

<b>ADVANTAGE TREATMENT CENTER</b>	<b>POLICY NUMBER</b>	<b>NUMBER OF PAGES</b>
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<b>POLICY AND PROCEDURES</b>	<b>SECTION:</b> 3-000 Management Controls	
	<b>SUBJECT:</b> PREA POLICY	
RELATED STANDARDS:		
CCC 2-101, 4-011		
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**POLICY**

Advantage Treatment Center facilities have a zero-tolerance policy for any sexual contact or sexual harassment, whether consensual or non-consensual, between residents and between residents and staff members. Any behavior of a sexual nature whether verbal, nonverbal, or physical is strictly prohibited at Advantage Treatment Center.

Prohibited sexual behavior includes sexual assault, sexual misconduct, staff sexual conduct in a correctional institution, and sexual harassment. Every report or observation of prohibited sexual behavior between clients or between clients and staff shall follow this policy for the prevention of, response to, training and education of, risk screening for, reporting of, response to, investigation of, discipline for, medical and mental health care following, and data collection of incidents of prohibited sexual behavior.

## PROCEDURES

### A. GENERAL DEFINITIONS

- a. **Gender nonconforming:** a person whose appearance or manner does not conform to traditional societal gender expectations.
- b. **Intersex:** a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.
- c. **Transgender:** a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

- d. **Rape:** the carnal knowledge, oral sodomy, sexual assault with an object, sexual fondling of a person, forcibly or against that person's will, or not forcibly or against the person's will, where the victim is incapable of giving consent, because of his or her youth, temporary or permanent mental or physical incapacity, the carnal knowledge achieved through the exploitation of the fear or threat of physical violence or bodily injury.

- e. **Sexual Abuse:**

- (1) Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident; and
- (2) Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer.

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such 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.

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (2) Contact between the mouth and the penis, vulva, or anus;

- (3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;
- (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.

Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an inmate, detainee, 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 to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

- f. **Sexual Conduct in a Correctional Institution:** 'An employee, contract employee, or volunteer of a correctional institution, or an individual who performs work or volunteer functions in a correctional institution, who engages in sexual conduct with a person who is in lawful custody in a correctional institution, commits the offense of sexual conduct in a correctional institution, pursuant to C.R.S. 18-7-701.' If charged and convicted, a possible condition could be the requirement of the staff member to register as a sex offender.
- g. **Sexual Harassment:**
  - (1) 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; and
  - (2) 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.

## **B. PREVENTION**

- a. Deliberate indifference
  - i. Staff could be held personally liable:
    - 1. If he/she fails to anticipate and take action to prevent sexual assault in cases of obviously vulnerable offenders, or anyone else.
    - 2. If he/she fails to take steps to investigate substantial risks to client health and safety (to confirm any dangers, and take action to protect vulnerable clients).
    - 3. If he/she fails to investigate, report, and help to prosecute client sexual assaults.
  - ii. It is critical that all employees take this issue seriously by fact finding and reporting to the PREA coordinator and/or the program director any suspected issues.
  - iii. Fact finding or threshold questioning is when the staff that responds in the first 10-15 minutes on the scene to ask basic questions, such as 'What happened?,' 'Was anyone injured?,' 'Who was involved?,' etc. Staff shall also record all spontaneous utterances.
  - iv. Staff can be sued as an employee, intern, volunteer or contractor of a Community Corrections facility and also as an individual.
  - v. If staff is found guilty of willful and wanton misconduct or conduct outside the course and scope of job duties, he/she could lose assets including personal property.
- b. Agency Protection Duties
  - i. When staff learns that a client is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the client, such as isolating the client in the treatment building with staff supervision until further action can be taken, such as removing the aggressor.
- c. PREA Coordinator:
  - i. ATC has designated an upper-level, facility-wide PREA coordinator to develop, implement, and oversee ATC's effort to comply with the PREA standards in all of its facilities.
- d. Clients with Disabilities and Clients who are Limited English Proficiency
  - i. Staff shall take appropriate steps to ensure that clients with disabilities (including, for example, clients who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech

disabilities), have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with clients who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, staff shall ensure that written materials are provided in formats or through methods that ensure effective communication with clients with disabilities, including clients who have intellectual disabilities, limited reading skills, or who are blind or have low vision. A facility is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

- ii. Staff shall take reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to clients who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary within one (1) business day of arrival to the program.
- iii. Staff shall not rely on client interpreters, client readers, or other types of client assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client's safety, the performance of first-response duties, or the investigation of the client's allegations.
- iv. Training and Education
- v. Employees
  - 1. The program shall conduct an annual training on both PREA and sexual harassment.
  - 2. Training will be documented and maintained in each employee personnel file.
  - 3. New employees will be orientated on PREA policies and protocols within the 40 hour orientation period
- vi. Volunteers
  - 1. The program shall conduct an annual training on both PREA and sexual harassment.
- vii. Clients
  - 1. During the intake process, all clients shall receive an orientation that includes Community Corrections policy and procedures relating to sexual

assault, sexual abuse, sexual harassment and sexual misconduct. The information is communicated by video correspondence, verbally and in writing.

