
Policy Number: 202.057
Title: Sexual Abuse/~~Harassment~~ Prevention, Reporting, and Response
Effective date: ~~/28/21/18~~11/07/23 To Be Determined

PURPOSE: To ensure system-wide prevention, detection, reporting, response, and retention of records relating to ~~an incident~~s of sexual abuse/~~harassment~~ of any ~~incarcerated person~~offender by another ~~incarcerated person~~offender or a staff member, contractor, volunteer, ~~intern, staff, or visitor, or anyone else~~ within the Minnesota Department of Corrections (DOC). ~~This policy is not intended to govern incidents of sexual abuse/harassment by an offender against a staff, contractor, visitor, volunteer, or any other individual who has business with the DOC.~~

APPLICABILITY: Department-wide

DEFINITIONS

Confidentiality – apart from reporting to designated supervisors or officials, staff must not reveal any information related to a sexual abuse report to anyone else other than to the extent necessary, as specified in policy, to make treatment, investigation, and other security and management decisions.
Correctional setting—prisons, county jails, detentions, lockups, and residential placement facilities.

Forensic evidence collection – the collection of evidence ~~from the patient~~ during the medical forensic exam within a 120–hour ~~time~~ period ~~after the abuse incident~~, unless exigent circumstances exist (e.g., extended hostage situation, ~~victim~~patient has visible ~~and~~/or significant trauma from the abuse ~~needing treatment prior to evidence collection~~, or ~~victim~~patient has not cleansed ~~themselves~~him/herself since the abuse ~~allowing for further evidence collection after the 120-hour period~~).

Incarcerated person – for purposes of this policy, any adult or juvenile confined in a DOC correctional facility.

Intimate parts—includes the primary genital area, groin, anus, inner thigh, buttocks, ~~breasts~~breast of a human being, or any clothing covering one of these areas (Minn. Stat. § 609.341, subd. 5, and subd. 11).

Not PREA—allegation which, after the investigation, is shown not to be related to the Prison Rape Elimination Act (PREA) standards.

Sexual abuse –

- A. Sexual abuse of an ~~incarcerated person~~offender, detainee, or resident by a staff ~~member~~person, ~~intern~~, contractor, or volunteer includes any of the following actions, with or without consent of the ~~victim~~offender, ~~detainee, or resident~~:
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 when the staff ~~person~~member, ~~intern~~, 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, or object, that is unrelated to official duties or where the staff personmember, intern, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire; and
 5. Any other intentional contact, either directly or through the clothing, with the genitalia, genital area, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff personmember, intern, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
- B. Sexual abuse of an incarcerated personoffender, detainee, or resident by another incarcerated personoffender, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 2. Contact between the mouth and the penis, vulva, or anus;
 3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
 4. Any other intentional contacttouching, either directly or through the clothing, of the genitalia, genital area, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse advocate – an individual specifically trained to offer advocacy, support, crisis intervention, information, and referrals to a victim of sexual abuse.

Sexual abuse response team (SART) – a multi-disciplinary team designed to coordinate a survivor-centered response to sexual assault. The team is coordinated by the PREA compliance manager and of facility staff which may include persons fromsuch examples as: security, health services, behavioral health, the office of special investigations (OSI), advocacy, law enforcement, local hospitals, and case management, management. The SART meets quarterly to review expectations, prepare, conduct training and network. representatives. The team is managed by the associate warden of operations (AWO). MCF-Togo's team is managed by the Captain; if another facility lacks a current AWO, the warden must designate the team manager. The purpose of the team is to ensure a holistic approach to investigations and support for victims.

Sexual assault forensic examination – a process performed by a sexual assault nurse examiner (SANE) during which the medical forensic history and forensic evidence is obtained from the patient. The SANE must offer the incarcerated personoffender information on sexually transmitted infections and; other non-acute medical concerns, and assess the risk of pregnancy.

