

P5342.06 SEXUALLY ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION  
PROGRAM



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# Program Statement

**OPI:** CPD/PSB  
**NUMBER:** P5324.06  
**DATE:** 4/27/2005  
**SUBJECT:** Sexually Abusive  
Behavior Prevention  
and Intervention  
Program

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1. **PURPOSE AND SCOPE.** To provide guidelines to address the following prohibited and/or illegal sexually abusive behavior involving:

- ◆ Inmate perpetrator against inmate victim;
- ◆ Staff perpetrator against inmate victim; and
- ◆ Inmate perpetrator against staff victim.

These guidelines are provided to

- a. help **detect** incidents, perpetrators, and inmate victims of sexually abusive behavior;
- b. help **prevent** sexually abusive behavior;
- c. educate staff to **intervene** properly and timely;
- d. **investigate** reported incidents; and
- e. **discipline** and/or prosecute perpetrators.

**Note:** The protection and safety of staff who are sexually victimized is a top priority. However, those incidents are beyond the scope of this Program Statement. This policy addresses the security, treatment, and management issues related to inmate victims and inmate and staff perpetrators.

2. **SUMMARY OF CHANGES.** In keeping with Public Law 108, the Prison Rape Elimination Act of 2003, this re-issuance changes the definitions of sexually abusive/assaultive behaviors to better reflect the law and to better categorize types of sexually abusive behavior. Sexually abusive behaviors (formerly called "sexual abuse/assault") are now categorized as:

- a. Sexual Fondling

- b. Sexual Misconduct (staff only)
- c. Sexual Assault with an Object
- d. Rape

Additional guidance is given regarding the graduated response of staff depending on the seriousness of the sexually abusive behavior.

This re-issuance also makes clear that the guidelines apply both to allegations of sexually abusive behavior made by the inmate victim and to such allegations when they are made by uninvolved inmates or staff (e.g., third party).

New SENTRY Codes have been added to track the **alleged** inmate victims and inmate perpetrators of sexually abusive behaviors.

An After-Action Review is required for all incidents of Rape and of Sexual Assault with an Object.

3. **PROGRAM OBJECTIVES.** The intent of this PS is to ensure that:

- a. Staff and inmates are informed of the Bureau's "zero tolerance" philosophy in regards to sexually abusive behavior.
- b. Standard procedures are in place to detect and prevent sexually abusive behavior at all Bureau facilities.
- c. Victims of sexually abusive behavior receive prompt and effective response to their physical, psychological, and security needs.
- d. Allegations of sexually abusive behavior receive prompt intervention upon report.
- e. The perpetrators of sexually abusive behavior will be disciplined and, when appropriate, prosecuted in accordance with Bureau policy and Federal law.

4. **DIRECTIVES AFFECTED**

- a. **Directive Rescinded**

P5324.04 Sexual Abuse/Assault Prevention and Intervention Programs (12/31/97)

**b. Directives Referenced**

P1210.24 Office of Internal Affairs (5/20/03)  
P1330.13 Administrative Remedy Program (12/22/95)  
P1351.05 Release of Information (9/19/02)  
P1380.05 Special Investigative Supervisors Manual  
(8/1/95)  
P3420.09 Standards of Employee Conduct (2/5/99)  
P3906.16 Employee Development Manual (3/21/97)  
P5141.02 Sex Offender Notification and Registration  
(12/14/98)  
P5180.04 Central Inmate Monitoring System (8/16/96)  
P5270.07 Inmate Discipline and Special Housing Units  
(12/29/87)  
P5290.12 Intake Screening (3/16/99)  
P5310.12 Psychology Services Manual (8/13/93)  
P5500.11 Correctional Services Manual (10/10/03)  
P5500.12 Correctional Services Procedures Manual  
(10/10/03)  
P5510.10 Posted Picture File (9/12/01)  
P6031.01 Patient Care (1/15/05)

Prison Rape Elimination Act of 2003 (Public Law 108-79;  
September 4, 2003)

**5. STANDARDS REFERENCED**

a. American Correctional Association 4th Edition Standards  
for Adult Correctional Institutions: None

b. American Correctional Association 3rd Edition Standards  
for Adult Local Detention Facilities: None

c. American Correctional Association 2nd Edition Standards  
for the Administration of Correctional Agencies: None

**6. RESPONSIBILITIES**

a. **Warden.** The Warden at each institution must ensure that  
all aspects of this Program Statement are implemented, to  
include maintaining a current Institution Supplement. He/she  
shall assign a Program Coordinator, typically an Associate  
Warden, overall responsibility for the program.

b. **Program Coordinator.** The Program Coordinator maintains  
responsibility for the Sexually Abusive Behavior Prevention

and Intervention Program.