2. Each facility will complete an initial assessment interview within 72 hours (DOC/DIV) to review if a client is at risk or there is a history of sexual victimization or sexually aggressive behavior to assist in housing, work and program assignments. All residents will be assessed with the SCREENING FOR RISK OF SEXUAL VICTIM VULNERABILITY/ ABUSIVENESS worksheet, that is provided in the assessment/intake packet.
  - I. The SBV/SVR scale is rated from a level 1 through level 5. 1- low risk, 2- moderate risk, 3- potential risk where caution in housing assignments should be exercised, 4- high risk where a higher level of caution should be used in housing assignments and 5- known risk where extreme caution should be used in housing assignment.
3. Every resident will be reassessed within 30 days from the resident's arrival at the facility using any additional, relevant information received by the facility since the intake screening.
4. A resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness
5. Every resident will be reassessed within 72 hours, post incident/allegation and or upon receipt of new or relevant information since the initial screening

### **C. IDENTIFICATION**

#### **a. Screening for Risk of Sexual Victimization and Abusiveness**

1. During the intake process, All residents shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents
2. Each facility will complete an initial assessment interview within 72 hours (DOC/DIV) to review if a client is at risk or there is a history of sexual

victimization or sexually aggressive behavior to assist in housing, work and program assignments.

3. Once intake results are gathered, the client's case manager will contact the security supervisor who will re-assign clients bed assignments accordingly if a client scores on the assessment as being a victim or a possible abuser or high risk client.
4. Info gathered during intake is on a need to know basis, and should be shared only with staff if necessary, such as to make treatment investigation, and any other security management decisions.

b. Exhaustion of Administrative Remedies

- i. In the event that a resident has a complaint about a program issue, how they were treated, a PREA matter or the outcome of an incident report, they may file a Grievance or an Incident Report Appeal/Explanation Form with the program.
- ii. Follow grievance steps as outlined in the grievance policy.

c. Upon Notification of an Incident

- i. Once it has been discovered that an incident has occurred, the PREA coordinator will move the client to a designated room through the investigation. At Advantage Treatment Center the designated area for the victim will be upstairs in the treatment building. The aggressor will be put in either the non-residential office, or the security office with staff supervision.

d. Client Access to Outside Confidential Support Services/ Third-party Reporting

- i. The facility shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute or post publicly information on how to report sexual abuse and sexual harassment on behalf of a client.
  1. Call the DOC tips line @ 1-877-DOC-TIPS (1-877-362-8477).
  2. Call the DOC PREA Staff line @ 719-226-4621
  3. Send a letter to the DOC PREA Manager or DCJ Director (Jim Pyle).
  4. Contact the Logan County Community Corrections Board, contact: John Draxler, 970-526-3900

## **D. INVESTIGATION**

### **a. Staff First Responder Duties**

- i. Upon learning of an allegation that a client was sexually abused, the first security staff member to respond to the report shall be required to follow the crime scene management priorities of: personal safety, preserve life, prevent further hostilities protect the scene, and preserve evidence:

1. Separate and isolate both the victim and the alleged perpetrator
2. Immediately notify the program director and/ or the PREA coordinator.
3. Cordon off the crime scene and use the log located in security to document all people entering and their purpose. Staff shall be aware of and prevent common crime scene destruction factors by not stepping through blood, not touching weapons, not moving or touching evidence, and not allowing non-critical response personnel to enter the scene.
4. Request both the victim and the alleged perpetrator not to shower, wash, brush their teeth, use the restroom, change clothing or anything else that could potentially compromise evidence.
5. Dangerous weapons may be picked up only if they present a clear and present danger to the safety and security of the facility, staff, and clients. If possible, staff shall leave weapons in place until law enforcement retrieves them.
6. Staff shall conduct 'threshold questioning,' the first 10-15 minutes on the scene to ask basic questions, such as 'What happened?' 'Was anyone injured?' 'Who was involved?' etc. Staff shall also record all spontaneous utterances. Once the alleged perpetrator is identified and if there are allegations of criminal behavior, all questioning by staff shall cease, as Miranda rights apply and law enforcement will take over.
7. If law enforcement asks staff to assist with the investigation, staff shall cooperate with this request.

