

Welcome!

Webinar information

- We will begin at 2:00 p.m. Eastern Time.
- The audio for today's web conference will be coming through your computer speakers. If you do not hear any sound coming from your speakers, or if you're experiencing any other technical difficulties, please send a **Private Chat** to Kaitlin Kall, or email Vedan Anthony-North at vanthonynorth@vera.org
- If you have any questions or comments throughout the presentation, please send those to Margaret diZerega through **Private Chat** or via email at mdizerega@vera.org

Sexual Assault Forensic Protocol Guide for Corrections: Working Together to Provide a Collaborative Victim-Centered Response

September 10, 2013

PREA Resource Center

National PREA Resource Center (PRC)

PRC was established through a cooperative agreement between the Bureau of Justice Assistance and NCCD. 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.

Notice of Federal Funding and Federal Disclaimer

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Vera Institute of Justice



Vera was founded in 1961 and combines expertise in research, demonstration projects, and technical assistance to help leaders in government and civil society improve the systems people rely on for justice and safety.

Webinar Agenda

- Introduction

- Marnie Shields, Office on Violence Against Women

- Overview of the guide

- Allison Hastings, Vera Institute of Justice

- How the guide can help with PREA compliance

- Tara Graham, National PREA Resource Center

- Providing victim services in correctional settings

- Linda McFarlane, Just Detention International

- Collaborating with advocates to respond to abuse

- Jennifer Feicht, Pennsylvania Department of Corrections

Introduction to the Guide

A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, 2d (April 2013)

<https://www.ncjrs.gov/pdffiles1/ovw/241903.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)

<http://www.ovw.usdoj.gov/docs/confinement-safe-protocol.pdf>

Why a guide for corrections?

Need

- **National Prison Rape Elimination Commission**
- **Special population**

Goal

- **To help administrators of prisons, jails, and community confinement facilities in drafting or revising protocols for an immediate response to sexual assault**
- **Help with standards compliance**

Overview of the Guide: Process

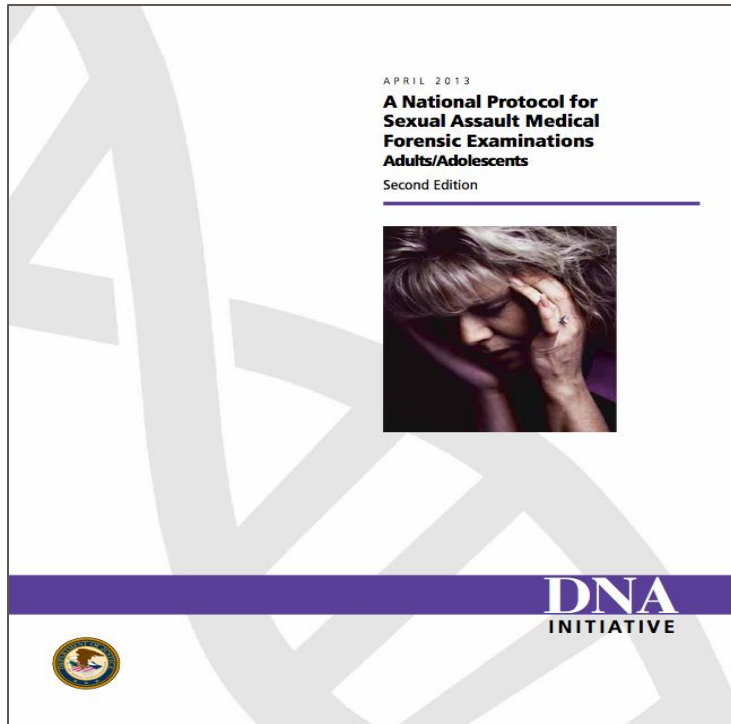
Interviews

- Practitioners
- Sexual Assault Experts

Focus Groups

- Prisons
- Jails
- Community Confinement Facilities

Overview of the Guide: Organization



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*

**U.S. Department of Justice
Office on Violence Against Women**

August 2013

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Overview of the Guide: Topics

- **Recommendations at a glance**
- **Introduction to the guide**
- **A primer on corrections-based sexual assault**
- **Overview of the sexual assault medical forensic examination for victims in correctional facilities**
- **Recommendations**
- **Appendices**
 - Bibliography
 - Issues and recommendations for lockups
 - Issues and recommendations for juvenile detention facilities
 - Possible roles of core responders
 - An assessment tool for corrections administrators drafting/revising protocols for an immediate response to sexual assault

Overview of the Guide: Recommendations for Victim-Centered Care

- V1. Ensure that victims in correctional facilities have access to a full range of specialized services they may need in the aftermath of a report of sexual assault.**
- V2. Maximize victim safety.**
- V3. Balance victims' needs with the safety and security needs of the correctional facility.**
- V4. Offer victims privacy at the correctional facility, to the extent possible, in the aftermath of a report of sexual assault.**

