

**An
Advocate's
Guide to
Advocacy
Services
within the
Correctional
Setting**

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 **Kansas Coalition**
against sexual & domestic violence

www.kcsdv.org



An Advocate's Guide to Advocacy Services within the Correctional Setting

Many people believe that prison rape is an unfortunate, yet inevitable, part of life behind bars. But, the Kansas Coalition Against Sexual and Domestic Violence (KCSDV) asserts that holding and perpetuating this attitude often results in harm to the prisoners, to the corrections' staff, and to our communities. By believing that rape in prison is okay because the victims are "bad" people who are undeserving of our compassion and concern, it is violating some of the core human rights principles that shape and define the anti-violence movement. KCSDV joins Just Detention International (JDI) in contending that rape is never okay; that sexual abuse in detention can be stopped; and that this violence affects all of us.¹

The Kansas Coalition Against Sexual and Domestic Violence is a statewide organization and network of 26 advocacy programs located across the state. Coalition member programs provide direct client services to victims and survivors of sexual and domestic violence in their respective service areas of Kansas. KCSDV helps, supports, advocates, assists, and troubleshoots for and with coalition member programs concerning a wide-ranging array of topics and issues related to sexual and domestic violence and stalking.

The information provided in this manual is not intended to cover all areas of advocacy within correctional facilities. Should additional information, advice, or problem-solving be required, consult KCSDV staff by emailing coalition@kcsdv.org or by calling **785-232-9784**.

"We should not be tolerating rape in prison. And we should not be making jokes about it in our popular culture. That's no joke. These things are unacceptable."

~ President Barack Obama

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¹ "Just Detention International." *Justdetention.org/who-we-are/our-mission/*. Accessed December 2, 2019.



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Building Collaboration with Correctional Facilities

Advocates who work with victims of prison rape will inevitably have contact with staff at correctional facilities. At a minimum, advocates will rely on the staff for safety and assistance while providing services within the prison environment. At the other end of the spectrum, advocates may find it helpful to collaborate with prison staff in the development and provision of services to victims of prison rape. Whatever degree of collaboration, it is important to be aware of the distinct roles advocates and corrections personnel fulfill and to discuss those differences with each other from the beginning. It is very important to establish strong working relationships with corrections staff, including strong, clear and healthy boundaries. The corrections' staff are a valuable resource in the advocate's network and are familiar with the ins and outs of working within a prison system. In cases of uncertainty, the staff is often the best knowledge source. They may have advice and tips for those who come in from other agencies to work with the prison population. Counselors, mental health staff, and chaplains are especially helpful because they are in tune with the emotional and supportive needs of the offenders and can provide insight into how victims of sexual assault, past or present, may benefit from different types of programs and services. They may also have ideas about what works and what does not work in a correctional setting. Overall, establishing cooperation and mutual respect with corrections' personnel from the beginning of the collaboration will greatly enhance advocates' work with victims.¹

¹ PREA Advocacy Manual: Tools for Advocates Working with Incarcerated Victims of Sexual Violence in Wisconsin (2017). Wisconsin Coalition Against Sexual Assault.





Training as a First Step Towards Collaboration

Collaboration may not be possible without adequate training of both corrections staff and rape crisis advocates on the problem of prison rape; the unique needs of victims; and the differing cultures, goals, and missions of corrections and the anti-sexual violence movement. Corrections staff and administrators may not be fully aware of how or where the sexual violence is occurring within the correctional settings. They may lack the skills and knowledge to respond to a sexual assault emergency. Furthermore, they may be ill-equipped to address “non-emergency” situations such as rape, sexual abuse, or incest that may have occurred prior to an offender’s incarceration. Advocates and counselors may also have room to grow and skills to develop in meeting the needs of victims of prison rape. When opportunities arise, engage in cross-training with prison staff. These exchanges may help rape crisis advocates educate prison staff about sexual violence, the needs of victims, and the goals and mission of rape crisis services. In turn, cross-training will also help rape crisis advocates integrate their services within the prison environment in an effective and informed way.



Respecting the Different Roles of Prison Staff and Rape Crisis Advocates

The correctional facility's staff is primarily concerned with the security of the facility. They are interested in maintaining order and keeping everyone safe. Advocates' primary concern is to meet the needs of victims of sexual violence and protect their right to confidentiality. Although the correctional personnel may know the role of the advocate, they must still uphold the rules of the facility to keep order. For example, if advocates are facilitating a support group and are using supplies, such as pens, scissors or spiral-bound notebooks, they may have a problem because this is a violation of policy. Despite the importance of the work, those items may be prohibited and therefore cannot be brought into the facility. It is not uncommon to feel frustrated in having to alter or completely change plans when working with incarcerated survivors. It is important to point out the differences between correctional staff goals and rape crisis advocate goals. Acknowledging differences is important, but alone it is not an effective way to foster the growth of a professional relationship. It is equally important to identify similarities and common goals. Both corrections personnel and rape crisis advocates try to protect offenders from harm, by their own hand or other methods. Rape crisis advocates focus on the healing and wellness of offenders while corrections employees focus more on protecting the physical status and safety of offenders. While these are somewhat different areas of focus, they are both centered on the best interest and wellbeing of the incarcerated survivor. This common ground leaves room for collaboration and cooperation. With mental health staff, parole officers, and the prison chaplain, a common goal is rehabilitation. All involved are focused on improving the offender's situation and condition-whether through education, counseling, skill development, or other interventions-so she or he can be a productive and functional member of society upon release. With help, positive changes can occur, and the incarcerated survivor will become more empowered to make personal choices and decisions. Empowerment is a goal that both corrections staff and the rape crisis advocates seek to realize, just by different means.²

² *Id.*





Developing Positive Working Relationships

Rape crisis advocates and prison personnel may focus on different ways of working with the incarcerated survivor, but the following tips may help develop positive working relationships:

- Show respect for each other. If a person feels respected, he or she is more likely to reciprocate that respect.
- Demonstrate tolerance, understanding, and empathy. Before responding, try to see the situation from another perspective.
- Keep communication lines open. Talk about potential problems before they arise. Be a focused listener, ask thoughtful questions, and try to inform the staff about the role and purpose of advocacy. A person who understands what is happening is usually less resistant and uncooperative.
- Look for ways to connect with corrections staff before you enter the prison. Serve on task forces and boards together.
- Attend trainings on serving victims of prison rape and ways to collaborate with prison personnel. Engage in cross-trainings with corrections staff.
- Remember the distinct roles of corrections staff and rape crisis advocates. Acknowledge when these different roles are at play and find ways to compromise or respectfully disagree.
- Seek common ground whenever possible in collaborations. Keep the big picture in mind: the needs of victims of prison rape and the ways that corrections staff and rape crisis advocates are united. A strong working relationship with prison personnel will not only help enhance advocates' experiences and comfort levels inside the prison walls; it can also positively impact victims.

By maintaining positive relationships, advocates will have greater access to victims and prison staff may be better prepared to appropriately respond to victims.³

See Glossary on page 16 for more KDOC acronyms to gain further understanding.

³ *Id.*





Responding to the Incarcerated Survivor

Just as with a sexual assault victim in the community, there is no such thing as a “typical response” from an incarcerated survivor. They will likely experience the same wide range of emotions other victims may feel, including, but not limited to: guilt; shame; denial, fear, anger, anxiety, embarrassment, and frustration. Living in a correctional institution may exacerbate a victim’s response to a sexual assault. Trauma from their victimization may give them feelings of disorientation, confusion, and anxiety, which may make an incarcerated victim less able to follow rules. The lack of control over their environment, including their movement, personal effects, and personal space may intensify these feelings. The trauma response can lead to negative consequences within the prison system as correctional staff will likely be unaware of why an offender is acting out or refusing to follow directives. It is important to recognize that sharing or talking about victimization or feelings may not be safe for victims in correctional institutions.

Female victims of sexual assault in correctional institutions may find it especially difficult to adjust to a coercive, invasive, and restrictive environment. The lack of privacy, room searches, and body searches may replicate past sexual assault(s). The very nature of the environment may provide constant triggers, which can be any cognitive or sensory reminder of the trauma (people, sounds, smells, touch, etc.)

Male victims of sexual assault in correctional institutions may feel, or may be, unheard and unrecognized as victims. Being acutely aware of the offender code and their ranking within the walls, they may guard their feelings to mask vulnerability. For male victims whose perpetrator was also male, the victim may fear that if they come forward, they will be identified by other offenders as gay, which they may see as increasing vulnerability and risk for further victimization.

Data shows that only one-third of sexual assault victims in communities report their assault to law enforcement, there is no reason to believe these numbers are any different for individuals who are incarcerated. Although many reasons for not reporting are similar to survivors in the community, incarcerated survivors face additional barriers.