He/She must provide supervisory oversight to ensure the coordination of institution departments in the prevention, detection, intervention, investigation and discipline/prosecution aspects as specified in this Program Statement.

7. **DEFINITIONS.** For the purposes of this Program Statement only, the following definitions apply:

a. **Sexual Fondling.** The touching of the private body parts of another person (including the genitalia, anus, groin, breast, inner thigh, or buttocks) for the purpose of sexual gratification.

b. **Sexual Misconduct (Staff Only).** The use of indecent sexual language, gestures, or sexually oriented visual surveillance for the purpose of sexual gratification.

**Note:** **Sexual acts or contacts between an inmate and a staff member, even when no objections are raised by either party, are always forbidden and illegal.** Accordingly, except in cases where staff are clearly the victim of inmate sexually abusive behavior, sexual behavior between staff and inmates is **always** the staff member's responsibility. The BOP is committed to investigating, disciplining and prosecuting staff that engage in such behavior.

c. **Sexual Assault with an Object.** The use of any hand, finger, object, or other instrument to penetrate, however slightly, the genital or anal opening of the body of another person.

**Note:** This **does not apply** to custodial or medical personnel engaged in evidence gathering or legitimate medical treatment, nor to health care provider's performing body cavity searches in order to maintain security and safety within the prison.

d. **Rape.** The carnal knowledge, oral sodomy, or sexual assault with an object or sexual fondling of a person **forcibly** or against that person's will;

The carnal knowledge, oral sodomy, or sexual assault with an object or sexual fondling of a person not forcibly or against the person's will, where the victim is **incapable of giving consent** because of his/her youth or his/her temporary or permanent mental or physical incapacity; or

The carnal knowledge, oral sodomy, or sexual assault with an object or sexual fondling of a person achieved through the **exploitation of the fear or threat** of physical violence or bodily injury.

- (1) **Carnal Knowledge.** Contact between the penis and vulva or the penis and the anus, including penetration of any sort, however slight.
- (2) **Oral Sodomy.** Contact between the mouth and the penis, the mouth and the vulva, or the mouth and the anus.

8. **PROGRAM OVERVIEW.** The Sexually Abusive Behavior Prevention and Intervention Program is comprised of five major areas to include the following:

- a. Prevention;
- b. Detection;
- c. Intervention;
- d. Investigation; and
- e. Discipline/Prosecution.

9. **PREVENTION.** Staff are responsible for understanding and participating in the prevention of sexually abusive behavior as outlined in this PS. Inmates are responsible for being familiar with the Bureau's Admission and Orientation (A&O) pamphlet on Sexually Abusive Behavior Prevention and Intervention.

a. **Screening.** All inmates entering an institution are screened as directed by Health Services, Psychology Services, and Unit Management policies. The following steps should be taken:

- (1) **Inmates with a history of sexual victimization while in BOP custody.**

When, during the intake screening process, staff

identify inmates with a history of sexual victimization within BOP custody (e.g., from self report or from review of available documents, such as, judgment and commitment orders; criminal records; pre-sentence investigation reports; Inmate Central File data; etc.), they must refer the inmate to Psychology Services.

If not previously documented on BOP records, staff must notify the Chief of Correctional Services of the inmate's report of victimization to ensure that appropriate steps (e.g., investigation, documentation, CIMS concerns, etc.) have been taken. The Chief of Correctional Services will ensure that documentation includes a current SENTRY STG assignment pertaining to the alleged victim.

**(2) Inmates with a history of sexual victimization while in non-BOP setting.**

If victimization occurred in non-BOP setting, staff should document information and provide appropriate psychological treatment and/or monitoring if needed.

**(3) Inmates with a history of sexual predation while in BOP custody.**

When, during the intake screening process, staff identify inmates with a history of sexual predation within BOP custody (e.g., from self report or from review of available documents such as judgment and commitment orders; criminal records; pre-sentence investigation reports; Inmate Central File data; etc.), staff must refer the inmate to Psychology Services.

If not previously documented on BOP records, staff must notify the Chief of Correctional Services of the inmate's history of predation to ensure that appropriate steps (e.g., investigation, documentation, CIMS concerns, etc.) have been taken. The Chief of Correctional Services will ensure that documentation includes a current SENTRY STG assignment pertaining to the alleged perpetrator.

