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			Approving	Thomas Faust	
			Authority	Director	
	SUBJECT:	ELIMINATION	OF SEXUAL ABU	SE, SEXUAL ASS	AULT, AND
		SEXUAL MISC	ONDUCT		
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		Attachment 2	- DOC PREA Sa	afety Check Form	
	Attachment 3		3 – DCDC-1 Form		
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SUMMARY OF CHANGES:

Section	Change
Cancellation of Operation Memorandum	OM-13-007, Elimination of Sexual Abuse, Sexual Assault, and Sexual Misconduct, dated September 6, 2013.
	Attachments 1-4 added to policy.
	PREA Standards referenced throughout the policy.

APPROVED:

ZI Laut

Thomas Faust, Director

8/27/2014 Date Signed

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 PURPOSE AND SCOPE. This directive establishes uniform procedures for preventing, detecting and responding to incidents of sexual abuse, sexual assault and sexual misconduct against inmates, arrestees, and residents of DC Department of Corrections (DOC) operated, as well as contractor operated facilities, and DOC employees pursuant to the Prison Rape Elimination Act (PREA) of 2003.

2. POLICY

- a. The District of Columbia Department of Corrections has a zero-tolerance policy toward all forms of sexual abuse, sexual assault, and sexual misconduct against any person who works, visits or is confined in any of its facilities or contractor operated facilities. DOC shall respond to, investigate, and support the prosecution of all sexual abuse within all facilities operated by the agency and its contractors.
- b. DOC strictly prohibits sexual assault, sexual abuse, sexual acts and sexual contact between inmates, arrestees, and residents to include that of a consensual nature. Sexual assault and/or sexual abuse initiated by an inmate, arrestee, or resident, shall be referred for criminal prosecution and DOC shall impose disciplinary sanctions when an inmate, arrestee, or resident engages in consensual sexual acts and/or sexual contact.
- c. Neither DC Law nor the DOC recognizes a defense of consensual sexual contact between staff and inmates, arrestees or residents (i.e. persons who are in "official custody"). DOC shall continue to pursue strict administrative discipline and vigorous referral for criminal prosecution when staff engages in sexual acts and sexual contact with inmates. Staff includes DOC employees, volunteers, contract personnel and any other person who provides services within a DOC or contractor operated facility.
- d. DOC prohibits retaliation against any individual because of his/her involvement in the reporting or investigation of a complaint. It is DOC policy to treat retaliation as a separate actionable offense that is subject to separate administrative sanctions and possible referral for criminal prosecution.
- e. It is DOC policy to require that all activities encompassed in reporting and investigating complaints are held in confidence and on an official need to know basis. Likewise, case records are confidential and may include but not be limited to verbal reports, written incident reports, investigations,

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dispositions, medical information, counseling and evaluation findings, recommendations for post-release treatment, and/or counseling and witness statements. It is DOC policy to treat any breach of confidentiality as a separately actionable offense that is subject to administrative sanctions.

- 3. **APPLICABILITY.** This policy applies to all DOC employees, contract employees, volunteers, any individual who provides services at a DOC facility, and inmates, arrestees, and residents committed to DOC and its contract facilities.
- 4. **PROGRAM OBJECTIVES.** The expected results of this program are:
 - a. Upon arrival at each facility, inmates, arrestees, and residents shall receive information about sexual assault, sexual abuse and sexual misconduct. Information shall address the prevention, intervention, self-protection, reporting, adjudication procedures, and the accessibility of medical and mental health counseling for complainants.
 - b. Staff will have a clear understanding that a sexual act or sexual contact between an inmate, arrestee, or resident and an employee is sexual abuse, even if the inmate consents, and that sexual abuse is a felony offense.
 - c. The occurrence of sexual assault, sexual abuse and sexual contact of an inmate, arrestee, or resident by another inmate, arrestee, or resident, may be reduced by identifying and providing separate housing for predators and vulnerable inmates, arrestees, or residents who may be potential complainants.
 - d. Prompt reporting of any alleged sexual abuse, sexual misconduct or sexual assault shall be made, a thorough investigation shall be completed, and appropriate discipline shall be taken against employees, inmates, arrestees, and residents who sexually abuse and/or sexually assault other inmates, arrestees, or residents, or otherwise violate mandates set forth in this directive.
- 5. **NOTICE OF NON-DISCRIMINATION** In accordance with the D.C. Human Right Act of 1977, as amended, D.C. Official Code § 2-1401.01 et seq., (Act), the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal experience, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an

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intra-family offense, or place of residence or business. Sexual harassment is a form of sex discrimination that is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action

6. **DIRECTIVES AFFECTED**

a. Directives Rescinded

- 1) PS 3350.2 Elimination of Sexual Abuse, Sexual Assault, and Sexual Misconduct (1/27/12)
- 2) OM-13-007 Elimination of Sexual Abuse, Sexual Assault, and Sexual Misconduct (9/6/13)

b. Directives Referenced

- 1) PS 1280.2 Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences
- 2) PS 1300.3 Health Information Privacy
- 3) PP 1310.3 Volunteer Services Program
- 4) PP 3040.6 Personnel Security and Suitability Investigations
- 5) PP 3110.3 Promotion Process for Lead Correctional Officer (Sergeants)
- 6) PP 3110.4 Selection Process for Supervisory Correctional Officer (Lieutenants)
- 7) PP 3300.1 Employee Code of Ethics an Conduct
- 8) PP 3320.2 Employee Grievance Procedure

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- 9) PP 3700.2 Employee Training and Staff Development
- 10) PP 3800.2 Accommodating Persons with Disabilities
- 11) PP 3800.3 ADA: Communication for Deaf and Hard of Hearing
- 12) PP 4020.1 Inmate Orientation
- 13) PP 4020.3 Gender Classification and Housing
- 14) PS 4030.1 Inmate Grievance Procedure (IGP)
- 15) PP 4070.1 Inmate Telephone Access
- 16) PP 4070.4 Inmate Correspondence and Incoming Publications
- 17) PP 4090.3 Classification (Program Review)
- 18) TRM 4090.4 Custody Classification Instruments
- 19) PS 4090.4 Custody Classification System
- 20) TRM 4110.7 TRM Educational Services Special Education
- 21) PP 4110.7 Educational Services
- 22) PP 4151.1 Inmate Recreation Program
- 23) PP 4160.4 Library Services
- 24) PP 4210.2 Inmate Institutional Work Program
- 25) PS 4353.1 Admission, Transfers and Releases

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- 26) PP 4353.3 Separation Cases
- 27) PP 4410.1 Religious Programs
- 28) PS 4910.1 Escorted Trips
- 29) PP 4923.5 Reentry Programs and Services
- 30) PS 5009.2 Searches of Inmates, Inmate Housing Units, Work and Program Areas
- 31) PS 5010.2 Accountability for Inmates
- 32) PS 5010.8 Staffing and Manpower Utilization
- 33) PM 5300.1 Inmate Disciplinary and Administrative Housing Hearing Procedures
- 34) PS 5500.1 Segregation of Inmates
- 35) PM 6000.1 Medical Management

7. AUTHORITY.

- a. 42 U.S.C. § 15601, et seq., Prison Rape Elimination
- b. 28 C.F.R. Part 115, Prison Rape Elimination Act National Standards
- c. D.C. Code § 22-3001, et seq., Sexual Abuse
- d. D.C. Code § 24-211.02, Powers; promulgation of rules
- e. Title 2 of the Americans with Disabilities Act (ADA) of 1990, 42 U.S.C. § 12101 et seq., 28 C.F.R. Part 35

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- f. 45 C.F.R. 164.501 et seq., Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- g. District of Columbia Personnel Manual (DPM) Chapter 16, General Discipline and Grievances
- h. 2011 U.S. Department of Justice Office on Violence Against Women Publication, 2004.

