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			SUPERSEDES:	3350.2H March 31, 2017	
			OPI:	OPERATIONS	
			REVIEW DATE:	January 2, 2020	
			Approving Authority	Quincy L. Booth Director	
	SUBJECT:	ELIMINATION OF SEXUAL ABUSE, SEXUAL ASSAULT, AND SEXUAL MISCONDUCT			
	NUMBER:	3350.2I			
Attachments:	Attachment 1 – PREA Intake Questionnaire Attachment 2 – PREA 30-Day Reassessment Attachment 3 – DCDC-1 Form Attachment 4 – Notice of Complaint Attachment 5 – PREA Victim Services Disclosure/Consent				

SUMMARY OF CHANGES:

Section	Change
Changes	

APPROVED:



Quincy L. Booth, Director

01/02/2019
Date Signed

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1. 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, 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. DOC 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 halfway house 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 or 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 diligently pursue strict administrative discipline and referral for criminal prosecution when staff engages in sexual acts and sexual contact with inmates. Staff includes DOC employees, volunteers, contract personnel, or 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 and case records encompassed in reporting and investigating complaints are held in confidence and disclosed internally on an official need to know basis. Case records may include but not be limited to verbal reports, written incident reports, investigations, dispositions, medical information, counseling and evaluation findings,

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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 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, inmates, arrestees, and halfway house 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 halfway house 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 be informed and trained 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 prevented 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 and appropriate referrals for criminal investigation and prosecution action

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

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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 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) PP 3350.2H Elimination of Sexual Abuse, Sexual Assault, and Sexual Misconduct (3/31/17)

b. Directives Referenced

- 1) PP 1280.2 Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences
- 2) PM 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 and Conduct
- 8) PP 3320.2 Employee Grievance Procedure

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- 9) PP 3700.2 Employee Training and Staff Development
- 10) PP 3800.6 ADA Accommodations for Inmates
- 11) PP 4020.1 Inmate Orientation
- 12) PP 4020.3 Gender Classification and Housing
- 13) PP 4030.1 Inmate Grievance Procedure (IGP)
- 14) PP 4070.1 Inmate Telephone Access
- 15) PP 4070.4 Inmate Correspondence and Incoming Publications
- 16) PP 4090.3 Classification (Program Review)
- 17) TRM 4090.4 Custody Classification Instruments
- 18) PP 4090.4 Custody Classification System
- 19) TRM 4110.7 TRM Educational Services – Special Education
- 20) PP 4110.7 Educational Services
- 21) PP 4151.1 Inmate Recreation Program
- 22) PP 4160.4 Library Services
- 23) PP 4210.2 Inmate Institutional Work Program
- 24) PP 4353.3 Separation Cases
- 25) PP 4410.1 Religious Programs

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- 26) PP 4910.1 Escorted Trips
- 27) PP 4923.5 Reentry Programs and Services
- 28) PM 5006.1 Inmate Reception Center (IRC)
- 29) PP 5009.2 Searches of Inmates, Inmate Housing Units, Work and Program Areas
- 30) PP 5010.2 Accountability for Inmates
- 31) PP 5010.8 Staffing and Manpower Utilization
- 32) PM 5300.1 Inmate Disciplinary and Administrative Housing Hearing Procedures
- 33) PP 5500.1 Restrictive Housing
- 34) PM 6000.1 Medical Management

7. AUTHORITY

- a. 34 U.S.C. § 30301, et seq., Prison Rape Elimination Act
- b. 28 C.F.R. Part 115, Prison Rape Elimination Act National Standards
- c. D.C. Code § 22-3001 Sexual Abuse, General Provisions - Definition,
- d. D.C. Code § 22-3013 Sex Offenses - First degree sexual abuse of a ward, patient, client, or prisoner,
- e. D.C. Code § 22-3014 Sex Offenses - Second degree sexual abuse of a ward, patient, client, or prisoner,

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- f. D.C. Code § 24-211.02, Powers; promulgation of rules
- g. Title 2 of the Americans with Disabilities Act (ADA) of 1990, 42 U.S.C. § 12101 et seq., 28 C.F.R. § 35.152 - Jails, Detention and Correctional Facilities, and Community Correctional Facilities
- h. 45 C.F.R. 164.501 et seq., Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- i. District of Columbia Personnel Manual (DPM) Chapter 16, General Discipline and Grievances

8. STANDARDS REFERENCED

- a. 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, §115.281 reserved, §115.282, §115.283, §115.286-§115.289

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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.
- 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. As a matter of law, consent may not be given by an inmate, arrestee or resident to a sexual act or contact.
- c. *Contractor* - Any person who provides services for DOC on a recurring basis pursuant to a contractual agreement with DOC or the District of Columbia.
- d. *Arrestee* - Any person detained by the Department of Corrections before their initial court appearance in the District of Columbia Central Cell Block (CCB) or on hospital outpost pursuant to D.C. Code § 24-211.02 (a-1) (1).
- e. *DOC Staff Member/Employee* - A person who works directly for the DOC.
- f. *Failure to Announce* - 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.
- g. *False Allegation* - An allegation that is completely false, in that the events that were alleged did not occur.
- h. *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.