## **E. CRIMINAL and ADMINISTRATIVE FACILITY INVESTIGATIONS**

- i. Where sexual harassment is alleged, the facility shall investigate promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

- ii. Where sexual abuse is alleged, the facility shall contact the local law enforcement agency (or the CDOC Inspector General Investigator if the incident involves a 'return to custody' client) to conduct the investigation. The agency shall use investigators who have received special training in sexual abuse investigations pursuant to 115.271 (b).
- iii. For criminal investigations, law enforcement investigators or Inspector General Investigator shall have the responsibility to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- iv. When the quality of evidence appears to support criminal prosecution, the assigned investigator shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
- v. Investigators shall assess the credibility of an alleged victim, suspect, or witness on an individual basis and shall not be determined by the person's status as client or staff. No investigator shall require a client who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
- vi. Administrative investigations into allegations:
  - 1. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
  - 2. 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.
- vii. 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.
- viii. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
- ix. The departure of the alleged perpetrator or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.

- x. When a law enforcement agency or Inspector General investigates sexual abuse, the PREA coordinator or program director from the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.
  
- b. Evidentiary Standard for Administrative Investigations
  - i. The facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.
  
- c. Evidence Protocol and Forensic Medical Examinations
  - i. When investigating allegations of sexual abuse, staff shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
  
  - ii. The facility shall offer all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. SAFE hospital locations near Sterling are as follows:
    - SARA House: 418 Ensign St., PO Box 633, Fort Morgan, CO 80701.

If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners and staff shall document its efforts to provide SAFEs or SANEs.

- d. Policies to Ensure Referrals of Allegations for Investigations
  - i. Staff shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
  
  - ii. For criminal investigations, the Director shall refer to the local law enforcement agency or the CDOC Inspector General Investigator if the incident involves a 'return to custody' client.

## **F. DOCUMENTATION/COMMUNICATION**

- a. Staff and Facility Reporting Duties
  - i. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone, other than to the extent necessary to make treatment, investigation, and other security and management decisions.

- ii. If staff receives any information, regardless of its source, concerning any suspected prohibited sexual behavior, observes an incident of prohibited sexual behavior, or has suspicion or knowledge of retaliation against clients or staff for reporting an incident, staff is required to immediately report the incident to his/her supervisor.
  - a. The supervisor will then notify the designated investigator and facility director.
  - b. The reporting staff will be asked to complete a detailed incident report.
  
- iii. False allegations made in bad faith shall result in disciplinary action and/or may result in criminal charges being filed.
  
- iv. Staff Reporting Options
  - a. Call the Advantage Treatment Center Program Director
  - b. Call the DOC tips line @ 1-877-DOC-TIPS (1-877-362-8477).
  - c. Send a letter to the DOC PREA Manager or DCJ Director (Jim Pyle).
  
- v. Procedures for notification and reporting of **non-criminal** incidents
  - a. Staff shall contact his/her Supervisor/ Program Director.
  - b. Staff shall write a detailed report.
  - c. The Program Director will contact the CPO for a CDOC client and the Probation Liaison for a Diversion client.
  - d. The Program Director will send the report to the CPO, DCJ, Community Corrections board, CDOC PREA Manager for CDOC clients or Probation Liaison for Diversion clients.
  
- vi. Procedures for notification and reporting of **criminal** incidents
  - a. Staff shall contact his/her Supervisor/ Program Director.
  - b. Staff shall write a detailed report.
  
  - c. The Program Director will contact the local law enforcement agency (or the CDOC Inspector General Investigator if the incident involves a 'return to custody' client).
  
  - d. If a staff member, intern, volunteer or contractor is involved, that person will be placed on administrative leave pending investigation.
  
  - e. The Program Director will contact the CPO for a CDOC client and the Probation Liaison for a Diversion client.

- f. The Program Director will send the report to the CPO, DCJ, Community Corrections board, CDOC PREA Manager for CDOC clients or Probation Liaison for Diversion clients.
  
- vii. Reporting to Clients
  - a. Following an investigation into a client's allegation of sexual abuse suffered in a facility, the facility's administrator or designee shall inform the client as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
  
  - b. If the facility did not conduct the investigation, the administrator shall request the relevant information from the investigative facility in order to inform the client.
  
