

## **PREVENTION PLANNING:**

115.211(a)-1

## **SEXUAL ABUSE/ASSAULT PREVENTION AND INTERVENTION**

### **POLICY**

The Glory House provides guidelines designed to prevent sexual assaults on clients/staff and to address the safety and treatment needs of clients/staff that have been sexually assaulted. Glory House has a zero tolerance for sexual harassment or sexual abuse by any representative of the agency, other clients, or private citizens.

### **PROCEDURE**

Clients can report any violation of the above to any agency staff member, law enforcement, referral agent, medical center, advocacy member, or private citizen. Staff must immediately report any discoveries to the on call manager. Glory House will investigate or report the allegations for investigation as required under PREA. The reporting client will be free of retaliation by agency representatives or clients upon discovery of the report. Glory House will ensure medical as well as mental health services are available to the client upon discovery of the incident. When an administrative investigation is implemented, the agency will appointment a staff member or when required, the contract oversight manager. Findings of the administrative investigation will be available to the reporting victim whenever possible at the conclusion of the investigation. If legal charges qualify, the reporting client may be asked to testify. Definitions of PREA terms refer to pages 40-41 client handbook. When requested, a staff member will accompany the client during the process of services or investigation.

If a client is a victim of past violations under PREA and this is known to the agency, ongoing services such as medical, mental health, criminal process, or spiritual programs will be included in treatment planning as requested or recommended. At minimum, a mental health assessment will be completed within 30 days of the notice.

## **PROGRAM COORDINATION**

The Executive Director of the agency shall assign one staff member, who will have overall responsibility for ensuring that all elements of this program statement are met in a coordinated, interdisciplinary fashion. These specific program elements include:

- Educating and training staff and clients.
- Safeguarding, assessing, treating, and managing sexually assaulted clients.
- Investigating, disciplining, and/or prosecuting perpetrators of sexual assault.

## **STAFF TRAINING**

All staff shall be trained to recognize the physical, behavioral, and emotional signs of sexual assault; understand the identification and referral process when an alleged sexual assault occurs; and have a basic understanding of sexual assault prevention and response techniques.

## **PREVENTION**

All staff members and clients are responsible for being alert to signs of potential situations in which sexual assaults might occur. Staff and clients are free of retaliation related to any reports related to sexual abuse or sexual harassment. If allegations are made by a staff member, the process is outlined on page 37 of personnel manual; if allegations are made by a client, the process is outlined on pages 21-22 of client handbook.

## **SCREENING AND CLASSIFICATION**

Victim identification (all staff). The following are primary ways staff learns that sexual assault has occurred during confinement:

- Staff discovers an assault in progress.
- Victim reports an assault to a staff member.
- An assault is reported to staff by another client, or is the subject of client rumors.
- An announcement will be posted if a person of the opposite gender is working with clients for monitoring.

At time of admission or within 72 hours, screening for potential sexual abuse victims will be conducted by the assigned staff. Discussion and review of any available documentation will include any history of sexual abuse, sexually assault behavior or ideations, as well as any warning signs that may be present. This screening will be completed within 72 hours of arrival and reviewed on the first 30 day progress report completed by assigned counselor and documented. Referrals to the appropriate agency will be made at that time upon discovery of abuse. Any assessments made as a result of this referral process will be recorded in the client's permanent file. Client will not be disciplined for refusing to answer during the screening process.

## **PROMPT AND EFFECTIVE INTERVENTION**

Referral: The staff member who first identified that an assault may have occurred should refer the matter to the Director of the agency. If there are physical injuries, or a life threatening situation, contact 911 immediately, then the Executive Director.

- A client who reports that they have been or claims to have been sexually assaulted, staff should immediately provide for the client's physical safety and ensure that the client is promptly referred to a medical facility. They will then notify administration in the order of the chain of command. Responsibilities: All staff is responsible for immediately referring cases of sexual abuse/assault to the appropriate referral agency when they become aware of them.
- When a staff member is alleged to be the perpetrator of a client's sexual abuse/assault, the Executive Director shall be advised immediately. The Executive Director will, in turn, immediately notify the BOP.
- If possible, the staff member will be the same gender as the victim.

Services:

- Staff sensitivity toward clients who are victims of sexual abuse/assault is critical. Staff shall take seriously all statements from clients that they have been victims of sexual assaults and respond supportively and non-judgmentally. Any client who alleges that he or she has been sexually assaulted shall be offered a medical examination as well as a clinical assessment of the potential for suicide or other related symptoms at one of the local hospitals. Medical needs shall be met for transporting the client to one of the local hospital emergency rooms.
- Mental health services offered include: Crisis Intervention, assessment of treatment needs, documentation of evaluation or treatment needs, psychiatric referral; and/or other treatment options, including referral to community mental health resources, should be provided.
- Social – Family support and/or peer support should be provided, when available and appropriate.