Sexual harassment

- A. ~~Offender/offender sexual harassment includes verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one offender or resident directed towards another. A single comment or gesture may be considered as sexually harassing, depending on the nature of the comment or gesture.~~
- B. ~~Staff/offender sexual harassment includes repeated verbal comments or gestures of a sexual nature to an offender or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures. A single comment or gesture may be considered as sexually harassing, depending the nature of the comment or gesture.~~

Staff sexual misconduct – the following acts ~~when performed by department staff, contractors, interns, or volunteers when directed at an incarcerated person/offender for the purpose of gratifying the sexual desire(s) of any person, and/or encouraging an incarcerated person/resident/offender to engage in staff sexual misconduct:~~

- A. Any attempt, threat, or request ~~by a staff member, contractor, or volunteer~~ to engage in the activities described in this policy;
- B. Any display ~~by a staff member, contractor, or volunteer~~ of uncovered genitalia, buttocks, or breast in the presence of an ~~incarcerated person/inmate, detainee, or resident~~;
- C. Voyeurism ~~by a staff member, contractor, or volunteer~~ (that is, invading the privacy of an incarcerated person for reasons unrelated to official duties, such as peering at an incarcerated person who is using a toilet to perform bodily functions; requiring an incarcerated person to expose their buttocks, genitals, or breasts; or taking images of all or part of an incarcerated person's naked body or of the person performing bodily functions);
- ~~D. Unwelcome sexual advances, or requests for sexual favors;~~
- ~~DE.~~ Dealing, offering, receiving, or giving favors or attention to an ~~incarcerated person/offender~~ for purposes of grooming, bribing, or otherwise seeking to engage an incarcerated person/offender in activities prohibited by policy; and
- ~~F. Attempting to perform acts prohibited by this policy; and~~
- ~~EG.~~ Aiding or abetting another person ~~to in~~ performing acts prohibited by this policy.

Substantiated allegation – an allegation that was investigated and determined/proved to have occurred ~~by evidence obtained in an investigation.~~

Unfounded allegation – an allegation that was investigated and determined/proved not to have occurred ~~by evidence obtained in an investigation.~~

Unsubstantiated allegation – ~~allegation that cannot be proved or disproved by evidence obtained in an investigation~~ an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether the event occurred.

PROCEDURES:

A. Zero Tolerance

The DOC maintains a zero-tolerance policy on sexual abuse ~~and harassment~~ to promote a safe and humane environment for incarcerated persons, free from sexual violence and misconduct ~~for offenders.~~

1. All staff, contractors, interns, and volunteers must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse ~~/harassment~~ or staff sexual misconduct that occurred in a facility or community services area. This includes medical and mental health practitioners, unless otherwise precluded by law. Staff, contractors, interns, and volunteers must report the incident immediately to the watch commander or their supervisor and complete an incident report before the end of their shift. For purposes of this provision, there is no chain of command reporting limitation.
2. Regardless of tenure or rank, a correctional officer or other trained security staff must directly intercede when observing anyone sexually abusing an incarcerated person, and immediately call an incident command system (ICS)-as appropriate.
3. If a the DOC-staff person learns that an incarcerated person/offender is subject to a substantial risk of imminent sexual abuse, they must take immediate action to protect the incarcerated person/offender.

- ~~4.~~ ~~3.~~ ~~The agency investigates~~ The DOC vigorously investigates and documents all alleged incidents of sexual abuse/~~harassment/~~ or staff sexual misconduct ~~vigorously~~ through ~~its~~ the office of special investigations (OSI), the facility discipline unit, Prison Rape Elimination Act (PREA) trained investigators~~facility supervisory staff~~, and outside law enforcement, as appropriate to~~directed by~~ the incident.
- ~~5.~~ Incarcerated persons~~4. Offenders~~, staff, contractors,~~visitors, interns~~, volunteers, ~~and/or~~ any other individuals who have business with the DOC are subject to disciplinary action and/or criminal sanctions, including dismissal or termination of contracted services, if determined to have engaged in sexual abuse or /harassment/ staff sexual misconduct of an incarcerated person~~offender~~. A violation of this policy may also result in termination from the DOC. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
- ~~6.~~ All incidents of alleged sexual abuse or staff sexual misconduct must be documented in the PREA Incident Management database which is monitored by the facility's PREA compliance manager.

