

<p>ADVANTAGE TREATMENT CENTER</p> <p>POLICY AND PROCEDURES</p>	<p>POLICY NUMBER</p> <p>CS-070</p>	<p>NUMBER OF PAGES</p> <p>14</p>
<p>RELATED STANDARDS:</p> <p>CCC - 070</p>	<p>SECTION: Client Supervision</p> <p>SUBJECT: Prison Rape Elimination</p>	
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POLICY:

Advantage Treatment Center facilities have a zero-tolerance policy for any sexual contact or sexual harassment, whether consensual or non-consensual, between clients and between clients and staff members. Any behavior of a sexual nature whether verbal, nonverbal, or physical is strictly prohibited at Advantage Treatment Center.

Prohibited sexual behavior includes sexual assault, sexual misconduct, staff sexual conduct in a correctional institution, and sexual harassment. Every report or observation of prohibited sexual behavior between clients or between clients and staff shall follow this policy for the prevention of, response to, training and education of, risk screening for, reporting of, response to, investigation of, for, medical and mental health care following, and data collection of incidents of prohibited sexual behavior.

A. PROCEDURE: GENERAL DEFINITIONS

- a. **Gender nonconforming:** a person whose appearance or manner does not conform to traditional societal gender expectations.
- b. **Intersex:** a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.
- c. **Transgender:** a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person’s assigned sex at birth.

B. DEFINITIONS RELATED TO SEXUAL ABUSE

- a. Prohibited Sexual Behavior Definitions:
 - i. **Rape:** the carnal knowledge, oral sodomy, sexual assault with an object, sexual fondling of a person, forcibly or against that person’s will, or not forcibly or against the person’s will, where the victim is incapable of giving consent, because of his or her youth, temporary or permanent mental or physical incapacity, the carnal knowledge achieved through the exploitation of the fear or threat of physical violence or bodily injury.

- ii. **Sexual Assault:** The act or attempted act of unwelcome sexual intrusion, sexual contact or sexual penetration by any person on another by force, threat, coercion, or intimidation pursuant to CRS 18-3-401 through 18-3-415.5
- iii. **Sexual Abuse:** Sexual behavior directed towards a person that does not or cannot consent or is coerced to include but not limited to any of the following acts:
 - A) Contact between the mouth, penis, breast, buttocks, vulva, anus or any body part with the intent to abuse, arouse, stimulate or gratify sexual desire
 - B) Any other intentional contact, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, or where the DOC employee, contract worker or volunteer has the intent to abuse arouse, or gratify sexual desire, excluding contact incidental to a physical altercation
 - C) Any threat of physical force or pressure for sexual acts or requests for sexual acts
 - D) Romantic or sexual relationships between DOC employees, contractors, or volunteers and offenders are prohibited.
- iv. **Sexual Misconduct:** Sexual intrusion, sexual contact or sexual penetration with consent between clients. Sexual Misconduct does not include staff, as there is no legal consent between clients and staff.
- v. **Sexual Conduct in a Correctional Institution:** ‘An employee, contract employee, or volunteer of a correctional institution, or an individual who performs work or volunteer functions in a correctional institution, who engages in sexual conduct with a person who is in lawful custody in a correctional institution, commits the offense of sexual conduct in a correctional institution, pursuant to C.R.S. 18-7-701.’ If charged and convicted, a possible condition could be the requirement of the staff member to register as a sex offender.
- vi. **Sexual Harassment:** Includes any non-contact behavior or act that subjects another person to verbal or written statements or gestures of sexual or romantic nature; creating or encouraging an atmosphere of intimidation, hostility or offensiveness as perceived by the individual who observes the sexually offensive behavior or act, including but not limited to the following:
 - A) Any repeated and/or unwelcome sexual advances, requests for sexual favors, obscene or profane language or verbal comments or actions of a derogatory or offensive sexual nature, including demeaning references to gender, inappropriate, sexually suggestive or derogatory comments about body or clothing, or obscene language or sexually harassing gestures, or written statements of a sexual or romantic nature.
 - B) Indecent exposure or any intentional or unwanted displays of anus, genitals, breasts or other body parts to sexually harass another person or masturbation in the presence or direct vision of another person.