As with other victims, the complex nature of consent can lead to self-blame. Incarcerated victims may comply with unwanted behavior due to sexual coercion, fear of future physical harm, and/or negative consequences such as loss of recreation privileges or denial of family phone calls or visits. If the abuser is a staff member, the victim may feel it would be dangerous for them to refuse or report, and the victim may question their ability to say no due to the power differential.

Offenders also often fear that if they report a sexual assault they will be moved to another facility, removed from programming or be placed in segregation. Also, many offenders are distrustful of the system and may not think it works to their benefit; thereby, believing that if they report, nothing would be done, and their complaints would not even be investigated. Consequently, offenders are often ostracized, isolated from family and friends, and feel they have no one to talk to about the assault or what action to take.

Additionally, there is often an unwritten code inside facilities that you don't "snitch." Victims of sexual abuse in confinement fear being labeled a snitch as well as a victim, which makes them more vulnerable to further assaults. Sometimes, incarcerated survivors may not recognize they could report because they don't consider themselves victims due to the experiences of the past. They may have been groomed or subtly manipulated to believe they are compliant or complicit, or they may have engaged in consensual sexual activity previously with the perpetrator and feel a sense of responsibility or safety leading them to continue the activity.

Advocates serving incarcerated survivors need to remember that offenders do not have the freedom to move about at-will and their resources are limited. Interventions developed when working with this population will need to be adapted to fit the setting. Understand that privacy for an offender is very limited. If an incarcerated survivor does not wish to talk about a topic, don't probe. Respect their privacy and recognize an unwillingness to disclose information may be one way they are keeping themselves safe. Many aspects of daily life in an institution can be triggering and survivors face potential re-traumatization at every turn. An advocate should assist incarcerated survivors with recognizing potential triggers and developing practical coping skills. Incarcerated survivors can learn and develop self-contained coping skills such as: meditation, breathing exercises, guided imagery, grounding, reading, exercise, or journaling. It is important to remind them that anything they write carries the risk of being discovered by staff or other offenders.

To help an incarcerated survivor develop a safety plan, the advocate first needs to help the incarcerated survivor assess the threats to their safety:

- Validate the survivor's concerns.
- Identify if the threat is from other offenders, staff, or both.
- Use a strength's-based perspective by reviewing with the incarcerated survivor some actions they have already taken to try to achieve safety and build on what already works for them.
- Identify if there are people or places within the facility where the incarcerated survivor feels safe and help them develop a plan to get to those places or reach out to those individuals in times of need.

It is not uncommon for incarcerated survivors to express suicidal or self-harm ideations. An advocate should determine in advance, with guidance from their supervisor, how these threats will be handled. Remember suicide watch in an institution often means segregation. The incarcerated survivor should be advised upfront of your procedure for handling these issues and be able to use informed consent when making disclosures to the advocate.

At the conclusion of a visit with the advocate, an incarcerated survivor will most likely be returned directly to their unit. As a result, it can be helpful to allow time at the end of a session for the incarcerated survivor to regroup prior to being returned to the unit. Since an advocate's role within the institution is to provide short-term crisis intervention services, it is important to develop safety plans promptly, so the incarcerated survivor has the skills and ideas necessary to enhance their safety, even if they no longer work with an advocate. Advocates can also provide incarcerated survivors with information about how they can receive long-term services within the institutional setting. The victim services division within the KDOC can assist the advocate with learning about the internal services available (see page 18 for Victim Services at KDOC contact information). Finally, advocates can also inquire about release dates and potential transfers to other facilities so that the advocate is prepared to provide referral services as needed. Incarcerated survivors are entitled to receive advocacy services whether they chose to file a report. However, services without an official report may be limited to hotline calls and mail correspondence. If an incarcerated survivor does choose to report, investigators may need to be reminded that an advocate's communication with an incarcerated survivor is not part of the investigation.⁴

⁴ *Id.*

▲ Responding to Crisis Calls

Offenders may not believe these calls are truly confidential and may test the system. Calls from other correctional facilities such as county jails, lock-up facilities and immigration centers may not have the same protections, and survivors should be reminded of any limits to confidentiality at the beginning of a conversation. Advocates should always ask the caller if there are others in the room or the near vicinity. An incarcerated survivor may use coded language or expect that the advocate will be able to fill in the blanks if they speak in code due to a lack of privacy. Some basic tips for handling a crisis call from a correctional facility include:

- Remain calm.
- Ask for the caller's first name and how they wish to be addressed.
- Use active listening skills.
- Reflect back what the caller is saying to make sure you are interpreting it correctly.
- Ask how support can best be offered.
- Help the caller make a safety plan, if they choose.
- Clarify the purpose of the hotline and the role of the advocate.
- Share ways in which an incarcerated survivor can report sexual abuse.
- Remind the incarcerated survivor, if speaking over the phone, that the conversation may be overheard. This may impact the confidentiality of the information. This information should be shared in tandem with the general confidentiality disclosure provided at the beginning of the call.
- Deny any special requests or favors (i.e. forwarding calls, calling another on behalf of the offender, etc.).
- Redirect or terminate calls that are not "on topic" or inappropriate.
- Remind the incarcerated survivor of support services available to them within the institution, but also remind them of internal employees' responsibility to report all cases of sexual abuse.⁵

⁵ *Id.*

▲ Accompaniment at Forensic Exam

Providing advocacy to an incarcerated survivor during a medical forensic exam is in some ways different from advocacy provided in the community. As discussed earlier, advocates and correctional staff have different perspectives and practices. Advocates should be informed of and remain amenable to correctional practices. It may be necessary for an advocate to describe their role to the correctional staff so that both entities can work together to best meet the survivor's needs. Some differences in providing advocacy to incarcerated survivors include:

- Incarcerated survivors will likely be in a correctional institution uniform and handcuffed or otherwise restrained.
- Advocates may not be allowed to touch the incarcerated survivor.
- Correctional officers will often be present during the exam to maintain the custody of the incarcerated survivor as well as the safety of the medical personnel and the advocate. While there are some noted differences in providing advocacy during a medical forensic exam to an incarcerated survivor in comparison to a community-based survivor, there are many similarities too.

Advocates should:

- Ask the survivor how they wish to be addressed.
- Describe the advocate's role to the survivor.
- Inform the incarcerated survivor of their rights, such as the ability to decline any part of the exam.
- Offer non-judgmental emotional support and encouragement.
- Advise the survivor they can request an advocate be present during the examination and during any investigatory interviews.
- Ensure the survivor is as comfortable as possible.
- Remain uninvolved in the evidence collection and do not hold or touch items obtained by the Sexual Assault Nurse Examiner (SANE).
- Ask the SANE clarifying questions to ensure the survivor understands all components of the medical forensic exam.

After the exam, ensure the survivor understands what will happen next. After the medical forensic exam is completed, advocates can offer to have a private/confidential meeting with the survivor. Due to security issues, this may be challenging. If correctional staff does not allow such a meeting, the discussion may need to be held in a corner of the examination room where the staff has visual, and possibly auditory, contact with the survivor. Advocates will want to prepare the survivor for return to the facility. Most survivors will return to the facility where the assault occurred, even if only temporarily. Describe to the survivor what will happen next (i.e. they will be transported back to the facility, may not return to their housing unit, could be placed in protective custody, medical may follow-up, the victim services coordinator will connect with them, they will meet with investigators, etc.) Talk with correctional staff to understand the process or next steps, if needed. Discuss with the survivor any concerns they have about returning to the facility and provide options to address their concerns. As mentioned earlier, develop a safety plan with the survivor and review coping skills that would be effective while incarcerated and triggered. Discuss with the survivor the option of signing a release of information allowing the advocate to communicate safety/placement concerns to staff – if it is safe for them to do so. The advocate should offer referrals and follow up care to the survivor. Provide the incarcerated survivor with your agency’s contact information and explain facility-based services, including medical and mental health services available as well as information about the facility’s victim services coordinator. If they’re interested in face-to-face advocacy with an outside agency, they will need to request this through the facility’s victim services coordinator or PREA Compliance Officer.⁶

▲ Responding Through Written Correspondence

Offenders frequently use mail as their preferred method of communication. Often, when reaching out they are simply looking for basic information and advocacy services. Advocates should provide them with information about sexual abuse, emotional support, common responses to sexual abuse, and general coping skills. Include methods to report sexual abuse in the response as well as information about the crisis line. It may be helpful to develop a template letter to respond to written correspondence from incarcerated survivors. If an agency chooses to respond to letters individually, remember that written correspondence can be monitored by staff and that letters or other communication could be seen by other offenders as well.

⁶ *Id.*

When responding to a letter from an offender the following tips may be helpful:

- Use simple, clear, concise, respectful language
- Avoid jargon and acronyms that are misidentified and not easily understood. Write in an easy-to-understand manner recognizing that the average offender reads at a sixth-grade reading level.
- Express validation.
- Personalize when possible (but, remember to use their offender number on all correspondence so it reaches the correct survivor-offender).
- Offer information, resources and referrals.
- Describe agency services available to incarcerated survivors.⁷

See *page 21 for sample letter to survivor.*

▲ **Assisting Survivors in Reporting Sexual Abuse**

PREA Standard §115.51 requires correctional agencies to “provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.” Facilities must also “provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency ... allowing the offender to remain anonymous upon request.”

