**Resident-on-Resident Sexual Abuse**-Optional Participants:

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

**Review Protocol:** At a minimum, the review shall include:

- Discussion of the incident, and whether the incident response meets applicable standards;
- Appropriate categorization of the incident report;
- Completion of required notifications;
- A request for law enforcement involvement (if appropriate);
- Whether employee actions or failures to act contributed to the sexual abuse; and

- h. If the allegation of sexual abuse involves events that took place while the alleged resident victim was confined at another facility , the Facility Administrator of the facility that received the allegation shall ensure that the following actions are taken:
- i. 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))
  - ii. A copy of the statement of the resident shall be forwarded to the appropriate official at the location where the incident was reported to have occurred.
  - iii. All such contacts and notifications shall be documented on the 5-1B Notice to Administration; including the allegation, the name and position of the individual notified and the date of the notification. (115.63 (c))
- h. In the event that an allegation is received from another facility that an incident of sexual abuse occurred previously while a resident was a resident at the T. Don Hutto Residential Center, the allegation shall be documented, and the name and title of the other facility's reporting personnel obtained.

- i. The information shall be forward to the Facility Investigator who shall determine whether the allegation has already been addressed. If so, further investigation need not occur.
- ii. In the event that the allegation has not been investigated, the Facility Investigator shall open an investigation and make all notifications required by this Policy, to include notification of the ICE/ERO AFOD who will notify the ICE/ERO FOD.
- iii. The Report and Investigation shall be documented in the 5-1 IRD. (115.63 (d))

### 3. **Post Allegation Protections Against Retaliation**

- a. Staff, contractors, volunteers, and residents shall not retaliate against any person, including a resident, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual abuse as a result of force, coercion, threats, or fear of force. (115.67 (a)) **(ACI 4-4281)**
- b. The facility shall employ multiple protection measures, such as housing changes, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or for cooperating with investigations. (115.67(b))
- c. The PSA Compliance Manager shall ensure that thirty/sixty/ninety (30/60/90) day retaliation to see if there are facts that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the facility should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing.
  - Monitoring is documented on the 14-2D PREA Retaliation Monitoring Report (30/60/90) form. (115.67 (c))
- d. The facility shall take care to place resident victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible. (115.68)

## L. **VICTIM ADVOCATES AND EMOTIONAL SUPPORT SERVICES**

1. T. Don Hutto Residential Center maintains a Memorandum of Understanding (MOU) with a community service provider that provides victim advocacy and confidential emotional support for resident victims of sexual abuse. (115.53 (a)). The provider is:

**WILLIAMSON COUNTY CRISIS CENTER  
DBA HOPE ALLIANCE ("HOPE ALLIANCE")  
1011 Gattis School Rd, Suite 106,  
Round Rock, Texas 78664  
1-800-460-7233 (SAFE)**



2. Residents have access to ICE/ERO provided Pro Bono legal services that provide legal advocacy for victims of sexual abuse. This information is available in resident phonebooks at each resident telephone, on common area bulletin boards, and in the law library. (115.53(a))
3. As requested by the victim of sexual abuse a victim advocate, or qualified community-based organization staff member, shall accompany and support the victim through the forensic medical examination (SAFE/SANE) process and investigatory interviews, and shall provide emotional support. Available victim advocacy services offered by a hospital conducting the forensic exam, shall also be allowed for support during the exam and investigatory interviews (115.21 (d))
4. Residents shall be provided access to outside victim advocates for emotional support services related to sexual abuse by being provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations Such information shall be included in the facility 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))
5. Residents shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. (115.53 (d))

#### **M. HEALTH CARE AND MENTAL HEALTH SERVICES**

1. Procedures
  - a. Resident victims of sexual abuse and assault shall have timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. (115.82 (a)) **(ACI 4-4406M; 4-ALDF-4D-22-6M)**
  - b. Transportation of an alleged victim for emergency care or other services provided offsite shall be arranged in a manner that takes into account the special needs of victimized residents.
  - c. The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse while in immigration detention. (115.83(a)) **(4-ALDF-4D-22-4)**
  - d. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. (115.83(b)) **(4-ALDF-4D-22-4)**
  - e. Resident victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services. (115.83 (d)) **(ACI 4-4406M; 4-ALDF-4D-22-6M)**
  - f. Resident victims of sexual abuse while detained shall be offered tests for sexually transmitted infections as medically appropriate. (115.83(e)) **(ACI 4-4406M; 4-ALDF-4D-22-6M)**