8. STANDARDS REFERENCED

- American Correctional Association (ACA), 4th Edition, Performance-Based Standards for Adult Local Detention Facilities: 4-ALDF-2A-29, 4-ALDF-2A-30, 4-ALDF-2A-32, 4-ALDF-2A-34, 4-ALDF-4D-22, 4-ALDF-4D-22-1, 4-ALDF-4D-22-2, 4-ALDF-4D-22-3, 4-ALDF-4D-22-4, 4-ALDF-4D-22-5, 4-ALDF-4D-22-6, 4-ALDF-4D-22-7, 4-ALDF-4D-22-8, 4-ALDF-7B-8 and 4-ALDF-7B-10.
- b. American Correctional Association (ACA), 4th Edition, Performance-Based Standards for Adult Community Residential Services: 4-ACRS-6A-05.
- c. U.S. Department of Justice National Standards on Prison Rape Elimination Act (PREA), §115.5, §115.6, §115.11- §115.18, §115.21, §115.22, §115.31-, §115.35, §115.41- §115.43, §115.51-§115.54, §115.61-§115.68, §115.71-§115.73, §115.76-§115.78, §115.81-§115.83, §115.86-§115.89, §115.111-§115.118, §115.121, §115.122, §115.131-§115.132, §115.133 reserved, §115.134, §115.135 reserved, §115.141, §115.142-§115.143 reserved, §115.151, §115.152-§115.153 reserved, §115.154, §115.161-§115.167, §115.168 reserved, §115.171-§115.72, §115.173 reserved, §115.176-§115.178, §115.181 reserved, §115.182, §115.183 reserved, §115.186-§115.189, §115.211- §115.213, §115.214 reserved, §115.215-§115.218, §115.221, §115.222, §115.231-, §115.235, §115.241, §115.242, §115.243 reserved, §115.251-§115.254, §115.261-§115.267, §115.268 reserved, §115.271-§115.273, §115.276-§115.278, §115.281reserved, §115.282, §115.283, §115.286-§115.289
- 9. **DEFINITIONS** For the purposes of this directive, the following definitions shall apply:
 - a. *Complainant* A person who is alleged to have been subject to any act of sexual abuse, sexual assault, or sexual misconduct.

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- b. Consent Words or overt actions indicating a freely given agreement to the sexual act or contact in question. Lack of verbal or physical resistance or submission by the complainant, resulting from use of force, threats, or coercion by the respondent shall not constitute consent.
- c. *Contractor* Any person who provides services for DOC on a recurring basis pursuant to a contractual agreement with DOC.
- d. *Arrestee* Any person detained in the District of Columbia Central Cell Block (CCB).
- e. DOC Staff Member/Employee A person who works directly for the DOC.
- f. *False Allegation* An allegation that is completely false in that the events that were alleged did not occur.
- g. Force The use or threatened use of a weapon; the use of such physical strength or violence as is sufficient to overcome, restrain, or injure a person; or the use of a threat of harm sufficient to coerce or compel submission by the complainant.
- h. *Gender Nonconforming* A person whose appearance or manner does not conform to traditional societal gender expectations.
- i. *Indecent Exposure* The display by an employee or inmate, arrestee, or resident of his or her uncovered genitalia, buttocks or breast in the presence of another inmate, arrestee, or resident.
- j. *Identifier Designation* A term, either confirmed or potential "vulnerable" or "predatory", given to an inmate, arrestee, or resident after asking them questions designed to determine if they may be vulnerable to sexual abuse or be possible perpetrators of sexual abuse while incarcerated.

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- k. *Intersex* A set of medical conditions that feature a congenital anomaly of the reproductive and sexual system. A person with an intersex condition is born with sex chromosomes, external genetalia, and/or an internal reproductive system that is not considered "standard" for either male or female.
- I. Invasion of Privacy
 - 1) Observing, attempting to observe, or interfering in an inmate's, arrestee's, or resident's activities, which are of a personal nature, without a sound penological reason.
 - 2) Failure of an employee of the opposite sex to announce his/her presence, without a sound penological reason, when entering an inmate's, arrestee's, or resident's housing unit.
- m. *Investigative Outcome* When an investigation concludes, the allegations will be labeled one of the following:
 - 1) *Substantiated* The allegation was investigated and determined to have occurred;
 - Unsubstantiated The allegation was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred; or
 - 3) *Unfounded* The allegation was investigated and determined not to have occurred.
- n. Official Custody Detention following arrest for an offense; following surrender in lieu of arrest for an offense; following a charge or conviction of an offense, or an allegation or finding of juvenile delinquency; following commitment as a material witness; following or pending civil commitment proceedings, or pending extradition, deportation, or exclusion. Also, custody for purposes incident to any detention described in this paragraph, including during transport, medical diagnosis or treatment, court appearance, work and recreation, probation or parole.

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- Office of Investigative Services Office in the DOC responsible for conducting all administrative investigations and responsible for calling local law enforcement for all allegations of sexual assault, abuse and misconduct made by inmates, arrestees and residents.
- p. PREA Coordinator A staff person responsible for the development, implementation, and oversight of DOC's plan to comply with the PREA standards, ensure the completion of the PREA standards, monitor DOC training programs to ensure they comply with PREA training standards, monitor inmate, arrestee, and resident screening procedures, investigations, and medical and mental health treatment according to the PREA standards, supervise DOC's PREA data collection, and provide appropriate access and materials to auditors.
- q. PREA Incident Sexual abuse, sexual assault, or sexual misconduct by an inmate, arrestee, or resident on an employee or sexual abuse, assault, or sexual misconduct by an inmate, arrestee, resident on another inmate, arrestee, or resident.
- r. *Predatory Inmate/Arrestee/Resident* An inmate, arrestee, or resident whose past behavior indicates they are prone to victimize other inmates, arrestees, or residents, especially in regards to sexual behavior.
- s. Qualified Health Care Professional (QHCP) Any person who by virtue of their education, credentials and experience is permitted by law to evaluate and care for patients. This includes, but is not necessarily limited to, physicians, physician assistants, nurses, nurse practitioners, dentists and mental health professionals.
- t. *Qualified Mental Health Professional (QMHP)* Any person with professional training, experience, and demonstrated competence in the treatment of mental illness, who is a physician, psychiatrist, psychologist, social worker, nurse, psychiatric nurse practitioner, or other qualified person eligible for licensure in the District of Columbia as a mental health clinician.

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- u. *Resident* Any person confined or detained in a community confinement facility.
- v. *Respondent* The person accused of any act of sexual abuse, sexual assault, or sexual misconduct.
- w. Retaliation
 - 1) Restraint, interference, coercion, acts of convert or overt vengeance, or threats of action to discourage, prevent or punish an inmate, arrestee, or resident for refusal to submit to sexual advances.
 - 2) An adverse action taken against any individual because of his/her involvement in the reporting or investigation of a sexual abuse, sexual assault or sexual misconduct complaint.
- x. Sexual Abuse Sexual abuse includes the sexual abuse of an inmate, arrestee, or resident by another inmate, arrestee, or resident and sexual abuse of an inmate, arrestee, or resident by an employee, contractor, or volunteer.
- y. Sexual abuse of an inmate, arrestee, or resident by another inmate, arrestee, or resident includes any of the following acts, if the victim does not consent, is coerced into such an act by overt or implied threats of violence, or is unable to consent or refuse:
 - 1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - 2) Contact between the mouth and the penis, vulva, or anus;
 - 3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and

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- 4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.
- z. Sexual abuse of an inmate, arrestee, or resident by staff, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, arrestee, or resident:
 - 1) Contact between the penis and the vulva or the penis and the anus, including penetration, however, slight;
 - 2) Contact between the mouth and the penis, vulva, or anus;
 - 3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - 4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - 5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - 6) Any attempt, threat, or request by an employee, contractor, or volunteer to engage in the activities described in paragraphs 1-5 above;
 - 7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and
 - 8) Voyeurism by a staff member, contractor or volunteer.

