

Staff Training Outline for Sexual Assault/Abuse Awareness Training

- Show DVD “Facing Prison Rape – Part 1” (NIC production) and discuss
- Discuss the core elements in addressing sexual assault/abuse
 - Prevention
 - Response to Allegations
 - Investigation, Prosecution, Maintenance of Records
 - Confidentiality
- Discuss the Medical Protocol
- Discuss the Mental Health Protocol
- Discuss the Victim Advocate Protocol
- Discuss the Inmate Orientation Information
- Wrap-up
 - Questions
 - Emphasize importance of staff’s role and responsibility (attitude, procedure, protocol)

November 7, 2005

Mental Health Procedures for Allegations of Sexual Abuse/Assault

I. Inmate Screening, Counseling, Tracking, Maintenance of Records, and Training

A. Screening and Counseling

Within 24 hours all inmates arriving at any DCS facility will be assessed with the Potential for Sexual Assault/Sexual Victimization Screening (PSASVS) tool (see Attachment E). Each inmate will be rated as low-, medium-, or high-risk for being a potential sexual perpetrator and/or potential victim of sexual assault. The only exception will be those youthful offenders that are received at the Diagnostic and Evaluation Center (DEC), processed, including being screened with the PSASVS, and then transported to the Nebraska Correctional Youth Facility (NCYF). The screening completed at the DEC will be considered valid until contraindicated by the inmate's subsequent behavior. The initial assessment at DEC and the Nebraska Correctional Center for Women (NCCW) will be completed by case management staff as part of the intake appraisal for newly received inmates. After normal business hours, DEC security staff, trained by Mental Health (MH), will complete the screening tool. At the NCCW, case management staff are available on first and second shifts, seven days a week to complete the admissions screening process. NCCW security staff, trained by MH, will complete the screening process if inmates arrive when case management staff are not available. Inmates transferred from one facility to another will be assessed in like manner by staff at the receiving facility that are trained by MH. Copies of the PSASVS will be distributed as described in paragraph C below.

All individuals assessed as high-risk, be it at an initial, transfer, or follow-up assessment, will be considered for Immediate Segregation (IS) or for a room/housing unit change until assessed by Mental Health. Identified high-risk inmates will be referred using the standard Mental Health/Medical Referral Form (MH/MRF). If the inmate is assessed at the high-risk level by MH, treatment options, including individual counseling, are communicated to the inmate during the MH assessment process. The staff member who counsels the inmate subsequently reports results of the MH evaluation to the Institutional Mental Health Supervisor (IMHS). The IMHS or his/her designee will notify the Security, Unit Management, and Medical Departments of a given inmate's high-risk status. Other departments having substantial contact with the inmate (e.g., the inmate's work or program area) will also be notified as appropriate. Institutional interdepartmental lines of communication will augment the IMHS's dissemination of an inmate's risk status. Additionally, the Institutional Classification Committee will determine a high-risk inmate's housing assignment. When the DCS electronic medical records system is operational, an inmate's high-risk status will be appropriately flagged on her/his file for access/communication to authorized personnel.

B. Tracking System

Unit staff will complete the Potential Perpetrator/Victim Tracking Form (PPVT; see Attachment F) monthly on each identified high-risk inmate. This is accomplished by reviewing Incident Reports/Misconduct Reports on the inmate, behavioral observations, and consultation with other DCS staff that have frequent contact with the inmate (e.g., Work Supervisors).

The PPVT is sent to the Unit Administrator who presents the document for review by the Institutional Classification Committee (ICC). Scheduling of reviews should be equally distributed throughout the month to expedite processing during the ICC meetings. Inmates reviewed by the ICC whose status has not changed are scheduled for another review in one month and/or their 90-day mental status examination (see below). The Chair of the ICC will initial the PPVT to provide documentation showing that the review process was completed. The PPVT will then be filed in accordance with the guidelines in paragraph C below.

If unit staff recommend that an inmate's risk status be changed, either to a higher or lower level, a follow-up PSASVS should be completed, attached to a MH/MRF, and sent to MH for further assessment. Inmates that are recommended to become high-risk status should be considered for IS or considered for a room/housing change, and evaluated as soon as possible by MH staff to determine appropriate intervention. If assessed by MH staff at the high-risk level, then treatment options, including individual counseling, are discussed with the inmate, and notification of the inmate's high-risk status communicated to facility staff personnel as described in paragraph A above. Additionally, newly assessed high-risk inmates should be scheduled for a monthly review. Inmates whose risk status for either perpetrating or being sexually victimized is lowered are notified of this fact and then removed from the systematic tracking process. They continue to be monitored, as are all inmates, by unit staff for possible change in their risk status.

