



**POLICY STATEMENT**  
**Commonwealth of Pennsylvania • Department of**  
**Corrections**

<b>Policy Subject:</b> <b>Prison Rape Elimination Act (PREA)</b>		<b>Policy Number:</b> <b>BCC-ADM 008</b>
<b>Date of Issue:</b> <b>August 7, 2015</b>	<b>Authority:</b> <b>Signature on File</b> <b>John E. Wetzel</b>	<b>Effective Date:</b> <b>September 21, 2015</b>

**I. AUTHORITY**

The Authority of the Secretary of Corrections to direct the operation of the Department of Corrections is established by Sections 201, 206, 506, and 901-B of the Administrative Code of 1929, 71 P.S. §§61, 66, 186, and 310-1, Act of April 9, 1929, P.L. 177, No. 175, as amended.

**II. APPLICABILITY**

This policy is applicable to all facilities operated under the jurisdiction of, or conducting business with the Department of Corrections, Department employees, volunteers, contract personnel, visitors, and inmates.

**III. POLICY**

A. It is the policy of the Department to prohibit any form of sexual abuse and/or sexual harassment of an offender. The Pennsylvania Department of Corrections has zero tolerance for sexual abuse or sexual harassment of any individual under the supervision of the Department. Anyone who engages in, fails to report, or knowingly condones sexual harassment or sexual abuse of an offender shall be subject to disciplinary action, up to and including termination, and may be subject to criminal prosecution. A resident, employee, contract service provider, visitor, volunteer, intern, and/or any individual who has business with or uses the resources of the Department is subject to disciplinary action and/or sanctions, including possible dismissal and termination of contracts and/or services, if he/she is found after an investigation to have engaged in sexual harassment or sexual abuse with a resident. A claim of consent will not be accepted as an affirmative defense for engaging in sexual harassment or sexual abuse of a resident.

- B. The Department shall prohibit retaliation against a resident or a staff member who reports sexual harassment or sexual contact with a resident, or who cooperates with sexual harassment or sexual abuse investigations.
  
- C. The Department shall designate an agency-wide PREA Coordinator to develop, implement, and oversee the Department's efforts to comply with the National PREA Standards across all facilities; and each facility shall designate a PREA Compliance Manager (PCM) to coordinate the facility's efforts to comply with the Standards. The PREA Coordinator shall report directly to the Director, Bureau of Standards, Audits, and Accreditation.

**IV. PROCEDURES**

All applicable procedures are contained in the procedures manual that accompanies this policy document.

**V. SUSPENSION DURING AN EMERGENCY**

In an emergency or extended disruption of normal facility operation, the Secretary/designee may suspend any provision or section of this policy for a specific period.

**VI. RIGHTS UNDER THIS POLICY**

This policy does not create rights in any person nor should it be interpreted or applied in such a manner as to abridge the rights of any individual. This policy should be interpreted to have sufficient flexibility to be consistent with law and to permit the accomplishment of the purpose(s) of the policies of the Department of Corrections.

**VII. RELEASE OF INFORMATION AND DISSEMINATION OF POLICY**

**A. Release of Information**

1. Policy

This policy document is public information and may be released upon request.

2. Confidential Procedures (if applicable)

Confidential procedures for this document, if any, are not public information and may not be released in its entirety or in part, without the approval of the Secretary of Corrections/designee. Confidential procedures may be released to any Department of Corrections employee on an as-needed basis.

**B. Distribution of Policy**

1. General Distribution

The Department of Corrections policy and procedures shall be distributed to the members of the Central Office Executive Staff, all Facility Managers, and Community Corrections Regional Directors on a routine basis. Distribution of confidential procedures to other individuals and/or agencies is subject to the approval of the Secretary of Corrections/designee.

2. Distribution to Staff

It is the responsibility of those individuals receiving policies and procedures, as indicated in the “General Distribution” section above, to ensure that each employee expected or required to perform the necessary procedures/duties is issued a copy of the policy and procedures either in hard copy or via email, whichever is most appropriate.

**VIII. SUPERSEDED POLICY AND CROSS REFERENCE**

**A. Superseded Policy**

1. Department Policy

This is a new Department Policy.

2. Facility Policy and Procedures

This document supersedes all facility policy and procedures on this subject.

**B. Cross Reference(s)**

1. Administrative Manuals

- a. BCC-ADM 005, Collection of Inmate Debts;
- b. DC-ADM 003, Release of Information;
- c. DC-ADM 801, Inmate Discipline;
- d. 4.1.1, Human Resources and Labor Relations;
- e. 5.1.1, Staff Development and Training;
- f. 7.4.1, AOD Treatment Programs; and
- g. 8.3.1, Community Corrections Security.

2. ACA Standards

- a. Adult Correctional Institutions:
- b. Adult Community Residential Services: 4-ACRS-6A-05

c. Correctional Training Academies: None

3. PREA Standards

- a. 115.205, 115.206, 115.211, 115.212, 115.215, 115.218, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.241, 115.242, 115.251, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.267, 115.271, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289



**PROCEDURES MANUAL**  
Commonwealth of Pennsylvania • Department of  
Corrections

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**BCC-ADM 008**

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**Authority:**

**Signature on File  
John E. Wetzel**

**Effective Date:**

**September 21, 2015**

Release of Information:

**Policy Document:** This policy document is public information and may be released upon request.

**Procedures Manual:** The procedures manual for this policy may be released in its entirety or in part, with the prior approval of the Secretary/designee. Unless prior approval of the Secretary/designee has been obtained, this manual or parts thereof may be released to any Department employee on an as needed basis only.

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## **Section 1 – Data Collection**

The Department's Bureau of Planning, Research, and Statistics (BPRS) shall collect accurate, uniform data for every allegation of sexual abuse at facilities under the Department's direct control using a standardized instrument and set of definitions. **(§115.287[a])**

### **A. Department's Annual Prison Rape Elimination Act (PREA) Report**

1. The BPRS shall review data collected and aggregate it annually pursuant to PREA Auditing Standard **§115.287** in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by: **(§115.287[b]) (§115.288[a])**
  - 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 Department as a whole.
2. All data information shall be maintained, reviewed, and collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. **(§115.287[d])**
3. Incident-based aggregate data will also be collected from every private facility the Department contracts with for the confinement of residents. **(§115.287[c])** Information collected will be related to incidents involving Department-Funded Residents (DFR) as either victim or abuser. **(§115.287[e])**
4. The Department will produce an annual PREA report, capturing data from January 1 to December 31, and will provide the following information:
  - a. the number of allegations made at each facility;
  - b. the number of substantiated, unsubstantiated, and unfounded investigations completed as of December 31 each year;
  - c. the number of ongoing investigations as of December 31 for each facility;
  - d. comparison of the rates of incidents for each facility from the preceding year to the current report year;
  - e. any additional information that is required by the Survey of Sexual Violence required by the Department of Justice; and **(§115.287[c])**

- f. the report shall include a comparison of the current year's data and corrective actions taken to reduce the incident of sexual abuse, sexual harassment, and retaliation with those from prior years, and shall provide an assessment of the Department's progress in addressing sexual abuse. **(§115.288[b])**
5. The Department shall make all aggregated sexual abuse data information listed in **Subsection A.4.** above, from facilities under its direct control and contracted facilities, readily available to the public through the Department website, at least annually. **(§115.289[b])**
6. The **Annual PREA Report** shall be approved by the Secretary, provided to the Department of Justice and posted on the Department website by June 30 of each year. **(§115.287[f]) (§115.288[c])**
7. The Department shall securely retain all aggregate PREA data, on the Department's secure servers, collected for a period of no less than ten years after the date of the initial collection unless federal, state, or local law requires otherwise. **(§115.289[a][d])**
8. Specific identifying information collected for reporting purposes shall be redacted so that no individual is identifiable. In addition, the Department may redact specific material from the reports when publication would present a clear and specific danger to a facility, but must indicate the nature of the material redacted. **(§115.289[c]) (§115.288[d])**

## **B. Contract Agency Data Collection and Reporting**

1. Each Contract Agency shall comply with the PREA standards outlined in this subsection for the collection and reporting of incident-based aggregate data when the incidents involve only Non-Department-Funded Residents (NDFR). Examples include:

- a. NDFR is the victim and a Contract Employee is the abuser; or
- b. NDFR is the victim and a NDFR is the abuser.

**NOTE:** These incidents must still be reported to the Department as outlined in **Section 3** of this procedures manual.

2. Each Contract Agency shall utilize the Department's **Annual PREA Report** to satisfy the PREA standards for any incident that involves a Department-Funded Resident (DFR) as the victim or abuser.

## **Section 2 - Prevention and Training**

### **A. Prevention**

1. The Agency will take appropriate actions to ensure zero tolerance toward all forms of sexual abuse and sexual harassment in order to promote the safety of residents. The Agency will implement federal Prison Rape Elimination Act (PREA) Standards to ensure that all aspects of operations work toward preventing, detecting, and responding to such conduct resulting in a safer environment. **(§115.211[a])**
2. All Department and Contract managers shall ensure that employees enforce and comply with the outlined procedures, take corrective action regarding non-compliance, and document appropriately.

### **B. Statewide PREA Coordinator**

1. The Department's statewide PREA Coordinator's responsibilities are outlined in the **DC-ADM 008, "PREA Policy Procedures Manual."**
2. Community Corrections Centers (CCC) shall report to the statewide PREA Coordinator as directed in this procedures manual.
3. Each Contracted Agency shall assign a PREA Coordinator. The PREA Coordinator may also serve as the PREA Compliance Manager (PCM) at single facility contract agencies. The Contract Agency PCM shall ensure facility compliance with the:
  - a. Department contract;
  - b. Department policy related to PREA;
  - c. Federal PREA standards; and
  - d. ensure supplemental PREA policy exists to cover areas specific to the contract agency (personnel, federal reporting, etc.), but does not contradict Department policy.
4. Community Contract Facilities (CCF) shall report to the Contracted Agency PREA Compliance Manager (PCM) as directed in this procedures manual.