Offenders in the Kansas Department of Corrections (KDOC) have several ways to report sexual abuse. Offenders may:

- Dial #50 from any offender phone
- Report to any staff member, volunteer, contractor, or medical or behavioral health staff
- Submit a grievance or sick call form
- Report to the PREA Coordinator or PREA Compliance Manager
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on the inmate’s behalf by calling the number listed on the KDOC website found under the PREA tab
- Submit a Form-9 to report on the inmate’s own behalf or on the behalf of someone else

For more information on reporting options, review offender education on page 23.

⁷ *Id.*

If an incarcerated survivor is considering making a report, discuss with survivors what could happen after they choose to report. Their story is no longer in their control, remind them how brave they are to share and report. Know and understand the reporting process and investigation process of the facilities inside the services area because the KDOC's response may look a little different based upon location. It can also look different based upon how the report was made. Some first responders in the KDOC response will likely include shift supervisor, medical staff, behavioral staff, a SAFE examiner, and Enforcement Apprehension and Investigation (EAI) Unit personnel.

To better understand the general KDOC response to a sexual abuse or sexual harassment report, review the following policy and procedure.

Kansas Department of Corrections Internal Management Policy and Procedure states under the section titled *Response to Sexual Abuse*:

A. Each facility must utilize the Coordinated Response (see Attachment A) as a written facility plan to coordinate actions taken in response to an incident of sexual abuse and sexual harassment.

1. The response must ensure that victims receive immediate protection and immediate and on-going medical and behavioral health care and support services as well as ensure that investigators are allowed to obtain useable evidence.
2. Any offender who alleges that he or she has been the victim of sexual abuse must be offered immediate protection from the assailant.
3. KDOC staff must not make judgments or assumptions about the credibility of a victim, suspect, or witness of sexual abuse.

Upon being notified of an allegation of sexual abuse, at a minimum, the victim(s) and perpetrator(s) shall be separated, the PREA Compliance Manager (PCM), EAI personnel, and the Duty Officer and/or warden/ superintendent shall be notified, and the Coordinated Response (see Attachment A) shall be initiated.

PREA Standard § 115.61 *Staff and Agency Reporting Duties* (b) Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. This part of the standards helps to ensure survivor safety after reporting.

The full policy KDOC IMPP 10—103D Coordinated Response to Sexual Abuse and Harassment is available on page 25.



Preparing to Enter the Correctional Facility

Each facility within the Kansas Department of Corrections is different and unique. Each one serves a purpose to help aid in rehabilitation. However, most have uniform procedures to gain access.

Entering a correctional facility does require some preparation. For instance, all visitors must bring a valid driver's license or some type of ID to gain entry. Some advocacy programs have worked with their local facility to develop a process allowing for smoother and easier entry into the facility for the advocacy program's volunteers and staff. For instance, one program sends advocates to attend the facility's volunteer training and upon completion advocates are provided volunteer badges making entry more streamlined. Another potential benefit of attending the facility's volunteer training is gaining insightful and helpful information at this training that may prove useful to advocates navigating the world of corrections.

One key preparation for entry into a facility is to leave the cell phone behind. Cell phones are not allowed in any correctional facility. Please keep them locked up safely in your vehicle. Your vehicle must also be secure, which means all the doors locked and windows rolled up, this includes the trunk of your car. Make it a habit to walk around and check all the doors are locked before entering the facility. Another key preparation is remembering that tobacco products and lighters are not allowed so they should also be left at the office or in the locked vehicle. Additionally, it may be helpful to get into a routine of always checking pockets before walking into the facility.⁸

▲ In preparation, what to bring to the correctional facility?⁹

- ID or Driver license needed
- Clothing that meets visitor dress code/business casual attire – ask for this policy from the local facility
- Comfortable walking shoes
- Notebook – but ask about writing utensils as different facilities have different rules about what can be brought into the facility
- No cell phones

⁸ Just Detention International (JDI) *Hope Behind Bars: An Advocate's Guide to Helping Survivors of Sexual Abuse in Detention* (2017).

⁹ *Id.*



All facilities have dress codes for visitors, staff and volunteers. Advocates will want to check with their local facility to get the general order on dress code policy but a general rule to follow is: *business casual attire is encouraged*. Most general orders on dress within the facilities include a policy on only allowing closed-toed shoes, not allowing any dresses above the knee, not encouraging wearing any form-fitting clothes, and not allowing tank tops.

One of the first areas you will enter within the facility will include a metal detector. Advocates will want to be mindful of needing to enter through this device because jewelry, belts, bras with underwire and even shoes can trigger the metal detector. However, not all detection requires removal of that area of clothing. For instance, if the underwire of a bra sets off the metal detector the corrections officer will need to scan the general alerted area with a wand and even possibly pat the person down.

If an advocate has any fear or concern about entering the facility, it is important to address those concerns and fears with a supervisor prior to entering the facility. Additionally, it is recommended that all advocates who may enter the facility at any time to provide individual advocacy, support group advocacy, or other forms of work, set up a tour with the facility prior to being called in to work with an individual or a group. This pre-advocacy tour can help an advocate mentally and emotionally prepare for entering and working inside the facility.

Below are some tips to make the most of a facility tour and talking points to start discussions around supporting survivors.

▲ **What to see?**¹⁰

- Housing units – This will provide a better understanding of how the offenders live.
- Restrictive house or administrative segregation – These housing units are more restrictive, and offenders are closely monitored. Ask questions about how and why offenders are located in different housing units.
- Private location for in-person services – By seeing where advocacy services will be provided when the need arises, this can help an advocate mentally prepare for the provision of those services.
- Medical and mental health areas – Viewing the area where survivors receive these services will help relate to survivors' barriers.
- Offender phone areas – This gives an idea of what or who may be around if an offender is able to reach service via phone.

¹⁰ *Id.*

▲ What to ask?¹¹

- Who are the points of contact while working inside the facility?
- Can I meet them before we leave?
- Is there a space where I can meet with survivors in private?
- What do I need to know about facility safety procedures while inside?
- What programming is offered to offenders and how do they access it?
- When can we schedule a follow-up/implementation meeting?
- How can offenders access my programs' services? Can we walk through what that might look like?

As advocates prepare to enter the facility, or as an advocate works with a survivor-inmate through the advocacy process, there may be questions or concerns that arise. The Kansas Coalition Against Sexual and Domestic Violence (KCSDV) can assist in problem-solving through issues that arise. For assistance at any stage of the advocacy process, contact KCSDV by emailing coalition@kcsdv.org or by calling **785-232-9784**.

11 *Id.*



Glossary of Commonly Used Terms within Corrections

CA – Classifications Administrator: An Administrator in corrections who serves as a lead for unit teams and corrections counselors.

CO – Correctional Officer: An officer responsible for the custody, safety, security, and supervision of inmates in a prison or any other correctional facility.

CM – Central Monitor: These offenders are identified as requiring special security or control measures due to actions inside or outside of the facility demonstrating to staff they may have a likelihood toward aggression or increased vulnerability.

DR – Disciplinary Referral: A result of a violation of the rules and this may be noted in the inmate's record and punishment can result in a loss of privileges, changes to custody level, cancellation of family visitation, or access to programming.

EAI – Enforcement Apprehension and Investigation: Specifically designated and trained officers whose duties are to apprehend absconders and violators of conditions of post-incarceration release; conduct surveillance and high-risk field visits; conduct high-risk transports; gather and disseminate intelligence information in the field or in a facility; conduct investigations of employee misconduct that could result in suspension or dismissal; criminal investigations involving employees, visitors, and offenders when the offense originates within the jurisdiction of the department; liaison with other law enforcement agencies and serve on local task forces to aid in the apprehension of fugitives.

MAX – Maximum Custody: Describes an offender deemed most suitable for housing at a maximum-security facility and whose movement and activities within that facility are highly structured and closely monitored.

MED – Medium Custody: Describes an offender most suitable for housing at a medium or maximum-security facility, with medium-high custody being suitable for placement at a maximum or medium-high facility, and medium-low suitable for housing at any maximum or medium security facility.

MIN – Minimum Custody: Describes an offender who is deemed appropriate for housing at any level of security, with minimum security preferred. Within the facility the offender is afforded a high degree of movement and access in accordance with facility control procedures.

PCM – PREA Compliance Manager: Each facility has a compliance manager to be a PREA expert and handle PREA incidents; there is also a backup PCM at each facility.

SAIR – Sexual Assault Incident Review: Conducted by the facility after a PREA reported incident and may look different in each facility.

SPM – Special Management: Describes an offender who, because of either a short-term or long-term condition surrounding his/her incarceration, requires segregation from the general population. Housing within a segregation unit and highly structured movement within that unit are required.

