National Prison Rape Elimination Commission Standards for the Prevention, Detection, Response, and Monitoring of Sexual Abuse in Adult Prisons and Jails

AND

Supplemental Standards for Facilities with Immigration Detainees

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INTRODUCTION

Sexual abuse of people in confinement violates their basic human rights, impedes the likelihood of their successful reentry into the community, and violates the government's obligation to provide safe and humane conditions of confinement. No prison sentence, regardless of the crime, should ever include rape. A core priority of any confinement facility must be safety, which means protecting the safety of all—the public, the staff, and the inmate population. The National Prison Rape Elimination Commission's (NPREC) mandate includes recommending national standards that will help eliminate prison rape and other forms of sexual abuse within this broader context of safety.

The Prison Rape Elimination Act (PREA) of 2003 requires agencies (correctional and law enforcement authorities with responsibility for the operation of confinement facilities) to take a zero-tolerance stance toward the sexual abuse of people in confinement and comply with the national standards that follow in order to eliminate it. This body of standards establishes policies and practices that, if implemented properly, will enable agencies to improve safety and eliminate sexual abuse. Fundamental to an agency's success will be its commitment to zero tolerance and its willingness to treat sexual abuse as an intolerable, critical event, as dangerous to the safety of the institution as an escape or homicide. Agencies must demonstrate zero tolerance not merely by words and written policy, but through actions, the setting of clear priorities, and the achievement of objective, measurable outcomes.

The standards and accompanying compliance checklists are mandatory. The compliance checklists are to be completed by facility and agency heads. The compliance checklists provide agencies with detailed guidance and will ultimately be reviewed by an independent auditor who is employed by the chief executive in the agency's jurisdiction to determine whether the agency has met the standards. Auditors will be charged with assessing compliance not only by reviewing the compliance checklists but through written documentation and interviews with staff and inmates. The standards and checklists should be supported by written policies. When drafting or reviewing policies, agencies should review all relevant federal, state, and local laws to ensure that existing or proposed policies do not conflict with any existing laws. Agencies should also review other relevant professional standards and best practices to assist their development and implementation of polices. Where applicable, agencies should also consult collective bargaining agreements and law enforcement officer bills of rights. To the extent that bargaining agreements are inconsistent with the spirit and goals of these standards, agencies should take steps to change them.

While complying with these standards will likely prove cost-saving over time, some agencies face budgetary constraints that may make immediate implementation and adherence to these standards a challenge. They are, nonetheless, obligated by these standards and the mandate of the statute to adopt the policies and take the actions that they can and to account publicly for the steps they have taken. Agency heads must make every effort to inform legislators, executives, and the public at the county, state, and federal level when budgetary constraints, lack of human or other resources, or overcrowding jeopardizes the agency's ability to comply with these standards and keep inmates safe from sexual abuse.

In crafting these standards, NPREC has kept in mind the following overarching considerations: (1) agency and facility heads should retain the flexibility, responsibility, and authority to establish systems, practices, and protocols that will eliminate sexual abuse in their settings; (2) successful compliance with the standards and elimination of sexual abuse requires ongoing systemic efforts to assess and adjust policies, practices, and the allocation of resources to address problems and improve safety; (3) agencies must create transparent measurement processes that hold agency heads accountable for their efforts to protect inmate safety; and (4) central to inmate safety is continuous sight and sound supervision of all inmates.

These standards are the product of lengthy study and a process that included testimony at 8 public hearings from more than 100 corrections leaders, formerly incarcerated survivors of sexual abuse in confinement, researchers, investigators, prosecutors, and advocates for victims and the incarcerated. In addition to the hearings, more than 100 others representative of the same broad correctional expertise were consulted during the drafting of the standards. NPREC has also conducted a thorough review of the literature and has commissioned its own research to address some unanswered questions about the causes and consequences of sexual abuse in confinement. Following the public comment period, these standards will be reviewed and revised to reflect the final conclusions of this Commission. The standards will then be submitted to the Attorney General by the Commission, who will have a year to review them before issuing them as a federal rule. NPREC believes that full adoption of these standards is absolutely necessary to achieve what Congress intended when it wrote the Prison Rape Elimination Act.

COMPLIANCE GUIDE FOR AGENCY HEADS AND AUDITORS

The following is a guide for elected officials and agency heads who are responsible for implementing and achieving the PREA standards, and for auditors responsible for auditing these standards on behalf of the chief executive who will ultimately have to certify compliance to the Attorney General.

I. Reading and Understanding the Standards

The standards are organized under three major headings—Leadership and Accountability, Prevention, Detection and Response, and Monitoring—which correspond with the major mandates of the Prison Rape Elimination Act. Following the table of contents is a glossary of defined terms that are used throughout the standards. Every agency should pay close attention to the terms defined in the glossary in order to ensure that compliance with the standards is uniform across agencies. The standards follow the glossary of terms, and the compliance checklists follow the standards.

Each standard consists of a standard statement, a discussion section, and an accompanying compliance checklist. The standard statements are the broadest articulation of what every agency is required to achieve in order to prevent, detect, and respond to sexual abuse in its facility(ies). The discussion following each standard explains the rationale for the standard and, where necessary, clarifies the meaning of the standard. In addition, some of the discussion sections provide suggested strategies to achieve the standard based on proven practices. The compliance checklists that accompany each standard provide the most detailed information about what is required of each agency in order to be in compliance with the standards. For example, the worksheets that accompany the training standards list all of the subjects that must be covered in training and the worksheets that accompany the classification standards list all of the factors that must be evaluated during a classification assessment. Almost every standard has a corresponding compliance checklist that provides detail about what must be accomplished to achieve the standard.

II. Audit

In order to meet the standards, agencies are required to have written policies that support the standards and guide proper implementation. Auditors must be able to review an agency's policies and determine whether the policies are appropriate to meet the goals of the standards. In addition, every agency must maintain documentation that an auditor can assess to measure compliance with the standards. Much of this documentation is crucial not only to demonstrate compliance, but also to achieve compliance.

Agencies should be prepared to provide written and signed documentation to auditors to demonstrate compliance in every area of the standards. So, for instance, auditors will ask to see signed documentation demonstrating that every staff person has received the training required by the training standards. The auditor will want to see signed classification assessments, and documentary evidence demonstrating that classification assessments were used to make housing

and program assignments as required. In addition, auditors will be responsible for checking to see that documentation confirms the agency's own assessment of its compliance with the compliance checklists. In order to be in full compliance with the standards, each agency head must be able to certify that his or her facility(ies) has met the requirements in the checklists.

The existence of written policies and documentation of compliance cannot, alone, adequately ensure that an agency has achieved the standards that are critical for preventing, detecting, and responding to sexual abuse. Therefore, an experienced and well-trained auditor should interview staff and inmates, and perform all other tests as deemed necessary to assess the agency's achievement of the standards during an audit. For example, every facility must provide inmates with meaningful access to safe channels for reporting incidents of sexual abuse. This means that, among other things, every staff member must know what to do when a report of sexual abuse is made to him or her. It is not enough to have a policy requiring that staff be trained about how to handle a report, nor to be able to document that the training curriculum contains this information. Auditors must be able to assess whether staff members do indeed understand their responsibilities and have demonstrated proper execution of them when a report has been made. Therefore, auditors must be able to talk to staff in making such an assessment, as well as to inmates who have reported sexual abuse to a staff person.

The compliance checklists point agency heads and auditors to the relevant information that must be considered during the audit; however, the checklists do not dictate exactly how agencies will accomplish the requirements because the method of compliance will vary depending upon the structure and resources of a given agency. Therefore, it is particularly important that an auditor conduct a thorough assessment of all of the written documentation, as well as interviews with inmates and staff, to ensure that the agency's adherence to the standards is meaningful and meets the goals of PREA.

GLOSSARY

The following are terms that are used throughout the standards, and agencies should use the definitions provided in order to ensure proper compliance. In some cases, explanations of usage and context are provided in addition to a definition of the term.

Agency: The unit of a governing authority or private corporation that has direct responsibility for the operation of any confinement facility that supervises inmates or detainees including the implementation of policy as set by the governing or corporate authority.

Agency head: The chief authority of a federal, state, local correctional, law enforcement, or privately run system.

Allegation: Information related to sexual abuse that is provided to a staff member or volunteer. Allegations include tips and grievances. An allegation triggers the agency's official response, which includes the initiation of an investigation. Allegations can be made by staff, observers, victims, witnesses, and family members who have evidence or suspicion that sexual abuse has occurred.

Audit: A thorough investigatory review of information that shows whether an agency's and/or facility's policies, practices, and protocols comply with the PREA standards. Such reviews will include any and all records necessary to provide the chief executive with what he or she needs in order to certify agency/facility compliance with these standards. It will also include assessments of written records, performance of other tests as deemed necessary by the auditor, as well as interviews with staff, inmates, and others, as deemed necessary by the auditor.

Auditor: An independent official employed by the chief executive or retained by contract who in all cases is able and qualified to perform audits competently and without bias so that the chief executive will have reliable data on which to base his or her certification.

Certification of compliance: A written statement submitted by the chief executive to the Attorney General that reports the agency's level of compliance with the PREA standards based on the audit. Where full compliance has not been reached, the statement describes progress toward compliance since the second audit or any subsequent audits as well as the agency's action plan to achieve compliance, with concrete and specific benchmarks.

Chief executive: The chief elected official in the jurisdiction or, in federal systems, the chief appointed official in charge of the system. The chief executive can designate someone else to carry out actions on his or her behalf, but he or she is ultimately accountable for approving and certifying compliance with the PREA standards or action plans for achieving compliance.

Confidential communication: Written, verbal, or manual communication that takes place within the context of a protected relationship, such as that between an attorney and client, a husband and wife, a minister or priest and parishioner (or anyone seeking spiritual help), and a

physician or other medical or mental health practitioner and patient. If laws regarding privileged communications or professional rules impose any exceptions or limits to an inmate's right to confidentiality, those exceptions or limits must be discussed with the inmate. Staff working in the facility may disclose confidential information with written consent from an inmate or person legally authorized to consent on behalf of the inmate. Medical confidentiality is not applicable in cases where the patient is a harm to himself or herself or to others, deemed incompetent to make decisions for him or herself, or where medical practitioners are mandated under law to report communicable diseases and/or other conditions for public health reasons.

Credibility assessment: An investigator's process of conducting interviews and weighing evidence to determine the truthfulness of victim, witness, and suspect statements. When assessing the credibility of incarcerated sexual abuse victims and witnesses, investigators must set aside any biases they have against inmates and make a conscious effort not to disregard their statements because of their status as inmates. Because sexual abuse may not be witnessed, cause visible injury, or leave other physical evidence, investigators must weigh all statements carefully, review any prior reports involving the accused abuser, shift, or area of the facility where the alleged abuse occurred, and use other creative measures when making credibility assessments.

Cultural competence: The ability to work effectively and communicate with people of diverse racial, ethnic, religious, and social groups based on an awareness and understanding of differences in thoughts, communications, actions, customs, beliefs, and values.

Facility: A place, institution, building (or part thereof), set of buildings, or area (whether or not enclosing a building or set of buildings) that is used for the lawful custody, care and/or treatment of individuals. May be owned by public or private agencies or organizations and includes the staff and services as well as buildings and grounds.

Facility head: The chief authority of an individual confinement facility within a federal, state, local correctional, law enforcement, or privately run agency.

Full compliance: Routine and consistent application of the PREA standards in policy and practice for a sustained period of time demonstrating that the agency does not tolerate sexual abuse of any kind in its confinement facilities. Immaterial noncompliance will not constitute a failure to fully comply with the PREA standards.

Garrity warning: In *Garrity* v. *New Jersey*, 385 U.S. 493 (1967), the Supreme Court found that a state employer has a right to compel statements from an employee about alleged conduct as a condition of employment, but such statements cannot later be used against the employee in a criminal prosecution. Under *Garrity*, an employee forced to make a statement under threat of discipline or termination must be provided immunity from the use of his/her statements in any subsequent criminal prosecution. Immunity should be provided in the form of a written "warning." Once a Garrity warning has been issued to an employee, the employee should acknowledge his/her understanding of the warning in writing or on tape. The standards recognize that many states have their own version of Garrity warnings, so references are made to "Garrity-type warnings."

Immigration detainee: Any person who is in the custody of the Department of Homeland Security's Immigration and Customs Enforcement (ICE), Customs and Border Patrol, or the Office of Refugee Resettlement pending immigration proceedings. ICE houses some detainees in facilities that it owns and operates, and contracts with local, state, federal, and private facilities to hold others. There are immigration detainees in local jails, state and federal prisons, and privately run facilities. Unaccompanied minors in immigration detention are under the care and custody of the Office of Refugee Resettlement and are housed in foster care, shelters group homes, and secure juvenile detention centers. Customs and Border Patrol detains both adults and juveniles for short periods of time in holding cells before they are moved into ICE custody.

Inmate: Any person incarcerated or detained in any adult facility.

Jurisdiction: The extent or range of executive, judicial, or other authority.

Lockup: A temporary holding facility of a federal, state, or local law enforcement agency. Lockups include locked rooms, holding cells, cellblocks, or other secure enclosures under the control of a law enforcement, court, or custodial officer. Lockups are primarily used for the temporary confinement of individuals who have recently been arrested or are being transferred to or from a court, local jail, state prison, or other facility.

Medical practitioner: A health professional who, by virtue of his or her education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. In the standards, a "qualified medical practitioner" refers to such a professional who has also successfully completed the specialized training for treating sexual abuse victims mandated in the standard TR-5.

Mental health practitioner: A mental health professional who, by virtue of his or her education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. In the standards, a "qualified mental health practitioner" refers to such a professional who has also successfully completed the specialized training for treating sexual abuse victims mandated in the standard TR-5.

Miranda warning: In *Miranda* v. *Arizona*, 384 U.S. 436 (1966), the Supreme Court provided that "the prosecution may not use statements . . . stemming from the interrogation of the defendant unless it demonstrates the use of a procedural safeguard against self incrimination." A Miranda warning informing a suspect of his or her rights not to self incriminate must be provided when a suspect is "in custody." Since an inmate will always be considered "in custody," if there is any chance that inmate may be the subject of a future criminal prosecution, he or she must always be advised of his or her Miranda rights.

Need to know: A practice describing when information is required to make decisions concerning an inmate's safety, treatment, or the investigative process.

Pat-down search: A superficial running of the hands over the body of an inmate by a staff member in order to determine whether he or she is holding an illegal object or other dangerous contraband.

Physical body cavity search: A physical intrusion into a body cavity, defined as stomach, rectal cavity, vagina, mouth, nose, or ears, for the purpose of discovering drugs, weapons, or other dangerous contraband concealed in the body cavity. Physical body cavity searches of inmates may only be conducted by authorized medical practitioners and must be conducted privately under sanitary conditions. Physical body cavity searches of inmates may be conducted on reasonable suspicion that the inmate is secreting drugs or weapons or if his or her appearance and conduct suggests a likelihood of having engaged in prohibited behavior but should only be conducted when absolutely necessary to protect the overriding security needs of the facility. Nonmedical staff of the gender opposite from the inmate being searched may not be present during the search.

Preponderance of the evidence standard: The standard of proof in most civil cases that requires the party bearing the burden of proof to present evidence that is more credible and convincing than the evidence presented by the other party. This preponderance is based on the more convincing evidence and its probable truth or accuracy and not on the amount of evidence. Thus, one clearly knowledgeable witness may provide a preponderance of evidence over a dozen witnesses with hazy testimony, or a signed agreement with definite terms may outweigh opinions or speculation about what the parties intended. Preponderance of the evidence is required in a civil case and is contrasted with "beyond a reasonable doubt," which is a higher standard that is required to convict in a criminal trial. For the purposes of the standards, preponderance of the evidence is the standard of evidence required to substantiate an allegation of sexual abuse for administrative action.

Privileged communication: Written, verbal, or manual communication that takes place within the context of a protected relationship, such as that between an attorney and client, a husband and wife, a minister or priest and parishioner (or anyone seeking spiritual help), and a physician or other medical or mental health practitioner and patient. The law often protects against forced disclosure of such conversations, but there are various circumstances where privilege can be waived, either purposefully or unintentionally. There are three kinds of privilege: (1) absolute—complete protection against disclosure; (2) semi-absolute—confidentiality is guaranteed except in specific circumstances—harm to self or others, criminal acts committed against a minor, and/or if there is a qualified privilege provision under law; (3) qualified—privilege can be breached by court order when a judge finds there are countervailing interests.

Protocol: Written instructions that guide the implementation of policies.

Sexual abuse: Encompasses (1) **inmate-on-inmate sexual abuse,** (2) **staff-on-inmate sexual abuse,** and (3) **staff-on-inmate sexual harassment.**

> **(1) Inmate-on-inmate sexual abuse:** Encompasses all incidents of **inmate-on-inmate sexually abusive contact** and **inmate-on-inmate sexually abusive penetration**.
>
> > **Inmate-on-inmate sexually abusive contacts:** Touching (either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks) without penetration by an inmate of another inmate without the latter's consent, or with an inmate who is

coerced into sexual contact by threats of violence, or with an inmate who is unable to consent or refuse.

Inmate-on-inmate sexually abusive penetration: Penetration by an inmate of another inmate without the latter's consent, or with an inmate who is coerced into sexually abusive penetration by threats of violence, or with an inmate who is unable to consent or refuse. The sexual acts included are as follows:

- Contact between the penis and the vagina or the anus; or
- Contact between the mouth and the penis, vagina, or anus; or
- Penetration of the anal or genital opening of another person by a hand, finger, or other object.

(2) Staff-on-inmate sexual abuse: Encompasses all occurrences of **staff-on-inmate sexually abusive contact, staff-on-inmate sexually abusive penetration, staff-on-inmate indecent exposure,** and **staff-on-inmate voyeurism**. Staff solicitations of inmates to engage in sexual contact or penetration constitute attempted staff-on-inmate sexual abuse.

Staff-on-inmate sexually abusive contact: Touching without penetration by a staff member of an inmate with or without his or her consent, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks.

Staff-on-inmate sexually abusive penetration: Penetration by a staff member of an inmate with or without his or her consent. The sexual acts included are as follows:

- Contact between the penis and the vagina or the anus; or
- Contact between the mouth and the penis, vagina, or anus; or
- Penetration of the anal or genital opening of another person by a hand, finger, or other object.

Staff-on-inmate indecent exposure: The display by a staff member of his or her genitalia, buttocks, or breast in the presence of an inmate.

Staff-on-inmate voyeurism: An invasion of an inmate's privacy by staff unrelated to official duties, such as peering at an inmate who is showering or undressing in his or her cell or requiring an inmate to expose him or herself for reasons unrelated to official duties.

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

Sight and sound supervision: Continuous, clear, and uninterrupted visual and audio observation of inmates, achieved through proper staff deployment given the inmate population and the particular structural design of a facility. Sight and sound supervision may be aided by technology that enhances the ability of security staff to view and listen to inmates. Adequate sight and sound supervision includes the immediate availability of staff to inmates; requires that inmates always and immediately be able to communicate with staff about matters of safety; and requires that

staff always and immediately be able to intervene to prevent sexual abuse, aggression, and any other emergency.

Staff: Employees, contractors, and agency representatives.

Strip search: A search that requires a person to remove or arrange some or all of his or her clothing so as to permit a visual inspection of the underclothing, breasts, buttocks, or genitalia of such person. Strip searches of inmates may be conducted on reasonable suspicion that the inmate is secreting drugs or weapons or if his or her appearance and conduct suggests a likelihood of having engaged in prohibited behavior. Strip searches must be conducted in private settings by staff of the same gender as the inmate being searched and should only be conducted when necessary to protect the overriding security needs of the facility. Staff conducting strip searches is not allowed to touch the breasts, buttocks, or genitalia of the person being searched.

Verification of compliance: A determination by the Attorney General that the agency is in full compliance with the PREA standards or has achieved progress toward compliance since the second audit or any subsequent audits and has a plan with specific and concrete benchmarks for achieving compliance.

Video monitoring system: An integrated security system that augments and/or enhances the ability of staff to provide the minimal sight and sound security necessary to prevent, detect, contain, and respond to incidents of sexual abuse. The video monitoring system should have the capabilities to enable adequately trained staff to (1) visually observe inmate activities in order to detect indicators of sexually abusive behavior and actual incidents of sexual abuse; (2) activate an immediate response to detected abuse that will abate and/or contain the behavior; and (3) record and retain footage and/or audio recordings of activities for evidentiary purposes, training and policy revisions, staff redeployment decisions, and/or for identifying and designing solutions to structural or physical plant issues.

Visitor: An individual who enters an agency for an official purpose but who does not serve as a volunteer in the agency. Excludes family members, friends, and attorneys who enter an agency to visit an inmate.