### **C. Bureau Director/Designee Responsibilities**

1. Ensure all PREA-related investigations are conducted and reviewed in accordance with Department policy and PREA standards.
2. Ensure all facilities and contracts comply with the PREA standards and Department policy related to PREA.
3. Coordinate CCC audits through the statewide PREA Coordinator and ensure responses to the audit report are completed and submitted within applicable timeframes.
4. Develop and document a CCC staffing plan in accordance with Department policy **8.3.1, “Bureau of Community Corrections Security,” Section 15**, and email to CR, DOC PREA Reports.

### **D. PCM Duties**

The Facility Director or assigned designee shall serve as the PCM for each facility and:

1. ensure staff, volunteers, contractors, and residents are trained in compliance with the PREA standards and Department policy related to PREA;
2. ensure the facility complies with the PREA standards and Department policy related to PREA;
3. keep an updated list of all multi-lingual staff at the facility that would be able to provide translation for any PREA-related issues;
4. ensure PREA administrative tours are conducted as outlined in **Subsection F**;
5. ensure that when staff learns that a resident is subject to a substantial risk of imminent sexual abuse; appropriate, immediate action will be taken to protect that resident;
6. ensure that every reported incident/allegation of sexual abuse/harassment is reported to the Bureau of Community Corrections (BCC) Operations Center without delay;
7. ensure that staff do not conduct interviews or collect statements from anyone unless directed by the Department investigator;
8. coordinate services provided to alleged victims including medical, mental health, and crisis counseling;

9. serve as the facility's liaison to the Department investigator assigned to the case;
10. ensure all information, evidence, reports, etc. are provided to the Department investigator immediately upon receipt and/or request;
11. review the initial reported allegation and related investigative packet, medical assessment(s), psychological assessment, and any other relevant factors;
12. monitor residents and staff for signs of retaliation as outlined in **Section 5** of this procedures manual;
13. chair the PREA Sexual Abuse Incident Review Committee in accordance with **Section 6** of this procedures manual;
14. ensure recommendations as the result of investigations and/or reviews are implemented in a timely manner;
15. remain up-to-date with PREA information as it becomes available through the PREA Coordinator, PREA Resource Center, Department of Justice, or other credible sources relating to PREA; and
16. make monthly reports via the **Facility PREA Compliance Report (Attachment 2-A)** to CR, DOC PREA Reports. The Regional Director/designee shall ensure a copy of the report is placed in the Management Activity Planner (MAP) system.

**NOTE:** The CCF PCM is responsible to provide their Agency PREA Coordinator all reports and information related to this policy and to notify the CFC (Contract Facility Coordinator) of any issues or concerns.

#### **E. CFC PREA-Related Duties**

1. Ensure each facility that contracts with the Department complies with the PREA standards and Department policy related to PREA. Document deficiencies and ensure corrective action is taken.
2. Participate on the PREA Sexual Abuse Incident Review panel as outlined in **Section 6** of this procedures manual.
3. Participate in the PREA Administrative Tour as outlined in **Subsection F**.
4. Serve as a resource to each facility during audits. Ensure a copy of the audit and responses are provided to the Bureau Administration, Regional Director, and Department PREA Coordinator.
5. Compile and provide the **CFC PREA Compliance Report (Attachment 2-B)** to CR-DOC PREA Reports.

6. Remain up-to-date with PREA information as it becomes available through the PREA Coordinator, PREA Resource Center, Department of Justice, or other credible sources relating to PREA.

#### **F. PREA Administrative Tour**

1. PREA administrative tours shall be conducted by intermediate-higher level supervisors or management level employees to identify and deter staff sexual abuse and sexual harassment.
2. These tours are unannounced and will be conducted at varied times each month to ensure every shift is toured once per quarter. They may be conducted more often if there is an identified need:
  - a. shifts are defined as 0600-1400; 1400-2200; 2200-0600;
  - b. quarters are defined as QTR1 – (JAN-FEB-MAR); QTR2 – (APR-MAY-JUN); QTR3 – (JUL-AUG-SEP); QTR4 – (OCT-NOV-DEC);
  - c. the PCM must participate in at least one tour every quarter;
  - d. the CFC must participate in at least one tour every quarter; and
  - e. there is no minimum or maximum number of participants that must conduct the tour.
3. Staff conducting the tours shall:
  - a. pay particular attention to the staff and video monitoring of the facility to detect areas that may need enhancement to ensure the sexual safety of the facility;
  - b. talk with staff and inquire about any perceived areas of concern or problems with residents relating to PREA; and
  - c. focus on any and all areas of the facility where there could be a potential for residents to become a victim of sexual abuse.
4. PREA administrative tours may be conducted concurrent to administrative tours outlined in Department Policy **8.3.1, Section 19**.
5. PREA administrative tours shall be documented on the monthly **Facility PREA Compliance Report**.

## **G. Upgrade to Facilities and Technologies**

1. Direction related to facility design and upgrades is outlined in Department policy **8.3.1, Section 3**.
2. Direction related to video monitoring systems and upgrades is outlined in Department policy **8.3.1, Section 42**.

## **H. Contracting with Other Entities for Housing Residents (CCFs and Contracted County Jails [CCJs])**

1. The Department shall include in any new contract or contract renewal for the housing of a resident with a private entity or other entity, including other government agencies, the entity's obligation to adopt and comply with the PREA Standards and the Department's policies related to PREA compliance. **(§115.212[a])**
2. The contracted entity will undergo regular, mandated audits as required by the federal PREA Standards.
3. The Regional Compliance Administrator shall provide for contract monitoring to ensure the contractor is complying with the PREA Standards with any new contract or contract renewal related to community corrections. The outcomes shall be documented on the **PREA Contract Compliance Monitoring Report (Attachment 2-C)** and emailed to CR, DOC PREA Reports. **(§115.212[b])**
4. Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA Standards have failed, shall the Department enter into a contract with an entity that fails to comply with these standards. All unsuccessful attempts shall be clearly documented. **(§115.212[c])**

## **I. Access to Information for Special Populations**

As outlined in the **BCC-ADM 005, Section 1 Reasonable Accommodations for Residents with Disabilities**, the Department shall ensure residents with disabilities have an equal opportunity to participate in or benefit from all aspects of Department efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

## **J. Housing for Youthful Residents**

1. A youthful resident (under the age of 18) shall not be placed in any sleeping quarters in which the youthful resident will have sight, sound, or physical contact with any adult resident to include dormitory style sleeping quarters, shared use of bathroom, shared use of authorized changing area, or shared use of shower area.

2. The PCM shall evaluate the facility's ability to receive and retain youthful residents in compliance with this section.
3. The Regional Director/designee will review the assessment, determine if the facility meets the standards, and notify the BCC Referral Unit.
4. A list of approved sites will be maintained by the BCC Referral Unit.
5. The PCM shall ensure specialized staff training complies with Mandated Reporting – **Act 126 PA Child Protective Services Law Training**.

**K. Cross-Gender Searches and Supervision (§115.215[d])**

1. Security staff shall be trained to conduct all resident searches in a professional, respectful, and least intrusive manner possible, consistent with security needs and as outlined in Department policy **8.3.1, Section 30**.
2. When the status quo of the gender-supervision on the housing unit changes from exclusively same gender, to mixed-gender or cross-gender supervision, staff is required to verbally announce the presence of opposite gender person(s) on the housing unit. The announcement is required for staff (security and non-security), volunteers, visitors, contractors, and interns (Example: "Female on the unit").
3. Residents shall be able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine dorm room checks.
4. Locations shall be designated throughout the facility that allows residents to shower, perform bodily functions and change clothing with basic privacy.
5. Staff of the opposite gender shall announce their presence prior to entering a bathroom area, shower area, or authorized changing area (Example: "Female entering area").

**L. Screening for Risk of Victimization and Abusiveness**

1. Every resident shall be assessed for risk of being sexually abused by other residents or sexually abusive toward other residents: **(§115.241[a][b][f][g])**
  - a. within 72 hours of initial reception to the facility, including transfers;
  - b. between 20-30 days after initial reception;
  - c. when a resident is involved (victim or abuser) in an incident/allegation of sexual harassment and/or sexual abuse;

- d. when warranted due to referral, request, or receipt of additional information that bares on the resident's risk of sexual victimization of abusiveness; and
  - e. when admitted to a licensed Mental Health Unit (MHU) at a CCF.
2. The PREA risk assessments shall be conducted utilizing the **PREA Risk Assessment Tool in English (Attachment 2-D) or Spanish (Attachment 2-E)** otherwise known as the PRAT. The tool will be an objective instrument that shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: **(§115.241[c][d])**
  - a. whether the resident has a mental, physical, or developmental disability;
  - b. the age of the resident;
  - c. the physical build of the resident;
  - d. whether the resident has previously been incarcerated;
  - e. whether the resident's criminal history is exclusively nonviolent;
  - f. whether the resident has prior convictions for sex offenses against a child or an adult;
  - g. whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
  - h. whether the resident has previously experienced sexual victimization;
  - i. the resident's own perception of vulnerability; and
  - j. whether the resident is detained solely for civil immigration purposes.
3. The initial assessment (within 72 hours of reception) shall be conducted by a trained counselor and consider prior acts of abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Department, in order to assess residents for the risk of being sexually abusive. **(§115.241[e])**
4. Follow-up assessments, including the 20-day assessment, shall be conducted by the trained counselor assigned to the resident.
5. Assessments occurring at a licensed MHU shall be conducted by PREA-trained medical staff.

6. Residents shall not be disciplined for refusing to answer, or for not disclosing complete information in response to the questions regarding prior victimization, disabilities, their perception of vulnerability, or their sexual orientation. **(§115.241[h])**
7. The information received through the administration of the PRAT shall be used to make individualized determinations regarding housing, work, education, and program assignments with the goal of keeping residents safe and keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. **(§115.242[a][b])**
8. If a resident refuses to answer the PRAT questions, the staff member will emphasize the importance of answering the questions honestly to assist with proper placement and document any refusals.
9. The answers to the PRAT should be stored in a secure location with access restricted to administrative personnel only. Information and scores shall only be made available to select staff to aid in housing, bed, and program assignment with the goal to keep separate those residents at high risk of being sexually victimized from those residents at high risk of being sexually abusive, and shall never be shared with other residents. **(§115.241[i])**
10. CCCs shall use the electronic PRAT in WEBTAS to conduct assessments.
11. CCFs may utilize the PRAT attachment or a different agency-specific tool that meets PREA standards. The tool must be made available for review upon request by the Department of Corrections (DOC)/Pennsylvania Board of Probation and Parole (PBPP).

