

**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.*



# Module 3:

## Effective and Professional Responses

***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 Objectives

At the end of the module, trainees will be able to:

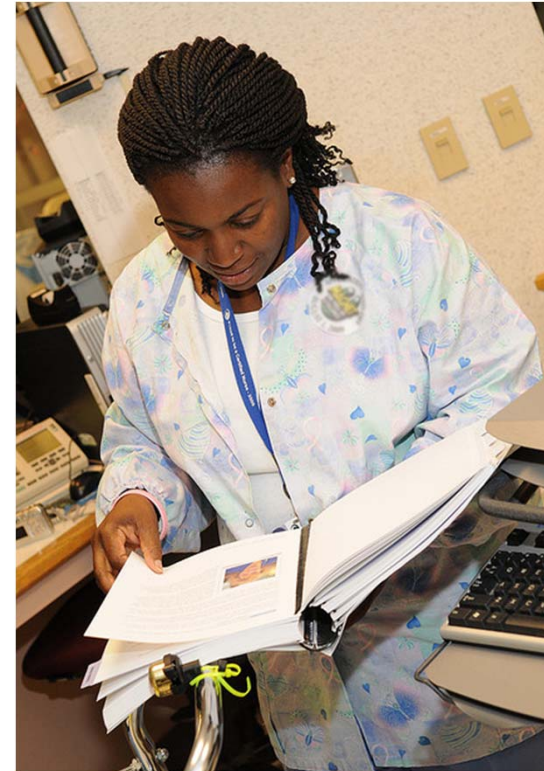
1. State the importance of a coordinated response to sexual abuse
2. Identify the first responder duties and responsibilities



# Responding to Victims of Sexual Abuse in Detention

## Based on PREA Standards we have covered:

- How to detect and assess signs of sexual abuse
- Who is likely to be targeted
- Physical and psychological signs and symptoms



# Establishing Coordinated Response

## §115.65 Coordinated Response

- Requires a written institutional plan to coordinate actions taken in response to an incident of sexual abuse
- The plan should articulate actions of staff first responders in conjunction with medical and mental health practitioners, investigators, and facility leadership



# Recommendations to Ensure a Coordinated Response

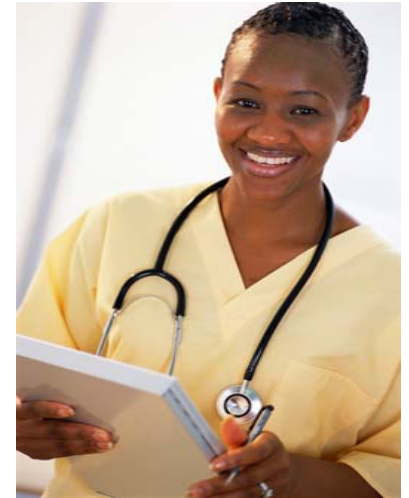
## Suggestions...

- Periodically review written response plan
- Ensure specific roles are clear and appropriate
- Identify lines of communication and reporting
- Specify required documentation
- Recommend necessary changes to plan
- Periodically review the make up of the team and training needs of team members
- Are MOUs in place or needing updating?
- Conduct regular and unannounced seal abuse responses walk-through or drills



# The PREA Coordinator

- The PREA standards require a PREA Coordinator for each agency and each facility
- Be active in working with this person
- Be involved in the process of developing policies, practices and protocols
- Health care is not tangential to sexual abuse prevention, detection and response.



# Effective Responses

First responder overall responsibilities:

- Strictly speaking, first responders have a limited, but important, scope of response and this is what is discussed in this section
- Health care staff, however, often have many more duties in the event that they are the first responder





# Staff First Responder Duties Standard §115.64

- Separate alleged victim and abuser
- Preserve and protect crime scene
- Ensure alleged victim not destroy evidence
- Ensure alleged abuser not destroy evidence



# First Point of Contact

How sexual abuse is likely to be reported to you:

- Intake
- Inmate comes to clinic
- Nurse on floors at facility
- One-o-one counseling session
- Inmate makes vague requests for a cell change
- Changes in behavior self-harming behavior
- Officer refers inmate to you in clinic after suspecting an assault
- Inmate write a note for medical or mental health services



# First Responder Duties

## Step 1: Act



- Remember, you are not an investigator
- Be familiar with your agency policies/protocols
- Act upon all disclosures. If you detect signs of abuse during a routine exam, discuss your concerns with the patient
- Alert custody staff immediately
- Work cooperatively in a coordinated team response
- Be sure victim and abuser have been separated