- C) Voyeurism or invasion of privacy for the purpose of sexual gratification or intent to abuse or arouse sexual desire.
- D) Taking or soliciting photographs or images of a person's nude breasts, genitalia, buttocks, naked body or while performing bodily functions.
- E) Any unwelcome sexual advances, requests for sexual favors, unequal treatment, or other unwelcome verbal and physical conduct based on sex
- F) Submission to such conduct is made either explicitly or implicitly as a term or condition of an individual's employment; or
- G) Submission to or rejection of such conduct is used as the basis for employment decisions about a person; or
- H) Such conduct has the purpose or effect of substantially and unreasonably interfering with a DOC employee, contractor, or volunteers work performance or creating an intimidating, hostile, or offensive work or educational environment.

C. PREVENTION

- a. Deliberate indifference
 - i. Staff could be held personally liable:
 - A) If he/she fails to anticipate and take action to prevent sexual assault in cases of obviously vulnerable offenders.
 - B) If he/she fails to take steps to investigate substantial risks to client health and safety (to confirm any dangers, and take action to protect vulnerable clients).
 - C) If he/she fails to investigate, report, and help to prosecute client sexual assaults.
 - ii. It is critical that all employees take this issue seriously by investigating and reporting suspected issues.
 - iii. Investigating simply means looking into the issue. It is always appropriate to report and document.
 - iv. Staff can be sued as an employee, intern, volunteer or contractor of a Community Corrections facility and also as an individual.
 - v. If staff is found guilty of willful and wanton misconduct or conduct outside the course and scope of job duties, he/she could lose assets including personal property.
- b. Agency Protection Duties
 - i. When staff learns that a client is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the client.
 - ii. Staff will ensure that residents can shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts,

buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

- A) Staff of the opposite gender announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.
- iii. ATC staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the client's genital status. If the client's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
- iv. ATC will make individualized determinations about how to ensure the safety of each resident.
 - A) Transgender and intersex residents may have special housing needs, where facility capacity can accommodate them. Housing may be determined using the following criteria:
 - a. Seriously consider the clients own ideas and concerns regarding housing placement.
 - b. Review facility capacity and accommodations with consideration of safety and security concerns.
 - c. Work with client to make the most appropriate placement to enhance their safety and security.
 - B) Examples include: Using single occupancy rooms, using private or staff bathrooms, having separate showering schedules from the other clients and placing beds closest to the security office
- v. ATC staff will never conduct strip or body cavity searches under any circumstances
- vi. ATC has designated an upper-level, facility-wide PREA coordinator to develop, implement, and oversee ATC's effort to comply with the PREA standards in all of its facilities.
- c. Clients with Disabilities and Clients who are Limited English Proficiency
 - i. Staff shall take appropriate steps to ensure that clients with disabilities (including, for example, clients who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with clients who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, staff shall ensure that written materials are provided in formats or through methods that ensure effective communication with clients with disabilities, including clients who have intellectual disabilities, limited reading skills, or who are blind or have low vision. A facility is not required to take actions that it can demonstrate would result in a

fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

- ii. Staff shall take reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to clients who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary within one (1) business day of arrival to the program.
- iii. Staff shall not rely on client interpreters, client readers, or other types of client assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client's safety, the performance of first-response duties, or the investigation of the client's allegations.

d. Training and Education

i. Employees

- A) The program shall conduct an annual training on both PREA and sexual harassment.
- B) Training will be documented and maintained in each employee personnel file.

ii. Volunteers

- A) The program shall conduct an annual training on both PREA and sexual harassment

iii. Clients

- A) During the intake process, all clients shall receive an orientation that includes Community Corrections policy and procedures relating to sexual assault, sexual abuse, sexual harassment and sexual misconduct. The information is communicated by video correspondence, verbally and in writing.

iv. Specialized training

- A) ATC will make sure to have full- and part-time medical and mental health care practitioners, volunteers and contractors who work regularly in its facilities trained in PREA standards and policies. Such specialized staff, volunteers and contractors will participate in the staff training as well as a specialized training designed specifically for medical and/or mental health practitioners who are credentialed and working clinically with clients within the residential facility. Such training will include:
 - 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 (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

1. ATC staff will never conduct forensic medical examinations and such medical requirements will be referred to our local community partners.