#### **M. Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Residents**

1. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the Bureau shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. **(§115.242[c][d][e])**
  - a. Discussion shall occur between the Bureau's Referral Unit, Major/designee, Regional Director/designee, CFC, and PCM of the potential housing location.
  - b. These discussions will focus on sleeping quarters, use of bathroom/shower facilities, facility-based activities, community-based resources, and general questions or clarification.

2. Factors used to determine placement as well as placement outcome shall be documented on the **Transgender/Intersex Resident Placement Notes (Attachment 2-F)**.
3. Upon placement, the PCM shall meet with the resident to discuss placement, answer any questions, and address any concerns. The PCM shall seek further clarification through the Regional Director/designee as necessary.
4. In cases where the resident's potential status as transgender or intersex is revealed after placement, the PCM shall be notified without delay. The PCM shall meet with the resident and counselor to discuss the potential status change and notify the Regional Director/designee.
5. A transgender or intersex resident's own views with respect to safety shall be given serious consideration. The Regional Director/designee shall be notified of these concerns as soon as possible.
6. Transgender and intersex residents shall be given the opportunity to shower separately from other residents.
7. Changes in sleeping quarters, bathroom/shower facilities, or any other changes that may impact the resident's stability must be reported to the Regional Director/designee as soon as possible.
8. Placement and programming assignments for each transgender or intersex resident shall be reassessed, by the PCM, in consultation with facility staff that regularly interacts with the resident, every six months to review any threats to safety experienced by the resident.
9. All follow-up reviews, determinations, discussion, and assignments specifically related to this subsection shall be documented on the **Transgender/Intersex Resident Placement Notes (Attachment 2-F)**. This form shall be maintained in the resident's file with access restricted to the PCM and Counselor.
10. LGBTI residents shall not be mandatorily placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. **(§115.242[f])** Residents may, however, volunteer to be housed in such a unit if it exists.

**N. Employee, Volunteer, and Intern Training (§115.232[b])**

1. Every Department and Contract Agency employee, volunteer, and intern who has contact with residents shall be trained on his/her responsibilities related to sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This shall occur as follows: **(§115.231[c]) (§115.232[a])**
  - a. Orientation – Basic information related to PREA shall be provided, by the PCM or Facility Director/designee, and documented during facility orientation via the **PREA Orientation Receipt for Department and Contract Employees, Volunteers, and Interns (Attachment 2-G)**. Individuals shall also be informed of their immediate responsibility for reporting and responding to sexual abuse and sexual harassment allegations/incidents.
  - b. Basic Training – Initial training shall be provided within three months of hire or execution of contract. This may occur through the Department’s Basic Training Academy, the PCM, or another approved training source.
  - c. Refresher Training – Refresher training shall be provided every two years and include current sexual abuse and sexual harassment policies and procedures. In alternate years, refresher information shall be provided on the current sexual abuse and sexual harassment policies.
2. Individuals not identified above who provide recurring services at the facility and have moderate contact (weekly) with residents shall receive all training consistent with **Subsection N.1**. Examples may include facility maintenance staff, contracted food services, contracted medical services, contracted programming facilitators, parole supervision staff assigned to a facility, etc.
3. Individuals not identified above who provide recurring services at the facility and have sporadic contact (monthly) with residents shall only receive orientation consistent with **Subsection N.1.a**. Examples may include building owners, vending machine personnel, contracted maintenance and repair persons, parole supervision staff who have intermittent resident contact inside the facility, etc. If the person refuses to sign the document, the staff member should indicate such, sign the form, and provide to the PCM. While refusal to sign does not prohibit the person from entering the facility, it also does not absolve responsibility for compliance with the law.
4. Individuals who contract with the Department to provide non-residential reentry services (off-site) shall receive PREA information as outlined in **Section 10** of this procedures manual.
5. Basic and refresher training shall include: **(§115.231[a])**
  - a. the Agency’s zero tolerance policy for sexual abuse and sexual harassment;

- b. how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
  - c. residents' right to be free from sexual abuse and sexual harassment;
  - d. the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
  - e. the dynamics of sexual abuse and sexual harassment in confinement;
  - f. the common reactions to sexual abuse and sexual harassment victims;
  - g. how to detect and respond to signs of threatened and actual sexual abuse;
  - h. how to avoid inappropriate relationships with residents;
  - i. how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
  - j. how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
6. Basic, annual and specialized training for Department employees shall occur as outlined in Department policy **5.1.1, "Staff Development and Training."** Specialized training shall be conducted for investigators as well as medical and mental health care practitioners. **(§115.271[b])**
7. Any employee who conducts sexual abuse investigations shall receive specialized training specific to confinement settings through the Department or other approved source. This training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative actions or prosecution referral. **(§115.234[a][b][d])**
8. Staff may complete training offered by the Department or by another source whose curriculum complies with the Federal PREA Standards.
9. Each individual who receives any type of training (basic, ongoing, or specialized) shall complete and sign the **PREA Training Receipt for Department and Contract Employees, Volunteers, and Interns (Attachment 2-H)**. **(§115.231[d]) (§115.232[c]) (§115.234[c])**

10. All orientation and training information will be maintained by the PCM for non-employees and made part of the Agency's official personnel file for employees.

**O. Resident Education (§115.233 [a][b])**

1. Every resident, including transfers and new receptions, will receive information regarding the Agency's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding Agency policies and procedures for responding to such incidents.
2. The Facility Director/designee shall ensure resident orientation and education is able to be provided in formats accessible to all residents including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. Additional information is outlined in **BCC-ADM 005, Section 1. (§115.233[c])**
3. Each resident, including transfers and new receptions, will receive a copy of the **PREA Brochure in English or Spanish (Attachment 2-I and 2-J)** immediately upon arrival at the facility. The resident shall sign the **Resident PREA Brochure Receipt (Attachment 2-K)**.
4. Any staff member who received PREA basic training may provide the PREA Brochure to residents. Questions that cannot be answered by the staff member should be referred to the PCM or Facility Director/designee.
6. At the daily 2100 hours count, every CCC and group home CCF, shall make announcement over the public address system utilizing the **Zero Tolerance Fact Sheet (Attachment 2-L)**.
5. More thorough resident education will be provided by a trained counselor within 14 days of reception or transfer, using:
  - a. the **Sexual Abuse/Sexual Harassment Education Program (Attachment 2-M)**; and
  - b. the PREA Resource Center video and facilitator's guide.
6. The program may be provided to residents individually or in groups.
7. Security staff may not conduct the resident education program.
8. The PCM shall ensure the counselor or presenter received PREA basic training and is able to answer questions specific to the facility's response to a PREA report.

9. The counselor or presenter must be present at all times to facilitate discussion on the presentation/video and to answer questions and meet individually with any of the residents, if they request, to discuss issues related to PREA.
  
10. Documentation that sexual abuse and sexual harassment training has occurred during orientation shall be recorded on the **PREA Education Receipt for Residents (Attachment 2-N)** form and maintained in the resident's file.  
**(§115.233[d])**
  
11. The PCM shall serve as a resource to any staff member who provides resident orientation and/or education program.

# Sexual Abuse Awareness

## End The Silence...

A Cooperative Project of the PA Department of Corrections, this Contract Agency, and the Pennsylvania Coalition Against Rape

Attachment 2-I  
REV: May 2015

**What is Institutional Sexual Violence?**  
*Sexual Violence can include both sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer.*

### Sexual Harassment

- Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures or actions of a derogatory or an offensive sexual nature by one of-fender directed towards another.
- Repeated comments or gestures of a sexual nature towards a resident by a staff member, contractor or volunteer.

### Sexual Abuse

- Forced sexual intercourse, including psychological intimidation or bullying and physical force.
- Sexual Abuse is achieved through use of fear or threat of physical violence.
- Can also include incidents where penetration is from a foreign object.
- Definition includes male or female victims, and both hetero- or homosexual individuals.

There are three types of Facility Sexual Abuse:

1. Resident on Resident: One or more residents engaging in or attempting to engage in a sexual act.
2. Staff on Resident: Staff engaging in or attempting to engage in a sexual act with an resident.
3. Staff on Resident Misconduct: Sexual behavior between staff and an resident which can include indecent, profane, or abusive language or gestures or inappropriate surveillance of residents.

### Tips for Avoiding Sexual Abuse

*A victim is never to blame for being attacked, but these tips may help you lower your risk of being abused.*

1. Carry yourself in a confident manner at all times.
2. Pay attention to your surroundings.
3. Do not permit your emotions (fear/anxiety) to be obvious to others.
4. Do not accept gifts or favors from others. They usually come with strings attached.
5. Do not accept an offer from another resident to be your protector or “friend”.
6. Find a staff member with whom you feel comfortable discussing your fears and concerns. Confide in them if you feel threatened.
7. Be Alert! Do not use contraband such as drugs or alcohol as they will weaken your ability to stay alert and make good judgments.
8. Be direct and firm when others ask you to do things that you don’t want to do.
9. Do not give mixed messages to others regarding your wishes for sexual activity.
10. Stay in well lit areas.
11. Choose your associates wisely.

### What To Do If You Have Been Sexually Abused?

1. Tell a staff member as soon as possible.
2. Seek medical attention **BEFORE** you, shower, eat, drink, change clothing, brush your teeth or use the bathroom.
3. Give as much information as possible to the questions you are asked.

### How Can You Report A Sexual Abuse or Sexual Harassment?

1. Tell any Facility Staff Member that you trust.
2. Make a written request to any staff member.
3. Make a written report to:  
BCI/PREA Coordinator  
1800 Elmerton Avenue  
Harrisburg, PA 17110
3. Go online to [www.tipsubmit.com](http://www.tipsubmit.com) to file an anonymous report.
4. Write to request more information at:

PCAR  
Pennsylvania Coalition Against Rape  
P.O. Box 400  
Enola, PA 17025

Any form of sexual abuse will not be tolerated by the PA Department of Corrections or this Facility. The goal of the PA Department of Corrections and this Facility is the safety of the residents incarcerated in its facilities. The Department and facility will hold accountable any persons found to have committed any form of sexual abuse against another person.