STG – Security Threat Group: Any ongoing formal or informal organization, association, or group of three (3) or more persons which have a common name or identifying sign or symbol, and which has not been specifically approved by the warden/superintendent.

SVA – Sexual Victim and Abusive Assessment: Assessment tool used by the facility to measure the possibility of victimization. The categories are used to help in determining the best housing unit for an offender.

UTM – United Team Manager: Corrections counselors who help manage offenders and supervise staff and personnel related to safety and security issues.

Victim Service Liaison: The DOC Office of Victim Services is victim-focused and safety-focused. The primary population served by DOC Victim Services and their liaisons are victims of those who are incarcerated. These professional liaisons can also be instrumental in navigating difficult situations within facilities.



Resources

1. Just Detention International is a health and human rights organization that seeks to end sexual abuse in all forms of detention. <https://justdetention.org/>
2. PREA Resource Center – The PRC’s aim is to provide assistance to those responsible for state and local adult prisons and jails, juvenile facilities, community corrections, lockups, tribal organizations, and inmates and their families in their efforts to eliminate sexual abuse in confinement. <https://www.prearesourcecenter.org/>
3. Wisconsin Coalition Against Sexual Assault is a membership agency comprised of organizations working to end sexual violence in Wisconsin. WCASA is made up of its staff, board, volunteers and sexual assault service provider agencies. <https://www.wcasa.org/>
4. Victims’ Rights Law Center – The VRLC’s mission is to provide legal representation to victims of rape and sexual assault to help rebuild their lives; and to promote a national movement committed to seeking justice for every rape and sexual assault victim. <https://www.victimrights.org/>
5. Kansas Department of Corrections – KDOC’s website contains access to staff, offender search, polices, and PREA reporting. <https://www.doc.ks.gov/>; to access KDOC Victim Services Division go to: <https://www.doc.ks.gov/victim-services>
6. Kansas Coalition Against Sexual and Domestic Violence (KCSDV) is Kansas’ leading statewide voice for victims and survivors of sexual and domestic violence. KCSDV is a statewide nonprofit organization – and coalition – with the mission of preventing and eliminating sexual and domestic violence. <https://www.kcsdv.org/>
7. The mission of the Pennsylvania Coalition Against Rape is to work to eliminate all forms of sexual violence and to advocate for the rights and needs of victims of sexual assault. <https://pcar.org/>
8. The United States Department of Justice language access plan to help survivors who are English language learners. <https://www.justice.gov/open/language-access>





Appendix

A. Sample Memorandum of Understanding¹

MEMORANDUM OF UNDERSTANDING (Advocacy Program) AND (Correctional Facility)

A. Parties. This Memorandum of Understanding (hereinafter referred to as “MOU”) is made and entered into by and between (ADVOCACY PROGRAM) and (CORRECTIONAL FACILITY). This MOU revokes all previous signed agreements.

B. Purpose. The purpose of this MOU is to establish the responsibilities of the Parties in respect to meeting the standards of the Prison Rape Elimination Act (PREA) and the provision of community-based advocacy services to incarcerated victims of sexual assault and sexual abuse within the facility.

C. Roles and Responsibilities:

ADVOCACY PROGRAM shall:

1. Provide an advocate to accompany and support any victim through medical forensic exams and/or investigatory interviews when available.
2. Provide confidential advocacy services including, but not limited to: emotional support, crisis intervention, information, and referrals.
3. Respond to victims via 24-hour crisis line (INSERT PHONE NUMBER), written correspondence (INSERT MAILING ADDRESS) and onsite at the correctional facility, as requested by victims.
4. Maintain victim confidentiality in accordance with applicable laws and program policies. (ADVOCACY PROGRAM) may not release any personally identifying information without informed, specific, written, time-limited consent from the victim.
5. Follow all institutional guidelines for safety and security within the facility.
6. Provide training and education to correctional facility staff as necessary or requested.

CORRECTIONAL FACILITY shall:

1. Make involvement of advocates a component of the standard response to a report of sexual abuse and recognize the importance of providing access to advocacy services at the time of the initial report.

¹ Template Memorandum of Understanding provided with permission by Just Detention International.

Sample Memorandum of Understanding (continued)

2. Notify offenders of their rights to receive advocacy services and provide offenders with access to (ADVOCACY PROGRAM) for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers.
3. Enable reasonable communication between offenders and (ADVOCACY PROGRAM) in as confidential a manner as possible.
4. Inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
5. Respect the confidential nature of communications between (ADVOCACY PROGRAM) and incarcerated victims.
6. Provide tours of the facility and corrections-specific training to victim advocates as necessary or requested.

JOINT RESPONSIBILITIES:

In addition to the responsibilities outlined, this MOU and the signatures below, demonstrate the commitment of the Parties to the standards set forth by the Prison Rape Elimination Act (PREA) and to the provision of victim-centered, trauma-informed services to all incarcerated victims of sexual abuse.

D. Termination and Modification:

1. This MOU shall have an indefinite term, which shall begin upon signature of the parties.
2. The parties agree to review the terms of this MOU on an annual basis and make any needed additions and changes. The MOU shall be reviewed by (DATE).
3. Additions and changes in the provisions of this MOU may be made by the mutual agreement in writing of the duly authorized representatives of the parties and shall become an attachment to the agreement.
4. This agreement may be cancelled at any time by any party for any reason with 30 days' notice to the other party, unless otherwise mutually agreed.

_____ Date: _____
NAME, EXECUTIVE DIRECTOR
ADVOCACY PROGRAM

_____ Date: _____
NAME, WARDEN
CORRECTIONAL FACILITY

B. Sample of Offender Correspondence: Template Letter

[Offender Name], [Offender ID Number]

[Correctional Facility Name]

[Correctional Facility Address]

Dear Mr. Doe:

Thank you for contacting Kansas Coalition Against Sexual and Domestic Violence (KCSDV). I am very sorry to hear that you have been going through a difficult time in prison.

In your letter, you wrote that you are in a dark place and that you feel alone. I am so sorry to hear that you are going through so much. I have enclosed some general information regarding sexual abuse, and trauma responses. I hope this information will provide you with information you need to begin healing.

Please know that it is possible to heal, your feelings matter, and you don't have to go through this process alone. You may want to talk to a counselor or someone else you trust about your feelings. If you feel comfortable doing so, you can reach out to our agency hotline at 999-999-9999 for support in processing your feelings.

A list of ways that you can report sexual abuse are:

- Dial #50 from any offender phone
- Report to any staff member, volunteer, contractor, or medical or behavioral health staff
- Submit a grievance or sick call form
- Report to the PREA Coordinator or PREA Compliance Manager
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling the number listed on the KDOC website found under the PREA tab
- You can also submit a Form-9 to report on your own behalf or on the behalf of someone else

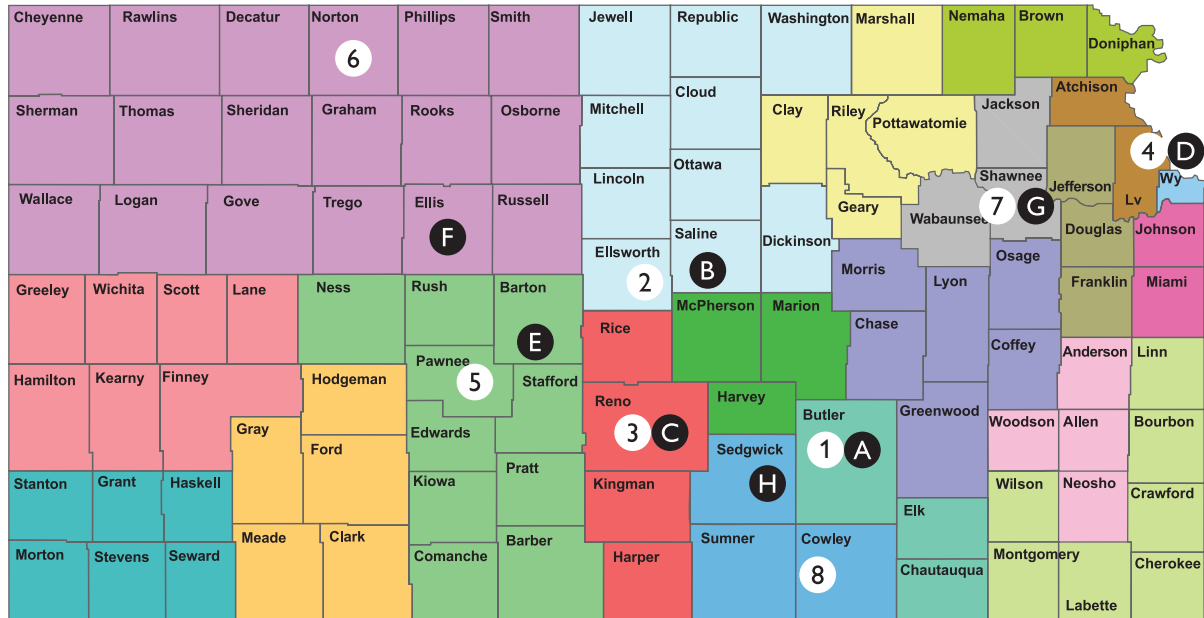
Please let me know if you have any questions or if you would like additional information.