- g. 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. (115.83(g)) **(4-ALDF-4D-22-3; ACI 4-4406M; 4-ALDF-4D-22-6M)**
- h. All treatment services, both emergency and ongoing, 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. The facility shall provide such victims with medical and mental health services consistent with the community level of care. (115.82(b), 115.83(c),(f))

## **N. 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. 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 is necessary or appropriate. Administrative Investigations shall be conducted only after consultation with ICE/ERO and the assigned law enforcement agency conducting any criminal investigation. (115.22(a), 115.71 (b)) **(ACI 4-4281-3; 4-ALDF-4D-22-2)**

If the facility has responsibility for investigating allegations of sexual abuse, all investigations into alleged sexual abuse must be prompt, thorough, objective, and conducted by specially trained, qualified investigators. (115.71(a))

When a resident, staff member, contractor, or volunteer is alleged to be the perpetrator of resident sexual abuse, the facility shall ensure that the incident is promptly reported to the ICE/ERO AFOD who will in turn notify the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, and the appropriate ICE Field Office Director. (115.22(e) (f))

### **1. Administrative Investigation Procedures include:**

- a. Preservation of direct and circumstantial evidence, including any available physical DNA evidence and any available electronic monitoring data; (115.71(c)(1)(i))
- b. Interviewing alleged victims, suspected perpetrators, and witnesses; (115.71(c)(1)(ii))
- c. Reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator; (115.71(c)(1)(iii))
- d. 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 alleged sexual abuse or assault to submit to a polygraph; (115.71(c)(1)(iv))
- e. An effort to determine whether actions or failures to act at the facility contributed to the abuse; (115.71(c)(1)(v))
- f. Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; (115.71(c)(1)(vi))

- g. Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five (5) years;(115.22(b), 115.71(c)(1)(vii)) **(ACI 4-4-4281-7)**
- h. Coordination and sequencing of administrative and criminal investigations to ensure that a criminal investigation is not compromised by an internal administrative investigation. (115.71(c)(1)(viii))
- i. Investigations shall be documented on the 5-1G Incident Investigation Report via the 5-1 IRD and shall detail the aforementioned components.
- j. The departure of the alleged abuser or victim from the employment of or control of the facility shall not provide a basis for terminating an investigation. (115.71(e))
- k. When an administrative investigation is undertaken, the agency/facility shall impose no higher than the preponderance of the evidence in determining whether allegations of sexual abuse are substantiated (115.72)

## 2. Criminal Investigations

- a. The facility shall enter into a written Memorandum of Understanding (MOU) with an outside investigating agency or entity outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. The facility shall request that the investigating agency adhere to the following requirements of this section. This MOU at T. Don Hutto Residential Center is with the Williamson County Sheriff's Office. (115.21(e))
- b. 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))
  - i. 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. This protocol shall be developed in coordination with DHS. (115.21 (a))
  - ii. In developing this evidence protocol, CoreCivic shall consider how best to utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling to most appropriately address victims' needs. CoreCivic shall establish procedures to make available, to the full extent possible, outside victim services following incidents of sexual abuse; the facility shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall provide these services by making available a qualified staff member from a community-based organization, or a qualified agency staff member. A qualified agency staff member or a qualified community-based staff member means an individual who has received education concerning sexual assault and forensic examination issues in general. The outside or internal victim advocate shall provide emotional support, crisis intervention, information, and referrals. (115.21(b))

- c. The investigating entity shall offer all victims of sexual abuse access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (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)) (**ACI 4-4406M; 4-ALDF-4D-22-6M**)
- d. As requested by the victim of sexual abuse, the investigating entity shall allow a victim advocate, or qualified community-based organization staff member, to accompany and support the victim through the forensic medical examination process and investigatory interviews, available victim advocacy services offered by a hospital conducting the forensic exam, shall also be allowed for support during the exam and investigatory interviews (115.21 (d))
- e. The facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. (115.71 (f))
  - i. The Facility Investigator, as delegated by the PSA 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 incident.
  - ii. Discussions with state or local law enforcement should articulate a delineation of roles of the Facility Investigator and the law enforcement investigator.
  - iii. 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.
- f. The departure of the alleged abuser or victim from the employment of or control of the facility shall not provide a basis for terminating a criminal investigation.