# Conciencia del abuso sexual.

Rompe el silencio...

Un proyecto cooperativo del Departamento de Correcciones de PA, este Agencia de Contrato, y la Coalición contra la violación de PA.

Attachment 2-J  
REV: May 2015

## ¿Qué es la violencia sexual en los institucionales?

*La violencia sexual puede incluir el abuso sexual y el acoso sexual por otro residente, empleado, contratista o voluntario.*

### Acoso Sexual

- Insinuaciones sexuales repetidas que no deseadas, pedidos de favores sexuales o comentarios verbales, gestos o acciones de un despectivo o un carácter sexual ofensiva por un ofendero dirigidas hasta el otro.
- Comentarios repetido o gestos de naturaleza sexual dirigida al residente por parte de un empleado, contratista o voluntario.

### Abuso sexual

- Relación sexual forzada, incluso mediante intimidación psicológica o intimidación y fuerza física.
- El abuso sexual se da cuando se usa el miedo o la amenaza de violencia física.
- También puede incluir incidentes donde la penetración es con un objeto extraño.
  - La definición incluye víctimas hombres o mujeres, así como a personas heterosexuales y homosexuales.

Hay tres tipos de abuso sexual en las instalaciones:

1. Residente a Residente: Cuando uno o más residentes participan o intentan participar en un acto sexual.
2. Empleado a Residente: Cuando el Empleado participa o intenta participar en un acto sexual con un Residente.
3. Conducta indebida de Empleado a Residente: Comportamiento sexual entre un miembro del personal y un Residente, que puede incluir el uso de palabras o gestos indecentes, profanos o abusivos o la vigilancia inapropiada de los Residentes.

## Consejos para evitar el abuso sexual

*Nunca se debe culpar a la víctima por haber sido atacada, pero estos consejos podrían ayudarlo a disminuir el riesgo de ser víctima de abuso.*

1. Demuestre seguridad y confianza en usted mismo en todo momento.
2. Preste atención alrededor de usted.
3. No deje que sus emociones (miedo/ansiedad) sean evidentes para los demás.
4. No acepte regalos ni favores de otras personas. Por lo general, tienen un precio.
5. No acepte ofertas de ningún residente de ser su protector o "amigo".
6. Busca a un miembro del personal con quien se sienta cómodo para hablar sobre sus miedos y preocupaciones. Cuénteles si se siente amenazado.
7. ¡Esté alerta! No consuma sustancias de contrabando, como drogas o alcohol, ya que pueden disminuir su capacidad de estar alerta y de tomar buenas decisiones.
8. Sea directo y firme si otros le piden que haga algo que no desea hacer.
9. No dé señales confusas o contradictorias a los demás acerca de su deseo de participar en actividades sexuales.
10. Permanezca en áreas bien iluminadas.
11. Escoge bien a las personas con quienes se asocia.

## ¿Qué hacer si es víctima de abuso sexual?

1. Informe a un empleado lo antes posible.
2. Busque atención médica **ANTES** de bañarse, comer, tomar algo, cambiarse la ropa, cepillarse los dientes o usar el baño.
3. Dar el máximo de información posible al responder a las preguntas que le hagan.

## ¿Cómo puede informar el abuso sexual o acoso sexual?

1. Hable con cualquier empleado del Departamento Correccional en quien usted confíe.
2. Haga una solicitud escrita a cualquier empleado.
3. Informe por escrito a:  
BCI/PREA Coordinator  
1800 Elmerton Avenue  
Harrisburg, PA 17110
4. Vaya a la página de Internet [www.tipsubmit.com](http://www.tipsubmit.com) para presentar una denuncia anónima.
5. Para pedir más información, escriba a:

PCAR  
Pennsylvania Coalition Against Rape  
P.O. Box 400  
Enola, PA 17025

El Departamento de Correcciones de Pennsylvania no tolerará ninguna forma de abuso sexual. El objetivo del Departamento de Correcciones de Pennsylvania es garantizar la seguridad de los presos detenidos en sus establecimientos. El Departamento responsabilizará a cualquier persona que haya cometido algún tipo de abuso sexual contra otra persona.

**PREA Brochure Receipt for Residents**  
**(§115.233[a])**

Under the Prison Rape Elimination Act, residents of this facility must receive information regarding sexual abuse and sexual harassment, how to report an incident of sexual abuse or sexual harassment, and what to do if he/she is the victim of sexual abuse or sexual harassment. The **“PREA Sexual Abuse Awareness, End the Silence”** Brochure that you are receiving outlines:

- **What is Center Sexual Violence?**
- **Tips for Avoiding Sexual Abuse**
- **What To Do If You Have Been Sexually Abused?**
- **How Can You Report A Sexual Abuse or Sexual Harassment?**

The PA Department of Corrections, Bureau of Community Corrections and this Facility have a zero tolerance for sexual abuse and sexual harassment. If you have any questions regarding the brochure, speak with a staff member immediately.

I acknowledge upon my arrival to this facility on this date that I received the **“PREA Sexual Abuse Awareness, End the Silence”** brochure. I acknowledge that any questions regarding sexual abuse or sexual harassment were answered in the brochure or by staff to a degree that I understand how to report an incident of sexual abuse or sexual harassment and what to do if I am the victim of sexual abuse or sexual harassment.

Resident Name (Print): \_\_\_\_\_ ID#: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

Staff Member Witness: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PREA Education Receipt for Residents**  
**(§115.233[d])**

*In accordance with the Prison Rape Elimination Act (PREA), all residents of this facility are required to participate in and acknowledge understanding and comprehension of PREA education.*

Resident Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Facility: \_\_\_\_\_

Name of Training Course Provided:

**Sexual Abuse/Sexual Harassment Education Program**

Date/Time/Location of Training:

\_\_\_\_\_  
\_\_\_\_\_

I acknowledge on this date \_\_\_\_\_ I received and understand the **Prison Rape Elimination Act (PREA): Sexual Abuse Education Program**. I understand how to report an incident of sexual abuse or sexual harassment, and what to do if I am the victim of sexual abuse or sexual harassment. I received a copy of the **PREA Brochure** immediately upon my arrival to the facility. I was trained (video or instructor led) on the description of sexual abuse, how to report, and intervention. If a video was used, I affirm that a trained staff member remained in the room during the playing of the video and answered questions at the end of the video. Finally, the trained staff member offered to meet privately to discuss issues related to the video, if requested.

Resident Signature: \_\_\_\_\_

Staff Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Section 3 – Reporting Incidents and Allegations**

### **A. General Information**

1. An incident/allegation of sexual abuse, sexual harassment, or retaliation (by other residents or staff) for reporting sexual abuse and/or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents can be reported by several means: verbal, written, anonymous, or by a third party. **(§115.251[a])**
2. Employees shall accept reports made verbally, in writing, anonymously, and from third parties, promptly document any verbal reports on a **DC-121, Part 3-BCC** and immediately notify the Facility Director/designee. **(§115.251[c], §115.261[e])**
3. When any employee learns that a resident is subject to a substantial risk of imminent sexual abuse, the employee shall take immediate action to protect the resident and verbally contact the Facility Director/designee for additional direction. This information shall be documented on a **DC-121, Part 3-BCC**. **(§115.262)**
4. Retaliatory action against any person for reporting sexual abuse or sexual harassment, or for providing information during an investigation is prohibited. Any individual, who seeks to deter a resident or any person from reporting sexual activity, or who, in any manner, harasses or intimidates any person who reports the alleged contact is subject to discipline.
5. Informational Prison Rape Elimination Act (PREA) posters (**Attachments 3-A and 3-B**) shall be laminated and posted in facility common areas accessed by residents, employees, and visitors. These posters are available through the Bureau Office. **(§115.233[e])**
6. Sexual abuse and sexual harassment are defined in the **Glossary of Terms** of this procedures manual.
7. When doubt exists regarding whether or not an incident/allegation is related to sexual abuse or sexual harassment, the Bureau of Community Corrections (BCC)-Management Operations Center (MOC) shall be contacted for direction.
8. Anyone who reports sexual abuse or sexual harassment should provide as many details as possible regarding the incident(s) to include: a complete description of incident(s); names of all parties involved; date(s); time(s); place(s) of alleged incidents; and witness(es), if any.

9. ***Every report of sexual abuse or harassment will be held in strict confidence; additional questioning or interviewing of the alleged victim, witnesses, or abuser(s) shall not be conducted by facility staff. The information shall not be shared amongst multiple staff or supervisors prior to contacting the BCC-MOC.***
10. All written reports related to sexual abuse/sexual harassment shall be maintained in a separate and confidential location from other facility incident reports.

## **B. Resident Reporting**

1. Residents may privately report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Reports may be made verbally, in writing, anonymously, and from third parties to: **(§115.251[a])**
  - a. any staff member;
  - b. the Facility Director/designee;
  - c. the facility PREA Compliance Manager (PCM);
  - d. the Department PREA Coordinator; or
  - e. to the address identified in **Subsection C**.
2. If a resident files a grievance related to sexual abuse, the grievance officer shall immediately reject the grievance and contact the BCC-MOC for investigation. The resident will be notified of this action. This will be considered an exhaustion of administrative remedies.

## **C. Third Party Reporting (§115.251[b][d]); (§115.254)**

1. Anyone may make a private report of an allegation of sexual abuse or sexual harassment on behalf of a resident by writing to the:
  - a. BCI/PREA Coordinator  
1800 Elmerton Avenue  
Harrisburg, PA 17110
  - b. or by submitting a report online at [www.tipssubmit.com](http://www.tipssubmit.com).

**NOTE:** This address and website are not part of the Department or Contract Agency and are able to receive and immediately forward reports of sexual abuse and sexual harassment to Agency officials. The reporter may remain anonymous upon request.