I wish you all the best.

[Advocate Name]

[Agency Name]

C. Kansas Department of Corrections Facilities and KCSDV Member Programs



KDOC Facility

Advocacy Program

1. El Dorado (EDCF)
316-321-7284

A. Family Life Center of Butler County
El Dorado 316-321-7104

2. Ellsworth (ECF)
785-472-5501

B. Domestic Violence Association of Central Kansas
Salina 785-827-5862

3. Hutchinson (HCF)
620-662-2321

C. Sexual Assault/Domestic Violence Center
Hutchinson 620-655-3630

4. Lansing (LCF)
913-727-3235

D. Alliance Against Family Violence
Leavenworth 913-682-1752

5. Larned (LCMHF)
620-285-6249

E. Family Crisis Center
Great Bend 620-793-1965

6. Norton (NCF)
785-877-3389

F. Options: Domestic and Sexual Violence Services
Hays 785-625-4202

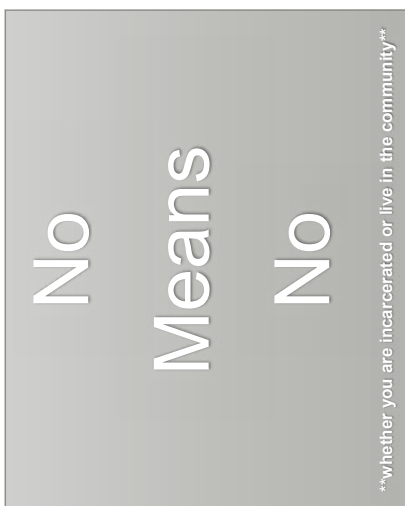
7. Topeka (TCF)
785-296-3432

G. YWCA Center for Safety and Empowerment
Topeka 785-354-7927

8. Winfield (WCF)
620-221-6660

H. Wichita Area Sexual Assault Center
Wichita 316-263-0185

D. KDOC PREA Brochure



The Kansas Department of Corrections in accordance with the Prison Rape Elimination Act (PREA) of 2003 and PREA Standards adopted in 2012 a **ZERO TOLERANCE POLICY** against sexual abuse and sexual harassment. YOU have the right to be free from sexual harassment or sexual abuse by ANYONE at the facility, including another offender, staff member, volunteer or contractor. No one has the right to sexually harass or sexually abuse you. No one. No matter where you live or your sexual preference.

What is Sexual Harassment?

- Repeated and unwelcome comments or gestures of a sexual nature, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
- Repeated and unwelcome sexual advances; requests for sexual favors; or verbal comments, gestures, or actions of a derogatory or offensive sexual nature.

What is Sexual Abuse?

- Forced or coerced sexual intercourse or sexual contact when the victim does not consent or is unable to consent or refuse. This may include the use of fear or threat of physical violence, psychological intimidation, bullying, and physical force.
- Sexual abuse also can include incidents of penetration by a foreign object.

What is staff voyeurism?

- An invasion of privacy of an offender by a staff member, contractor, or volunteer for reason unrelated to official duties.

Examples of Staff Voyeurism

- Watching an offender use the toilet, shower, or change clothes for self-gratification; that which is beyond the scope of fulfilling official duties while observing areas where these events take place.
- Requiring an offender to show buttocks, genitals, or breasts (except in the case of a strip search).
- Taking pictures of an offender's naked body or toilet use.

Tips for Avoiding Sexual Harassment and Sexual Abuse

A victim is never to blame for being abused. These tips may help you lower your risk of sexual harassment or sexual abuse.

- Pay attention to your surroundings.
- Carry yourself in a confident manner always.
- Do not accept gifts, crutch, or favors from others. They usually come with "strings attached" or future paybacks, including sexual favors.
- Do not accept an offer from another offender to be your protector or "friend".
- Find a staff member with who you feel comfortable discussing your fears and concerns. Confide in him/her if you feel threatened; or dial #50 from any offender phone.
- Be alert! Do not use contraband such as drugs or alcohol, as they will weaken your ability to be alert and make good choices.
- Be direct and firm when others ask you to do things that you do not want to do.
- Do not give mixed messages to others regarding your wishes for sexual activity.
- Choose your friends wisely.

The KDOC does not tolerate any form of sexual harassment or sexual abuse. The goal of this facility is the safety of the offenders. The facility will hold accountable any persons found to have committed any form of sexual harassment or sexual abuse against another person.

If any of the information presented here is confusing, or you have any questions about something that may be happening to you, ask a staff person you trust; or call #50 from any offender phone.

You can also contact the PREA Coordinator through a letter or Form-9 at:

Peggy Steimel
Kansas Department of Corrections
714 SW Jackson Street
Topeka, KS 66603

Or by contacting the PREA Compliance Manager at your facility:

RIGHT TO REPORT

If you, or someone you know, are experiencing sexual harassment or sexual abuse, the KDOC wants to know. We want you to report right away! Why?

- We want to keep YOU safe; it is our job! It is your right to be free from sexual harassment and sexual abuse.
- We will conduct an investigation of the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide YOU with relevant information and support services.

How to Report

The KDOC offers multiple ways to report sexual harassment and sexual abuse:

- Dial #50 from any offender phone.
- Report to any staff member, volunteer, contractor, or medical or behavioral health staff.
- Submit a grievance or sick call form.
- Report to the PREA Coordinator or PREA Compliance Manager.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling the number listed on the KDOC website found under the PREA tab.
- You can also submit a Form-9 to report on your own behalf or on the behalf of someone else.
- Remember any person working at the facility can assist you in making a report.

External Reporting Option

Offenders can also contact Legal Services for Prisoners by calling 785-296-8887 or in writing at: Legal Services for Prisoners

P.O. Box 12438
Overland Park, Kansas 66282

IF YOU ARE ABUSED

Support services are available from a local crisis center or a qualified staff member. This information can be found posted on the offender bulletin boards or you can also contact your unit team counselor or the PREA Compliance Manager.

What to Do IF You Have Been Sexually Abused

- Tell a staff member as soon as possible.
- Seek medical attention BEFORE you shower, eat, drink, change clothing, brush your teeth, or use the bathroom.
- Share as much information as possible when answering questions to assist with the investigation.

NOTICE FOR FAILURE TO REPORT

Anyone who engages in, fails to report, or knowingly condones sexual harassment or sexual abuse shall be subject to disciplinary action.

Kansas Department of Corrections
Jeff Zmuda, Interim Secretary

Zero-Tolerance
for Sexual
Harassment
and Sexual
Abuse: Prison
Rape
Elimination Act
(PREA) of 2003

A Safer Kansas
through Effective
Correctional Services

E. Internal Management Policy and Procedure



INTERNAL MANAGEMENT POLICY & PROCEDURE

Applicability: Adult Operation Only JUVENILE Operations Only DEPARTMENT-WIDE

IMPP #: 10-103D

PAGE #: 1 of 12

PROGRAMS AND SERVICES: Coordinated Response to Sexual Abuse and Harassment

Original Date Issued: 04-01-14 **Replaces IMPP Issued:** 12-20-16 **CURRENT EFFECTIVE DATE:** 10-16-19

Approved By:  Secretary

Next Scheduled Review: October 2020

POLICY

It is the policy of the Kansas Department of Corrections to provide a safe and secure environment for all offenders. Offenders have the right to be free from all sexual abuse and sexual harassment and the KDOC has a "zero-tolerance" for such actions. (28 C.F.R. §§ 115.11 and 115.311) Each facility must implement a Coordinated Response that includes prevention, detection, response, and prosecution/discipline of assailants. This policy targets sexual abuse and sexual harassment of offenders whether by staff or by other offenders.

DEFINITIONS

Bisexual: A person who experiences physical, romantic, and/or emotional attraction to both males and females.

Contractors: Non-department staff member who work within a department facility in a permanent role (i.e. contracted medical and behavioral health, substance abuse, companies contracted to provide testing, etc.).

Coordinated Response: The department's planned response to allegations of offender sexual abuse and harassment to ensure the appropriate actions of first responders, medical, behavioral health, investigators and administrators.

Exigent Circumstances: Any set of temporary or unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.

Facility PREA Compliance Manager (PCM): A person designated by the warden or superintendent, at each facility, as having overall responsibility for ensuring that all elements of the Coordinated Response to Sexual Abuse and Harassment are met in a coordinated fashion.

First Responder: The first person arriving at the scene of an incident or the first-person having contact with the victim.

Gay: A male who experiences physical, romantic, and/or emotional attraction to other males.

Gender Non-Conforming: A person whose appearance or manner does not conform to traditional gender expectations.

Intersex: A medical diagnosis for a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female.