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- i. *Gender Nonconforming* - A person whose appearance or manner does not conform to traditional societal gender expectations.
- j. *Indecent Exposure* - To make an obscene or indecent exposure of his or her genitalia or anus, to engage in masturbation, or to engage in a sexual act in the presence of another inmate, arrestee, or resident.
- k. *Identifier Designation* - A term, either confirmed or potentially “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.
- l. *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 genitalia, and/or an internal reproductive system that is not considered “standard” for either male or female.
- 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;
 - 2) *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

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during transport, medical diagnosis or treatment, court appearance, work and recreation, probation or parole.

- o. *Office of Investigative Services* - Office in the DOC responsible for conducting all administrative investigations of sexual assault, abuse and misconduct made by inmates, arrestees and residents and for tracking all criminal investigations with law enforcement.
- 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 Compliance Specialist*- A staff person responsible for assisting the PREA Coordinator with the development, implementation, and oversight of DOC's plan to comply with the PREA standards, ensure compliance with 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.
- r. *PREA Victim Services Coordinator (Victim Advocate)*- A staff person responsible for the development, implementation, and oversight of DOC's plan pursuant to PREA requirements and standards to address inmate service needs with evidence-based trauma-informed treatment, trauma focused, and cognitive behavioral therapy to inmate victims and inmate abusers/perpetrators of sexual abuse and sexual harassment.

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- s. *PREA Incident* - Sexual abuse, sexual assault, or sexual misconduct involving an inmate, arrestee, or resident by an employee, contractor or volunteer or by another inmate, arrestee, or resident.
- t. *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 regard to sexual behavior.
- u. *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.
- v. *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.
- w. *Resident* - Any person confined or detained in a community confinement facility.
- x. *Respondent* - The person accused of any act of sexual abuse, sexual assault, or sexual misconduct.
- y. *Retaliation*
 - 1) Restraint, interference, coercion, acts of covert or overt vengeance, or threats of action to discourage, prevent or punish an inmate, arrestee, or resident for refusal to submit to sexual advances.

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- 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.
- z. *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.
- aa. *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
 - 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.
- bb. *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;

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- 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.
- cc. *Sexual Assault* – A person engages in or causes sexual contact with or by another person by using force against that other person; by threatening or placing that other person in reasonable fear that any person will be subjected to harm, after rendering that person unconscious, after administering to that person by force or threat of force, or without the knowledge or permission of that other person, a drug, intoxicant, or similar substance that substantially impairs the ability of that other person to appraise or control his or her conduct.

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- dd. *Sexual Assault Nurse Examiner (SANE)* - A registered nurse (RN) who has advanced education and clinical preparation in forensic examination of sexual assault victims.
- ee. *Sexual Contact* – The touching of any clothed or unclothed body part or object, either directly or through the clothing, of the genitalia, 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.
- ff. *Sexual Misconduct*
 - 1) *Sexual Harassment*
 - a) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another;
 - b) Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
 - c) Influencing or making promises involving an inmate's safety, custody, privacy, housing, privileges, work detail, or program status in exchange for sexual contact.
 - d) 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.
- gg. *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.

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- hh. *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.
- ii. *Volunteer* - An individual who donates time and effort to enhance the activities and programs of DOC.
- jj. *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.
- kk. *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.

10. GENERAL REQUIREMENTS

- a. **Staff Notification and Training**
 - 1) The DOC Center for Professional Development and Learning (CPDL) and contractor trainers shall update trainer lesson plans to conform to this directive. CPDL and contractor trainers should also review the requirements of this directive with new employees, volunteers and contract employees during orientation training.
 - 2) Mandatory Pre-Service and annual In-Service Training on the Prison Rape Elimination Act, DC Code Title 22 Chapter 30, and this directive shall be conducted for all DOC employees, volunteers, interns, and contract employees.