Visual body cavity search: A visual inspection of a body cavity, defined as stomach, rectal cavity, vagina, mouth, nose, or ears, for the purpose of discovering any drugs, weapons, or other dangerous contraband concealed in the body cavity. Visual body cavity searches of inmates may be conducted on reasonable suspicion that the inmate is secreting drugs or weapons or if his or her appearance and conduct suggests a likelihood of having engaged in prohibited behavior. Visual body cavity searches must be conducted in private settings by staff of the same gender as the inmate being searched and should only be conducted when necessary to protect the overriding security needs of the facility. Staff conducting visual body cavity searches is not allowed to touch the breasts, buttocks, or genitalia of the person being searched.

Volunteer: An individual who donates his or her time and effort to enhance the activities and programs of the agency. Volunteers are selected on the basis of their skills or personal qualities to provide services in recreation, counseling, education, religion, and so forth.

STANDARDS

I. LEADERSHIP AND ACCOUNTABILITY

A. Safety, oversight, and transparency

SA-1: Zero tolerance of sexual abuse

By policy and practice, the agency demonstrates that it does not tolerate sexual abuse of any kind in its facilities.

Discussion

Eliminating sexual abuse in confinement requires first and foremost a commitment to safety as a core mandate of confinement operations. The chief executive of the jurisdiction, the agency head, and facility heads must work together to prioritize this goal and to commit the attention and resources necessary to achieve it. Agency and facility heads will be responsible not only for ensuring that staff and inmates are informed of the agency's zero-tolerance policy toward sexual abuse but for setting a tone that signals true commitment to the policy and practice of keeping inmates safe from sexual abuse. Facility heads will be required to assess annually all aspects of facility operations, identify deficiencies, and write action plans to address those deficiencies and ensure inmate safety from sexual abuse and compliance with the PREA standards (SA-3).

SA-2: Annual audit and certification

The chief executive in each jurisdiction must certify the agency's compliance with these standards based on results from annual audits of the standards conducted by independent auditors who have no previous or current affiliation with the agency. The chief executive must certify annually that the agency or body operating under the legal authority of the state is either in full compliance with or has established an action plan to enable full compliance with this body of standards pursuant to PREA.

Discussion

The purpose of this standard is to ensure meaningful enforcement of PREA's overarching mandate, which is the elimination of all forms of sexual abuse of persons in confinement. These standards were developed to provide agencies with the necessary policies and strategies to prevent, detect, and respond to sexual abuse and so compliance is a crucial step in the achievement of PREA's goals. Following the statute's mandate, the United States Attorney General will verify jurisdictional compliance with these standards after the chief executive of each jurisdiction certifies annually that his or her state is in compliance or has drafted an action plan to achieve full compliance with the standards. In order for such certification to be meaningful, it must be based primarily on the conclusions of a competent, independent auditor who has documented evidence that the agency has met these standards or has a plan to meet these standards and, most importantly, that inmates are in fact safe from all forms of sexual abuse.

The purpose of requiring written certification by the chief executive is to ensure that the person who is ultimately responsible for the safety of inmates and security of confinement facilities is aware of and accountable for all of the agency's efforts pursuant to PREA. If a facility or agency is faced with significant challenges and is unable to meet these standards, then the facility and agency heads must document the reasons why that facility or agency is unable to comply in its action plan, explain how resources are being funneled toward other expenditures, and describe the immediate steps that it will take to achieve compliance, including efforts to secure additional resources.

SA-3: Internal assessment and planning for achieving compliance with the Prison Rape Elimination Act standards

The facility head uses the compliance checklists in this body of standards to assess facility safety and compliance and to develop action plans to achieve full compliance with the PREA standards. At a minimum, the facility head must (1) conduct an initial assessment and prepare an initial action plan to comply with the PREA standards, and (2) at least annually thereafter, conduct a follow-up assessment and prepare follow-up action plans to ensure full compliance with the PREA standards. The agency head must approve internal assessments and action plans, submit them to the legislature, and publish them, provided they do not contain information that, if made public, would jeopardize the safety and security of the facility.

Discussion

Implementing new standards that mandate significant changes in policy, practice, and, perhaps most significantly, perceptions, attitudes, and behaviors, by an entire agency requires facility and agency heads to use all of their organizational and leadership skills. The agency head will ultimately bear the responsibility of prioritizing and reprioritizing goals and strategies for eliminating sexual abuse, allocating and reallocating resources to achieve that goal, and monitoring failure or success of sexual abuse prevention activities on a continual basis. However, it is the facility head's responsibility to conduct a thoughtful assessment of available resources and current practices and to develop an action plan prior to trying to implement the standards. In carrying out these tasks, the facility head may find it helpful to delegate parts of the assessment or planning process to one or more of his or her high-ranking staff members. Should the facility head choose to delegate some of the responsibilities for managing the facility's efforts to comply with the PREA standards, he or she will still be required to approve and sign all assessments and action plans and will be the person held accountable for the truth and accuracy of those documents. Ultimately, the internal assessment and planning process will help the facility head carry out his or her responsibilities and create a greater likelihood that obstacles to success are identified and addressed in a systematic and cost-effective manner during the implementation process. Successful compliance with the standards and elimination of sexual abuse requires ongoing systemic efforts to assess and adjust policies, practices, and the allocation/reallocation of resources to address problems and improve safety.

B. Prevention Planning

PP-1: Inmate safety

Trained corrections staff provides the continuous direct sight and sound supervision of inmates necessary to prevent sexual abuse of inmates by other inmates and sexual abuse by staff.

Discussion

Sight and sound supervision by security staff is an essential element of any agency's sexual abuse prevention strategy. It enables staff to identify aggressive or coercive inmate behavior before it escalates to sexual abuse, to identify signs of inappropriate staff relationships developing with inmates before they become abuse, to respond immediately to prevent or end incidents of abuse by inmates or staff, and, where an incident does occur, to take the necessary steps to respond to it. It is crucial that every facility's security needs are known to agency heads and met in order to eliminate sexual abuse. Achieving full sight and sound supervision of inmates requires proper deployment and supervision of staff, assisted as necessary by cameras and tracking technology, and may require other creative adaptations to facility design. To prevent staff-on-inmate sexual abuse, staffing deployment policies should limit occasions in which inmates are in one-on-one contact with staff or regularly out of sight of other inmates or cameras. Special supervision policies must be developed for inmates who are isolated from the general population and, therefore, may be more vulnerable to abuse by staff. Video security monitoring systems and radio frequency identification systems (RFID) should be used to monitor staff and inmate movement and location, and supervisory staff should monitor interactions between line staff and inmates in isolated areas.

PP-2: Heightened protection for vulnerable inmates

Staff provides heightened sight and sound supervision to inmates who are identified as vulnerable or potentially vulnerable. Vulnerable or potentially vulnerable inmates must be housed safely in the least-restrictive setting possible and must have access to the same privileges and programs as inmates housed in general population.

Discussion

The purpose of this standard is to highlight the need to provide heightened protection—especially increased sight and sound supervision—for inmates who are identified as vulnerable and to do so in a way that does not unnecessarily isolate them or restrict their access to the regular rights and privileges of general population inmates. Too often, vulnerable inmates are placed in protective custody and lose their access to educational, vocational, and other programs as well as work assignments. This practice contributes to reluctance on the part of inmates to admit that they may require protection. There will be times when the only way to keep an inmate safe is to separate him or her from the general population, and in such cases every effort must be made to ensure that separation does not mean isolation or result in the loss of meaningful access to programs, work, and other services.

Until inmates have been classified, and at any time that vulnerable inmates are identified, the agency is responsible for providing heightened protection to ensure that those inmates are safe. To accomplish this successfully, staff must be able to both identify traditionally vulnerable populations (such as gay, lesbian, bisexual, and transgender inmates; deaf or speech- or sight-impaired inmates; inmates with mental or physical disabilities; inmates with limited English proficiency; inmates with past histories of sexual abuse; young inmates; and inmates who are physically weak) as well as make judgment calls about likely vulnerabilities based on experience in a given facility and with given populations. For example, inmates of different races or ethnic backgrounds may be particularly vulnerable in facilities where they are a distinct minority. Staff must be alert at all times to potential vulnerability.

The facility head and other administrators should consider their options for protecting vulnerable inmates and develop a plan to keep them safe without having to resort to some form of isolation. In cases where protective custody is the only option available to a facility to protect vulnerable inmates, the facility's plan must require that vulnerable inmates be housed in that setting for the shortest period of time possible and be regularly monitored. Every effort must be made to minimize the isolation in protective custody. Vulnerable inmates housed in protective custody should have regular access to mental health services and any other services or programs available to general population inmates.

PP-3: Restrictions on cross-gender supervision

The agency restricts cross-gender supervision in nonemergency situations in areas where inmates disrobe or perform bodily functions in order to protect inmates from unnecessary and degrading exposure of their bodies and to reduce opportunities for staff sexual abuse.

Discussion

Certain limitations on cross-gender supervision are required to meet legitimate and important safety and security interests when men and women are confined. To protect the privacy and dignity of inmates and to reduce staff-on-inmate sexual abuse, agencies must preclude nonmedical staff members from viewing inmates of the opposite gender when they are disrobed or performing bodily/hygiene functions; from conducting pat-downs, strip searches, or visual body cavity searches on inmates of the opposite gender; from being present during medical examinations or procedures, including physical body cavity searches, with inmates of the opposite gender; and from being isolated one-on-one with inmates of the opposite gender out of sight of cameras, other staff or other inmates, including during transportation of inmates outside the facility. While same-sex sexual abuse can and does occur, restricting cross-gender supervision in areas where inmates are disrobed or when inmates are alone with a staff member will lessen the opportunities for the most common types of staff-on-inmate sexual abuse. These prohibitions do not apply to the extent necessary to respond to emergencies. Additionally, to the extent that agencies can comply with these prohibitions by using privacy panels, making verbal announcements when a staff member of the opposite gender is in an area, or employing other protective measures, this standard is not intended to limit cross-gender supervision in housing areas. Staff members should never be penalized or prevented from attaining promotions due to the restrictions on cross-gender supervision.

Each agency should have a legally sound policy regarding strip, visual body cavity, and physical body cavity searches. In addition to being conducted by persons of the same gender as the inmate, strip searches and visual body cavity searches should be conducted only where there is articulable, reasonable suspicion that the inmate is concealing contraband or weapons on his or her body in a manner that cannot be detected by a pat-down search alone. Physical body cavity searches should be employed even more sparingly and must only be conducted by authorized medical practitioners. Routine strip, visual body cavity, and physical body cavity searches of inmates for less than an articulable, reasonable suspicion should not be permitted. Strip and visual body cavity searches should be conducted by a specially trained designated staff member and conducted in conformance with hygienic procedures and professional practices. Additionally, physical body cavity searches should only be conducted by specially trained authorized medical practitioners. All searches should be conducted in specially designated rooms with the fewest number of staff necessary, under conditions that provide privacy for the inmate from all but those authorized to conduct the search. Strip and visual body cavity searches of transgender inmates for the sole purpose of determining genital status should not be conducted *(PP-2, Compliance Checklist 5 (f))*.

PP-4: Language access

Staff is able to communicate directly, through interpretive technology or through noninmate interpreters, with inmates who are limited English proficient (LEP), deaf, or speech-impaired. Accommodations are made to convey all written information verbally to inmates with limited reading skills or who are sight-impaired.

Discussion

The ability to communicate effectively with victims, witnesses, and alleged perpetrators in cases of sexual abuse is crucial not only for ensuring that the proper measures are taken in response to an incident, but also to prevent incidents from occurring in the first place. Language or other communication barriers can seriously impair staff's ability to keep inmates safe from sexual abuse if staff is unable to convey essential information to certain inmates, if inmates are unable to communicate with staff to report abuse, or if inmates must rely on other inmates for their ability to communicate with staff. The information contained in the inmate education sessions on sexual abuse *(TR-4)*, including all of the agency's policies and how to report sexual abuse must be translated and otherwise made available to inmates regardless of any communication barriers that exist. Language and communication barriers can also severely impact staff members' ability to appropriately classify and protect inmates as well as impair medical and mental health practitioners' ability to treat inmates.

Assessing the language and communication needs of the inmate population and developing policies and protocols to address those needs will help staff ensure the safety of LEP, deaf, speech- or sight-impaired, and illiterate inmates. The agency should strive to hire staff members who speak different languages, identify viable translation resources, and make every effort to convey written information orally to inmates who have difficulty reading. It is never appropriate for inmates to serve as translators for other inmates as it compromises confidentiality and places some inmates in a position of undue authority and influence over others.

PP-5: Staff qualifications

The agency hires, retains, and promotes staff members who are committed to PREA's goals. Agency hiring and promotion decisions must take into consideration any criminal history, any history of engaging in sexual abuse, and any other previous conduct that suggests a likelihood of engaging in sexual abuse.

Discussion

The agency will not be able to meet its zero-tolerance goal if it employs, retains, or promotes staff members who have demonstrated abusive behavior or indifference to the importance of preventing and responding to all forms of sexual abuse, whether by inmates or staff. The agency should have a consistent, proactive policy on asking applicants and employees directly about previous misconduct during interviews or reviews and on reviewing public records and employment histories for sexual abuse, harassment, and other behavior (e.g., domestic violence or child abuse) that may signal potential problems before hiring or promoting staff. In jurisdictions where prospective employers are limited in what they can ask of previous employers during a reference check and to the extent permitted by state law, the agency must ask job applicants to sign waivers stating that they waive all of their legal rights to claim libel, defamation, or slander regarding the information given during reference checks. In those cases, any refusal to sign a waiver may result in the applicant's immediate disqualification from consideration for employment.

PP-6: Integrated information systems

The agency uses an integrated information system that allows staff across facilities to store, track, and share data related to incidents of sexual abuse, including each facility's prevention, detection, response, and data collection efforts. Where possible, agencies should use automated database systems to assist integration efforts.

Discussion

It is crucial for agencies to integrate the information systems of their facilities across the agency and within a facility to ensure that information collected at intake, during classification assessments, following incident and disciplinary reports, and, when appropriate, gathered by medical and mental health practitioners, is linked and shared to allow effective inmate management and safety. One extremely helpful tool for organizing and analyzing information is an automated database system that allows the agency to easily track classification assessments, housing placements, and other services for the entire inmate population. Automated database systems have reached the stage of development where they should be available to virtually all agencies. If the agency lacks the resources to obtain and support an automated database system, at the very least the agency should use a spreadsheet or other similar tool and should include in its annual internal assessment and action plan what resources would be necessary to obtain such a system, as well as a strategy for acquiring such resources *(SA-3)*. Automated databases can take many forms. The size of the facility will determine the level of sophistication needed for the agency's automated database system.

PP-7: Use of appropriate monitoring technology

The agency uses video security monitoring systems and other cost-effective and appropriate technology to support its sexual abuse prevention, detection, response, and monitoring efforts.

Discussion

Video security monitoring systems and other technology are invaluable tools for eliminating and punishing sexual abuse. Technology systems, when properly designed, managed, maintained, updated, and fully integrated into the agency's various other security systems, serve as a highly objective, accountable, and transparent mechanism for preventing and responding to sexual abuse. Compared to the long-term cost of using only intensive staff deployment for some inmate security tasks, which also requires intensive staff supervision to prevent staff sexual abuse, agencies will likely find that using monitoring technology is cost-effective.

Agencies have used forms of technology for years in various security applications. Although many agencies have used VHS-based or digital cameras to help enhance facility safety and security, the value of cameras can be limited. For example, when video cameras have been installed in control rooms to enhance visual surveillance of areas in a facility, staff has been required to focus for 8 to 12 hours at a time on rapidly changing monitors displays. This security task can prove ineffective. Additionally, control room security staff must also perform other critical security tasks simultaneously that may take them away from monitoring.

The newer tracking technologies, such as RFID systems may be particularly useful for preventing and detecting sexual abuse because they enable facilities to track in real time all inmates as well as staff and can provide flags or alerts when inmates and staff are together in locations where they should not be. The agency should analyze different locational technologies to determine which technology will be most useful and appropriate for a given facility.

Technology should be adapted to the population as well as to the age and design of each particular facility. For example, in smaller facilities, administrators and staff may find that they only need a strong classification system and cameras to prevent sexual abuse. Some agency heads may find it helpful to collaborate with other agency heads in their state to explore the creation of a regional tracking system, which could function with a central command center that coordinates all monitoring and/or RFID services for federal, state, county, and municipal confinement facilities within a certain geographic area. A regional system could reduce start-up costs as well as operation disbursements.

C. Response Planning

RP-1: Coordinated response team

The agency uses a coordinated, multidisciplinary team to respond to incidents of sexual abuse to ensure that victims receive the medical and support services they need and that investigators are able to obtain usable evidence to substantiate allegations and hold perpetrators accountable.

Discussion
In the community, coordinated sexual assault response teams (SARTs) are recognized as a best practice for responding to incidents of rape and other sexual abuse because they enable key responders from the medical, advocacy, and law enforcement fields to coordinate their actions and share information so that the victim receives the best care and the investigator has the best chance to find the perpetrator. SARTs are generally composed of representatives from the medical and mental health fields, victim advocacy groups (usually from local or regional rape crisis centers), and law enforcement agencies. Any agency that already uses some version of a SART, specialized first response team, or makes use of an existing specialized community response team is in compliance with this standard, regardless of what the team is called or how the team is organized, so long as it fulfills the functions described in Compliance Checklist 11. If the agency lacks any of the necessary resources to develop such a team and no team exists in the community, the agency head should work with community or regional law enforcement agencies, outside medical and mental health providers, and sexual abuse advocacy groups to develop a coordinated plan to address victims' needs and improve sexual abuse investigation outcomes. For agencies putting together a SART or participating in a specialized community response team for the first time, additional specialized training for collaborating across disciplines may be necessary for team members. Agencies should also take special care to ensure that every agency member on the team has a back-up staff person who is qualified to fulfill the team member's role when he or she is unavailable. At the time of publication of these standards, the Commission recommends agencies consult the 2004 U.S. Department of Justice, Office on Violence Against Women publication *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents* for guidance and ideas on developing an approach to a coordinated response to sexual abuse.

RP-2: Evidence protocol

The agency head is responsible for ensuring that investigators of sexual abuse in facilities under his or her control follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Discussion
At the time of publication of this body of standards, the 2004 U.S. Department of Justice, Office on Violence Against Women publication *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents* is considered the "gold standard" of sexual assault evidence protocols by both the law enforcement and the forensic medical examiner communities. The agency head should review the national protocol or a subsequent updated edition and adapt its contents to an existing protocol or develop a new protocol that fits the needs, resources, and policies of his or her correctional agency. The agency head may find it particularly helpful to consult Appendix A of the national protocol, which provides guidance on how jurisdictions can customize the national protocol to meet specific local needs, challenges, policies, and statutes.

RP-3: Sexual abuse findings from forensic autopsies

Following any forensic autopsy performed on an inmate who died of known or suspected unnatural causes while in custody, the facility head must obtain the medical examiner's finding

regarding whether there was any evidence that the deceased engaged in sexual activity, other than self-stimulated activity, immediately prior to death. If the medical examiner finds that sexual activity may have occurred immediately prior to death, the facility head ensures that the death and possible sexual abuse are investigated immediately.

Discussion
The purpose of this standard is to make sure that the facility head obtains a finding from the medical examiner following a forensic autopsy on an inmate as to whether sexual activity may have occurred immediately prior to the inmate's death. Medical examiners should follow their own professional standards and guidelines for determining the time frame for any sexual activity that may have occurred. Inmates who are being sexually abused may commit suicide or suffer death at the hands of their abusers or other abusive inmates. By making the effort to communicate with the medical examiner about possible sexual activity that occurred immediately prior to death, the facility head will be in a better position either to rule out sexual abuse as a contributing factor to the inmate's death or to identify and address quickly sexually abusive inmates or behaviors that may have contributed to the inmate's death and may be endangering other inmates.

RP-4: Reporting to other confinement facilities
When a facility receives an allegation that an inmate has been sexually abused while incarcerated at another facility, the facility head notifies the head of the facility where the alleged abuse occurred. Any facility that receives a report of sexual abuse from another facility or agency is required to investigate the allegation.

Discussion
Inmates who have been sexually abused while confined at a lock-up, jail, or prison may feel safer reporting the abuse once they are no longer housed at the facility where the abuse occurred. For example, an inmate who was sexually abused at a jail may wait until he or she is transferred to a prison to report. Similarly, someone abused while confined in a state prison may choose to report once he or she is in the custody of a community corrections agency. The head of the facility where the report is made should be prepared to receive these kinds of reports and to notify the appropriate authorities immediately. By the same token, the head of the agency or facility where the alleged abuse occurred must ensure that the allegation is investigated. This effort to communicate and share information across agencies and facilities should improve safety and security for all inmates and staff.

