Specialized Training: Investigating Sexual Abuse in Correctional Settings
Notification of Curriculum Utilization
December 2013

The enclosed Specialized Training: Investigating Sexual Abuse in Correctional Settings curriculum was developed by The Moss Group, Inc. (TMG) 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: Investigating Sexual Abuse in Correctional Settings curriculum to satisfy specific PREA standard requirements.

It is recommended that the Specialized Training: Investigating Sexual Abuse in Correctional Settings 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 TMG 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.
Module 5: Role of Medical And Mental Health Practitioners in Investigations

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 5: Objectives

1. Understand the PREA Standards applicable to Medical and Mental Health Care practitioners involved in the investigative process
2. Describe the Forensic Medical Exam Process
3. Explain the Role of Victim Advocates
§115.(3)21 Evidence protocol and forensic medical examinations

• Follow a uniform evidence protocol that is developmentally appropriate and based on DOJ’s National Protocol for Sexual Assault Medical Forensic Exams, Adult/Adolescents*.

• Offer all survivors access to exams, at no cost, when appropriate.

• Exams must be performed by qualified medical professionals, such as Sexual Assault Nurse Examiners.

*A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents is available at: https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf
Evidence Protocol and Forensic Exams – Access to Advocates

§115.(3)21(d) Evidence protocol and forensic medical examinations

• Attempt to make available a victim advocate from a rape crisis center (RCC) to provide accompaniment.
• If RCC is not available, qualified staff from community organization or agency staff must accompany survivors.
• Document efforts to secure services from RCCs.
• Can use advocates from government agencies if they are not affiliated with the criminal justice system and provide a comparable level of confidentiality as nongovernmental agencies.
§115.(3)21(e-h) Evidence protocol and forensic medical examinations

• Advocates accompany and support victims through the exam process and investigative interviews and provide emotional support, crisis intervention, information, and referrals.

• A qualified agency staff member must be screened for appropriateness and receive education on sexual assault and forensic exams.
§115.(3)35(a) Specialized training: Medical and mental health care

Ensure medical and mental health staff are trained in:

• How to detect and assess for signs of sexual abuse and harassment
• How to preserve physical evidence of sexual abuse
• How to respond professionally to victims
• How and to whom to report allegations or suspicions of sexual abuse or harassment
§115.(3)35(b-d) Specialized training: Medical and mental health care

• Medical staff who perform forensic examinations must receive appropriate training.

• Maintain documentation of medical and mental health staff participation in required trainings.

• Ensure medical and mental health staff receive appropriate staff, volunteer, or contractor training, in addition to the specialized training described above.
§115.(3)53(a-b) Inmate/resident access to outside confidential support services

• Provide inmates-residents with phone and mail access to rape crisis and/or other victim advocates.

• Enable reasonable communication in as confidential a manner as possible.

• Inform inmates-residents of the extent to which this communication is monitored and reports will be filed in accordance with mandatory reporting laws.
Access to Outside Confidential Services - Agreements

§115.(3)53(c) Inmate/resident access to outside confidential support services

• Enter into written agreements (MOUs) with outside victim advocates who are able to provide inmates/victims with confidential emotional support.

• Document attempts to enter into such agreements.
§115.(3)65 Coordinated response

• Develop a written institutional plan to coordinate actions taken among first-responders, medical and mental health staff, investigators, and administrators.
Access to Emergency Medical and Mental Health Care

§ 115. (3) 82 (a-b) Access to emergency medical and mental health services

- Provide timely, unimpeded access to emergency medical treatment and crisis intervention services.

- If no practitioners are available, first responders protect victims and notify appropriate staff.
Access to Emergency Medical and Mental Health Care

§115.(3)82(c-d) Access to emergency medical and mental health services

• Offer victims information about and timely access to emergency contraception and sexually transmitted infections prophylaxis.

• Treatment must be provided at no cost to the victim, regardless of whether or not the victim cooperates with the investigation or names the abuser(s).
Access to Ongoing Medical and Mental Health Care

§115.83(a-b) Ongoing medical and mental health care for sexual abuse victims and abusers

Offer evaluation and treatment to inmates/residents who have been sexually abused, including:

• Follow-up services
• Treatment plans
• Referrals for continued care
§115.(3)83(c-d) Ongoing medical and mental health care for sexual abuse victims and abusers

- Provide medical and mental health services consistent with the community level of care, including:
  - Pregnancy tests for victims of sexually abusive vaginal penetration
  - Timely and comprehensive information and medical care for victims who become pregnant as a result of abuse
  - Tests for sexually transmitted infections
Access to Ongoing Medical and Mental Health Care, Cont.

§115.(3)83(c-d) Ongoing medical and mental health care for sexual abuse victims and abusers

• Provide treatment at no cost and regardless of whether the inmate names the abuse or cooperates in the investigation.