2. This address and website may be used by anyone including employees, residents, friends, family, volunteers, visitors, interns, contractors, vendors, and the general public.
3. This information shall be posted as outlined in **Subsection A.**

#### **D. Staff Reporting**

1. All staff shall provide an immediate verbal report to the Facility Director/designee of any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in any facility (whether or not it is part of the Agency); retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. **(§115.261[a])** This information shall be documented on a **DC-121, Part 3-BCC.**

**NOTE:** If the report involves an incident/allegation of sexual abuse, the employee shall also complete first responder duties as outlined in **Section 4** of this procedures manual.

2. A staff member may also make a private report as outlined in **Subsection C.**
3. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone except those specified in this procedures manual, to make treatment, investigation, or other security and management decisions. **(§115.261[b])**
4. Unless otherwise precluded by federal, state, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to **Subsection D.1.** and to inform residents of the practitioner's duty to report and the limitations of confidentiality at the initiation of services. **(§115.261[c])**
5. If the alleged victim is under the age of 18, or considered a vulnerable adult under a state or local "Vulnerable Persons" statute, the facility shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws. **(§115.261[d])**

### **E. Facility Director/designee Responsibilities**

1. Upon learning of an allegation of sexual abuse or sexual harassment, including third-party and anonymous reports, the Facility Director/designee shall:
  - a. ensure the safety of the victim;
  - b. verbally notify the BCC-MOC for action and investigation; **(§115.261[e])**
  - c. ensure first responder duties are completed in accordance with **Section 4** of this procedures manual for every incident/allegation of sexual abuse; and
  - d. document the allegations via **DC-121, Part 3-BCC**.

### **F. Reports Received about Other Confinement Facilities**

1. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director/designee shall document the receipt of the allegation via **DC-121, Part 3-BCC** and **verbally** notify the BCC-MOC without delay.
2. The BCC-MOC will make initial contact with the affected facility and the reporting Facility Director/designee shall make follow-up contact with the affected Facility Manager within 72 hours of report. The affected facility will be provided a copy of the confidential report and contact information for any follow-up questions.  
**(§115.263[a][b])**

### **G. Reports Received from Other Confinements Facilities**

1. Upon receiving an allegation from another facility (Community Corrections Center [CCC], Community Contract Facility [CCF], State Correctional Institution [SCI], Contract County Jail [CCJ], etc.) about an allegation of sexual abuse or sexual harassment, the Facility Director/designee shall document the receipt of the allegation via **DC-121, Part 3-BCC** and verbally notify the BCC-MOC without delay.
2. The BCC-MOC will take action as outlined in **Subsection I**.

### **H. Reports Received about Incident/Allegations in the Community**

1. Upon occasion, a resident may report that they have been the victim of sexual abuse, sexual assault, rape, etc. in the community.
2. The Facility Director/designee shall ensure the resident's safety and verbally notify the BCC-MOC without delay.

**I. BCC Management Operations Center (BCC-MOC) Responsibilities**

1. Upon notification of a sexual abuse or sexual harassment incident/allegation, the BCC-MOC shall ensure:
  - a. the safety of the victim;
  - b. “911” is contacted for any victim that requires emergency medical treatment;
  - c. a sexual abuse victim is provided access to a forensic medical examination as outlined in **Section 4**;
  - d. a sexual abuse victim is provided access to a victim advocate as outlined in **Section 4**;
  - e. staff on duty follows the required protocol and conducts no further questioning of the victim; and
  - f. notifications are made, as appropriate, to the Facility Director/designee, Regional Director/designee, Bureau Duty Officer, PREA Captain/designee, and law enforcement.
2. The BCC-MOC shall prepare a confidential report, in the format provided by the Bureau Major/designee, to document the incident and actions taken in response.
3. The Bureau’s PREA Captain/designee shall provide direction as necessary and:
  - a. assign an investigator and request a tracking number in accordance with Department policy **8.3.1, Section 35**;
  - b. as applicable, forward a copy of the PREA Report to the affected Facility Director/designee, Facility PCM, external agency contact (PBPP, PSP, etc.), CFC, Department PREA Coordinator; and Bureau Major/designee;
  - c. complete a WebTAS EOR as outlined in Department policy **8.3.1, Section 17**; and
  - d. document all actions. (**§115.263[c]**)

## **Section 4 – Responding to a Report of Sexual Abuse**

The facility shall develop a written facility plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. (**§115.265**)

### **A. General**

1. The Prison Rape Elimination Act (PREA) Compliance Manager (PCM) shall coordinate medical services related to sexual abuse for their facility and where possible, utilize a hospital that employs a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). The facility shall enter into a letter of agreement with the hospital. (**§115.221[c]**)
  - a. Community Corrections Center (CCC) letters **Medical Provider Letter of Agreement (Attachment 4-A)** shall be vetted through the Department's Office of Chief Counsel.
  - b. Community Contract Facilities (CCF) may utilize the Medical Provider Letter of Agreement as a template and vet through the Contract Agency's legal department to ensure compliance with the national PREA standards.
  - c. Each facility shall maintain the signed document for review upon request and provide a copy to the Regional Director/designee and Agency PREA Coordinator.
2. Community Corrections staff shall ***not*** take any photographs when a sexual abuse allegation is made. The collection of any photographic evidence must be conducted by the outside medical professional or law enforcement.
3. On-site facility medical staff shall ***not*** conduct forensic medical exams of Department of Corrections (DOC) residents.
4. The PCM shall coordinate victim services related to sexual abuse for their facility and work with the Pennsylvania Coalition Against Rape (PCAR) approved local rape crisis center to establish a **Rape Crisis Center Letter of Agreement (Attachment 4-B)**. (**§115.221[d]**) (**§115.253[c]**)
  - a. CCC letters shall be vetted through the Department's Office of Chief Counsel.
  - b. CCFs may utilize the Rape Crisis Center Letter of Agreement as a template and vet through the Contract Agency's legal department to ensure compliance with the national PREA standards.

- c. Each facility shall maintain the signed document for review upon request and provide a copy to the Regional Director/designee and Agency PREA Coordinator.
5. Notification about available services (**Attachment 4-C**) shall be laminated and posted in facility common areas accessed by residents. (**§115.233[e]**) The facility shall add the address for local services prior to printing and laminating the attachment. (**§115.253[a]**) Phone numbers may not be posted without the written consent of the organization providing the service.

## **B. First Responder Duties**

1. Upon learning of an allegation that a resident was sexually abused, the first staff member to respond shall take immediate action and: (**§115.264[a][b]**)
  - a. call “911” if a physical and/or sexual assault is currently in progress;
  - b. as soon as safely possible, separate the alleged victim and alleged abuser;
  - c. escort the victim to a safe location away from others;
  - d. notify the Facility Director/designee;
  - e. contact the Bureau of Community Corrections (BCC) Management Operations Center (BCC-MOC) and follow all direction provided to include preserving and protecting any possible crime scene as outlined in Department policy **8.3.1, Section 24** until appropriate steps can be taken to collect evidence; and
  - f. complete the **BCC First Responder Checklist (Attachment 4-D)** and a **DC-121, Part 3-BCC**.
2. In order to maximize the potential for obtaining usable physical evidence, the facility shall secure and protect the potential crime scene, until physical evidence can be collected by law enforcement and/or an outside medical professional. If those entities decline to take possession of the evidence, it shall be handled in accordance with Department policy **8.3.1, “Bureau of Community Corrections Security,” Section 24. (§115.221[a])**
3. The BCC-MOC shall complete duties as outlined in **Section 4** of this procedures manual to include the coordination of initial medical and mental health services by an external provider. (**§115.282[b]**)

### **C. Access to Emergency Medical and Mental Health Services**

1. Resident 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. **(§115.282[a])**
2. All victims of sexual abuse shall be offered access to a forensic medical examination at an outside facility, without financial cost to the victim, using a SAFE or SANE where possible. If a SAFE or SANE cannot be made available, the examination can be performed by other qualified medical practitioners and documented appropriately. **(§115.221[c])**
3. All victims of sexual abuse shall be offered access to outside victim advocates for emotional supportive services, without financial cost to the victim. Supportive services may be provided via a variety of methods including in person, over the phone, and/or in writing. The facility shall not monitor these communications. **(§115.221[d])**
4. As requested by the victim, the victim advocate 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. Facility staff may not serve as victim advocates for Department-Funded Residents (DFR). **(§115.221[e][h])**
5. Transport of resident victims shall occur as outlined in Department policy **8.3.1, Section 22.**

### **D. Follow-Up Care for Victims of Sexual Abuse**

1. The PCM shall coordinate medical and mental health evaluations and, as appropriate, treatment for all residents who have been victimized by sexual abuse in any prison, jail, lockup, juvenile facility, or community confinement facility. This includes follow-up services, treatment plans, and referrals for continued care following their release from the facility. **(§115.283[a][b])**
2. The PCM shall coordinate medical services and referrals for treatment in the community, in accordance with professionally accepted standards, to include: pregnancy tests for resident victims of sexually abusive vaginal penetration during incarceration; timely and comprehensive information about and timely access to emergency contraception; lawful pregnancy-related services; Sexually Transmitted Infections (STI) testing and follow-up treatment. **(§115.282[c])**  
**(§115.283[d][e][f])**

3. Medical and mental health referrals shall occur to locations providing services consistent with the community level of care. **(§115.283[c])**
4. Services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This financial obligation ends when the resident is released from the facility. Any financial obligation incurred by the facility shall be reported to the Bureau Director/designee. **(§115.282[d]) (§115.283[g])**

#### **E. Resident Abusers**

The facility shall attempt to coordinate a mental health evaluation for all known resident-on-resident abusers within 60 days of learning of such abuse history and coordinate treatment when deemed appropriate by mental health practitioners.  
**(§115.283[h])**

## **If You Are The Reported Victim Of Sexual Abuse:**

You will 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. **(§115.282[a])**

Medical treatment and crisis intervention services will be provided without financial cost to you. The facility shall inform you, prior to giving you access to outside confidential support services, of the extent to which such communication will be monitored. **(§115.221[c], §115.253[b], §115.282[d], §115.283[g])**

Administrative and criminal investigations will be completed for all allegations of sexual abuse and sexual harassment. **(§115.222[a])**

Allegations of sexual abuse and sexual harassment will be investigated by the Pennsylvania Department of Corrections or referred to an agency with the legal authority to conduct criminal investigations, and victims will be notified of the investigative outcome. **(§115.222[b]) (§115.273[a])**

You will be monitored for follow-up for at least 90 days following a report of sexual abuse to ensure you are free from retaliation and are receiving requested treatment services. **(§115.267[c])**

If you have any questions or need help accessing services, please inform your counselor.