RP-5: Agreements with outside agencies
The agency maintains memoranda of understanding (MOUs) or other agreements with outside government agencies that can receive and respond to inmate reports of sexual abuse. The agency also maintains MOUs or other agreements with community agencies or advocates that provide confidential emotional support services related to sexual abuse and help victims of sexual abuse during their transition from incarceration to the community *(RE-1, RE-2, MM-4)*.

Discussion
The agency will need to partner with outside agencies to meet the requirements of standards RE-1, RE-2, and MM-4. Forging these partnerships will allow the agency to provide the range of services available in the community and will give inmates the choice to speak to someone not affiliated with the agency if they feel more comfortable doing so. In cases where facilities are located in areas without community agencies to draw from, the agency head should consider researching regional or national agencies or groups that inmates may be able to access by telephone or, if no other alternative is possible, by mail.

RP-6: Memoranda of understanding with outside law enforcement agencies
If an agency does not have the legal authority to conduct criminal investigations or has elected to permit an outside agency to conduct criminal or administrative investigations of staff or inmates, the agency maintains a written MOU specific to investigations of sexual abuse with the law enforcement agency responsible for conducting investigations.

Discussion
Formal MOUs between correctional agencies and outside law enforcement agencies are important for ensuring that investigations into allegations of sexual abuse are timely and effective. Before an incident occurs, both the correctional agency and the law enforcement agency that provides the investigator should understand how that investigator will operate within the correctional environment. For example, both agencies should know how the investigator will gain entry into a given facility, what he or she will be able to bring into a facility, and what kind of access he or she will have within the facility.

RP-7: Memorandum of understanding with prosecuting authority
The agency head makes every reasonable effort to develop and maintain an MOU or other agreement with the authority responsible for prosecuting violations of criminal law.

Discussion
The goal of this standard is to encourage greater collaboration and communication between correctional agencies and prosecutors. Greater communication should improve the success rate of meritorious prosecutions and thereby improve accountability and prevent the recurrence of incidents of sexual abuse. The agency head should maintain regular, ongoing discussions with prosecutors about issues related to any allegations of criminal conduct in the agency.

RP-8: Agreements with forensic medical examiners
The agency head maintains a written agreement or contract with a qualified, independent forensic medical examiner not employed by the agency who can perform forensic medical exams of sexual abuse victims *(RP-2)*.

Discussion
Where possible and practicable, it is considered best practice to transport victims to outside health care providers for forensic medical exams to avoid any conflict or appearance of conflict

of interest regarding potential evidence or treatment of the victim. If a facility does not have access to any community providers able to perform forensic medical exams or if an inmate in need of an exam has been deemed too dangerous to transport out of the facility, it should take steps to ensure the quality of forensic medical exams performed on-site by contracting with qualified independent medical practitioners. In those cases, medical practitioners should be trained to perform forensic medical exams and supervised or assisted by independent providers using telemedicine technology or other means. Any medical practitioner who examines an inmate should also be trained in the safety precautions to take when treating an inmate.

In order to ensure the most competent and consistent care for the victim, it is critical that any agreement with a forensic medical examiner include a requirement that agency medical and/or mental health practitioners receive any documentation from the independent examiner related to the victim's treatment, including any recommendations for continued care. Victims should be informed of the exact information provided and with whom it will be shared. Additionally, if requested, independent examiners must provide copies of records to the victims.

RP-9: Sexual abuse incident reviews

The facility head and a standing review committee review all incidents of sexual abuse at the conclusion of the investigation, unless the report was determined to be unfounded, to assess and improve prevention and response efforts.

Discussion

Sexual abuse incident reviews immediately following the conclusion of an investigation into a credible report of sexual abuse, regardless of whether or not the incident was substantiated, provide the facility with the opportunity to identify policies or practices that may have contributed to or failed to prevent the abuse and any deficiencies in the facility's response. Having identified problems, the facility can then make the necessary changes to policies or practices that endanger staff and inmates. The members of the review committee specified in Compliance Checklist 19 must include ranking staff members from different disciplines within the facility who have ultimate authority to change policies and oversee practice. Those staff members who responded to the incident, including any and all coordinated response team members *(RP-1)*, should be interviewed as part of the review.

II. PREVENTION

A. Training and Education

TR-1: Staff and volunteer training

All staff members and volunteers are educated about sexual abuse and agency sexual abuse policies through training that is comprehensive, easy to understand, up-to-date, and appropriate for the agency's population.

Discussion

Each agency must establish a training program that gives staff and volunteers the knowledge and skills to prevent sexual abuse from occurring, to identify signs that sexual abuse may be occurring, and to take the appropriate actions when they learn of recent or historical incidents of sexual abuse. The training can take place in multiple venues, including roll calls, on-the-job training, new employee or volunteer orientations, and preservice or in-service academies. Prior to launching a training program, the agency should have created clear policies regarding sexual abuse and should have considered how best to overcome any anticipated staff resistance to or problems with such policies. When putting together a training plan, agency administrators should consult the many resources and training materials already available including those developed by other local, state, and federal correctional agencies, the National Institute of Corrections, and the Bureau of Justice Assistance.

TR-2: Visitor awareness of agency's zero-tolerance policy regarding sexual abuse

All visitors on official business to a facility are informed of the agency's zero-tolerance policy regarding sexual abuse and required to sign an acknowledgement that they understand the policy. Family, friends, and attorneys visiting an inmate should also be informed of the zero-tolerance policy, but are not required to sign an acknowledgement of understanding.

Discussion

Visitors on official business to a facility will not undergo extensive training on sexual abuse, such as that completed by staff and volunteers. However, because these individuals may have contact with inmates, it is important that they understand the agency's zero-tolerance policy regarding sexual abuse. It is also important for family and other inmate contacts to understand the agency's sexual abuse policy so they can help inmates who may confide in them about situations of sexual pressure or abuse.

The policy may be posted at facility entrances, and signing the visitor's logbook can serve as acknowledgement of the policy.

TR-3: Inmate notification of agency's zero-tolerance policy during intake

All inmates are informed of the agency's zero-tolerance policy regarding sexual abuse during the intake process.

Discussion
Although the time an individual remains in custody varies widely, every individual must be notified of the agency's zero-tolerance policy regarding sexual abuse, including how to avoid sexual abuse, how to protect oneself against sexual abuse, and how to report an incident, as soon as possible upon entering the facility.

Presentation of this information should be in person. If this presents an undue burden for the agency/facility, an alternative would be to show a video, such as those developed by the National Institute of Corrections. Written materials that clearly describe the agency's sexual abuse policies and protocols could accompany the in-person presentation or video.

TR-4: Inmate education on sexual abuse

All inmates are educated about sexual abuse through education sessions that are comprehensive, easy to understand, up-to-date, and appropriate for the agency's population. Newly admitted inmates are educated as soon as possible following their initial housing assignment, and current inmates are educated as soon as possible following adoption of the PREA standards.

Discussion
Inmates need to be educated about the agency's sexual abuse policies so they understand how to avoid sexual abuse, how to protect against sexual abuse, how to report sexual abuse, and what will happen following a report. The agency should also use inmate education programs to send a message to inmates that sexual abuse is taken seriously and that the agency will protect inmates who report incidents of sexual abuse and refer investigations for disciplinary action and/or criminal prosecution.

To deliver the most effective education to inmates, the responsible administrators may wish to use some of the following tools: videos, written materials, signs with phone numbers and reporting information, and structured discussions. They should also choose settings with few distractions, and educate inmates in small groups because of the sensitive nature of the material. Agencies must also educate inmates in solitary confinement or protective custody although the agency may vary the presentation format consistent with security requirements.

TR-5: Specialized training: classification, investigations, medical and mental health care, and data collection

Staff who conduct classification assessments, investigate sexual abuse, provide medical or mental health care to sexual abuse victims, or collect and manage sexual abuse data must be specially trained to perform those functions.

Discussion
Agency staff with general classification, investigative, medical, mental health, or data collection responsibilities should all have the specific qualifications and expertise required to perform their jobs competently. Due to the sensitive and complicated nature of sexual abuse incidents those

who are classifying inmates, investigating, treating victims of, or collecting data on those incidents in a confinement facility should have specialized knowledge, skills, and abilities.

Classification
The staff who conducts classification assessments plays a critically important role in a facility's efforts to protect vulnerable inmates from those who may engage in sexually abusive behavior. An effective classification system requires staff members to do more than merely run through a predetermined list of questions that produce a mechanical score. Classification staff must be trained to interview inmates with diverse backgrounds about subjects that are likely to be sensitive, including previous histories of sexual abuse. Not only must classification staff members have the ability to ask questions in a sensitive manner, but they must be able to make judgments about the veracity of the information they gather and also to assess inmates' vulnerability as part of a whole picture and not merely a score on a piece of paper.

Investigations
Sexual abuse investigators should be familiar with the agency's security, victim protection, and access-to-counsel policies and its protocols for transporting victims to independent, off-site health care providers or bringing qualified medical examiners into the facility for forensic medical exams. They should also have a basic understanding of the forensic medical examiner's dual role as treatment provider and evidence collector (see description of the forensic medical examiner's role in the Department of Justice publication *A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents*, September 2004). In particular, they should recognize that while forensic medical examiners have the training and education to perform exams and collect evidence, they do not function as an extension of any investigative body. Additionally, investigators and/or agency administrators should work with any contracted forensic medical examiners to educate them on the importance of exercising caution and taking security measures when treating inmates.

Medical and Mental Health Care
Medical and mental health practitioners should be competent to provide care to inmates who have experienced sexual abuse and should continually update their knowledge and skills to deliver the highest quality of care possible in a confinement setting. Facility medical and mental health practitioners should be trained on the protocol for transporting victims to outside health care providers or bringing qualified medical examiners into the facility for forensic medical exams and should establish professional relationships with the contracted forensic medical examiners so that each provider knows whom to contact for coordinating the immediate and long-term care and treatment of victims. Additionally, because some physical evidence may start degrading before victims can be transported to outside providers, facility medical practitioners should know how to collect and preserve physical evidence that may not survive the trip to the outside provider. Forensic medical exam training should be adapted from the procedures described in *A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents* (DOJ, September 2004), or any subsequent updated editions.

Data Collection
Finally, those with data collection responsibilities require special training so that they understand

the importance of and will comply strictly with agency policies on recording and protecting information that, if left unprotected, could endanger victims, witnesses, and alleged abusers.

B. Classification

CL-1: Initial screening upon arrival at the facility

Using consistent criteria, staff screens every inmate upon arrival at the facility to identify those inmates potentially vulnerable to sexual abuse by other inmates and ensure that they are separated from those likely to engage in sexually abusive behavior. Staff provides intensive sight and sound supervision of all inmates before and during the initial screening process.

Discussion

Screening individuals at intake for potential victimization or sexually abusive behavior is crucial for preventing sexual abuse from occurring, especially during the initial phases of an individual's incarceration. Such screening may be difficult because there may be very little known about inmates when they first arrive at a facility, but every attempt must be made to make an initial determination as to whether an inmate may be particularly vulnerable to sexual abuse by other inmates or have an increased likelihood to behave abusively toward others. Initial housing decisions and bed assignments must be based on that initial screening, and intensive sight and sound supervision must be maintained until inmates are fully classified.

CL-2: Classification assessment

During the internal classification process, staff assesses every inmate to determine his or her potential to be sexually abused by other inmates and his or her potential to be sexually abusive. Classification assessments are made using consistent written criteria and the judgment of trained staff. Every inmate's classification assessment is reviewed and updated, as necessary, at regular intervals, following significant incidents, and whenever new and relevant information is available.

Discussion

The classification process is a critical part of the facility's efforts to identify and separate inmates who are particularly vulnerable to sexual abuse by other inmates from those inmates who have the potential to be sexually abusive. The classification assessment process must be fully integrated with other systems used to manage and protect inmates. For instance, classification must dictate not only housing unit assignments, but also bed assignments, and program and work assignments.

Internal classification assessments are conducted at a facility after an agency has made external classification decisions regarding each inmate's appropriate security level and facility placement. The use of objective classification instruments for external classification is widespread, and many of the criteria used to make security level assignments have been statistically validated. However, validated, objective classification instruments are less commonly used to conduct internal classification assessments. Furthermore, the research into those criteria or factors that are predictive of the likelihood of being sexually abused by other inmates or of being sexually

abusive has not yet established fully validated measures by statistical standards. In part this is because of the historically few reports of incidents of sexual abuse in confinement. Therefore, identification of inmates with a greater than average likelihood of being victims of staff-on-inmate sexual abuse or harassment, or who are at higher risk of engaging in abusive conduct themselves, is difficult.

Nonetheless, there is research to support the knowledge that professionals in the field, who have extensive experience working with victims of sexual abuse and sexually abusive inmates in prisons and jails, have gained about the markers of vulnerability or of sexually abusive behavior. These characteristics, and others the agency deems appropriate, must be considered during every classification assessment as required in Compliance Checklist 26.

The Commission encourages agencies to test and validate the reliability of classification instruments that use these measures. Agencies should review their own institutional histories for information about incidents of sexual abuse in their facilities and make that information available to researchers so that advances can be made in this field. Additionally, the agency is encouraged to provide facilities with objective classification instruments that are available or can be adapted from instruments developed by the National Institute of Corrections or by other correctional agencies.

While a thorough, initial classification assessment is crucial, it is equally important that the classification assessment be reviewed and, when necessary, modified periodically following any significant incidents and whenever new and relevant information is available that might help the agency prevent sexual abuse. Inmates may not feel comfortable disclosing sensitive information about their past during the initial assessment but may disclose that information later. The periodic review and update of an inmate's classification status will ensure that it accurately reflects any changes—since the previous review—in facility operations and/or in the inmate's behavior or disclosed history. Furthermore, whenever an incident of alleged sexual abuse is investigated and turns up evidence that such an incident may have taken place, it will be necessary for staff to review the classification status of both the alleged victim and the alleged perpetrator and make modifications to ensure the alleged victim's safety from further abuse. Inmate disciplinary or behavior reports may also trigger the need for reclassification if disciplinary infractions appear to be related to inappropriate sexual behavior in the facility.

There is growing evidence suggesting that the factors used to determine whether female inmates are vulnerable to sexual abuse by other inmates or by staff or whether they have the potential to be sexually abusive differ from those that are relevant for male inmates. However, research has not yet established the specific factors that ought to be considered. This research is in its early stages and testing and validation of instruments remains to be done to identify the factors to determine female inmates' risks. Among the factors that seem to be more relevant for women than for men in predicting adjustment problems during incarceration are past histories of abuse, family relationships, and drug and alcohol dependency, and it is suspected that these may also be correlated with higher risks of being abused or abusing others. Agencies are strongly encouraged to rely on developing research to ensure that their classification instruments for female inmates reflect the most current knowledge about how to predict risk in this population.

CL-3: Inmate management plans

Information from the classification assessment related to potential vulnerability to sexual abuse or potential to be sexually abusive is used to develop an inmate management plan for each individual inmate.

Discussion

When developing inmate management plans and making housing and bed assignments, vulnerable or potentially vulnerable inmates must be housed safely in the least-restrictive setting possible and must have access to the same privileges and programs as inmates housed in general population *(PP-1* and *PP-2)*. Inmates who are vulnerable to sexual abuse and who need special protection should never be automatically subjected to highly restrictive or isolating conditions. Single occupancy cells/rooms or identified space within designated nonpunitive housing units should be made available for vulnerable inmates whenever possible, and continuous sight and sound supervision must be maintained. Further, programs and work assignments must be coordinated with housing assignments for inmates who are likely to be victimized or to victimize others. Provisions must be made to ensure that the personal concerns of sexually vulnerable inmates are taken into account when determining housing and bed assignments. Transfers to other facilities should be made only as a last resort when there is no other way to ensure the safety of the inmate inside the facility or at the request of a vulnerable inmate.

III. DETECTION AND RESPONSE

A. Reporting

RE-1: Inmate reporting

Inmates are able and encouraged to report sexual abuse verbally or in writing to any staff member and know that they will be taken seriously, treated respectfully, and protected from future harm and retaliation. Any report of sexual abuse made at any time after the abuse, which names a perpetrator and is made in writing to the agency, satisfies the exhaustion requirement of the Prison Litigation Reform Act. Inmates are also able to report sexual abuse verbally or in writing to at least one government official or office not affiliated with the agency but which has agreed to receive and act on reports *(RP-5)*.

Discussion

The agency should make reporting sexual abuse as easy, private, seamless, and secure as possible and should stress to inmates that all reports will be investigated. The more the agency demonstrates through policy, practice, and staff behaviors its commitment to protecting sexual abuse victims and punishing abusers, the more victims will feel safe coming forward. While a potential increase in disclosures and investigations may initially tax correctional resources, increased reporting may also signal that inmates are becoming more trustful of the system, which, in turn, may deter potential abusers from engaging in sexually abusive behaviors. Over time, the agency's initial investment in efforts to make reporting easier and to conduct thorough investigations will serve everyone's interests. Victims will be better supported, abusers will be held accountable, and staff, volunteers, and inmates will ultimately be able to live and work in safer, more secure environments.

Agencies should use a number of strategies to encourage inmates to report sexual abuse. These can include, for example, placing locked drop boxes in common areas for inmates to drop reports, requests, or grievances and installing dedicated phones or programming existing phones with toll-free hotline numbers to internal affairs departments, offices of professional responsibility, or similar internal investigative departments. Staff should also take proactive steps to talk to inmates periodically about any unwanted sexual behaviors or threats they may be experiencing from other inmates or staff. Additionally, the agency must make it easy for inmates to report to at least one government official or office not affiliated with the agency but which has agreed to receive reports and act on them *(RP-5)*. At a minimum, the agency's agreement with the outside government official or office should require the outside entity to report the allegation back to the agency head and follow up on the agency's investigative efforts to make sure the inmate who reported was protected from future harm, including any retaliatory behaviors *(RP-5, Compliance Checklist 15 (c))*. Such measures will send a message to inmates that the agency takes sexual abuse seriously and will not tolerate any abuse or harassment by its staff. Additionally, making sure that inmates can report sexual abuse externally to an independent official or organization will signal to inmates that the agency is genuinely concerned with protecting their safety and addressing security problems.

RE-2: Outside confidential support services for inmates

All inmates have access to outside victim advocates and/or mental health professionals for confidential emotional support services related to sexual abuse, whether or not they report the abuse, unless state or local laws preclude privileged communications between the specific service provider and sexual abuse victims.

Discussion

Victims of sexual abuse, whether confined or not, often need and depend on the support of an advocate or counselor to help them work through the emotional and psychological trauma caused by the incident. Working with such counselors not only helps victims heal, but can also help victims overcome any reluctance to report the incident to the appropriate officials. While the agency might have qualified mental health practitioners on staff who can treat sexual abuse victims, some victims may be reluctant to confide in those practitioners because they see them as part of the institution that failed to protect them from the abuse. By giving inmates the option to communicate with outside advocates or mental health practitioners, the agency will ensure that victims have the greatest access to the help they need. The agency should consider entering into an MOU with a community agency and providing regular opportunities for inmates to meet face-to-face with advocates and/or counselors *(RP-5)*. In addition to these opportunities, free hotlines that connect inmates to rape crisis service groups and/or other victim advocacy groups are encouraged. Agencies that have limited community resources to draw from should at a minimum provide inmates with contact information for regional and/or national human rights, advocacy, and counseling organizations. Regardless of how an agency decides to implement this standard, administrators should make certain that inmates are able to access outside confidential support services as easily and as privately as possible. Inmates should never have to explain to staff members their reasons for wanting to speak to outside advocates or counselors before being allowed to communicate with those providers.

RE-3: Third party reporting

Family members and other nonincarcerated individuals in contact with inmates are able to report incidents or suspicions of sexual abuse to agency officials. Information on how to report sexual abuse on behalf of an inmate is publicly available, and the agency investigates all third party reports.

Discussion

Information about how to report sexual abuse on behalf of an inmate should be available in multiple languages and in a convenient, easily accessible format. For example, the information could be available by phone, on a website, as part of a presentation to visitors about the agency's zero-tolerance policy, or in brochures, flyers, or on posters in visiting areas.

B. Staff duties following an inmate report

SD-1: Staff duty to report sexual abuse

All staff members are required to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse, including any knowledge of staff neglect or

violation of responsibilities that may have contributed to an incident of sexual abuse. In instances of suspected or reported inmate-on-inmate sexual abuse, staff may report up the chain of command or directly to the facility or agency head. In instances of suspected or reported staff-on-inmate sexual abuse or staff neglect or violation of responsibilities, staff is required to report directly to the facility or agency head. Staff must not reveal any information related to a sexual abuse report to anyone other than those who need to know in order to make treatment, investigation, and classification decisions. Medical and mental health practitioners are excluded from the staff duty to report unless required by state law to report sexual abuse.