D. IDENTIFICATION

a. Screening for Risk of Sexual Victimization and Abusiveness

i. Each facility will complete an initial assessment interview within 72 hours and then again in 30 days (DOC/DIV) to review if a client is at risk or there is a history of sexual victimization or sexually aggressive behavior to assist in housing, work and program assignments.

A) The client's risk level shall be reassessed in the following conditions: by referral, by request, an incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

B) Every client will be reassessed annually.

C) This will be done in order to comply with Federal PREA standards and to identify known and/or potential sexual aggressors and victims.

D) Clients will not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked about being a known and/or potential sexual aggressor or victim.

a. Exhaustion of Administrative Remedies

b. In the event that a client feels as though they have a complaint about a program issue, how they were treated, or the outcome of an incident report, they may file a Grievance or an Incident Report Appeal/Explanation Form with the program following the guidelines outlined in their handbook.

ii. Upon Notification of an Incident

A) Once it has been discovered that an incident has occurred, staff will move the client to a designated room until the investigation is completed. The aggressor will be secured in a separate place and separate building if possible, or the security office with staff supervision.

b. Client Access to Outside Confidential Support Services/ Third-party Reporting

i. The facility shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute or post publicly information on how to report sexual abuse and sexual harassment on behalf of a client. These methods are to be used in cases of allegations of sexual abuse, sexual harassment and retaliation and not the formal grievance process.

A) For DOC clients: PREA reporting @ 1-855-855-0611

- B) All clients: Send a letter to the DOC PREA Manager, DCJ Director or contact the local Community Corrections Board.
- c. Camera Placement in prevention and/or detection of sexual abuse
 - A) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, ATC will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.
 - a. Such considerations will be recorded in meeting notes and submitted to the PREA Coordinator to maintain the records.
 - B) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, ATC shall consider how such technology may enhance our ability to protect residents from sexual abuse.
 - a. Such considerations will be recorded in meeting notes and submitted to the PREA Coordinator to maintain the records.

E. INVESTIGATION

- a. Staff First Responder Duties
 - i. Upon learning of an allegation that a client was sexually abused, the first staff member to respond to the report shall be required to:
 - A) Separate and isolate both the victim and the alleged perpetrator until instructed otherwise by the Program Director.
 - B) Immediately notify the Program Director and local law enforcement
 - C) Instruct both the victim and the alleged perpetrator not to shower, wash, brush their teeth, use the restroom, change clothing or anything else that could potentially compromise evidence.
 - D) Staff shall separate and isolate any and all witnesses to the alleged incident until instructed otherwise by the Program Director.
 - E) Follow the crime scene management priorities of: personal safety, preserve life, prevent further hostilities, protect the scene, and preserve evidence.
 - F) Cordon off the crime scene and keep a log of all people entering and their purpose. Staff shall be aware of and prevent common crime scene destruction factors by not stepping through blood, not touching weapons, not moving or touching evidence, and not allowing non-critical response personnel to enter the scene.
 - G) Dangerous weapons may be picked up only if they present a clear and present danger to the safety and security of the facility, staff, and clients. If possible, staff shall leave weapons in place until law enforcement retrieves them.

- H) Staff shall conduct ‘threshold questioning,’ the first 10-15 minutes on the scene to ask basic questions, such as ‘What happened?’ ‘Was anyone injured?’ ‘Who was involved?’ etc. Staff shall also record all spontaneous utterances. Once the alleged perpetrator is identified, all questioning by staff shall cease, as Miranda rights apply and law enforcement will take over.
- I) If law enforcement asks staff to assist with the investigation, staff shall cooperate with this request.