Overview of the Guide: Recommendations for Victim-Centered Care

- V5. Make every reasonable effort to include community-based sexual assault victim advocates in an immediate response to victims in confinement settings.**
- V6. Train at least one staff person (either security or non-security) in the correctional facility to serve as an internal victim resource specialist to provide general information and guidance to victims during the immediate response and beyond.**
- V7. Ensure that victims have access to sexual assault forensic examiners to perform the medical forensic examination.**
- V8. Offer a medical forensic examination to sexual assault victims when appropriate.**

Overview of the Guide: Recommendations for Victim-Centered Care

- V9. If, for security purposes, victims from prisons and jails must be shackled or otherwise restrained, ensure the level of shackling/restraint correlates with their security status. However, shackle or restrain only if necessary for security.**
- V10. Facilitate victims' access to their personal support persons, if requested.**
- V11. Devise correctional facility practices that address, to the extent possible, victims' concerns related to reporting.**
- V12. Offer victims information following their sexual assault.**

Overview of the Guide: Recommendations for Promoting a Coordinated Team Approach

- C1. Form a planning committee to facilitate the development/revision of a correctional protocol for an immediate response to sexual assault. This committee can also periodically review the protocol for effectiveness and revise as needed.**
- C2. Consider participating in a community-based sexual assault response team (SART), if one exists, or forming a SART for the correctional facility.**
- C3. Ensure core responders are appropriately trained.**

Overview of the Guide: Recommendations for Promoting a Coordinated Team Approach

- C4. Sexual assault reported in community confinement facilities should, to the extent possible, be handled like any other sexual assault in the community, as per the *National Protocol*, with the exceptions noted in this guide's recommendations.**
- C5. Facilitate examination site readiness for victims from prisons and jails.**
- C6. Ensure that policies are in place for reporting sexual assault occurring in other correctional facilities.**
- C7. Initiate regular clinical reviews of the facility's response to sexual assaults and responder performance to determine strengths, weaknesses, gaps, and areas where additional training or revisions to policy are indicated.**

The Guide and PREA

The guide references 21 PREA standards

Standard categories:

- **Prevention planning**
- **Responsive planning**
- **Training and education**
- **Screening for risk of sexual victimization and abusiveness**
- **Reporting**
- **Official response following an inmate report**
- **Investigations**
- **Medical and mental care**
- **Data collection and review**

Sample of Related PREA Standards

115.21 – Evidence protocol and forensic medical examinations

115.53 – Inmate access to outside confidential support services

115.65 – Coordinated response

115.21 – Evidence protocol and forensic medical examinations

Major standard provisions:

- **Follow uniform evidence protocol adapted from or otherwise based on the most recent edition of the OVW National Protocol**
- **Offer victims access to forensic medical examinations without financial cost**
- **Utilize SAFEs or SANEs where possible**
- **Attempt to provide a victim advocate from a rape crisis center**
- **As requested by the victim, provide advocacy services similar to what is offered in the community**

115.53 – Inmate access to outside confidential support services

Major standard provisions:

- **Access to outside victim advocates for emotional support services related to sexual abuse**
 - **Facility shall enable reasonable communication in as confidential a manner as possible**
 - **Inform inmates about the extent to which communications will be monitored and mandatory reporting laws**
- **Agency shall maintain or attempt to establish MOU or other agreement with community service provider for confidential support services related to sexual abuse**

115.65 – Coordinated response

Standard:

The facility shall develop a written instructional 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

Victim-Centered Recommendations

V5. Make every reasonable effort to include community-based sexual assault victim advocates in an immediate response to victims in confinement settings



115.21 – Evidence protocol and forensic medical examinations



115.53 – Inmate access to outside confidential support services



Strategies for becoming more victim-centered

- Facilitate discussions between corrections staff and advocates
- Cross-train corrections staff and advocates

Victim-Centered Recommendations

V7. Ensure that victims have access to sexual assault forensic examiners to perform the medical forensic examination



115.21 – Evidence protocol and forensic medical examinations



Strategies for becoming more victim-centered

- Consider utilizing independent forensic examiners
- Facilitate dialogue among corrections staff, forensic examiners, and other examination site staff as applicable on how to coordinate the examination
- Facilitate cross-training for corrections staff and sexual assault forensic examiners and other examination site staff

Victim-Centered Recommendations

V8. Offer a medical forensic examination to sexual assault victims when appropriate



115.21 – Evidence protocol and forensic medical examinations



Strategies for becoming more victim-centered

- Recognize that this examination addresses the full spectrum of sexual assault, not only attempted and/or completed sexual penetration
- Understand that this examination in its entirety speaks to victims' medical and evidentiary needs
- If there is a question of whether evidence might exist, err on the side of caution and refer victims for this examination

Victim-Centered Recommendations

V8. Offer a medical forensic examination to sexual assault victims when appropriate



115.21 – Evidence protocol and forensic medical examinations



Strategies for becoming more victim-centered (continued)