B. Prevention

1. Training for staff/individuals with direct contact with incarcerated person~~offender contact~~
- a) During orientation, all staff, volunteers, contractors, interns, or any other individuals who will have direct ~~adult or juvenile~~ contact with incarcerated person~~offender contact~~ receive information regarding sexual abuse/~~harassment/~~ staff sexual misconduct, and the potential consequences for engaging in prohibited conduct, and their responsibilities in preventing, reporting, and responding to incidents with an offender (see Policy 103.420, "Pre-Service and Orientation Training"). All DOC staff are trained to recognize the signs of offender sexual victimization and understand their responsibilities in the detection, prevention, prohibition, reporting, and consequences of sexual abuse/~~harassment/~~ staff sexual misconduct.
- b) The DOC employee development unit offers periodic ~~in-service~~ training on sexual abuse, which includes the following: available to appropriate staff for professional development (see Policy 103.410, "In-Service Training").
- (1) Staff must know and enforce DOC policies prohibiting sexual abuse/~~harassment/~~ and staff sexual misconduct.
- (2) Staff must ~~act professionally at all times~~ always act professionally; and must treat any allegation of sexual abuse/~~harassment~~ seriously and report it immediately as required.
- (3) Failure to report information about sexual abuse/~~harassment/~~ or staff sexual misconduct may result in disciplinary action, up to and including termination.
- ~~(4)~~ Staff must not place a youthful incarcerated person in a housing unit in which they will have sight, sound, or physical contact with any adult incarcerated person through use of a shared dayroom or other common space, shower area, or sleeping quarters.
- ~~(5)~~ Sexual abuse/harassment can occur in any facility-DOC area, especially those areas not always and directly supervised by staff at all times supervised by staff. Staff must comply with all policies of

surveillance, including: sight and sound supervision of incarcerated personoffenders, conducting frequent and random area checks, providing supervision, and maintaining communication with incarcerated persons.offenders. Staff must provide sight and sound supervision of youthful incarcerated personoffenders whenever they are interacting with adult incarcerated personoffenders.

- (65) Staff must understand factors that may increase an incarcerated person's offender's likelihood of being sexually victimized, including ~~such examples as: an offender~~ experiencing theirhis/her first incarceration; being youthfull; or elderly, having a mentally illness or developmental disability; ; developmentally disabled; being gender diverse~~none~~conforming, gay, lesbian, bi-sexual, transgender, intersex, or nonbinary, having a small physical stature; ; or ~~offenders who have~~ inge committed a sex offense or ~~have been~~ previously been victimized.
- (76) Staff must be aware of and report possible warning signs that ~~might indicate~~ an incarcerated personoffender has been sexually victimized, including ~~such examples as:~~ isolation, depression, lashing out at others, refusing to shower, suicidal or self-injurious behavior/~~statements~~, seeking protective custody, or refusing to leave a segregation unit.
- (87) Staff must be aware ~~of of~~, and report incarcerated personoffenders who exhibit sexually aggressive behavior. Characteristics of a sexually aggressive personoffender may include: pairing up with or associating with ~~ana personoffender~~ who meets the profile of a potential victim, a history of strong-arming or extorting, a prior history of predatory behavior, voyeuristic or exhibitionist behavior, or a demonstrated inability to control anger.
- (98) Staff must not engage in any form of retaliation against an incarcerated personoffender who makes an allegation of sexual abuse/~~harassment/~~ or staff sexual misconduct. Staff must not retaliate in any way against staff or others who intervene in, report, or provide evidence about incidents of sexual abuse or staff sexual misconduct.
- (109) An incarcerated personoffender who alleges sexual abuse is the alleged victim of a criminal act and, by law, their identity must remain private and must only be shared on a need-to-knowneed-to-know basis.

