POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER B-05	PAGE NUMBER 1 of 4
	RELATED NCCHC/ACA STANDARDS: NCCHC P-B-04 Important, P-B-05, Important ACA 4-4406; Prison Rape Elimination Act National Standards for Prisons and Jail s 28 C.F.R. Part 115	
CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES	**SUBJECT:** **PROCEDURE IN THE EVENT OF A SEXUAL ABUSE**	
EFFECTIVE DATE:	**REVISED:** 3/22/13; 10/1/13	
APPROVED FOR PUBLIC RELEASE		

I. AUTHORITY: Bureau of Correctional Healthcare Services

II. PURPOSE: To establish a procedure for victims of sexual abuse to receive unimpeded medical and mental health services.

III. APPLICABILITY: All Department of Correction employees and vendor staff, offenders and any outside healthcare provider servicing DOC offenders.

IV. DEFINITIONS: See glossary

V. POLICY: The Department of Correction has a zero tolerance policy toward all forms of sexual abuse. The Department, all employees, vendors, contractors and volunteers are responsible for the prevention, detection, and reporting of prison rape and sexual activity. The medical and psychological trauma of a sexual abuse is minimized as much as possible by prompt and appropriate health intervention. Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

VI. PROCEDURES:

A. TRAINING

1. The vendor staff for medical, mental health and pharmacy services shall ensure all vendor employees are trained in Prison Rape Elimination Act (PREA) and DOC policy 8.60. All training and training materials shall be approved by the DOC Employee Development Center (EDC). Documentation of training will be maintained in the employee record and submitted to the DOC Employee Development Center within 30 days of completion.

2. The vendor staff for medical, mental health and pharmacy services shall ensure all vendor employees receive initial and annual refresher training in the Prison Rape Elimination Act and DOC policy 8.60.

3. The vendor staff for medical and mental health shall provide additional specialized training for their staff in the following areas:
   a. How to detect and assess signs of sexual abuse and sexual harassment;
   b. How to preserve physical evidence of sexual abuse;
   c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
   d. How and to who to report allegation or suspicions of sexual abuse and sexual harassment.

B. MEDICAL AND MENTAL HEALTH CARE

1. All offenders shall be screened for risk of sexual victimization and abusiveness during the intake screening process.

2. Offenders with a positive screening for sexual victimization and abusiveness shall receive a high (urgent) referral to Mental Health for further evaluation.

3. In the event of a reported case of sexual abuse, made directly to onsite medical or mental health staff, that staff member will immediately notify a Security staff member. Medical/mental health staff will request that the alleged victim not take any actions that could destroy physical evidence.

4. Immediate or emergent medical and or mental health treatment shall be provided to the victim by the onsite medical or mental health staff. The nature and scope of the crisis intervention services to be provided are determined by medical and mental health practitioners according to their professional judgment.

5. 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, request that the alleged victim not take any actions that could destroy physical evidence and shall immediately notify the appropriate medical and mental health practitioners.

6. Victims of sexual abuse shall be transported under appropriate security provisions to an outside emergency care facility capable of conducting sexual assault exams for treatment and gathering of evidence.

7. Upon return from the outside emergency care facility, the site Medical Director or designee will immediately review the treatment recommendations for indicated treatment and testing and will offer the victim access to the outside agency advocate. The site Medical Director will arrange with security how the victim can access the outside agency advocate.

8. The victim will receive an immediate referral to the site Mental Health department upon return from the outside emergency care facility, for off hour returns the mental health on-call system will be utilized. Mental Health will conduct a mental health evaluation to include suicide risk assessment of the victim and assess the need for crisis intervention counseling and long-term follow up within 2 hours of notification. When the victim is an adolescent, the potential for suicide should be carefully addressed.

9. The victim of sexual abuse will be offered timely information about and timely access to pregnancy testing and counseling, emergency contraception and sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care

10. If pregnancy results from the sexual abuse, such victims shall receive timely and comprehensive information about the timely access to all lawful pregnancy- related medical services.

11. Treatment services shall be provided to the victim without financial cost and regardless whether the victim names the abuser or cooperates with any investigation arising of the incident.

12. The evaluation and treatment of such victims shall include, as appropriate, follow up services, treatment plans and when necessary, referrals for continued care following their transfers to, or placement in, other facilities or their release from custody.

13. Medical information may be obtained from the alleged perpetrator, with consent, to ensure appropriate medical interventions can be initiated for the victim. If the alleged perpetrator will not reveal their medical information, the Deputy Attorney General shall be contacted for consideration of requesting a court order for sexually transmitted disease testing.

14. Mental health will attempt to conduct a comprehensive mental health evaluation and suicide risk assessment of the alleged perpetrator within 72 hours of the event to assess the need for sexual violence counseling.

D. DATA COLLECTION AND REVIEW

1. Medical and mental health practitioners shall participate in all sexual abuse incident reviews as directed by each facility.

2. BCHS will conduct a review of all sexual abuse incidents for reporting to the Adult Correctional Healthcare Advisory Committee.

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2008, P-B-04.

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2008, P-B-05.

American Correctional Association: Standards for Adult Correctional Institutions, 4th edition, 4-4406.

National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act; 28 C.F.R. Part 115, Docket No. OAG -131, RIN 1105-AB34, May, 17, 2012.

Approval:

Date of Policy/Revision	Robert Coupe Commissioner	Date	BCHS Bureau Chief, James Welch, RN, HNB-BC	Date
10/1/13		10/01/13		10/04/13

STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER 11-B-05	PAGE NUMBER Review Addendum
SUBJECT: SUBJECT: **Procedure in the Event of a Sexual Abuse**	**RELATED NCCHC and ACA STANDARDS:**	

I have reviewed this policy and found it to be current.

BCHS Bureau Chief
James Welch, RN, HNB-BC

9/22/17
Date