
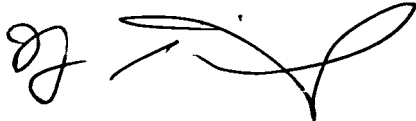


<p>POLICY NUMBER 304.04</p>	<p>POLICY TITLE: Sexual Abuse and Assault</p>	
 <p>EFFECTIVE DATE: April 11, 2005</p> <p>REVISION DATE (S): April 14, 2005</p>	<p>AMERICAN CORRECTIONAL ASSOCIATION (ACA) STANDARDS</p>	
	<p><u>CENTRAL ADMINISTRATION:</u></p>	
	<p><u>JUVENILE TRAINING SCHOOL:</u> 3-JTS-3D-06-2, 06-3, 06-4, 06-5, 06-6, 06-7, 06-8, 06-9, 06-10</p>	
	<p><u>JUVENILE PAROLE & AFTERCARE:</u></p>	
	<p><u>JUVENILE COMMUNITY RESIDENTIAL FACILITIES:</u></p>	
	<p>STANDARD OPERATING PROCEDURE</p>	<p>Prohibited</p>
<p>LOCAL PROCEDURE</p>	<p>Required (For Reception Only)</p>	
 <p>Director's Signature:</p>		

I. Policy Provisions

The Prison Rape Elimination Act of 2003 establishes a zero tolerance standard for the incidence of inmate sexual assault and rape; makes prevention of inmate sexual assault and rape a top priority in each corrections facility; develops/implements national standards for the detection, prevention, and punishment of prison rape; increases available data and information of the incidence of inmate sexual assault and rape; standardizes the definitions used for data collection; increases accountability of corrections officials who fail to detect, prevent, reduce and punish prison rape; and protects the Eighth Amendment rights of federal, state and local inmates.

It is the policy of the Ohio Department of Youth Services to ensure that sexual activity between staff and juveniles, volunteers or contract personnel and juveniles, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. [3-JTS-3D-06-7] All employees, volunteers and independent contractors are expected to have a clear understanding that the department strictly prohibits any type of sexual relationship with an individual under department supervision to be a serious breach of the standards of employee conduct and these relationships will not be tolerated. Engaging in a personal and/or sexual relationship may result in employment termination and/or termination of the contractual or volunteer status.

Youth to youth sexual activity, sexual assault, rape, sexual conduct and sexual contact as defined in this policy and within Ohio Revised Code are prohibited.

Information shall be provided to juveniles about sexual abuse/assault including: prevention/intervention, self-protection, reporting sexual abuse/assault, medical treatment and mental health counseling. This information shall be communicated orally and in writing, in a language clearly understood by the juvenile, at reception and upon arrival at the parent institution. [3-JTS-3D-06-2] Each institution shall be responsible for incorporating this information into the Youth Handbook at the site. This information shall be available on each housing unit and in the clinic in a self-serve format via pamphlet 304.04.B, "What You Should Know About Sexual Abuse and Assault". Training for youth on this topic shall be verified in writing.

Any employee who is a witness to or has knowledge of any sexual activity, assault and/or rape shall be responsible to immediately report it to the site manager or designee. An employee who knowingly fails to report sexual activity, assault and/or rape of a youth shall be subject to disciplinary actions.

Any employee or youth of the Department of Youth Services is prohibited from retaliating against other employees or youth for reporting allegations of sexual activity/assault. Employees and/or youth who are found to have violated this prohibition shall be subject to disciplinary action.

II. Applicability

This policy applies to all ODYS employees, independent contractors, and volunteers.

III. Definitions

Aggressor - A person committing a sexual assault against another person.

Parent Institution – The institution in which a youth is permanently assigned.

Rape – Any sexual conduct with another when the offender purposely compels the other person to submit by force or threat of force. (ORC 2907.02)

Sexual Abuse and Assault – Any contact between the sex organ of one person and the sex organ, mouth or anus of another person, or any intrusion of any part of the body of one person, or of any object into the sex organ, mouth or anus of another person, by the use of force or threat of force.