You may write to the addresses below for additional help and services.

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## **Si Usted Es La Victima Del Abuso Sexual Reportado:**

**(§115.233[e])**

Usted recibirá puntualmente, el libre acceso a tratamiento médico de emergencia y de la intervención en caso de crisis servicios, la naturaleza y el alcance de lo que se determina por médicos y profesionales de salud mental de acuerdo a su criterio profesional. **(§115.282[a])**

Tratamiento médico y de la intervención en caso de crisis se prestará servicios sin coste financiero. La facilidad informará, antes de que le da acceso a los servicios de apoyo confidenciales fuera, de la medida en que se vigilarán comunicación. **(§115.221[c], §115.253[b], §115.282[d], §115.283[g])**

Su denuncia de abuso sexual y acoso sexual será reportada para investigación administrativo y criminal. **(§115.222[a])**

Su denuncia de abuso sexual y acoso sexual será investigada por el Departamento de Correcciones de Pensilvania o se hace referencia a una agencia con la autoridad legal para llevar a cabo investigaciones criminales y las víctimas serán notificados de los resultados de la investigación. **(§115.222[b]) (§115.273[a])**

Se lo controlará para el seguimiento durante al menos 90 días después de una denuncia de abuso sexual para asegurarse de estar libre de represalias y está recibiendo servicios de tratamiento solicitados. **(§115.267[c])**

Si usted tiene alguna pregunta o necesita ayuda para acceder a los servicios, por favor informe a su consejero.

Usted puede escribir a las direcciones abajo para obtener ayuda adicional y servicios.

The PREA Compliance Manager at this Facility is:  
El gerente de cumplimiento de PREA en esta facilidad es:

**Type PCM Name Here**

**PCAR**  
P.O. Box 400  
Enola, PA 17025  
[www.pcar.org](http://www.pcar.org)

**BCI/PREA Coordinator**  
1800 Elmerton Ave.  
Harrisburg, PA 17110

## **Section 5 – Investigations and Retaliation Monitoring**

### **A. Investigations**

1. The Bureau Director/designee shall ensure every reported incident/allegation of sexual abuse and/or sexual harassment of a resident is investigated promptly, thoroughly, objectively, and a confidential report compiled as outlined in Department policy **8.3.1, “Bureau of Community Corrections Security,” Section 35. (§115.271[a])**
2. The Bureau Major/designee shall assign an administrative investigation for every incident/allegation of sexual abuse and/or sexual harassment and report it to the Department’s Office of Special Investigations and Intelligence (OSII). **(§115.222[a][b])**
3. The Bureau Major/designee shall refer incidents/allegations of sexual abuse or sexual harassment of a resident for criminal investigation, unless it does not involve potentially criminal behavior, and assign a Bureau of Community Corrections (BCC) investigator to track the progress. **(§115.222[a][b])**
4. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by a person’s status as resident or staff. The Department shall not require a resident 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. **(§115.271[e])**
5. Completed investigations shall be forwarded to the Bureau Major/designee for review, processing, and final approval by the Bureau Director/designee.
6. The completed investigation packet (including supporting documentation) shall be forwarded to the Department Prison Rape Elimination Act (PREA) Coordinator and OSII by the due date assigned by OSII.
7. OSII shall provide notification to the Bureau Director/designee regarding the case review. Upon receipt of this notification, the Bureau Director/designee shall direct and document necessary administrative action.
8. The victim shall be notified of the outcome of the investigation as outlined in **Section 8** of this procedures manual.

### **B. Retaliation Monitoring**

1. The Department shall protect all residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. Action may include: **(§115.267[a][b])**

- a. administrative and/or criminal investigation;
  - b. housing changes or transfers for resident victims or abusers;
  - c. removal of alleged abusers from contact with victims; and/or
  - d. emotional support services for residents or staff.
2. For at least 90 days, and longer if deemed necessary, following a report of sexual abuse, the PREA Compliance Manager (PCM) shall monitor the conduct and treatment of: **(§115.267[c][e])**
- a. residents who reported sexual abuse;
  - b. residents who were reported to have suffered sexual abuse;
  - c. staff who reported sexual abuse; and
  - d. any other individual who cooperates with a sexual abuse or sexual harassment investigation and expresses a fear of retaliation.
3. The PCM shall monitor these individuals to see if there are changes that may suggest retaliation by residents or staff by: **(§115.267[c])**
- a. reviewing the resident's infraction reports, program reports, and housing assignment;
  - b. reviewing negative staff performance reviews or staff reassignment;
  - c. negative interactions with other staff or other residents;
  - d. meeting with the resident bi-weekly to discuss their progress; **(§115.267[d])** and
  - e. document on the **Retaliation Monitoring (Attachment 5-A)** form.
4. When retaliation is suspected, the PCM shall immediately notify the Facility Director/designee and Regional Director/designee so that appropriate steps may be taken to protect the individual and remedy any such retaliation. **(§115.267[c])**
5. The facility's obligation to monitor retaliation shall terminate if the allegation is unfounded. **(§115.267[f])**

## **Section 6 – Sexual Abuse Incident Review**

### **A. General**

A Sexual Abuse Incident Review shall be conducted at the conclusion of every sexual abuse investigation where the allegation was substantiated or unsubstantiated. No review will be conducted if the allegation has been determined to be unfounded. The review shall occur within 30 working days of notice of satisfactory completion of the investigation. These reviews must take place for ALL sexual abuse investigations, whether they are conducted by the Bureau Security Division or the Office of Special Investigations and Intelligence (OSII).

**(§115.286[a][b])**

### **B. Sexual Abuse Incident Review**

1. The Prison Rape Elimination Act (PREA) Compliance Manager (PCM) will chair the Sexual Abuse Incident Review committee. The PCM, in collaboration with the Regional Director/designee, will determine the exact composition of the team based on the nature of the incident. At a minimum, the Sexual Abuse Incident Review Team may involve the: **(§115.286[c])**
  - a. Facility Director/designee;
  - b. Other designated manager or supervisor;
  - c. Bureau of Community Corrections (BCC) Investigator;
  - d. Facility Counselor (presence not authorized for staff on resident accusations);
  - e. Facility medical/mental health practitioner (only if directly involved); and
  - f. Agency PREA Coordinator (when necessary).
2. The PCM shall ensure all necessary documents are available for review (resident file, investigative packet, etc.) and notify the review team of the date, time, and place of the meeting.
3. The Sexual Abuse Incident Review must occur at the facility where the incident occurred.
4. The team will carefully review the documentation surrounding the incident. The review will focus upon the events associated with the incident, such as housing assignment, location of the alleged incident, measures taken as a result of the allegation, need for follow-up for the victim, etc.

5. The review committee will consider, at a minimum, the items outlined in the **PREA Sexual Abuse Incident Review (Attachment 6-A)**.
6. In addition to reviewing the information surrounding the incident, the team will also gather information that can help to sensitize staff to possible clues and situations that are present before such incidents may occur. The aim is to help all staff become more proficient at detecting preventable incidents before they occur.
7. The Sexual Abuse Incident Review Committee shall utilize all available information and reports to: **(§115.286[d])**
  - a. consider whether the incident 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;
  - f. take action necessary to address immediate safety concerns;
  - g. utilize the PREA Sexual Abuse Incident Review to prepare a confidential report with findings and recommendations; and
  - h. forward the completed report with attachments via email, to the BCC Investigator and Facility Director/designee within five working days of the incident review.
8. The BCC investigator shall ensure completeness of the packet and provide to the Bureau Director/designee.
9. Within five working days of receipt, the Bureau Director/designee shall review the findings and:
  - a. approve the report as is; or
  - b. add recommendations/direction; and

- c. email the report with recommendations and supporting documentation to CR, DOC PREA Reports and cc the Executive Deputy Secretary.
10. The Department's PREA committee, chaired by the Executive Deputy Secretary/designee and the Department PREA Coordinator/designee, will review Sexual Abuse Incident Reviews in accordance with Department policy, **DC-ADM 008, "PREA,"** and provide feedback to BCC accordingly.
11. The Bureau Director/designee shall ensure the recommendations for improvement made by the Department's PREA committee are implemented by the facility, or shall provide documentation to the Executive Deputy Secretary, and the Department PREA Coordinator of reasons for not doing so.
12. The Bureau Director/designee shall ensure a copy of the final report is provided to the Regional Director/designee for distribution to the Facility Director/designee and PCM.
13. The Facility Director/designee shall implement the recommendations for improvement, or shall document reasons for not doing so. The PCM will provide a copy of the documentation to the Bureau Director/designee. **(§115.286[e])**
14. Appropriate information, excluding the confidential report, may be used for in-service training for appropriate staff. References to and dissemination of protected information will be in accordance with Department Policy, **DC-ADM 003, "Release of Information,"** and in accordance with state and federal laws.

## **Section 7 – Disciplinary and Administrative Action**

### **A. Staff Discipline**

1. Any Department or Contract employee, volunteer, or intern who engages in, fails to report, or knowingly condones sexual abuse or sexual harassment of a resident shall be subject to appropriate disciplinary or administrative action.
2. Department employees shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies. Discipline shall occur in accordance with Department policy **4.1.1, “Human Resources and Labor Relations.” (§115.276[a])**
3. All activity that is the basis of terminations for violations of Department sexual abuse or sexual harassment policies, or resignations by staff 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. **(§115.276[d])**
4. Any Contract employee or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. **(§115.277[a])**
5. The Department shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of Department sexual abuse or sexual harassment policies by a contractor or volunteer. **(§115.277[b])**
6. Contract agency hiring, firing, and promotional practices must comply with the National Prison Rape Elimination Act (PREA) standards.

