


<p style="text-align: center;">STATE OF VERMONT AGENCY OF HUMAN SERVICES DEPARTMENT OF CORRECTIONS</p>	<p>Title: PRISON RAPE ELIMINATION ACT (PREA) & STAFF SEXUAL MISCONDUCT – FACILITIES</p>	<p style="text-align: right;">Page 1 of 14</p>
<p>Chapter: Security and Supervision</p>	<p style="text-align: center;"># 409.09</p>	<p>New – However, supersedes AHS Inmate/Offender Hotline Memo dated 02/07/2008</p>
<p>Attachments, Forms & Companion Documents:</p> <ol style="list-style-type: none"> 1. PREA Inmate Orientation Form 2. DOC Sexual Violence Screening Tool <ol style="list-style-type: none"> a. Booking/Medical Staff b. CSS 3. PREA Incident Form <ol style="list-style-type: none"> a. Inmate Sexualized Behavior Incident Protocol & Form b. Inmate-on-Inmate Sexual Harassment Incident Protocol & Form c. Inmate-on-Inmate Sexually Abusive Contacts Incident Protocol & Form d. Inmate-on-Inmate Sexually Abusive Penetration Incident Protocol & Form e. Staff-on-Inmate Harassment, Indecent Exposure, and/or Voyeurism Incident Protocol & Form f. Staff-on-Inmate Sexually Abusive Penetration/Contacts Incident Protocol & Form 		
<p>Local Procedure(s) Required: No Applicability: All staff (including contractors and volunteers) Security Level: “B” – Anyone may have access to this document.</p>		
<p>Approved:</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div data-bbox="151 1203 630 1335" style="text-align: center;">  <hr style="width: 100%; border: 0.5px solid black;"/> <p>Andrew A. Pallito, Commissioner</p> </div> <div data-bbox="787 1266 980 1335" style="text-align: center;"> <p><u>May 28, 2013</u> Date Signed</p> </div> <div data-bbox="1138 1266 1331 1335" style="text-align: center;"> <p><u>June 2, 2014</u> Date Effective</p> </div> </div>		

PURPOSE

The purpose of this administrative directive is to describe how the federal *Prison Rape Elimination Act (PREA)* is implemented in order to eliminate sexual abuse of inmates in custody of the Vermont Department of Corrections both for inmates within instate correctional facilities and those housed out of state. This directive provides uniform guidelines and procedures to reduce the risk of prison sexual abuse.

POLICY

The Vermont Department of Corrections is committed to the safety of any individual confined to Department custody or lodged in a correctional facility. The Department also has a zero-tolerance standard for sexual abuse involving inmate-on-inmate behaviors and staff-on-inmate behaviors. Inmates under the custody of the Department are never regarded as being able to consent to any kind of relationship. No matter who initiates the contact or how “consensual” the relationship is, it is considered a rule violation by inmates and an abuse of power by staff. The Department will respond to all reports of

sexualized behavior or abuse as nonconsensual, regardless of perception, rumor, appearance, or participant disclosure.

AUTHORITY

Federal Prison Rape Elimination Act (PREA), 2003. Standards for the Prevention Detection, Response, and Monitoring of Sexual Abuse in Adult Prisons and Jails 2009. 13 V.S.A. § 3257; 28 VSA § 102 (b)(2), (c)(5) and (c)(6).

REFERENCE

American Correctional Association, Standards for Adult Correctional Facilities, 4th edition, January 2003, Standard 4-4406. Department Administrative Directives, #126 *Sexual Misconduct*, #306.01 *Incapacitated Persons*, #320.01 *Inmate Grievance System for Field & Facilities*, #406.01 *Inmate Instate Transportation*, #403.03 *Security Manual*, and #410.01 *Facility Rules & Inmate Discipline*; DOC Work Rules (1997). Health Insurance Portability & Accountability Act (HIPAA – Privacy Rule) 1996.

DEFINITIONS

Chain of Custody: A process to control and document security and handling of contraband and criminal physical evidence.

Consent: Words or actions by a person indicating a voluntary agreement to engage in a sexual act.

Detainee: A person committed to the Commissioner of Corrections by the court or other authorized person or entity, who is confined in a correctional facility until he/she is sentenced or released.

DOC Staff: For the purpose of this directive, staff includes all Vermont Department of Corrections employees, volunteers, and contracted personnel working within the physical building or directly with an inmate/offender in any kind of official capacity.

False Allegation: Through the investigative process, evidence proves that an assertion of sexual abuse is not true.

Identifier Designation: A term, either confirmed or potential “vulnerable” or “predatory”, given to an inmate after asking them questions (*Sexual Violence Screening Tool*), designed to determine if they may be vulnerable to sexual abuse or be a possible perpetrator of sexual abuse while incarcerated.