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- 3) This directive shall be made readily available to all DOC employees, contract employees, and volunteers at all times.
 - 4) DOC training staff shall conduct the training for prevention of sexual assault, sexual abuse, and sexual misconduct.
 - 5) Contractors shall ensure that their employees are similarly trained.
 - 6) DOC staff or contract facility staff shall notify other individuals of the prohibitions and requirements of this directive such as occasional service providers who have direct contact with or provide services to inmates. .
- b. 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;
 - 3) Treat all allegations seriously and follow appropriate reporting procedures;
 - 4) 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;
 - 6) Recognize that first-time, youthful, elderly, individuals with serious functional impairments, , intellectual disabilities, inmates who are homosexual, transgender, or intersex, arrestees, and residents, as well as those who are charged with or convicted of committing sexual offenses, are at an increased risk for sexual abuse;

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- 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 restrictive housing;
 - 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 or exhibitionist behavior, or demonstrated inability to control anger.
- c. The DOC PREA Coordinator 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 that employees conducting administrative investigations of PREA violations receive specialized training for conducting sexual abuse, assault and misconduct investigations in confinement settings.
 - e. DOC shall confirm that 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:
 - 1) How to detect and assess signs of sexual abuse, assault, and misconduct;
 - 2) 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

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- 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. DOC Facilities and Community Corrections

The Warden and contractors shall ensure that within one (1) day of arrival at the Central Detention Facility, Correctional Treatment Facility or Community Corrections, each inmate/resident 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 the aforementioned allegations.

- 1) Within three (3) days of arrival, the Warden and contract facility administrators shall ensure that each inmate or resident receives facility orientation and training in accordance with PP 4020.1, *Inmate Orientation*.
- 2) Orientation and training shall address prevention, intervention, self-protection, 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 against victim complainants.
- 3) The orientation shall also provide the inmate or resident 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.
- 4) Inmates shall receive education upon transfer to another facility to the extent that the policies and procedures of the inmates or residents' new facility differ from those of the previous facility.
- 5) Each inmate, resident shall by signature, acknowledge training in accordance with this directive and PP 4020.1, *Inmate Orientation*.

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b. Central Cell Block (CCB)

- 1) During the intake process, employees shall notify in writing arrestees in lockup of DOC's zero-tolerance policy regarding sexual abuse, sexual assault, and sexual misconduct.
- 2) The agency shall ensure that upon entering CCB, contractors and any inmates who work in CCB are informed in writing of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment.

c. The Hotline Number shall be posted in areas accessible to inmates, arrestees, residents, and employees.

This directive PP 3350.2I shall be posted on bulletin boards in areas that are visible to inmates, arrestees, residents, and employees and available in the law library

- d. 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 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.
- g. DOC provide written materials 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 exigent where an extended delay in obtaining an effective interpreter could compromise the inmate's, arrestee's, or resident's safety or the performance of first-response duties, or the investigation of the inmate's, arrestee's, or resident's allegations.

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12. INTAKE SCREENING

- a. Inmates, arrestees, and residents will be screened for potential vulnerability to sexual assault, or tendencies to engage in sexually aggressive behavior, at intake, transfer, and as needed while incarcerated.
- b. **Medical and Mental Health**
 - 1) 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.
 - 2) 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.
 - 3) 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.
 - 4) 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**
 - 1) 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).

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- 2) Case managers shall document the information and observations and make appropriate classification and housing recommendations.
- 3) 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.
- 4) Any inmate assessed as being at risk for 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.
- 5) 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.
- 6) The DOC shall use information from the inmate's, arrestee's, or resident's risk screening to inform housing unit, cell, 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

- 1) Within a set time period, not to exceed thirty (30) days from the inmate's arrival at the facility, a Case Manager will reassess the inmate's risk of victimization or abusiveness based upon any additional relevant information received by the facility since the intake screening (Attachment 2 - PREA 30-Day Reassessment).
- 2) Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to screening questions.
- 3) The DOC shall use information from the inmate's, arrestee's, or resident's reassessment to reevaluate current housing unit, cell, 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.

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

- 1) 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 Housing Committee and approved consistent with PP 4020.3, *Gender Classification and Housing*.
- 2) 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.
- 3) 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.
- 4) 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 when determining how to classify.
- 5) Transgender and intersex inmates, arrestees, and residents shall be given the opportunity to shower separately from other offenders.
- 6) DOC shall not place lesbian, gay, bisexual, transgender, or intersex inmates, arrestees, or residents in facilities, units, or wings dedicated solely to inmates of such identification or status.

f. **Male and Female Inmates**

Male and female inmates shall be generally kept separate except when participating in Director authorized coeducational programming. The presence of male and female officers who have received PREA Training are required in order to maintain vigilant sight and sound supervision of

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inmates at all times and not permit inappropriate conduct, contact, or communication, including gestures, note writing, indecent exposure among same sex or opposite gender inmates. Male and female students shall be seated on separate sides of the location with male and female officers to maintain security, safety and order in the room. Inmates who violate the rules of conduct shall receive disciplinary infractions and if found guilty, precluded from participation in the course.

13. SEARCHES AND OBSERVATION

- a. Cross-gender inmate strip searches that require a person to remove or arrange some or all clothing so as to permit a visual inspection of the person's breasts, buttocks, or genitalia are prohibited except in exigent circumstances. Exigent circumstances is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order, or when performed by medical practitioners.
- b. 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).
- c. Whenever a cross-gender pat search or cross-gender strip search of any inmate occurs, the search shall be documented and shall include a full description of the exigent circumstances utilizing the DCDC-1 Form (Attachment 3) in accordance with PP 1280.2, *Reporting of Notification for Significant Incidents and Extraordinary Occurrences*.
- d. Searches or physical examination of a transgender or intersex inmate for the sole purpose of determining the inmate's gender is prohibited.
- e. 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.