(3) **Inmates suspected of being "At Risk"**

- (a) **For Victimization.** Some inmates are "at risk" for victimization due to one or a combination of factors such as physical appearance (e.g., small in stature, effeminate, etc.); demeanor (weak/non-assertive, anxious, depressed); special situations (e.g, high profile, sexual activity with a child, first time offender); or special needs (cognitive limitations, social inadequacy, developmental disability, etc.).
- (b) **For Perpetration.** Some inmates pose a serious risk of engaging in sexually abusive behavior while in BOP custody because of their history of sexually abusive behaviors while in prison (e.g., stalking, excessive sexual preoccupation, etc.).

Inmates identified as being in either of the "at risk" groups will be referred to Psychology Services for an assessment of risk and treatment and management needs. In the case of inmates "at risk" for perpetration, Correctional Services should be notified by Psychology Services.

b. **Classification.** Once an inmate has been identified as a victim or perpetrator, or as "at risk" for victimization or perpetration, Unit Management should review classification options. Such options may include transfer to a special treatment program (e.g., Sex Offender Management Program); transfer to a greater or lesser security facility (e.g., management variable), application of a PSF (e.g., sex offender) or changes in housing units or cell assignments.

c. **Staff Training.** All staff are trained on the components of the prevention and intervention of sexually abusive behavior as outlined in this policy.

(1) **Staff Training Components**

◆ **Prevention** of sexually abusive behavior

- ! Review Sexually Abusive Behavior Prevention and Intervention Program;
- ! Screen and Classify;

- ! Refer inmates "at risk" for victimization or perpetration; and
- ! Educate inmates.

◆ **Detection** of sexually abusive behavior

- ! Understand definitions;
- ! Recognize the physical, behavioral, and emotional indicators of sexual victimization; and
- ! Participate in intentional detection activities.

◆ **Intervention**

- ! Report/Refer allegations and
- ! Coordinate Responding.

◆ **Investigation**

- ! Initial Notifications;
- ! Preserve Crime Scene;
- ! Collect Physical Evidence; and
- ! After Action Review.

◆ **Discipline and/or Prosecution**

- ! Use SENTRY Codes to track victims and perpetrators and
- ! Manage sexual perpetrators.

(2) **Training Schedule**

- (a) **New Employees.** For new employees, a discussion of the Sexually Abusive Behavior Prevention and Intervention Program must be a part of the "Introduction to Correctional Techniques" and "Institutional Familiarization." Specific staff responsibilities included in policy will be outlined.
- (b) **Current Employees.** For current staff, information about the program will be included yearly as a part of Annual Training. Each Warden will designate a staff member to conduct this training.

- (c) **Specialized Training.** Discipline specific training is available at the institution level to staff who are likely to be most involved in the management and treatment of sexually abused victims and the perpetrators of the abuse, (e.g., Health Services staff, Psychologists, Lieutenants, etc.). Specialized training will be provided to these disciplines as part of their comprehensive training offered at the Management Specialty Training Center in Aurora, Colorado and at other designated locations.

d. **Inmate Education.** During the Admission and Orientation Program, a staff member, designated by the Warden, will present the Sexually Abusive Behavior Prevention and Intervention Program. This presentation must include:

- (1) Definitions of sexually abusive behavior;
- (2) Prevention strategies the inmate can take to minimize his or her risk of sexual victimization while in BOP custody;
- (3) Method of reporting an incident of sexually abusive behavior against oneself, and for reporting allegations of sexually abusive behavior involving other inmates, to include reporting procedures directly to Regional Staff, if desired;
- (4) Treatment options and programs available to inmate victims of sexually abusive behavior; and
- (5) Monitoring, discipline and or prosecution of sexual perpetrators.

The Bureau's A&O Pamphlet on Sexually Abusive Behavior Prevention and Intervention describing the key elements of this presentation will be provided to each inmate during A&O. In addition, where inmates do not participate in a formal A&O program, (e.g., WITSEC, pre-trial, or SHU inmates), the Warden will designate a staff member to ensure these inmates receive the Bureau's A&O Pamphlet on Sexually Abusive Behavior Prevention and Intervention Program within 14 working days.

10. **DETECTION.** Sexually abusive behavior occurs along a continuum of offense severity. While all such behaviors are

strictly prohibited and potentially traumatic for the victim, all incidents of sexually abusive behavior **do not** require implementation of the full Sexual Assault Intervention Protocol response (Attachment A).

However, all staff are responsible for detecting sexually abusive behaviors and intervening, as research indicates that undetected and unchecked sexual acting out (e.g., swatting someone on the buttocks, sexually suggestive comments, etc.) can lead to more serious sexual offending (e.g., rape).