# First Responder Duties



- Assure protection, support, safety for victim
- Be discreet and ensure that other inmates are not within sight or sound of the encounter. Ensure confidentiality
- Inform the inmate of your duty to report any knowledge, suspicion, or information of a sexual assault to the agency
- Stay calm and support the inmate if needed
- Remain with him or her to preserve the crime scene or evidence until custody arrives



# First Responder Duties

## Step 2: Assess



- Encourage dialog
- Conduct an immediate assessment to determine acute medical and mental health needs
- Be aware if the reported time period and circumstances allow for collection of evidence and for further referral
- Know the contact process for SANE/SAFE referral or local hospital and rape crisis center. **Best practice** is that inmates have access to trained forensic examiners



# First Responder Duties



- All facility health care staff should have training in preliminary protocols
- Avoid the “second injury” (Symonds, 1980)
- Consider being present for interactions with security and investigation staff



# First Responder Duties

## Step 3: Medical Care



- Discuss your role with the victim and prepare him/her for the process to follow
- If victim is fearful, confirm that he/she will be monitored and safely placed and that an investigation will be conducted
- Coordinate with security staff regarding the best placement of the victim
- Keep victim informed of process



# First Responder Duties

During this acute phase:

Ensure and coordinate necessary care such as emergency contraception, HIV testing and counseling, medications that might be given once more information is gathered based on initial screening results: §115.82.





# First Responder Duties

During this acute phase:

- Coordinate tests for STIs and ensure prophylactic treatment
- Inform that there will be no co-pay or costs incurred for treatment
- Be sure you have complete patient health record documentation. Document all encounters in the health record; fill out an incident report, consent, and release of information. No conclusive statements
- Make relevant information available to the inmate/resident/detainee



# Responding to the Victim's Physical and Emotional State

- Ensure that victims have unimpeded access to emergency medical and mental health care; §115.82.
- Develop a plan with facility staff for when no medical or mental health staff are on duty; §115.65
- Assess for suicide risk



# Responding to the Victim's Physical and Emotional State – Access to Advocacy Services

- Offer services of a victim advocate from a resource such as a rape crisis center; §115.21
- Inform your patient that a victim advocate can be present during the exam and any interviews and can provide counseling and referrals; §115.21



# §115.21- Advocacy Access

(a-d) Follow protocols for the exam process; costs

(e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization 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



# §115.21- Advocacy Access

(d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center

A rape crisis center is an entity that provides intervention and related assistance to victims of sexual assault of all ages

If not available, another qualified staff member from a community agency can provide services. If neither of those options are available, a qualified staff member should be made available

Agencies shall document efforts to secure services from rape crisis centers

The rape crisis center may be part of a governmental unit if the center is not part of the criminal justice system and offers comparable confidentiality as a nongovernmental entity that provides similar victim services



# Inmate Access to Outside Confidential Support Services §115.53

Facilities shall provide inmates, detainees, and residents access to outside victim advocates for emotional support services

- Identify advocacy groups
- Post contact information for patients/victims
- Provide safe environment
- Consider these agencies as treatment support resources



# Responding to the Inmate's Physical and Emotional State – Special Circumstances

Engage principles of cultural competency to support:

- Victims from other countries, youth, people with disabilities, and limited English proficiency; §115.16
- Lesbian, gay, bisexual, transgender, intersex, and gender non conforming inmates (LGBTI); §115.31



# Responding to the Inmate's Physical and Emotional State through Inmate Education (Standard §115.33)

- Account for particular vulnerabilities to ensure effective communication and understanding of sensitive issues
- Take reasonable steps to interpret, listen, and remain objective and non-judgmental
- Enlist interpretation services; be cognizant of cultural or gender stigmas. Sometimes culturally specific assistance may be needed
- Ensure that inmate education materials are accessible to all inmates/residents/detainees





# Continuing Steps

- Once emergency treatment is assessed, and the inmate is referred to local services (SAFE, SANE, or local hospital), remain with the victim until he or she is escorted outside of the facility
- The agency must attempt to utilize a victim advocate from a rape crisis center, if available. Generally, if taken to a hospital, they will call the rape crisis center for an advocate to be present
- Know how to initiate the procedures for transporting victims outside or bringing qualified medical examiners into the facility for forensic medical exams



# Implementation

- How do you envision this working in your facility?
- What are some of the obstacles or challenges that you might face?
- What about the training needs for first responders?
- What do you do if custody and medical have different ideas regarding steps and expectations?
- How do you develop trust?
- Any questions?



# BREAK



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