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- f. Staff of the opposite gender shall announce their presence when entering an inmate housing unit except where failure to announce is for sound penological purpose.

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

- a. 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.
- b. Inmates, arrestees, or residents at high risk for sexual victimization shall not be placed in involuntary restrictive 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 restrictive housing for less than twenty-four (24) hours while completing the assessment.
- c. Inmates, arrestees, and residents placed in non disciplinary restrictive housing for this purpose shall have access to programs, privileges, education, and work opportunities allowed 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 restrictive housing, length of separation or reason for no separation, and shall document a thirty (30) day review of separation, if applicable.

15. REPORTING PROCEDURES FOR INMATES, ARRESTEES, AND RESIDENTS

- a. Inmates, arrestees, and residents shall have the opportunity to report sexual abuse, assault, misconduct, retaliation by other inmates, arrestees, and residents or staff, and staff neglect or violation of responsibilities that may have contributed to such incidents.

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- b. They can report to any employee anonymously, and will not be required to report only to the immediate officer on duty.
- c. Inmates, arrestees, and residents are encouraged to report all allegations of sexual abuse, assault, and misconduct.
- d. 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.
- e. All such reports will be investigated subject to the limitations of information provided, and the willingness of inmates, arrestees, residents and/or others to provide information.
- f. **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 24-hour (24) DC Victim Hotline at 1-844-443-5732 or 1-844-4HELPDC. The phone line is staffed by a member of the National Center for Victims of Crime.
- g. **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.
- h. **Written Complaint**
 - 1) An inmate, arrestee, or resident may file a written complaint of sexual assault, sexual abuse, or sexual misconduct directly to any staff member.
 - 2) An inmate, arrestee, or resident may file a written complaint of sexual misconduct (e.g. sexual harassment or failure to announce) through the inmate grievance system, as described in PP 4030.1, *Inmate Grievance Procedures (IGP)*.

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- i. **Emergency Grievance.** 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 PP 4030.1, *Inmate Grievance Procedures (IGP)*.
- j. 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*, PM 5300.1, *Inmate Disciplinary and Administrative Housing Hearing Procedures*.
- k. 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. 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)*.

16. 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:
 - 1) **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 twenty-four (24) hour DC Victim Hotline at 1-844-443-5732 or 1-844-4HELPDC.
 - 2) **Verbal Notification.** Staff shall immediately report the information or incident directly to their immediate supervisor and the PREA Coordinator. Any allegation of sexual activity as defined in this directive shall be reported as a possible sexual assault, sexual abuse, or sexual

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misconduct. The employee shall not conduct an investigation into the circumstances related to the allegation.

- 3) **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, Community Corrections Center (CCC) Administrator, Office Chief, the PREA Coordinator, or the highest ranking official on duty before the end of his/her workday.
- 4) **Confidentiality.** Information related to allegations/incidents of sexual abuse, assault or misconduct is confidential and will only be disclosed when necessary for related reporting, treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action. This is not intended to affect the Department's obligation to gather, review, and potentially produce records of allegations or incidents of sexual misconduct as required by law or DOC reporting policy.
- 5) In the event confidentiality comes into question in regards to reporting the allegation to an immediate Supervisor, the staff member may report the incident directly to the PREA Coordinator.
- 6) **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).

17. PROCEDURES FOR THIRD PARTY REPORTING

- a. Third party reporting includes reporting by other 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, sexual assault, and sexual misconduct and shall also be permitted to file such request on behalf of the inmate, arrestee, or resident by the following methods:

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- 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 DC Victim Hotline at 1-844-443-5732 or 1-844-4HELPDC.
- 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 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 Administrator, 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 follow 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. Voluntary 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 by the PREA Coordinator or designee.
 - e. After determining that the withdrawal is voluntary and reviewing the circumstances of the original allegations, the PREA Coordinator 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 OIS.

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- f. DOC's public website shall provide information on how to report sexual abuse, sexual assault, and sexual misconduct on behalf of an inmate, arrestee, or resident.

18. FIRST RESPONDER 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, Staff first responder staff shall take the following steps:
- 1) Ensure the victim's safety by separating the victim from alleged abuser.
 - 2) Immediately secure the crime scene and ensure it is preserved and protected.
 - 3) Preserve any evidence and If the abuse occurred within a time period that still allows for the collection of physical evidence, instruct the victim and alleged abuser not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating;
 - 4) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.
 - 5) Ensure the victim is escorted to the facility medical unit as soon as possible to provide appropriate assessment and treatment.
 - 6) 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 alleged abuser , 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 to the supervising officer before the end of his/her tour of duty.