Mental Health staff will complete an assessment on high-risk inmates four times per year (i.e., every ninety days). Results of this assessment will be reported on the Potential Perpetrator/Victim Ninety-Day Mental Status Examination (90-DMSE; see Attachment G). This assessment should take into consideration PPVT reports from the previous two quarters, a complete file review, consultation with staff familiar with the inmate's behavioral presentation, and, of course, a clinical interview. It is unlikely that potential perpetrators will participate in the scheduled review sessions and/or counseling. Nevertheless, systematic tracking will proceed as described above, including completion of the 90-DMSE, without the clinical interview. Potential victims may be more open to 90-day reviews/counseling. Regardless of their decision on whether to participate in the review process, tracking will continue as planned/scheduled using the same approach as with potential perpetrators who refuse interviews/services.

C. Maintenance of Records

As was described above, when the DCS electronic medical records system is operational, all information related to an inmate's risk status will be appropriately flagged and tracked in the inmate's electronic file, as well as existing paper files as delineated here. All PSASVSs completed on an inmate during his/her incarceration (i.e., Initial, Transfer, and Follow-Up) will be retained in the inmate's Institutional File, Mental Health File, and the Unit Treatment File. Maintaining multiple files containing the screening tool will facilitate communication of an inmate's status to all staff with a need to know. This form will be filed regardless of the inmate's assessed risk status, be it low, medium, or high. The PPVT will be maintained in the same files as the PSASVS. However, the PPVT will be removed from the files after six months. This will eliminate the collection of PPVTs that are outdated by either the passage of time or an inmate's change of status, as well as reducing the bulkiness of an inmate's files.

The 90-DMSE will provide a continuous tracking record for those inmates that are assessed at high-risk for extended timeframes. The completed 90-DMSE will become a permanent part of the inmate's Mental Health file. After each 90-DMSE is completed, a Mental Health Programming Involvement form (PIF) will be completed showing the inmate's assessed risk status and distributed as indicated on the form. This process will facilitate the communication of each inmate's risk status for potential sexual perpetration/sexual victimization between DCS staff.

D. Training on the Completion of Assessment and Tracking Forms

As a need develops for training new staff in the use of the screening tool and/or tracking forms, mental health personnel will accomplish this task. The IMHS or his/her designee at each institution will be responsible for providing the training. The IMHS at the Lincoln Correctional Center and the Omaha Correctional Center, or her/his designee, will provide the training at the Community Corrections Center-Lincoln and Community Corrections Center-Omaha, respectively.

II. Mental Health Response to Allegations of Sexual Assault

- A. The inmate will be placed on fifteen-minute check status after being returned from the community hospital to the facility in accordance with instructions provided in Response to Allegations and Incidents of Sexual Abuse/Assault on Inmates (Section II of AR 203.11). The inmate will remain on fifteen-minute check status until evaluated by mental health staff.
- B. Medical staff will make a phone referral to mental health for follow-up assessment upon the inmate's return. Security staff will provide this notification if medical staff are not available. A mental health staff person will meet with the inmate within one working day after the referral is received to determine the need for crisis intervention and/or long-term counseling.
- C. If the inmate is returned to the facility after daytime business hours, medical (or security) staff will contact the Mental Health Officer of the Day (MHOD) immediately. The MHOD will notify her/his IMHS who will arrange for the post-incident psychological assessment of the inmate.

INMATE ORIENTATION INFORMATION REGARDING SEXUAL ABUSE/SEXUAL ASSAULT

1. ZERO TOLERANCE STANDARD

The Department of Correctional Services has a zero tolerance standard regarding abusive sexual contacts or acts within the correctional setting. Inmates should expect a facility that is free from any form of abuse to include:

- Physical/sexual assault
- Physical/sexual pressuring
- Extortion (pressuring for personal property, charging rent, demanding sexual favors or money)
- Physical/sexual intimidation or manipulation
- Retaliation/retribution

Inmates who engage in the above cited prohibited acts are subject to disciplinary action and/or criminal prosecution. Inmates who are determined to be a threat to staff or inmates will be considered for Administrative Segregation placement through the inmate classification process.