Incapacitated: When a person (INCAP), as a result of his or her use of alcohol and/or other drugs, is in a state of intoxication, or mental confusion resulting from withdrawal, such that the person:

1. Appears to need medical care or supervision by approved substance abuse treatment personnel, as defined in statute, to ensure his or her safety; or
2. Appears to present a direct active or passive threat to the safety of others.

Inmate: 1) An individual in physical custody in a confinement facility; 2) An incarcerated person, including detainees and sentenced detainees, as well as INCAP.

Intersex: A person who’s sexual or reproductive anatomy and chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sexual development.

Investigative Outcome: When an investigation is concluded, it will be labeled one of the following:

- *Substantiated* – An allegation that was investigated and determined to have occurred;

- *Unsubstantiated* – An allegation that was investigated and the investigation produced insufficient evidence as to whether or not the event occurred;
- *Unfounded* – An allegation that was investigated and determined NOT to have occurred.

Medical Confidentiality: The ethical principle or legal right that a physician or other health professional will protect all information relating to a patient. The exception to medical confidentiality is if an inmate reports that they have engaged in sexual activity or sexually abusive contact, health care professionals are mandated to follow proper reporting standards.

Multidisciplinary Team: For the purpose of this directive, team consisting at a minimum of security, casework, management, and mental health staff that are responsible for reviewing the *Sexual Violence Screening Tool* designations and determining a facility plan.

Need-to-Know: A criterion for limiting access of certain sensitive information to individuals who require the information to make decisions or take action with regard to an inmate/offender's safety or treatment, or to the investigative process.

Perpetrator: For the purposes of this directive, an individual committing any form of sexual abuse.

Post-exposure Prophylaxis (PEP): Any prophylactic treatment administered by medical personnel started immediately after exposure to a pathogen (such as a disease-causing virus), in order to prevent infection by the pathogen and the development of disease.

Prison Rape Elimination Act (PREA): The federal law (9/04/2003) which supports the prevention, reduction, and elimination of sexual assault and rape within corrections systems; mandates national data collection efforts; provides funding for program development and research; creates a national commission to develop standards and accountability measures; and applies to all federal, state, and local prisons, jails, police lock-ups, private facilities, and community settings such as residential facilities.

PREA Coordinator: Designated facility staff person responsible for coordinating with the PREA Director regarding PREA incidents at their local site, as well as overseeing the PREA inmate orientation process.

PREA Designation: Using *the Sexual Violence Screening Tool*, determining whether an inmate may potentially be vulnerable, predatory, both, or neither in relation to sexual abuse. This may include separating inmates involved in a PREA incident for the safe and orderly running of the institution.

PREA Incident: Any incident of inmate sexualized behavior, or staff-on- inmate or inmate-on-inmate sexual abuse.

PREA Office (AHS.DOCPREA@state.vt.us): Office comprised of the PREA Director and the PREA Compliance & Audit Trainer that is responsible for allegations, audits, orientation, and trainings as they relate to PREA.

1. **PREA Director:** A staff person responsible to develop, implement, and oversee the Department's plan to comply with the PREA standards; ensure the completion of the PREA standards assessment checklist; develop and implement a training plan to fulfill the PREA training standards; monitor inmate screening procedures, investigations, and medical and mental health treatment according to the PREA standards; oversee the Department's PREA data collection; and provide appropriate access and materials to auditors.
2. **PREA Compliance & Audit Trainer (PREA Trainer):** A staff person responsible for coordinating with facilities to achieve and maintain compliance with PREA audits. This includes facility

training, incident reporting, investigations, data collection, inmate orientation, victim referral, and perpetrator accountability.

Predatory Inmate: An inmate whose institutional behavior indicates they are prone to victimize other inmates, especially in regard to sexual behavior.

Qualified Health Care Professional (QHCP): Any person who by virtue of their education, credentials, and experience is permitted by law to evaluate and care for patients. This includes, but is not necessarily limited to, physicians, physician's assistants, nurses, nurse practitioners, dentists, and mental health professionals.

Qualified Mental Health Professional (QMHP): Any person with professional training, experience, and demonstrated competence in the treatment of mental illness, who is a physician, psychiatrist, psychologist, social worker, nurse, psychiatric nurse practitioner, or other qualified person eligible for licensure in the State of Vermont as a mental health clinician and approved by the Health Services Director to provide mental health services.

Sexual Abuse: The use of debt, threats of physical harm, peer pressure, deceit, personal favors, or positional authority to force or cajole sexual favors from a person, including inmate-on-inmate or staff-on-inmate sexually abusive contacts, sexually abusive penetration, or sexual harassment.