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19. 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 victim. 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 shall not be delayed pending any investigation of the incident.
- c. The supervisor shall immediately notify the PREA Coordinator and the Office of Investigative Services (OIS) of any allegation of sexual abuse or sexual harassment as defined in this directive. The supervisor shall not conduct an investigation into the circumstances related to the allegation unless the supervisor is a member of the OIS staff. The supervisor shall notify local law enforcement when there are allegations of sexual assault and sexual abuse unless there is no potentially criminal behavior.
- d. The supervisor shall forward the original written sexual assault, sexual abuse, or sexual misconduct report ~~and~~ to the PREA Coordinator by the end of his/her tour of duty.
- e. The supervisor shall also:
 - 1) Ensure the victim receives timely, unimpeded access to emergency medical treatment, and crisis intervention services.
 - 2) Ensure that photographs are taken, if necessary, to document any physical evidence such as torn clothing, bruises, abrasions, etc.
 - 3) 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.

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- 4) Ensure referral for counseling and mental health services.
 - 5) Ensure the inmate perpetrator is secured in a dry cell or holding cell restricting access to water or toilet facilities pending investigation of the incident.
 - 6) If the alleged perpetrator is an employee, he or she may be reassigned to a post with no inmate contact, suspended, or placed on pre-disciplinary leave with pay based on the circumstances or situation, pending completion of the investigation.
- f. **Issue a Notice of Complaint (Attachment 4).** If the respondent is an employee, the supervisor must immediately issue a Notice of Complaint that prohibits contact between the complainant and the respondent for allegations of sexual assault while the matter is being investigated. If the respondent is not on duty at the time of the allegation, the supervisor shall ensure the notice is issued to the respondent immediately upon return to duty.
- g. **Separation Orders.** Supervisors shall immediately issue separation orders between inmate complainants and respondents of a sexual assault, sexual abuse, or sexual misconduct. PREA Coordinator or designee shall ensure separation orders are in place.
- h. **Housing**
- 1) Efforts shall be made to minimize any disturbance to the complainant's housing location or program activities during the investigation of the complaint.
 - 2) The complainant shall only be placed in protective custody or restrictive housing in accordance with PM 5300.1, *Inmate Disciplinary and Administrative Housing Hearing Procedures*.
 - 3) The respondent shall be placed in restrictive housing status, unless doing so may jeopardize the investigation. A housing hearing shall be conducted in accordance with PM 5300.1, *Inmate Disciplinary and Administrative Housing Hearing Procedures*.

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- 4) If a respondent is not medically cleared to be placed in restrictive housing, he or she shall be evaluated by medical for placement in a safe cell, medical or mental health unit pending discharge.
- 5) Upon medical discharge from a safe cell, medical or mental health unit, the respondent shall be placed in restrictive housing pending investigation.
- 6) Should the investigation conclude prior to the respondent's medical discharge from a safe cell medical or mental health unit, once the respondent is medically cleared, he or she shall be placed in restrictive housing pending the housing determination of the Housing Board pursuant to PM 5300.1, Inmate Disciplinary and Administrative Housing Hearing Procedures.

20. MEDICAL AND MENTAL HEALTH TREATMENT

- a. If a complainant alleges sexual abuse or sexual assault, then DOC staff shall ensure the complainant is immediately given the necessary emergency medical treatment by medical staff, without compromising the integrity of available physical evidence.
- b. *Medical Staff Shall:*
 - 1) Obtain and record a description of the sexual assault or sexual abuse in the alleged complainant's own words. The complainant shall not receive a physical examination.
 - 2) Instruct the 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.
 - 3) Notify the highest ranking staff employee immediately, if the correctional staff is not aware of the incident.
 - 4) Record the general appearance and the presence or absence of cuts, scratches, bruises, etc. and demeanor of the complainant, as well as the condition of clothes, e.g., torn or stained.

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- 5) Refer the complainant to an outside emergency room (ER) certified to treat sexual assault and sexual abuse complainants for evaluation and immediate treatment.
 - 6) 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 alleged sexual abuse access to forensic medical examinations. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners.
- d. Upon return from the ER or upon hospital discharge, the medical staff shall:
- 1) Thoroughly review the discharge instructions and carry out orders as appropriate;
 - 2) Validate if measures have been taken to prevent sexually transmitted infections, HIV, and Hepatitis. If preventive measures have not been taken, preventive measures shall be offered;
 - 3) Refer the victim to the mental health staff for rape counseling immediately;
 - 4) 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.

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- 5) 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.
 - 6) 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.
 - 7) DOC shall offer pregnancy tests to victims of sexually abusive vaginal penetration while incarcerated.
 - 8) If pregnancy occurs from sexual abuse or sexual misconduct, such victims shall receive timely and comprehensive information about pregnancy-related medical services.
 - 9) 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.
 - 10) 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.