Discussion

Agency administrators must repeatedly reinforce to staff members that they are mandatory reporters with no discretion to decide whether or not to report sexual abuse allegations or any other knowledge or suspicion of sexual abuse or harassment. They should make it clear through policy and practice that the agency tolerates neither a staff code of silence on this issue nor the mishandling or inappropriate sharing of information (i.e., spreading rumors).

While the staff duty to report any knowledge or suspicion of sexual abuse or harassment is critical, the reality is that some inmate victims will not confide in staff and will avoid seeking medical and mental health care if they believe staff medical or mental health practitioners are required to report even suspected abuse. In order to encourage inmates to seek care and ultimately to increase reporting, a minor exception to the absolute duty to report must be made for staff medical and mental health practitioners. Staff medical and mental health practitioners must obtain informed consent from an inmate who reports abuse or shows signs of having been abused before reporting that knowledge or suspicion up the chain of command. When staff medical and mental health practitioners suspect that an inmate has been abused, they should speak with that inmate and tell the inmate that they must report their suspicions unless the inmate objects. If the inmate objects to a formal report of the abuse, the medical or mental health practitioner is responsible for determining the cause of those objections and doing everything possible to overcome them. If there is some danger posed to other inmates by a suspected abuser – whether inmate or staff – staff medical and mental health practitioners should report that danger even if they cannot report the name of the suspected victim. The purpose of creating this exception to the absolute duty to report is to ensure that inmates feel safe seeking medical and mental health care even when they are not comfortable or do not feel safe making a formal report of abuse. If the facility has created an environment where inmates know they will be protected once they report abuse and know that protection will not mean placement in an isolating environment, they will be more likely to report. And in many cases, inmates who know they can confide in a medical or mental health practitioner will eventually feel comfortable reporting after they have been able to get confidential counseling and support.

Finally, when developing or reviewing the agency's staff reporting policies, administrators should consider and abide by any relevant state laws that grant privilege (e.g., to medical practitioners, mental health practitioners, or the clergy) or mandate reporting to outside agencies for abuse perpetrated on certain vulnerable groups (e.g., the mentally ill, mentally or physically disabled, or the elderly). If the agency discovers that its policy is at odds with state law, it should take steps to revise or develop a new policy and formalize practices in accordance with state law.

SD-2: Staff duty to protect sexual abuse victims and preserve evidence
Upon learning that an inmate has been sexually abused, staff is required to take steps to protect the safety of the victim, seal and preserve any crime scene(s), and inform the victim not to take any actions that could destroy physical evidence before an investigator or other member of the coordinated response team *(RP-1)* arrives.

Discussion
In addition to reporting the abuse up the chain of command, the first staff member who learns of an inmate being sexually abused must take immediate steps to ensure that the victim is safe and any physical evidence is preserved until an investigator or other member of the coordinated response team *(RP-1)* arrives. To do so, staff will need to be able to counsel victims who may be in distress while maintaining security and control over the crime scene(s).

C. Agency duty to protect against retaliation

AD-1: Agency duty to protect against retaliation
The agency protects all inmates and staff who report sexual abuse from retaliation by other inmates or staff.

Discussion
Fear of retaliation, such as being placed in harsh or hostile conditions, being attacked by other inmates, or suffering harassment from staff, prevents many inmates and staff from reporting sexual abuse and impedes the ability of the agency to protect the safety and security of its facilities. Retaliation can take many forms. For example, one or more inmates may assault another inmate for "snitching." An accused staff member or his or her staff allies may suddenly start giving disciplinary tickets to the inmate who made the allegation. A staff member who reports may find that he or she is being snubbed or isolated by other staff. The agency must use every means possible, from information conveyed in training sessions to strict reporting policies to strong disciplinary sanctions for retaliation, to discourage retaliation in any form.

Protection against retaliation must begin immediately, and the agency must stay alert and maintain protective measures for as long as it deems necessary. When determining how long to maintain protective measures, the agency should take into account inmate or staff safety concerns. The agency will have to weigh a number of circumstances when deciding how best to protect inmates and staff members who report sexual abuse. While collective bargaining agreements may limit some agencies' ability to remove accused staff members from contact positions with inmates who have alleged staff-on-inmate sexual abuse or staff-on-inmate sexual harassment, agencies should nonetheless make every effort to protect inmates from potential harm. However, agencies should try to secure collective bargaining agreements that do not limit their ability to protect inmates or other staff from retaliation.

The agency's protective measures can be adjusted throughout the investigation as necessary, but this does not obviate the agency's obligation to take immediate and continuing steps to guard against retaliation. While addressing the situation may require a housing transfer, facility officials should make every reasonable effort to minimize the disruption caused to the inmate's

daily life, including changes in housing assignment, access to programs, and other privileges *(PP-1* and *PP-2)*.

D. Investigations and Discipline

IN-1: Investigations

Investigations into allegations of sexual abuse are prompt, thorough, objective, fair, and conducted by investigators who have received special training in sexual abuse investigations.

Discussion

Investigators face a number of challenges when investigating allegations of sexual abuse. One of these challenges is inmate reluctance to report, whether as victims or as witnesses, which often leads to delayed reporting, changed stories, noncooperation, and difficulties obtaining physical evidence. Investigators must be creative, patient and tenacious to overcome such reluctance. Because the trauma of sexual abuse can be especially devastating to victims in custody who may already feel powerless and isolated, special care should be given to how they are interviewed and treated during an investigation. Using the team approach mandated in RP-1 (coordinated response team) will help ensure that victims' needs are met and that victims are not re-traumatized during an investigation. Investigators should also remind and reassure victims and witnesses that the agency will protect them from retaliation.

In cases of alleged staff-on-inmate sexual abuse or harassment, the agency should make an extra effort to ensure that those investigations are objective and thorough and should use outside investigators whenever possible to assure the appearance as well as the reality of impartiality. Even where agency policy requires staff to cooperate with investigations, investigators may still confront a code of silence or staff refusal to cooperate fully and truthfully and will, as with inmates, have to use creativity, tenacity and patience to overcome staff reluctance. Investigators should also report to agency heads when staff either refuses to cooperate with them or when they feel that staff members are not being truthful.

Unlike other forms of brutality or violence that may occur in correctional facilities, sexual abuse is less likely to be witnessed, cause visible injury, or leave other physical evidence. It is, therefore, crucial that investigators have a protocol for making credibility assessments, which should include reviewing any prior reports of sexual abuse against the accused abuser. Unless state law says otherwise, agencies should maintain those records for the duration of the complainant's sentence or staff member's employment. Even taking into account credibility assessments, the available evidence may be insufficient to support a finding at an administrative hearing or a criminal prosecution. In those cases, an investigator may conclude that while the evidence could not substantiate an allegation, it pointed to a reasonable suspicion that the incident in question occurred. Such an allegation may be determined to be unsubstantiated, but it should not be categorized as unfounded.

Where a pattern of unsubstantiated allegations emerges that involves the same alleged abuser, work shift, or area of the facility, facility heads should review relevant post assignments, staffing levels and patterns, and the use of cameras and other monitoring technology throughout the facility. This is a crucial measure facility heads must take to prevent sexual abuse.

When drafting or reviewing investigation policies, the agency head, along with investigation supervisor(s), should consider any agreements or MOUs *(RP-5)* that should be referenced in policy.

IN-2: Level of proof required to substantiate sexual abuse allegations for disciplinary action

Investigators use a preponderance of the evidence standard of proof to substantiate any sexual abuse allegation for disciplinary action.

Discussion

The goal of this standard is to ensure that the agency uses a standard of proof that is fair to all parties and appropriate for administrative or civil action. It requires investigators to use a preponderance of the evidence standard, which is used in civil suits involving sexual abuse and which would enable investigators to substantiate allegations of staff or inmate abuse that seem more likely than not to have occurred, but for which he or she cannot conclude occurred beyond a reasonable doubt.

DI-1: Disciplinary sanctions for staff

Staff is subject to immediate termination following an administrative ruling that the staff member engaged in actual or attempted staff-on-inmate sexually abusive contact or penetration or a criminal finding of guilt for actual or attempted staff-on-inmate sexually abusive contact or penetration. Staff is also subject to disciplinary sanctions, up to and including termination, when found in violation of other agency sexual abuse policies. Sanctions are comparable and proportional to the type of violation committed and the staff member's disciplinary history.

Discussion

The goal of this standard is to ensure fair and consistent accountability for staff members who have violated agency sexual abuse policies and procedures, regardless of whether they are found guilty in criminal proceedings. Violations that require disciplinary sanctions include engaging in actual or attempted abuse or harassment, failing to report an incident of sexual abuse, failing to limit information received about an allegation to those who need to know, failing to cooperate with a sexual abuse investigation, engaging in retaliation against inmates or staff who report abuse, and failing to follow any other agency policy regarding sexual abuse in which staff was trained. Staff employment contracts should notify staff that rules violations include a range of sanctions up to and including termination.

Disciplinary hearings for adjudicating allegations of attempted or actual staff-on-inmate sexual abuse or staff-on-inmate sexual harassment should be fair, and sanctions should be proportional to the accused staff member's conduct, his or her disciplinary history, and the sanctions meted out for comparable offenses by other staff with similar histories. The sanctions should be sufficiently serious in all cases to serve to communicate to all staff as well as inmates the agency's refusal to tolerate sexual abuse or any conduct that impedes its efforts to eliminate it. Through increased collaboration with outside law enforcement agencies and prosecutors *(RP-6*

and *RP-7)*, the agency should be taking steps to ensure that any incident that may constitute a criminal offense is criminally investigated and prosecuted. Even if the staff member resigns, an administrative hearing should be carried through to completion, and the agency should refer any substantiated allegations for criminal prosecution.

DI-2: Disciplinary sanctions for inmates

Inmates are subject to disciplinary sanctions following an administrative ruling that the inmate engaged in inmate-on-inmate sexual abuse or a criminal finding of guilt for inmate-on-inmate sexual abuse. Sanctions are comparable and proportional to the type of violation committed and the inmate's disciplinary history. In instances of staff-on-inmate sexual abuse, as opposed to forcible rape of a staff member by an inmate, inmates are not subject to disciplinary sanctions.

Discussion

Holding inmates accountable for sexually abusing other inmates is essential to deter abuse and to demonstrate to inmates and staff that the agency takes seriously its zero-tolerance policy. Disciplinary hearings for adjudicating allegations of inmate-on-inmate sexual abuse should be fair, and sanctions should be proportional to the accused inmate's conduct, his or her disciplinary history, and the sanctions meted out for comparable offenses by other inmates with similar histories. The agency should also consider imposing constructive measures in addition to or as an alternative to negative sanctions such as withdrawal of privileges or placement in segregation.

The agency should take all steps necessary to manage inmates who have sexually abused other inmates. However, the agency's process for determining whether to impose disciplinary sanctions and which sanctions to impose should take into consideration any serious mental health problems that may have contributed to the inmate's abusive behavior. Inmates with serious mental illness should never be sanctioned with prolonged periods in disciplinary segregation if the conditions in segregation have the potential to aggravate symptoms of their mental illness and/or limit their access to needed mental health services.

Inmates should never be subject to disciplinary sanctions for apparently consensual sexual activity with staff members because even in situations where inmates appear to have consented they remain under the power and control of staff. Disciplinary sanctions for inmates will discourage them from reporting abuse. Additionally, some inmates may fail to report abuse because of larger safety concerns in the facility and therefore should not be punished for concealing sexual activity. Staff must ultimately be held responsible for such abuse.

Finally, through increased collaboration with outside law enforcement agencies and prosecutors *(RP-6* and *RP-7)*, the agency should be taking steps to ensure that any incident that may constitute a criminal offense is criminally investigated and prosecuted.

E. Medical and Mental Health Care

MM-1: Access to medical and mental health services

Victims of sexual abuse have timely, unimpeded access to quality medical and mental health services free of charge following an incident of sexual abuse, regardless of whether or not they name an abuser. If no qualified medical or mental health practitioners are on duty at the time a report is made, staff should take preliminary steps to protect the victim *(SD-2)* and immediately notify the appropriate medical and mental health practitioners. Only qualified medical and mental health practitioners who have successfully completed sensitivity training *(TR-5)* provide ongoing treatment services to sexual abuse victims.

Discussion

Inmate victims of sexual abuse should receive timely and unimpeded medical and mental health care equal to the standards of care in the community. Victims should not have to wait many hours to receive care or go through the standard sick call process following an incident of sexual abuse. Additionally, if an inmate reports that he or she was sexually abused during transport to the correctional facility while in the custody of law enforcement, that inmate should receive the same immediate care as he or she would have received had the incident occurred inside the facility. In those cases where an inmate reports abuse that occurred at a different facility or while in custody of law enforcement, the facility head is required to notify the appropriate authority where the alleged abuse occurred *(RP-4)*.

If the agency does not already have a quality improvement program for medical and mental health care services, it should take steps to implement a structured quality improvement program to assess its delivery of medical and mental health care services to sexual abuse victims and develop strategies for improvement where weaknesses are identified. Procedures and posted information relating to the access of medical and mental health care should be easy to use and understand, and this information should be available in multiple languages for LEP inmates *(PP-4)*.

MM-2: Medical and mental health screenings—history of sexual victimization

Inmates are to be asked whether they have a history of sexual victimization during medical and mental health reception and intake screenings. Information related to sexual victimization must be strictly limited to medical and mental health practitioners and classification staff, if necessary, to determine treatment options and inform inmate management plans *(CL-3)*.

Discussion

Facilities typically perform a brief health screening of every inmate upon their arrival, followed by a more comprehensive assessment 7 to 14 days after admission. These screenings should include questions about previous sexual victimization while incarcerated or in the community. An inmate who indicates that he or she has previously been the victim of sexual abuse should be referred for further evaluation, and if deemed necessary by qualified medical and mental health practitioners, should receive further treatment. If the medical or mental health practitioner who does the screening determines that the inmate may be at risk for future victimization based on his or her history of victimization, the practitioner should alert the classification staff member in

charge of developing that inmate's management plan. However, any information pertaining to an inmate's history of sexual victimization must be handled with the utmost sensitivity and limited to the medical and/or mental health practitioners and classification staff members who need to know to develop treatment and management plans.

MM-3: Detection

If medical practitioners detect signs of potential sexual abuse during a routine medical or dental exam, they are required to discuss their concerns with the inmate and report their suspicions unless the inmate tells them not to report *(TR-4, TR-5,* and *SD-1)*. In instances of suspected inmate-on-inmate sexual abuse, practitioners may report up the chain of command or directly to the facility or agency head. In instances of suspected staff-on-inmate sexual abuse, practitioners are required to report sexual abuse directly to the facility or agency head. Any necessary treatment will be provided regardless of whether the inmate confirms the abuse or names an abuser.

Discussion

If medical practitioners detect signs of potential sexual abuse during a routine exam, they should initiate a conversation about their concerns with the inmate rather than waiting for the inmate to initiate the conversation. They should know their reporting and treatment responsibilities prior to encountering a patient whom they suspect has been sexually abused, and they should also be trained in how to obtain informed consent from inmates before reporting sexual abuse *(TR-5)*. Failure to act promptly and appropriately could put the inmate at risk for future harm and result in the loss of perishable physical evidence.

MM-4: Medical and mental health care for sexual abuse victims

All victims of sexual abuse receive immediate and ongoing medical and/or mental health evaluation and treatment, consistent with and equivalent to community standards of care, regardless of when or where the abuse occurred.

Discussion

Because victims of sexual abuse can experience a range of physical injuries and emotional reactions, the agency must be able to ensure delivery of a range of quality medical and mental health services. The more time and energy the agency head puts into developing a coordinated response team and validated evidence protocol *(RP-1* and *RP-2)* that will protect medical evidence, the easier it will be for medical and mental health practitioners to coordinate their functions and deliver the best care to victims.

Victims and perpetrators of sexual abuse, whether recent or historical, are at risk for sexually transmitted infections (STIs), including HIV, and should be provided counseling in a sensitive, culturally competent, and easily understood manner regarding transmission, testing, and treatment methods, including prophylactic treatment and the risks associated with any STI treatment. Regardless of whether the inmate has accepted prevention or treatment for STIs, medical practitioners should offer and strongly encourage him or her to be tested for HIV and viral hepatitis six to eight weeks following the sexual abuse.

If there has been vaginal penetration, female victims who have been recently abused should be offered pregnancy tests at the time of the medical evaluation and, if the test is negative, should be offered retesting approximately six weeks thereafter. Victims who have positive tests should receive counseling and have access to all pregnancy-related medical services that are available in the community.

Victims have the right to refuse medical and/or mental health care, after receiving counseling about the potential value of the services they would receive and information about confidentiality. Refusals for care should be signed by the victim and documented in the inmate's medical file.

IV. MONITORING

A. Data Collection

DC-1: Data collection

The agency collects validated, uniform data for every reported incident of sexual abuse using a standardized instrument and set of definitions. The agency aggregates the incident-based sexual abuse data at least annually, using a sexual abuse aggregate data collection instrument. The agency reviews the aggregate data at least annually to identify patterns or trends and uses that information to guide decisionmaking, policy development, and operational practices regarding sexual abuse issues.

Discussion

The data collection requirements listed in Compliance Checklist 42 will serve as a guide for agencies to develop an incident-based sexual abuse data collection instrument. It is important for agencies to factually compile data for each reported incident of sexual abuse. However, it is important to only enter information that is known, leaving blank information that is not known or is unavailable. For instance, anonymous reports of incidents may yield very spare information and include little more than the details of the report itself. The person responsible for collecting data should add additional data to individual incident reports as it becomes available.

Agencies may find it useful to collect additional data that will assist them as they review, revise, and develop new sexual abuse prevention and response activities.

At the moment there is no universal data collection instrument. Ideally, a universal instrument with standardized definitions will be developed at the national level and used by every correctional agency in the country. This would allow for comparisons of data that are not currently possible and would facilitate the continuation of the data collection efforts begun by the Bureau of Justice Statistics (BJS) under PREA.

Collected incident-based data are aggregated and entered into a spreadsheet or database. Compliance Checklist 43 will serve as a guide for agencies as they develop their process for aggregating incident-based data. Once data are aggregated, it is important to remove all unique identifiers from the data to maintain the confidentiality of the victims and alleged perpetrators. Aggregating collected incident-based data on an annual basis will provide the agency with data descriptive of all reported incidents of sexual abuse that took place within the agency and its individual facilities during the previous year. This process will enable agencies to sort and filter data to detect patterns and trends that should be addressed as they review and revise sexual abuse policies and protocols. For instance, sorting or filtering the data by the victim's gender, custody level, and type of incident may allow agencies to detect particularly vulnerable groups.

Comparing the current aggregate data to previous years will also yield valuable information including validation of implemented preventive measures. For example, agencies may observe a decrease in the number of allegations in an area where additional security measures were implemented and monitoring was enhanced.

DC-2: Data storage, retention, protection, and destruction

The agency ensures that the collected sexual abuse data are properly stored, retained, protected, and destroyed. The agency maintains sexual abuse data for at least 10 years after the date of its initial collection unless state law sets other requirements.

Discussion

The agency's data collection efforts will only be useful to track trends and contribute to national statistics if the agency stores the data in a manner that protects their integrity and retains the data for an adequate length of time. It is strongly recommended the agency keep its collected sexual abuse data electronically in a format that is password protected and does not allow for unauthorized changes. When this is not possible, the agency must establish a process for the secure storage of paper documents.

Collected data must be stored and maintained in a way that protects the confidentiality of victims and alleged perpetrators. However, the public may have a legitimate interest in the data collected by agencies because of the information it provides about the safety of these public institutions. Agency sexual abuse data may also inform research and efforts to improve safety. Privacy interests must be balanced against the legitimate public interest in safe correctional institutions and the penological benefits that accompany transparency.

All aggregate data should be published online annually and should be readily available to the public. Agencies should also establish a nonburdensome process to allow researchers, academics, journalists, and others access to incident-based data. The operating presumption should be that the agency will provide such information unless there is a significant countervailing interest that cannot be overcome. When aggregate or incident-based data are provided, unique identifiers must be removed in accordance with applicable law.