Detection can occur unintentionally - as when staff happen upon a sexual assault in progress. More often however, detection requires an intentional awareness by staff of institutional or unit climate and the reputations and behaviors of inmates.

Through actively paying attention to inmate "gossip," listening to inmate comments to staff, reading case files and Correctional Services "confidentials," watching inmates interact, being alert for changes in inmate behavior (e.g., eating, sleeping, hygiene, or work habits, etc.), and monitoring isolated or "hot" areas of the institution, staff are able to better detect sexually abusive behavior, and possibly deter problems **before they occur, or before they escalate.**

**At a minimum,** all staff should report to the Operations Lieutenant, **any behaviors** detected that are, or could lead to, sexually abusive behaviors.

11. **INTERVENTION.** Staff must report and respond to allegations of sexually abusive behavior. Staff should assume that all reports of sexual victimization, regardless of the source of the report (e.g., "third party"), are credible and respond accordingly.

The Program Coordinator will review the report of the incident and determine the actions that need to be taken. As the severity of the sexually abusive behavior increases, so too should the level of response.

a. **Reporting.** In **all** cases of reported sexually abusive behaviors (e.g., from alleged victim, staff, and/or "third party") the following must occur:

- (1) The Operations Lieutenant will be notified immediately and he/she will:
  - ◆ Immediately safeguard the inmate (which will vary depending on the severity of the alleged sexually abusive behavior and could range from monitoring the situation, changing housing assignments, changing work assignment, placing alleged victim and perpetrator in Special Housing, etc.);
  - ◆ Promptly refer all inmates reported or suspected of being the victim of sexually abusive behavior to Psychology Services for assessment of vulnerability and treatment needs;
  - ◆ During business hours, ensure that the SIS, Chief of Correctional Services, Program Coordinator, and Warden are notified; and
  - ◆ During non-business hours, ensure that the SIS, Chief of Correctional Services, Program Coordinator, Duty Officer, and the on-call Psychologist are notified.
  
- (2) The Program Coordinator will review the psychological assessment and other relevant factors and make a determination as to whether or not to proceed with the full activation of the Response Protocol.

b. **Responding.** Not all allegations of sexually abusive behavior will require full activation of the Response Protocol. In some cases, the Program Coordinator will determine that there is not sufficient reason to proceed (e.g., the alleged victim credibly recanted; the alleged perpetrator was not in the institution on the date of the allegation, the inmates involved independently report a non-coercive sexual encounter, etc.) and the Response Protocol may be terminated.

In cases where more information is needed, or in cases where there is a credible and serious allegation or instance of sexually abusive behavior, the full Response Protocol must be implemented.

Once the Program Coordinator determines that the intervention should continue, a sensitive and coordinated response is necessary. Services will be provided in an environment that meets both security and therapeutic needs. The full Response Protocol, monitored by the Program Coordinator, involves the following components:

- (1) **Protective.** All appropriate staff will consult and determine the actions to be taken to prevent further sexually abusive behavior both **to** the alleged victim (e.g. change in work assignments, change in housing assignment, closer supervision, protective custody, transfer, etc.) and/or **by** the alleged perpetrator (e.g., remove from compound, change housing assignment, etc.).

The Chief of Correctional Services will ensure that a STG category of "**V SA UNV**" is entered into SENTRY, and in instances where an inmate perpetrator is alleged, will enter the STG category of "**P SA UNV**" for that inmate (See Section 13.b. for further details).

- (2) **Psychological.** Psychology staff are responsible for crisis intervention, assessment of treatment needs, documentation of the evaluation results, treatment, psychiatric referral, and/or other treatment options related to the alleged victim. In addition, Psychology staff provide guidance to Unit Management and Community Corrections staff regarding an inmate's post-release mental health needs.

Inmate perpetrators (or alleged perpetrators) of sexually abusive behaviors will be referred by the Operations Lieutenant to Psychology Services. Inmates considered high-risk for sexual re-offending may be referred to specialty treatment and/or management programs, individual or group counseling, or may be managed through standard correctional techniques.

If an inmate perpetrator is determined in need of treatment services and refuses treatment, Psychology Services staff must document the refusal and place it in the medical section of the Inmate Central File and notify the referring staff of the refusal.

Documentation of treatment compliance or refusal ensures continuity of care within, between, and outside the Bureau.