21. INVESTIGATIONS

- a. **Screening Complaints-Office of Investigative Services (OIS)**
 - 1) If the Office of the Director receives an allegation of sexual assault, sexual abuse, or sexual misconduct via referral of the DC Victim Hotline via direct correspondence, the complaint shall be referred immediately to the PREA Coordinator and to the Chief of Investigative Services. The

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PREA Coordinator shall provide follow-up written notification to the Director by the close of the business day. The Chief of Investigative Services shall provide the final investigative report to the Director.

- 2) 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.
- 3) The occurrence of a police investigation does not relieve DOC of the duty to investigate complaints of sexual assault, sexual abuse, and sexual misconduct. OIS will continue to work closely with the Metropolitan Police Department in sexual assault, abuse, and misconduct investigations.
- 4) The PREA Coordinator 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.
- 5) The PREA Coordinator shall notify the OIS, verbally and in writing, of each complaint regarding sexual assault, sexual abuse, and sexual misconduct, and whether the complaint is referred for investigation.
- 6) If the complaint is referred for investigation, the PREA Coordinator shall provide verbal 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.
- 7) 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.
- 8) If the PREA Coordinator determines that the complaint does not involve sexual assault, sexual abuse or sexual misconduct, the PREA Coordinator shall deny the claim and shall send a notice of the rejection of the complaint to OIS.

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- 9) 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

- 1) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
- 2) Where sexual abuse is alleged, DOC shall use investigators who have received specialized investigation training as mandated in this policy.
- 3) Investigators shall conduct a thorough and objective investigation of each complaint.
- 4) *Criminal Investigations*

Investigators conducting a criminal investigation shall:

- a) 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.
- d) 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.

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- e) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

5) *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
- 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.

6) *Interviews*

- a) The Investigator shall contact the respondent's supervisor or designee directly for interview scheduling and coordination. All respondents shall receive advance notice of scheduled interviews and be advised of the right to legal representation.
- b) Employees have the right to legal or union representation at the time of an interview.
- c) 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.
- d) 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.

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- e) The Investigator shall draft a statement detailing the testimony of the complainant, the alleged respondent and any witness(es).
- f) Upon completion of the investigation, OIS will provide the interviewee with a copy of their recorded statement upon request. The name of any confidential informant shall be deleted from the copies of the report distributed by the OIS.

7) *Reports*

- a) 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.
 - b) 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.
 - c) The PREA Coordinator shall cooperate with outside investigators.
 - d) The PREA Coordinator shall 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**
- 1) 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.
 - 2) 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.

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- 3) 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.
- 4) 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 complete.
- 5) When appropriate and necessary, the Warden and/or PREA Coordinator may transfer the complainant or third party informant to a comparable housing unit, to another facility or make other appropriate housing accommodations.
- 6) 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, sexual assault, or sexual 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)**

- 1) The facility shall establish an Incident Review Team made up of upper-level management officials (Chief of Office of Investigative Services), with input from line supervisors (Lieutenant), (OIS), investigators, the PREA Coordinator, and medical or mental health practitioners, and Victim Services Coordinator/Advocate.
- 2) 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.
- 3) Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation.

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4) 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;
- f) The PREA Coordinator shall prepare a report of its findings, including any recommendations for improvement and submit such report to the SAIRT.
- g) The PREA Coordinator shall implement the recommendations for improvement, or shall document its reasons for not doing so.

e. **Post-Investigation Procedures**

- 1) 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.
- 2) 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.
- 3) In cases involving an inmate, arrestee, or resident respondent, the PREA Coordinator and OIS shall ensure that appropriate disciplinary and/or criminal action is initiated.

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- 4) The PREA Coordinator shall provide a written notice to the complainant and respondent as to whether 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 for grievances. The inmate, arrestee, or resident shall sign an acknowledgement of receipt of this notice. The original signed receipt shall be returned to the PREA Coordinator and a copy of the receipt shall be forwarded to OIS.
- 5) 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, Residents, and other Confinement Facilities

- 1) In cases of allegation by an 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.
- 2) 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
- 3) 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.

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- 4) All notifications or attempted notifications shall be documented.
- 5) DOC's obligation to report under this section shall terminate if the complainant is released from DOC's custody.
- 6) Following an allegation by an inmate, arrestee, or resident that he or she was abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.
 - a) Such notifications shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.
 - b) The agency shall document that it has provided such notification.
 - c) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

22. 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 will only be disclosed when necessary for related reporting, treatment, investigation, and other security and management decisions. This is not intended to affect the Department's obligation to gather, review, and potentially produce records of allegations or incidents of sexual misconduct as required by this policy, by law or DOC reporting requirements.
- b. PREA records and information shall be released consistent with the provisions of the Freedom of Information Act (FOIA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable confidentiality laws
- c. Staff who breach confidentiality may be subject to corrective/disciplinary action.

