POWER HOUR
Chat with a PREA Expert

115.82
Access to emergency medical and mental health services

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IMPACT/JUSTICE
Erica Gammill

Senior Program Associate

National PREA Resource Center

eygammill@prearesourcecenter.org
The National PREA Resource Center

The mission of the PRC is to assist adult prisons and jails, juvenile facilities, lockups, community corrections and tribal facilities in their efforts to eliminate sexual abuse by increasing their capacity for prevention, detection, monitoring, responses to incidents and services to victims and their families.
Technical Support

• Please contact the ZoomPro Webinar support line at (888-799-9666) – select “2” when prompted to get support with technical difficulties.

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Submitting Questions

• To submit a question during the Webinar, use the Q&A feature on your webinar toolbar, as seen below.

• Presenters will address the questions at the end of the presentation.
Lisa A. Capers, J.D.

Senior Program Manager
National PREA Resource Center
lcapers@prearesourcecenter.org
COVID-19 Disclaimer

This webinar is designed to provide guidance related to compliance with **Standard 115.82** in general and will not specifically address concerns or answer questions related to COVID-19.

The PREA Resource Center (PRC) recognizes that coming into compliance or maintaining compliance with this standard, and others, during the COVID-19 crisis presents specific challenges that you may not have faced before. If you have questions related to compliance during this crisis, please direct them to the PRC via “Contact Us”, and they will be shared with the PREA Management Office (PMO).

Or, you may contact the PMO directly at PREACompliance@usdoj.gov.
Medical & Mental Health Standards  (Past, Present & Future)

• **115.81** - Medical and mental health screenings; history of sexual abuse

• **115.82** - Access to emergency medical and mental health services

• **115.83** - Ongoing medical and mental health care for sexual abuse victims and abusers

**115.81 – the Past Sexual Abuse.**
This standard *looks backward in time* to determine if an inmate/resident/detainee was a victim of abuse or a perpetrator of abuse. Certain steps must happen to address what you learn.

**115.82 – the Present Sexual Abuse (Acute sexual assault).**
This standard *looks at the present* and addresses a current sexual assault that has happened in a facility. Certain steps must happen to protect the victim.

**115.83 – the Future after Sexual Abuse in a Facility.**
This standard *looks to the future and ongoing services* that must be provided to a victim of sexual abuse while incarcerated.
Standard Requirements

(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.
Standard Requirements

(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 of the Standard

• 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.
Access to emergency medical and mental health services

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**.
  
  • **Timely.** Occurs at a favorable or useful time; occurs when it is needed.
  
  • **Unimpeded** means that agencies must not impose administrative hurdles or security processes that could delay access to these critical services.
Implementation

• 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.

• This is the concept of **Medical Autonomy**
  
  • **EXAMPLE:** If the facility has on-site medical personnel to provide emergency treatment, the treatment decisions rest **solely** with the medical personnel and not facility administration. **Facility administration must not put any pressure on medical professionals to sway treatment or services one way or another.**
Implementation

• Standards **115.65, 115.82 and 115.21** are interrelated

• Implementation must consider all three standards
Implementation

- 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.
Implementation

- 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**.

- **NOTE:** 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.
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 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. 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.
Implementation

• 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.
Challenges

• Ensuring the victim receives **timely services** after an incident of sexual abuse. The timely collection of DNA evidence, emergency contraception and STI prophylaxis requires a well-organized process to ensure the victim receives care immediately.

• 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. 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 troubleshoot deficiencies in the response plan before an actual incident.
Best Practices

- 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.
Auditing this standard

- Auditors will look at a **variety of evidence** to determine compliance and will:
  - Review **medical records** of the victim
  - **Interview** medical and mental health staff
  - **Interview** Inmates/Residents/Detainees who reported sexual abuse
  - Review the **facility coordinated response plan** (115.65)
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.
Audit issues

• 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: Lockups - 115.182

• 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

- PREA Essentials on the National PREA Resource Center Webpage:
  https://www.prearesourcecenter.org/training-technical-assistance/PREA-essentials

- Archived PREA 101 Webinars:
Access to emergency medical and mental health services

Resources

• 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
  • Committee Opinion: Sexual Assault - https://www acog org/clinical/clinical__-guidance/committee__opinion/articles/2019/04/sexual__-assault
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Resources

• Always check the following sources for excellent training on PREA:
  • National Institute of Corrections - [http://nicic.gov/training/prea](http://nicic.gov/training/prea)
  • End Silence: The Project on Addressing Prison Rape - [https://www.wcl.american.edu/impact/initiatives-programs/endsilence/](https://www.wcl.american.edu/impact/initiatives-programs/endsilence/)
Questions & Answers
Request Assistance

Jurisdictions can request assistance by completing a web form on the PRC website under the Training and Technical Assistance tab and clicking “Request for Assistance” on the sidebar.
Michela Bowman
PRC Co-Director
mbowman@prearesourcecenter.org

Jenni Trovillion
PRC Co-Director
jtrovillion@prearesourcecenter.org

For more information about the National PREA Resource Center, visit [www.prearesourcecenter.org](http://www.prearesourcecenter.org).

To ask a question, please visit our [Contact Us](http://www.prearesourcecenter.org) page.
Thank you!

An email will be sent to you following this event with a link to provide feedback. Your input is important and will help to plan and coordinate future events and resources.

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