### 3. 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 is completed and maintained with the incident packet.

#### 4. Resident Notification of Allegation Status

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 at the facility, the resident shall be notified of the result of the investigation and any responsive action taken. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the resident. (115.73)
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.

#### O. DISCIPLINARY SANCTIONS

##### 1. Resident Discipline

- a. Sexual Conduct between Residents is Prohibited
  - i. In addition to the forms of sexual abuse and/or assault defined in Section 14-2.3 Definitions, all other sexual conduct – including consensual sexual conduct – between residents is prohibited and subject to disciplinary sanctions. However, staff should be sensitive to the possibility that seemingly consensual behavior may have involved coercion by either person involved.
  - ii. Residents shall be subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the resident engaged in sexual abuse or assault.
  - iii. If a resident is mentally disabled or mentally ill but competent, the disciplinary process shall consider whether the resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
- b. Substantiated Incidents
  - i. All residents found guilty of sexual abuse 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, the sanctions imposed for comparable offenses by other residents with similar histories, and intended to encourage the resident to conform to rules and regulations in the future. (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. The facility shall not discipline a resident for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. (115.78 (e))

- c. Deliberate False Allegations
  - i. Residents who deliberately allege false claims of sexual abuse can be disciplined. For the purpose of disciplinary action, a report of sexual abuse or 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. (115.78(f))
  - ii. The Facility Administrator or designee should contact law enforcement to determine if a deliberately false accusation may be referred for prosecution.

## 2. Employee Discipline

- a. Staff suspected of perpetrating sexual abuse 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 and removal from the Federal service for violating CoreCivic's sexual abuse policies. Termination is the presumptive disciplinary sanction for staff who have engaged in, attempted, or threatened to engage in sexual abuse. (115.76 (a)(b)) **(ACI 4-4281-6; 4-ALDF-4D-22-5)**
- c. Disciplinary sanctions for violations of CoreCivic 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. **(ACI 4-4281-6; 4-ALDF-4D-22-5)**
- d. All terminations for violations of CoreCivic sexual abuse 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 shall make reasonable efforts to report such information to any relevant licensing bodies, to the extent known. (115.76 (c),(d))
- e. The facility shall also report all such incidents of substantiated abuse, removals, or resignations in lieu of removal to the ICE/ERO AFOD who will notify the Field Office Director, regardless of whether the activity was criminal.

## 3. Civilians/Contractors/Volunteers

- a. Contractors and civilians suspected of perpetrating sexual abuse shall be removed from all duties requiring resident contact pending the outcome of an investigation. (115.66, 115.77(b)) **(ACI 4-4281-6; 4-ALDF-4D-22-5)**
- b. Any contractor or volunteer who has engaged in sexual abuse or assault shall be prohibited from contact with residents. The facility shall make reasonable efforts to report to any relevant licensing body, to the extent known, incidents of substantiated sexual abuse by a contractor or volunteer. Such incidents shall also be reported to law enforcement agencies, unless the activity was clearly not criminal. (115.77(a))
- c. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents by contractors or volunteers who have not engaged in sexual abuse or assault, but have violated other sexual abuse policies. (115.77(c))

## P. SEXUAL ABUSE INCIDENT REVIEWS, DATA COLLECTION AND AUDITS

### 1. Incident Review Requirements

- a. The facility shall conduct a sexual abuse and assault incident review at the conclusion of every investigation of sexual abuse or assault.
- b. For any substantiated or unsubstantiated allegation, the facility shall prepare a written report within thirty (30) days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse and assault.
- c. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so, in a written response. Both the report and response shall be forwarded to the ICE/ERO Field Office Director, or his or her designee, for transmission to the ICE/ERO PSA Coordinator. The facility shall also provide any further information regarding such incident reviews as requested by the ICE/ERO PSA Coordinator.
- d. The review team shall consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
- e. The facility shall conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. If the facility has not had any reports of sexual abuse 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 and ICE/ERO Field Office Director, or his or her designee, for transmission to the ICE/ERO PSA Coordinator.