Sexual Activity - Sexual conduct or sexual contact, or both. (ORC 2907.01)

Sexual Conduct – Intercourse, fellatio and cunnilingus between persons regardless of sex; and without privilege to do so, the insertion, however slight, of any part of the body or any instrument, apparatus, or other object into the vaginal or anal cavity of another. (ORC 2907.01)

Sexual Contact – Any touching of an erogenous zone of another, including without limitation the thigh, genitals, buttock, pubic region, or if the person is a female, a breast, for the purpose of sexually arousing or gratifying either person. (ORC 2907.01)

Sexual Victimization – Collective term to describe any acts of sexual violence perpetrated against an individual.

Site Manager - Director (or designee) for Central Office, Superintendent for Institutions, or Regional Administrator for Regional Offices.

Victim Services Representative (VSR) – An identified staff member at each site who is the primary contact for and trained by the Office of Victim Services.

Volunteer Support Person (VSP) – An identified staff member(s) at each site who has been specifically trained to provide emotional support to an alleged victim of sexual assault during the investigation of the alleged assault.

Vulnerability Assessment – An assessment which shall serve to identify physical plant and operational issues that exist within our institutions that create vulnerabilities for sexual assaults to occur.

IV. Procedures

A. Screening for Sexual Assault and/or Sexual Victimization at Reception

1. All Juveniles shall be screened utilizing form 304.04.A within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments shall be made accordingly. [3-JTS-3D-06-3] The institutional psychology supervisor, psychologist or psychology assistant shall conduct this interview at reception.
2. Should the psychology staff identify a youth who requires special housing, this information shall be forwarded to the Unit Administrator for disposition and appropriate room assignment and monitoring by the unit social worker.
3. Should a housing recommendation be impossible to accommodate due to lack of available beds, the institution shall create and implement a written plan of action to insure proper supervision of the youth in question. This plan shall be shared with all management staff within the institution and a copy shall be placed in the youth file.
4. Information gathered by the psychology staff shall be entered on the Reception Assessment Summary (RAS) in the appropriate mental health section.
5. The Unit Administrator shall alert the Social Worker assigned to that youth's case of any special circumstances or housing assignments. The Social Worker at Reception shall include additional information in the RAS pertaining to issues identified by psychology staff related to sexual abuse, assault and/or victimization.
6. The Reception Coordinator shall identify the status of youth to be transferred on the Institutional Transfer List. Youth shall be identified as potentially assaultive (A), sexually aggressive (SAG), sexually active (SAT), victim (V) or not applicable (NA).

B. Screening for Sexual Assault and/or Sexual Victimization at the Parent Institution

1. Upon receipt of the Institutional Transfer List from Reception, staff at the parent institution shall review the list and make arrangements for any special housing or referral to psychology staff for follow-up as indicated.
2. Within 24 hours of transfer to the parent institution, the institutional psychologist shall review form 304.04.A, Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior and Risk for Sexual Victimization, to determine if this youth was identified at reception as high risk for vulnerabilities or tendencies of acting out with sexually aggressive or assaultive behavior that would require special services.
3. In consultation with the Psychology staff, the assigned Social Worker shall incorporate appropriate treatment goals and objectives into the youth's Unified Case Plan (UCP) to address any identified issues.
4. Progress shall be monitored during Treatment Team meetings and shall be updated in writing as identified in 503.03 Case Planning & Reporting within the established timelines.
5. Youth needing more intense therapy shall be referred to the Psychology Department for additional services.
 - a. Juveniles identified as high risk with a history of assaultive and/or predatory behavior shall be assessed by a psychology staff member or other qualified professional. Such juveniles are identified, monitored, counseled, and provided appropriate treatment. [3-JTS-3D-06-5]
 - b. Juveniles identified as at risk for sexual victimization shall be assessed by a psychology staff member or other qualified professional. Such juveniles are identified, monitored, and counseled. [3-JTS-3D-06-6]