COMPLIANCE CHECKLISTS

I. LEADERSHIP AND ACCOUNTABILITY COMPLIANCE CHECKLISTS

A. Safety, Oversight, and Transparency

Compliance Checklist 1: Zero tolerance of sexual abuse (SA-1)

YES	NO		Initial	Date	Prisons	Jails
		(a) Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse?			√	√
		(b) Has the agency informed all staff members of the agency's zero-tolerance policy toward all forms of sexual abuse?			√	√
		(c) Has the agency informed all inmates of the agency's zero-tolerance policy toward all forms of sexual abuse?			√	√
		(d) Does agency leadership demonstrate zero tolerance toward all forms of sexual abuse?			√	√
		(e) Is inmate safety from sexual abuse an agency priority?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 2: Annual audit and certification (SA-2)

YES	NO		Initial	Date	Prisons	Jails
		(a) Has the chief executive designated an independent auditor with no previous or current affiliation with the agency to conduct annual audits of the agency's compliance with the PREA standards?			√	√
		(b) Are all auditors competent to conduct an unbiased and thorough investigatory review of the agency's compliance with these standards?			√	√
		(c) Does the independent auditor have the authority to enter any facility in the jurisdiction unannounced and at any time?			√	√
		(d) Are audit results submitted annually to the chief executive of the jurisdiction?			√	√
		(e) Has the chief executive certified in writing that the agency is in full compliance with the standards or, if unable to comply, documented the reasons for inability to comply and the actions the agency and individual facilities will take to ensure that inmates are safe from sexual abuse?			√	√
		(f) Does the chief executive publish the audit material and audit results?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 3: Internal assessment and planning for achieving compliance with the Prison Rape Elimination Act standards (SA-3)

YES	NO		Initial	Date	Prisons	Jails
(1) Initial Assessment and action plan to comply with the PREA standards:						
		(a) Have current policies, protocols, and practices been assessed using the compliance checklists in this body of standards?			√	√
		(b) Have all serious incidents that occurred in the facility over the last year been evaluated to determine whether sexual abuse played a role in the event? (e.g., incidents that stem from or involve sexual abuse may include verbal threats between inmates and/or staff; fights; self-mutilation; assaults; suicide/attempts; staff misconduct; homicides; and weapons possession)			√	√
		(c) Did the initial internal assessment include a review of the facility's ability to provide adequate sight and sound supervision in compliance with PP-1?			√	√
		(d) Did the initial internal assessment include a review of all administrative complaints that pertain to any of the following matters?				
		• Any aspect of facility operations or policy			√	√
		• Inmate grievances and outcomes of complaints related to inmate protection and safety issues			√	√
		• Criminal investigations			√	√
		• Personnel actions taken against staff			√	√
		• Any other formal or informal reports of sexual abuse from inmates or third parties			√	√
		(e) Did the initial internal assessment include an evaluation of the facility's current use of technology to prevent sexual abuse?			√	√
		(f) Were technology needs identified during the initial internal assessment?			√	√
		(g) Has an initial action plan been developed to address all deficiencies, including staff deployment and technology needs in order to achieve adequate sight and sound supervision, as identified in the internal assessment?			√	√
		(h) Does the initial action plan set benchmarks for achieving full compliance with the PREA standards?			√	√
		(i) Does the initial action plan include strategies for overcoming staff resistance to change?			√	√
		(j) Have efforts been made to seek technical assistance to achieve compliance with the PREA standards?			√	√
		(k) Has a communication plan been developed to inform all staff, inmates, other stakeholders, and the community about the PREA standards, action plans for achieving compliance with the standards, and the agency's commitment to eliminating sexual abuse?			√	√
		(l) Has the initial internal assessment and action plan been approved by the agency head?			√	√
(2) Annual follow-up assessment and follow-up action plan to ensure compliance with the PREA standards:						
		(m) Is the facility meeting the benchmarks described its initial action plan to achieve full compliance with the PREA standards? • Please list the specific benchmarks the facility has met in the box below.			√	√
		(n) Have all serious incidents that occurred in the facility over the last year been evaluated to determine whether sexual abuse played a role in the event? (e.g., incidents that stem from or involve sexual abuse may include verbal threats between inmates and/or staff; fights; self-mutilation; assaults; suicide/attempts; staff misconduct; homicides; and weapons possession)			√	√

YES	NO		Initial	Date	Prisons	Jails
		(o) Does the annual internal assessment include a review of the facility's ability to provide adequate sight and sound supervision in compliance with PP-1?			√	√
		(p) Does the annual internal assessment include a review of all administrative complaints that pertain to any of the following matters?				
		• Any aspect of facility operations or policy			√	√
		• Inmate grievances and outcomes of complaints related to inmate protection and safety issues			√	√
		• Criminal investigations			√	√
		• Personnel actions taken against staff			√	√
		• Any other formal or informal reports of sexual abuse from inmates or third parties			√	√
		(q) Does the annual internal assessment include a review of the current year's sexual abuse data, including collated incident-based data and aggregated data *(DC-1)*?			√	√
		(r) Does the annual internal assessment include a comparison of the current year's sexual abuse data with the previous year's sexual abuse data to identify trends?			√	√
		(s) Does the annual internal assessment include a review of the timeliness and thoroughness of sexual abuse investigations *(IN-1)*?			√	√
		(t) Does the annual internal assessment include a review of medical and mental health care provided to sexual abuse victims *(MM-4)*?			√	√
		(u) Does the annual internal assessment include a review of MOUs and other agreements to see how closely they were followed?			√	√
		(v) Has a follow-up action plan been developed to address all deficiencies identified in the internal assessment?			√	√
		(w) Have efforts been made to seek technical assistance to improve compliance with the PREA standards?			√	√
		(x) Has the annual internal facility assessment and follow-up action plan been approved and signed by the agency head?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

B. Prevention Planning

Compliance Checklist 4: Inmate safety (PP-1)

YES	NO		Initial	Date	Prisons	Jails
		(a) Has the agency taken steps to identify and eliminate any physical barriers that impede sight and sound supervision of inmates?			√	√
		(b) Is the number of inmates allowed in each housing unit at midnight on any given day within the building capacity code of the specific jurisdiction and any other legally authorized mandate within the jurisdiction? (e.g., fire safety regulations)			√	√
		(c) Are staffing levels, including both authorized staff and the actual number of staff ready and fit for duty, sufficient to prevent or respond to sexual abuse?			√	√
		(d) Are security staff deployed 24 hours a day to the essential posts that may be especially dangerous because of physical design constraints, the time of day, poor sight lines, or any other limitation?			√	√
		(e) For the essential posts that may be especially dangerous, is the level of security staff deployed 24 hours a day sufficient to provide direct sight and sound supervision of inmates in order to prevent sexual abuse?			√	√
		(f) Are nonessential posts being occupied by security staff?			√	√
		(g) If nonessential posts are being occupied by security staff, have efforts been made to change staffing patterns so security staff occupy essential posts 24 hours a day?			√	√
		(h) Is security staff constantly present and immediately available to inmates?			√	√
		(i) Has the agency informed all staff and administrators of their responsibilities when receiving and responding to reports of sexual abuse?			√	√
		(j) Does the facility use electronic tracking technology such as RFID systems or video security monitoring systems to enhance sight and sound supervision of inmates *(PP-7)*?			√	√
		(k) Are staff members who supervise inmates isolated from the general population monitored by supervisors and/or monitoring technology such as RFID or video security monitoring systems?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 5: Heightened protection for vulnerable inmates (PP-2)

YES	NO		Initial	Date	Prisons	Jails
		(a) Does the facility provide heightened sight and sound supervision of inmates who have not yet been classified?			√	√
		(b) Has the agency developed specific criteria to identify inmates who may be particularly vulnerable to sexual abuse? (e.g., sexual orientation, transgender identity, mental illness, mental disability, physical disability, youthful appearance)			√	√
		(c) Are the agency's policies flexible enough to allow facility staff to make rational judgments regarding inmate vulnerability even if the inmate is not identified under pre-existing criteria?			√	√
		(d) Does the facility provide heightened protection for inmates who identify as transgender or are known to be transgender?			√	√
		(e) Does the facility's practice of providing heightened protection to transgender inmates take into account the safety concerns of those inmates?			√	√
		(f) Does agency policy and facility practice ensure that transgender inmates are never subject to unnecessary and degrading strip searches to determine their gender?			√	√
		(g) Does staff make every effort to identify inmates who are particularly vulnerable to sexual abuse during intake screenings *(CL-1)*?			√	√
		(h) Does staff make every effort to identify inmates who are particularly vulnerable to sexual abuse during classification assessments *(CL-2)*?			√	√
		(i) Does staff make every effort to identify inmates who are particularly vulnerable to sexual abuse during medical and mental health screenings *(MM-2)*?			√	√
		(j) Does staff make every effort to identify inmates who are particularly vulnerable to sexual abuse following any significant event that suggests abuse or potential abuse of inmates by other inmates or staff *(CL-2)*?			√	√
		(k) Does the facility provide separate housing to inmates who cannot be kept safe in general population due to a disability or other vulnerability?			√	√
		(l) Are vulnerable inmates who are housed separately from general population able to participate fully in the work assignments, programs, and recreational opportunities available in the facility?			√	√
		(m) Are staff members deployed to separate housing areas monitored by supervisory staff and/or by monitoring technology such as RFID or video security monitoring systems *(PP-7)*?			√	√

Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:	

Compliance Checklist 6: Restrictions on cross-gender supervision (PP-3)

YES	NO		Initial	Date	Prisons	Jails
		(a) Except in the case of emergency, are nonmedical staff members of the *opposite* gender prohibited from viewing inmates under the following circumstances?				
		• When an inmate is disrobed			√	√
		• When an inmate is performing bodily functions			√	√
		• When an inmate is undergoing a medical examination or procedure			√	√
		• When an inmate is undergoing a pat-down, strip, visual body cavity, or physical body cavity search			√	√
		(b) Do staff members of the same gender as the inmate being searched conduct all pat-down, strip, and visual body cavity searches?			√	√
		(c) If a security staff member is present during medical examinations or procedures, does the agency require that security staff member to be a person of the *same* gender as the inmate undergoing the examination or procedure?			√	√
		(d) Is a staff member of the *same* gender present when an inmate is being transported one-on-one from one place to another outside the facility?			√	√
		(e) Does agency policy regarding staff deployment and cross-gender supervision meet the criteria listed in (a)–(d)?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 7: Language access (PP-4)

YES	NO		Initial	Date	Prisons	Jails
		(a) Has the facility head identified all of the languages spoken by inmates?			√	√
		(b) Has the facility head identified any other special communication needs of the inmate population? (e.g., LEP, deaf, speech-, or sight-impaired, or illiterate)			√	√
		(c) Has the facility head taken steps to ensure that all staff and inmates are able to communicate with each other without relying on inmate translators?			√	√
		(d) Does the facility have a written policy for staff on how to communicate with LEP inmates, deaf, speech-, or sight-impaired inmates, and how to convey written information to inmates with limited reading ability?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 8: Staff qualifications (PP-5)

YES	NO		Initial	Date	Prisons	Jails
		(a) Does the agency's hiring process include screening applicants for the following?				
		• Any criminal record			√	√
		• Any history of engaging in sexual abuse			√	√
		• Any other previous conduct that suggests a likelihood of engaging in sexual abuse			√	√
		(b) Do staff performance reviews for purposes of retention or promotion take into account the following?			√	√
		• Any criminal history			√	√
		• Any history of repeated allegations made against the staff member, which may indicate that he or she has engaged in sexual abuse or other misconduct			√	√
		• Any history of repeated allegations made against the staff member, which may indicate a likelihood of engaging in sexual abuse or harassment			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 9: Integrated information systems (PP-6)

YES	NO		Initial	Date	Prisons	Jails
		(a) Does the agency have an integrated information system that allows staff across facilities to store, track, and share data related to incidents of sexual abuse?			√	√
		(b) Does the agency's integrated information system include the use of an automated database system?			√	√
		(c) Does the agency use its integrated information system to store, track, and share data related to incidents of sexual abuse?			√	√
		(d) Is the agency's integrated information system maintained and updated, as necessary, to ensure it functions properly?			√	√
		(e) If the agency does not have an integrated information system, does the annual assessment and action plan address the agency's need for this technology and plan to obtain it *(SA-3)*?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 10: Use of appropriate monitoring technology (PP-7)

YES	NO		Initial	Date	Prisons	Jails
		(a) Has the facility head or a designee assessed the facility's use of technology to prevent and respond to sexual abuse?			√	√
		(b) Did the facility's technology assessment reveal any weaknesses or security deficiencies?			√	√
		(c) Has the facility developed a plan to address weaknesses or security deficiencies?			√	√
		(d) Has the facility taken steps, if appropriate, to replace cameras with newer technologies such as video monitoring and RFID systems?			√	√

Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:	

C. Response Planning

Compliance Checklist 11: Coordinated response team (RP-1)

YES	NO		Initial	Date	Prisons	Jails
		(a) Does the agency have a written plan for ensuring a coordinated team responds to incidents of sexual abuse? **Note: The agency may decide to coordinate with an existing community sexual assault response team (SART) or other specialized community response team to ensure the functions described in the checklist below are carried out effectively and efficiently.**			√	√
		(b) Does the coordinated response team used by the agency include at least one of the following?				
		• A medical practitioner			√	√
		• A mental health practitioner			√	√
		• A security staff member			√	√
		• An investigator			√	√
		(c) Does the immediate response include an assessment of the victim's acute medical needs to determine if he or she needs to be stabilized and/or treated for injuries, conditions, or potential risks?			√	√
		(d) Is the victim given the option of undergoing a forensic medical exam for the purpose of collecting and documenting physical evidence of abuse?			√	√
		(e) If the victim chooses to undergo a forensic medical exam, is an advocate made available to him or her through the process? (e.g., accompanying the victim to an off-site provider or remaining in the waiting area if the exam is performed on-site)			√	√
		(f) Does the victim receive crisis intervention counseling before and after undergoing the forensic medical exam?			√	√
		(g) Does the victim receive information about accessing available mental health and victim services?			√	√
		(h) Is the victim informed of his or her rights under relevant federal and/or state crime victims' rights laws?			√	√
		(i) Do investigators make victim safety a top priority during the course of their investigations?			√	√
		(j) Does the agency's response plan address how to meet any special needs a victim may have? (e.g., LEP, deaf, speech-, or sight-impaired, mentally ill, mentally or physically disabled)			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 12: Evidence protocol (RP-2)

YES	NO		Initial	Date	Prisons	Jails
(1) Minimum required steps for the agency's sexual abuse evidence protocol:						
		(a) Do victims receive a prompt examination to identify medical and mental health needs and minimize the loss of evidence?			√	√
		(b) Are victims' acute medical and mental health needs addressed before evidence is collected on-site or they are transported off-site for evidence collection?			√	√
		(c) After immediate disclosure of an incident, are victims instructed not			√	√

YES	NO		Initial	Date	Prisons	Jails
		to wash, brush their teeth, change their clothes, urinate, defecate, smoke, drink, or eat until they have been initially evaluated by a forensic medical examiner?				
		(d) Do specially educated and clinically prepared medical examiners conduct all forensic medical exams?			√	√
		(e) During forensic medical exams, do examiners obtain medical forensic histories by asking victims questions about the following?				
		• The date, time, and location of the abuse			√	√
		• Pertinent medical history			√	√
		• Activities since the abuse occurred			√	√
		• Abuse-related victim history			√	√
		• Suspect information			√	√
		• Nature of any physical assault			√	√
		• Description of the sexual abuse			√	√
		(f) Does the facility ensure that forensic medical exams are only performed using the proper equipment and supplies? (e.g., anoscope, colposcope with photographic capability, microscope, toluidine blue dye, in addition to standard exam room equipment and supplies)			√	√
		(g) Do medical examiners use sexual assault evidence collection kits that are standardized and meet or exceed minimum guidelines for contents?			√	√
		(h) Do medical examiners take initial and follow-up photographs as appropriate, according to jurisdictional policy?			√	√
		(i) Do the medical examiner and the facility maintain evidence integrity by taking the following measures?				
		• Following jurisdictional policies for drying, packaging, labeling, and sealing the evidence			√	√
		• Transferring the evidence in the custody of an authorized agent from the exam site to a crime laboratory or a secure storage area with the proper climate control			√	
		• Maintaining proper chain of custody			√	√
		(j) Do the medical examiner and facility medical practitioners, if different, ensure that victims receive follow-up care regarding sexually transmitted infection examinations, testing, immunizations, post-exposure prophylaxis, and treatment?			√	√
(2) Additional requirements for the agency's sexual abuse evidence protocol:						
		(k) Are all individuals involved in the handling, documenting, transferring, and storing of evidence educated about how to preserve evidence and maintain the chain of custody?			√	√
		(l) Has the agency developed a written protocol based on the U.S. Department of Justice's *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,* or any subsequent updated editions? **See U.S. Department of Justice, Office on Violence Against Women, *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents*, NCJ 206554 (Washington, DC: U.S. Department of Justice, September 2004).**			√	√

Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:	

Compliance Checklist 13: Sexual abuse findings from forensic autopsies (RP-3)

YES	NO		Initial	Date	Prisons	Jails
		(a) Following any forensic autopsy performed on an inmate who died of known or suspected unnatural causes while in custody, does the facility head obtain the medical examiner's finding regarding any evidence that the deceased engaged in sexual activity, other than self-stimulated activity, immediately prior to death?			√	√
		(b) If the medical examiner's findings indicate that the deceased may have engaged in sexual activity immediately prior to death, does the facility head initiate an investigation into the death and possible sexual abuse immediately?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 14: Reporting to other confinement facilities (RP-4)

YES	NO		Initial	Date	Prisons	Jails
		(a) Does the facility head know how to contact other confinement facilities/agencies in his or her state?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 15: Agreements with outside agencies (RP-5)

YES	NO		Initial	Date	Prisons	Jails
		(a) Do all agreements specify the purpose of the agreement? (e.g., outside reporting, confidential support services, discharge planning services)			√	√
		(b) Do all agreements specify the respective roles and responsibilities of the correctional agency and outside agency?			√	√
		(c) Do agreements with outside government agencies that can receive and respond to inmate reports specify the following?				
		• That the outside agency must notify the correctional agency head of the report			√	√
		• That the outside agency must follow up on the correctional agency's investigative efforts			√	√
		(d) Do all agreements specify procedures for how and when community service providers are able to gain entry into a facility?			√	√
		(e) Do all agreements specify the level of security supervision community service providers will have while in a facility?			√	√
		(f) Do all agreements specify safety precautions that community service providers should take when working with inmates?			√	√
		(g) Do all agreements specify any laws, rules, and/or regulations relevant to the service being provided, including laws granting privilege and agency rules governing confidentiality for disclosures about sexual abuse made to community service providers?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 16: Memoranda of understanding with outside law enforcement agencies (RP-6)

YES	NO		Initial	Date	Prisons	Jails
		(a) Does the MOU state the purpose of the agreement? (e.g., criminal or administrative investigations of sexual abuse)			√	√
		(b) Does the MOU state the criteria, protocol, and timetables for referring an allegation of sexual abuse to the outside law enforcement agency for investigation?			√	√
		(c) Does the MOU state the respective roles and responsibilities for sexual abuse investigations, including coordination of the investigation as part of the team response to sexual abuse *(RP-1)*?			√	√
		(d) Does the MOU state the respective roles and responsibilities for collecting evidence in accordance with the correctional or law enforcement agency's evidence protocol *(RP-2)*?			√	√
		(e) Does the MOU explain how criminal and administrative investigations will be coordinated between the agencies?			√	√
		(f) Does the MOU explain what information will and will not be shared between agencies?			√	√
		(g) Does the MOU state the protocol for reporting progress on investigations to corrections officials?			√	√
		(h) Does the MOU state where closed case files are maintained?			√	√
		(i) Does the MOU state the protocol for informing the victim of the progress and outcome of the investigation(s)?			√	√
		(j) Does the MOU require regular meetings between the agency and law enforcement supervisors to review the efficacy of the agreement and to recommend or make any changes, as necessary?			√	√
		(k) Are outside investigators trained in conducting sexual abuse investigations in a confinement setting?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 17: Memorandum of understanding with prosecuting authority (RP-7)

YES	NO		Initial	Date	Prisons	Jails
		(a) Has the agency head successfully entered into an MOU with the authority responsible for prosecuting violations of criminal law?				
		(b) Does the MOU state the purpose of the agreement? (e.g., to ensure effective prosecution of sexual abuse in confinement settings)			√	√
		(c) Has the agency established a liaison position within each agency/office?			√	√
		(d) Does the MOU include a schedule for joint training of investigators and prosecutors?			√	√
		(e) Does the MOU state objective criteria for prosecution referral?			√	√
		(f) Does the MOU outline the necessary evidence and relevant paperwork prosecutors will need from the agency to prosecute a case of sexual abuse?			√	√
		(g) Does the MOU outline timeframes for submission of criminal cases to prosecutors?			√	√
		(h) Does the MOU require that prosecutors report back to correctional agencies after each case is reviewed?			√	√
		(i) Does the MOU require regular meetings between the agency and prosecution supervisors to review the efficacy of the agreement and to recommend or make any changes, as necessary?			√	√

Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:	

Compliance Checklist 18: Agreements with forensic medical examiners (RP-8)

