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POLICY	PRISON RAPE ELIMINATION ACT (PREA) RESPONSE		

REVIEW/REVISION HISTORY:

1/15/10
3/19/12
10/1/13
5/1/14
4/13/15
9/1/16
8/02/18
2/6/19
10/8/20
1/27/22

SUMMARY OF REVISION/REVIEW:

Updated terminology throughout I.A.3. - Adjusted for person-centered language Added III.B.4.a.1)a) that the nurse/health care practitioner will document in the health record when a SAFE/SANE is unavailable to conduct an examination VI.A. - Added language for clarification

APPROVED:

Signature on file

CHERYL STRANGE, Secretary Department of Corrections 1/14/22

Date Signed

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REFERENCES:

DOC 100.100 is hereby incorporated into this policy; <u>RCW 9A.44.160</u>; <u>RCW 9A.44.170</u>; <u>RCW 42.56</u>; <u>RCW 72.09.225</u>; <u>RCW 42.56</u>; DOC 320.200 Administrative Segregation; DOC 320.260 Secured Housing Units; DOC 410.050 Emergency Management Plan (RESTRICTED); DOC 410.950 Emergency Management for Non-Prison Facilities and Offices (RESTRICTED); DOC 420.365 Evidence Management for Work/Training Release; DOC 420.375 Contraband and Evidence Handling (RESTRICTED); DOC 420.395 Evidence/Property Procedures for Field; DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting; DOC 490.820 Prison Rape Elimination Act (PREA) Investigation; DOC 610.025 Health Services Management of Alleged Sexual Misconduct Cases; <u>42 CFR Part 2</u>; <u>PREA Standards</u>; <u>Prison Rape Elimination Act</u>; Sexual Assault Evidence Collection: Uniform Evidence Protocol

POLICY:

- I. The Department will respond to allegations of sexual misconduct to support and provide assistance to the alleged victim, enhance security, and maximize the ability to obtain evidence to use in investigations and criminal prosecutions where applicable.
- II. Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions.
 - A. This provision is not intended to affect the Department's obligation to gather, review, and potentially produce records of allegations or incidents of sexual misconduct as required per RCW 42.56.
 - B. The name of the alleged perpetrator will be released to the applicable health care provider if requested for evaluation of the alleged victim's medical needs.
 - C. Staff who breach confidentiality may be subject to corrective/disciplinary action.
- III. Terms used in this policy are defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting.

DIRECTIVE:

- I. Staff Reporting
 - A. Staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a

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Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident.

- 1. Allegations of sexual assault that occurred within 120 hours and involve penetration and/or the exchange of bodily fluids are considered emergent PREA incidents and must be reported immediately.
 - a. A provider may wait until the end of a session to report if a nonemergent potential PREA incident is discovered during a medical, mental health, or sex offender treatment session. The provider will complete necessary documentation no later than the end of the same shift.
- 2. Every allegation will be reported, even if the individual reported the same allegation previously to the same staff.
- 3. It is only appropriate for health services staff to interview a patient for the purpose of clarification, investigation, or obtaining information/evidence regarding a PREA investigation when assigned to investigate the case as approved by the appropriate Health Services Appointing Authority.
- B. Individuals will be informed of the requirements of mandatory reporting at reception, and information will be posted in Health Services areas where it can be seen by incarcerated individuals.
 - 1. Health services providers must inform of the duty to report before providing treatment when an individual:
 - a. Displays signs/symptoms of sexual misconduct that are identified or observed in the course of an appointment or examination, or
 - b. Discloses to a medical or mental health provider sexual misconduct that occurred while in any correctional setting.
- C. When an individual discloses to a medical or mental health provider sexual abuse that occurred in the community, the individual must sign DOC 13-035 Authorization for Disclosure of Health Information before the provider can release the information.
- D. When an individual discloses a PREA incident or PREA-related information to a substance use disorder treatment provider covered under 42 CFR Part 2, the provider will complete and obtain the individual's signature on DOC 14-172 Substance Abuse Recover Unit Compound Release of Confidential Information prior to reporting the information per Attachment 2.

