

115.65

Coordinated response

Standard in Focus

Coordinated response

§115.65

The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Purpose

- To ensure that every person in the facility who has the responsibility for responding to an incident of sexual abuse, including first responders, medical and mental health practitioners, investigators, and facility leadership, understands precisely what their roles are and how their roles interact with others' so that the facility achieves an effective, coordinated response to every incident of sexual abuse.
- To ensure that the facility has developed a written plan requiring that the actions of all initial responders are coordinated so that their interventions following an incident of sexual abuse are organized, timely, and deliberately and systematically focused on the needs of the victim.
- To enable staff to protect the safety and security of the victim, as well as of the facility, while ensuring that physical evidence is preserved, perpetrators are identified and secured, and a timely investigation of the incident is begun.

Implementation

- Facilities must develop a facility-specific written institutional plan to coordinate responses to incidents of sexual abuse.
- The written plan must identify, describe, and coordinate the duties of, at a minimum, the following individuals: staff first responders, medical and mental health practitioners, investigators, and facility leadership.
- The written plan must establish how the responsible staff will perform their required functions and work together in response to an incident of sexual abuse. The coordinated response plan integrates the requirements of several PREA Standards into one comprehensive document. These Standards include:
 - **Staff first responders:** Staff first responders are responsible for separating victims from

abusers, preserving any crime scene, and ensuring that physical evidence from the alleged victim or abuser is protected until appropriate steps can be taken to collect any evidence [§ 115.64].

- **Medical practitioners:** Medical staff (and/or mental health staff) will ensure that all victims are offered access to any necessary emergency medical treatment and forensic medical examinations, as appropriate [§§ 115.21(c) and 115.82].
- **Mental health practitioners:** Mental health (or medical) staff will attempt to make a victim advocate from a rape crisis center available to the victim or provide access to a qualified staff member from a community-based organization, or to a qualified staff member [§ 115.21(d)].
- **Investigators:** Investigators with specialized training will be notified of the allegation or incident and perform the appropriate investigatory tasks [§§ 115.34 and 115.71].
- **Facility leadership:** Facility leadership must ensure that the following Standards are implemented, as appropriate:
 - Post-allegation protective custody [§§ 115.43 and 115.68].
 - Inmate access to outside confidential support services [§ 115.53].
 - Reporting to other confinement facilities [§ 115.63].
 - Agency protection against retaliation [§ 115.67].
 - Reporting to inmates [§ 115.73].
 - Disciplinary sanctions for staff [§ 115.76].
 - Corrective action for contractors/volunteers [§ 115.77].
 - Disciplinary sanctions for inmates [§ 115.78].
 - Ongoing medical and mental health care for sexual abuse victims and abusers [§ 115.83].
 - Sexual abuse incident reviews [§ 115.86].
- Note that Standard § 115.65 does not require any agency to take actions outside the scope of its own authority, but only to coordinate effectively and comprehensively with all responders involved.

Challenges

- Ensuring that all aspects of a comprehensive and coordinated facility response to incidents of sexual abuse are incorporated into the written, facility-specific plan.
- Ensuring that the written response plan is disseminated to all relevant staff, and that staff are properly and regularly trained on their roles in the coordinated, written, facility-specific response plan.

Best Practices

- As part of a victim-centered coordinated response, the Department of Justice, in its PREA Final Rule (see 28 CFR Part 115, page 123) recommends coordinating the following actions to

address the needs of victims of sexual abuse who are confined, as appropriate:

- . Assessing the victim's acute medical needs.
 - Informing the victim of his or her rights under relevant federal or state law.
 - Explaining the need for a forensic medical exam and offering the victim the option of undergoing one.
 - Offering the presence of a victim advocate or a qualified staff member during the exam.
 - Providing crisis intervention counseling.
 - Interviewing the victim and any witnesses.
 - Collecting evidence.
 - Providing for any special needs the victim may have.
- Agencies should consider working with a coordinated **sexual assault response team**, or **SART**, in every confinement facility. A SART is a multidisciplinary, interagency team of individuals working together to provide specialized, victim-centered sexual assault services. SARTs are widely considered a best practice for responding to sexual assault in the community. Agencies and facilities are encouraged to work with existing community SARTs to determine if and how they can be used in facilities to support efforts to comply with § 115.65.
 - Agencies and facilities can often partner with community SARTs to enhance their response to victims of sexual abuse who are confined. Community SARTs are integral to the safety and well-being of victims, and are extremely useful to facility staff who are responsible for coordinating actions in response to an incident of sexual abuse. By working with the community SART, facility staff can ensure that persons who are confined receive the best care available; and help build a case for prosecuting perpetrators. A partnership with the community SART is also vital to incorporating a victim-centered approach into a facility's response, while also maintaining safety and security. Agencies can work with a community SART coordinator to develop an integrated, coordinated, facility-specific response protocol to guide the steps taken by SART members who respond to incidents of sexual abuse of persons who are confined.
 - Even without a formal partnership with a community SART, a correctional facility can implement a SART approach using existing relationships with community partners. For the purposes of providing victim support and advocacy services, these community partners can include local rape crisis centers; sexual assault forensic examiner (SAFE) programs/hospitals, which have specially trained staff who conduct medical forensic examinations; and a law enforcement agency with criminal jurisdiction to provide immediate protection of the victim, crime-scene evidence collection and documentation, and thorough investigation.
 - Diagrams or flowcharts can be used to supplement the facility's coordinated, written institutional response plan, and may provide effective visual aids that enable staff to better understand the protocol and their specific responsibilities.
 - Facilities may want to consider mock scenarios or table-top exercises to test their coordinated, written institutional response plans in a non-emergency setting. These regular exercises that include staff members from inside and outside of the facility can identify weaknesses or issues with the protocol, and help the facility identify steps needed to comply with § 115.65.
 - Regular training of staff on the facility's coordinated, written, institutional response plan is essential to ensure that all involved parties understand their specific roles and responsibilities in an emergency situation when sexual victimization occurs.