1. Inmate-on-Inmate Sexual Abuse: Includes any of the following acts, if the inmate, detainee or resident does not consent, is coerced into such act by overt or implicit threats of violence or is unable to consent or refuse:
 - Sexually Abusive Contact: Intentional non-penetrative touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of another person, excluding contact incidental to a physical altercation.
 - Sexually Abusive Penetration: Contact between the penis and the vulva or the penis and the anus, including penetration, however slight; contact between the mouth and the penis, vulva, or anus; or penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.
 - Sexual Harassment: Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another.
2. Staff-on-Inmate Sexual Abuse: Includes any of the following acts, with or without consent of an inmate, detainee or resident.
 - Sexually Abusive Contact: Any attempt, threat, request, or intentional contact between the mouth and any body part, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or buttocks, that is unrelated to official duties or where the staff member has the intent to abuse, arouse, or gratify sexual desire.
 - Sexually Abusive Penetration: Any attempt, threat, request, or intentional contact between the penis and the vulva or the penis and the anus, including penetration, however slight; contact between the mouth and the penis, vulva, or anus; or penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.
 - Indecent Exposure: The display by a staff member of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate.
 - Voyeurism: An invasion of privacy of an inmate for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in their cell to perform bodily functions;

requiring an inmate to expose their buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

- **Sexual Harassment:** Repeated verbal comments or gestures of a sexual nature to an inmate by a staff member, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Sexual Assault Nurse Examiner (SANE): A registered nurse (R.N.) who has advanced education and clinical preparation in forensic examination of sexual assault victims. "SANEs offer victims prompt, compassionate care and comprehensive forensic evidence collection. In addition to helping preserve the victim's dignity and reduce psychological trauma, SANE programs enhance evidence collection for more effective investigations and better prosecutions." (From www.ojp.usdoj.gov.)

Sexual Exploitation: "Any abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting monetarily, socially, or politically from the sexual exploitation of another." (From www.hrw.org/reports/2003/nepal0903/3.htm.) It also includes the solicitation of sexual favors from any person committed to the care and custody of the Vermont Department of Corrections or from any staff person.

Sexual Misconduct: Any behavior of a sexual nature committed by staff directed toward an inmate/offender that is prohibited by federal law, Vermont statute, AHS policies, Department policies, or Department work rules.

Sexualized Behavior: Sexual contact intended or committed by an inmate including, but not limited to, kissing or fondling of another person, (excluding all examples listed under sexually abusive contacts) in a manner which produces or is intended to produce sexual stimulation or gratification where force is not substantiated. Individual behaviors include, but are not limited to, massages, indecent exposure, ejaculating on property, and fondling oneself in the presence of others.

SFI-designated Inmate: An inmate designated by the DOC Chief of Mental Health Services to be severely functionally impaired, based on an inmate's diagnosis and functioning during incarceration and the recommendation of DOC medical and mental health providers.

Survey on Sexual Violence: Annual data of sexual assault within U.S. correctional facilities collected by the federal Bureau of Justice Statistics (BJS) as mandated by the federal PREA.

Unusual Incident Report (UIR): An official report written by a DOC employee and documented electronically for incidents occurring within the Department and any of its operations. The Unusual Incident Report is utilized to record events of an unusual nature (such as a medical emergency, disturbance, found contraband, etc.) violations or alleged violations of federal/state law, an event as required by DOC administrative directive, or for an incident that might lead to a criminal/internal investigation. Also referred to as an "Incident Report" (IR).

Victim: For the purposes of this directive, an inmate, who is harmed, adversely affected by, and/or exploited into sexualized behavior or abuse.

Vulnerable Inmate: For the purposes of this directive, an inmate who is at high risk to become a victim of sexual abuse by another inmate(s) due to actual or perceived characteristics related to age, physical stature, criminal history, sexual orientation, gender identity, and physical or mental disabilities, or past history of being victimized.