- (3) **Physical.** Medical staff are responsible for examination, documentation, and treatment of inmate injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy, HIV and other sexually transmitted diseases (STDs). Where indicated, medical staff, trained in the collection of sexual assault evidence (i.e., "rape kit") should conduct an examination for physical evidence which may be used later in formal investigations.

At institutions where Health Services staff are neither trained nor certified in sexual assault evidence gathering, the inmate will be examined at the institution by trained health care professionals from the local community or at the local community facility equipped (in accordance with local laws) to evaluate and treat sexual assault victims. Prophylactic treatment and follow-up for sexually transmitted diseases will be offered to all inmate victims, as appropriate.

Whenever an inmate is referred to Health Services for examination and treatment of injuries related to sexually abusive behavior, staff must encourage the inmate victim to complete an Inmate Injury Assessment and Follow-up form (BP-S362) as required by the Program Statement on Patient Care.

12. **INVESTIGATION.** In cases where the full Response Protocol is activated, staff are trained to investigate allegations of sexually abusive behavior thoroughly. The information concerning the identity of the alleged inmate victim and the specific facts of the case are limited to those staff who need-to-know because of their involvement with the victim's welfare and the investigation of the incident.

This is important not only to preserve the victim's privacy but also to preserve maximum flexibility to investigate the allegations.

a. **Initial Notifications.** Upon activating the full Response Protocol, the investigation phase is initiated and the following notification(s) must be made:

- (1) **Inmate Perpetrator on Inmate Victim.** In the event that an inmate is alleged to have perpetrated sexually abusive behavior against another inmate, the Special Investigative Agent (or SIS) will be notified immediately.
- (2) **Staff Perpetrator on Inmate Victim.** In the event that a staff member is alleged to have perpetrated sexually abusive behavior against an inmate, the Warden will be notified immediately.

The Warden will notify the Regional Director and the Office of Internal Affairs (OIA), who will in turn notify the Office of the Inspector General (OIG), and when appropriate, will notify the Federal Bureau of Investigation (FBI).

- (3) **Inmate Perpetrator on Staff Victim.** In the event that an inmate is alleged to have perpetrated sexually abusive behavior against a staff member, the SIA/SIS shall be contacted immediately with follow-up notification to the Warden.

b. **Crime Scene Preservation.** The staff first responder must preserve the crime scene. SIS staff shall be responsible for collecting information/evidence. The investigation, in coordination with the agency to which the case may be referred, must follow the guidance given in the Special Investigative Supervisor's Manual that outlines gathering and processing procedures.

c. **Physical Evidence Collection.** When there is a report of a **recent** Rape or Sexual Assault with an Object, or there is a strong suspicion that a recent, serious assault may have been sexual in nature, a thorough physical examination of the alleged victim - to include a "rape kit" must be completed immediately. Physical evidence collection may also include an examination of, and collection of physical evidence from the suspected perpetrator(s).

d. **After Action Reviews of Violent Sexual Assaults.** Following any incident of Rape or Sexual Assault with an

Object, the Warden, Program Coordinator, Chief of Correctional Services, Health Services Administrator, and Chief Psychologist must meet and review the incident. This review is to assess the reasonableness of the actions of staff following the incident, to ensure the security and treatment needs of the inmate victim have been addressed adequately and the management and investigation of the inmate or staff perpetrator is progressing appropriately.

Within **two** working days after the initial reporting of the Rape or Sexual Assault with an Object, a written report highlighting the relevant facts should be produced and the Warden or designee shall personally attest by his or her signature that the review has taken place and that the steps taken by staff were either appropriate or inappropriate. A copy of this report will be forwarded to the Regional Director.

Consideration for staff impacted by the incident is necessary. Arrangements for debriefing affected staff and referral to appropriate services to mitigate the stress associated with these events should be offered.

**13. DISCIPLINE AND PROSECUTION.** In keeping with this "zero tolerance" policy, perpetrators of sexually abusive behavior will be disciplined and/or referred for prosecution.

**a. Tracking Sexually Abusive Behavior.** Tracking and analyzing the incidents of sexually abusive behavior are critical to the safety and management of inmates and the security of all Bureau facilities. Monitoring these incidents allows the Bureau to assess the effectiveness of current policy and procedures in regard to the extent of sexual victimization.

To ensure full and accurate reporting and analysis, the SIS must maintain secure investigative files which include data on:

- (1) The victim(s) and perpetrator(s) of sexually abusive behavior;
- (2) Crime characteristics;
- (3) Formal and/or informal action(s) taken;
- (4) All collateral reports, supporting memoranda, and videotapes;
- (5) Medical forms; and

- (6) Any other evidentiary materials pertaining to the allegation.