### **B. Residents Engaging in Consensual Sexual Acts or Sodomy**

1. Residents are not permitted to engage in sexual acts or sodomy inside the facility.
2. When any resident is alleged to have engaged in consensual sexual acts with others or sodomy, inside the facility, the Bureau of Community Corrections (BCC)-Management Operations Center (MOC) shall be notified without delay. The allegation shall be documented on a **DC-121 Part 3-BCC**.
3. The Shift Commander shall refer the allegation to the facility’s PREA Compliance Manager (PCM) for review.

4. The PCM shall review the report and case files of the involved participants within one working day and document on the **Resident-on-Resident Consensual Sex Case Review (Attachment 7-A)**.
5. In cases where the file review reveals a clear power imbalance, as evidenced by disparate levels of physical strength, size, social status within the facility, and/or intellectual functioning, the PCM will interview the “weaker” individual first. Additionally, when information made available suggests that extortion and/or protective pairing may be occurring, the PCM will interview the potential victim. This meeting shall be documented on the **Resident-on-Resident Vulnerability Assessment (Attachment 7-B)**.
  - a. At the onset of the one-to-one session, the PCM will explain to the individual that they have been called in because of the recent allegation and concern that they may be involved in unwanted sexual activity.
  - b. The PCM will explain that the intent in calling the resident in is to emphasize that, should they be subjected to unwanted sexual activity, staff are available to help. The intent is not to decide guilt or innocence with respect to the incident/allegation.
  - c. Prior to the session progressing further, the PCM will further explain that, should the resident report involvement in unwanted sexual activity, this information cannot be kept confidential, but rather shared with security staff on a need-to-know basis in order to ensure they are protected.
6. In the event the individual denies any involvement in unwanted sexual activity, the PCM will accept this without further inquiry, but reiterate that staff is available to assist should the individual ever be confronted with this problem.
  - a. The PCM shall notify the BCC-MOC of the outcome of the meeting without delay.
  - b. Violations involving Pennsylvania Board of Probation and Parole (PBPP) residents shall be documented and processed in accordance with **Subsection D**.
  - c. Violations involving State Intermediate Punishment (SIP) residents shall be documented and processed in accordance with **Subsection E**.
7. In the event the individual reports that he/she is being victimized, this is now an allegation of sexual abuse. The PCM shall proceed as a first responder in accordance with **Section 4** of this procedures manual.

### **C. Resident Discipline – General**

1. Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse, resident-on-resident sexual harassment, or following a criminal finding of guilt for resident-on-resident sexual abuse. **(§115.278[a])**
2. Sanctions shall be commensurate with the nature and circumstances of the abuse or harassment committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. **(§115.278[b])**
3. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. **(§115.278[c])**
4. If the allegation of sexual abuse has been substantiated, the resident abuser will be discharged from the facility where the abuse occurred. **(§115.278[d])**
5. For the purpose of disciplinary action, a report of sexual abuse or sexual harassment 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. **(§115.278[f])**
6. The facility may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. **(§115.278[e])**
7. The Agency prohibits all sexual activity between residents and disciplines residents for such activity. The Agency will not deem such activity to constitute sexual abuse if the Agency determines that the activity is not coerced (meaning it is consensual). **(§115.278[g])**

### **D. Disciplinary Sanctions – PBPP Residents**

1. When a PBPP resident is alleged to have committed sexual harassment or sexual abuse, the resident shall be separated from the alleged victim. When time and circumstance permit, resident transfer/removal from the facility shall be coordinated by the BCC Investigator and PBPP.
2. The alleged victim of sexual harassment or sexual abuse shall not be removed from the facility based on the incident, unless they make the request.

3. PBPP residents shall be subject to joint disciplinary sanctions and PBPP administrative action following an administrative and/or criminal finding that the resident engaged in sexual abuse, sexual harassment, or consensual sexual acts inside the facility.
4. The Bureau Director/designee will request follow up confirmation of action taken by Parole Supervision staff and attach to the investigative file.

#### **E. Disciplinary Sanctions – SIP Residents**

1. When an SIP resident is alleged to have committed sexual harassment or sexual abuse, the resident shall be returned to a State Correctional Institution (SCI).
2. The alleged victim of sexual harassment or sexual abuse shall not be returned to the SCI.
3. An administrative hearing shall be conducted as outlined in Department policy **8.1.1, “Community Corrections Centers,” Section 19**. Additionally, the resident shall remain at the SCI pending the outcome of any administrative and/or criminal investigation. The Bureau of Treatment Services (BTS) Director/designee shall be notified of the outcome of the hearing and investigation(s).
4. SIP Residents shall be subject to disciplinary sanctions as outlined in **DC-ADM 801, “Inmate Discipline,”** and Department policy **7.4.1, “Alcohol and Other Drug Abuse Treatment Programs,” Section 10** following an administrative and/or criminal finding that the resident engaged in sexual abuse, sexual harassment or Misconduct #19.
5. When an SIP resident is found guilty of a Class 1 Misconduct related to sexual abuse, sexual harassment, or Misconduct #19, the resident shall remain at the SCI and be processed in accordance with the institutional PREA policy, **DC-ADM 008, “Prison Rape Elimination Act.”**
6. If the allegation is unsubstantiated, unfounded, or the resident is found not guilty of the misconduct charge(s), they will be returned to community corrections.
7. If the investigation reveals the resident is a victim of sexual abuse, they will be returned to community corrections without delay and receive supportive services as outlined in **Section 4** of this procedures manual.

## **Section 8 – Notification to Residents**

### **A. General**

1. The PREA Compliance Manager (PCM) shall document all notifications or attempted notifications via the **Resident Notification – PREA (Attachment 8-A)** form. **(§115.273[e])**
2. All completed forms shall be placed in the resident's file and a copy forwarded to the PREA Captain/designee and Contract Facility Coordinator (CFC) (if applicable).
3. Notifications shall occur even in instances where a resident has been transferred to another facility in the Department of Corrections (DOC).
4. The Department's obligation to report the results of the investigation or other actions under this policy shall terminate if the resident is released from the Department's custody. **(§115.273[f])**

### **B. Notification Process**

1. Following the investigation into a resident's allegation that he or she suffered sexual abuse or sexual harassment in a facility operated/contracted by the DOC, the PCM at the facility where the resident is housed shall inform the resident, in writing, as to whether the allegation has been determined to be: **(§115.273[a])**
  - a. Substantiated – an allegation that was investigated and determined to have occurred.
  - b. Unsubstantiated – an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.
  - c. Unfounded – an allegation that was investigated and determined not to have occurred.
2. If another agency conducted the investigation, the Bureau of Community Corrections (BCC) PREA investigator will request the relevant information from the investigative agency and forward it to the PCM, who will inform the resident. **(§115.273[b])**
3. Following a resident's allegation that a staff member has committed sexual abuse or sexual harassment against the resident, the PCM shall subsequently inform the resident when any of the following occur: **(§115.273[c])**
  - a. the staff member is no longer posted within the resident's unit;

- b. the staff member is no longer employed at the facility;
  - c. the agency learns the staff member has been criminally charged related to sexual abuse or sexual harassment within the facility; or
  - d. the agency learns that the staff member has been convicted on a charge related to sexual abuse or sexual harassment within the facility.
4. Following a resident's allegation that he or she has been sexually abused or sexually harassed by another resident, the PCM shall subsequently inform the alleged victim whenever: **(§115.273[d])**
  - a. the agency learns that the alleged abuser has been criminally charged related to sexual abuse or sexual harassment within the facility; or
  - b. the agency learns that the abuser has been convicted on a charge related to sexual abuse or sexual harassment within the facility.
5. These notifications apply to the victim only. Third party reporters will not be notified of outcomes and/or actions.

## **Section 9 – Contract County Jails (CCJ)**

This section applies to County Jails that contract to provide services for the Bureau of Community Corrections (BCC) (Parole Violator Centers, Technical Parole Violator programs, and Work Release) and only for Department-funded residents/offenders.

### **A. Responsibilities**

1. CCJs shall utilize internal policy to comply with the **Prison Rape Elimination Act (PREA), Prisons and Jail Standards**.
2. A copy of the PREA policy shall be made available to the Department of Corrections (DOC) upon request.
3. The CCJ shall report every incident/allegation of sexual harassment/abuse involving a Department-funded resident to the Contract Facility Coordinator (CFC) within one hour of discovery.
4. The CFC shall make notifications as outlined in Department policy **8.3.1, “Bureau of Community Corrections Security,” Section 17**, and request a PREA tracking number through the BCC-Management Operations Center (MOC).
5. The CCJ will conduct an investigation in accordance with the **Prison Rape Elimination Act, Prisons and Jail Standards** and provide a copy of the final investigative report to the CFC within 30 days of initial report.
6. The CFC shall participate on the incident review committee for applicable sexual abuse cases involving Department-funded residents.
7. Direction related to contract compliance monitoring is outlined in **Section 2** of this procedures manual.

## **Section 10 – Non-Residential Contract Services**

This section applies to non-residential reentry services provided to individuals on community supervision (home plan or community confinement facility) through an executed Commonwealth contract where payment for services is rendered by the Department. **These services are not part of any residential contract. This section does not apply to Community Contract Facilities (CCFs).**

### **A. Responsibilities**

1. Department contract reentry services include, but are not limited to: outpatient Alcohol and Other Drug (AOD), outpatient mental health, mentoring, family reunification, workforce development, housing assistance, outpatient sex offender, day reporting, Cognitive Behavior Intervention, etc.
2. The Bureau Director/designee shall ensure the contract administrator is provided a copy of the **Prison Rape Elimination Act (PREA) Information and Reporting Requirements (Attachment 10-A)**, and understands their obligations prior to implementation of services.
3. Any contractor who has contact with residents in an individual/group setting on a recurring basis shall submit, upon request, to a criminal background check conducted by the Bureau of Community Corrections (BCC) in accordance with Department policy **8.3.1, “Bureau of Community Corrections Security,” Section 31.**

**\*Agency** – a business that provides a particular service; or a government department that is responsible for a particular activity/area. Unless specified otherwise, this refers to the Department of Corrections as well as Contract Agencies throughout this policy.