PROCEDURAL GUIDELINES

1. General Overview

- a. The Department of Corrections will respond to, investigate, and support the prosecution of sexual abuse within Vermont's correctional system and externally in partnership with law enforcement. Through continual education of staff and inmates, the Department will increase awareness of safe reporting mechanisms and available services to victims, thereby creating an institutional culture that discourages prison sexual abuse. Through classification and housing assignment, the Department will identify opportunities to separate and carefully monitor sexually predatory inmates and vulnerable inmates to reduce the incidence of prison sexual abuse. The Department will utilize data collection systems to accurately track sexual abuse and sexualized behavior; facilitate identification of the causal factors; and annually incorporate 'lessons learned' into improved operations, services and training toward a zero-tolerance standard.
- b. The Department is committed to:
 - i. Protecting inmates from sexual abuse;
 - ii. Protecting staff and inmates from retaliation from the perpetrator or others, beginning when the allegation is made until the threat has passed as determined through the investigation process;
 - iii. Protecting staff and inmates by ensuring that information obtained through the investigation is only shared with staff who are involved in the investigation or case management of the involved parties;
 - iv. Using the least restrictive level of segregation until the investigation is complete;
 - v. Protecting the victim's regarding incidents of substantiated or unsubstantiated staff-on-inmate sexual misconduct or sexual harassment. Case notes will only list the PREA case ID number;
 - vi. Not including any specific information in the DOC database regarding staff member(s) who have been identified as alleged perpetrators of staff sexual abuse;
 - vii. Working with local law enforcement to pursue criminal charges on behalf of victims of criminal sexualized behavior and sexual abuse;
 - viii. Thoroughly investigating staff sexual abuse regardless of whether the alleged perpetrator is terminated or resigns.
- c. All Department staff members must understand their responsibility in the prevention, detection, and reporting of all incidents of sexual abuse. Professional, trained staff will help prevent incidents of prison sexual abuse by following the guidelines below during the performance of their duties:
 - i. Know and enforce rules regarding sexual abuse and sexualized behavior;
 - ii. Use professional language;
 - iii. Treat all allegations seriously and follow appropriate reporting procedures;
 - iv. Recognize that incidents can occur virtually anywhere, especially in areas that are not directly supervised at all times;
 - v. Conducting frequent, random area and cell checks, providing direct staff supervision whenever possible;
 - vi. Maintain an open line of communication with inmates;
 - vii. Recognize that first-time, youthful, elderly, seriously functionally impaired, developmentally disabled, homosexual, transgender, intersex, gender nonconforming, and/or

- inmates who have committed sexual offenses are at an increased risk for prison sexual abuse;
- viii. Be aware of possible warning signs that might indicate that an inmate has been sexually abused or is in fear of being sexually abused; (Warning signs include, but are not limited to, isolation, depression, lashing out at others, refusing to shower, suicidal thoughts or actions, seeking protective custody, or refusing to leave segregation).
 - ix. Be aware of potential sexually aggressive behavior. The sexual aggressor may be known by the general population. (Characteristics or warning signs may include a prior history of committing rape, history of institutional violence, use of strong arm tactics (extortion), associating or pairing up with inmates who meet the profile of a potential victim, exhibiting voyeuristic/exhibitionistic behavior, and demonstrated inability to control anger.)
- d. Inmates are encouraged to report all allegations of sexual abuse and/or sexualized behavior regardless of when the incident may have occurred. Access to services for the victim of sexual abuse will not be dependent on their willingness to report allegations or provide testimony. In large measure, however, reporting of alleged sexual abuse by inmates is critical to the timely delivery of necessary services to the victim and to holding perpetrators accountable and less likely to reoffend. All such reports will be investigated within the limitations of information provided and the willingness of inmates and/or others to provide testimony. When the victim of a PREA incident can be identified, they will be offered access to necessary services available through DOC and its community partners.

2. Rights and Responsibilities

- a. Inmates whether victim, perpetrator, witness, or reporter have the following rights:
 - i. To serve their incarceration free of sexual abuse;
 - ii. To be free from retaliation, beginning when the allegation is made until the threat has passed as determined through the investigation process, to the degree possible within limited resources and applicable laws;
 - iii. To access any services regardless of their willingness to disclose information relevant to the investigation;
 - iv. To be notified that the information of alleged sexual abuse reported to staff will immediately be reported to a Shift Supervisor or above;
 - v. To be informed by staff of any limits to confidentiality prior to conducting any interview;
 - vi. To be assured that information obtained through the investigation is only shared with staff who are involved in the investigation or case management of the involved parties;
 - vii. To medical or mental health confidentiality unless the information is in relation to a PREA incident;
 - viii. To have their identity protected if they are victims of substantiated staff-on-inmate sexual abuse, to the degree possible within investigation protocol and applicable laws;
 - ix. To documentation of their innocence in all unfounded incidents;
 - x. To the least restrictive level of segregation until the investigation is complete.
- b. DOC Staff Members are responsible for the following:
 - i. Immediately reporting any allegation of sexual abuse to a Supervisor or above, as mandated by applicable state laws, Agency and Department policies and directives;
 - ii. Maintaining appropriate professional boundaries at all times with inmates/offenders, visitors, and staff;
 - iii. Comporting themselves in a manner which fosters a safe and secure workplace;