KDOC PREA Coordinator: A KDOC employee appointed by the Secretary of Corrections to develop, implement, and oversee Departmental efforts statewide to comply with the national PREA standards.

Least Restrictive Housing: Housing that afford victims of offender sexual abuse the most access to programming and privileges while ensuring the safety of the victim and the security of the facility.

Lesbian: A female who experiences physical, romantic, and/or emotional attraction to other females.

Internal Management Policy and Procedure (continued)

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Limited English Proficiency: Any individual who is unable to communicate, read or speak effectively in English because their primary language is not English, and they have not developed fluency in the English language.

Offender: Any person, adult, juvenile, or youthful offender placed in the custody of the Department of Corrections.

PREA: Prison Rape Elimination Act of 2003, codified at 42 U.S.C. 15601, *et seq.*, an act signed into Federal law with the goal of preventing, detecting, and responding to sexual abuse and sexual harassment occurring in prisons, jails, police lockups and community confinement facilities.

PREA-Related: Relating to a report of investigation of sexual abuse or sexual harassment of an offender.

Retaliation: Adverse action taken based upon a person's reporting and/or participating in an inquiry, investigation or proceedings involving charges of offender sexual abuse, discrimination, or harassment. This action is applicable to both staff members and offenders.

SAFE: Acronym for Sexual Assault Forensic Examination, which is conducted by a specifically trained health professional who ensures victims of sexual assault are provided with competent, compassionate, and prompt care, while providing the most advanced technology associated with DNA and other sexual assault forensic evidence collection and preservation.

SANE: Acronym for Sexual Assault Nurse Examiner; a specifically trained nurse who ensures victims of sexual assault are provided with competent, compassionate and prompt care, while providing the most advanced technology associated with DNA and other sexual assault forensic evidence collection and preservation.

Sexual Abuse of an Offender by Another Offender: 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.

Sexual Abuse of an Offender by a Staff Member: Any of the following acts, with or without consent of the offender, that are reported annually to the Bureau of Justice Statistics for the Survey of Sexual Victimization Violence:

- (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 staff member, contractor, or volunteer 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 staff member, contractor, or volunteer 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 staff member, contractor or volunteer has the intent to abuse, arouse or gratify sexual desire;
- (6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;
- (7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an offender or detainee, and
- (8) Voyeurism by a staff member, contractor, or volunteer.

Sexual Harassment: (1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one offender directed toward another; (2) repeated verbal comments or gestures of a sexual nature to an offender by a staff member including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures and (3) is reported annually to the Bureau of Justice Statistics for the Survey of Sexual Violence.

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Staff Member (Staff): When used within the context of this policy, staff refers to all employees, contract personnel and volunteers.

Transgender: A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

Voyeurism by a Staff Member: An invasion of privacy of an offender by staff for reasons unrelated to official duties, such as peering at an offender who is using a toilet in his or her cell to perform bodily functions; requiring an offender to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an offender's naked body or of an offender performing bodily functions.

Youthful Offender: Any person under the age of 18 who is under adult court supervision and incarcerated or detained in a prison or jail.

PROCEDURES

I. Prevention

- A. The KDOC must designate a KDOC PREA Coordinator to oversee agency efforts to comply with PREA standards and each warden/superintendent must assign one (1) KDOC employee as the facility PREA Compliance Manager (PCM) with overall responsibility for coordinating all elements of the Coordinated Response (see Attachment A). (28 C.F.R. §§ 115.11 and 115.311) An alternate PCM must also be designated.
 1. The department does not detain offenders solely for civil immigration purposes.
- B. All staff and offenders must be responsible for being alert to signs of potential situations in which sexual abuse or harassment might occur. (28 C.F.R. §§ 115.11 and 115.311)
 1. All department staff members, contractors, or volunteers must not engage in abuse or sexual harassment of an offender which includes sexual contact with or without the offender's consent.
 2. The department has a zero-tolerance for all forms of offender sexual abuse, harassment, and retaliation.
- C. Staff must be aware of offenders' state of undress. The presence of staff of the opposite gender must be announced prior to entering a housing unit and the announcement is documented in the chronological log by the person making the announcement. (28 C.F.R. §§ 115.15 and 115.315)
 1. In addition, the presence of staff of the opposite gender must also announce their presence before entering restroom/shower areas that are not part of a housing unit (i.e., education, work areas, recreation areas) where an offender might be undressed.
 - a. An offender must be able to shower and perform bodily functions without non-medical staff of the opposite gender viewing them, except in exigent circumstances or when such viewing is incidental to routine security checks.
 2. If circumstances arise to where a cross-gender announcement could compromise the safety, security, and good order of the facility, then the staff may declare the circumstances to be exigent and enter without an announcement to the restroom/shower area. All exigent circumstances must be documented by the shift supervisor and the PREA Compliance Manager must be notified.
- D. Each facility must develop General Orders to reflect the policy and practice of having intermediate level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. (28 C.F.R. §§ 115.13 and 115.313)
 1. Each facility must ensure that rounds occur periodically in all areas of the facility.

2. Staff must be prohibited from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.
 3. The rounds are documented as “unannounced rounds” and readily accessible during audits as outlined in the facilities’ General Orders.
- E. Youthful offenders are housed at the Kansas Juvenile Correctional Complex, unless an exception is approved by the Deputy Secretary of Facilities Management and the reasons for the exception are well documented. Youthful offenders are transferred to RDU on their 18th birthday or as soon thereafter as possible considering operational schedules of each facility and the KDOC transportation hub.
1. While housed at any adult KDOC facility, youthful offenders must have sight and sound separation from other adult offenders or have direct staff supervision.

II. Staff PREA Training

- A. All newly hired staff must receive the KDOC staff booklet “PREA, What Staff Need to Know”. All staff must review this policy and receive training on the following:
1. How to fulfill their responsibilities under sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 2. Offenders’ right to be free from sexual abuse and sexual harassment;
 3. The right of offenders and staff to be free from retaliation for reporting sexual abuse and sexual harassment;
 4. The dynamics of sexual abuse and sexual harassment in confinement;
 5. The common reactions of sexual abuse and sexual harassment victims;
 6. How to detect and respond to signs of threatened and actual sexual abuse;
 7. How to avoid inappropriate relationships with offenders;
 8. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
 9. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- B. Such training must be tailored to the gender of the offenders at the facility. Staff must receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. The same applies for staff that are reassigned from an adult to a juvenile facility or vice versa.
- C. Sexual abuse and harassment intervention must be a part of Orientation/Basic Training. Mandatory training must be provided annually. Training must include a review of this policy and staff responsibilities to prevent and report sexual assaults, and other relevant PREA-related material. (28 C.F.R. §§ 115.31, 115.331, 115.32, and 115.332)
- D. The facility must document, through staff signature or electronic verification that they understand the training they have received.
- E. Volunteer and Contractor Training
1. Each facility must ensure that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the sexual abuse and sexual

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- (1) This toll-free number must be publicized in the KDOC juvenile facility in a conspicuous location on or near the phones.
 2. **ADULT:** Staff, offender family members or others may report incidents or suspected incidents of sexual abuse by calling 785-296-0200. Allegations of sexual abuse or harassment reported through the third-party reporting line must be confidential and may remain anonymous at the request of the reporting party. These calls must be forwarded to the facility EAI Supervising Agent by the Director of Enforcement, Apprehensions, and Investigations.

JUVENILE: Staff, family members and others may report incidents or suspected incidents of sexual abuse by calling the toll-free Kansas Protection Report Center at 1-800-922-5330.
- D. Retaliation against offenders or staff who report sexual abuse or sexual harassment or who cooperate with investigations must be strictly prohibited. (28 C.F.R. §§ 115.11 and 115.311)
1. All staff must report any allegations of retaliation to EAI or the facility PREA Compliance Manager either verbally or in writing. Offenders are encouraged to report retaliation as well.
 2. Each facility must employ multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
 3. For at least 90 days following a report of sexual abuse, each facility must monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff, and must act promptly to remedy any such retaliation.
 - a. Items to monitor include any offenders' disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. This must also include periodic status checks, for offenders.
 - b. Monitoring must continue beyond 90 days if the initial monitoring indicates a continuing need. The facility must designate who is charged with this monitoring.
 4. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility must take appropriate measures to protect that individual against retaliation.
 5. The obligation to monitor must terminate only if the allegation is determined to be unfounded.

V. Response to Sexual Abuse

- A. Each facility must utilize the Coordinated Response (Attachment A) as a written facility plan to coordinate actions taken in response to an incident of sexual abuse and sexual harassment.
1. The response must ensure that victims receive immediate protection and immediate and on-going medical and behavioral health care and support services as well as ensure that investigators are allowed to obtain useable evidence.
 2. Any offender who alleges that he or she has been the victim of sexual abuse must be offered immediate protection from the assailant.
 3. KDOC staff must not make judgments or assumptions about the credibility of a victim, suspect, or witness of sexual abuse.

