REVIEW/REVISION HISTORY:

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SUMMARY OF REVISION/REVIEW:

Attachment 1 - Added language for clarification

APPROVED:

Signature on file

1/24/19

STEPHEN SINCLAIR, Secretary
Department of Corrections

Date Signed
POLICY

REFERENCES:

DOC 100.100 is hereby incorporated into this policy; RCW 9A.44.160; RCW 9A.44.170; RCW 42.56; RCW 72.09.225; RCW 42.56; DOC 320.200 Administrative Segregation; DOC 320.260 Secured Housing Units; DOC 410.050 Emergency Management Plan; DOC 410.950 Emergency Management for Non-Prison Facilities and Offices; DOC 420.365 Evidence Management for Work Releases; DOC 420.375 Contraband and Evidence Handling; DOC 420.395 Evidence/Property Procedures for Field; DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting; DOC 490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments; DOC 490.860 Prison Rape Elimination Act (PREA) Investigation; DOC 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct; PREA Standards; Prison Rape Elimination Act; Sexual Assault Evidence Collection: Uniform Evidence Protocol

POLICY:

I. The Department will respond to allegations of sexual misconduct to support and provide assistance to the alleged victim, enhance security, and maximize the ability to obtain evidence to use in investigations and criminal prosecutions where applicable.

II. Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions.

   A. This provision is not intended to affect the Department’s obligation to gather, review, and potentially produce records of allegations or incidents of sexual misconduct as required per RCW 42.56.

   B. The name of the alleged perpetrator will be released to the applicable health care provider if requested for evaluation of the alleged victim’s medical needs.

   C. Staff who breach confidentiality may be subject to corrective/disciplinary action.

III. Terms used in this policy are defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting.

DIRECTIVE:

I. Staff Reporting

   A. Staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a
Department facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident.

1. Allegations of sexual assault that occurred within 120 hours, and involve penetration and/or the exchange of bodily fluids, are considered emergent PREA incidents and must be reported immediately.
   a. A provider may wait until the end of a session to report if a non-emergent potential PREA incident is discovered during a medical, mental health, or sex offender treatment session. The provider will complete necessary documentation no later than the end of his/her shift.

2. Every allegation will be reported, even if the offender reported the same allegation previously to the same staff.

3. It is not appropriate for health services staff to interview a patient for the purpose of clarification, investigation, or obtaining information/evidence regarding a PREA investigation unless assigned to investigate the case as approved by the appropriate Health Services Appointing Authority.

B. Offenders will be informed of the requirements of mandatory reporting at Reception, and information will be posted in Health Services areas where it can be seen by offenders.

1. Health services providers must inform of the duty to report before providing treatment when an offender:
   a. Displays signs/symptoms of sexual misconduct that are identified or observed in the course of an appointment or examination, or
   b. Discloses to a medical or mental health provider sexual misconduct that occurred while in any correctional setting.

C. When an offender discloses to a medical or mental health provider sexual abuse that occurred in the community, the offender must sign DOC 13-035 Authorization for Disclosure of Health Information before the provider can release the information.

D. Staff who fail to report an allegation or incident, or who knowingly submit or coerce/threaten another to submit incomplete or untruthful information, may be subject to corrective/disciplinary action.
E. Staff receiving any information regarding an allegation or incident of sexual misconduct must deliver the information confidentially and immediately per the PREA Reporting Process (Attachment 4).

II. PREA Response Plan

A. Each Prison, Work Release, and Field Office will maintain a PREA Response Plan providing detailed instructions for responding to allegations of sexual misconduct.

1. The PREA Response Plan will consist of 4 sections composed of the documents listed in PREA Response Plan Contents (Attachment 7).

2. The plan will be maintained by the PREA Compliance Manager/Specialist:
   a. In the Shift Commander’s office for Prisons.
   b. With the Emergency Management Plan for Work Releases and Field Offices.

III. Response to Allegations of Sexual Misconduct

A. For all allegations except aggravated sexual assault, the Shift Commander/Community Corrections Supervisor (CCS)/designee will implement appropriate security procedures and initiate the PREA Response and Containment Checklist (Attachment 5).

1. Shift Commanders will review the Incident Report Log and PREA Case Management screens in the Offender Management Network Information (OMNI) PREA database to determine if the allegation has previously been reported and ensure there is no new/additional information.

   a. The alleged victim will be notified per DOC 490.860 Prison Rape Elimination Act (PREA) Investigation.

   b. Shift Commanders and PREA Compliance Managers/Specialists will sign DOC 21-662 PREA Database Access Confidentiality Agreement before being granted access to the PREA database.