- iv. Maintaining medical and mental health confidentiality during a PREA investigation by sharing only relevant information with necessary staff;
 - v. Informing inmates of any limits to confidentiality prior to conducting any interview;
 - vi. Documenting all unfounded incidents against alleged perpetrators in DOC electronic case notes, as relevant;
 - vii. Holding inmates accountable through all means available to the DOC, for any substantiated incident of sexual abuse;
 - viii. Holding inmates accountable through all means available who allege sexual abuse, and whose allegations are proven by investigators to be false.
- c. DOC staff members have the following rights:
- i. To be free from retaliation, beginning when the allegation is made until the threat has passed as determined through the investigation process;
 - ii. To be assured that information obtained through the investigation is only shared with staff who are involved in the investigation or case management of the involved parties;
 - iii. To have their identity protected if they are victims of unfounded allegations of staff-on-inmate sexual misconduct or sexual harassment;
 - iv. To documentation of their innocence as an alleged perpetrator in all unfounded incidents.
- d. The PREA Office will:
- i. Coordinate between facilities/field offices, law enforcement, local advocates, Personnel, Victims Services, and State's Attorneys throughout the investigative process as necessary following incident response protocol;
 - ii. Collaborate with and supervise information distribution to and from the Department, law enforcement, and the State's Attorney regarding ongoing criminal allegations;
 - iii. Coordinate with the Director of Facilities Operations to ensure that annual audits include inspection of areas and situations where sexual abuse may be likely to occur, and recommend mitigation for those areas and situations;
 - iv. Collect and compile data of PREA incidents to be distributed quarterly to the Deputy Commissioner, Director of Facilities Operations, Facility Superintendents, and Corrections Planning Director;
 - v. Collect and compile data and coordinate surveys to ensure continuity of services, operational improvements, and establishment of baselines;
 - vi. Produce an annual summary for the Commissioner on the frequency and severity of PREA incidents within DOC, including trends during the year and comparisons to previous years;
 - vii. Facilitate an annual 'lessons learned' staff training or in-service to examine all documentation associated with sexual abuse across all DOC facilities to identify causality and effectiveness of response, and to develop and evaluate potential solutions;
 - viii. Develop training standards in response to policy/directives concerning PREA incidents;
 - ix. Coordinate with the Corrections Employee Development Director in the development and implementation of lesson plans for new employee orientation and staff in-service training;
 - x. Coordinate with facility staff to compile information collected directly from the inmate population by means of various survey methods, which relates to the prevalence of sexual abuse and/or sexual activity within the institutions, in order to provide insight into potential strategies for its reduction or elimination.

3. Inmate Orientation

- a. Relevant staff, as listed in sections b, c, and d below, will give an appropriate orientation to all inmates (See *PREA Inmate Orientation Form*). This information is designed to inform all inmates that the Department has a zero-tolerance policy toward sexual abuse, and that all inmates are encouraged to report any and all such incidents.
- b. During the intake process the Booking Officer will do the following:
 - i. Hand out the PREA brochure, "*You Have the Right to be Safe: A Guide for Inmates/Offenders about Sexual Abuse in Corrections – Know Your Rights and Responsibilities*";
 - ii. Inform the inmate that they can report incidents of sexual abuse or behavior to any DOC staff member;
 - iii. Inform the inmate of the zero-tolerance policy of sexual abuse whether staff or inmates;
 - iv. Upon completion of Part I of the PREA orientation, sign and date the *PREA Inmate Orientation Form*, and give it to the CWS/LUS who will then give it to the assigned CSS.
- c. As part of the inmate medical screening process, medical personnel will do the following:
 - i. Review all questions on the Inmate Guide to Medical Services;
 - ii. Have the inmate sign the form and place it in their medical file.
- d. As part of the inmate orientation process by the assigned CSS, within **5 business days** of incarceration the CSS will:
 - i. Review the brochure, "*You Have the Right to be Safe*" with the inmate;
 - ii. Explain how to avoid risky situations related to sexual abuse;
 - iii. Explain the reporting procedure for incidents of sexual abuse;
 - iv. Explain how to obtain medical assistance and/or counseling services if victimized;
 - v. Explain what the risks and potential consequences are for engaging in any type of sexual activity while incarcerated;
 - vi. Put the completed *PREA Inmate Orientation Form* in the inmate file.
- e. Released inmates who have been in the community for less than 90 days and have returned to a facility will be oriented by the Booking Officer only.
- f. The Superintendent is responsible for ensuring that:
 - i. The brochure "*You Have the Right to be Safe*", as well as any other designated materials, is made available in all living units and common areas;
 - ii. *Speaking Up*, a video presentation about PREA, is made available to all new inmates within their first (1st) month of incarceration;
 - iii. The orientation information referred to in this directive is in the Inmate Handbook provided to all inmates at the facility.