C. Reporting an Allegation of Sexual Assault

1. Juveniles who are victims of sexual abuse have the option to report the incident to any staff member other than an immediate point-of-contact line staff member. [3-JTS-3D-06-9] The Process for Investigating Sexual Assault Allegations, attachment 304.04.C, delineates the activities to be completed for an assault reported within 72 hours of the alleged incident as described in this document.
2. Any employee that receives a report of a sexual assault or possible sexual assault, whether verbally or in writing shall immediately notify Operations who shall then complete a critical incident report as outlined in 101.15 Investigations. An investigation is conducted and documented whenever a sexual assault is alleged, threatened, or occurs. [3-JTS-3D-06-4]
3. Operations shall assure that the alleged victim and aggressor are physically separated. A report shall be made to the site manager or designee to confirm the separation of the victim from his or her assailant. [3-JTS-3D-06-8]

4. Non-punitive protective housing /safe haven shall be provided as needed pursuant to 305.01.02 Youth Movement to Protective Custody.
5. The alleged victim shall be advised by the employee receiving the report and/or the Operations staff to not shower or otherwise clean themselves, or if the assault was oral, to not drink or brush their teeth, or otherwise take any action that could damage or destroy evidence.
6. Alleged victims of sexual assault shall be immediately referred to medical services.
7. Notification shall be made by Operations staff in writing to the site's Victim Services Representative (VSR) when the alleged assault is youth on youth at the same time other notifications are made as required by 101.15, Investigations. The VSR shall be responsible for notifying the Office of Victim Services within one working day.
8. Notification shall be made by the Operations staff in writing to the Office of Victim Services, Central Office, when the alleged assault is staff on youth at the same time other notifications are made as required by 101.15, Investigations.
9. Operations staff shall notify the youth's parent or guardian of the allegation in all cases.
10. Operations staff shall refer to 304.05, Suspected Child Abuse and Neglect, for additional notifications and reporting requirements.
11. Discipline and/or additional criminal charges for the alleged perpetrator may occur pending the results of the internal and external investigations.
12. All youth involved in an incident shall be reassessed by psychology staff utilizing form 304.04.A, Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization. Any changes in status shall follow procedures as outlined in section IV. B. above.
13. If an allegation of sexual abuse or assault is made by a youth on parole, staff receiving this information shall follow procedures as outlined in 101.15 Investigations. This can include incidents in the past that may have occurred at a DYS facility and allegations of incidents that may have occurred during the youth's parole period.

D. Medical Responsibilities following an Allegation of Sexual Assault

1. Treatment of Alleged Victims within 72 Hours of an Incident
 - a. On-site nursing treatment for sexual assault victims shall be limited to emergency measures only in order to stabilize the youth without interfering with evidence collection. Documentation shall clearly delineate all actions taken.
 - b. Victims of sexual assault shall be referred under appropriate security provisions to a community health care facility for treatment and gathering of evidence. Preparation shall be in accordance with 403.17 Medical

Consultation & Hospitalization; and 403.17.12 Emergency Medical Referrals.

- c. Institutional medical staff shall request that the local emergency room do the following:
 - i. Have a health care provider take a history that includes an examination to document the extent of physical injury and to determine if referral to another medical facility and/or services is indicated. With the victim's consent, the examination includes collection of evidence from the victim, using a kit approved by the appropriate authority.
 - ii. Evidence collected by the health care provider shall be given directly to the Ohio State Highway Patrol.
 - iii. Testing for sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, and other diseases) and shall provide counseling, as appropriate.
 - iv. Prophylactic treatment and follow-up for sexually transmitted diseases shall be offered to all victims, as appropriate.
 - v. Following the physical examination, make available an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up.
- d. When the youth returns to the facility the on-site nursing staff shall ensure per ORC 3701.242 that the youth victim received testing to include, but not be limited to: Trichomonas (female), Gonorrhea, Chlamydia, Syphilis, Hepatitis B, and HIV. If testing did not occur at the local emergency room, these tests shall be performed at the institution. Medical follow-up shall reflect retesting five to six months after the initial test as indicated by the facility physician.
- e. The on-site nursing staff shall ensure per ORC 3701.242 that the aggressor, if a youth, shall receive testing to include, but not be limited to: Trichomonas (female), Gonorrhea, Chlamydia, Syphilis, Hepatitis B, and HIV. Medical follow-up shall reflect retesting five to six months after the initial test as indicated by the facility physician.