If the client has special needs due to disability or communication, the agency will make arrangements to accommodate those needs. See policy under ADA and language proficiency for further details.

## **PROMPT AND EFFECTIVE INTERVENTION**

- Protective – Staff consultation and/or action to prevent further assaults should be considered (i.e., closer supervision, protective custody, and transfer to another institution). Client supervisors and counseling staff shall closely monitor and supervise any client who has been sexually assaulted. This may include careful review of security and housing assignments and/or additional team meetings.

## **IMMEDIATE INTERVENTION**

### **Medical:**

Step 1. Identify the victim and remove from the immediate area.

Step 2. Transport client immediately to one of the two local hospital emergency rooms.

Appropriate staff shall coordinate other services as follows:

Step 3. To facilitate evidence collection, the victim is encouraged to refrain from the following until a medical exam is completed: not shower, wash, drink, eat, use the restroom, or change any clothing until they have been examined.

Step 4. A brief statement about the assault should be obtained from the client in order to provide this to law enforcement. (The victim may be in shock and unable to give much detail. It is important to be understanding and responsive. Opportunities to secure or obtain more details is to be collected from the assigned investigator in a law enforcement capacity or assigned by Executive Director of Glory House.

Step 5. Following medical evaluation/treatment, the victim may need to be re-assigned to protective custody or to another secure area of the facility. Ensure that the alleged assailant(s) are not located in the area.

Step 6. Transportation to a Medical Facility:

- Escorting staff should treat the victim in a supportive, non-judgmental way.
- Victim will be transported to one of the local hospitals, by ambulance, law enforcement special officer, or employee if directed by Executive Director, depending on the physical and/or emotional condition of the victim.

### **Psychological:**

Step 1. A mental health professional from the Compass Center will be notified immediately through agency staff unless transported off site for medical attend after the initial report of an allegation of sexual abuse/assault of a client. Any alleged victim shall be seen within 24 hours following such a notification by a mental health professional to provide crisis intervention and to assess any immediate and subsequent treatment needs.

Step 2. Additional psychological or psychiatric treatment, as well as continued assessment of mental health status and treatment needs, shall be provided as needed, and only with the victim's full consent and collaboration. If the victim chooses to continue to pursue treatment, the primary counselor shall make appropriate referral to a community mental health agency.

Step 3. If the victim chooses to refuse further treatment services, they shall be asked to sign a statement to that effect. Appropriate referral to community mental health resources in their area will be made once again at the time of discharge.

### **Correctional:**

When a client alleges sexual assault, a sensitive and coordinated response is necessary. The Executive Director or designee will first be notified to provide next steps contact of BOP and local law enforcement by calling 911. The area where the alleged assault occurred will be secured to allow that any evidence would not be disturbed. The reporting staff shall record information relative to the alleged incident on a federal incident reporting form.

### **Clergy:**

The victim should be encouraged to participate in support groups in the community.

## **INVESTIGATION AND PROSECUTION**

When a client alleges sexual assault, a sensitive and coordinated response is necessary. 911 will be called, then The Executive Director or designee will first be notified to provide next steps contact of BOP, and designated referral agencies. The area where the alleged assault occurred will be secured to allow that any evidence would not be disturbed. Glory House will not collect any forensic evidence. Sioux Falls Police Department will complete the investigation and collect any forensic evidence with assistance from the medial center of the client's choice. The reporting staff shall record information relative to the alleged incident on a federal incident reporting form. The findings of this initial crisis/evaluation as well as the conclusions of the investigation, whether criminal or administrative, session shall be summarized in writing, within one week of the initial session, will be summarized in writing for client or a verbal report documented, a copy placed in the client's file, and in the PREA filing.

## **MONITORING AND FOLLOW-UP**

The primary counselor should watch for reaction stages and provide support as needed during critical stages. Counselors with mental health qualifications or counselors with specialized training will provide instructions for support staff of any accommodations needed. Documentation of progress for both outpatient mental health counseling and in-house individual counseling shall be kept in the client's primary file.

## **RELEASE PREPARATION AND CONTINUING CARE**

Aftercare services shall be determined by the mental health professional in conjunction with The Glory House's primary counselor. Willingness of the victim shall be determined at this time. For those cases that will be utilizing continuing care services, efforts to coordinate these shall begin at least two to three weeks prior to discharge. Responsibilities of the victim in the continued treatment process shall be identified.

If the victim is going out on Federal Supervised Release, arrangements for psychological, medical, or other support services in the victim's community should be made through the U.S. Probation Office. The victim should be encouraged to participate in support groups in the community.

Glory House will complete annual reports for the BOP and PREA as required by contract and law.