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- aa. Sexual Assault A forcible sexual act, a sexual act performed against the inmate's will, or a sexual act that is achieved through the exploitation of fear or the threat of physical violence or bodily injury.
- bb. Sexual Assault Nurse Examiner (SANE) A registered nurse (RN) who has advanced education and clinical preparation in forensic examination of sexual assault victims.
- *cc.* Sexual Contact The touching (or fondling), with any clothed or unclothed body part or object, either directly or through the clothing, of the genetalia, anus, groin, breast, inner thigh, or buttocks of any person with an intent to abuse, humiliate, harass, degrade, or arouse or gratify the sexual desire of any person.
- dd. Sexual Misconduct -
 - 1) Sexual Harassment
 - Verbal or physical sexual conduct that creates a hostile, offensive or intimidating environment, including, but not limited to, obscene or sexually offensive advances, gestures, and comments; or influencing or making promises involving an inmate's safety, custody, privacy, housing, privileges, work detail or program status in exchange for sexual favors.
 - b) Influencing or offering to favorably influence an inmate's safety, custody, privacy, housing, privileges, work detail, or program status if the inmate submits to sexual advances or sexual contact.
 - c) Influencing or threatening an inmate's safety, custody, privacy, housing, privileges, work detail, or program status because the inmate has refused to submit to a sexual advance.
 - 2) Invasion of Privacy

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- a) Observing, attempting to observe, or interfering in an inmate's activities, which are of a personal nature, without a sound penological reason.
- b) Failure of an employee of the opposite sex to announce his/her presence, without a sound penological reason, when entering an inmate's housing unit.
- ee. *Transgender* An umbrella term used to describe someone whose gender identity expression or behavior is different from that typically associated with their assigned sex at birth.
- ff. *Victim* An inmate, arrestee, or resident who is harmed or adversely affected by, and/or tricked or exploited into, participating in sexually abusive contact, sexually abusive penetration, or sexual harassment.
- gg. *Volunteer* An individual who donates time and effort to enhance the activities and programs of DOC.
- hh. *Voyeurism* (by a staff employee, contractor, or volunteer) An invasion of privacy of an inmate, arrestee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate, arrestee, or resident to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's, arrestee's, or resident's naked body or of an inmate, arrestee, or resident performing bodily functions.
- ii. *Vulnerable Inmate, Arrestee, or Resident* An inmate, arrestee, or resident who is at high risk to become a victim of sexual abuse by another inmate, arrestee, or resident due to characteristics related to age, physical stature, criminal history, and physical or mental disabilities, or past history of being victimized.
- jj. Youthful Inmate Any person under the age 18 who is under adult court supervision and incarcerated or detained in a DOC or contract facility.

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10. GENERAL REQUIREMENTS

- a. Staff Notification and Training
 - The Human Resources Management Division (HRMD) shall issue a copy of this directive to all new employees, volunteers and contract employees when they receive their photo identification card. HRMD shall require each individual to sign an acknowledgement of receipt of this directive. HRMD shall retain the signed receipt.
 - The DOC Training Academy and contractor trainers shall update trainer lesson plans and review requirements of this directive with new employees, volunteers and contract employees during orientation training.
 - 3) Mandatory Pre-Service and annual In-Service Training on the Rape Elimination Act, DC Code Title 22 Chapter 30, and this directive shall be conducted for all DOC employees, volunteers, interns, and contract employees.
 - 4) This directive shall be made readily available to all DOC employees, contract employees, and volunteers at all times.
 - 5) DOC training staff shall conduct the training for prevention of sexual assault, sexual abuse, and sexual misconduct.
 - 6) Contractors shall ensure that their employees are similarly trained.
 - 7) DOC staff or contract facility staff shall notify other individuals such as occasional service providers who have direct contact with inmates or provide services of the prohibitions and requirements of this directive.
- All DOC staff must understand their responsibility in the prevention, detection, and reporting of all incidents of sexual abuse, assault and misconduct. Professional, trained staff will help prevent incidents of sexual abuse, assault and misconduct by following the guidelines below during the performance of their duties:
 - 1) Know and enforce rules regarding sexual abuse, assault, misconduct and sexualized behavior of inmates, arrestees, and residents;
 - 2) Use professional language;

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- Treat all allegations seriously and follow appropriate reporting procedures;
- Recognize that incidents can occur virtually anywhere, especially in areas that are not directly supervised at all times (sound correctional practice includes conducting frequent, random area and cell checks, providing direct staff supervision whenever possible);
- 5) Maintain an open line of communication with all inmates, arrestees, and residents;
- Recognize that first-time, youthful, elderly, seriously functionally impaired, developmentally disabled, homosexual, and transgender inmates, arrestees, and residents, as well as those who have committed sexual offenses, are at an increased risk for sexual abuse;
- 7) Be aware of possible warning signs that might indicate that an inmate, arrestee, or resident has been sexually abused or is in fear of being sexually abused (warning signs include, but are not limited to: isolation, depression, lashing out at others, refusing to shower, suicidal thoughts or actions, seeking protective custody, and refusing to leave segregation);
- 8) Be aware of potential sexually aggressive behavior. The sexual aggressor may be known by the general population. Characteristics or warning signs may include a prior history of committing rape, history of institutional violence, use of strong arm tactics (extortion), associating or pairing up with inmates, arrestees, and residents who meet the profile of a potential victim, exhibiting voyeuristic/exhibitionist behavior, and demonstrated inability to control anger.
- c. Facility Warden(s) will develop procedures to appropriately report all forms of sexual abuse, assault and misconduct to include, but not be limited to, sexual harassment, sexually abusive penetration, sexually abusive contacts, indecent exposure, voyeurism, and sexualized behavior.
- d. In addition to the general training provided to all employees, DOC shall ensure employees conducting administrative investigations received specialized training for conducting sexual abuse, assault and misconduct investigations in confinement settings.

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- e. DOC shall ensure that any local law enforcement agents that investigate sexual abuse, assault and misconduct in confinement settings have received training to conduct such investigations.
- f. DOC shall ensure that all full-time and part-time medical and mental health care practitioners who work regularly in its facilities be trained in:
 - How to detect and assess signs of sexual abuse , assault and misconduct;
 - How to preserve physical evidence of sexual abuse, assault and misconduct;
 - 3) How to respond effectively and professionally to victims of sexual abuse, assault and misconduct; and
 - 4) How and to whom to report allegations or suspicions of sexual abuse, assault and misconduct.

11. INMATE, ARRESTEE, AND RESIDENT TRAINING AND NOTIFICATION

a. Central Detention Facility/Central Treatment Facility

- 1) The CDF Warden and contractors shall ensure that within one (1) day of arrival at the respective facility each inmate receives a copy of the Inmate Handbook. The Inmate Handbook shall contain written notice of the prohibition of sexual assault, sexual abuse and sexual misconduct and how to report any and all alleged sexual assault, abuse and misconduct.
- 2) Within five (5) days of arrival, the CDF Warden and contract facility administrators shall ensure that each inmate receives facility orientation and training in accordance with PP 4020.1, *Inmate Orientation*.
- 3) Orientation and training shall address prevention, intervention, selfprotection, reporting sexual assault, sexual abuse, and sexual misconduct, adjudication procedures, and accessibility of medical and mental health counseling and an inmate telephone sexual abuse hotline for inmates to report sexual abuse for victim complainants.

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- 4) The orientation shall also provide the inmate with comprehensive education in person, through video, and/or written material of their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents.
- 5) Current inmates who have not received such education shall be educated within one (1) year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's, arrestee's, or resident's new facility differ from those of the previous facility.
- 6) Each inmate, arrestee, and resident shall by signature, acknowledge training in accordance with this directive and PP 4020.1, *Inmate Orientation*.

b. Central Cell Block

- 1) During the intake process, employees shall notify arrestees in lockup of DOC's zero-tolerance policy regarding sexual abuse, sexual assault, and sexual misconduct.
- c. The Hotline Number Poster shall be posted in areas accessible to inmates, arrestees, residents, and employees.
- d. This directive shall be posted on bulletin boards, in each housing unit, the law library, the medical unit, and other areas where inmates, arrestees, residents, and employees often frequent.
- e. DOC shall take appropriate steps to ensure that inmates, arrestees, and residents who are limited in English proficiency, deaf or hard of hearing, visually impaired, who have limited reading skills or who are otherwise disabled, have equal opportunity to participate in or benefit from all aspects of DOC's efforts to prevent, detect, and respond to sexual abuse, assault and misconduct.
- f. DOC shall provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

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- g. DOC shall ensure that written materials are provided in formats or through methods that ensure effective communication with all inmates, arrestees, and residents with disabilities.
- h. DOC shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's, arrestee's, or resident's safety, the performance of first-response duties under, or the investigation of the inmate's, arrestee's, or resident's allegations.