2. For allegations received directly by the Headquarters PREA Unit and determined to fall within the definition of a PREA incident, the PREA Coordinator/designee will notify the PREA Compliance Manager/Specialist to ensure required medical and mental health referrals are completed.
B. For allegations of aggravated sexual assault, the Shift Commander/CCS/designee will initiate the Aggravated Sexual Assault Checklist (Attachment 1), and the PREA Response Team will conduct a coordinated, multidisciplinary response to the allegation.

1. In Prisons, the medical provider attending to the offender will complete Aggravated Sexual Assault Medical Follow-Up Checklist (Attachment 2) and submit it to the Shift Commander.

2. Each Prison will establish a local PREA Response Team. One team will be established for Work Release, and one team will be established for community supervision.

   a. Each Prison PREA Response Team will include:
      
      1) A Sergeant
      2) The Chief Investigator/designee
      3) A designated medical employee/contract staff
      4) A designated mental health employee/contract staff
      5) Other staff as necessary, which will be designated by the Superintendent and may include:
         
         a) Correctional Unit Supervisors
         b) Counselors
         c) Chaplain
         d) The PREA Compliance Manager/Specialist
         e) Response and Movement officers
         f) Facility Duty Officers

   b. The Work Release PREA Response Team will include:
      
      1) The Work Release Administrator/designee
      2) A Work Release CCS
      3) The Medical or Mental Health Duty Officer
      4) Other staff as necessary, which will be designated by the Work Release Administrator

   c. The community supervision PREA Response Team will include:
      
      1) A Senior Administrator
      2) A Field Administrator
      3) The Medical or Mental Health Duty Officer
      4) Other staff as necessary and designated by the Senior Administrator
d. If an event requires additional resources:

1) Work Releases and stand-alone Level 2 facilities will contact partner facilities per Attachment 8.

2) Field Offices will use community resources unless additional Department resources are required, in which case requests will be submitted through the Appointing Authority/designee.

e. Employees/contract staff designated to participate on a PREA Response Team will complete facility specific training on responding to aggravated sexual assault which will include, but not be limited to:

1) Requirements of this policy and the PREA Response Plan
2) Issues of offender sexual assault victims
3) Gender-responsive issues related to PREA response
4) Evidence collection and retention
5) Interactions with law enforcement

3. Prisons and Work Releases will maintain PREA response kits for responding to allegations of aggravated sexual assault, which contain the items listed in Attachment 6. The PREA Compliance Manager/designee will immediately replace any used items and inspect the kits regularly.

4. In Prisons, forensic examinations will be conducted per DOC 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct.

a. Forensic exams will be performed only at designated health care facilities in the community by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If a SAFE/SANE is not available, the examination can be performed by a qualified medical practitioner.

b. The PREA Coordinator will be notified via email of all forensic medical examinations as soon as possible.

5. Work Releases will develop local procedures to ensure alleged victims of aggravated sexual assault are provided with emergency medical care to include forensic medical examinations, as applicable.

6. Victims in all cases of reported sexual misconduct, regardless of who the misconduct is reported to, will receive immediate medical and mental
health services per DOC 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct.

a. Offenders alleging sexual acts perpetrated by either staff or another offender that occurred within the previous 120 hours and involve penetration or exchange of body fluids will be assessed for immediate medical needs before transport to the designated community health care facility for a forensic medical examination.

b. Offenders will also be referred for medical evaluation if a report of sexual assault is made within 12 months of the alleged incident.

1) The offender will be escorted to health services.

c. For all allegations not received directly by the Headquarters PREA Unit, the offender will be referred for follow-up to a mental health care provider using DOC 13-509 PREA Mental Health Notification.

7. Each Prison, Work Release, and Field Office will develop procedures for victims to receive ongoing medical, mental health, and support services as needed.

a. Work Releases and Field Offices will include referral information for community-based mental health services. Field Offices will also include referral information for victim advocacy services.

C. For all investigated allegations, the Superintendent/CCS/designee will ensure alleged offender victims of sexual misconduct are provided with PREA Investigation Process for Offenders (Attachment 3).

D. The Appointing Authority will notify the appropriate Appointing Authority or facility administrator within 72 hours of receipt of an allegation when the alleged incident:

1. Occurred in another Department location or another jurisdiction.
2. Involved a staff who reports through another Appointing Authority.

IV. Offender Fights/Assaults in Prisons

A. Where available, health services employees/contract staff will:

1. Gather information on each offender involved in a fight and/or assault, and

2. Initiate and submit DOC 02-348 Fight/Assault Activity Review to the Shift Commander for review, notification, and investigation:
a. Immediately, if there is any indication of sexual misconduct, or
b. Before the end of shift if no sexual misconduct is indicated.

B. In Prisons without 24-hour onsite medical services, the Shift Commander will review sexual motivation with the on-call medical provider by telephone and complete DOC 02-348 Fight Assault Activity Review based on the review. The form will be signed by the provider on his/her return to the facility.