The Office of Internal Affairs will report the cumulated data on the inmate victims of staff and inmate sexually abusive behavior to all Chief Executive Officers and the Psychology Services Administrator at the end of each quarter and at the end of each fiscal year.

b. **SENTRY Codes.** The Chief of Correctional Services in each institution will be responsible for accurate STG SENTRY assignments related to sexually abusive behavior. Access to this SENTRY assignment must be limited to those staff who are involved in managing and treating the inmate victim or inmate perpetrator, or investigating the incident.

- (1) **Unverified Codes.** These two SENTRY assignments will ensure that:

- ◆ alleged inmate victims of inmates or staff, and
- ◆ alleged inmate perpetrators

are identified, evaluated and monitored **as soon as the allegation is made.**

These SENTRY assignments are important to ensure that appropriate treatment and protective safeguards are provided during the critical first stages of an incident. Waiting until an incident has been properly investigated, substantiated (or not), and successfully prosecuted before the standard STG assignment is made, can often take months or years.

With the application of these unverified SENTRY assignments, staff are alerted to potential treatment and management issues related to victims or perpetrators.

- ◆ **V SA UNV (Victim of Sexually Abusive Behavior - Unverified):** This code is entered into the SENTRY record of the alleged victim at the time an allegation of sexually abusive behavior is reported. This assignment will remain current until such time as it is unsubstantiated (in which case it will be discontinued) or until it

is verified and changed to **V SA INMT** or **V SA STAFF**.

- ◆ **P SA UNV (Perpetrator of Sexually Abusive Behavior - Unverified)**: This assignment is entered into the SENTRY record of the alleged inmate perpetrator at the time the allegation is made. This assignment will remain current until such time as it is unsubstantiated (and discontinued) or verified and changed to **P SA INMT** or **P SA STAFF**.

(2) **Verified Codes.** These four SENTRY Assignments are used when there is a substantial evidence of sexually abusive behavior against an inmate, or by an inmate.

- ◆ **V SA INMT (Victim of Inmate Sexually Abusive Behavior)**: This assignment should be entered when a sexually abusive behavior has been committed against an inmate victim. It should remain a current assignment for the length of the inmate victim's incarceration.

- ◆ **V SA STAFF (Victim of Staff Sexually Abusive Behavior)**: This assignment should be entered when a sexually abusive behavior has been committed against an inmate victim by a staff member.

**Note:** While this assignment (**V SA STAFF**) may be entered locally if known, it will be the responsibility of the Office of Internal Affairs to provide the inmate name(s) to the Chief of the Intelligence Section, Central Office, on a quarterly basis. The Chief of Intelligence will, in turn, ensure that this information is promptly entered into SENTRY.

- ◆ **SA INMT (Perpetrator of Sexually Abusive Behavior Against an Inmate)**: This assignment should be entered when there has been a sustained finding (incident report or legal finding) against an inmate perpetrator who has

engaged in sexually abusive behavior towards another inmate.

- ◆ **SA STAFF (Perpetrator of Sexually Abusive Behavior Against a Staff Member/Contractor/Volunteer)**: This assignment should be entered when there has been a sustained finding (incident report or legal finding) against an inmate perpetrator who has committed a sexually abusive behavior against a staff member.

15. **INSTITUTION SUPPLEMENT.** Each institution is required to have a current Institution Supplement that reflects that institution's unique characteristics and that specifies how each institution will comply with this Program Statement to include the following:

a. **Specification of Staff Member(s) responsible for:**

1. Staff training activities to ensure a coordinated response to a report of sexually abusive behavior; and,
2. Inmate education regarding issues pertaining to sexually abusive behavior.

b. **Notification Procedures** to be followed when sexually abusive behavior occurs (including notification of appropriate law enforcement agencies).

c. **Responding to the Inmate Victim**

1. Providing security to any inmate who alleges that he or she is the victim of sexually abusive behavior and, where appropriate, to inmates who are reported by others to be the victims of sexually abusive behavior; and,
2. Identify entities (e.g., institution Health Services or community medical services) responsible for providing medical assessment(e.g., "rape kit") and treatment of the victim of a Rape or Sexual Assault with an Object.

d. **Monitoring the Inmate Perpetrator**

1. Monitoring or management of the perpetrator designed to minimize the risk of future predation;
2. Description of the system in place to ensure that the Chief of Correctional Services is notified of inmates with a serious sexual predation history or who are "at risk" of engaging in sexually abusive behavior while in BOP custody.

