

Appendix 2: Elements of a sexual assault response policy

Use this reference sheet as you revise your facility's sexual assault response policy. This chart briefly describes the components of facility response from the PREA standards, along with the recommendations for implementation in the Corrections SAFE Guide (which adapts the recommendations for victim-centered care and coordination from the National Protocol for correctional settings). Note that in many instances the Corrections SAFE Guide echoes the directives of specific PREA standards, though in other cases, it reflects best practices. Recommendations are numbered and are referenced parenthetically with either a "V" or "C" preceding the number. The "V" refers to a recommendation for providing victim-centered care; the "C" refers to a recommendation for promoting a coordinated team approach. You will also need to consider how state laws will affect your facility and team's response. Note: In instances when the Corrections SAFE Guide doesn't provide a recommendation, only the standard is listed.

	PREA Standard	Corrections SAFE Guide
Responsive Planning	115.221/321 <i>Evidence protocol and forensic medical examinations</i>	<ul style="list-style-type: none"> > Victims should have access to SANEs or SAFEs to perform the medical forensic exam. Consider utilizing independent forensic examiners not employed by or under contract with correctional facility. (V7) > Victims should be offered a medical forensic exam when appropriate. To determine whether an examination is appropriate in a specific case, consider the victim's health needs and concerns; jurisdiction-accepted time frame for evidence collection; and specific circumstances of the assault. The victim should not assume financial cost related to evidence collection. (V8) > Make every reasonable effort to involve community-based sexual assault victim advocates in response. (V5)
	115.222/322 <i>Policies to ensure referrals of allegations for investigations</i>	
Official Response	115.261/361 <i>Staff/agency reporting duties</i>	Exercise discretion to avoid the victim's embarrassment at being identified by others in facility as a victim, and to increase their safety and comfort in seeking help. Consider the extent of victim information each responder requires to intervene. Avoid sharing victim information unless it is critical to response. (V4)
	115.263/363 <i>Reporting to other confinement facilities</i>	Ensure that policies are in place for reporting sexual assault occurring in other correctional facilities: If a resident reports being sexually assaulted while housed at another correctional facility, the facility that receives the report has a duty to notify the institution where it occurred, regardless of the amount of time that has lapsed since the incident. The facility where the resident is housed should obtain/receive information about investigative findings from the institution where the assault occurred (and offer services to victims). Victims reporting sexual assault occurring at another correctional facility should have access to the same coordinated response as other victims. (C6)
	115.264/364 <i>Staff first responder duties</i>	In the case of sexual assault by another resident, immediately separate victims and perpetrators. If a staff perpetrator is named, that person should not be involved in facility's response. (V2)
	115.265/365 <i>Coordinated response</i>	<ul style="list-style-type: none"> > Ensure that victims have access to all specialized services they may need after reporting sexual assault. (V1) > If both victims and perpetrators are sent out for medical forensic exams, do not transport them together or have them arrive or wait at the exam site simultaneously. Following an immediate response, strive to keep victims separated from perpetrators. (V2)