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- 1. The release must specify the person to whom the allegation/information is being disclosed.
- 2. If the individual refuses to sign, the provider must still make required notification. A confidential report will be completed in the Incident Management Reporting System (IMRS) that does not include substance use disorder information so that the individual's participation in a substance use disorder treatment program is not disclosed. This includes not identifying the provider's position as a treatment provider.
- E. Staff who fail to report an allegation or incident, or who knowingly submit or coerce/threaten another to submit incomplete or untruthful information, may be subject to corrective/disciplinary action.
- F. Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process (Attachment 2).
- II. PREA Response Plan
 - A. Each Prison, Reentry Center, and Field Office will maintain a PREA Response Plan providing detailed instructions for responding to allegations of sexual misconduct.
 - 1. The PREA Response Plan will consist of 4 sections composed of the documents listed in PREA Response Plan Contents (Attachment 4).
 - 2. The plan will be maintained by the PREA Compliance Manager/Specialist:
 - a. In the Shift Commander's office for Prisons.
 - b. With the Emergency Management Plan for Reentry Centers and Field Offices.
- III. Response to Allegations of Sexual Misconduct
 - A. For all allegations except aggravated sexual assault, the Shift Commander/ Community Corrections Supervisor (CCS)/designee will implement appropriate security procedures and initiate DOC 02-011 PREA Response and Containment Checklist.
 - 1. Shift Commanders will review the Incident Report Log and PREA Case Management screens in the PREA database section of the electronic file to determine if the allegation has previously been reported and ensure there is no new/additional information.

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- a. The alleged victim will be notified per DOC 490.860 Prison Rape Elimination Act (PREA) Investigation.
- b. Shift Commanders and PREA Compliance Managers/Specialists will sign DOC 21-662 PREA Database Access Confidentiality Agreement before being granted access to the PREA database.
- 2. For allegations received directly by the Headquarters PREA Unit and determined to fall within the definition of a PREA incident, the PREA Coordinator/designee will notify the PREA Compliance Manager/Specialist to ensure required medical and mental health referrals are completed.
- B. For allegations of aggravated sexual assault, the Shift Commander/CCS/ designee will initiate DOC 02-007 Aggravated Sexual Assault Checklist, and the PREA Response Team will conduct a coordinated, multidisciplinary response to the allegation.
 - 1. In Prisons, the medical provider attending to the individual will complete DOC 02-021 Aggravated Sexual Assault Medical Follow-Up Checklist and submit it to the Shift Commander.
 - 2. Each Prison will establish a local PREA Response Team. One team will be established for Reentry Centers, and one team will be established for community supervision.
 - a. Each Prison PREA Response Team will include:
 - 1) A Sergeant
 - 2) The Chief Investigator/designee
 - 3) A designated medical employee/contract staff
 - 4) A designated mental health employee/contract staff
 - 5) Other staff as necessary, which will be designated by the Superintendent and may include:
 - a) Correctional Unit Supervisors
 - b) Counselors
 - c) Religious Coordinator
 - d) The PREA Compliance Manager/Specialist
 - e) Response and Movement officers
 - f) Facility Duty Officers
 - b. The Reentry Center PREA Response Team will include:
 - 1) The Reentry Center Administrator/designee

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- 3) The Medical or Mental Health Duty Officer
- 4) Other staff as necessary, which will be designated by the Reentry Center Administrator
- c. The community supervision PREA Response Team will include:
 - 1) A Senior Administrator
 - 2) A Field Administrator
 - 3) The Medical or Mental Health Duty Officer
 - 4) Other staff as necessary and designated by the Senior Administrator
- d. If an event requires additional resources:
 - 1) Reentry Centers and stand-alone Level 2 facilities will contact partner facilities per Attachment 5.
 - Field Offices will use community resources unless additional Department resources are required, in which case requests will be submitted through the Appointing Authority/designee.
- e. Employees/contract staff designated to participate on a PREA Response Team will complete facility specific training on responding to aggravated sexual assault which will include, but not be limited to:
 - 1) Requirements of this policy and the PREA Response Plan
 - 2) Issues of sexual assault victims
 - 3) Gender-responsive issues related to PREA response
 - 4) Evidence collection and retention
 - 5) Interactions with law enforcement
- 3. Prisons and Reentry Centers will maintain PREA response kits for responding to allegations of aggravated sexual assault, which contain the items listed in Attachment 3. The PREA Compliance Manager/designee will immediately replace any used items and inspect the kits regularly.
- 4. In Prisons, forensic examinations will be conducted per DOC 610.025 Health Services Management of Alleged Sexual Misconduct Cases.
 - a. Forensic exams will be performed only at designated health care facilities in the community by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible.