  - c. Following a client's allegation that a staff member has committed sexual abuse against the client, the PREA coordinator shall subsequently inform the client (unless the facility has determined that the allegation is unfounded) whenever:
    - i. The staff member is no longer employed at the facility, or suspended;
    - ii. The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
    - iii. The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
    - iv. Following a client's allegation that they have been sexually abused by another client, the administrator shall subsequently inform the alleged victim whenever:
      - v. The facility learns that the alleged perpetrator has been indicted on a charge related to sexual abuse within the facility; or
      - vi. The facility learns that the alleged perpetrator has been convicted on a charge related to sexual abuse within the facility.
    - vii. When remedial action is used and the employee is no longer at their position.
    - viii. All such notifications or attempted notifications shall be documented.
  
  - i. A facility's obligation to report under this standard shall terminate if the client is released from the facility's custody.
  - ii. Staff involved shall document all information pertaining to the alleged incident and investigation in an informational report and submit it to the Supervisor or Director.
  
- b. Reporting to Other Confinement Facilities
  - i. Upon receiving an allegation that a client was sexually abused while confined at

another facility, the Administrator of the facility that received the allegation shall notify the administrator of the facility or appropriate office of the facility where the alleged abuse occurred.

- ii. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
- iii. The Administrator shall document that he/she has provided such notification.
- iv. If the facility Administrator receives notification that a client under his/her supervision was sexually abused while confined at another facility, he/she shall ensure that the allegation is investigated in accordance with these policies.

## **G. INTERVENTION**

### **a. Victim Counseling**

For victim confidential counseling, clients may contact Rape Crisis Services at 1-800-809-2344, which is communicated to each client during the intake process in writing in the PREA client brochure. If Rape Crisis Services is not available to provide victim advocate services, the facility shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Staff shall document efforts to secure services from other rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The facility may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement facility) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

- i. As requested by the victim, the victim advocate, qualified facility staff member, or qualified community-based organization, a staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.
  - ii. For the purposes of this policy, a qualified facility staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.
- b. Facility Protection Against Retaliation**
- i. The facility shall protect all clients, staff and anyone who expresses fear, who report sexual abuse or sexual harassment or cooperate with sexual abuse or

sexual harassment investigations from retaliation by other clients or staff. Staff is required to report any suspicion or knowledge of retaliation.

- ii. The facility shall implement protection measures, such as housing changes or transfers for client victims or abusers, removal of alleged staff or client abusers from contact with victims, and emotional support services for clients or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- iii. For at least 90 days following a report of sexual abuse, the PREA coordinator shall monitor the conduct and treatment of clients or staff who reported the sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by clients or staff, and shall act promptly to remedy any such retaliation. Items staff should monitor include any client disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- iv. In the case of clients, such monitoring shall also include documented periodic status checks.
- v. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation.
- vi. A facility's obligation to monitor shall terminate if the facility determines that the allegation is unfounded.

#### **H. MEDICAL and MENTAL CARE**

- a. Access to Emergency Medical and Mental Health Services
  - i. Client victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.
  - ii. At the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

- iii. Client victims of sexual abuse while in ATC's custody shall be offered by a medical provider 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.
- iv. 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.

b. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

- i. The facility shall refer for medical and mental health evaluation and, as appropriate, treatment to all clients who have been victimized by sexual abuse in confinement.
- ii. Referral for evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
- iii. The facility shall refer such victims for medical and mental health services consistent with the community level of care.
- iv. Client victims of sexual abuse while confined may be referred for tests for sexually transmitted infections as medically appropriate.
- v. 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.
- vi. The facility shall attempt to conduct or refer for a mental health evaluation of all known client-on-client abusers within 60 days of learning of such abuse history and refer for treatment when deemed appropriate by mental health practitioners.

I. Discipline

- a. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.
- b. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
- c. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual

harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

- d. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

#### **DATA COLLECTION AND REVIEW**

- e. Sexual Abuse Incident Reviews
  - i. ATC 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.
  - ii. Such review shall ordinarily occur within 30 days of the conclusion of the investigation.
  - iii. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners, where applicable.
  - iv. The review team shall:
    - 1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
    - 2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
    - 3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
    - 4. Assess the adequacy of staffing levels in that area during different shifts;
    - 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and



- iv. The company may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.
- h. Data Storage, Publication, and Destruction
- i. ATC shall ensure that data collected pursuant is securely retained according to policy.
  - ii. ATC shall make all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through its website or, if it does not have one, through other means.
  - iii. Before making aggregated sexual abuse data publicly available, ATC shall remove all personal identifiers.
  - iv. ATC shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires a longer storage period.