Audit Issues

- An auditor will evaluate compliance by ensuring that a facility has a written institutional plan to coordinate actions when an incident of sexual abuse occurs; and that the plan is sufficiently detailed and comprehensive to ensure an effective, coordinated response.
- An auditor will assess whether the written plan includes appropriate personnel, and whether additional facility staff should be involved.
- Auditors may interview staff to determine if they understand the facility's written institutional response plan, and the specific roles and responsibilities of individual staff members.

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 lockup Standards include the following obligation:
 - “If a victim is transferred from the lockup to a jail, prison, or medical facility, the agency shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services, unless the victim requests otherwise.”
[Standard 115.165(b)]
- **Community confinement:** No differences.
- **Juvenile confinement:** No differences.

Resources

Frequently asked questions (FAQs) on the PREA Resource Center (PRC) website:

→ www.prearesourcecenter.org/frequently-asked-questions

The Department of Justice has issued extensive guidance regarding the use of screening information. Visit the PREA Resource Center’s FAQ page and search under Standard 115.65 for the many related FAQ responses provided by Department of Justice. The FAQs to date are as follows:

None available as of December 1, 2021

National PREA Resource Center Library

- Victim services and PREA: a trauma-informed approach (Module 6: Sexual assault response teams – SART)
 - Presentation slides:
 - www.prearesourcecenter.org/sites/default/files/content/vs_curriculum_ppt_module_6_final.pdf

- Scenarios:
 - ➔ https://www.prearesourcecenter.org/sites/default/files/content/module_6_appendix_a_final.pdf
- Providing a coordinated, victim-centered response to reports of corrections-based sexual assault
 - ➔ <https://www.prearesourcecenter.org/sites/default/files/library/providingacoordinatedvictim-centeredresponsetoreportsofcorrections-basedsexualassault.pdf>
- PREA coordinated response protocol template for small jails
 - Word document:
 - ➔ <https://justdetention.org/resource/prea-tools/>
- Partnering with community sexual assault response teams: a guide for local community confinement and juvenile detention facilities, December 2015
 - ➔ <http://www.preaguide.org/wp-content/uploads/2016/04/Partnering-Community-SART-Guide-FINAL.pdf>
- Recommendations for administrators of prisons, jails, and community confinement facilities for adapting the U.S. Department of Justice's "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," August 2013.
 - ➔ <https://www.prearesourcecenter.org/file/1796/recommendations-administrators-prisons-jails-and-community-confinement-facilities>

Archived Webinars on the PRC Website

- June 2020. PREA 115.65: "How to Have a Successful Coordinated Response to Sexual Abuse"
 - ➔ <https://www.prearesourcecenter.org/implementation/training/webinars/prea-11565-how-have-successful-coordinated-response-sexual-abuse>
- February 2018. Making connections: linking community confinement and sexual assault response teams
 - ➔ <https://www.prearesourcecenter.org/training-and-technical-assistance/webinars/5531/making-connections-linking-community-confinement>
- September 2016. Developing facility-level sexual assault response teams (SARTs)
 - Video:
 - ➔ <https://vimeo.com/182924072>
 - Slides:
 - ➔ <https://www.prearesourcecenter.org/sites/default/files/library/jdisartwebinarhandout.pdf>

Additional Training Resources:

Always check the following sources for excellent training on PREA.

- National Institute of Corrections
→ [nicic.gov/training/prea](https://www.nicic.gov/training/prea)
- End Silence: The Project on Addressing Prison Rape
→ www.wcl.american.edu/endsilence

Notes and Federal Disclaimer

Note: Standards in Focus (SIFs) are not intended for use by the Department of Justice PREA auditors to evaluate PREA compliance. SIFs are a tool designed to help agencies and facilities implement, educate, and become familiar with the PREA standards and some related best practices, but are not a compliance checklist. They contain guidance about implementation best practices that may not be required and thus it would not be appropriate for auditors to audit against the SIF. SIFs also do not exhaust implementation guidance for every requirement in every standard.

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