- c) All staff training must be documented and retained in the agency-approved electronic training management system.

2. Incarcerated personOffender education

At each facility, staff must provide comprehensive education to incarcerated people within 30 days of their intake, either in person or through video.~~Newly committed offenders receive orientation~~ regarding their rights to be free from sexual abuse ~~and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.~~ Offenders-Incarcerated people must receive written and verbal information ~~per Division Directive 202.050, "Offender Orientation," in a language easily understood by the offender,~~ regarding:

- a) The DOC's zero-tolerance policy on sexual abuse;~~harassment;~~
- b) How to avoid sexual contact in prison;

- c) The risks and potential consequences of engaging in any type of sexual activity while incarcerated, which may include criminal sanctions ~~and/or offender discipline; (see Policy 303.010, "Offender Discipline");~~
- d) How to identify and report an incident of sexual abuse/~~harassment~~ or staff sexual misconduct;
- e) What defines a false accusation and the consequences for making a false accusation; and
- f) How to obtain advocacy, counseling services, and/or medical ~~carcassistance if victimized.~~

3. PREA risk~~Offender~~ screening

Staff at each facility must ensure that they have identified those at heightened risk of being sexually victimized or sexually abusive so that staff can make housing and programming decisions with the goal of using this information to prevent sexual abuse.

- a) ~~When~~Within 72 hours of an incarcerated person's~~offender intake arrives~~ at a DOC facility as a new commitment, release violator, department transfer, jail delegation, or non-department admission, a qualified nursing staff person must complete a PREA Intake Screening Tool ~~in COMS, review~~screens the incarcerated person's~~offender's~~ available file information, and interviews the person~~offender~~ to assess their~~his/her~~ potential ~~for~~ vulnerability to sexual abuse ~~and/or~~ tendencies to engage in sexually aggressive behavior. Incarcerated persons~~Offenders~~ must not be disciplined for refusing to answer, or for not disclosing complete information, when screened by the qualified nursing staff person completing the PREA Intake Screening Tool. ~~For juvenile offender screenings, see Instruction 202.041RW, "Intake Screening." For other facility screenings, see Division Directive 202.040, "Offender Intake Screening and Processing."~~

~~Within 24 hours of an offender's intake, a qualified staff person completes an initial health screening, including the screening questions (see Policy 500.050, "Health Screenings and Full Health Appraisals").~~

- b) If the screening identifies an incarcerated person~~offender~~ with a potential vulnerability to ~~and/or~~ demonstrated risk for sexually aggressive behaviors, staff must immediately notify the facility PREA compliance manager~~associate warden of operations/ (AWO)/designee. The AWO/designee, in consultation with the warden, determines whether sexual abuse response team (SART) activation is warranted.~~
- (1) Incarcerated persons~~Offenders~~ at high risk for sexual victimization must not be placed ~~s~~ in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If the~~a~~ facility cannot conduct such an assessment immediately, it~~the~~ facility may hold the incarcerated person~~offender~~ in involuntary restrictive~~segregated~~ housing for less than 24 hours while completing the assessment.
- (2) If an involuntary restrictive~~segregated~~ housing assignment is made, the facility must clearly document:
 - (a) ~~1~~ The basis for the facility staff's concern for the incarcerated person's~~offender's~~ safety; and
 - (b) ~~2~~ The reason why no alternative means of separation can be arranged.