F. CRIMINAL and ADMINISTRATIVE FACILITY INVESTIGATIONS

- a. Where sexual harassment is alleged, the facility shall investigate promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. If the incident is determined to be founded by the PREA Coordinator, the incident will be passed on to local law enforcement.
- b. Where sexual abuse is alleged, the facility shall contact the local law enforcement agency to conduct the investigation. Promptly, thoroughly and objectively, the facility shall take into consideration all allegations, including third-party and anonymous reports that meet the definition of sexual abuse as defined in this policy.
- c. For criminal investigations, local law enforcement investigators shall have the responsibility to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- d. When the quality of evidence appears to support criminal prosecution, the assigned investigator shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
 - i. Investigators shall assess the credibility of an alleged victim, suspect, or witness on an individual basis and shall not be determined by the person’s status as client or staff. No investigator shall require a client who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
 - ii. Administrative investigations into allegations:
 - A) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
 - B) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
 - C) Shall be tracked and monitored by the PREA Coordinator.
 - iii. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

- iv. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
 - v. The departure of the alleged perpetrator or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.
 - vi. When a law enforcement agency investigates sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.
 - vii. The incident will be tracked and monitored by the PREA Coordinator.
- e. Evidentiary Standard for Administrative Investigations
- i. The facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.
- f. Evidence Protocol and Forensic Medical Examinations
- i. When investigating allegations of sexual abuse, staff shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
 - ii. The facility shall offer all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible.
- SANE locations are as follows:
- Sterling - Sterling Regional Medical Center: 615 Fairhurst, Sterling Colorado, 80751.
 - Alamosa- Convenient Care Community Clinic Valley-Wide Health Systems: 1131 Main St, Alamosa, CO 81101
 - Lamar- Parkview Medical Center: 400 W. 16th Street Pueblo, CO, 81003
 - Montrose- Montrose Memorial Hospital Emergency Room: 800 S 3rd St, Montrose, CO 81401. Must call dispatch first.
- iii. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners and staff shall document its efforts to provide SAFEs or SANEs.

In these cases, staff can use the Pueblo Rape Crisis Services for emotional support only.

- A) As requested by the victim, the victim advocate will be a qualified community-based staff person and shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.
- B) For the purposes of this policy, a community-based staff member shall be

an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

- C) Client victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.
 - D) If pregnancy results from sexual abuse, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.
 - E) Client victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.
- g. Policies to Ensure Referrals of Allegations for Investigations
- i. Staff shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
 - ii. For criminal investigations, the Director shall refer to the local law enforcement agency and notify the referring agency.

G. DOCUMENTATION/COMMUNICATION

- a. Staff and Facility Reporting Duties
- i. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone, other than to the extent necessary to make treatment, investigation, and other security and management decisions.
 - ii. If staff receives any information, regardless of its source, concerning any suspected prohibited sexual behavior, observes an incident of prohibited sexual behavior, or has suspicion or knowledge of retaliation against clients or staff for reporting an incident, staff is required to immediately report the incident to his/her supervisor.
 - A) The supervisor will then notify the designated investigator and Program Director.
 - B) The reporting staff will be asked to complete a detailed incident report.
 - C) The Program Director will notify the PREA Coordinator
 - iii. False allegations shall result in disciplinary action and/or may result in criminal charges being filed.
 - iv. All staff will report immediately and according to agency policy any knowledge, suspicion, or information regarding staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
 - v. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, ATC staff will report the allegation to the designated State or local services agency under applicable mandatory reporting laws.
 - vi. Staff Reporting Options