12. INTAKE SCREENING

a. Inmates, arrestees, and residents will be screened for potential vulnerability to sexual assault, or tendencies to act out with sexually aggressive behavior at intake, transfer, and as needed while incarcerated.

b. Medical and Mental Health

- i. Upon admission to any DOC Facility, medical and mental health staff shall, during medical and mental health screening, ask the inmate, arrestee, or resident questions that may determine whether the individual has been a complainant of or has committed sexual violence in the past.
- ii. Medical and mental health staff shall be observant for other possible indications or any other information that is contained in the medical record or that is obtained from the inmate, arrestee, or resident that might identify potential sexual vulnerabilities or aggressions.
- iii. Medical and mental health practitioners shall not reveal any information related to prior sexual victimization to anyone other than to the extent necessary to make treatment and other security and management decisions.
- iv. Medical staff shall document these concerns in the electronic medical chart and promptly notify security and classification staff for appropriate inmate, arrestee, or resident housing and other security safeguards.

c. Classification

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- i. DOC case managers shall, during the intake classification process, review the inmate's, arrestee's, or resident's institutional file and all available electronic records to identify past history and any currently observed behavior that may indicate potential sexual vulnerabilities or aggressions. Case Managers shall ask the inmate, arrestee, or resident PREA related questions and document utilizing the PREA Intake Questionnaire Form (Attachment 1).
- ii. Case managers shall document the information and observations and make appropriate classification and housing recommendations.
- iii. Immediate notification shall be made to the mental health practitioner of any inmate assessed as being at risk of victimization or abusiveness for a follow-up examination.
- iv. Any inmate assessed as being at risk or victimization shall not be housed with an inmate assessed as abusive. Appropriate alerts shall be placed in JACCS to prevent these inmates from being housed in the same cell.
- v. All information about an inmate's arrestee's or resident's past history as a complainant or information that he or she might potentially be the complainant of a recent sexual aggression shall be reported confidentially to the Warden or designee and the PREA Coordinator
- vi. The DOC shall use information from the inmate's arrestee's, or resident's risk screening to inform housing, bed, work, education and programs assignments with the goal of keeping separate those at high risk of being sexually victimized from those at high risk of being sexually abusive.

d. Reassessment

i. Within a set time period, not to exceed thirty (30) days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

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- ii. An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness utilizing the DOC PREA Safety Check Form (Attachment 2).
- iii. Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to screening questions.
- iv. The DOC shall use information from the inmate's, arrestee's, or resident's reassessment to reevaluate current housing, bed, work, education, and programs assignments with the goal of keeping separate those at high risk of being sexually victimized from those at high risk of being sexually abusive.

e. Transgender, Bisexual, Gay, Lesbian and Intersex Classification & Housing

- i. DOC shall classify an inmate, arrestee, or resident who has male genitals as a male and one who has female genitals as a female, unless otherwise recommended by the Transgender Committee and approved consistent with PP 4020.3, *Gender Classification and Housing*.
- ii. In deciding whether to assign a transgender or intersex inmate, arrestee, or resident to a facility and in making other housing and programming assignments, DOC shall consider on a case-by-case basis whether a placement would ensure the health and safety of the inmate, arrestee, or resident, and whether the placement would present management or security problems.
- iii. Placement and programming assignments for each transgender or intersex inmate, arrestee, or resident shall be reassessed at least twice each year to review any threats to safety experienced by the inmate, arrestee, or resident.
- iv. A transgender or intersex inmate's, arrestee's, or resident's own views with respect to his or her own safety shall be given serious consideration.

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- v. Transgender and intersex inmates, arrestees, and residents shall be given the opportunity to shower separately from other offenders.
- vi. DOC shall not place lesbian, gay, bisexual, transgender, or intersex inmates, arrestees, or residents in dedicated facilities, units, or wings solely on the basis of such identification or status.

f. Youthful Inmates

- i. A youthful inmate or resident shall not be placed in a housing unit in which the youth will have sight, sound, or physical contact with any adult inmate, arrestee, or resident through use of shared dayroom or other common space, shower area, or sleeping quarters.
- ii. Exigent circumstances may require removal to a special housing unit to ensure youthful inmates, arrestees, or residents are not in an environment where they will not have sight, sound, or physical contact with any inmate, arrestee, or resident.

g. SEARCHES AND OBSERVATION

- i. Cross-gender inmate strip searches shall not be conducted except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order, or when performed by medical practioners).
- ii. Cross-gender inmate frisk/pat searches of female inmates by male employees is prohibited except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order).
- *iii.* Whenever a cross-gender pat search of a female inmate or cross-gender strip search of any inmate does occur, the search shall be documented utilizing the DCDC-1 Form (Attachment 3) in accordance with PS 1280.2, *Reporting of Notification for Significant Incidents and Extraordinary Occurrences.*
- iv. Searches or physical examination of a transgender or intersex inmate for the sole purpose of determining the inmate's gender is prohibited.

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- v. Inmates may shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when such viewing is incidental to routine cell/living quarter checks.
 - a. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates
- vi. Employees of the opposite gender must announce their presence when entering an inmate housing unit.

h. HOUSING INMATES, ARRESTEES, OR RESIDENTS IDENTIFIED AS VULNERABLE OR PREDATOR (PROTECTIVE CUSTODY).

- i. An inmate, arrestee, or resident identified as vulnerable to sexual abuse or sexual assault shall not be housed with an inmate, arrestee, or resident identified as a predator. For the purposes of this directive predators are defined as inmates, arrestees, and residents who have a history of sexually assaultive behavior and who are assessed as presenting a reasonable risk to vulnerable inmates, arrestees, and residents.
- ii. Inmates, arrestees, or residents at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely predators. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate, arrestee, or resident in involuntary segregated housing for less than twenty-four (24) hours while completing the assessment.
- iii. Inmates, arrestees, and residents placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document its findings regarding the purpose and length of segregation and length of separation or reason for no separation and documentation of a thirty (30) day review of separation if applicable.

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13. REPORTING PROCEDURES FOR INMATES, ARRESTEES, AND RESIDENTS

- a. Inmates, arrestees, and residents shall have the opportunity to report sexual abuse, assault and misconduct, retaliation by other inmates, arrestees, and residents or staff, and staff neglect or violation of responsibilities that may have contributed to such incidents. They can report to any employee anonymously, and will not be required to report only to the immediate officer on duty. Inmates, arrestees, and residents are encouraged to report all allegations of sexual abuse, assault and misconduct. An inmate may report such incidents to any employee, including chaplains, medical, mental health or counseling staff, security staff or administrators, by informing the employee in any manner available. All such reports will be investigated within the limitations of information provided and the willingness of inmates, arrestees, and residents and or others to provide information.
- b. Confidential Hot Line. Any inmate, arrestee, resident, or third party on behalf of an inmate, arrestee, or resident, may make a confidential report of sexual assault, sexual abuse or sexual misconduct through the Office of the Inspector General (OIG)) twenty-four (24) hour hotline at 800-521-8477 or 202-724-8477 or via email at hotline.oig@dc.gov. The phone line and email account is staffed by a member of the Office of Inspector General.
- c. Verbal Complaint. An inmate, resident, or arrestee may verbally inform any staff employee when the inmate, resident, or arrestee has been subject to acts or attempted acts of sexual assault, sexual abuse or sexual misconduct. The verbal report is formal notification and the employee shall proceed as directed in Sections 14 and 15 of this directive and shall not require the inmate, arrestee, or resident to submit a written report.

d. Written Complaint

- i. An inmate, arrestee, or resident may file a written complaint of sexual assault, sexual abuse or sexual misconduct directly to the Warden, CCC Director, PREA Coordinator or any Office Chief.
- ii. An inmate, arrestee, or resident may file a written complaint of sexual misconduct (usually about sexual harassment or invasion of privacy) through the inmate grievance system, as described in PP 4030.1, *Inmate Grievance Procedures (IGP)*.