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	,	 If a SAFE/SANE is not available, the examination can be performed by a qualified medical practitioner. a) The nurse/health care practitioner will document in the health record when a SAFE/SANE is unavailable to conduct the forensic medical examination. 		
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- b. The partnered victim advocacy organization will be contacted to ensure an advocate is present during the exam. Presence of the advocate will be documented in the IMRS and on DOC 02-007 Aggravated Sexual Assault Checklist.
 - Partnered advocacy organizations are detailed in the Designated Advocates and Hospital List maintained on the Department's internal website and in the facility's PREA Response Plan.
 - 2) The individual will also be provided with an advocate during all related investigatory interviews per the facility's legal advocacy procedure.
- c. The PREA Coordinator will be notified via email of all forensic medical examinations as soon as possible.
- 5. Reentry Centers will develop local procedures to ensure alleged victims of aggravated sexual assault are provided with emergency medical care to include forensic medical examinations, as applicable.
- 6. Victims in all cases of reported sexual misconduct, regardless of who the misconduct is reported to, will receive immediate medical and mental health services per DOC 610.025 Health Services Management of Alleged Sexual Misconduct Cases.
 - a. Individuals alleging sexual acts perpetrated by either staff or another individual that occurred within the previous 120 hours and involve penetration or exchange of body fluids will be assessed for immediate medical needs before transport to the designated community health care facility for a forensic medical examination.
 - b. Individuals will also be referred for medical evaluation if a report of sexual assault is made within 12 months of the alleged incident.
 - 1) The individual will be escorted to health services.

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- c. For all allegations not received directly by the Headquarters PREA Unit, the individual will be referred for follow-up to a mental health care provider using DOC 13-509 PREA Mental Health Notification.
- 7. Each Prison, Reentry Center, and Field Office will develop procedures for victims to receive ongoing medical, mental health, and support services as needed.
 - a. Reentry Centers and Field Offices will include referral information for community-based mental health services. Field Offices will also include referral information for victim advocacy services.
- C. For all investigated allegations, the Superintendent/CCS/designee will ensure alleged victims of sexual misconduct under the Department's jurisdiction are provided with PREA Investigation Process (Attachment 1).
- D. The Appointing Authority will notify the appropriate Appointing Authority or facility administrator within 72 hours of receipt of an allegation when the alleged incident:
 - 1. Occurred in another Department location or another jurisdiction.
 - 2. Involved a staff who reports through another Appointing Authority.
- IV. Fights/Assaults in Prisons
 - A. Where available, health services employees/contract staff will:
 - 1. Gather information on each individual involved in a fight and/or assault, and
 - 2. Initiate and submit DOC 02-348 Fight/Assault Activity Review to the Shift Commander for review, notification, and investigation:
 - a. Immediately, if there is any indication of sexual misconduct, or
 - b. Before the end of shift if no sexual misconduct is indicated.
 - B. In Prisons without 24-hour onsite medical services, the Shift Commander will review sexual motivation with the on-call medical provider by telephone and complete DOC 02-348 Fight/Assault Activity Review based on the review. The form will be signed by the provider upon the individual's return to the facility.
 - C. If sexual motivation is indicated, the Shift Commander will report the incident to the Superintendent and a confidential report will be submitted in IMRS. The

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PREA Coordinator/designee will review the report and determine if an investigation is warranted.

- V. Appointing Authority Response
 - A. Individual-on-Individual Sexual Misconduct
 - 1. Upon receipt of an allegation of individual-on-individual sexual assault, the Appointing Authority/Shift Commander/CCS will immediately direct employees/contract staff to separate the accused from the alleged victim and witnesses.
 - a. In Prisons, the accused may be placed in restrictive housing per DOC 320.200 Administrative Segregation or DOC 320.260 Secured Housing Units.
 - Placement decisions will be based on the seriousness of the allegation. Least restrictive housing options should be considered before placement in restrictive housing.
 - b. In Reentry Centers, the accused may be transferred to a Prison.
 - 2. Upon receipt of an allegation of individual-on-individual sexual abuse or sexual harassment, the Appointing Authority/Shift Commander/CCS will take necessary actions to protect the alleged victim and will consider:
 - a. The nature of the allegation,
 - b. The expressed mental health needs of the alleged victim, and
 - c. Staff observations of the alleged victim's behavior or demeanor.
 - B. Staff Sexual Misconduct
 - 1. Upon receipt of an allegation of staff sexual misconduct, the Appointing Authority/designee will direct that one-on-one contact between the accused and the alleged victim is prohibited while the allegation is investigated.
 - a. The Appointing Authority may temporarily reassign and/or restrict/ modify the job duties of the accused during the investigation.
 - b. If the accused is a contract staff or volunteer, the Appointing Authority may restrict entry into the facility while the allegation is investigated.
 - C. The Appointing Authority/designee will ensure that notification is made to:

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- 1. Child Protective Services (CPS), if the alleged incident occurred in any correctional setting and the alleged victim is/was under the age of 18 at the time.
- 2. Adult Protective Services (APS), if the alleged victim is classified as a vulnerable adult.
- D. The Appointing Authority/designee will attempt to minimize any disturbance to the alleged victim's housing location, program activities, and/or supervision during the investigation.
 - In Prisons, an alleged victim will be placed in Administrative Segregation/ Secured Housing per DOC 320.200 Administrative Segregation or DOC 320.260 Secured Housing Units only:
 - a. Upon the alleged victim's documented request, or
 - b. If the Appointing Authority/designee has specific information that the alleged victim may be a danger to self or in danger from other individuals.
 - 1) The placement should only be made when no suitable alternative housing exists and last only as long as necessary for the individual's protection.
 - 2. In Reentry Centers, an alleged victim will be transferred to a Prison only upon the alleged victim's documented request, or when community medical or mental health services are insufficient to meet the alleged victim's needs.
- VI. Medical and Mental Health Services
 - A. All medical and mental health services for victims of sexual misconduct will be provided at no cost to the individual whether the individual names the abuser or cooperates with any related investigation.
 - 1. Individuals housed in facilities with onsite health services will receive timely access to medical and mental health services per DOC 610.025 Health Services Management of Alleged Sexual Misconduct Cases.
 - 2. Medical and mental health services for all other individuals will be coordinated by the Reentry Center Administrator or applicable Field Administrator or their designees.

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VII. Records

- A. If applicable following a response, the Shift Commander will ensure that the following records are compiled and submitted to the Appointing Authority/ designee:
 - 1. A printed copy of the IMRS report
 - 2. The original DOC 21-917 Incident Report and any completed response checklists
 - 3. Copies of the:
 - a. Administrative Segregation paperwork
 - b. DOC 13-509 PREA Mental Health Notification
 - c. Any DOC 21-043 Evidence Card(s)
 - d. DOC 03-505 Law Enforcement Referral of PREA Allegation
- B. If an allegation involves another facility/location, all original records will be forwarded to the applicable Appointing Authority and a copy will be retained at the facility/location receiving the allegation.

DEFINITIONS:

The following words/terms are important to this policy and defined in the glossary section of the Policy Manual: Retaliation. Other words/terms appearing in this policy may also be defined in the glossary.

ATTACHMENTS:

PREA Investigation Process (Attachment 1) PREA Reporting Process (Attachment 2) PREA Response Kit Contents (Attachment 3) PREA Response Plan Contents (Attachment 4) Prison Partners for Stand-Alone Level 2 Facilities and Reentry Centers (Attachment 5)

DOC FORMS:

DOC 02-007 Aggravated Sexual Assault Checklist DOC 02-011 PREA Response and Containment Checklist DOC 02-021 Aggravated Sexual Assault Medical Follow-Up Checklist DOC 02-348 Fight/Assault Activity Review DOC 03-484 Interview Acknowledgement DOC 03-505 Law Enforcement Referral of PREA Allegation

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DOC 13-035 Authorization for Disclosure of Health Information				

DOC 13-509 PREA Mental Health Notification

DOC 14-172 Substance Abuse Recover Unit Compound Release of Confidential Information

DOC 16-357 Crime Scene Containment/Preservation/Processing Checklist

DOC 16-358 Crime Scene Security Log

DOC 21-042 Photo Description

DOC 21-043 Evidence Card

DOC 21-329 Property - ID Label

DOC 21-662 PREA Database Access Confidentiality Agreement

DOC 21-917 Incident Report