YES	NO		Initial	Date	Prisons	Jails
		(a) Does the MOU state the purpose of the agreement? (i.e., to ensure immediate medical care needs of the victim are met and that perishable physical evidence is collected and preserved promptly and competently)			√	√
		(b) Does the MOU state the respective roles and responsibilities for examining victims and treating the acute and nonacute medical and mental health needs of victims *(RP-1 Compliance Checklist 11, RP-2 Compliance Checklist 12)*?			√	√
		(c) Does the MOU state the required equipment and supplies necessary for the exam *(RP-2 Compliance Checklist 12, (1), (f))*?			√	√
		(d) Does the MOU require the examiners use sexual assault evidence collection kits that are standardized and meet or exceed minimum guidelines for contents *(RP-2 Compliance Checklist 12, (1), (g))*?			√	√
		(e) Does the MOU state the criteria, protocol, and responsibility for taking initial and follow-up photographs of injuries, as appropriate, according to jurisdictional policy *(RP-2 Compliance Checklist 12, (1), (h))?*			√	√
		(f) Does the MOU state the protocol for maintaining evidence integrity according to jurisdictional policies for drying, packaging, labeling, and sealing the evidence *(RP-2 Compliance Checklist 12, (1), (i))*?			√	√
		(g) Does the MOU state the protocol for transferring the evidence in the custody of an authorized agent from the exam site to a crime laboratory or a secure storage area with the proper climate control *(RP-2 Compliance Checklist 12, (1), (i))*?			√	√
		(h) Does the MOU require examiners to document all services provided, including their recommendations for continued care and treatment?			√	√
		(i) If the exam is provided off-site, does the MOU state the protocol for transfer of copies of the victim's medical file back to the agency health care unit?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 19: Sexual abuse incident reviews (RP-9)

YES	NO		Initial	Date	Prisons	Jails
		(a) Has the agency head appointed a standing review committee whose membership includes all of the following?				
		• A staff member at the administrative or deputy level with responsibility for treatment services			√	√
		• The medical director or health care administrator			√	√
		• The person with primary responsibility for on-site mental health services			√	√
		• The chief of on-site investigations			√	√
		• The chief of security			√	√
		• A member of the executive leadership who has functional responsibility over line staff			√	√
		(b) Does the standing review committee exclude any and all members of the coordinated response team *(RP-1)* in order to avoid biased reviews?			√	√
		(c) Is a sexual abuse incident review conducted at the conclusion of every investigation into a credible report of sexual abuse?			√	√
		(d) Does the review committee interview any and all members of the coordinated response team *(RP-1)* about the incident and response?			√	√
		(e) Does the review committee interview every other staff member who was involved in the response to the incident?			√	√
		(f) Does the review committee identify security failures requiring immediate action?			√	√
		(g) Does the review committee assess the coordination and implementation of the response to the incident?			√	√
		(h) Does the review committee assess the integrity of the administrative and/or criminal investigation?			√	√
		(i) Does the review committee assess the timeliness and quality of the medical and mental health interventions?			√	√
		(j) Does the review committee assess whether the alleged perpetrator(s) and victim(s) were properly classified?			√	√
		(k) Does the review committee assess whether the victim(s) or witness(es) were able to safely and effectively report the incident?			√	√
		(l) Does the review committee assess whether staff complied with policies?			√	√
		(m) Following the review, does the review committee revise any policies that may have contributed to the incident?			√	√
		(n) Following the review, does the review committee revise any policies that may have led to an ineffective response to the incident?			√	√
		(o) Following the review, does the facility retrain staff, if necessary?			√	√
		(p) Following the review, does the facility implement new policies and protocols necessary to address weaknesses in its prevention and response efforts?			√	√

Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:	

II. PREVENTION COMPLIANCE CHECKLISTS

A. Training and Education

Compliance Checklist 20: Topic requirements for all staff, volunteer, and inmate training and education (TR-1, TR-4)

YES	NO		Initial	Date	Staff	Volunteers	Inmates	Prisons	Jails
General education and awareness topics:									
		(a) Does the training include an overview of PREA?			√	√	√	√	√
		(b) Does the training explain the agency's zero-tolerance policy toward sexual abuse?			√	√	√	√	√
		(c) Does the training include definitions and examples of prohibited and/or illegal behaviors and language to be considered sexual abuse?			√	√	√	√	√
		(d) Does the training provide examples of conduct, circumstances, and "red flags" that may be precursors to sexual abuse or which suggest sexual abuse is occurring?			√	√	√	√	√
		(e) Does the training explain the agency's prohibition on retaliation against staff or inmates who allege sexual abuse?			√	√	√	√	√
		(f) Does the training provide examples of common reactions by victims of sexual abuse?			√	√	√	√	√
		(g) Does the training explain the agency's liability for sexual abuse of persons in custody (criminal, civil, and administrative)?			√	√	√	√	√
		(h) Does the training explain the agency's policy regarding inmates who knowingly make false allegations of staff-on-inmate sexual abuse or staff-on-inmate sexual harassment?			√	√	√	√	√
		(i) Does the training describe the common myths and perceptions of sexual intimidation and abuse in confinement settings?			√	√	√	√	√
		(j) Does the training explain how sexual abuse is used to gain power and control in confinement settings and provide strategies inmates can use to protect against being targeted or abused?			√	√	√	√	√
		(k) Does the training explain the agency's policy prohibiting staff and inmate relationships?			√	√	√	√	√
		(l) Does the training describe professional boundary setting, including issues related to personal			√	√		√	√

YES	NO		Initial	Date	Staff	Volunteers	Inmates	Prisons	Jails
		associations with inmates, consent, and imbalances of power?							
		(m) Does the training include strategies for promoting effective prevention and intervention of staff-on-inmate sexual abuse and staff-on-inmate sexual harassment?			√	√		√	√
		(n) Does the training explain that inmates will not face sanctions for instances of staff-on-inmate sexual abuse?			√	√	√	√	√
		(o) Does the training explain that every allegation of sexual abuse will be investigated?			√	√	√	√	√
		(p) Does the training teach staff to communicate sensitively and effectively with inmate victims of different races, ethnicities, cultural or religious backgrounds, genders, sexual orientations, and/or inmates with different abilities?			√	√		√	√
Reporting, investigations, and medical and mental health care topics:									
		(q) Does the training provide strategies for removing a victim or witness of sexual abuse from any public or semipublic area without arousing the suspicion of other inmates or staff members?			√			√	√
		(r) Does the training describe the staff and volunteer duty to report sexual abuse and their liability if they fail to report?			√	√	√	√	√
		(s) Does the training describe the process that staff and volunteers should use to report sexual abuse?			√	√		√	√
		(t) Does the training describe the process that inmates should use to report sexual abuse, including how to use the agency's grievance system and how to report externally?			√	√	√	√	√
		(u) Does the training make clear that medical and mental health practitioners may only report sexual abuse disclosed by an inmate with that inmate's informed consent?			√	√	√	√	√
		(v) Does the training explain the range of victim services available to inmates, including free medical and mental health care for injuries and/or trauma resulting from sexual abuse, and how inmates gain access to those services?			√	√	√	√	√
		(w) Does the training explain that a forensic medical exam may be performed if an incident is reported within 96 hours of occurrence?			√	√	√	√	√

YES	NO		Initial	Date	Staff	Volunteers	Inmates	Prisons	Jails
		(x) Does the training explain that sexually transmitted infections, and pregnancy for females, may result from an incident of sexual abuse and that victims will have access to the necessary testing, counseling, and treatment?			√	√	√	√	√
		(y) Does the training include strategies for protecting the safety of vulnerable populations including, but not limited to, lesbian, gay, bi-sexual and transgender inmates; deaf or speech- or sight-impaired inmates; developmentally disabled inmates; inmates with limited English proficiency; mentally ill inmates; inmates with past histories of sexual abuse; inmates with personality disorders; and young inmates?			√			√	√
		(z) Does the training explain the legal and disciplinary sanctions for inmates who engage in inmate-on-inmate sexual abuse?			√	√	√	√	√
		(aa) Does the training explain the legal and disciplinary sanctions for staff who engage in actual or attempted staff-on-inmate sexual abuse or staff-on-inmate sexual harassment?			√	√	√	√	√
		(bb) Does the training explain the investigative process for allegations of sexual abuse including the importance of preserving evidence?			√	√	√	√	√
		(cc) Does the training explain the victim's rights based on relevant state or federal law?			√	√	√	√	√
		(dd) Does the training explain the rights of a staff member who is the subject of an investigation based on relevant federal or state law or, if applicable, under collective bargaining agreements?			√	√		√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:									

Compliance Checklist 21: Procedural requirements for all staff, volunteer, and inmate training and education (TR-1, TR-4, TR-5)

YES	NO		Initial	Date	Prisons	Jails
		(a) Does the agency train existing staff prior to training inmates?			√	√
		(b) Does the agency train new staff members before they have contact with inmates?			√	√
		(c) Are staff members quizzed following staff training?			√	√
		(d) Are staff members prohibited from working with inmates before they			√	√

YES	NO		Initial	Date	Prisons	Jails
		demonstrate knowledge of the agency's sexual abuse policies and procedures?				
		(e) Are staff, volunteers, and inmates asked to provide feedback, including suggestions for improving training tools and materials?			√	√
		(f) Do staff, volunteers, and inmates have access to paper copies of the agency's sexual abuse policies?			√	√
		(g) Do administrators ensure training materials are up-to-date by reviewing them at least annually and making revisions, if necessary, to address changes in laws, policies, or protocols; feedback from staff, volunteers, and inmates; and problems or gaps identified during incident reviews?			√	√
		(h) Do administrators evaluate staff members who conduct training at least annually to ensure that they are qualified and able to provide training effectively?			√	√
		(i) Do staff, volunteers, and inmates receive refresher training following any changes to law or policy?			√	√
		(j) Do staff and volunteers receive annual continuing education on sexual abuse that includes a review of the agency's sexual abuse data from the previous year?			√	√
		(k) Do staff and volunteers sign acknowledgements that they have received training on the agency's sexual abuse policies?			√	√
		(l) Does the agency maintain acknowledgements signed by staff and volunteers regarding training?			√	√
		(m) Does the agency maintain documentation showing which inmates attended which training sessions?			√	√
		(n) Are staff members with classification, investigative, medical, mental health care, or data collection responsibilities quizzed following their completion of specialized training?			√	√
		(o) Are staff members prohibited from performing specialized duties before they demonstrate knowledge of the relevant classification, investigative, medical, mental health care, or data collection policies and requirements?			√	√
		(p) Do the relevant staff members receive annual continuing education on discipline-specific advances or changes, including changes to law or policy?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 22: Requirements for visitor awareness (TR-2)

YES	NO		Initial	Date	Prisons	Jails
		(a) Are visitors provided with information about the agency's zero-tolerance policy regarding sexual abuse?			√	√
		(b) Do visitors on official business sign acknowledgements of the agency's zero-tolerance policy regarding sexual abuse?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 23: Requirements for inmate notification of agency's zero-tolerance policy during intake (TR-3)

YES	NO		Initial	Date	Prisons	Jails
		(a) During the intake process, does staff tell inmates that they have a right to be free from sexual abuse from staff and other inmates?			√	√
		(b) During the intake process, does staff describe the kinds of inmate and staff behaviors and language that are prohibited?			√	√
		(c) During the intake process, does staff provide inmates with strategies for protecting themselves against sexual abuse?			√	√
		(d) During the intake process, does staff tell inmates how to report incidents or suspicions of sexual abuse?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 24: Specialized Training (TR-5)

YES	NO		Initial	Date	Prisons	Jails
Training requirements for classification staff:						
		(a) Is classification staff trained to weigh each factor when determining an inmate's potential to be sexually victimized or abusive?			√	√
		(b) Is classification staff trained to interview inmates in a manner that is culturally competent and sensitive to the difficulty of discussing potential vulnerability to sexual abuse?			√	√
		(c) Is classification staff trained in how to use information from medical and mental health screenings related to previous sexual victimization to classify inmates and develop inmate management plans?			√	√
Training requirements for investigators:						
		(d) Are investigators trained in how to conduct a neutral, fact-finding interview with consideration for the emotional needs and mental capabilities of individual victims of sexual abuse?			√	√
		(e) Are investigators trained in how to identify potential witnesses?			√	√
		(f) Are investigators trained in how and where to question sexual abuse victims, witnesses, including how to encourage reluctant or uncooperative victims or witnesses to be interviewed?			√	√
		(g) Are investigators trained in how to interview alleged abusers?			√	√
		(h) Are investigators trained in the proper use of Miranda- and Garrity-type warnings?			√	√
		(i) Are investigators trained in how to identify signs of coercive sexual activity between inmates and inappropriate relationships between inmates and staff?			√	√
		(j) Are investigators trained in how to collect sexual abuse evidence in a confinement setting, including the following?				
		• How to use video/recording equipment			√	√
		• How to photograph injuries			√	√
		• How to identify, secure, and preserve possible DNA evidence			√	√
		• Where to look for and collect other types of evidence			√	√
		(k) Are investigators trained in how to work collaboratively with outside medical practitioners who conduct forensic medical exams to ensure that evidence is preserved, collected, and usable for criminal prosecution?			√	√
		(l) Are investigators trained in the evidence and standard of proof required to substantiate an allegation of sexual abuse?			√	√

YES	NO		Initial	Date	Prisons	Jails
		(m) Are investigators who conduct criminal investigations trained in how to evaluate a case for prosecution referral?			√	√
		(n) Are investigators trained in how to communicate sensitively and effectively with inmate victims of different races, ethnicities, cultural or religious backgrounds, genders, sexual orientations, and/or inmates with different abilities?			√	√
Training requirements for medical and mental health practitioners:						
		(o) Are medical practitioners trained in how to detect signs of sexual abuse based on physical injuries, including oral trauma, discovered in routine exams?			√	√
		(p) Are medical and mental health practitioners trained in how to assess and treat immediate medical and mental health needs of victims of sexual abuse?			√	√
		(q) Are medical and mental health practitioners trained in how to respond maturely, sensitively, and in a culturally competent manner to victims of sexual abuse of different races, ethnicities, cultural or religious backgrounds, genders, sexual orientations, who are transgender, and/or inmates with different abilities?			√	√
		(r) Are medical and mental health practitioners trained in how to secure informed consent from inmates before reporting sexual abuse?			√	√
		(s) Assuming inmates give medical or mental health practitioners consent to report sexual abuse, are practitioners trained in how and to whom to report?			√	√
		(t) Are medical practitioners trained in how to preserve physical evidence?			√	√
		(u) Are medical practitioners trained in when to offer a forensic medical exam to victims and how to coordinate the exam?			√	√
Training requirements for staff who collect and manage sexual abuse data:						
		(v) Does the training explain what data should be collected?			√	√
		(w) Is staff trained in how to properly use data collection instruments to collect data?			√	√
		(x) Is staff trained in how to update data when new information is obtained?			√	√
		(y) Is staff trained in how to review collected data for accuracy and completeness?			√	√
		(z) Does the training explain how to properly store, retain, protect, and destroy collected data?			√	√
		(aa) Does the training explain who is allowed to access sexual abuse data and how individuals can be approved for or denied access to the data?			√	√
		(bb) Is staff trained in how to properly record the identification of individuals who have accessed sexual abuse data, including the date and time of access, any additions made to a data file, and reviews of collected data?			√	√
		(cc) Is staff trained in how to remove names and other unique identifiers in incident-based data and how to assign a unique identification number, separate from the inmate identification number, to each incident-based data file?			√	√
		(dd) Is staff trained in how to enter incident-based data into a spreadsheet or database so that it can be organized according to different factors and characteristics?			√	√
		(ee) Is staff trained in how to complete the agency's sexual abuse aggregate data form?			√	√
		(ff) Does the training explain how sexual abuse data will be used?			√	√

YES	NO		Initial	Date	Prisons	Jails
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

B. Classification

Compliance Checklist 25: Initial screening upon arrival at the facility (CL-1)

YES	NO		Initial	Date	Prisons	Jails
		(a) Are the following factors evaluated during the initial intake screening?				
		• Current pending or adjudicated charge(s)			√	√
		• Criminal history—violent or nonviolent			√	√
		• Mental or physical disability			√	√
		• Known mental illness			√	√
		• Age			√	√
		• Height, weight, and build			√	√
		• Identifies as, or is likely to be perceived as, lesbian, gay, bisexual, or transgender			√	√
		• Inmate's own perception of vulnerability			√	√
		(b) Does the agency have a screening instrument that includes the factors listed in (a)?			√	√
		(c) Are inmates kept under intensive sight and sound supervision before and during the initial intake screening process?			√	√
		(d) Are results from the initial screening used to make initial housing and bed assignments?			√	√
		(e) Are results from the initial screening linkable to inmates' files?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 26: Classification assessment (CL-2)

YES	NO		Initial	Date	Prisons	Jails
		(a) Are the following factors evaluated during the classification assessment?				
		• Current pending or adjudicated charge(s)			√	√
		• Criminal history – violent or nonviolent			√	√
		• Mental or physical disability			√	√
		• Overall medical and mental health status and history, including known mental illness or history of self-mutilation			√	√
		• Age			√	√
		• Height, weight, and build			√	√
		• Identifies as, or is likely to be perceived as, lesbian, gay, bisexual, or transgender			√	√
		• Inmate's own perception of vulnerability			√	√
		• Prior sexual aggression in a confinement setting			√	√
		• Previously approached for sex or threatened with sexual abuse while incarcerated			√	√
		• Any previous sexual victimization			√	√
		• Previous placement in protective custody while incarcerated and/or has made requests for protective custody (note stated reasons for request)			√	√
		• Current/prior convictions for sexual offenses or offenses involving children			√	√

YES	NO		Initial	Date	Prisons	Jails
		• History of battering and/or extorting sex			√	√
		• Security threat group (gang) affiliation			√	√
		• Institutional disciplinary history			√	√
		(b) Does the agency have a consistent classification instrument that includes the factors listed in (a)?			√	√
		(c) Does the agency review the classification status of all inmates no later than 6 months after initial classification and every 12 months thereafter (using the factors listed in (a) above)?			√	
		(d) Does the agency review the classification status of all inmates no later than 60 days after initial classification and every 90 days thereafter (using the factors listed in (a) above)?			√	√
		(e) Does the agency review the classification of alleged perpetrators and victims at the conclusion of investigations into any incident where there is some medical or other evidence to suggest that sexual abuse took place?			√	√
		(f) Does the agency review the classification status of inmates whenever new and relevant information is available?			√	√
		(g) Do classification reviews result in necessary modifications to inmates' classification status?			√	√
		(h) Are results from all classification assessments and reviews signed by a classification supervisor and linkable to inmates' files?			√	√
		(i) Does the agency use classification assessments and reviews to separate inmates who are potentially vulnerable to sexual abuse from inmates who are likely to engage in sexually abusive behavior?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 27: Inmate management plans (CL-3)

YES	NO		Initial	Date	Prisons	Jails
		(a) Does classification staff use classification results to develop inmate management plans, addressing the following?				
		• Housing and bed assignments, including the use of single cells, assignment to protective custody, safe-keeping units, or administrative segregation			√	√
		• If necessary, transfers to other yards or units			√	√
		• As a last resort or at a vulnerable inmate's request, transfer to another facility, using relevant interstate or intercounty correctional compacts when necessary				
		• If necessary, specialized provisions, including individualized shower times, meal times, or recreational times			√	√
		• Work assignments			√	√
		• Program assignments			√	√
		(b) Does the agency have a plan to house vulnerable inmates safely regardless of crowding in its facilities?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

III. DETECTION AND RESPONSE COMPLIANCE CHECKLISTS

A. Reporting

Compliance Checklist 28: Inmate reporting (RE-1)

YES	NO		Initial	Date	Prisons	Jails
		(a) Has the agency notified staff and inmates, including new inmates, that inmates may report sexual abuse verbally or in writing to any staff member (*TR-1, TR-3, and TR-4*)?			√	√
		(b) Does the facility provide multiple ways for inmates to report sexual abuse? (e.g., locked drop boxes in common areas for reports or requests; grievance procedures; sick-call systems; access to a central or headquarters office) • Please list the specific internal reporting mechanisms the facility has in place in the box below.			√	√
		(c) Are inmates able to call internal affairs departments, offices of professional responsibility, or similar internal investigative departments directly without having to go through other staff members?			√	√
		(d) Are inmates able to report sexual abuse without naming an abuser and still receive medical and/or mental health treatment services?			√	√
		(e) Has the facility head entered into an MOU or other agreement with at least one government official or office not affiliated with the agency that can receive and respond to inmate reports of sexual abuse (e.g., ombudsperson; outside law enforcement agency; attorney general's office) *(RP-5)*? • Please list the specific outside reporting mechanism(s) the facility has made available in the box below.			√	√
		(f) Has the agency notified staff and inmates that inmates may report verbally or in writing to at least one government official or office not affiliated with the agency *(TR-1, TR-3, and TR-4)*?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 29: Outside confidential support services for inmates (RE-2)