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- d. 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.
- e. 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.
- f. 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.

23. 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.

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- 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 Chapter 16 of the DPM by the Office 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 determined not to be sexual abuse but within the scope of their job duties.

24. 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.
- b. Regardless of criminal prosecution, DOC shall take appropriate administrative actions to ensure that the respondent is placed in restrictive housing for the safety of others.
- c. 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*.
- d. If the investigation concludes that the inmate, arrestee, or resident knowingly and deliberately made a false report of sexual assault, sexual abuse, or sexual misconduct, he or she may be referred for disciplinary action in accordance with PM 5300.1, *Inmate Disciplinary and Administrative Housing Hearing Procedures*.

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		SUPERSEDES:	3350.2H March 31, 2017	
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SUBJECT:	ELIMINATION OF SEXUAL ABUSE, SEXUAL ASSAULT, AND SEXUAL MISCONDUCT			
NUMBER:	3350.2I			
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- e. The Warden, Chief of Investigative Services, or designee should contact law enforcement to determine if a deliberately false accusation may be referred for prosecution.

25. 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 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 Administrator, or Office Chief in writing of the results of the appeal within 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, CCC Administrator, or Office Chief for appropriate action.
- g. The Warden, Administrator, CCC Administrator, Office Chief, or PREA Coordinator shall ensure that the inmate, arrestee, or resident complainant, and the respondent receive the Director's findings on the appeal.

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- h. An appeal shall not delay the implementation of any determined disciplinary action against an employee.
- i. The Warden, CCC ~~Director~~, Administrator, 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.

26. PROTECTION AGAINST RETALIATION

- a. All inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be free from retaliation by other inmates or staff.
- b. For at least ninety (90) days, the PREA Coordinator or designee 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 that may suggest possible retaliation by other staff, inmates, arrestees, or residents. The PREA Coordinator or designee shall continue monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need. An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.
- c. Items the PREA Coordinator or designee shall monitor include;
 - 1) Disciplinary Reports;
 - 2) Housing or program changes; or
 - 3) Negative performance reviews or reassignments of staff.
 - 4) Periodic status checks on inmates.
- d. The Victim Services Coordinator/Advocate shall:
 - 1) Provide trauma specific individual and group counseling to inmate survivors of sexual abuse, upon the inmate's consent using the PREA Victim Services Disclosure/Consent form (Attachment 5).
 - 2) Develop and implement culturally proficient, victim-centered programs.

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- 3) Collaborate with community partners and internal stakeholders to develop treatment and discharge planning.
- 4) Refer inmate survivors of sexual abuse to community partners.

Attachments

Attachment 1 – PREA Intake Questionnaire
 Attachment 2 -- PREA 30-Day Reassessment
 Attachment 3 – DCDC-1 Form
 Attachment 4 – Notice of Complaint
 Attachment 5 – PREA Victim Services Disclosure/Consent

DOC/PP3350.2I/1/2/19



DC DOC PREA Intake Questionnaire

Last Name

First Name

DCDC #

Prepared by:

Date

AT RISK OF VICTIMIZATION		Give 1 Point for each reply of "Yes"
1. Interviewer: Check criminal record for offenses involving sexual acts.		
2. Interviewer: Is the inmate here only for civil immigration purposes? (Neutral)		
3. Do you 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 molested?		
7. Have you ever been placed in protective custody?		
8. Do you have any reason to fear living in the general population?		
9. How old are you? _____ (If 21 and under OR 65 and older)		
10. Do you wish to identify yourself as gay, bi-sexual, transgender or intersex?		
11. Do you have any of the following challenges:		Give only 1 point if Yes to any or all in (a) – (d)
(a) Are you hard of hearing, blind, have no use of a leg or arm or cannot move in a significant way?		
(b) Do you often need extra help to understand what is being said?		
(c) Were you placed in special education when in school?		
(d) Have you received mental health treatment?		
Staff Observation for Risk of Victimization		
12. Staff: Does the inmate appear to be very feminine or is he the inmate doing or saying anything that makes you think he or she may be gay, bi-sexual or transgender?		
13. Interviewer: Observe the inmate's physical stature (If male <5'6" or under 120 lbs.)		
14. Staff: Does inmate appear to be physically, mentally or developmentally challenged?		
Score of 3 or more on questions 1-14 "Risk of Victimization" enter code 120 under JACCS alerts		
AT RISK OF ABUSIVENESS		Give 1 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 behavior?		
18. Interviewer: Check criminal history. Are there any violent offenses in his history (e.g., assault, rape, murder, robbery, carjacking, sex offense, etc.)		
19. Interviewer: Check prior incident reports, disciplinary reports, etc. for prior institutional violent or sexual offenses.		
Score 3 or more on questions 15-19 "Risk of Sexual Aggressiveness" enter code 130 under JACCS alerts		
Comments:		

Recommended Action(s) ☐ Voluntary/Involuntary Protective Custody ☐ Administrative Segregation ☐ General Population ☐ Temporary Retention in Intake ☐ Mental Health Referral ☐ 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 #

Prepared by: Date

Staff should read the following notice to the inmate:

The DOC is committed to providing a safe and humane environment for persons confined, staff and the community at large.