- A) Call the Advantage Treatment Center Program Director or PREA Coordinator
 - B) Methods for staff to privately report sexual abuse and sexual harassment of residents:
 - a. For DOC clients: PREA reporting @ 1-855-855-0611
 - b. Call the PREA Staff line @ 719-226-4621.
 - c. All clients: Send a letter to the DOC PREA Manager, DCJ Director, or Contact the local Community Corrections Board.
- vii. Procedures for notification and reporting of ***non-criminal*** incidents
- A) Staff shall contact the Program Director.
 - B) Staff shall write a detailed report.
 - C) The Program Director or designee will contact the CPO for a CDOC client and the Probation Liaison for a Diversion client.
 - D) The Program Director or designee will notify the PREA Coordinator
 - E) The PREA Coordinator will send the report to the CPO, DCJ, Community Corrections board, CDOC PREA Manager for CDOC clients or Probation Liaison for Diversion clients.
- viii. Procedures for notification and reporting of ***criminal*** incidents
- A) Staff shall contact the Program Director or designee.
 - B) The Program Director or designee will notify the PREA Coordinator
 - C) Staff shall write a detailed report.
 - D) The Program Director will contact the local law enforcement agency or the Parole Liaison for a DOC client.
 - E) If a staff member, intern, volunteer or contractor is involved, that person will be placed on administrative leave pending investigation.
 - F) The Program Director will contact the CPO for a CDOC client and the Probation Liaison for a Diversion client.
 - G) The PREA Coordinator will send the report to the CPO, DCJ, Community Corrections board, CDOC PREA Manager for CDOC clients or Probation Liaison for Diversion clients.
- ix. Reporting to Clients
- A) Following an investigation into a client’s allegation of sexual abuse suffered in a facility, the Program Director or designee shall inform the client as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
 - B) If the facility did not conduct the investigation, the Program Director or designee shall request the relevant information from the investigative facility in order to inform the client.

- C) Following a client’s allegation that a staff member has committed sexual abuse against the client, the Program Director or designee shall subsequently inform the client (unless the facility has determined that the allegation is unfounded) whenever:
 - a. The staff member is no longer employed at the facility;
 - b. The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 - c. The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
 - d. Following a client’s allegation that they have been sexually abused by another client, the Program Director or designee shall subsequently inform the alleged victim whenever:
 - e. The facility learns that the alleged perpetrator has been indicted on a charge related to sexual abuse within the facility; or
 - f. The facility learns that the alleged perpetrator has been convicted on a charge related to sexual abuse within the facility.
 - g. All such notifications or attempted notifications shall be documented.
- D) A facility’s obligation to report under this standard shall terminate if the client is released from the facility’s custody.
- E) Staff involved shall document all information pertaining to the alleged incident and investigation in an informational report and submit it to the Supervisor or Director. The Director will submit the documentation to the PREA Coordinator.
- F) Reporting to Other Confinement Facilities
 - a. Upon receiving an allegation that a client was sexually abused while confined at another facility, the Program Director or designee of the facility that received the allegation shall notify the administrator of the facility or appropriate office of the facility where the alleged abuse occurred.
 - b. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
 - c. The Program Director or designee shall document that he/she has provided such notification.
 - d. If the Program Director or designee receives notification that a client under his/her supervision was sexually abused while confined at another facility, he/she shall ensure that the allegation is investigated in accordance with these policies.
 - e. The Program Director or designee will notify the PREA Coordinator

H. INTERVENTION

- a. Victim Counseling

- i. Each Program Director will maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide clients with confidential emotional support services related to sexual abuse. The Program Director and PREA Coordinator shall maintain copies of agreements or documentation showing attempts to enter into such agreements.
 - ii. Staff will provide clients access to the addresses and telephone numbers, (toll-free hotline numbers where available), of the local contact who can provide these services either during intake, in writing, and/or posted throughout the facility.
 - iii. The site will inform clients, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
- b. Facility Protection Against Retaliation
 - i. The facility shall protect all clients and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other clients or staff. Staff is required to immediately report any suspicion or knowledge of retaliation or negligence of duties that result in retaliation.
 - ii. The facility shall implement protection measures, such as housing changes or transfers for client victims or abusers, removal of alleged staff or client abusers from contact with victims, and emotional support services for clients or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
 - iii. For at least 90 days following a report of sexual abuse, staff shall monitor the conduct and treatment of clients or staff who reported the sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by clients or staff, and shall act promptly to remedy any such retaliation. Items staff should monitor include any client disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
 - iv. In the case of clients, such monitoring shall also include documented periodic status checks.
 - v. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation.
 - vi. A facility's obligation to monitor shall terminate if the PREA Coordinator determines that the allegation is unfounded.