C. If sexual motivation is indicated, the Shift Commander will report the incident to the Superintendent and a confidential report will be submitted in the Incident Management Reporting System (IMRS). The PREA Coordinator/designee will review the report and determine if an investigation is warranted.

V. Appointing Authority Response

A. Offender-on-Offender Sexual Misconduct

1. Upon receipt of an allegation of offender-on-offender sexual assault, the Appointing Authority/Shift Commander/CCS will immediately direct employees/contract staff to separate the accused from the alleged victim and witnesses.

   a. In Prisons, the accused may be placed in restrictive housing per DOC 320.200 Administrative Segregation or DOC 320.260 Secured Housing Units.

      1) Placement decisions will be based on the seriousness of the allegation. Least restrictive housing options should be considered before placement in restrictive housing.

   b. In Work Releases, the accused may be transferred to a Prison.

2. Upon receipt of an allegation of offender-on-offender sexual abuse or sexual harassment, the Appointing Authority/Shift Commander/CCS will take necessary actions to protect the alleged victim and will consider:

   a. The nature of the allegation,
   b. The expressed mental health needs of the alleged victim, and
   c. Staff observations of the alleged victim’s behavior or demeanor.

B. Staff Sexual Misconduct

1. Upon receipt of an allegation of staff sexual misconduct, the Appointing Authority/designee will direct that one-on-one contact between the
accused and the alleged victim is prohibited while the allegation is investigated.

a. The Appointing Authority may temporarily reassign and/or restrict/modify the job duties of the accused during the investigation.

b. If the accused is a contract staff or volunteer, the Appointing Authority may restrict his/her entry into the facility while the allegation is investigated.

C. The Appointing Authority/designee will ensure that notification is made to:

1. Child Protective Services (CPS), if the alleged incident occurred in any correctional setting and the alleged victim is/was under the age of 18 at the time.

2. Adult Protective Services (APS), if the alleged victim is classified as a vulnerable adult.

D. The Appointing Authority/designee will attempt to minimize any disturbance to the alleged victim's housing location, program activities, and/or supervision during the investigation.

1. In Prisons, an alleged victim will be placed in Administrative Segregation/Secured Housing per DOC 320.200 Administrative Segregation or DOC 320.260 Secured Housing Units only:

   a. At his/her documented request, or

   b. If the Appointing Authority/designee has specific information that the alleged victim may be a danger to him/herself or in danger from other offenders.

      1) The placement should only be made when no suitable alternative housing exists and last only as long as necessary for the offender’s protection.

2. In Work Releases, an alleged victim will be transferred to a Prison only at his/her documented request, or when community medical or mental health services are insufficient to meet his/her needs.

VI. Medical and Mental Health Services

A. All medical and mental health services for victims of sexual misconduct will be provided at no cost to the offender.
1. Offenders housed in facilities with onsite health services will receive timely access to medical and mental health services per DOC 610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct.

2. Medical and mental health services for all other offenders will be coordinated by the Work Release Administrator or applicable Field Administrator or their designees.

VII. Records

A. If applicable following a response, the Shift Commander will ensure that the following records are compiled and submitted to the Appointing Authority/designee:

1. A printed copy of the IMRS report

2. The original DOC 21-917 Incident Report and any completed response checklists

3. Copies of the:
   a. Administrative Segregation paperwork
   b. 13-509 PREA Mental Health Notification
   c. Any DOC 21-043 Evidence Card(s)
   d. DOC 03-505 Law Enforcement Referral of PREA Allegation

B. If an allegation involves another facility/location, all original records will be forwarded to the applicable Appointing Authority and a copy will be retained at the facility/location receiving the allegation.

DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

Aggravated Sexual Assault Checklist (Attachment 1)
Aggravated Sexual Assault Medical Follow-Up Checklist (Attachment 2)
PREA Investigation Process for Offenders (Attachment 3)
PREA Reporting Process (Attachment 4)
PREA Response and Containment Checklist (Attachment 5)
PREA Response Kit Contents (Attachment 6)
PREA Response Plan Contents (Attachment 7)
Prison Partners for Stand Alone Minimums and Work Releases (Attachment 8)

DOC FORMS:

DOC 02-348 Fight/Assault Activity Review
DOC 03-484 Interview Acknowledgement
DOC 03-505 Law Enforcement Referral of PREA Allegation
DOC 13-035 Authorization for Disclosure of Health Information
DOC 13-509 PREA Mental Health Notification
DOC 16-357 Crime Scene Containment/Preservation/Processing Checklist
DOC 16-358 Crime Scene Security Log
DOC 21-042 Photo Description
DOC 21-043 Evidence Card
DOC 21-329 Property - ID Label
DOC 21-662 PREA Database Access Confidentiality Agreement
DOC 21-917 Incident Report