We ask everyone this series of questions, and it is also important to know that this discussion is confidential to the extent that it will only be shared with staff that has a need to know in order to provide you with a safe environment. Please be advised that you will not be disciplined for refusing to participate.

If inmate refuses to answer, check here ☐

Do you know how to report an incident of sexual abuse or sexual harassment? ☐ Yes ☐ No (If no, educate)

Has anything happened since intake that makes you feel sexually unsafe? ☐ Yes ☐ No (If yes, what happened?)

Have you received a disciplinary report for sexual misconduct or sexual activity? ☐ Yes ☐ No

Do you have any immediate concerns or needs? ☐ Yes ☐ No If yes, please explain)

Inmate Signature _____ DCDC # _____ Date _____



PP 3350.2
Attachment 3
Page 1 of 3
DCDC – 1
EOR # _____

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)

[illegible]

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.)



MEMORANDUM

TO: (RESPONDENT NAME AND POSITION TITLE)

THRU: PREA Coordinator

FROM: (WARDEN'S NAME), Warden

DATE:

SUBJECT: Notice of Complaint and Investigation formally Cease and Desist Order

RE: (COMPLAINANT NAME AND POSITION TITLE)

This Notice of Complaint and Investigation is issued as a result of the Prison Rape Elimination Act (PREA) complaint filed by (COMPLAINANT NAME) against you (RESPONDENT NAME) on (DATE).

You are required to avoid unnecessary contact with the other party while the allegation in question is being investigated. Your communication with the other party is restricted until resolution of the complaint. You are to refrain from contacting the other party in relation to this complaint and pending investigation until final disposition.

You are reminded that confidentiality must be maintained at all times. You shall not disclose any information regarding the PREA complaint except to the investigator and your attorney or his/her representative.

These restrictions do not represent a disposition of guilt or a finding of cause, but are to ensure the integrity of the investigation and the protection of all involved. This will remain in effect until a resolution of the complaint is determined.

(Print and Sign)

Date

Witness

Date

cc: (COMPLAINANT NAME), Complainant
PREA Coordinator

Notice of Complaint and Investigation

Matter of Cpl. **(COMPLAINANT NAME)** (Complainant) and **(RESPONDENT NAME)** (Respondent)

April 24, 2018



PREA Victim Services Disclosure/Consent

A person may experience sexual harassment or abuse that may result in the need for trauma services in the immediate aftermath of a sexually traumatic event. The devastation of sexual trauma can have a severe impact on the daily functioning of a victim. The PREA Victim Services Coordinator is a clinician trained in acute and long term trauma services, who works to assist inmate victims in addressing symptoms and triggers ranging from anxiety, panic, suicidal thoughts, anger, severe depression and social withdrawal. The method of trauma informed therapy and related services provided by the PREA Victim Services Coordinator are designed to assist with the process of restoring physical, emotional and psychological wellness. The primary goal of victim services coordination is to facilitate trauma support during the difficult initial phases of reaction to a sexually traumatic event with the ultimate objective being the eventual transition to community victim support services.

Client Rights/Responsibilities

You have the right to the confidentiality of your therapeutic treatment services. Generally, the information provided by and to an inmate client during therapy is confidential with the exception of constraints detailed in the D.C. Department of Corrections Inmate Handbook, other orientation communications, administrative guidelines and regulations. There are legal exceptions to the general rule of legal confidentiality which include intent to harm yourself or others and abuse or suspected abuse of children and other vulnerable populations.

You have a legal right to decline participation in the assessment and treatment process. You are also protected under the provision of the federal Health Insurance Portability and Accountability Act (HIPAA). This law ensures the confidentiality of your protected health information.. Whenever your information is transmitted electronically (i.e. scanning or faxing of information, it will be done in a manner to ensure confidentiality).

If appropriate, you may participate in group sessions that offer the opportunity to support practice of new skills and healthy boundaries for survivors to heal and grow.

- ☐ I have read the information provided and understand my rights as an inmate client. By signing below, I acknowledge my understanding and the terms of the disclosure statement.
- ☐ I **VOLUNTARILY AGREE** to participate in PREA sexual trauma treatment services.
- ☐ I **WILL NOT** participate in PREA sexual trauma treatment services.

Inmate DCDC & Signature

Date

PREA Victim Services Coordinator

Date