YES	NO		Initial	Date	Prisons	Jails
		(a) Do inmates receive contact lists, phone numbers, and addresses for local and regional victim advocates or outside counseling services upon intake into the facility?			√	√
		(b) Are contact lists, phone numbers, and addresses for victim advocates or outside counseling services posted throughout the facility?			√	√
		(c) Are contact lists, phone numbers, and addresses updated and re-posted periodically?			√	√
		(d) Are inmates able to communicate with outside victim advocates or counselors in settings where conversations cannot be overheard?			√	√
		(e) Where hotlines or preprogrammed phones are used, are they available to inmates free of charge?			√	√
		(f) Does staff explain to inmates the rules governing confidentiality that apply for disclosures of sexual abuse made to outside advocates or counselors?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 30: Third party reporting (RE-3)

YES	NO		Initial	Date	Prisons	Jails
		(a) Does the agency distribute publicly the following information regarding third party reporting?				
		• Contact information for the corrections official, department, or unit responsible for receiving and responding to third party allegations			√	√
		• Instructions for what information to include when reporting sexual abuse			√	√
		• Notice that the allegation will be discussed with the victim named in the report			√	√
		• Statement explaining the allegation will be disclosed only to those who need to know to ensure victim safety and to investigate the allegation			√	√
		(b) Does the agency periodically review and update, if necessary, the information distributed regarding third party reporting?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

B. Staff duties following an inmate report

Compliance Checklist 31: Staff duty to report sexual abuse (SD-1)

YES	NO		Initial	Date	Prisons	Jails
		(a) Has the agency notified staff members that they are required to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse, including any knowledge of staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse?			√	√
		(b) Has the agency notified staff members that, in instances of suspected or reported inmate-on-inmate sexual abuse, staff may report up the chain of command or directly to the facility or agency head?			√	√
		(c) Has the agency notified staff members that, in instances of suspected or reported staff-on-inmate sexual abuse or staff neglect or violation of responsibilities, they must report directly to the facility or agency head?			√	√
		(d) Has the agency notified staff members that they are required to limit information related to any incident of sexual abuse to those who need to know in order to make treatment, investigation, and classification decisions?			√	√
		(e) Has the agency notified staff members that they may be terminated for failing to comply with the duty to report *(DI-1)*?			√	√
		(f) Has the agency notified medical and mental health practitioners of their reporting duties or, if applicable, their exclusion from the duty to report sexual abuse?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 32: Staff duty to protect sexual abuse victims and preserve evidence (SD-2)

YES	NO		Initial	Date	Prisons	Jails
		(a) Has the agency notified staff members that upon learning of an incident of sexual abuse, they are required to take steps to protect the victim's safety, including separating an inmate victim from an inmate abuser, and informing the victim not to take any actions that could destroy physical evidence before an investigator or other member of the coordinated response team arrives *(RP-2, Compliance Checklist 12, (1), (c))*?			√	√
		(b) Have trained staff members demonstrated competence in performing the duties described in (a) following specific incidents of sexual abuse? • If no, please explain in the box below.			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

C. Agency duty to protect against retaliation

Compliance Checklist 33: Agency duty to protect against retaliation (AD-1)

YES	NO		Initial	Date	Prisons	Jails
		(a) Does the agency employ the following measures, when appropriate, to protect inmates and staff from retaliation for reporting sexual abuse?				
		• Housing changes or transfers for inmate victims or abusers			√	√
		• Removal of alleged staff or inmate abusers from contact with victims			√	√
		• Employee assistance services or other resources for staff who may need psychological or emotional support			√	√
		• Available support services for inmates who may need psychological or emotional support			√	√
		(b) Are staff members required to report any knowledge or suspicion of retaliation by inmates or staff?			√	√
		(c) Has the agency notified staff members of their rights under relevant whistleblower protection laws?			√	√
		(d) Has the agency notified staff members of their rights under relevant crime victim rights laws?			√	√
		(e) Following a report of sexual abuse, does an appropriate agency official follow up periodically with the complainant to make sure he or she is not being subjected to or threatened with retaliation?			√	√
		(f) Do agency decisions to employ measures to protect inmates or staff members from retaliation take into account their concerns and perceptions about their safety?			√	√
		(g) Has the agency notified staff of how to report concerns about retaliation?			√	√
		(h) Has the agency notified inmates of how to report concerns about retaliation?			√	√
		(i) Does the agency impose disciplinary sanctions on anyone who retaliates against a staff member or inmate who reports sexual abuse?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

D. Investigations and Discipline

Compliance Checklist 34: Investigations (IN-1)

YES	NO		Initial	Date	Prisons	Jails
		(a) Are investigators trained according to the requirements listed in *TR-5, Compliance Checklist 24, (a)–(k)*?			√	√
		(b) Do investigators follow the steps in the agency's uniform evidence protocol *(RP-2, Compliance Checklist 12)*?			√	√
		(c) Does one or more of the highest-ranking officials within the administrative or investigative chain of command have the authority to initiate and close investigations and approve final investigative reports?			√	√
		(d) Do investigators adhere to established time frames for status and final reviews of investigations by one or more of the highest-ranking officials responsible for initiating and closing investigations?			√	√
		(e) Does the highest-ranking official responsible for initiating and closing investigations adhere to established time frames for status and final reviews of investigations?			√	√
		(f) Do investigators interview all potential victims, perpetrators, and witnesses?			√	√
		(g) During the course of an investigation, does the investigator check in with the complainant to make sure he or she is not being subjected to or threatened with retaliation?			√	√
		(h) Before conducting any compelled interviews of witnesses and/or targets of investigation, do investigators contact relevant prosecution authorities to determine whether compelled interviews may impose difficulties for subsequent criminal prosecutions?			√	√
		(i) Are investigations referred for criminal prosecution according to objective criteria?			√	√
		(j) Do investigations include a review of any and all prior complaints reports of sexual abuse involving the same accused perpetrator?			√	√
		(k) Do investigators review information gathered during initial screening and classification to determine whether the alleged victim was considered vulnerable and/or the alleged perpetrator was considered potentially abusive *(CL-1 and CL-2)*?			√	√
		(l) Does the scope of every investigation include an effort to determine whether any potential staff negligence or collusion enabled the abuse or harassment to occur?			√	√
		(m) Are all investigations of staff-on-inmate sexual abuse and harassment carried through to completion, regardless of whether the subject of the investigation transfers, resigns, or retires before a finding has been reached and regardless of whether the inmate continues to be incarcerated at the facility?			√	√
		(n) Are all investigations of inmate-on-inmate sexual abuse carried through to completion, regardless of whether the subject of the investigation is transferred or released before a finding has been reached?			√	√
		(o) Do investigators inform victims of the outcome of the investigation?			√	√
		(p) Does the agency require investigators or other staff to track repeated unsubstantiated allegations involving the following?				
		• The same alleged perpetrator			√	√
		• The same work shift			√	√
		• The same area of the facility			√	√

YES	NO		Initial	Date	Prisons	Jails
		(q) Has the agency notified investigators or other staff responsible for tracking patterns of unsubstantiated allegations that they are required to report any identified patterns to the highest-ranking investigator and/or the facility head?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 35: Level of proof required to substantiate sexual abuse allegations for disciplinary action (IN-2)

YES	NO		Initial	Date	Prisons	Jails
		(a) Are investigators required to weigh all evidence collected in a sexual abuse investigation, including statements from interviews and prior reports of sexual abuse against the accused perpetrator, before determining whether the allegation is substantiated, unsubstantiated, or unfounded *(IN-1, Compliance Checklist 34, (b) and (j))*?			√	√
		(b) Do investigators consider factors other than proof of physical injury when making credibility assessments?			√	√
		(c) Are investigators required to detail the basis for their findings in final investigation reports, addressing all evidence, including determinations of witnesses' credibility?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 36: Disciplinary sanctions for staff (DI-1)

YES	NO		Initial	Date	Prisons	Jails
		(a) Does the agency inform staff members of their rights and responsibilities during the disciplinary process, including how to appeal sanctions?			√	√
		(b) Does the agency terminate staff members following an administrative ruling that the staff member engaged in actual or attempted staff-on-inmate sexual abuse or a criminal finding of guilt for staff-on-inmate sexual abuse or staff-on-inmate sexual harassment?			√	√
		(c) Does the range of sanctions imposed for other violations of agency rules or sexual abuse policies include administrative leave without pay and reassignment?			√	√
		(d) Does the agency have a process for ensuring that disciplinary sanctions for other violations of agency rules or sexual abuse policies are fair and proportional to the offense committed, the staff member's disciplinary history, and the sanctions imposed on other staff members with comparable offenses and disciplinary histories?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 37: Disciplinary sanctions for inmates (DI-2)

YES	NO		Initial	Date	Prisons	Jails
		(a) Does the agency inform inmates of their rights and responsibilities during the disciplinary process, including how to appeal sanctions?			√	√
		(b) Does the agency inform inmates that they will not face sanctions for instances of staff-on-inmate sexual abuse?			√	√
		(c) Does the agency give special consideration during the disciplinary process to inmates whose mental illness, mental retardation, or other cognitive deficiencies were found to have contributed to their abusive behavior?			√	√
		(d) Does the agency ensure that inmates with serious mental illness are not punished with prolonged isolation/disciplinary segregation that would limit their access to needed mental health services or impose conditions otherwise inconsistent with their mental health needs?			√	√
		(e) Does the agency have a process for ensuring that disciplinary sanctions imposed for inmate-on-inmate sexual abuse are fair and proportional to the offense committed, the inmate's disciplinary history, and the sanctions imposed on other inmates with comparable offenses and disciplinary histories?			√	√

Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:	

E. Medical and Mental Health Care

Compliance Checklist 38: Access to medical and mental health services (MM-1)

YES	NO		Initial	Date	Prisons	Jails
		(a) Has the agency notified inmates of how to access medical and mental health services if they have experienced sexual abuse *(TR-4)*?			√	√
		(b) Has the agency notified inmates that if they need medical or mental health treatment following an incident of sexual abuse, those services will be provided free of charge?			√	√
		(c) Is information about accessing medical and mental health services following an incident of sexual abuse posted in common areas throughout the facility?			√	√
		(d) Are inmates able to request a medical or mental health visit to discuss sexual abuse or harassment without having to disclose the abuse to an officer or other staff member?			√	√
		(e) Are inmates treated by qualified medical and mental health practitioners who have undergone specialized training, including sensitivity and cultural competency training, for treating sexual abuse victims *(TR-5)*?			√	√
		(f) Does the agency have a medical and mental health care quality improvement program that assesses the services delivered to sexual abuse victims and ensures that these services are equal to those provided to sexual abuse victims in the community? • If yes, please list all of the measures taken to improve the delivery of medical and mental health services to sexual abuse victims in the box below.			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 39: Medical and mental health intake screenings—history of sexual victimization (MM-2)

YES	NO		Initial	Date	Prisons	Jails
		(a) Do qualified medical and mental health practitioners who have successfully completed sensitivity training ask questions about prior sexual victimization during medical and mental health reception and intake screenings *(TR-5)*?			√	√
		(b) Does staff use a standardized medical and mental health screening form with questions about previous sexual victimization including when and where incidents occurred?			√	√
		(c) If an inmate discloses an incident of sexual abuse that occurred within the previous 96 hours, do medical and mental health practitioners perform the following actions *(RP-1, RP-2, and MM-4)*?				
		• Assess the inmate's acute medical or mental health needs			√	√
		• Provide emergency treatment			√	√
		• Follow the agency's evidence protocol			√	√
		(d) If an inmate discloses an incident of sexual abuse that occurred more than 96 hours prior to the screening, do medical and mental health practitioners perform the following actions *(MM-4)*?				
		• Provide, or refer the inmate for, an immediate mental health evaluation			√	√
		• Or when necessary, for medical evaluation and treatment			√	√

YES	NO		Initial	Date	Prisons	Jails
		(e) Have medical and mental health practitioners and classification staff been informed of the following?				
		• That they are required to use information related to previous inmate sexual victimization only to develop inmate treatment and management plans			√	√
		• That they are prohibited from sharing that information with anyone else for any other purpose			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 40: Detection (MM-3)

YES	NO		Initial	Date	Prisons	Jails
		(a) Have medical practitioners been trained in how to identify signs of sexual abuse during routine medical or dental exams *(TR-5, Compliance Checklist 24, (o))*?			√	√
		(b) Have medical practitioners been trained in how to obtain informed consent from inmates before reporting sexual abuse *(TR-5, Compliance Checklist 24, (r))*?			√	√
		(c) Has the agency notified inmates that medical practitioners must obtain their informed consent before they can report sexual abuse disclosed to them by inmates *(TR-4, Compliance Checklist 20, (u)*?			√	√
		(d) Do medical practitioners provide services regardless of whether an inmate confirms the abuse or names an abuser?			√	√
		(e) Has the agency notified medical practitioners of their reporting requirements *(TR-5 and SD-1)*?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 41: Medical and mental health care for sexual abuse victims (MM-4)

YES	NO		Initial	Date	Prisons	Jails
(1) Requirements for immediate medical and mental health treatment:						
		(a) Do qualified facility or outside medical practitioners perform the following actions?				
		• Assess the victim's acute medical needs as soon as possible following the report			√	√
		• Obtain consent for treatment from the victim			√	√
		• Treat the victim's acute medical needs as soon as possible following the report			√	√
		• Document the victim's acute medical needs and treatment provided as soon as possible following the report *(RP-2 and TR-5)*?			√	√
		(b) Is the coordinated response team used by the facility notified as soon as possible following the report *(RP-1)*?			√	√
		(c) Does a qualified mental health practitioner on the response team do the following?:				
		• Assess the victim's mental health needs			√	√
		• Provide support and crisis intervention services *(RP-1 and TR-5)*			√	√

YES	NO		Initial	Date	Prisons	Jails
		(d) Do all medical practitioners follow the agency's protocol for preserving evidence *(RP-2 and TR-5)*?			√	√
		(e) Is the victim offered a forensic medical exam whenever there may be physical evidence of sexual abuse, particularly if the abuse occurred within 96 hours of reporting *(RP-2 and TR-5)*?			√	√
		(f) If the victim consents to a forensic medical exam, is the exam performed by a specially educated and clinically prepared forensic medical examiner who is not employed by the agency *(RP-8)*?			√	√
		(g) If the victim consents to a forensic medical exam, is he or she offered the services of the mental health practitioner on the response team or a victim advocate throughout the exam process *(RP-1, RP-2, and TR-5)*?			√	√
(2) Requirements for follow-up medical and mental health treatment:						
		(h) Does the victim receive a thorough follow-up medical and mental health evaluation that includes the following?				
		• Reviewing any medical and mental health treatment provided immediately following the incident, including whether a forensic medical exam was performed			√	√
		• Diagnosing any lingering acute or nonacute physical injuries including oral trauma			√	√
		• Counseling and testing for sexually transmitted infections and for risk of pregnancy, if appropriate			√	√
		• Assessing the effects of trauma and determining the inmate's risk for suicide or self-harm			√	√
		(i) Does the inmate receive a treatment plan for ongoing care for any injuries, conditions, or trauma identified during the follow-up medical and mental health evaluation?			√	√
		(j) Do medical and/or mental health practitioners review victim treatment plans at regular intervals that are clinically appropriate for as long as treatment requires?			√	√
		(k) As necessary and with signed consent from the victim, do medical and/or mental health practitioners communicate with classification staff when a victim needs or requests a housing change because of injuries and/or trauma resulting from the incident?			√	√
		(l) Does the agency offer assistance with or referrals for continued care for sexual abuse victims following their release from custody? • If yes, please list all of the agency's efforts to ensure continued care for sexual abuse victims in the box below.			√	√

Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:	

IV. MONITORING COMPLIANCE CHECKLISTS

A. Data Collection

Compliance Checklist 42: Incident-based data collection for every reported incident of sexual abuse (regardless of investigative outcome) (DC-1)

YES	NO		Initial	Date	Prisons	Jails
		(a) Do the incident-based data include the following characteristics of the victim at the time of the incident?				
		• Sex and gender identity			√	√
		• Race/ethnicity			√	√
		• Age			√	√
		• Custody level			√	√
		• Height and weight			√	√
		• Classification assignment			√	√
		• Sexual orientation			√	√
		• Diagnosis of any mental illness			√	√
		• Any physical or mental disability			√	√
		• Previous sexual victimization in confinement			√	√
		• Previous sexually abusive behavior in confinement			√	√
		• Prior relationship with the alleged perpetrator			√	√
		• Gang affiliation outside and/or inside the facility			√	√
		• Prior history of contraband, gambling, extortion, or drugs in confinement			√	√
		(b) If the alleged perpetrator is an inmate, do the incident-based data include the following characteristics of the alleged perpetrator at the time of incident?				
		• Sex and gender identity			√	√
		• Race/ethnicity			√	√
		• Age			√	√
		• Custody level			√	√
		• Height and weight			√	√
		• Classification assignment			√	√
		• Sexual orientation			√	√
		• Diagnosis of any mental illness			√	√
		• Any physical or mental disability			√	√
		• Previous sexual victimization in confinement			√	√
		• Previous sexually abusive behavior in confinement			√	√
		• Prior relationship with the victim			√	√
		• Gang affiliation outside and/or inside the facility			√	√
		• Prior history of contraband, gambling, extortion, or drugs in confinement			√	√
		(c) If alleged perpetrator is a staff member, do the incident-based data include the following characteristics of the staff member at the time of the incident?				
		• Sex and gender identity			√	√
		• Race/ethnicity			√	√
		• Age			√	√
		• Sexual orientation			√	√
		• Position held within the agency			√	√
		• Length of service with agency			√	√
		• History of alcoholism or drug use			√	√

YES	NO		Initial	Date	Prisons	Jails
		• History of mental illness			√	√
		• Relationship status: single, married, divorced			√	√
		• Relationship with victim			√	√
		• Prior history of allegations and/or substantiated incidents of sexual abuse or harassment in current and prior employment			√	√
		• Prior history of failure to comply with the agency's sexual abuse policies			√	√
		• Prior history of allegations and/or substantiated incidents of involvement with contraband, improper fraternization with inmates, extortion or gambling within the agency or prior employment within corrections			√	√
		• Recent, nonsexual abuse-related, disciplinary infractions			√	√
		(d) Do the incident-based data include the following information about the incident?				
		• The name of the facility where the incident occurred			√	√
		• Date, time, and location of the incident			√	√
		• Number of witnesses and their identification information			√	√
		(e) Do the incident-based data include the victim's self-report of the following details about the nature of the incident?				
		• A description of the abuse (fondling, penetration, verbal harassment, etc.)			√	√
		• The reason/motivation for the perpetrator's actions			√	√
		• Any coercion or physical force by the perpetrator			√	√
		• Involvement of other inmates or staff members besides the perpetrator during the incident			√	√
		• Special favors or privileges promised to the inmate for participating in the behavior			√	√
		• Threats by staff members to withdraw privileges if a report of the incident was made			√	√
		(f) Do the incident-based data include the following details about how the incident was reported?				
		• The date and time of the report			√	√
		• The reporting mechanism used			√	√
		• Who made the report			√	√
		• To whom the report was made			√	√
		• The time lapse between when the incident took place and when the report was made			√	√
		• The inmate's explanation of why reporting was delayed			√	√
		• The time lapse between the report and when the inmate received medical/mental health care			√	√
		(g) Do the incident-based data include the following details about the medical and mental health care provided to victims?				
		• Forensic medical exam			√	√
		• Mental health evaluation			√	√
		• If necessary, treatment of physical injuries			√	√
		• If necessary, treatment for oral trauma			√	√
		• STI/HIV testing and/or treatment			√	√
		• Pregnancy testing				
		(h) Do the incident-based data include the following details about the medical and mental health care provided to alleged perpetrators?				
		• Mental health evaluation			√	√
		• If necessary, treatment of physical injuries			√	√
		• If necessary, treatment for oral trauma			√	√
		• STI/HIV testing and/or treatment			√	√

YES	NO		Initial	Date	Prisons	Jails
		(i) Do the incident-based data include the following details about the incident investigation?				
		• Type of investigation pursued: criminal and/or administrative			√	√
		• Name of investigator(s)			√	√
		• Dates of the initiation and conclusion of the investigation(s)			√	√
		• Outcome of the investigation(s)			√	√
		• Violations of administrative and/or criminal codes			√	√
		(j) If the case is referred for prosecution, do the incident-based data include the following details of the referral?				
		• Date of prosecution referral			√	√
		• Whether the case was accepted or declined			√	√
		• The date the case was accepted or declined			√	√
		• Case disposition			√	√
		(k) If administrative actions against staff member(s) or inmate(s) are brought, do the incident-based data include the following details about the sanctions?				
		• Description of the administrative action			√	√
		• Description of the imposed sanction			√	√
		• Target of administrative action/sanction: staff member or inmate			√	√
		• Dates of the initiation and conclusion of the process for administrative sanction			√	√
		• Outcome of administrative proceedings, including appeals			√	√
		(l) Do the incident-based data include the following details about the victim intervention?				
		• Any changes to his/her classification status			√	√
		• Any changes to his/her custody level			√	√
		• Any changes to his/her housing assignment			√	√
		(m) Do the incident-based data for incidents of inmate-on-inmate sexual abuse include the following details about the alleged perpetrator intervention?				
		• Any changes to his/her classification status			√	√
		• Any changes to his/her custody level			√	√
		• Any changes to his/her housing assignment			√	√
		(n) Does a review of the collected data reveal any inconsistencies in information given by the alleged victim and/or perpetrator?			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

Compliance Checklist 43: Aggregate data (DC-1)

YES	NO		Initial	Date	Prisons	Jails
		(a) At least annually, does the agency aggregate all of the data from checklist 1 above?			√	√
		(b) Are unique identifiers removed from aggregate data?			√	√
		(c) Are the aggregate data collated in a spreadsheet or database?			√	√
		(d) Are the aggregate data reviewed as part of the facility's annual internal assessment to determine any sexual abuse patterns or trends *(SA-3, Compliance Checklist 3, (2)(q))*?			√	√
		(e) Are the aggregate data compared to aggregate data from prior years?			√	√

Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:	

Compliance Checklist 44: Data storage, retention, protection, and destruction (DC-2)

YES	NO		Initial	Date	Prisons	Jails
		(a) Does the agency assign responsibility for maintaining the integrity of the sexual abuse data to a specially trained staff member?			√	√
		(b) Does the agency retain and protect the data for a minimum length of time, no less than 10 years?			√	√
		(c) Does the agency publish all aggregate data at least annually?			√	√
		(d) Has the agency established a process for responding to public requests for access to aggregate and incident–based data?			√	√
		(e) With regard to requests by individuals or organizations for incident-based data, does the agency document the following?				
		• The individual or organization's name			√	√
		• The individual's position			√	√
		• The data requested			√	√
		• The purpose for seeking access to the data			√	√
		• Whether the request was denied or granted			√	√
		• If denied, the specific reasons for the denial			√	√
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:						

STANDARDS FOR FACILITIES WITH IMMIGRATION DETAINEES

I. Compliance with the PREA Standards

Adult immigrants who are detained pending resolution of their immigration status are in the custody of Immigration and Customs Enforcement (ICE), but they are held in a wide variety of settings including local jails, state and federal prisons, privately run prisons, facilities run by ICE called detention facilities and service processing centers, and short-term detention settings run by Customs and Border Patrol. Families with children who are detained together are currently held in one of two family facilities that operate under contract with ICE.