I. MEDICAL and MENTAL CARE

- a. Access to Emergency Medical and Mental Health Services
 - i. Client 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.

- ii. At the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.
- iii. Client victims of sexual abuse while in ATC's custody shall be offered by a medical provider 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.
- iv. 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.

b. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

- i. The facility shall refer for medical and mental health evaluation and, as appropriate, treatment to all clients who have been victimized by sexual abuse in confinement.
- ii. Referral for evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
- iii. The facility shall refer such victims for medical and mental health services consistent with the community level of care.
- iv. Client victims of sexual abuse while confined may be referred for tests for sexually transmitted infections as medically appropriate.
- v. 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.
- vi. The facility shall attempt to conduct or refer for a mental health evaluation of all known client-on-client abusers within 60 days of learning of such abuse history and refer for treatment when deemed appropriate by mental health practitioners.

J. Discipline

- a. Staff including interns, volunteers or contractors shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
 - i. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be based on the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
 - ii. Staff may be placed on administrative leave pending investigation. Staff, volunteers and contractors will be prohibited from contact with residents during

the investigation or when evidence finds that they have engaged in sexual abuse with a client.

- iii. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.
 - iv. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff (or any contractor or volunteer) who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.
- b. Clients guilty of sexual behavior/misconduct of any kind with other employees or clients will be immediately regressed.
 - c. A client will only be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
 - d. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

K. DATA COLLECTION AND REVIEW

- a. Sexual Abuse Incident Reviews
 - i. ATC shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.
 - ii. Such review shall ordinarily occur within 30 days of the conclusion of the investigation.
 - iii. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health
 - iv. practitioners, where applicable.
 - v. In situations where the incident is unsubstantiated, the review team shall include upper level management officials and the PREA Coordinator.
 - vi. The review team shall:
 - A) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - B) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
 - C) Examine the area in the facility where the incident allegedly occurred to

assess whether physical barriers in the area may enable abuse;

- D) Assess the adequacy of staffing levels in that area during different shifts;
 - E) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - F) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (iv)(1) -(iv)(5) of this section, and any recommendations for improvement, and submit such report to the PREA Coordinator.
- vii. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

b. Data Collection

- i. ATC shall collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The PREA Coordinator will collect, analyze and report the findings as outlined in this policy.
- ii. ATC shall aggregate the incident-based sexual abuse data at least annually.
- iii. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
- iv. The company shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.
- v. Upon request, the company shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

c. Data Review for Corrective Action

- i. ATC shall review data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:
 - A) Identifying problem areas;
 - B) Taking corrective action on an ongoing basis; and
 - C) Preparing an annual report of its findings and corrective actions for each facility, as well as the company as a whole.
- ii. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the facility's progress in addressing sexual abuse.
- iii. The company's report shall be made readily available to the public through its website or, if it does not have one, through other means.
- iv. The company may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but

must indicate the nature of the material redacted.

d. Data Storage, Publication, and Destruction

- i. ATC shall ensure that data collected pursuant is securely retained according to policy.
- ii. ATC shall make all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through its website or, if it does not have one, through other means.
- iii. Before making aggregated sexual abuse data publicly available, ATC shall remove all personal identifiers.
- iv. ATC shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection.

RESPONSIBILITY

Responsibility is Multifold depending on state of investigation. Global adherence is the responsibility of the established PREA coordinator and each locations Program Director. Adherence with requirements of PREA in individual circumstances falls on whichever applicable person is responsible per above policy. PREA policies must be reviewed quarterly and will be adjusted as reasonable and justified with Executive Management team and designated staff.

HISTORY

PREA ATC Policy 3-171	12/15/2016
PREA ATC Policy 3-171	10/13/2010
PREA ATC Policy CS-070	11/14/2017
PREA ATC Policy CS-070	02/24/2020