2. Treatment of Alleged Victims later than 72 Hours After an Incident

- a. On-site nursing assessment for possible medical issues for sexual assault victims shall occur upon notification of an incident, with referral made to the institutional physician for needed treatment and follow-up care. Outside referral for emergency treatment may occur as dictated by a youth's medical condition per established medical policy. The collection of forensic evidence is improbable after 72 hours. The Ohio State Highway Patrol may request that DYS send the youth to the community health care provider for examination and evidence collection. DYS shall cooperate with such requests.

- b. On-site nursing staff shall ensure per ORC 3701.242 that the youth victim and the aggressor, if a youth, shall receive testing to include, but not be limited to: Trichomonas (female), Gonorrhea, Chlamydia, Syphilis, Hepatitis B, and HIV. Medical follow-up shall reflect retesting five to six months after the initial test as indicated by the facility physician.

E. Psychology Services

1. A psychology staff member shall see the youth victim as soon as possible, not to exceed the end of the workday on which staff are notified of the alleged assault, for assessment and crisis intervention as appropriate.
2. If the allegation is made after hours, the psychology supervisor (or Program Deputy in those institutions that do not have a Psychology Supervisor) shall be informed by Operations staff via phone or pager within two hours of the report of the incident, to arrange appropriate follow-up.
3. A treatment plan regarding continued follow-up by psychology staff shall be made.
 - a. Referrals to psychiatry shall be made as appropriate.
 - b. Referrals to the site VSR or Volunteer Support Person (VSP) shall be made at the request of the youth.

F. Annual Vulnerability Assessment

1. The PREA Coordinator shall organize and schedule a Vulnerability Assessment at each institutional site annually.
2. The team assembled by the PREA Coordinator or designee, shall identify physical plant and operational issues that need to be addressed to insure a safe and secure environment.
3. The team shall prepare a written report submitted to the Deputy Director, Division of Corrections, and the site manager.
4. The Deputy Director and the site manager shall prioritize issues to be addressed.

G. Record Keeping

All case records associated with claims of sexual abuse, including incident reports, investigative reports, juvenile information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with the DYS record retention schedule. [3-JTS-3D-06-10]

H. Staff Training

1. Pre-service and annual in-service training plans shall include training for all employees on the following topics:
 1. Sexual Abuse and Assault, Policy 304.04

2. General Work Rules to include Inappropriate Relationships with Youth
 3. Federal Law on Prison Rape Elimination Act (PREA)
 4. Suspected Child Abuse and Neglect, Policy 304.05
2. Specialized training shall be offered periodically through Central Office to employees designated as volunteer support persons, including but not limited to Victim Services Representatives and Chaplains.

V. Attachments

- 304.04.A Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization
- 304.04.B Pamphlet, What You Should Know About Sexual Abuse and Assault
- 304.04.C Attachment, Process for Investigating Sexual Assault Allegations

VI. Monitoring

The Deputy Director, Division of Legal Services, in conjunction with the Chief Inspector shall review this policy annually.

VII. Reference

- 101.15
- 305.01.02
- 403.17
- 403.17.12
- 503.03
- Ohio Revised Code 2907.01
- Ohio Revised Code 2907.02
- Ohio Revised Code 3701.242
- Prison Rape Elimination Act of 2003 (PREA), Public Law 108-79, September 4, 2003