• Within 60 days of learning of an inmate/resident previously perpetrated sexual abuse, prison mental health staff:
  - Conduct a mental health evaluation
  - Offer treatment, when appropriate
Interpreting the Medical and Mental Health Standards

Corrections must offer victims of sexual abuse:

- Hospital accompaniment by an advocate
- Emergency and ongoing medical and mental health care
- Forensic evidence collection, as appropriate
- Preventive measures such as pregnancy and HIV/AIDS tests and prophylaxis
Interpreting the Victim Services Standards

Corrections must:
• Provide care in a trauma-informed manner
• Develop an institutional coordinated response plan
• Enter formal agreements with victim advocates and other service providers
• Use a uniform evidence protocol to collect the most usable physical evidence
The Forensic Medical Examination
A Sexual Assault Nurse Examiner is a Registered Nurse who has been specially trained to provide comprehensive care to sexual abuse patients; who demonstrates competency in conducting a medical forensic examination; and has the ability to be an expert witness.
Forensic Medical Examination

A sexual assault medical forensic examination is performed by specially trained medical professionals for the purpose of:

- Evaluation and treatment of trauma
- Collection of evidence following a report of sexual abuse by a victim
- Treatment of possible exposure to sexually transmitted infections
- Referral to counseling and follow-up medical care
Medical Examination for Sexual Abuse Victim

If reported within 96 hours:

- a medical examination of the victim of the sexual abuse for use in the investigation or prosecution of the offense may be requested
Dual Purpose of the Forensic Exam

Provide victim-centered care
Address the needs of inmate(s)
/residents who report sexual abuse

Investigations
Gather evidence to assist the criminal justice process

The medical well-being of the patient is the primary objective of the SANE at all times during the examination.
Restraints should not restrict!

Recommended guidelines for retrieval of evidence on incarcerated survivors are NO different from the national protocol for sexual abuse victims.
Victim Adaptations

- Age
- Gender/gender identity
- Disabilities
- Culture, ethnicity, religion
- Sexual orientation
- Victimization history
- Abuse by an authority figure
- Coping – support available
- Consent/assent for exam
What does a sexual assault forensic medical examination entail?

- Collect medical forensic history from the patient
- Head-to-toe examination to look for signs of trauma
- Detailed Ano-Genital Exam to assess for trauma
- Collection of forensic evidence
First Steps

Step 1:
Affidavit – Giving Consent
Patient Information

Step 2a:
History of Assault

Step 2b:
Medical History
Step 3: Clothing Collection
Step 4: Debris Collection
Step 5: Oral Swabs & Smears
Step 6A: Vaginal Swabs & Smears
Step 6B: Penile Swabs & Smears
Step 7: Rectal Swab & Smear
Step 8: Head Hair Combings
Step 9: Pulled Head Hairs
Step 10: Pubic Hair Comblings

Step 11: Pulled Pubic Hair

[Images of forms for Step 10 and Step 11]
Step 12: Saliva Sample
Final Steps

- Police evidence seals are affixed where indicated, dated & initialed by examiner.
- ALL requested information if filled out.
- Offer prophylaxis for sexually transmitted infections and pregnancy, if necessary.
- Provide discharge instructions and referrals.
Documentation
Remember!

It is important to always remember that the absence of injuries does not mean that sex was consensual or that the sexual abuse did not occur.
Access to Victim Advocates

- Survivors need and deserve access to rape crisis services.
- PREA standards require agencies to attempt to make a victim advocate available to survivors.
- Access to advocates may also be required by federal and state laws.
The Rape Crisis Model

- Survivor-centered
- Goal is empowerment
- Focus on managing immediate trauma symptoms and assisting the survivor to regain control and to heal
- A problem-solving, non-directive approach
The Role of the Victim Advocate

A victim advocate can:

• Accompany survivors through the response process, including the forensic exam and investigation

• Provide survivors with crisis intervention and ongoing support

• Serve as a source of information about the process

Associate Warden, Victim Advocate, and former Investigative Lieutenant (Left to Right) at California Correctional Institution, Tehachapi.
Importance of Victim Advocates

- Sole focus is on survivors’ safety and well-being
- Can maintain confidentiality
- Available at any time - typically 24 hours/day
# Rape Crisis Services

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<thead>
<tr>
<th>Acute Care</th>
<th>Follow-Up Care</th>
<th>Longer-Term Care</th>
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<tr>
<td>Crisis Intervention</td>
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<td>Hospital Accompaniment</td>
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<td>Psycho-Educational Approach</td>
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<td>Short-Term Counseling</td>
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<td>Legal Advocacy</td>
<td>Groups</td>
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<td>Safety Planning</td>
<td>Opportunities for Activism</td>
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Role of the Advocate During the Forensic Exam

• Accompany survivors during the exam process.
• Provide emotional support and information.
• Advocate a survivor’s comfort and privacy during the exam.
• Inform the survivor of his or her rights regarding the medical forensic exam.
Role of the Advocate in Investigative Interviews

- Accompany survivors during interviews.
- Provide emotional support and information regarding the investigative process.
- Will not participate in the interview or serve as a translator.
- Assist the survivor to address his or her needs during the interview, such as taking a break, when needed.
Role of the Advocate in Providing Ongoing Care

- May be able to provide follow-up services via phone, by mail, or in-person
- Can assist survivors’ in their healing to manage the long-term impact of trauma and to participate in the investigative process
- Services are usually free and confidential
• In some states, advocates are legally required to keep client information confidential.

• They may be bound by professional ethics and legal standards of licensing bodies.

• Advocates cannot disclose information, including names of perpetrators to the facility.

• Advocates give survivors the tools they need to make their own decisions.
The Benefits of Advocates

Advocates reduce survivors’ trauma and improve investigations in the following ways:

• Advocates increase survivors’ wellness and help them to cope with the trauma of the sexual abuse.
• Survivors are likely to feel more comfortable with the investigation if they have an advocate.
• Survivors who feel comfortable and supported are more likely to participate in the investigative process, which increases the likelihood of a successful investigation.