	PREA Standard	Corrections SAFE Guide
Official Response (Continued)	115.265/365 <i>Coordinated response (continued)</i>	<ul style="list-style-type: none"> > Consider ways for victims to seek protection and services as confidentially as possible; strictly limit who within the facility needs to know about a report. (V3) > Make every reasonable effort to include community-based sexual assault victim advocates in the immediate response. Develop a memorandum of understanding (MOU) that delineates the relationship/coordination needed between the facility and the advocacy program. (V5) > Train at least one facility staff member to serve as an internal victim resource specialist, to provide general information and guidance to victims during the immediate response and beyond. This position should dovetail with the role of the community-based victim advocate. (V6) > Ensure that victims have access to SANEs/SAFEs to perform the medical forensic exam. (V7) > Offer a medical forensic exam to victims whenever it is appropriate: To determine whether an exam is appropriate, consider the victim's health needs and concerns; jurisdiction-accepted time frame for evidence collection; and specific circumstances of the assault. (V8) > For secure confinement: Shackle or restrain only if necessary for security. (V9) > To the extent possible, facilitate victims' access to their personal support persons (such as family members and clergy) if requested. (V10) > Offer victims information following the report, disclosure, or discovery of sexual assault. (V12)
	115.267/367 <i>Agency protection against retaliation</i>	To the extent possible, protect victims without taking measures they may perceive as punitive. Thoughtfully consider ways to avoid curtailing victims' privileges and freedoms while protecting them from additional violence or retaliation. (V3)
	115.268/368 <i>Post-allegation protective custody</i>	In community confinement facilities, do not send victims back to secure confinement in the name of safety. In secure settings, segregation should be a last resort and, if used, it should be only a short-term arrangement. Also avoid automatically transferring victims to another facility if they cannot be housed anywhere other than a segregation unit, because a transfer may disrupt an investigation, service provision, or victim access to personal support persons. (V3)
Reporting	115.251/351 <i>Resident reporting</i>	Devise facility practices that address victims' concerns related to reporting and encourage reporting to the facility and outside criminal authorities: (a) Educate all corrections staff and responding community agencies of facility's zero-tolerance policy. (b) Ensure that corrections staff and community agencies are trained to routinely respond in a way that demonstrates to residents that staff takes reports of sexual assault seriously and will strive to help victims and hold offenders accountable. (c) Upon intake, provide residents with information on sexual assault. (d) Make facility policies on reporting as easy, private, and secure as possible. (e) Ensure that there is at least one way for victims in correctional facilities to report to an outside entity that is not part of the facility. (f) Use case-by-case assessment, including consulting with security staff and talking with victims about their safety concerns and possible precautions, to reduce protective actions that victims could perceive as punitive. (g) Whenever possible, provide victims with access to victim advocates for confidential emotional support. (h) Strictly limit who in the facility and community can access information about the report/victim. (V11)
	115.253/353 <i>Resident access to outside support services and legal representation</i>	Make every reasonable effort to involve community-based sexual assault victim advocates in response. Develop an MOU that delineates the specific relationship/coordination needed between the facility and the advocacy program; see the section above on coordinated response (115.265/365) for what to include. (V5)
Investigations	115.271/371 <i>Criminal and administrative investigations</i>	<ul style="list-style-type: none"> > With victims' permission, advocates can accompany and support victims through investigative processes. (V5) > Train at least one facility staff person (an internal victim resource specialist) to provide victims with brief and general information during the immediate response about what they should expect during related investigation processes. (V6)

	PREA Standard	Corrections SAFE Guide
Investigations (Continued)	115.273/373 <i>Reporting to residents</i>	<ul style="list-style-type: none"> > Inform victims in a timely manner about issues related to criminal and administrative investigative processes, the status of their case in both systems, and case outcomes. (V12) > Victims reporting sexual assault that occurred in other correctional facilities should have access to information about investigative findings related to that assault. (C6)
Training	115.231/331 <i>Employee training</i>	<ul style="list-style-type: none"> > Ensure that all core responders are appropriately trained. Core responders need to be trained on general issues and dynamics of corrections-based sexual assault and on specifics of how to intervene in a sexual assault of a resident. Conduct initial and refresher trainings. (C3)^a > Facilitate cross-training between corrections staff and forensic examiners on coordinating the exam. (V7)^b > Facilitate cross-training between corrections staff and community sexual assault victim advocates. (V5) > Devise facility practices that address victims' concerns related to reporting: Educate all corrections staff and responding community agencies about the facility's zero-tolerance policy. (V11)
	115.232/332 <i>Volunteer and contractor training</i>	
	115.234/334 <i>Specialized training: Investigations</i>	
	115.235/335 <i>Specialized training: Medical and mental health care</i>	
	115.233/333 <i>Resident education</i>	Upon intake, provide residents with information on sexual assault. Make accommodations as needed to ensure access to this information for all residents. (V11).
Medical & Mental Health Care	115.282/382 <i>Access to emergency medical and mental health services</i>	See roles of corrections medical/mental health staff (Appendix D of Corrections SAFE Guide): Assess acute care needs and coordinate care; preserve forensic evidence to the extent possible while providing acute care; communicate with other responders to ensure optimal coordination of interventions; and provide/coordinate follow-up health care.
Data Collection & Review	115.286/386 <i>Sexual abuse incident reviews</i>	Initiate regular clinical reviews of the facility's response to sexual assault and responder performance to determine strengths, weaknesses, and gaps, as well as areas where additional training or revisions to policy are indicated. In addition to corrections staff, involve outside community-based victim advocates and/or SART members in these reviews whenever possible for perspective and guidance. (C7)

^a General training topics related to corrections-based sexual assault include the dynamics of sexual victimization in confinement settings; issues facing specific populations at high risk for sexual assault; the necessity and benefits of helping victims stay safe and heal; and the usefulness of a coordinated team approach in responding to sexual assault. Specific topics on how to intervene include facility/outside agency policies and specific roles of responders; responsibilities to coordinate a response across agencies; and elements of effective immediate response.

^b Topics for corrections staff include purpose and steps of the exam; jurisdictional policies related to the exam and the evidence-collection kit; role of the forensic examiner; areas and tasks that require coordination between the facility and examiner/exam site. Topics for forensic examiners include dynamics of corrections-based sexual assault; facility policies related to the exam process; security issues, if applicable; and areas and tasks that require coordination between the facility and examiner/exam site.