(3) PREA screening information is used to determine housing, bed assignment, work assignment, and the need for further referral ~~based on the information (see Division Directive, 202.105, "Multiple Occupancy Cell/Room Assignment"). For additional information on placement options, see the Reference section for links on administrative segregation, offender incompatibility, and transgender offenders.~~

- c) Upon receiving an allegation that an ~~incarcerated person~~ offender was sexually abused while confined at another facility, the ~~warden of the facility~~ head of the facility that who received the allegation must notify the head of the facility, or appropriate office of the agency, where the alleged abuse occurred. Presumptively valid recipients are the facility head, the facility's PREA compliance manager, the agency's PREA coordinator, or the office of the agency head.
 - (1) Such notification must be provided as soon as possible, but no later than 72 hours after receiving the allegation.
 - (2) The facility or agency must document ~~that~~ it has provided such notification and retain a copy in the person's confidential behavioral health file.
 - (3) The facility head or agency office that receives such notification must ensure ~~that~~ the allegation is investigated in accordance with PREA ~~the~~ standards.
 - (4) The facility head notifies the OSI special investigator.
- d) Qualified nursing staff completing the ~~Sexual Violence Prevention (PREA) risk screening Checklist~~ must make a referral for mental health services for an ~~incarcerated person~~ offender with any potential sexual vulnerability. Staff may also make referrals based on mental health concerns, observed behavior, ~~and/or~~ at the incarcerated person's request ~~offender's request (see Division Directive 500.303, "Mental Health Assessment")~~.
- e) Within 30 days, the ~~incarcerated person's~~ offender's/resident's caseworker must reassess their risk of victimization or abusiveness based on review any additional, relevant information received by the facility since the intake screening ~~and notify the PREA compliance manager/designee if new information is received.~~ ~~Offenders/residents are reassessment when any additional information is received.~~
- f. An incarcerated person's risk level must be reassessed when warranted due to a referral, request, incident ~~Reports~~ of sexual abuse, or receipt of additional information that bears on their risk of ~~harassment/staff~~ sexual victimization or abusiveness ~~misconduct~~

C. Reporting

All incarcerated persons ~~All offenders~~ are encouraged to report to staff if they have ~~he/she has~~ been victimized or ~~the offender has~~ yes knowledge of any sexual ~~sexual~~ abuse/~~harassment/staff~~ sexual misconduct within the DOC.

- 1. Methods for reporting include: ~~offender~~ responses to the PREA intake screening ~~checklist~~, direct reporting, anonymous reporting, ~~third-party~~ reporting, or reporting on the DOC's sexual abuse telephone helpline ~~hotline~~.
 - a) The DOC maintains multiple ways for ~~incarcerated person~~ offenders and staff to report allegations of sexual abuse/~~harassment/~~ or staff sexual misconduct

perpetrated by other incarcerated person~~offenders~~, staff, contractors, interns, or volunteers.

(1) A qualified interpreter is provided for an incarcerated person~~offender~~ who has a disability that impacts their~~his/her~~ ability to communicate (such as a hearing or vision impairment).

(2) Incarcerated persons~~Offenders~~ who do not speak and understand English are provided language interpretive services. Incarcerated person~~Offender~~ interpreters are not used unless a delay could cause immediate safety or security issues.

~~(3) Offenders who falsely report information are reviewed for a violation of the offender discipline regulations and/or criminal statutes.~~

b) Sexual Violence Prevention (PREA) risk screening Checklist: All incarcerated persons~~all offenders~~ are interviewed by nursing~~trained~~ staff, using the PREA~~a~~ Intake S~~creening Tool c~~hecklist upon arrival to a facility.

c) Direct report: A~~any~~ staff, contractor, intern, or volunteer who receives a verbal or written report of sexual abuse/~~harassment~~ or staff sexual misconduct must immediately notify the watch commander/~~duty officer~~ and complete a confidential incident report before they leave their shift or the facility. Staff must report any communication, including rumors, ~~from staff or offenders~~ that may indicate sexual abuse, ~~harassment~~, or staff sexual misconduct has occurred, regardless of any established professional privilege.

d) Anonymous or third-party reporting: S~~staff~~ may receive an anonymous kite, hear a rumor, or other third-party information (including from an incarcerated person's~~offender's~~ family or friend) that an incarcerated person~~offender~~ has been the victim of sexual abuse/~~harassment/~~ or staff sexual misconduct. Staff must immediately report all information in a confidential incident report to the watch commander/~~duty officer~~, who must then confer with the office of special investigations (OSI). OSI determines whether, and how, an investigation will proceed.