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e. Emergency Grievance

- i. The inmate, arrestee, or resident may file the complaint directly with the Director as an "Emergency Grievance" in accordance with the emergency provisions outlined in PS 4030.1, *Inmate Grievance Procedures (IGP)*.
- f. An inmate, arrestee, or resident who makes a report of sexual abuse, sexual assault, or employee sexual misconduct or harassment that is determined to be false, may be charged with a disciplinary offense if it is determined the report was made in bad faith following the investigation as stated in PP 4022.1, *Community Correctional Center Disciplinary Procedures.*
- g. Inmates, arrestees, and residents shall not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such reports shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- h. There is no time limit on when an inmate, arrestee, or resident may submit a grievance regarding an allegation of sexual abuse as stated in PS 4030.1, *Inmate Grievance Procedures (IGP)*.

14. REPORTING PROCEDURES FOR STAFF

- a. Any employee who receives any information, from any source, concerning sexual assault, sexual abuse or sexual misconduct, or who observes an incident of sexual assault, sexual abuse or sexual misconduct is required to do the following:
 - i. **Confidential Hot Line**. Any staff employee may make a confidential report of sexual assault, sexual abuse or sexual misconduct of inmates, arrestees, or residents through the <u>OIG</u> twenty-four (24) hour hotline at 800-521-8477 or 202-724-8477 or via email at hotline.oig@dc.gov.
 - ii. **Verbal Notification.** Staff shall immediately report the information or incident directly through their chain of command to include the OIS Office Chief and the PREA Coordinator. Any allegation of sexual activity as defined in this directive shall be reported as a possible sexual assault,

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sexual abuse or sexual misconduct. The employee shall not conduct any inquiry or investigation into the circumstances related to the allegation.

- iii. Written Notification. Staff shall submit a written report providing any information received or observed that concerns sexual assault, sexual abuse or sexual misconduct to the Warden, CCC Director, Office Chief, the PREA Coordinator, or the highest ranking official on duty before the end of his/her workday.
- b. **Confidentiality.** Employees shall not discuss any aspect of the complaint with other employees or inmates, arrestees, or residents except in accordance with this directive. Strict confidentiality shall be maintained, to the extent possible, at all times.
- c. **Medical Confidentiality**. Medical staff will keep confidential all information relating to a patient and only disclose protected health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

15. THIRD PARTY REPORTING

- Third party reporting includes reporting by fellow inmates, arrestees, or residents, employees, family members, attorneys, and outside advocates. Third parties shall be permitted to assist inmates, arrestees, and residents in filing requests for administrative remedies relating to allegations of sexual abuse, assault and misconduct and shall also be permitted to file such request on behalf of the inmate, arrestee, or resident by the following methods:
 - 1) **Confidential Hot Line**. Third party reporting of sexual assault, sexual abuse or sexual misconduct of inmates, arrestees, and residents can be made through the OIG twenty-four (24) hour hotline at 800-521-8477 or 202-724-8477 or via email at hotline.oig@dc.gov.
 - 2) **Verbal Notification** A third party may report information on behalf of an inmate, resident, or arrestee about acts or attempted acts of sexual assault, sexual abuse or sexual misconduct. The verbal report is formal notification and the employee shall proceed as directed in Sections 14

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and 15 of this directive and shall not require the third party to submit a written report.

- 3) Written Notification A third party may submit a written report on behalf of an inmate, arrestee, or resident by providing any information received or observed that concerns sexual assault, sexual abuse or sexual misconduct to the Warden, CCC Director, Office Chief, the PREA Coordinator or the highest ranking official on duty.
- b. If a third party reports on behalf of an inmate, arrestee, or resident, the facility may require as a condition of processing the report that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.
- c. If the inmate, arrestee, or resident declines to have the request processed on his or her behalf, DOC shall document the decision.
- d. Withdrawal of an allegation of sexual abuse, assault or misconduct shall be the choice of the inmate, arrestee, or resident making the allegation, and should in no way be influenced by other inmates, arrestees, residents or staff. The inmate, arrestee, or resident making the allegation must state that he or she wishes to withdraw the allegation, and such withdrawal shall be documented in writing and submitted to the PREA Coordinator.
- e. After determining that the withdrawal is voluntary and reviewing the circumstances of the original allegations, the investigator shall provide a copy of the Withdrawal to the inmate, arrestee, or resident and retain the original for institutional records, while forwarding a copy to the PREA Coordinator.
- f. DOC's public web site shall provide information on how to report sexual abuse, assault and misconduct on behalf of an inmate, arrestee, or resident.

16. FIRST REPSONDER RESPONSIBILITIES

- a. Upon receipt of notification of a sexual assault, sexual abuse or sexual misconduct complaint or upon observing an incident of sexual assault, sexual abuse or sexual misconduct DOC staff shall take the following steps:
 - i. Ensure the victim's safety by separating the victim from alleged abuser.

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- ii. Immediately secure the crime scene and ensure it is protected.
- iii. Attempt to preserve any evidence and discourage the victim from showering, eating, brushing teeth, or drinking until after the evidence has been collected by qualified medical personnel.
- iv. Ensure the victim is escorted to the facility medical unit as soon as possible to provide appropriate assessment and treatment.
- v. If there are no qualified medical or mental health practitioners on duty at the time a report is made, security staff first responders shall take preliminary steps to protect the victim, secure the predator, and shall immediately notify the facilities designated medical and mental health practitioner.
- b. The responding staff member must submit the sexual abuse or sexual assault report and the PREA- Related Incident Notification Report (Attachment 4) to the supervising officer before the end of his/her tour of duty.

17. SUPERVISORY RESPONSIBILITIES

- a. The on-duty supervisor shall immediately initiate necessary action, or verify that action has been taken, to protect all physical evidence and the safety and welfare of the inmate. The supervisor may make a temporary administrative reassignment of the victim and/or perpetrator to protect the inmates, arrestees, or residents involved.
- b. The supervisor or designee will immediately question the victim to determine the suspect or suspects and determine where and when the sexual assault occurred. While all available information must be gathered and confirmed, medical assessment and physical evidence collection must not be delayed pending any investigation of the incident.
- c. The supervisor shall immediately notify the Office of Investigative Services (OIS) and the PREA Coordinator of any allegation of sexual abuse or sexual harassment as defined in this directive. The supervisor shall not conduct any inquiry or investigation into the circumstances related to the allegation unless the supervisor is a member of the OIS staff. OIS shall notify local law enforcement when there are allegations of sexual assault and sexual abuse unless there is no potentially criminal behavior.

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- d. The supervisor shall forward the original written sexual assault, sexual abuse or sexual misconduct report and the PREA Notification Report to OIS and the PREA Coordinator by the end of his/her tour of duty.
- e. The supervisor shall also:
 - i. Ensure the victim receives timely, unimpeded access to emergency medical treatment, and crisis intervention services.
 - ii. Ensure that photographs are taken to document any physical evidence such as torn clothing, bruises, abrasions, etc.
 - iii. If there is indication of sexual assault, ensure the victim is transported to the local hospital for further treatment, examination, documentation, collection of forensic evidence and testing for sexually transmitted diseases. Administrative staff must be careful not to impede an inmate's access to health care when needed.
 - iv. Ensure referral for counseling and mental health services.
 - v. Ensure the perpetrator is secured in a dry cell or holding cell restricting access to water or toilet facilities pending investigation of the incident.
 - vi. If the alleged perpetrator is an employee, he or she shall be reassigned to a post with no inmate contact, suspended, or placed on pre-disciplinary leave with pay based on circumstances or situation, pending completion of the investigation.
- f. **Cease and Desist Orders** The supervisor must immediately issue cease and desist orders that prohibit contact between the complainant and the respondent (if the respondent is an employee) while the matter is being investigated. If the respondent is not on duty at the time of the allegation, the supervisor shall ensure the order is issued to the respondent immediately upon return to duty.
- g. **Separation Orders.** Immediately issue separation orders between the complainant and respondent of a sexual assault, sexual abuse or sexual misconduct.

