



PREA Standards In Focus

Standard in Focus

Medical and Mental Care

§ 115.82, 115.182, 115.282, 115.382 Access to emergency medical and mental health services

- (a) Inmate 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.
- (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.
- (c) Inmate victims of sexual abuse while incarcerated shall be offered 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.
- (d) 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.

Purpose

- To ensure that a victim of sexual abuse in a facility is provided, at no cost, unimpeded, unconditional, and timely emergency medical treatment and crisis intervention services following a sexual assault. The appropriate medical treatment is determined solely by medical and mental health professionals according to their professional judgement. Additionally, the victim must be provided timely information and access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate.

Implementation

- Implement a procedure and response plan that ensures that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The exact nature and scope of the medical treatment and crisis intervention services must be determined solely by the medical and mental health professionals according to their professional judgement and the standard of care in the community. Unimpeded means that agencies must not impose administrative hurdles or security processes that could delay access to these critical services.
- Develop and implement a strong, coordinated facility plan to provide an effective and timely response when an incident of sexual abuse occurs. The agency's coordinated response plan under Standard 115.65 should be the roadmap to ensure that all required steps occur to protect and treat the victim.
- Review Standard 115.21 that requires the victim of a sexual assault be offered forensic medical examinations by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible, or

other qualified medical practitioners. The forensic medical examination should be voluntary. If no qualified medical or mental health practitioners are on duty, security staff first responders must protect the victim and immediately notify the appropriate medical and mental health practitioners.

- Ensure that victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections (STI) prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The assessment of whether to offer prophylaxis should be based solely on a medical judgment and the prophylaxis must be offered in accordance with professionally accepted standards of care.

The term “*timely access*” underscores the time-sensitive nature of emergency contraception and STI prophylaxis, treatments which use drugs that have a finite window of efficacy. There are multiple drugs for emergency contraception and the medical provider will determine the most effective. The drugs can be effective up to 120 hours after the sexual assault; however, the medications are most effective when taken as soon as possible after the assault and preferably within 72 hours so time is of the essence to seek treatment for the victim. STI prophylaxis encompasses appropriate post-incident treatment to reduce the risk of sexually transmitted diseases resulting from an incident of sexual abuse. Similarly, some of the drugs used for STI prophylaxis are time sensitive, especially the antiretroviral medicines used for post-exposure prophylaxis for HIV which are typically only given up to 72 hours after the exposure.

- Provide treatment services to the victim free of charge no matter whether the victim names the abuser or cooperates with the investigation. Treatment services encompass the provision of medical drugs.

Challenges

- Accessing SANE/SAFE services in some areas can be difficult and the forensic exams may have to be performed by other qualified medical personnel. The facility should exhaust all means to provide SANE/SAFE services to victims, as these programs have highly specialized staff who have received training in forensic exams for sexual assault victims which helps ensure the successful prosecution of any potential criminal cases. Additionally, these individuals are intensively trained in the sensitive handling of sexual assault victims.
- Ensuring the victim receives timely services after an incident of sexual abuse. The timely collection of DNA evidence, emergency contraception and STI prophylaxis require a well-organized process to ensure the victim receives care immediately. In the aftermath of a sexual abuse incident in a facility, there are a lot of activities happening around the incident and coordinating all these things is difficult (e.g., separating victim and abuser, preserving the scene, required notifications, reports, statements, etc.). Because it is critical for a victim to receive timely emergency medical care, the facility must be diligent in getting the medical services quickly during all the activity surrounding an incident. Timely access to treatment is essential for the victim and timely SANE/SAFE exams are critical for subsequent criminal prosecutions.

