



Specialized Training: PREA Medical and Mental Care Standards Notification of Curriculum Utilization December 2013

The enclosed *Specialized Training: PREA Medical and Mental Care Standards* curriculum was developed by the National Commission on Correctional Health Care (NCCHC) as part of contract deliverables for the National PREA Resource Center (PRC), a cooperative agreement between the National Council on Crime and Delinquency (NCCD) and the Bureau of Justice Assistance (BJA). The PREA standards served as the basis for the curriculum's content and development with the goal of the *Specialized Training: PREA Medical and Mental Care Standards* curriculum to satisfy specific PREA standard requirements.

It is recommended that the *Specialized Training: PREA Medical and Mental Care Standards* curriculum be reviewed in its entirety before choosing which modules to use. Any alterations to the original materials must be acknowledged during their presentation or requires removal of the PRC and NCCHC logos.

BJA is currently undergoing a comprehensive review of the enclosed curriculum for official approval at which point the BJA logo may be added.

Note: Utilization of the enclosed curriculum, either in part or whole, does not guarantee that an auditor will find a facility "meets standard". Rather, an auditor will take into consideration the curriculum used as part of their overall determination of compliance.



National Council on
Crime & Delinquency



Notice of Federal Funding and Federal Disclaimer—This project was supported by Grant No. 2010-RP-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice nor those of the National Council on Crime and Delinquency (NCCD), which administers the National PREA Resource Center through a cooperative agreement with the Bureau of Justice Assistance.

Module 2:

Reporting and the PREA Standards

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Module Objectives

Trainees will be able to:

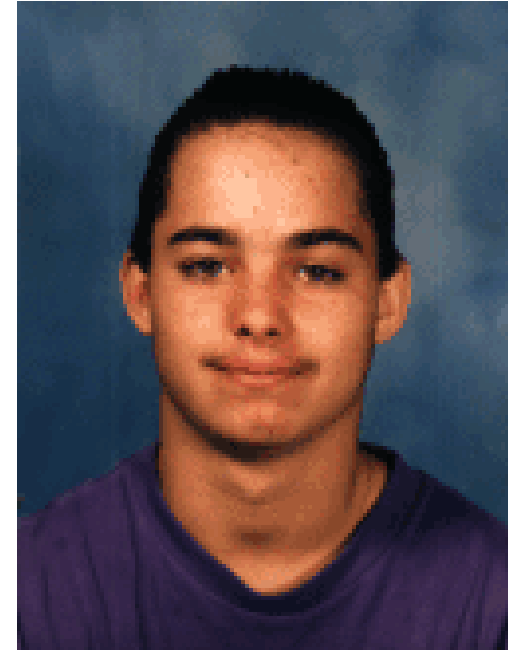
1. Recognize their role in meeting agency responsibilities for reporting
2. Understand how to identify state-specific reporting requirements for vulnerable persons (e.g., elderly/disabled) and juveniles
3. Help ensure access to outside confidential support services
4. Encourage and support inmates, detainees, and residents to report sexual victimization and harassment when it occurs



Where have we been with sexual assault in jails and prisons?

Rodney Hulin, Jr.'s Story

- In 1995, 16-year-old Rodney Hulin pled guilty to arson with property damage less than \$500 and was sentenced to 8 years in a Texas prison.
- Within 3 days of his transfer to Clemens Unit, Rodney was raped and beaten. It went on for over 2½ months.
- The TDCJ did not respond effectively.
- The results were catastrophic.



(March 2, 1978 - May 9, 1996)



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DVD Rodney's Story

[Rodney's story](#)



Reporting

- Sexual abuse is the most underreported crime
- In 2008, there were only 7,444 formal allegations of sexual victimization in America's jails and prisons
- Of those, 13% resulted in substantiated investigations



*Source: Bureau of Justice Statistics Surveys of Sexual Violence, as reported in "DOJ PREA Notice of Proposed Rule Making," released January 24, 2011.

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NCCHC: Dedicated to Health Care Excellence

NCCHC is the leader in preventing and responding to sexual abuse in confinement for health care practitioners.

NCCHC believes that correctional health care staff:

- Are partners with administration in responding to sexual victimization
- Have a unique perspective that enhances quality care for inmates who are victimized
- Are committed to preserve community safety and improve public health



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Correctional Health Care Professionals Are Key Responders in Sexual Victimization

Unique role of health care professionals requires the ability to respond affirmatively

If an inmate, detainee, juvenile or resident discloses sexual victimization, the health care professional **must know, understand, and be able to implement** the agency or institution policy and protocol.