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h. Housing

- i. Efforts shall be made to minimize any disturbance to the alleged complainant's housing location or program activities during the investigation of the complaint.
- ii. The alleged complainant shall only be placed in protective custody or administrative segregation in accordance with PM 5300.1, *Inmate Disciplinary and Administrative Housing Hearing Procedures*.
- iii. The alleged respondent shall be placed in administrative segregation status, unless to do so may jeopardize the investigation. A housing hearing shall be conducted in accordance with PM 5300.1, *Inmate Disciplinary and Administrative Housing Hearing Procedures*.

18. MEDICAL AND MENTAL HEALTH TREATMENT

- a. If a complainant alleges sexual abuse or sexual assault, then DOC staff shall ensure the alleged complainant is immediately given the necessary emergency medical treatment by medical staff, without compromising the integrity of available physical evidence.
- b. Medical Staff Shall:
 - i. Obtain and record a description of the sexual assault or sexual abuse in the alleged complainant's own words. The complainant will not receive a physical examination.
 - ii. Instruct the alleged complainant not to bathe, shower, brush their teeth, remove any items of clothing, urinate, or have a bowel movement until seen at the referring hospital.
 - iii. Notify the highest ranking staff employee immediately, if the correctional staff is not aware of the incident.
 - iv. Record the general appearance (presence or absence of cuts, scratches, bruises, etc.) and demeanor of the complainant, as well as the condition of clothes, i.e., torn or stained.

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- v. Refer the complainant to an outside emergency room (ER) certified to treat sexual assault and sexual abuse complainants for evaluation and immediate treatment.
- vi. Notify the ER physician that a sexual assault or sexual abuse complainant is on his/her way to the ER.
- c. Evidence Protocol and Forensic Medical Examinations, the following procedures shall be followed:
 - 1) DOC follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
 - 2) DOC shall offer all victims of sexual abuse access to forensic medical examinations. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practioners.
- d. Upon return from the ER or upon hospital discharge, the medical staff shall:
 - i. Thoroughly review the discharge instructions and carry out orders as appropriate;
 - ii. Validate if measures have been taken to prevent sexually transmitted diseases, HIV and Hepatitis. If preventive measures have not been taken, preventive measures shall be offered;
 - iii. Refer the victim to the mental health staff for rape counseling immediately;
 - iv. To the extent possible, DOC shall conduct a mental health evaluation within sixty (60) days of learning of abuse history, of all known inmates, arrestees, and residents who have sexually abused another inmate, arrestee, or resident.
 - v. If no qualified medical or mental health practitioners are on duty at the time of the disclosure of the sexual abuse, security staff/first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

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- vi. Inmates, arrestees, and residents who are victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care where medically appropriate.
- vii. DOC shall offer pregnancy tests to victims of sexually abusive vaginal penetration while incarcerated.
- viii. If pregnancy occurs from sexual abuse or sexual misconduct, such victims shall receive timely and comprehensive information about pregnancy-related medical services.
- ix. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- x. Medical and Mental Health staff shall submit all reports to the PREA Coordinator and the Health Services Administrator.
- e. DOC shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hot-line numbers where available.

19. **INVESTIGATIONS**

a. Screening Complaints-Office of Investigative Services (OIS)

- i. If OIS receives an allegation of sexual assault, sexual abuse or sexual misconduct via referral of the OIG telephone Hotline or via direct correspondence, the complaint shall be verbally reported immediately to the Warden, CCC Director or Office Chief. OIS shall provide follow-up written notification to the Warden, CCC Director or Office Chief, and the PREA Coordinator by the close of the business day.
- ii. OIS shall notify the local law enforcement of all cases of sexual assault, sexual abuse and sexual misconduct unless the allegation does not involve potentially criminal behavior.

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- iii. OIS shall communicate with the local law enforcement agency concerning the status of any investigation. OIS must document the status of a police investigation every thirty (30) days.
- iv. The occurrence of a police investigation does not relieve DOC of the duty to investigate complaints of sexual assault, sexual abuse, and sexual misconduct. The Office of Investigative Services will continue to work closely with the Metropolitan Police Department in sexual assault, abuse and misconduct investigations.
- v. OIS shall review each report of sexual assault, sexual abuse and sexual misconduct to determine whether the alleged conduct constitutes sexual assault, sexual abuse or sexual misconduct. OIS may interview the complainant and/or third party informant to clarify facts concerning the complaint.
- vi. OIS shall notify the Warden, CCC Director or Office Chief, and PREA coordinator, verbally and in writing, of each complaint regarding sexual assault, sexual abuse and sexual misconduct and whether the complaint is referred for investigation.
- vii. If the complaint is referred for investigation, OIS shall provide written notification to the complainant and the respondent advising of the complaint, investigation procedures, confidentiality requirements, and the prohibition of communication, intimidation or retaliation against the complainant. If the complaint is a third party informant, the notice will be sent to the complainant.
- viii. The OIS Supervisor shall then forward the complaint to an Investigator. In cases where an interview was conducted with the complainant and/or third party informant to clarify facts, intake information shall also be forwarded to the Investigator.
- ix. If OIS determines that the complaint does not involve sexual assault, sexual abuse or sexual misconduct, OIS shall deny the claim and shall send a notice of the rejection of the complaint to the complainant, the Warden, PREA Coordinator, CCC Director or Office Chief.

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x. However, if the complaint does state a violation of another departmental policy, OIS may conduct an investigation or refer the complaint to the appropriate Warden, Administrator or Office for disposition.

b. Criminal and Administrative Investigations

- i. Where sexual abuse is alleged, DOC shall use investigators who have received specialized investigation training as mandated earlier in this policy.
- ii. Investigators shall conduct a thorough and objective investigation of each complaint.
- iii. Investigators conducting a criminal investigation shall:
 - Gather and preserve direct evidence, including any available physical DNA evidence, photographs, and any available electronic monitoring data;
 - b) Utilize recording devices to interview alleged victims, suspected perpetrators, and witnesses;
 - c) Review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- iv. When the quality of evidence appears to support criminal prosecution, DOC shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
- v. Administrative Investigations:
 - a) Administrative investigations will only be conducted for sexual misconduct and all other allegations of sexual abuse will be investigated by the Metropolitan Police Department (MPD);
 - b) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

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- c) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- vi. The Investigator shall contact the CDF Warden, CCC Administrator or Office Chief/Manager directly for interview scheduling and coordination. All respondents shall receive advance notice of scheduled interviews and be advised of the right to legal representation. The Warden or CCC Director shall ensure that the respondent is allowed a legal call upon request to secure presence of counsel.
- vii. Employees have the right to legal or union representation at the time of an interview.
- viii. If the respondent being interviewed has legal or union representation, the Investigator shall explain that only the person being interviewed shall answer the questions, but he/she may consult with the representative prior to answering a question.
- ix. DOC contract facilities shall ensure that their investigators conduct thorough and objective investigations and report to the PREA Coordinator incidents of sexual misconduct, abuse or assault that are alleged at the contract facilities.
- x. The Investigator shall advise each individual interviewed in the course of an investigation that any intimidation or retaliation towards the complainant or third party informant, or disclosure of the incident that breaches confidentiality as defined in this directive, is a separate offense that is subject to disciplinary action.
- xi. The Investigator shall draft a statement detailing the testimony of the complainant, the alleged respondent and any witness (es).
- xii. The Investigator shall permit anyone interviewed the opportunity to read and make necessary corrections/changes to their statement prior to signing it. The name of any confidential informant shall be deleted from the copies of the report distributed by the OIS.
- xiii. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary

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evidence and attaches copies of all documentary evidence where feasible.