**\*Allegation(s) of Sexual Contact – Outcome of Investigation:**

1. \*Substantiated – an allegation that was investigated and determined to have occurred.
2. \*Unsubstantiated – an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.
3. \*Unfounded – an allegation that was investigated and determined not to have occurred.

**Asexual** – a person who is not romantically or sexually attracted to any gender.

**Bisexual** – a person who is romantically or sexually attracted to more than one gender or sexual category.

**\*Community Confinement Facility** – a community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, or other community correctional facility (including residential re-entry centers), other than a juvenile facility, in which individuals reside as part of a term of imprisonment or as a condition of pre-trial release or post-release supervision, while participating in gainful employment, employment search efforts, community service, vocational training, treatment, educational programs, or similar facility-approved programs during non-residential hours (All CCCs and CCFs fall into this category).

**Community Corrections Center (CCC)** – a residential correctional facility operated by the PA Department of Corrections.

**Community Contract Facility (CCF)** – a privately owned and operated residential correctional facility contracted with the PA Department of Corrections.

**Complaint** – any type of report or allegation of sexual abuse, sexual harassment, or retaliation.

**Contract Agency** – refers to the entity that oversees the financial and procedural operations of a Community Contract Facility (CCF).

**Contract County Jail (CCJ)** – a jail or prison that is contracted with the PA Department of Corrections

**\*Contractor** – a person who provides supplies or services on a recurring basis pursuant to a contractual agreement with the Agency.

**De minimis** – lacking significance or importance; so minor as to merit disregard.

**Department** – Department of Corrections

**\*Direct Staff Supervision** – supervision that requires security staff to be in the same room with, and within reasonable hearing distance of the residents.

**\*Exigent Circumstances** – any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.

**\*Facility** – a place, institution, building (or part thereof), set of buildings, structure, or area that is used by an agency for the confinement of individuals. This term may be used interchangeably with “Center” throughout this policy and refers to a CCC or CCF.

**Facility Director/designee** – the Director of a CCC or CCF or their management designee. This term may be used interchangeably with “Center Director/designee” throughout this policy.

**Full Compliance** – compliance with all material requirements of each standard, except for de minimis violations or discrete and temporary violations during otherwise sustained periods of compliance.

**Gay** – refers to men attracted to other men.

**Gender** – a socially constructed concept classifying behavior as either “masculine” or “feminine,” unrelated to one’s external genitalia.

**Gender Expression** – a person’s expression of their gender identity, including appearance, dress, mannerisms, speech, and social interactions.

**Gender Identity** – distinct from sexual orientation and refers to a person’s internal, deeply felt sense of being male or female.

**\*Gender Non-conforming** – a person’s gender characteristics, appearance, mannerisms, and/or behaviors that do not conform to those typically associated with the person’s biological sex.

**Gender “norms”** – the expectation associated with “masculine” or “feminine” conduct, based on how society commonly believes males and females should behave.

**Grooming for Sexual Activity** – process that involves residents approaching other residents with offers of help, and perhaps protection from real or imagined sexual threats from others, with the ultimate aim of creating an obligation for sexual activity. The grooming might also include offers of commissary and /or other benefits. This deliberate process unfolds over time, with little overt pressure and no violence.

**Heterosexual** – sexual, emotional, and/or romantic attraction to persons differing from one’s own sex.

**Homosexual** – sexual, emotional, and/or romantic attraction to persons of the same sex.

**Housing Unit** – a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, that generally contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations.

**Interference with Official Process** – Any failure to report or to cover-up an incident of sexual harassment/sexual abuse, making an allegation or statement that the party or witness knew could not have been true, or any other form of failure to cooperate with an investigation or inquiry.

**Intern** – an individual approved by the Department to use experience with the Department to further his or her academic or educational pursuits, programs or credentials. The term does not include employees or contractors.

**\*Intersex** – a condition in which a person is born with external genitalia, internal reproductive organs, chromosome patterns, and/or an endocrine system that does not fit typical definitions of male or female. Intersex is a medical condition.

**LGBTI** – acronym for a group of sexual minorities including lesbians, gay, bisexual, transgender, and intersex individuals.

**Lesbian** – refers to women attracted to other women.

**Management Activity Planner (MAP)** – the Management Activity Planner is a folder located in the Community Corrections H-drive.

**\*Medical Practitioner** – a health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his/her professional practice. A “qualified medical practitioner” refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

**\*Mental Health Practitioner** – a mental health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his/her professional practice. A “qualified mental health practitioner” refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

**\*Pat Search** – a running of the hands over the clothed body of a resident by an employee to determine whether the individual possesses contraband.

**PCM** – PREA Compliance Manager

**PREA** – Prison Rape Elimination Act

**PREA Risk Assessment Tool (PRAT)** – a standardized tool developed by the Department of Corrections to identify a resident’s relative risk of becoming a victim of sexual abuse and/or abuser in a confinement setting.

**\*Prison** - an institution under state jurisdiction whose primary use is for the confinement of individuals convicted of a serious crime, usually in excess of one year in length, or a felony.

**Rape Crisis Center** – an entity that provides intervention and related assistance such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages.

**\*Resident** – any person assigned, confined, or detained in a community confinement facility. The term resident is further defined, as listed below, in certain sections of policy to clearly delineate responsibility.

**Department-Funded Resident (DFR)** – any person whose placement is funded by the PA Department of Corrections (SIP and Parolees).

**Non-Department-Funded Resident (NDFR)** – any person whose placement is not funded by the PA Department of Corrections (county resident, federal resident, private citizen admission, Medical Assistance admission, etc.).

**Report** – any information received through any of the PREA reporting mechanisms that may constitute sexual abuse, sexual harassment, or retaliation.

**Retaliation** – an act of vengeance, covert or overt action, or threat of action, taken against a resident or employee in response to a complaint of resident sexual harassment/sexual abuse or for a resident's or employee's cooperation in the reporting or investigation of sexual misconduct, regardless of the merits or the disposition of the complaint. Examples of acts of retaliation include, but are not limited to; unnecessary discipline, intimidation, unnecessary changes in work or program assignments, unjustified transfers or placements, or unjustified denials of privileges or services.

**Sex** – one's anatomical make-up, including external genitalia, chromosomes, and reproductive system.

**\*Sexual Abuse** – As defined by the National Standards to Prevent, Detect, and Respond to Prison Rape.

a. \*Sexual Abuse includes –

- 1) \*Sexual abuse of a resident by another resident; or
- 2) \*Sexual abuse of a resident by a staff member, contractor, volunteer, intern, or individual who has business with or uses the resources of the Department.

b. \*Sexual abuse of a resident by another resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- 1) \*contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
  - 2) \*contact between the mouth and the penis, vulva, or anus;
  - 3) \*penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
  - 4) \*any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.
- c. \*Sexual abuse of a resident by a staff member, contractor, volunteer, intern, or individual who has business with or uses the resources of the Department includes any of the following acts, with or without the consent of the resident:

**For purposes of this definition the term “actor” refers to a staff member, contractor, volunteer, intern, or individual who has business with or uses the resources of the Department.**

- 1) \*contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
  - 2) \*contact between the mouth and the penis, vulva, or anus;
  - 3) \*contact between the mouth and any body part where the actor has the intent to abuse, arouse, or gratify sexual desire;
  - 4) \*penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the actor has the intent to abuse, arouse, or gratify sexual desire;
  - 5) \*any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the actor has the intent to abuse, arouse, or gratify sexual desire;
  - 6) \*any attempt, threat, or request by an actor to engage in the activities described in paragraphs 1) – 5) of this section;
  - 7) \*any display by an actor of his or her uncovered genitalia, buttocks, or breast in the presence of a resident; or
  - 8) \*voyeurism by an actor.
- d. A properly conducted pat search will not be considered sexual abuse.

**Sexual Coercion** – occurs when a resident is forced to submit to sexual activity by threat of violence, for protection or some other factor imposed by the perpetrator.

**\*Sexual Harassment** –

- a. \*repeated and unwelcome sexual advances, requests for sexual favors or verbal comments, gestures, or actions of a derogatory or offensive sexual nature, by one resident directed toward another; and
- b. \*repeated verbal comments or gestures of a sexual nature to a resident by a staff member, contractor, volunteer, intern, or individual who has business with or uses the resources of the Department including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

**Sexual Identity** – the sex that a person sees their self as: this can include refusing to label oneself with a sex.

**Sexual Orientation** – romantic and/or physical attraction to members of the same, opposite, or both sexes.

**\*Staff** – an employee of the Department of Corrections or an employee of a Community Contract Facility. The word staff and employee may be used interchangeably throughout this policy.

**\*Strip Search** – a search that requires a person to remove or arrange some or all clothing so as to permit a visual inspection of the person’s breasts, buttocks, or genitalia.

**\*Transgender** – a person whose gender is different from the person’s birth sex.

**Transsexual** – a person whose physical anatomy does not match their gender identity, and seeks sex confirmation surgery or hormone treatment.

**Transvestite** – a person who engages in gender non-conforming behavior, such as adopting the gender expression of the opposite sex for the purposes of sexual or emotional gratification, but does not necessarily consider their gender identity to be different from their sex.

**Victims Advocate/Qualified Community-Based Organization Staff Member** – a representative of a Rape Crisis Center that is qualified to provide crisis intervention, accompaniment of advocacy services. In Pennsylvania, a prerequisite of qualification is completion of 40 hours of Sexual Assault Counselor training through the Rape Crisis Center,

**\*Volunteer** – an individual who donates time and effort on a recurring basis to enhance the activities and programs of the agency.

**\*Voyeurism by a staff member, contractor, volunteer, intern, or individual who has business with or uses the resources of the Department** – an invasion of privacy of a resident for reasons unrelated to official duties, such as peering at a resident who is using a toilet in his/her cell to perform bodily functions; requiring a resident to expose his/her buttocks, genitals, or breasts; or taking images of all or part of a resident’s naked body, or of a resident performing bodily functions.

**\*Youthful Resident** – any person under the age of 18 who is under adult court supervision and a resident of a community confinement facility.