Unaccompanied immigrant and refugee minors are the only group of immigration detainees who are not in ICE custody, but rather under the care and custody of the Department of Health and Human Services' Office of Refugee Resettlement (ORR) Division of Unaccompanied Children's Services. ORR places these minors in a variety of settings, including foster care, shelters, group homes, and secure juvenile detention facilities.

Standards developed pursuant to the Prison Rape Elimination Act must be enforced on behalf of immigration detainees according to the settings where they are detained. The standards that apply to inmates in lockups, jails, and prisons apply to all immigration detainees in those settings. ICE-run detention facilities and service processing centers must comply with the standards for adult prisons. Customs and Border Patrol facilities must comply with the standards for lockups as long as detainees are held there for less than 72 hours, but must comply with standards for jails whenever detainees are held beyond 72 hours. Shelters under contract with ORR to house unaccompanied minors must comply with the standards for juveniles in community corrections (to be released for public comment in June 2008.) Finally, secure juvenile detention facilities that house unaccompanied minors for ORR must comply with the juvenile detention standards (to be released for public comment in June 2008.)

Standards Compliance Grid

Detention setting	PREA Standards that apply
Adult prison (federal, state, or private) or adult jail or other pre-trial detention setting (federal, state, or private)	Adult prison and jail standards
Police lockup	Lockup standards
ICE detention facilities and Service Processing Centers (SPCs)	Adult prison standards
Border Patrol facilities housing detainees for less than 72 hours	Lockup standards
Border Patrol facilities housing detainees for 72 hours or more	Adult jail standards
ICE family facilities	The two family facilities that hold both adults and their children in custody together are such distinct environments that the Commission is still considering which set of standards are most appropriate for this setting. The Commission welcomes feedback during the public comment period regarding the appropriate application of standards to these settings.
ORR contract shelters	Juveniles in community corrections standards (to be released for public comment in June 2008)
ORR juvenile detention facilities	Juvenile detention standards (to be released for public comment in June 2008)

II. Supplemental PREA Standards

While immigrants are detained in many different settings, preventing and responding to sexual abuse of immigration detainees in confinement requires special attention to the particular vulnerabilities of this population. In addition to meeting the appropriate standards in a given confinement setting, facilities that house immigration detainees must meet the following supplemental standards.

ID-1: Compliance with Immigration and Customs Enforcement detention standards

Every facility that houses immigration detainees complies with all of the ICE (formerly INS) Detention Standards that address the safety and security of detainees, as well as their access to legal material and advice and contact with family, volunteers, and advocates.

Discussion

The INS, now ICE, set standards that apply to its Service Processing Centers (SPCs), Contract Detention Facilities (CDFs), and all state or local government facilities used by ICE through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours. However, these standards are not mandatory and not every facility that houses immigration detainees meets these standards. The safety and security of immigration detainees from sexual abuse is jeopardized by the failure to meet some of these standards. In particular, standards that ensure access to medical care, provide for proper screening and classification, protect detainees during transportation, reduce the isolation of immigration detainees, give them greater access to legal advocates, and greater knowledge of their rights, all can help to protect them from becoming victims of sexual abuse while detained and increase the likelihood that they will feel safe to report sexual abuse when it does occur. Every facility that houses immigration detainees, regardless the length of detention, must comply with the ICE Detention Standards listed in Compliance Checklist 1.

Compliance Checklist 1: Compliance with ICE detention standards (ID-1)

YES	NO		Initial	Date
		(a) Is the facility in full compliance with the following ICE Detention Standards?		
		• Access to Legal Materials		
		• Admission and Release		
		• Correspondence and Other Mail		
		• Detainee Classification System		
		• Detainee Grievance Procedures		
		• Group Presentation on Legal Rights		
		• Medical Care		
		• Suicide Prevention and Intervention		
		• Telephone Access		
		• Transportation (Land Transportation)		
		• Visitation		
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:				

ID-2: Supplement to PP-2: Heightened protection for vulnerable inmates
Any facility that houses both inmates and immigration detainees houses all immigration detainees separately from other inmates in the facility.

Discussion
Immigration detainees are particularly vulnerable and should not be housed with inmates in general population. Many immigration detainees have no criminal history, some are refugees who are seeking asylum from war or persecution, and even those with criminal histories may be vulnerable due to cultural and linguistic isolation within the correctional setting. Furthermore, fear of removal and the uncertainty of their immigration status can make many immigration detainees, with or without criminal histories, reluctant to speak out about any abuse they experience in custody. ICE currently classifies immigration detainees into three security categories and does not house the highest security detainees, those with significant criminal histories, with the lowest security detainees. While it is appropriate to make security distinctions among immigration detainees, it is not appropriate to house any immigration detainees with general population inmates. As with any vulnerable population within the facility, it is important that separate housing for immigration detainees does not lead to isolation or a lack of access to the privileges that would be available to them in general population.

Compliance Checklist 2: Supplement to PP-2: Heightened protection for vulnerable inmates (ID-2)

YES	NO		Initial	Date
		(a) Does the facility identify all immigration detainees upon admission and house them separately from general population inmates?		
		(b) Does the facility provide heightened protection for immigration detainees identified as particularly vulnerable to sexual abuse by other detainees and staff?		
		(c) Do immigration detainees have full access to the opportunities and privileges available to inmates in general population?		
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:				

ID-3: Supplement to RP-5: Agreements with outside agencies
Any facility that houses immigration detainees maintains memoranda of understanding (MOUs) or other agreements with one or more local or, if not available, national organizations that provide advocacy and/or confidential emotional support services for immigrant victims of crime (*RE-1, RE-2, MM-4*).

Discussion
Immigration detainees face a unique set of challenges when they are victims of a crime in custody. They do not have access to legal representation, they very often have been cut off from family support, and they are being prosecuted for removal from the country by ICE, which is also responsible for their care in custody. Furthermore, they may be linguistically and culturally isolated in the detention setting. While special training requirements for staff who interact with immigration detainees, including medical and mental health staff, are intended to ensure that staff have some understanding about the attitudes and perceptions that people from different cultures have toward sexual abuse, it is still very likely that detainees who are victims of crime

will not feel comfortable talking about abuse to anyone inside the facility. Providing interpretive services can overcome language barriers, but mental health practitioners in the facility will not be able to communicate adequately with detainees if they must rely on an interpreter and if they do not share similar cultural understandings about sex and sexual abuse. It is also likely that prisoner advocacy groups in the community do not have the cultural competency to adequately assist and counsel immigration detainees. For these reasons, it is essential that any facility housing immigration detainees have an existing agreement with an organization that has experience providing advocacy and support for immigration detainees or immigrants who are victims of crime.

Compliance Checklist 3: Supplement to RP-5: Agreements with outside agencies (ID-3)

YES	NO		Initial	Date
		(a) Does the facility maintain at least one MOU or other agreement with a local or national organization that provides advocacy and/or confidential emotional support services for immigration detainees or immigrant victims of crime?		
		(b) Do all agreements specify the purpose of the agreement? (e.g., outside reporting, confidential support services, discharge planning services)		
		(c) Do all agreements specify the respective roles and responsibilities of the correctional agency and outside agency?		
		(d) Do all agreements specify procedures for how and when community service providers are able to gain entry into a facility?		
		(e) Do all agreements specify any laws, rules, and/or regulations relevant to the service being provided, including laws granting privilege and facility rules governing confidentiality for disclosures about sexual abuse made to community service providers?		
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:				

ID-4: Supplement to TR-1 through TR-5: Training section of adult prison and jail standards

Any facility that holds immigration detainees provides special additional training to staff and volunteers, including medical and mental health practitioners, classification staff, and investigators. The facility must also provide educational programming or materials tailored to immigration detainees.

Discussion

While language is a significant barrier to communication with many immigration detainees, it can be easier to overcome than the cultural differences in perceptions about sexual abuse, understandings about what kinds of behavior are acceptable or unacceptable, and even the terminology and concepts that are used to describe different kinds of sexual behavior. In addition, many immigrants in detention have fled war or persecution or have suffered some kind of trauma in their travels to this country. The combination of cultural isolation with the impact of previous traumas can make it extremely unlikely that immigrant detainees will feel comfortable reporting or discussing sexual abuse that happens to them in custody. Staff and volunteers who interact with immigration detainees must receive training that is developed by someone who has experience working with people from the cultures represented among detainees. The training

should provide explicit guidance about the appropriate terms and concepts to use and ways of communicating when discussing sex and sexual abuse with immigration detainees. It is particularly important that medical and mental health practitioners, classification staff, and investigators who interact with immigration detainees receive this special training since communication is essential to their ability to do their jobs. Staff who are culturally competent and have access to appropriate interpretive or language translation services will be better equipped to protect the safety of immigration detainees.

The education that is provided to immigration detainees must likewise be tailored to this population, not only through interpretation of the languages spoken by detainees but through adaptation to appropriate terminology and concepts that address cultural differences in understanding about sex and sexual abuse. Immigration detainees must be informed of the support services that are available to them in the event they become victims of a crime in custody and given explicit instructions on how to access those services. The facility must be very clear about its zero-tolerance policy toward sexual abuse. Many immigration detainees are disoriented when they first enter custody and focused on learning about their immigration status, and so it is important that notification about the zero-tolerance policy and more detailed education about sexual abuse be provided at times and in a manner that they can absorb and appreciate.

Compliance Checklist 4: Supplement to TR-1 through TR-5: Training section of adult prison and jail standards (ID-4)

YES	NO		Initial	Date
		(a) Does staff and volunteer training, as well as specialized training for medical and mental health practitioners, classification staff, and investigators, include a component that addresses the following topics *(see TR-1)*?		
		• Cultural sensitivity toward diverse understandings of acceptable and unacceptable sexual behavior		
		• Appropriate terms and concepts to use when discussing sex and sexual abuse with a culturally diverse population		
		• Sensitivity and awareness regarding past traumas that may have been experienced by immigration detainees		
		• Knowledge of all existing resources for immigration detainees both inside and outside the facility that provide treatment and counseling for trauma, and legal advocacy for victims		
		(b) Are immigration detainees notified of the agency's zero-tolerance policy during intake in their own language and using terms that are culturally appropriate?		
		(c) Are immigration detainees educated on the topics listed in the compliance checklist for TR-1 in their own language and using terms that are culturally appropriate?		
		(d) Does the agency provide sexual abuse education for immigration detainees at a time and in a manner that is separate from information it provides about their immigration cases?		
		(e) Does the agency inform immigration detainees of how to access the following community resources?		
		• Sexual abuse counseling		
		• Legal advocacy for immigrant victims of sexual abuse		
		(f) Is the sexual abuse education component for immigration detainees developed and conducted by a qualified individual with experience communicating about these issues with a diverse immigrant population?		
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:				

ID-5: Supplement to CL-1, CL2, and CL-3: Classification section of adult prison and jail standards

The facility makes every reasonable effort to obtain institutional and criminal records of detainees in its custody prior to making a classification assessment. Classification assessments of immigration detainees are conducted by culturally competent staff members.

Discussion

ID-2 requires that all immigration detainees be housed separately from the general inmate population. This separation should happen at intake, and the classification assessment should be used to make more specific housing assignments within the area of the facility where immigration detainees are held. Often there are little or no records of an immigration detainee's history, including criminal history, available to the facility or agency. Immigration detainees can have extremely different backgrounds and experiences, none of which may be immediately obvious to classification staff. For instance, asylum seekers likely have no criminal history and may have suffered terrible violence or other trauma in their countries of origin. Other immigration detainees who have been in this country for a period of time may have significant criminal histories and spent time in prison or jail. ICE separates immigration detainees based on its own security classification. However, it is important that classification staff at the facility that receives immigration detainees conduct its own thorough assessment of the likelihood that a particular detainee is vulnerable to sexual abuse or likely to engage in sexually abusive behavior. Those detainees who are the lowest security risk should not be placed in settings with the least surveillance or supervision, which may put them at greater risk for abuse. When staff members identify vulnerable detainees, they place them in settings with intense sight and sound supervision (*PP-2*).

Facilities that house immigration detainees must make every effort to gather information about detainees' histories by requesting records from any institutions where they are known to have been previously detained or incarcerated. There are not currently validated criteria to determine vulnerability to sexual abuse or likelihood of engaging in sexually abusive behavior that are specific to immigration detainees, and so classification staff must base their determinations on generally established criteria. However, it is important that classification staff be educated about cultural differences in the ways that people perceive and express their experiences and learn how to communicate effectively with a culturally diverse population. Classification staff must know how to ask immigration detainees about experiences with past sexual abuse in a manner that is culturally appropriate and with an understanding of the types of abuse that are more commonly experienced by immigrants who may have fled war, persecution, or have been trafficked for sex work.

Compliance Checklist 5: Supplement to CL-1, CL-2, and CL-3: Classification section of adult prison and jail standards (ID-5)

YES	NO		Initial	Date
		(a) Has the facility or agency made every reasonable effort to obtain institutional or criminal records of all immigration detainees in its custody?		
		(b) Are the classification assessments of immigration detainees conducted by a culturally competent staff member?		
		(c) If no records or criminal history is available, does the classification assessment include questions about the detainee's institutional and criminal history?		

		(d) Does the facility update immigrant detainees' classification assessments whenever new information or records become available?		
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:				

ID-6: Supplement to RE-1: Inmate reporting

The Department of Homeland Security's Office of Inspector General (OIG) is prepared to receive reports of sexual abuse by immigration detainees in custody and investigate all such reports. The agency must provide immigration detainees with access to telephones with free, preprogrammed numbers to the OIG's office designated to receive and investigate reports of sexual abuse.

Discussion

Immigration detainees must be able to report sexual abuse directly to the Office of the Inspector General (OIG) of the Department of Homeland Security (DHS). While immigration detainees are held by a wide variety of facilities all over the country, the OIG has centralized authority to investigate all manners of abuse in the operations of DHS. This does not preclude immigration detainees from reporting sexual abuse through any of the internal avenues provided for by the adult prison and jail standards. However, the standards require that every facility give inmates the ability to report sexual abuse to an independent governmental agency, and the OIG for DHS is the appropriate governmental office to receive and respond to reports by immigration detainees. Providing immigration detainees with a direct telephone line to the OIG's office will ensure that when they do not feel safe using other reporting mechanisms within the facility, they will have the ability to report directly to a centralized governmental office with direct authority to investigate the report. In order for this reporting mechanism to be effective, the OIG's office must be prepared to receive such reports and initiate investigations immediately upon receiving them.

Compliance Checklist 6: Supplement to RE-1: Inmate reporting (ID-6)

YES	NO		Initial	Date
		(a) Does the facility or agency provide all immigration detainees with access to a free, pre-programmed telephone line to the OIG's office that is prepared to receive and investigate reports of sexual abuse in custody?		
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:				

ID-7: Supplement to RE-2: External confidential support services for inmates

All immigration detainees have access to outside victim advocates and/or mental health professionals who have experience working with immigration detainees or immigrant victims of crime for confidential emotional support services related to sexual abuse, whether or not they report the abuse, unless state or local laws preclude privileged communications between the specific service provider and sexual abuse victims.

Discussion
Immigration detainees should have access to the same outside advocacy and mental health professionals for confidential emotional support that is available to inmates, and in order for this to be meaningful the facility must identify community advocates or mental health professionals who have experience working with immigration detainees or immigrant victims of crime. Once the facility has identified appropriate advocates and/or mental health professionals to work with immigration detainees, it should provide access to those service providers according to the requirements listed in Compliance Checklist 29 for RE-2 in the adult prison and jail standards.

ID-8: Protection of detainee victims and witnesses
Immigration detainees who report sexual abuse shall not be transferred to another facility or removed from the country before the investigation of that abuse is completed, except at the detainee victim's own request. ICE shall consider releasing detainees who are victims of or witnesses to abuse and monitoring them in the community in order to protect them from retaliation or further abuse during the course of the investigation.

Discussion
Immigration detainees are often in detention for short periods of time before they are removed from the country, and during that time they are often transferred from one facility to another. Investigators need to be able to speak in person with victims and witnesses in order to complete a thorough investigation into the alleged sexual abuse. Furthermore, while transfer may seem necessary to protect a detainee victim, immigration detainees generally cannot defend their immigration case if they are moved at a distance from their lawyers. Removal proceedings against detainees who report sexual abuse should be halted at least until the investigation has been completed and a finding has been made. Immigrants who are victims of certain sex crimes may be eligible for a special visa that allows them to remain in the country, and so it is important that an investigative finding be made while the victim still has an opportunity to apply for such a visa.

It may be very difficult for ICE officials to ensure the safety of detainee victims or witnesses of sexual abuse in custody, particularly since the majority of detainees are held in local jails and private contract facilities and are not under the direct control of ICE. ICE should make a case-by-case determination about whether to release victims and witnesses by balancing the danger the detainee may face in custody, the ability of the facility to protect that detainee without transferring or isolating him or her, the potential threat the detainee poses to the community, and the burden of monitoring the individual in the community as an alternative. In many cases it may be safer and less burdensome to the facility to release the detainee who has been a victim of or witnessed sexual abuse in custody and for ICE to monitor him or her in the community. ICE has the capacity to make such determinations on a case-by-case basis, and the merits of the detainee's immigration case should not be taken into consideration when doing so.

Compliance Checklist 7: Protection of detainee victims and witnesses (ID-8)

YES	NO		Initial	Date
		(a) Does the facility have a plan for ensuring immigration detainees who report sexual abuse are never transferred to other facilities or deported before the investigation into		

YES	NO		Initial	Date
		the abuse has been completed, except at the detainee victim's own request?		
		(b) Has ICE established objective criteria for determining when protecting the safety of an immigration detainee victim or witness requires release from custody and community monitoring?		
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:				

ID-9: Supplement to DC-1: Data collection

The facility collects additional data whenever an immigrant detainee is the victim or perpetrator of an incident of sexual abuse in custody.

Discussion

Victimization of and by immigration detainees must be tracked as part of a facility's data collection efforts pursuant to PREA.

Compliance Checklist 8: Supplement to DC-1: Data collection (ID-9)

YES	NO		Initial	Date
		(a) Do the incident based data include the following information?		
		• Victim and/or perpetrator was an immigration detainee		
		• If the victim and/or perpetrator was an immigration detainee, his or her status at the initiation of an investigation (e.g., in custody, released, or removed from the country)		
		• If the victim and/or perpetrator was an immigration detainee, his or her status at the conclusion of an investigation (e.g., in custody, released, or removed from the country)		
Additional comments and/or explanation of steps taken toward compliance, or reasons for noncompliance:				