/s/  
Harley G. Lappin  
Director

**SEXUAL ASSAULT INTERVENTION PROTOCOL**

This protocol was developed to provide general guidance for responding to the sexual assault (e.g., Rape or Sexual Assault With an Object) of inmates.

**DETECTION**

Staff can detect sexual assault in many ways, to include the following:

- # Staff discover an assault in progress;
- # Victim reports an assault to a staff member;
- # An assault is reported to staff by another inmate or staff (third party), or is the subject of inmate rumors; and
- # Medical evidence (e.g., bruising, rectal or vaginal tears, the presence of semen, etc.).

While some victims will be clearly identified, most will probably not come forward with information about the event. Some victims may be identified through:

- # Unexplained injuries;
- # Changes in physical behavior due to injuries;
- # Changes in usual routine (to avoid site of, or potential site of an assault); and
- # Abrupt personality changes such as withdrawal or suicidal behavior.

**INTERVENTION**

**Reporting.** At this stage, it is not appropriate to make judgments about whether a sexual assault occurred.

- # The staff member who first identifies that an assault may have occurred must immediately report the incident to the Operations Lieutenant; and
- # If a suspected victim is fearful of being labeled "an informer," the inmate should be advised that the identity of the perpetrator(s) is not needed to receive assistance.

**Protective**

**Responding.** It is important that all contact with a sexual assault victim be sensitive, supportive, and non-judgmental.

- # If staff discover an assault in progress, the suspected victim should be removed from the immediate area;
- # Appropriate staff will consult to determine the actions needed to prevent further sexually assaultive behavior towards the victim;
- # If possible, the perpetrator will be identified and secured to prevent further sexually assaultive behavior; and
- # An STG assignment will be entered into SENTRY for both the alleged victim (V SA UNV) and alleged perpetrator (P SA UNV).

**Physical**

- # If it is suspected that an inmate was sexually assaulted, the inmate should be advised of the importance of getting help to deal with the assault, including a medical evaluation for evidence collection, and treatment;
- # To facilitate evidence collection, the victim should **not** shower, wash, drink, eat, defecate or change

any clothing until examined;

- # Escort the victim to the Health Services Unit for a medical evaluation and "rape kit" as soon as possible;
- # If necessary, medical staff shall refer the victim to a local emergency facility; and
- # Examine the perpetrator and collect any evidence that he/she may have engaged in sexually assaultive behavior.

<b>Psychological</b>
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**VICTIM**

- # Psychology Services shall be notified immediately of an allegation of sexual assault of an inmate;
- # Once notified, a Psychologist must see the victim(s) within 24 hours, to provide crisis intervention and to address any immediate treatment needs;
- # The findings of this initial crisis/evaluation shall be summarized in a written format within 24 hours of the initial session and copies will be disseminated to the Unit Team, Medical and Correctional Services for placement in the appropriate files;
- # The need for continued mental health services will be determined by qualified clinicians, and may include:
  - ! individual therapy;
  - ! group therapy;
  - ! continued assessment;
  - ! referral to a mental health facility;
  - ! referral to a psychiatrist; and/or
  - ! other treatment options;
- # Psychology staff will determine the need for

continuing treatment upon an inmate's release and will:

- ! Notify the Case Manager of the recommendation. The Case Manager should identify community treatment services about 12 months prior to the inmate's release from incarceration;
- ! If a Community Correction Center furlough transfer is effected, the Case Manager shall notify the Community Corrections Manager to facilitate the identification and referral for services. Arrangements for a referral to appropriate support services may be made through the United State Probation Office in the District of the inmate's release; and
- ! Encourage the victim to participate in treatment/support groups in the community.

**PERPETRATOR**

- # The inmate perpetrator will be referred to Psychology for evaluation of treatment needs. Compliance or refusal of recommended mental health services will be documented in the Psychological Data System (PDS) and relevant information will be shared with Unit Team and Correctional Services for management purposes;
- # Correctional management decisions (e.g., CIMS concerns, housing/cell mate considerations, etc.) will take into account the risk of predation to staff and inmates;
- ! For inmate perpetrators who may have received a PSF for Sex Offender, law official notifications may need to be made prior to release; and
- ! Arrangements for a referral to appropriate treatment and/or management services may be made through the United State Probation Office in the District of the inmate's release.

<b>INVESTIGATION</b>
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A brief statement about the assault should be obtained from the inmate. It is important to remember that the victim may be in shock, and unable to give much detail. It is important to be understanding and responsive. Opportunities to secure more details will occur later.