§115.35 - Specialized Training

Medical and Mental Health Staff need special training in:

1. Sexual abuse detection/assessment
2. Physical evidence protection
3. Effective, professional response to victims
4. How & to whom to report



Recommendations:

- Carefully review agency's sexual abuse staff training and inmate education curricula
- Assess knowledge gaps among clinical staff – physician, nursing, mental health
- Identify local resources, i.e., rape crisis programs, trauma specialists, who can provide specialty training
- Plan and execute mock drills to test knowledge base
- Prepare pocket cards with key roles identified



Examples of Pocket Cards for Staff Response

CDCR Prison Rape Elimination Policy Custody Supervisor Checklist

While in TTA/Designated Medical Location:

- Ensure medical triage/assessment has been initiated.
- Ensure required protocol is being followed.

Upon Return to Institution:

- Work with RN—Suicide Risk Assessment.
- Consider safe housing for victim/suspect—CDC 114D. Separate buildings, if possible.
- Provide follow-up briefing to Watch Commander.
- Explain process for requesting Mental Health—Victim.
- Determine if victim can call home.
- Ensure preparation of Incident Package & Rule Violation Report, if appropriate.
- Gather and review all staff reports.
- Forward all completed reports to ISU.

CDCR Prison Rape Elimination Policy Custody Supervisor Checklist

Ensure victim/suspect, to the best of your ability
DOES NOT:

- Shower
- Remove clothing without medical supervision.
- Use the restroom facilities.
- Consume any liquids

Upon Initial Contact w/STAFF:

- Get briefing from Initial Contact.
- Ensure time logs are being maintained.
- Ensure crime scene has been secured.
- Ensure victim is safe and secure.
- Determine status of suspect, if identity is known.
- Notify Watch Commander of situation.
- Ensure no contact between victim/suspect.
- Review C-File to determine if Staff Assistant is needed.
- Assign custody escort to the victim. Consider same gender preference. Custody escort will act as Staff Assistant, if needed.
- Assign custody escort to the suspect.
- Designate Evidence Officer to begin collection of evidence.

Examples of Pocket Cards for Staff Response

CDCR Prison Rape Elimination Policy Custody Response to Victim-Post Trauma

- Be sensitive to post trauma signs of delayed breakdown. Any signs of Post Trauma Stress Disorder reported by the victim should trigger immediate referral to the Mental Health program.
- The victim should not be blamed for being attacked.
- The victim should be allowed to talk freely to custody about the incident without being judged. Allowing the victim to vent without judgment is crucial.
- Custody should check in and ask "How are you doing...?" from time to time.
- Custody staff should be alert to overt signs of delayed reaction to the event and make referral to the Mental Health program if observed:
 - ◇ Insomnia
 - ◇ Agitation
 - ◇ Suspiciousness/heightened vigilance

Continued on reverse side

CDCR Prison Rape Elimination Policy Custody Response to Victim Post Trauma

- ◇ Withdrawal from customary activities and friends
- ◇ No appetite
- ◇ Aimless wandering around
- ◇ Hyperactivity
- ◇ Any new ritualistic or highly repetitive conduct
- ◇ Crying
- ◇ Automation/robotic appearance or movement
- ◇ Sudden change in behavior, the person is no longer themselves
- ◇ Aimless restlessness
- ◇ Self-injurious or suicidal behavior
- ◇ Self-deprecating remarks
- ◇ Bizarre or unusual behavior or outbursts
- ◇ Fear of venturing beyond "security blanket" areas
- ◇ Newly developed clinginess on friends or custody staff
- ◇ Alternatively, sudden swaggering bravado that seems almost begging for trouble.



Understanding and Complying with Agency and State Reporting Requirements

§115.61 Staff and Agency Reporting Duties

The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse and harassment that occurred in a facility, whether or not it is part of the agency.



Understanding and Complying with Agency and State Reporting Requirements

- Reporting is NOT optional and is required at all times.
- Staff must report whether there has been retaliation against any inmate, detainee, juvenile or resident or a staff who has reported such an incident.
- Staff also must report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.