Staff, volunteers, and contractors who engage in the above cited prohibited acts are subject to appropriate administrative action and/or criminal prosecution.

2. PREVENTION / INTERVENTION

If necessary, inmates will be placed on immediate segregation for their protection pending an investigation.

Upon completion of an investigation, consideration will be given for alternative housing to include protective custody placement.

3. SELF PROTECTION

Inmates should take all reasonable measures to protect themselves. Inmates have the right to defend themselves provided they take reasonable measures to avoid conflict/confrontations/altercations by leaving the immediate area, soliciting staff assistance and taking a defensive posture during altercations.

4. REPORTING SEXUAL ABUSE/ASSAULT

Inmates who believe that they have been treated in such a manner or treated inappropriately should immediately contact any staff member and report their concerns. Immediate reporting may assist law enforcement personnel in more effective evidence collecting and for prosecution.

5. TREATMENT AND COUNSELING

In the event of a sexual abuse/assault situation, a victim-sensitive medical examination will be conducted. Treatment of physical injuries will occur following the assault, including the testing for and treatment of sexually transmitted and other communicable diseases, if necessary.

Mental health services in the form of crisis intervention will be provided immediately following disclosure of sexual victimization. Ongoing mental health services will be provided to address the short-term and long-term emotional and psychological impact (e.g. Rape Trauma Syndrome, Post-Traumatic Stress Disorder).

Advocacy services will assist victims from the point of disclosure through potential court proceedings.

MEDICAL PROTOCOL	NUMBER	PAGE NUMBER
	31	1 OF 2
DEPARTMENT OF CORRECTIONAL SERVICES	SUBJECT:	
STATE OF NEBRASKA	Inmate Victims of Sexual Assault	

APPLICATION

All DCS facilities.

PURPOSE

To ensure that inmates have an environment that is free from any form of abuse to include:.

1. Physical/Sexual assault
2. Physical/Sexual pressuring
3. Extortion (pressuring for personal property, charging rent, demanding favors for money)
4. Physical/Sexual intimidation or manipulation
5. Retaliation/Retribution

GENERAL

It is the policy of the Nebraska Department of Correctional Services to provide inmates with a living environment that is free from any form of abuse. Inmates who believe they have been treated in such a manner or treated inappropriately should immediately contact a staff member and report their concerns.

PROCEDURE

- A. Inmates who believe they have been subjected to sexual assault will report to correctional staff.
- B. Correctional staff will notify medical services of the facility.
- C. Medical staff will take a brief history and prepare inmate for transfer to a community hospital, where an examination and a sexual assault kit will be completed.
- D. Medical staff will ensure the forensic evidence is preserved. Pictures of external wounds will be taken at the facility after the completion of the sexual assault kit at the community hospital.
- E. Medical staff will document the inmate’s medical history to include:
 1. Date and time of reported assault
 2. Date and time of interview in medical department
 3. Identity of the assailant if known
 4. Demeanor of victim (crying, depressed, flat affect, inability to concentrate, angry)
 5. Summary of trauma involved with incident, if bleeding occurred with incident

6. If the inmate has showered, brushed teeth, used mouthwash, douched (for females), urinated, defecated, vomited, or changed clothes (staff will attempt to recover clothing of inmate during assault and place in brown paper bag and seal)
 7. All staff working with the victim will use gloves for preservation of forensic evidence.
- F. Inmates who indicate that they have been sexually assaulted will not be sent to a community hospital for collection of a rape kit if their report is received in excess of 72 hours after the alleged incident. However, testing will be conducted as cited in section I below.
- G. Medical staff will make a phone referral to mental health staff to be followed up immediately for inmate mental health assessment post assault.
- H. The victim will be placed on 15-minute checks until mental health conducts an assessment.
- I. The following laboratory tests will be completed by NDCS Medical staff when the inmate returns to the facility from the community hospital:
1. HIV (at time of occurrence, 6 weeks, 3 months, and in 6 months)
 2. Hepatitis B antigen and C antibody (at time of occurrence and in 6 months)
 3. STD-RPR, Chlamydia and N. Gonorrhea urine test and/or genprobe (as clinically indicated)
- J. Medical staff will provide antibiotics for prevention converge of STD's according to CDC guidelines.
- K. Medical staff will provide Hepatitis immunization as clinically indicated.

**NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
POTENTIAL FOR SEXUAL ASSAULT/SEXUAL VICTIMIZATION
SCREENING INSTRUMENT**

Inmate Name	Inmate #	Date of Screening
Date of Birth	Gender	Institution

SEXUAL VIOLENCE POTENTIAL

Importance

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Information Unavailable**	Multiple prior incarcerations?	<input type="checkbox"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Info NA**	Intimidating or aggressive attitude during intake?	<input type="checkbox"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Info NA**	Appears prison-wise; highly familiar with Nebraska prison environment?	<input type="checkbox"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Info NA**	Appears emotionally cold to his/her current offense.	<input type="checkbox"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Info NA**	Was the current offense predatory in nature?	<input type="checkbox"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Info NA**	Was the current offense impulsive in nature?	<input type="checkbox"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Info NA**	Was the current offense for sexual assault or abuse?	<input type="checkbox"/>

Other Factors:

<input type="checkbox"/> History of sexual charges or convictions?	<input type="checkbox"/> History of violence within institutional setting?
<input type="checkbox"/> Pattern of predatory violence?	<input type="checkbox"/> Pattern of impulsive behavior?
<input type="checkbox"/> Acknowledges homosexuality and aggressively pursues same-sex sexual activities?	

Risk Level for Potential Perpetration: Low _____ Medium _____ High _____

Comments _____

SEXUAL VICTIMIZATION POTENTIAL

Importance

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Info NA**	Naïve to Nebraska prison environment?	<input type="checkbox"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Info NA**	Physical condition/weakness makes him/her vulnerable?	<input type="checkbox"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Info NA**	Slight physical stature? <input type="checkbox"/> Bigger <input type="checkbox"/> Smaller	<input type="checkbox"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Info NA**	Unassertive, lacks self-confidence, timid or withdrawn?	<input type="checkbox"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Info NA**	Projects fear or nervousness?	<input type="checkbox"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Info NA**	Expresses concern about sexual pressuring or victimization?	<input type="checkbox"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Info NA**	Vulnerable to sexual victimization due to nature of her/his crime?	<input type="checkbox"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Info NA**	Comprehension difficulties?	<input type="checkbox"/>

Other Factors:

History of special education placements?

History of difficulty living independently?

Difficulty answering questions/speech processing?

Passively acknowledges homosexuality?

Reports history of sexual victimization?

Drug problem increases vulnerability?

Risk Level for Potential Sexual Victimization: Low _____ Medium _____ High _____

Comments _____

Staff Signature

**NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
POTENTIAL PERPETRATOR/VICTIM MONTHLY TRACKING FORM**

INSTITUTION: _____ NAME: _____
 DATE: _____ NUMBER: _____
 PREVIOUS REVIEW DATE: _____ LOCATION: _____

PERPETRATOR REVIEW CRITERIA	YES	NO	Suspected/ Unconfirmed
1. Incident Reports/Misconduct Reports related to violence.			
2. Arguments with staff or inmates.			
3. Room restrictions for disruptive behavior.			
4. Verbal threats to sexually assault other inmates.			
5. Verbal threats to sexually assault staff.			
6. Rule violation for being in unauthorized area—in another inmate's room or having an out of bounds inmate in his/her room.			
7. Stalking behavior aimed at staff.			
8. Stalking behavior aimed at other inmates.			
9. Sexual activities with another inmate.			
10. Sexual activities with a staff member.			
11. Reports of sexual harassment or abuse of other inmates—lacking sufficient evidence to sanction inmate.			
12. Associating with an inmate at high risk for victimization.			

VICTIM REVIEW CRITERIA	YES	NO	Suspected/ Unconfirmed
1. High potential victim appears to be associated with another inmate whose intention appears to be sexually predatory.			
2. Rule violation for being in unauthorized area.			
3. Rule violation for having an unauthorized contact.			
4. Inmate appears to be significantly more depressed, hopeless, and/or despondent than previously; a marked change in affect.			
5. Sexual activities with another inmate.			
6. Sexual activities with a staff member.			
7. Reports of the inmate being sexually assaulted, harassed, or abused by another inmate—lacking sufficient evidence to verify.			
8. Appears that other inmates have gotten into a fight over access to this inmate.			

Complete each item for either the potential perpetrator or victim assessment. All items checked YES or Suspected/Unconfirmed require explanation and recommendations—use back of form if necessary:

Unit Staff: _____

Institutional Classification Committee Review Date: _____ **ICC Chair's Initials:** _____

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES: INVESTIGATIVE FLOW CHART