- xiv. The Investigator shall submit the final written report to the OIS Supervisor within ninety (90) business days (i.e., excluding Saturdays, Sundays, and legal holidays) of the incident being reported. The report shall include the Investigator's factual findings on whether the charges were substantiated, unsubstantiated or unfounded.
- xv. DOC shall obtain written reports from any local, State, or Department of Justice component that conducts such investigations and shall retain all written reports referenced above.
- xvi. The PREA Coordinator shall cooperate with outside investigators and shall endeavor to remain informed about the progress of all investigations of sexual assault, abuse and misconduct.

c. Interim Procedures During Investigation of Staff Accused of Sexual Abuse, Assault or Misconduct

- i. Under appropriate circumstances and with the Director's or his/her designee's approval, the respondent may be placed on administrative leave pending the outcome of an investigation.
- ii. To the extent possible, the respondent shall not be assigned to work in any area where he/she is likely to come into contact with the alleged complainant pending the outcome of the investigation.
- iii. During the investigation, the respondent shall be prohibited from making contact with the alleged complainant, other than as allowable in the performance of official duties and assignment.
- iv. The Warden, PREA Coordinator, CCC Administrator or designee shall decide if it is appropriate to return an employee to his/her original workplace after the investigation is completed.
- v. When appropriate and necessary, the Warden may transfer the complainant or third party informant to a comparable housing unit, to another facility or make other appropriate housing accommodations.

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vi. DOC shall not enter into any collective bargaining agreement or renew any collective bargaining agreement or other agreement that limits DOC's ability to remove staff accused of sexual abuse, assault or misconduct from contact with any inmates, arrestees, and residents pending the outcome of an investigation. The DOC retains the right to determine whether and to what extent discipline is warranted on a case by case basis.

d. Sexual Assault Incident Review Team (SAIRT)

- i. The facility shall establish an Incident Review Team made up of upperlevel management officials, with input from line supervisors, investigators, the PREA Coordinator, and medical or mental health practitioners.
- ii. The Team shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.
- iii. Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation.
- iv. The review team shall:
 - a. consider whether changes in policy or practice are needed to improve the prevention, detection, or response to sexual abuse incidents similar to the alleged incident;
 - b. whether race, ethnicity, sexual orientation, gang affiliation, or group dynamics in the facility played a role;
 - c. whether physical barriers in the facility contributed to the incident;
 - d. whether staffing levels need to be changed in light of the alleged incident;
 - e. whether more video monitoring is needed;

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- f. Prepare a report of its findings, including any recommendations for improvement and submit such report to the facility head and PREA Coordinator.
- g. The team shall implement the recommendations for improvement, or shall document its reasons for not doing so.

e. **Post-Investigation Procedures**

- i. Investigators shall notify the Warden, PREA Coordinator, CCC Administrator, or Office Chief/Mangers of the findings of all investigations and forward all documentation for appropriate action. If the findings conclude that the allegation of sexual assault, sexual abuse or sexual misconduct is substantiated, OIS shall forward a copy of the report to the Director for action.
- ii. In cases involving an employee respondent, the Director shall ensure that appropriate action consistent with the District Personnel Manual and the D.C. Code is taken.
- iii. In cases involving an inmate, arrestee, or resident respondent, the Director shall ensure that appropriate disciplinary and/or criminal action is initiated.
- OIS shall provide a written notice to the complainant and respondent as to whether that the allegation of sexual assault, sexual abuse or sexual misconduct was substantiated, unsubstantiated or unfounded. The notice shall also inform the inmate, arrestee, or resident of appeal procedures. The inmate, arrestee, or resident shall sign an acknowledgement of receipt of this notice. The original signed receipt shall be returned to the OIS and a copy of the receipt shall be forwarded to the PREA Coordinator.
- v. In cases where the complaint was made by an individual other than the alleged complainant, the third party informant/witness shall not be notified of the findings. The alleged complainant shall, however, receive notification of the findings.

f. Reporting to Inmates, Arrestees, and Residents

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- i. In cases of allegation by inmate, arrestee, or resident against a staff employee, DOC shall inform the complainant in writing whether the allegations have been determined to be substantiated, unsubstantiated, or unfounded.
- ii. Following an allegation made by an inmate, arrestee or resident that an employee has committed sexual abuse against the inmate, the DOC will subsequently inform the inmate whenever:
 - a) The employee is no longer posted within the complainant's unit;
 - b) The employee is no longer employed at the facility;
 - c) The DOC learns the employee has been indicted or convicted on a charge related to sexual abuse within the facility; or
- iii. Following an allegation by an inmate, arrestee, or resident that he or she has been sexually abused by another inmate, the DOC shall subsequently inform the inmate, arrestee, or resident whenever:
 - a) DOC learns that the respondent has been indicted on or convicted on a charge related to sexual abuse with the facility.
- iv. All notifications or attempted notifications shall be documented.
- v. DOC's obligation to report under this section shall terminate if the complainant is released from DOC's custody.

20. CONFIDENTIALITY

- a. Sexual assault, sexual abuse and sexual misconduct complaints, including the identity of the informant, the alleged respondent, the alleged complainant, and all information and documents pertinent to the complaint, shall be handled in a confidential manner and shall only be released consistent with the provisions of the Freedom of Information Act (FOIA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- b. Any inmate who observes and reports an act of sexual assault, sexual abuse or sexual misconduct may request and be treated as a confidential informant.

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- c. To further maintain confidentiality, written notification of the investigation shall be prepared by OIS and issued to employees by the appropriate manager or supervisor. Inmate notification shall be handled as legal mail.
- d. Each individual interviewed shall be advised that he/she is required to maintain confidentiality and not disclose to anyone information regarding the complaint, the investigation and the outcome. Staff shall also be advised that the failure to maintain confidentiality shall constitute a separate offense subject to disciplinary action.

21. EMPLOYEE DISCIPLINE

- a. In cases where there is a finding of probable cause that an allegation of sexual assault, sexual abuse, sexual misconduct, breach of confidentiality or retaliation against staff and/or an inmate, arrestee, or resident occurred, the appropriate manager or supervisor shall ensure that disciplinary action is proposed in accordance with the regulations outlined in Chapter 16 of the District Personnel Manual.
- b. The manager or supervisor shall inform OIS in writing of disciplinary action taken against the employee. He/she shall also advise the OIS in writing of actions taken as a result of other recommendations resulting from the OIS investigation.
- c. Managers and supervisors who fail to report or take appropriate action when sexual assault, sexual abuse or sexual misconduct against inmates, arrestees, or residents is alleged or has been brought to their attention, or who fail to initiate disciplinary action, shall also be subject to disciplinary action.
- d. Refusal by any employee to answer questions during an official investigation may also be grounds to charge the employee for cause under Chapter 16 of the DPM.
- e. DOC shall impose discipline based on a determination of probable cause that sexual assault, sexual abuse or sexual misconduct has occurred. The DOC may take separate and distinct disciplinary action against an employee who has later, under separate proceedings, been found to have acted in violation of the laws of the District of Columbia or Chapter16 of the DPM by the Office

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of Employee of Appeals, the Office of Human Rights, the Commission of Human Rights, or a court of competent jurisdiction in the District of Columbia.

- f. DOC shall notify the supervisor of any individual who is not employed by the DOC of probable cause findings so that appropriate disciplinary action may be initiated against those individuals.
- g. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates, arrestees, and residents and shall be reported to law enforcement agencies and their respective licensing bodies unless the activity was clearly not criminal and within the scope of their duties.

22. **INMATE DISCIPLINE**

- a. Inmates, arrestees, and residents who engage in the sexual assault, sexual abuse or sexual misconduct of another individual may be referred for criminal prosecution. In addition, DOC shall take appropriate interim administrative actions to ensure that the respondent is placed in segregated housing for the safety of others.
- b. An inmate, arrestee, or resident who engages in sexual contact with another inmate, arrestee, or resident shall be disciplined in accordance with PM 5300.1, *Inmate Disciplinary and Administrative Housing Hearing Procedures*.
- c. An inmate, arrestee, or resident reporting a complaint of sexual assault, sexual abuse or sexual misconduct may be referred for disciplinary action in accordance with PS 5300.1, *Inmate Disciplinary and Administrative Housing Hearing Procedures,* if the investigation concludes that the inmate, arrestee, or resident knowingly and deliberately made a false report.
- d. The Warden, Chief of Investigative Services or designee should contact law enforcement to determine if a deliberately false accusation may be referred for prosecution.

23. **INMATE APPEALS**

a. If an inmate, arrestee, or resident is dissatisfied with the investigation or resolution of a complaint of sexual assault, sexual abuse or sexual misconduct, the inmate, arrestee, or resident or his/her attorney may file an

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appeal to the Director within fifteen (15) calendar days of receiving written notice of the outcome of the investigation.