Best Practices

- Implement a robust coordinated response plan activated when incidents of sexual abuse occur. This requires great coordination, which depends on well-trained staff who understand their responsibilities and the response protocols. Mock drills with staff is one way to ensure that all involved know their responsibilities, chain of command, and specific steps in the protocol. Mock drills or table-top exercise scenarios are an effective way to trouble shoot deficiencies in the response plan before an actual incident.
- Develop a good relationship with local SANE/SAFE programs and victim advocacy groups in the community. Invite these groups to the table when developing the coordinated response plan to ensure that the plan is comprehensive. Providing a victim advocate prior to, during, and after the forensic exam is a critical piece that helps ensure the victim is not re-traumatized during this process. A comprehensive response plan will ensure that the victim advocate is present to provide support services to the victim. While a victim advocate is

important to all victims, it is critically important if the victim is a juvenile for whom the forensic process after a sexual assault may be a foreign, scary process. Well-trained facility staff should provide comfort to a victim in the interim before the victim advocate arrives.

- A forensic medical examination is not a medical procedure. It is a procedure for collecting evidence. As such, agencies should ensure that victims receive necessary emergency medical services and not rely on the forensic medical examination as the sole “medical” response to an incident of sexual abuse.

Audit Issues

- Determining whether victims received timely, unimpeded emergency medical and mental health services based on professional judgment and the prevailing standard of care. The auditor will pay special attention to the facility’s coordinated response plan to ensure that it includes all the required protections for a victim of sexual assault. Auditors will review any agreements and/or correspondence between the facility and SANE/SAFE programs and victim advocates to determine if a process is in place to provide services to victims and if the agreement is signed, dated, and current.
- Assessing whether information about and access to emergency contraception and sexually transmitted infections prophylaxis was offered and/or provided to victims in a timely manner. To make this determination, auditors will review victim files, medical files, treatment records, mental health files, and investigation files. Where possible, the auditor will interview inmates who have reported sexual abuse to determine whether they had appropriate access to emergency medical services.

Standard Variations

The following variations in standards are noted for Lockups, Community Confinement Facilities and Juvenile Facilities. The variations are discussed in summary fashion below and the reader should consult the full text of the specific set of standards to ensure complete understanding of the differences.

- **Lockups:** The following differences are noted:
 - The only requirement for lockups, where detainees are held for very short periods of time, is to provide timely, unimpeded access to emergency medical treatment that is free to the detainee and not conditioned on naming the abuser or cooperating with the investigation. Due to the short-term nature of lockup detention, facilities are not required to provide emergency contraception or STI prophylaxis, but the lockup would transfer the detainee to an appropriate emergency medical provider, which would be expected to provide such care as appropriate.

Resources

Frequently Asked Questions (FAQs) on the PREA Resource Center (PRC) Website:

<https://www.prearesourcecenter.org/frequently-asked-questions>

- The Department of Justice has issued extensive guidance that describes which arrangements between public agencies and private entities amount to a contractual agreement under this standard and which do not. Visit the PRC FAQ page and search for guidance for the many related FAQ responses provided by DOJ.
 - Currently there are no FAQs on this standard. Check the PREA Resource Center Webpage periodically for any updates.

- **PREA Resources for Health Care Providers.** National Commission on Correctional Health Care. Multiple video presentations on a variety of relevant topics.
 - <http://www.ncchc.org/prea-resources>
 - **Center for Disease Control (CDC)**
 - *Sexual Assault and Abuse and STDs.* <https://www.cdc.gov/std/tg2015/sexual-assault.htm>
 - *PEP (post-exposure prophylaxis) for HIV.* <https://www.cdc.gov/hiv/basics/pep.html>
 - **American Congress of Obstetricians and Gynecologists (ACOG)**
 - Committee Opinion: Sexual Assault. <https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Sexual-Assault>
- **Additional Training Resources:** Always check the following sources for excellent training on PREA.
- National Institute of Corrections (NIC) - <http://nicic.gov/training/prea>
 - *PREA Medical Health Care for Sexual Assault Victims in a Confinement Setting Course. 2013.* <https://nicic.gov/library/027696>
 - End Silence: The Project on Addressing Prison Rape - <https://www.wcl.american.edu/endsilence/>

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