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- B. Upon being notified of an allegation of sexual abuse, at a minimum, the victim(s) and perpetrator(s) must be separated, the PCM, EAI, and the Duty Officer and/or warden/ superintendent must be notified, and the Coordinated Response (see Attachment A) must be initiated.
 - 1. **JUVENILE:** The reporting staff member or designee must ensure, as appropriate that a Critical Incident and Kansas Protection Report Center hotline report is completed in accordance with Section IV.B.
- C. The PREA Checklist located in the PREA tab of the Application Portal be completed for each report, which ordinarily must be initiated by the Shift Supervisor. For administrative reports, or reports otherwise not reported through the Shift Supervisor, the PREA Checklist must be completed by the PCM.
- D. When a report is received that an offender has been the victim of sexual abuse or harassment while incarcerated at another facility or under the supervision of another office:
 - 1. As soon as possible, but no later than 72 hours of receiving the report, the head of the office/facility that has received the allegation must notify the head of the office/facility where the alleged abuse occurred.
 - 2. The head of the office/facility receiving the notification must ensure the allegation is investigated pursuant to this policy. (28 C.F.R. §§ 115.63 and 115.363)
 - a. No offender who alleges sexual abuse must be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
 - 3. All incidents of offender sexual abuse or sexual harassment must be investigated, disciplined and referred for prosecution when warranted.
 - a. In keeping with the Department's zero-tolerance policy, perpetrators of sexual abuse must be disciplined and/or referred for prosecution.
 - b. The presumptive disciplinary sanction for staff who have engaged in sexual abuse of an offender is termination. (28 C.F.R. §§ 115.76 and 115.376)
 - c. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff, contractors, or volunteers, who would have been terminated if not for their resignation, must be reported to relevant licensing bodies, as applicable.
 - 4. All instances where sexual abuse is not unfounded (whether substantiated or unsubstantiated) through an appropriate investigation, must be reviewed by a Sexual Abuse Incident Review Team pursuant to IMPP 12-118D. (28 C.F.R. §§ 115.86 and 115.386)
- E. Reporting to Offenders
 - 1. Following an investigation of sexual abuse, EAI, or designated facility staff, must inform the offender of the disposition of the investigation (substantiated, unsubstantiated, or unfounded).
 - 2. Following the report of staff sexual abuse of an offender, the facility must inform the offender (unless it is determined to be unfounded) when:
 - a. The staff member is no longer posted in the offender's living unit;
 - b. The staff member is no longer employed at the facility;
 - c. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

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- d. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
 3. Following the report of offender sexual abuse of another offender, the facility must inform the offender when:
 - a. The alleged abuser is indicted on a charge related to sexual abuse within the facility;
 - b. The alleged abuser is convicted on a charge related to sexual abuse within the facility.
 4. At the conclusion of the investigation, these status updates must be completed by the special agent and formalized on the Notification of Investigation Status form (IMPP 22-103, Attachment H).
 5. The facility no longer has this obligation to report once the offender is released from the agency's custody.
 6. The KDOC and/or its facilities must make an effort to establish Memorandums of Understanding with local rape crisis/victim advocate centers in an effort to coordinate forensic medical exams, victim advocacy services, etc.
- F. Offender Sexual Activity
 1. Upon receiving a report or observing sexual activity between offenders, staff must intervene and immediately notify the Shift Supervisor.
 2. If after hours, the Shift Supervisor must report the incident to the PCM and EAI. PREA protocol, pursuant to this policy, must be initiated.
 3. **ADULT:** If the investigation determines sexual activity was consensual between the offenders, appropriate disciplinary action must be taken.
- G. Medical and Behavioral Health Care
 1. Medical and behavioral health practitioners are required to report sexual abuse and must inform offenders of their duty to report at the instigation of services.
 2. Access to medical and behavioral health care must be provided immediately, upon report or discovery, to victims of sexual abuse.
 3. When medically and procedurally appropriate, victims and perpetrators of sexual abuse are to be offered an off-site forensic medical exam performed by a certified Sexual Assault Nurse Examiner (SANE), at no cost to the offender.
 4. Medical and behavioral health care staff must contribute to a coordinated response to all allegations of sexual abuse by relaying, to the PCM and/or security/administrative staff, information pertinent to the well-being of the offender(s) or for investigative purposes.
 5. Victims of sexual abuse while incarcerated must be offered:
 - a. Emergency contraception and pregnancy tests (when vaginal penetration has occurred) when deemed medically necessary, for female offenders.
 - b. Prophylaxis for sexually transmitted infections.
 6. If the screening for victimization and abusiveness indicates that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in a facility or in the community, the facility must offer the offender follow-up with a medical or behavioral health practitioner within 14 days of the screening. (28 C.F.R. §§ 115.81 and

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115.381) The offender must sign a receipt indicating that he/she is refusing or accepting follow-up services with a medical or behavioral health practitioner.

1. **ADULT:** The signed receipt must be imaged in the offender's electronic record.
2. **JUVENILE:** The acknowledgment form must be signed and kept in the offender's master file.
7. The facility must attempt to conduct a behavioral health evaluation of all known offender-on-offender abusers within 60 days of discovery of such abuse history.
8. **ADULT:** Informed consent must be obtained from offenders before reporting information about prior sexual victimization that did not occur in a facility setting.

H. Victim Services

1. Victims of sexual abuse must be provided the brochure on community sexual assault programs, which is available through health services staff, unit counselors, and the PCM.
2. Each facility must attempt to provide victims of sexual abuse victim advocacy services from a local rape crisis center. If this is not possible, efforts must be made to provide victim advocacy services through a community-based organization or by a qualified staff member. The facility must document its efforts in doing so. (28 C.F.R. §§ 115.21 and 115.321)
 - a. If the community provider is not available, contact is to be made with one of the qualified staff trained in providing emotional support to offender victims of sexual abuse.
3. Each facility must attempt to provide a victim advocate to support the victim through the forensic medical exam and investigatory processes. (28 C.F.R. §§ 115.53 and 115.353)

I. Data and Documentation

1. The EAI unit at each facility must be responsible for entering every PREA-related investigation into the EAI Case Log and to follow investigative procedures outlined in the EAI Investigations Protocol Manual.
2. Case information must be updated in the EAI Case Log in as prompt a manner as possible, keeping in mind that verbal notifications must be made on a case-by-case basis using the agent's professional judgment, but certainly when it appears that a substantiated disposition is likely.
3. The KDOC PREA Coordinator must, on an annual basis, review and analyze the aggregated data to assess for compliance with the national PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program.
 - a. For every allegation of sexual abuse or sexual harassment, all documents and items to demonstrate a complete and proper Coordinated Response must be located entirely in the electronic EAI Case log. The agent must upload documents and case information. Documents and processes gathered or facilitated by the PCM, must be forwarded electronically to EAI for inclusion in the electronic case file. Documentation includes, but is not be limited to:
 - (1) Investigative Summary and Report.
 - (2) Interviews, audio recordings, video recordings, photographs, list of evidence, and all other documents and items respective to the case.
 - (3) PREA Checklist.

- (4) S.A.I.R., if appropriate.
- (5) Documentation from Medical/Behavioral Health, investigators, SAFE/SANE (if applicable).
- (6) Documentation of least restrictive housing. If the victim was involuntarily isolated, must ensure completion and retention of requirements set forth in IMPP 20-104. (28 C.F.R. §§ 115.68 and 115.368).
- (7) Documentation of monitoring retaliation.

VI. General Orders

- A. Each facility must establish General Orders to identify the following:
 1. Procedures to keep separate offenders that are at high risk for being sexually victimized from offenders who are at high risk of potentially being sexually abusive. These procedures must also specify how to address not only housing, but also bed, work, education, and program assignments. This must also ensure offender safety prior to intra-facility transfers.
 2. The designated PCM and alternate PCM.
 3. Specific procedures for offering immediate protection to any offender who alleges that he/she has been sexually abused.
 4. Response procedures, both during and after normal business hours.
 5. Designation of a specific staff person(s) to be responsible for offender education regarding sexual abuse, harassment, and monitoring of retaliation.
 6. Identification of possible alternatives to restrictive housing for offenders who report sexual abuse, and when involuntary restrictive housing of alleged sexual abuse victims is employed, must comply with the requirements set forth in IMPP 20-104. (28 C.F.R. §§ 115.68 and 115.368)
- B. The Healthcare Contractor must establish statewide and site-specific healthcare policies and procedures that comply with PREA, ACA, and NCCHC guidelines for procedures in the event of a report of sexual abuse.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure are not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS

None.