- b. An inmate, arrestee, or resident respondent or his/her attorney may submit a Freedom of Information Act (FOIA) request to the DOC FOIA Officer to review the investigation report.
- c. The FOIA Officer shall review and redact the report to remove confidential information, including, but not limited to, the identity of confidential informants, medical information, personnel record information or information which will compromise security. A redacted and non-redacted version of the report shall be maintained in the OIS's files.
- d. The Director shall notify the inmate, detainee, or resident and the Warden, CCC Director or Office Chief in writing of the results of the appeal with ten (10) calendar days.
- e. The Director's Office shall forward a copy of all documents relevant to the appeal to the OIS and the PREA Coordinator.
- f. If new evidence is received in the appeal, or the Director presents other compelling evidence that supports disciplinary action against the employee, the Director's appeal decision shall be immediately forwarded to the Warden, Administrator or Office Chief for appropriate action.
- g. The Warden, Administrator or Office Chief shall ensure that the inmate, detainee, or resident complainant and the respondent receive the Director's findings on the appeal.
- h. An appeal shall not delay the implementation of any determined disciplinary action against an employee.
- i. The Warden, CCC Director or Office Chief shall ensure that the Proposing Official receives a copy of the Director's findings of the appeal if disciplinary action is proposed.

24. **PROTECTION AGAINST RETALIATION**

a. For at least ninety (90) days, DOC staff shall monitor the conduct and treatment of any staff, inmates, arrestees, or residents who reported sexual abuse, sexual assault, or sexual harassment to see if there are any changes

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	Attachment 3 – DCDC-1 Form				
	Attachment 4 – PREA-Related Incident Notification Report				

that may suggest possible retaliation by other staff, inmates, arrestees, or residents. DOC shall continue to monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need.

- b. Items DOC shall monitor include;
 - 1) Disciplinary Reports;
 - 2) Housing or program changes; or
 - 3) Negative performance reviews or reassignments of staff.

Attachments

- Attachment 1 PREA Intake Questionnaire
- Attachment 2 DOC PREA Safety Check Form
- Attachment 3- DCDC-1 Form
- Attachment 4 PREA Related Incident Notification Report

DOC/PP3350.2G/8/27/14



DC DOC PREA Intake Questionnaire

Last Name

First Name

DCDC #

Prepared	by:		Date	
AT RISK	OF VICTIMIZATION			Give1 Point for each reply of "Yes"
1. Inte	viewer: Check criminal record for offenses involving s	sexual acts		
2. Inte	viewer: Is the inmate here only for civil immigration p	ourposes? (Neutral)		
3. Do y	ou have any prior sex offense convictions?			
4. Have	you ever had consensual sex while incarcerated?			
5. Have	you ever been approached for sex/threatened with	sexual assault while incarcerated?		
6. Have	you ever been sexually assaulted, abused or moleste	ed?		
7. Have	you ever been placed in protective custody?			
8. Do y	ou have any reason to fear of living in the general pop	oulation?		
9. How	old are you? (If 21 and under OR 65 and old	ler)		
10. Do y	ou wish to identify yourself as gay, bi-sexual, transger	nder or intersex?		
11. Do y	ou have any of the following challenges:			Give only 1 point if <i>Yes</i> to any or all in (a) – (d)
(a) /	rre you hard of hearing, blind, have no use of a leg or	arm or cannot move in a significant	t way?	
(b) [o you often need extra help to understand what is be	eing said?		
(c) Were you placed in special education when in school?				
(d)	lave you received mental health treatment?			
	Staff Observation for Risk	of Victimization		
12. Staf	: Does the inmate appear to be very feminine or is he	doing or saying anything that make	es you think	
	ay be gay, bi-sexual or transgender?			
13. Inte	viewer: Observe the inmate's physical stature (If male	e <5'6" or under 120 lbs.)		
14. Staf	f: Does inmate appear to be physically, mentally or de	evelopmentally challenged?		
	Score of 3 or more on questions 1-14 "Risk of	Victimization" enter code 120 und	er JACCS alerts	
AT RISK	OF ABUSIVENESS			Give1 Point for each reply of "Yes"
15. Have	you been incarcerated before?			
16. Have	you ever sexually abused or assaulted anyone while	incarcerated?		
17. Have	you received mental health treatment for aggressive	e behavior?		
18. Inte	viewer: Check criminal history. Are there any violent	offenses in his history (e.g., assault,	, rape,	
	der, robbery, carjacking, sex offense, etc.)			
19. Inte	viewer: Check prior incident reports, disciplinary repo	orts, etc. for prior institutional viole	nt or sexual	
offe				
Scor	e 3 or more on questions 15-19 "Risk of Sexual Aggre	essiveness" enter code 130 under J	ACCS alert	
Commer	ts:			
Recomm	ended Action(s) Voluntary Protective Custody	Administrative Segregation	General Popula	ation

Cell closest to Bubble



DC DOC PREA Safety Check

IMPORTANT: This safety check is a follow-up to the PREA Intake Questionnaire and shall be completed within 30 days of commitment.

Last Name	First Name	DCDC #
Date of Intake	_	
Prepared by:		Date
The Interviewer should read the following not	tice to the inmate.	
DOC is committed to providing a safe and humane	e environment for persons confine	ed, staff and the community-at-large.
We are meeting with you today to review your sta information that will help us make an informed de your safety so we encourage you to fully participat	ecision about your safety. We will	-
We ask everyone this series of questions and it is a		
only be shared with staff that has a need to know not be disciplined for refusing to participate or ans		ropriate housing. Please be advised that you will
Do you have any questions so far about the purpo	se of this meeting?	
Has anything happened since intake that makes yo anything that might make you concerned about yo		
If you are on status do you believe you will be safe	e if you are placed in the general p	oopulation? N/A Yes No
What is your recommendation about your housing	g status?	
Do you have any other suggestions that may be us	seful for ensuring your sexual safe	tγ?
Inmate Name	DCDC	Date
Recommended Action(s) Voluntary Prot	ective Custody 🗌 Administr	ative Segregation 🗌 General Population
Temporary Re	tention in Intake 🗌 Mental He	ealth Referral 🔄 Cell close to Bubble



D.C. DEPARTMENT OF CORRECTIONS EMPLOYEE REPORT OF SIGNIFICANT INCIDENT/EXTRAORDINARY OCCURRENCE (Type or Print)

 Institution:
 Date:

 Employee Name:
 Title:

Signature: _____Supervisor:

Shift : _____ Post : _____

Type of Occurrence: _____ Location: _____

Time of Occurrence: _____

Inmates Involved Name and DCDC	Staff Involved Name and Title	Witness Inmate and/or Staff

Complete detailed description of incident (if force was used, include events leading up to the use of force)

PP 3350.2 Attachment 3 Page 2 of 3

DCDC - 1 EOR # _____

Description of Incident (continued)

PP 3350.2 Attachment 3 Page 3 of 3

DCDC-1 EOR#_____

Actions Taken (In chronological order with times listed)

Descriptions of Weapons, if any (Include photocopy if possible)

Describe injuries to staff or inmates and medical attention required (if any)

If force was used, describe type (i.e. physical, chemical agent, baton, etc.)



PREA-Related Incident Notification Report

Alleged Victim		DCDC#	
Alleged Perpetrator		DCDC#	
Facility	Notificat	ion Date	

Receipt of information regarding any sexual misconduct directed towards an offender shall immediately be reported as follows. Please select the appropriate method of contact.

Department	Name of Contact	Method of Contact	Time of Contact
PREA Coordinator		Email Phone Direct	
Office of Internal Affairs		Email Phone Direct	
Warden or Designee		Email Phone Direct	
Shift Commander		Email Phone Direct	
Medical Services		Email Phone Direct	
Mental Health Services		Email Phone Direct	
Case Management		Email Phone Direct	

Comments:

Supervisor's Name	Title	
Supervisor's Signature	Date	

Note:

****Upon completion and signature, scan and send with the official notification letter.