- When this examination is deemed appropriate, the victim must have the option of having the examination even if they are undecided about cooperating with a criminal investigation
- Never force a victim to undergo this examination
- In instances when this examination is not conducted, discuss with victims their needs and options and help them access services they want, to the extent possible, as per facility policies and as appropriate to the circumstances of the case

Victim-Centered Recommendations

V11. Devise correctional facility practices that address, to the extent possible, victims' concerns related to reporting



115.53 – Inmate access to outside confidential support services



Strategies for becoming more victim-centered

- Ensure that corrections staff and external agencies consistently respond to sexual assault in a manner that demonstrates that they take reports of sexual assault seriously and will strive to help victims and hold perpetrators accountable for their behaviors
- Strictly limit access to information about a report of sexual assault, both for corrections staff and external agencies

Recommendations: Promoting a Coordinated Team Approach

All seven recommendations for promoting a coordinated team approach:

- C1. Form a planning committee
- C2. SARTs
- C3. Ensure core responders are trained
- C4. Sexual assault in community confinement facilities should, to the extent possible, be handled like any other sexual assault in the community
- C5. Facilitate examination site readiness
- C6. Reporting sexual assault occurring in other facilities
- C7. Clinical reviews



115.65 – Coordinated response

Examples of Collaboration

Community service providers may partner with corrections to:

- **Provide phone, mail, or in-person crisis intervention/counseling to survivors**
- **Join institutional coordinated response teams**
- **Train corrections staff on the dynamics of sexual abuse**
- **Apply for funding together to implement the PREA standards**

Hospital Accompaniment

- **Provide crisis counseling**
- **Negotiate survivors' privacy and comfort during the interviews and exam**
 - **Use a room with windows, if possible**
 - **Advocate appropriate placement of restraints**
- **Prepare the survivor to return to the institution**

Example: RESPONSE, Aspen, Colorado

Hotline Calls

- **Train advocates on inmates' backgrounds, needs, and concerns**
- **Be clear about confidentiality**
- **Develop a protocol for handling: reports, and off-topic and prank calls**
- **Designate a corrections point person**

Example: Rape Treatment Center, Miami

Prisoner Correspondence

- **Send letters via confidential legal mail, whenever possible**
- **Always get permission from the survivor before forwarding a letter to corrections staff**
- **Provide resources, support, information, and referrals**
- **Avoid giving unsolicited advice**

Example: New York State Department of Corrections and Community Supervision

Direct Services in a Corrections Facility



Karin Stone, Women's Center-High Desert,
with team members from the California Correctional
Institution

- **Follow safety rules and dress code**
- **Check-in with a designated staff person**
- **Allow for additional time to get around**
- **Be discreet**

***Example: Women's Center-High
Desert, Kern County***

SART Model

- **Recognized as a community best practice**
- **Multi-disciplinary team**
- **Specialize in response to sexual assault that is immediate, survivor-centered, geared to improving prosecution and overall safety**



Example: Miami-Dade Department of Corrections and Rehabilitation

JDI and MDCR staff planning for services for survivors in Miami-Dade County Jail

Keys to Working Together



JDI Staff with partners at Lincoln County Jail, Colorado

- **Find common ground**
- **Demonstrate mutual respect**
- **Share resources and information**
- **Communicate effectively**
- **Written agreements**

National Sexual Violence in Detention Education and Resource Project



The National Sexual Violence in Detention Education and Resource Project offers education and support to advocates in providing services to survivors of sexual abuse in detention, including:

- Webinar training
- Fact Sheets
- An Advocate's Manual
- A SART Toolkit
- Contact with JDI staff experienced in advocating for survivors
- Available at: <http://www.justdetention.org/en/advocate-resources.aspx>

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Pennsylvania Experience: Where We Started

BJA Grant -
Early PREA
Implementation
(2005)

Policy
development

Internal
reporting line

Outside mailbox
to write to for
information

Clinical review
team

Internal study
of sexual abuse

Tracking
software

Brochures &
posters

Piloted
institutional
SART teams

Pennsylvania Experience (cont.)

Institutional SART Teams

MOST IMPORTANT TO REMEMBER

This takes time!

1. Speak The Same Language

- Initial facilitated meeting between corrections & advocates

2. Educate Each Other

- Joint meetings with corrections & the community-based SART Team

Pennsylvania Experience (cont.)

3. Development of the Victim Information Specialist (VIS)

4. Training

- Basic Training for Corrections Staff
- Advanced Training for Corrections Staff
- Training for Advocates & Nurses

5. Follow Up

- How do you do follow up?

Questions?

We will now take questions from our participants. Please send those to Margaret diZerega through Private Chat or via email at mdizerega@vera.org, and we will ask them on your behalf.

A recording of this webinar will be available on the PREA Resource Center in a few days.

For More Information

For more information about the **National PREA Resource Center**, visit www.prearesourcecenter.org. Ask questions at info@prearesourcecenter.org.

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