**Initial Notification**

- ! Make proper notifications to CEO, Region, OIA and outside law enforcement as appropriate.
  
- ! Only those staff with a "need to know" should be informed of the incident as it is important to respect the victim's security, identity, and privacy.

**Crime Scene**

The following procedures may apply for reported or known victims of sexual assault. If the inmate was threatened with sexual assault or was reporting an assault that occurred on an earlier occasion (e.g., several weeks ago), some steps may not be necessary.

- # Use universal precautions in the handling of blood and body fluids. Contact medical staff to determine how to preserve medical indications of sexual assault. At the crime scene, look for the presence of semen and pubic hair that can be used as evidence (e.g., blankets and sheets should be collected).
  
- # Use standard evidence collection procedures identified in the SIS Manual.

**Physical Evidence  
Collection**

**FROM VICTIM**

- # A sexual assault medical examination (e.g., "rape

kit") will be offered by medical staff trained in such procedures;

- # If the alleged victim is examined in the institution (see the Health Services Manual, Sexual Assault) to determine the extent of injuries, findings should be documented both photographically and in writing. An original Inmate Injury Assessment and Follow-up form (BP-S362) should be filed in the inmate's Health Record. A copy of BP-S362 should be provided to the SIS or appropriate law enforcement official;
- # If deemed necessary by the examining physician, established procedures for using outside medical consultants or for an escorted trip to an outside medical facility will be followed; and
- # When indicated, conduct STD, HIV, and/or pregnancy testing.

**FROM PERPETRATOR**

- # Identify the perpetrator, if possible, and monitor, manage, or treat him/her as such pending the outcome of the investigation.
- # Use standard evidence gathering procedures identified in the SIS Manual.
- # Medical staff must attempt to examine the alleged perpetrator, and the findings should be documented both photographically and in writing. A written summary of all medical evidence and findings should be completed and maintained in the inmate's Health Record. Copies of this written summary should also be provided to the SIS and appropriate law enforcement officials.

<b>After Action Review</b>
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- # An After Action Review Committee consisting of the Warden, Associate Warden (responsible for

Correctional Services), Captain, Health Services Administrator, and Chief Psychologist must meet and review the incident.

- # Within two working days of a Rape or Sexual Assault with an Object, a written report signed by the Warden (or designee) shall be forwarded to the Regional Director.
- # Staff impacted by the incident should be debriefed and referred to appropriate services to mitigate the stress associated with the event.

<b>DISCIPLINE AND PROSECUTION</b>
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SENTRY Codes. The Chief of Correctional Services in each institution will be responsible for accurate STG SENTRY assignments related to sexually abusive behavior.

- # **Unverified Codes:** These two SENTRY assignments will be entered **AS SOON AS THE ALLEGATION IS MADE**
  - ! **V SA UNV** (Victim of Sexually Abusive Behavior - Unverified): This code is entered into the SENTRY record of the alleged victim at the time an allegation of sexually abusive behavior is reported. This assignment will remain current until such time as it is unsubstantiated (in which case it will be discontinued) or until it is verified and changed to **V SA INMT** or **V SA STAFF**.
  - ! **P SA UNV** (Perpetrator of Sexually Abusive Behavior - Unverified): This assignment is entered into the SENTRY record of the alleged inmate perpetrator at the time the allegation is made. This assignment will remain current until such time as it is unsubstantiated (and discontinued) or verified and changed to **SA INMT** or **SA STAFF**.
- # **Verified Codes.** These four SENTRY Assignments are used when there is a substantial evidence of sexually abusive behavior against an inmate, or by an inmate.

- ! **V SA INMT** (Victim of Inmate Sexually Abusive Behavior): This assignment should be entered when a sexually abusive behavior has been committed against an inmate victim, by an inmate. It should remain a current assignment for the length of the inmate victim's incarceration.
  
- ! **V SA STAFF** (Victim of Staff Sexually Abusive Behavior): This assignment should be entered when a sexually abusive behavior has been committed against an inmate victim by a staff member.
  
- ! **SA INMT** (Perpetrator of Sexually Abusive Behavior Against an Inmate): This assignment should be entered when there has been a sustained finding (incident report or legal finding) against an inmate perpetrator who has engaged in sexually abusive behavior towards another inmate.
  
- ! **SA STAFF** (Perpetrator of Sexually Abusive Behavior Against a Staff Member/Contractor/Volunteer): This assignment should be entered when there has been a sustained finding (incident report or legal finding) against an inmate perpetrator who has committed a sexually abusive behavior against a staff member.