4. Sexual Violence Screening

During the booking process, the Booking Officer will complete Section I of the *Sexual Violence Screening Tool* in order to ensure that potential victims and/or predators are identified. This designation will not be used to restrict potential victims or perpetrators from services offered within the facility. The Officer will use the inmate's file, electronic database, observed behavior, information from the transporting staff, and prior information to complete the form before giving it to a Qualified Health Care Professional (QHCP).

In a private area, the QHCP will ask the inmate the questions in Section II of the *Sexual Violence Screen Tool*, sign and date the form, and return the form to the Booking Officer.

- a. Potential Predator/Victim Designation
 - i. Any inmate with a check next to the identified (*) questions will receive an automatic potential victim and/or perpetrator designation.
 - ii. For any inmate scoring 3 (“yes” or “check”) or more in each designation the Booking Officer will fill out the Designation section with either or both “*Inmate exhibits characteristics of being a potential target for victimization*” or “*Inmate exhibits characteristics of predatory behavior.*”
 - iii. The Booking Officer will sign and date the form and give the completed form to the Shift Supervisor (CFSS).
 - iv. The CFSS will review, sign, and submit the form to the CWS/LUS and give a copy to the PREA Coordinator. The CWS/LUS will review, sign, and give the form to the CSS to be filed in the inmate file.
 - v. The staff assigning housing will use the information to determine housing arrangements and notify the CWS/LUS and the assigned CSS.
 - vi. The CWS/LUS will ensure that any inmate with a designation will be added to the multidisciplinary team agenda and will be discussed within no more than 3 business days. The team is responsible for creating a facility plan for the inmate.
 - vii. The assigned CSS will document the meeting occurrence, designation identified, and plan synopsis in the electronic case notes. The CSS will notify the PREA Coordinator and the PREA Office (AHS.DOCPREA@state.vt.us) of the designation and plan within 3 business days of the team meeting.
- b. No Exhibited Characteristics Indicated
 - i. Any inmate with less than 3 (“yes” or “check”) for each designation will receive, “*Inmate identified does not exhibit characteristics of a potential victim or predator.*”
 - ii. The Booking Officer will forward the completed form to the CFSS for signature.
 - iii. The CFSS will submit the form to the PREA Coordinator to be reviewed and filed.
 - iv. If the staff member completing the assessment believes that the appropriate designation did not occur, they will notify the CFSS. The CFSS shall submit a written request with rationale, to the PREA Coordinator, CWS/LUS, and PREA Director. A determination will be made and, if necessary, the assigned CSS will follow the process listed in section e below.
- c. PREA Designation List
 - i. The PREA Coordinator is responsible for submitting a monthly Facility PREA Designation List to the Superintendent and the PREA Office.
 - ii. The PREA Office is responsible for updating the Departmental PREA Designation List monthly and notifying the Director of Classification and Facility Designation, Classification Administrator & OOS Casework Supervisor, Corrections Planning Director, Director of Facilities Operations, and Deputy Commissioner.
- d. Transfer Cases

If the inmate is a transfer case from another institution (to include court appearance, medical appointment, etc.), the Booking Officer will check any available paperwork for a previously completed assessment to be used in completing a new assessment and follow the process identified above (section 4.)

- e. Mandatory 28 Day/Other Assessments
 - i. In a private setting, within 28 days of intake or upon receipt of additional information that relates to the inmate's risk of victimization or predation, the assigned CSS will reassess each inmate by completing all sections of the *Sexual Violence Screening Tool*. The CSS will sign and date the form and submit it to the CWS/LUS for review and signature.
 - ii. The CSS will submit a copy to the PREA Coordinator and ensure the completed form is filed in the inmate file.
 - iii. The staff member assigning housing will use the information to determine the inmate's housing arrangements and notify the CFSS.
 - iv. The CWS/LUS will ensure that any inmate who is identified as a potential victim and/or perpetrator will be added to the multidisciplinary team roster and be discussed at the following meeting. The team is responsible for creating a facility plan for the inmate.
 - v. The CSS will document the meeting occurrence, designation identified, and plan synopsis in the electronic case notes. The CSS will notify the PREA Coordinator and the PREA Office of the designation and plan within 3 business days of the team meeting.
 - vi. The PREA Coordinator will add the name(s) to the current month's PREA Designation List.
 - vii. New assessments must be completed following an allegation of Inmate-on-Inmate Sexually Abusive Contacts/Penetration.

5. Classification and Housing

In order to reduce the likelihood of sexual abuse while an inmate is in custody, the Department will take the following into account when assigning housing for every inmate upon intake, or in any special circumstances (for example, a cell move for medical reasons.) To minimize the risk of inmate sexual abuse due to housing assignment, potential *predatory-designated* inmates will not be placed in the same cell with potential *victim-designated* inmates. When a PREA incident has occurred or is alleged to have occurred, the Department's priorities are safety and security for the victim, the general inmate population, the perpetrator, and the institution. It may be necessary to separate the involved inmates to prevent further victimization or retaliation.