## **2. Incident Review Procedures**

- a. The Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse 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))
- b. 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. The review team shall:
  - i. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so in a written response;(115.86 (a))
  - ii. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; and (115.86 (b))
  - iii. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- c. All findings and recommendations for improvement will be documented on the 14-2F-DHS Sexual Abuse Incident Review Report. Completed 14-2F-DHS forms

- will be forwarded to the Facility Administrator, the PSA Compliance Manager, and the FSC PREA Coordinator.
- d. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. Both the report and response shall be forwarded to the FSC PREA Coordinator and the ICE/ERO Prevention of Sexual Assault Coordinator.
  - e. Each facility shall conduct an annual review of the all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse 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 Coordinator, the ICE ERO FOD or his/her designee, and the ICE/ERO PSA Coordinator. (115.86 (c))

## **Q**     **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 CoreCivic Policy 1-15 Retention of Records. (115.87 (a))

#### Allegation Tracking

- i. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting and PREA 5-1 IRD Incident Reporting Definitions. (115.87 (a))
- ii. At least annually, CoreCivic shall aggregate, in a manner that will facilitate the agency's ability to detect possible patterns and help prevent future incidents, the incident-based sexual abuse data, including the number of reported sexual abuse allegations determined to be substantiated, unsubstantiated, or unfounded, or for which investigation is ongoing, and for each incident found to be substantiated, information concerning: (115.87 (d))
  - 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. (115.87 (d)(1-6))



- iii. Upon request, CoreCivic 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. (115.87 (e))
- iv. Data collected for this purpose shall be securely stored and retained in accordance with CoreCivic Policy 1-15 Retention of Records. (115.89 (a)) Records and reports of sexual abuse allegations are retained for a minimum of five (5) years.
- v. The FSC PREA Coordinator is responsible for an annual review of the aggregate data (omitting personally identifying information) and shall present the findings to the field office director and ICE/ERO headquarters.

## 2. External

- a. Any requests for information from an outside agency or entity (excluding the contracting governmental agency) regarding incidents of sexual abuse 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 data available to the public at least annually through the CoreCivic website. (115.89 (b))
  - ii. Before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers. (115.89 (c))

## 3. Data Review

- a. The FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, to include:
  - 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 CoreCivic as a whole. (115.88 (a)(1-3))
- b. Such report shall include a comparison of the current year's data and of CoreCivic's progress in addressing sexual abuse. (115.88 (b))
- c. CoreCivic's report shall be approved by the company's Chief Corrections Officer and made readily available to the public through the CoreCivic website. (115.88(c))
- 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))

## R. QUALITY ASSURANCE COMPLIANCE AND AUDITS

### 1. Internal Audits

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

**2. External Audits**

An external audit of all CoreCivic 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. (115.93(a))

**14-105.5 REVIEW:**

This Policy will be reviewed by the CoreCivic PREA Coordinator or qualified designee on an annual basis. The policy is subject to the review and approval of the ICE/ERO Field Office Director with jurisdiction over the facility.

**14-105.6 APPLICABILITY:**

All ICE/ERO Facilities

**14-105.7 APPENDICES:**

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

5-1CC-DHS PREA 5-1IRD Incident Reporting Definitions

ICE 2.11C Sexual Assault Awareness

ICE Office of the Inspector General Hotline Poster

**14-105.8 ATTACHMENTS:**

14-2A-FRS Policy and Training Acknowledgement Form

14-2B-FRS Sexual Abuse Screening Tool

14-2C-FRS Sexual Abuse Incident Check Sheet

14-2D-FRS PREA Retaliation Monitoring Report (30/60/90)

14-2E-FRS Resident Allegation Status Notification

14-2F-FRS Sexual Abuse Incident Review Report

14-2H-FRS Self-Declaration of Sexual Abuse/Sexual Harassment

14-2I-FRS Annual PREA Staffing Plan Assessment

3-20-2B PREA Questionnaire for Prior Institutional Employers Form

5-1B Notice to Administration

5-1E PREA Reporting

**14-105.9 REFERENCES:**

CoreCivic Policy 1-15

CoreCivic Policy 4-2

CoreCivic Policy 5-1

CoreCivic Policy 13-79

2007 ICE/ERO Family Residential Standard 2.7 Sexual Abuse and Assault Prevention and Intervention  
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)

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