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REFERENCES

42 U.S.C. 15601, *et seq.*,
28 C.F.R. §§ 115.5, 115.11, 115.13, 115.14, 115.15 115.21, 115.31, 115.32, 115.33 115.35, 115.41, 115.42, 115.43,
115.53, 115.54, 115.61, 115.63, 115.67, 115.68, 115.76, 115.81, 115.86, 115.311, 115.313, 115.315 115.321,
115.331, 115.332, 115.333, 115.335, 115.341, 115.342, 115.353, 115.354, 115.361, 115.363, 116.367, 115,368,
115.376, 115.381, 115.386
K.S.A. 2008 Supp. 22-4614; 59-29a01 *et seq.*
IMPP 01-103, 10-138D, 10-139D, 11-104, 12-118D, 12-125D, 20-104, 22-103
JJA IMPP 12-120
ACI 4-4406
JCF 4-JCF-4C-50
NCCHC P-B-04, P-B-05, Y-B-05, Y-B-06

HISTORY

04-01-14 Original (New)
12-20-16 Rev. 1

ATTACHMENTS

Attachments	Title of Attachments	Page Total
A	Coordinated Response	4 pages

Coordinated Response

Prison Rape Elimination Act (PREA) mandates that agencies develop a written facility plan to coordinate actions taken in response to an allegation of offender sexual abuse and harassment. The following protocol coordinates actions taken by staff first responders, medical and behavioral health practitioners, investigators and facility leadership. The **PREA Checklist** has been developed and is located in the PREA Tab of the Application Portal to ensure appropriate notifications are made in a timely and consistent manner.

All offender sexual abuse or sexual harassment allegations must be forwarded to the Shift Supervisor immediately.

All PREA allegations, including third party and anonymous, must be investigated. Anonymous allegations and allegations related to official duties, such as pat searches, are handled as outlined in the "Exceptions" section of this protocol.

DISCOVERY

First Responder:

1. Call for immediate assistance and notify Shift Supervisor.
2. Keep victim(s) and alleged perpetrator(s) separate.
3. Secure scene.
4. Complete written reports/narrative/incident report prior to departing shift and submit to Shift Supervisor.
5. Staff must not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions.

Administrative Discovery (Kansas Protection Report Center Hotline, Form-9, #50 or direct communications to a staff member/volunteer, etc.).

1. Notify the Shift Supervisor.
2. If the information is received during normal business hours, the person receiving the report must immediately notify Enforcement, Apprehension, and Investigation (EAI) and the PREA Compliance Manager (PCM) by phone.
3. EAI and PCM must coordinate a response based on the information provided.

COORDINATED RESPONSE

Shift Supervisor:

1. Ensure safety of those involved.
2. Refer to medical and behavioral health for any immediate treatment needs. Ensure medical and behavioral health know this is a report of sexual abuse.
3. Contact EAI and the PCM.
4. Advise the Duty Officer/Warden/Superintendent of reported incident.
5. Complete the PREA Checklist located in the PREA Tab of the Application Portal before end of shift.



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6. Ensure completion of all reports prior to departing shift to include but not be limited to narratives, Protective Custody placement, restrictive housing placement, etc.
7. Ensure all staff understand that they must not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions.

Medical Staff

1. Provide treatment for immediate injuries, but do not interfere with the collection of potential evidence.
2. Notify Behavioral Health of the potential PREA related incident and provide information that allows for appropriate Behavioral Health response.
3. In conjunction with EAI, and other staff as needed, must ensure that all victims of sexual abuse have access to forensic medical examinations.
4. Develop and provide evaluation and treatment of such victims, which must include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Behavioral Health

1. Upon receiving notification that a PREA incident may have occurred, ensure potential victims of sexual abuse receive timely services to address both immediate and ongoing needs.
2. Develop and provide evaluation and treatment of such victims, which must include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Forensic Medical Examination

1. When a forensic medical examination is determined to be needed, and after stabilizing treatment has been provided, healthcare staff must coordinate with the Shift Supervisor, EAI and the PCM, to contact the designated area hospital to discuss the patient's clinical status and arrange for the examination to be conducted.
 - a. The hospital staff must direct facility staff on the procedures to follow based on the hospital guidelines.
 - b. Advise hospital staff if the offender is the victim or perpetrator and if either are in handcuffs or belly chains/leg irons.
2. Ensure the alleged victim or perpetrator do not defecate, urinate, wash their hands, brush teeth, gargle, rinse mouth, eat or drink, change menstrual pads or tampons, shower, or change clothing prior to the examination.
3. Arrangements must be made to either:
 - a. Have the hospital contact the area Rape Crisis Center and request an Advocate for the alleged victim or
 - b. Have the PCM contact the Rape Crisis Center to request the presence of an Advocate for the alleged victim.

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4. Because clothing is often retained as part of the forensic medical examination (collection of evidence process), a change of clothing is made available for the offender to change into following the examination.
5. A staff member (preferably a uniformed staff member) must accompany each offender to the hospital for the examination.
 - a. The offender's custody level and comfort of the forensic medical examination must dictate if the staff member is in the examination area, however staff must not interfere with the process if they are present. Only staff of the same gender as the offender being examined are allowed to be present in the examination area.
6. EAI must arrange with the hospital to obtain a copy of their report and for the submission of evidence to the KBI for processing.

EAI Investigation

1. EAI investigators are responsible for investigating all reports of sexual abuse and sexual harassment including any involving sexual activity (regardless of any perception of consent) between offenders and/or staff and offender to determine if a PREA event has occurred.
2. EAI investigators must gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; must interview alleged victims, suspected perpetrators, and witnesses; and must review prior complaints and reports of sexual abuse involving the suspected perpetrator.
3. In conjunction with Medical/Behavioral Health, and other staff as needed, the EAI investigators must ensure that all victims of sexual abuse have access to forensic medical examinations.
4. When the quality of evidence appears to support criminal prosecution, investigators must conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Substantiated allegations of conduct that appears to be criminal must be referred for prosecution.
5. The credibility of a victim, suspect, or witness must be assessed on an individual basis and must not be determined by the person's status as offender or staff.
6. If the investigation reveals that the sexual activity was not forced or coerced between offenders, the EAI investigator must ensure both offenders are held accountable through the appropriate disciplinary process.
6. If an investigation reveals that a report of sexual abuse or sexual harassment was made in bad faith, the facility may hold offenders accountable through the appropriate disciplinary process.
7. In conjunction with the PCM, and other staff as needed, must ensure the victim is placed in the least restrictive housing possible.

PREA Compliance Manager (PCM)

1. The PCM must review and ensure completion of the PREA Checklist and be responsible for ensuring PREA standards are met and appropriate coordinated response has been provided.
2. The PCM must act as a liaison between the offender victim and the community advocate or qualified staff member, if one is available, to support the victim through the forensic medical examination process and investigatory interviews and must provide emotional support, crisis intervention, information, and referrals.

3. The PCM must provide the victim a list of emotional support/rape crisis providers. In the event that neither a community advocate nor a qualified staff member is available, the offender may choose to correspond in writing or, if appropriate, make arrangements for telephonic communication.
4. When there is either a substantiated or unsubstantiated report of sexual abuse, the PCM must be the chairperson of the Sexual Abuse Incident Review Board pursuant to IMPP 12-118D.
5. In conjunction with EAI, and other staff as needed, must ensure the victim is placed in the least restrictive housing possible.
6. As guided by General Order, must ensure monitoring of the treatment and conduct of offenders and staff who have reported sexual abuse and shall act promptly to remedy any retaliation.

TWO (2) EXCEPTIONS TO THE ABOVE PROTOCOL:

(1) Allegations related to official duties (i.e., pat search):

Excerpt from Sexual Abuse definition: 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 staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;*

- The shift supervisor must immediately be notified of the report. The shift supervisor shall immediately inform the PCM and must privately interview the offender.
- If it is the offender's belief that the contact was to sexually abuse, arouse or gratify sexual desire; the shift supervisor must immediately contact EAI and the PCM and initiate the Coordinated Response.
- If it is the offender's belief that the contact was non-sexual, the PCM must not initiate the Coordinated Response and the offender must shall not be referred to medical or behavioral health.

(2) Anonymous allegations:

When an anonymous allegation is received, the Shift Supervisor or PCM must immediately ascertain whether there is an identified victim. If there is, the Shift Supervisor or PCM must immediately interview the alleged victim in a private setting in a respectful manner to:

- Determine if the alleged victim confirms the allegation.
- Assess protective custody (PC) needs.
- Obtain a written statement from the offender, if possible.

*If the Shift Supervisor interviews the alleged victim, s/he must notify the PCM of the allegation and result of the interview.

If the offender confirms the allegation or has PC needs associated with the allegation, shift supervisor needs to immediately contact EAI and the PCM and initiate the Coordinated Response.

If there is no identified victim or the offender denies the claim and has no PC needs associated with the anonymous allegation, the PCM must:

- Not initiate the Coordinated Response and the offender must not be referred to medical or behavioral health.
- Review the allegation to ensure demonstration that:
 - The allegation was anonymous.
 - There are statements by the alleged victim.
 - The alleged victim denied the allegation.
 - The victim had no PC needs associated with the allegation.

This process must only be followed on anonymous allegations.