- a. Intake
 - i. All inmates will be assessed at Intake to determine whether they exhibit characteristics of being a target for victimization or of predatory behavior, both of which require a *Sexual Violence Screening Tool* designation.
 - ii. Except as noted below, all cell assignments for inmates will be determined using:
 - 1) The Department's Classification assessment ;
 - 2) The *Sexual Violence Screening Tool* which recognizes key risk factors and identifiers used to track vulnerable and sexually predatory inmates.
- b. After receiving information regarding a PREA Incident from a CFSS, the following will occur:
 - i. The PREA Director is responsible for working with the PREA Coordinator and the CWS/LUS to determine PREA housing restrictions, when necessary.
 - ii. If the victim or perpetrator already has a PREA designation, the PREA Office is responsible for adding information from the current incident to the prior notification.
 - iii. In all cases of inmate-on-inmate sexual abuse, the PREA Director and the CWS/LUS will determine if a separation should occur between the victim(s) and/or perpetrator(s).
 - iv. After a PREA designation is determined, the SOS is responsible for immediately notifying the Superintendent and the inmate's assigned CSS. The PREA Director is responsible for notifying the Director of Classification and Facility Designation.

- v. A PREA designation will be applied in all cases of substantiated sexually abusive penetration.
- vi. Depending on the PREA designation, the perpetrator may still live in the same unit as the victim.
- vii. The CWS/LUS or designee may place inmates involved in PREA incidents together if familiar with all inmates who are in a cell or unit and confident that they do not pose a risk if housed together.

6. Reporting and Investigating Inmate-on-Inmate and Staff-on-Inmate Incidents

It is very important that the Department have a clear protocol for responding to all incidents of sexual abuse and behavior. This will ensure that no matter when or where the incident occurs, victims will get the same level of care, and perpetrators will be held to the same level of accountability.

All incidents, regardless of time frames will be investigated. Individuals intentionally making false allegations will be held accountable through internal and external systems. Inmates are encouraged, and staff is required, to immediately report incidents.

Upon notification by an inmate that they have been victimized, the staff member shall immediately follow the appropriate steps for each category of incident as outlined in this directive. The sections below will describe protocol first by type, from least to most serious, and then by time frame for all types of sexual abuse and/or behavior.

a. Reporting and Investigating Inmate-on-Inmate Incidents

- i. Sexualized Behavior - Staff will follow the protocol identified in and complete the *PREA Incident Form, Sexualized Behavior*.
- ii. Inmate-on-Inmate Sexual Abuse
 - 1) Sexual Harassment - Staff will follow the protocol identified in and complete the *PREA Incident Form, Inmate-on-Inmate Sexual Harassment*;
 - 2) Sexually Abusive Contact - Staff will follow the protocol identified in and complete the *PREA Incident Form, Inmate-on-Inmate Sexually Abusive Contacts*;
 - 3) Sexually Abusive Penetration - Staff will follow the protocol identified in and complete the *PREA Incident Form, Inmate-on-Inmate Sexually Abusive Penetration*.

b. Reporting and Investigating Staff-on-Inmate Incidents

- i. Sexual Harassment, Indecent Exposure, and/or Voyeurism - Staff will follow the protocol identified in and complete the *PREA Incident Form, Staff-on-Inmate Voyeurism, Indecent Exposure & Sexual Harassment*.
- ii. Sexually Abusive Contact and/or Penetration - Staff will follow the protocol identified in and complete the *PREA Incident Form, Staff-on-Inmate Sexually Abusive Penetration/Contact*.

7. Inmates Housed in a Contracted Supplemental Housing Correctional Facility (SHCF)

The Department is responsible for the safety of inmates who are placed in supplemental housing correctional facilities. The Department will have protocols in place with all contracted correctional facilities regarding orientation to PREA, inmate reporting mechanisms, victim safety, and perpetrator accountability.