Meeting The Reporting Requirements

Unlike the community, the correctional agency must be informed of sexual victimization when it occurs

- Consider the implications of reporting or not reporting for the victim
- Understand what will occur if a victim reports
- Clearly articulate verbally and in writing the Limits of Confidentiality and Duty to Report Requirements for patients/clients
- Before service delivery occurs, discuss limits of confidentiality and duty to report with patients, and regularly review these
- Information of abuse is 'need to know'



State-Specific Reporting Requirements

Each state has specific requirements for reporting incidents of sexual abuse, including mandatory child abuse reporting statutes, and reporting abuse of certain identified vulnerable populations

- Identify the laws regarding mandatory reporting in your jurisdiction
- Consult National District Attorney's Association *Mandatory Reporting of Domestic Violence and Sexual Assault Statutes* available at: www.evawintl.org



Finding Resources on Child Abuse Reporting

Child Welfare Information Gateway Provides information specific to your state

www.childwelfare.gov/systemwide/laws_policies/statutes/manda.pdf

Center for Adolescent Health Laws: Listing of Minor Consent Laws
www.cahl.org/publications/consent-confidentiality-protection/

American University – Washington College of Law – Smith, Brenda V.,
Fifty State Survey of Mandatory Reporting Laws (May 2, 2009)
www.wcl.american.edu/endsilence/documents/StateMandatoryReportingLaws.pdf

Correctional Staff as Mandatory Reporters
www.wcl.american.edu/endsilence/documents/CorrectionalStaffasMR.pdf



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Recommendations for Mandatory and Child Abuse Reporting

- Review resources and consult with appropriate legal, child abuse and administrative agencies in your jurisdiction
- Determine state specific requirements for your agency and institution
- Prepare and post listing of agencies, with address, phone numbers and specific contact
- Identify specific information that will be required, including forms that may need to be completed



Additional Components for Youth

§115.353 Resident Access to Outside Support Services and Legal Representation

Juveniles and residents of juvenile facilities must have reasonable and confidential access to:

- their attorneys
- other legal representatives
- parents and other legal guardians

Health care professionals can facilitate and support juvenile offenders to get these additional services.



Partnering with Community Resources

A number of national resources exist to help guide you in identifying local, state community resources

Office of Victims of Crime

810 Seventh Street NW., Eighth Floor, Washington, DC 20531
www.ojp.usdoj.gov/ovc/map.html

RAINN - Rape, Abuse, and Incest National Network

On-Line Hotline 1-800-656-HOPE [24 hrs/day – 7 days week]

<http://www.rainn.org/> <http://centers.rainn.org/>

Allows you to identify local crisis centers by city/state

Just Detention International

3325 Wilshire Boulevard, Suite 340,
Los Angeles, CA 90010

P 213.384.1400 F 213.384.1411

E-mail: info@justdetention.org www.justdetention.org

International Association of Forensic Nurses/ SANE

<https://m360.iafn.org/frontend/search.aspx?cs=1932>



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Making Reporting Possible

§115.51 Requires agencies to provide multiple internal ways for inmates to privately report sexual abuse, harassment, retaliation and staff neglect

Agencies must make every effort to assist inmates to be safe, to be free of sexual abuse, and to report victimization by inmates or staff.



Making Reporting Possible

Help make yours a facility where victims can report

- Remember that health care practitioners are often seen as reliable and able to assist in times of crisis
- Work with your agencies to improve reporting procedures. Make sure they are trauma-informed.
- Create and encourage a reporting culture, by being responsive and facilitating safety and discretion
- Make sure the message that reports are taken seriously is included in inmate and resident education



Third-Party Reporting

§115.54 stipulates that the agency provides the means for third parties to report

- You may receive telephone calls or communication from family and friends about sexual abuse
- Other patients may express concerns about a particular inmate/resident and sexual abuse
- Correctional staff, volunteers may express concerns about inmates/residents and sexual abuse
- Be prepared to take action as necessary



Reporting to Other Confinement Facilities

§115.63 requires correctional agencies to report to another facility if an allegation of sexual abuse has occurred there.

- During intake screenings, assessments or in the course of history taking, health care staff may be informed by a patient that sexual abuse has occurred when they were at another correctional facility
- If this occurs, you must notify the appropriate institutional authority so that proper notification can be completed



Sexual Abuse Incident Reviews

§115.86 requires that the agency conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation

The Review Teams include upper-level management officials with input from line supervisors, investigators, and medical or mental health practitioners.



Sexual Abuse Incident Reviews

This quality control procedure examines if there is a need to change policy or practice to better prevent, detect, and respond to sexual abuse and:

- Considers multiple contributing factors such as race, gangs, gender identity, sexual orientation, ethnicity
- Also examines institutional barriers, staffing patterns, and technology
- Is a key opportunity to improve care



Summary

Reporting requirements are key to quality service

- They protect the agency and practitioners in reducing risk and liability
- They require specific actions by practitioners in their respective roles
- They help agencies to promote quality, effective care
- They assist agencies to improve safety

