

Appendix 8: Sample sexual abuse incident review forms

A. SEXUAL ABUSE INCIDENT REVIEW CHECKLIST

This sample checklist can help guide the process of reviewing known incidents and reported allegations, as required by PREA. Note that PREA Standard 115.286/386 requires agencies to conduct reviews of every sexual abuse investigation. Sexual abuse incident reviews must take place within 30 days of an investigation, whether the allegation was substantiated or was not.

This sample checklist was adapted from “Alvis House Community Corrections Center Sexual Assault Response Team (SART) Checklist.”

Sexual Abuse Incident Review Checklist

Date: _____

Names of review team members (check if present at the meeting):

1. [NAME] : _____

5. [NAME] : _____

2. [NAME] : _____

6. [NAME] : _____

3. [NAME] : _____

7. [NAME] : _____

4. [NAME] : _____

8. [NAME] : _____

Summary of incident, including date and time:

RESIDENT SAFETY

1 Did a team member respond to the victim at the time of the incident?
 Yes No

2 List name of responding staff person, date, and time of contact with client/victim:
Responding staff member:
Date: Time:

3 Did the client/victim require medical care?
 Yes No
If yes, list the name and address of the medical provider, and the date and time that treatment was received.

4 Was the client/victim informed of services offered by [insert name of rape crisis center/victim advocacy program], such as counseling?
 Yes No

5 Did the client/victim agree to receive in-house services?
 Yes No

6 Was the client/victim informed of community-based services related to his or her specific area of need?
 Yes No

7 Were mental health services recommended?
 Yes No
If yes, did the client/victim agree to receive mental health services?
 Yes No

POLICIES AND PROCEDURES

8 Was the client/victim informed of confidentiality and duty to report?
 Yes No

9 Was the perpetrator identified?
 Yes No
If yes, List the name, status (resident or staff person), and facility location.

10 Did the client/victim indicate feeling uncomfortable with any specific client or employee in the facility?
 Yes No

If yes, list name, job title (if relevant), and facility location of all persons named by the client/victim. Also, state why the client feels uncomfortable around the named individuals.

11 Did the facility employee(s) respond to the incident according to agency policies?

Yes No

12 Is any additional employee training recommended to improve understanding of, or response to, client sexual victimization?

Yes No

If yes, indicate areas in which training is recommended.

REPORTING

13 Was the response to the client/victim timely?

Yes No

If no, what caused a delay in services to the client/victim?

14 Were the client/victim's emergency contacts notified?

Yes No

15 Was law enforcement contacted?

Yes No

If yes, which agency?

16 Did law enforcement respond to the scene of the incident?

Yes No N/A

17 Was the location of the alleged sexual assault secured?

Yes No N/A

18 Was evidence removed from the scene by law enforcement?

Yes No N/A

If yes, list known items removed from the scene:

19 Were documents related to this incident completed accurately?

Yes No

20 Was any pertinent information overlooked or omitted?

Yes No

If yes, please identify:

21 Please list the whereabouts of the client/victim as of the date of this document. (Check all that apply.)

- Removed from the program
- Transferred to _____ facility
- Client hospitalized (name of hospital: _____)
- Other (specify): _____

22 Please list the whereabouts of the perpetrator as of the date of this document. (Check all that apply.)

- Transferred to _____ facility
- Placed in secure custody
- Unknown
- Other (specify): _____

PROCESS REVIEW

23 Did someone conduct an on-site review of the location where the incident occurred?

Yes No

24 Who conducted the review? List names and job titles.

25 Did the review identify any physical vulnerabilities in the facility?

Yes No

If yes, please identify the vulnerabilities noted and planned action steps, including time lines:

26 Are you aware of any media coverage related to this incident?

Yes No

If yes, list the type of media coverage:

RECOMMENDED IMPROVEMENTS

- 1** Based on the incident and the agency's response, please list any policies that should be revised. State what changes are recommended and how they would improve our response to, or prevention of, client sexual victimization at facility.

- 2** Based on the incident and the agency's response, please list any improvements to facility security where the violation occurred.

- 3** Based on the incident and the agency's response, please list any services not currently provided that may improve resident safety and protection from sexual victimization.

- 4** Based on the incident and the agency's response, could any changes be made to assist victims who disclose sexual victimization (such as designating a person to receive reports or ensuring privacy)?

- 5** Will the incident be included in statistics reported to the U.S. Department of Justice? That is, was it deemed "founded"?

Yes No

If yes, was it deemed a "PREA incident"? Yes No

If the answer to either question is no, why not?

- 6** If the incident was founded and substantiated, did possible motives include the victim's social or sexual identity or perceived identity, including race; ethnicity; gender identity or sexual orientation; gang membership; or other group dynamics at the facility?

Yes No

If yes, please explain:

Name & job title of person completing this document:

PRINTED NAME

JOB TITLE

Signature: _____