- a. Inmate Orientation at the SHCF Facility - Within 14 business days of the inmate being assigned to a Vermont DOC CSS, the CSS will send the inmate the following:

- i. A copy of the brochure, *"You Have the Right to be Safe: A Guide about Sexual Abuse in Corrections for Inmates at Supplemental Housing Correctional Facilities – Know Your Rights and Responsibilities"*;
 - ii. A letter informing them of:
 - 1) Assigned CSS's contact information;
 - 2) Zero-tolerance policy of sexual abuse;
 - 3) Reporting protocol at their assigned facility;
 - 4) Ability to report incidents of sexual abuse or behavior to any DOC or OOS contracted facility staff member (including contractors and volunteers ;)
 - iii. The CSS will put a copy of the letter in the inmate's file.
- b. Allegation Reporting
- i. All CSS's are responsible for:
 - 1) Notifying the Classification Administrator & OOS Casework Supervisor immediately of any report of sexual abuse;
 - 2) Entering appropriate electronic case notes as directed by the PREA Director and Classification Administrator & OOS Casework Supervisor.
 - ii. The Classification Administrator & OOS Casework Supervisor is responsible for:
 - 1) Reporting all allegations to the PREA Director and the Director of Facilities Operations immediately.
 - 2) Working with staff at the contracted institution and gathering all incident paperwork to be submitted to the PREA Office (AHS.DOCPREA@state.vt.us)

TRAINING

The PREA Director has the responsibility to develop all PREA related training and will work with the Corrections Employee Development Director to ensure that all appropriate personnel are trained in the provisions of this directive.

1. New Employees:
 - a. As part of the employee orientation and security clearance process, all staff members including, but not limited to, Correctional Officers, Correctional Services Specialist's, Living Unit Supervisors/Casework Supervisors, Superintendents, Security & Operations Supervisors, Correctional Facility Shift Supervisors, Community Service Team Leaders, medical/mental health providers, contract staff, CHSVT, BGS, and volunteers, will complete the National Institute of Corrections online course, [Your Role: Responding to Sexual Abuse](#), before starting at their worksite. Upon post assessment completion, you will receive an email with your attached certificate. Staff will submit their certificate to the local training coordinator to be entered into the Training Registration Management System (TRMS.)
 - b. Correctional Officers will successfully complete the PREA/Staff Sexual Misconduct course at the Vermont Correctional Academy.
 - c. Volunteers, medical providers, mental health providers, other contract staff and BGS staff will participate in and complete orientation provided by the Department Volunteer Coordinators.
 - d. PREA Coordinators will ensure that new staff receive the staff PREA brochure, review the Department's zero tolerance policy, 13 V.S.A. § 3257 (Staff Sexual Exploitation Statute), this directive, reporting protocol, signs of victimization, and how to maintain appropriate boundaries.

2. Training completion will be documented by the PREA Coordinator and submitted to the local training coordinator to be entered into TRMS.
3. PREA Coordinators will submit quarterly training reports to the PREA Office (AHS.DOCPREA@state.vt.us). The training reports will include the date, title, length of training, staff name, and staff title.
4. Training will be offered to the following staff members to including the below training topics:
 - a. Facility Staff (CO, CFSS, CWS/LUS, CSS, CSTL, etc.)
 - i. Sexual abuse reporting and investigative protocol:
 - a. Zero-tolerance for sexual abuse and harassment;
 - b. How to fulfill you responsibility of sexual abuse and harassment prevention, detection, reporting, and response;
 - c. Inmates' right to be free from sexual abuse and harassment;
 - d. Staff and inmates rights to be free from retaliation.
 - ii. Inmates as Victims & Perpetrators: Strategies for identifying potential perpetrators, identifying signs of victimization, and protecting potential victims;
 - iii. Maintaining appropriate professional boundaries: Strategies for promoting effective prevention and intervention of staff-on-inmate sexual abuse and harassment.
 - b. Medical/Mental Health Providers (QHCP, QMHP) – All full- and part-time medical and mental health providers who work regularly in its facilities have been trained in:
 - i. PREA, Medical, & Mental Health: Professional Obligation, Institutional Obligation & Victim Care;
 - ii. Victim care: The forensic exams process performed by SANE's;
 - iii. How to detect and assess sexual abuse and harassment;
 - iv. Reporting and investigative protocol to include crime scene preservation and evidence collection; Mental Health care and referrals.
 - c. Other Staff (CHSVT, contract staff)
 - i. Sexual abuse reporting and protocol;
 - ii. Maintaining appropriate professional boundaries: Strategies for promoting effective prevention and intervention of staff-on-inmate sexual abuse and harassment.

QUALITY ASSURANCE

The following measures will be tracked and reported on:

- a. The number of allegations reported;
- b. The number and percentage of allegations that are unsubstantiated, unfounded, substantiated, and on-going investigations;
- c. The number of inmates on the PREA designation list;
- d. The percentage of overall population on the PREA designation list;
- e. The number and percentage of allegations by reporter type;
- f. The average length of time between the report date and the resolution;
- g. The average length of time between the incident and report date;
- h. The number of annual trainings offered;
- i. The number and percentage of staff trained annually;
- j. Successful submission of the annual Survey of Sexual Violence (SSV) to the Bureau of Justice Statistics (BJS).