e) DOC sexual abuse hotline~~helpline~~: A~~anyone~~ may contact the sexual abuse ~~helpho~~line by dialing (651) 603-6798 and following the prompts. Prompts are provided in English and Spanish. Incarcerated persons~~Offenders~~ making the call from a DOC incarcerated person~~offender~~ telephone may use the collect call option and are not charged for the call. The ~~helpho~~line is advertised in all DOC facilities in programming, living units, and other areas frequented by incarcerated persons~~offenders~~. OSI staff must review ~~s and investigates any all~~ messages received on the ~~helpho~~line and forward them to the appropriate investigating authority.

f) Outside agencies: Incarcerated person~~offenders~~ may report sexual abuse/~~harassment/~~ or staff sexual misconduct to an outside agency directly or through a third party.

2. Incident in progress:

a) If a staff person observes suspected sexual abuse or staff sexual misconduct in progress, they~~he/she~~ must immediately activate the incident command system and

verbally direct the behavior to stop. (ICS) per Policy 301.140, "Incident Command System."

- b) ~~If staff observes suspected sexual harassment in progress, he/she must verbally direct the behavior to stop.~~ Staff must also write an incident report ~~to document the directive and, depending on the severity,~~ contact the watch commander. The watch commander reviews allegations of sexual ~~abuse~~harassment and staff sexual misconduct and makes appropriate notifications.

3. False reporting

If an investigation reveals that an incarcerated person has made a ~~Offenders who falsely allege accusation of staff~~ sexual abuse/~~harassment and or~~ staff sexual misconduct that the person, in good faith, could not have believed to be true, they will be held accountable through all means available, including discipline and criminal charges for filing a false police report to the department (see Policy 303.010, "Offender Discipline").

4. Retaliation

Staff must not engage in any form of retaliation against an incarcerated person who makes an allegation of sexual abuse or staff sexual misconduct. Staff must not retaliate in any way against staff or others who intervene in, report, or provide information about incidents of sexual abuse or staff sexual misconduct.

D. Responding to reports of sexual abuse or staff sexual misconduct

~~All allegations~~The DOC investigates all reported or alleged incidents of sexual abuse or staff sexual misconduct are investigated by the DOC and documented in a PREA database. All victims have~~An offender who alleges that the offender has been the victim of sexual abuse perpetrated by another offender, staff, contractor, or volunteer is offered~~ access to psychological services, medical services, and a sexual abuse advocate. ~~Designated staff must complete the responsibilities below when sexual abuse is reported. The facility's Associate Warden of Operations assigns a trained lieutenant to open an incident in the database, as applicable. Access to the PREA Incident Management system is limited to members of SART, and only approved by the SART chairperson and the PREA coordinator.~~Designated staff must complete the responsibilities below as applicable:

1. Correctional facility sexual abuse – current incident:

a) ~~First~~Primary staff responder report

- (1) Separate the alleged perpetrator and victim so that neither one can hear or see the other.
- (2) ~~Ensure staff r~~Remain with the victim and the perpetrator to provide safety and support, and to ensure ~~that the victim does not wash, shower, change clothes, or otherwise~~evidence is not compromised ~~physical evidence on his/her body prior to examination.~~
- (3) Inform the watch commander/designee.
- (4) Secure the crime scene. Take photographs as directed by OSI.
- (5) ~~With the exception of health services staff and the watch commander, the staff receiving the report must~~ Initiate the First Responder Sexual Abuse Response Checklist (attached). If the alleged victim is a minor, specific additional reporting requirements may apply, see Policy 302.120, "Reporting Maltreatment of Minors" and contact the inspection and enforcement unit (I&E).
- (4) ~~Inform the watch commander/designee of the alleged sexual abuse.~~

- ~~(5) Secure the crime scene. Take photographs as needed.~~
- (6) Complete a confidential incident report.
- (7) Forward the First Responder Sexual Abuse Response Checklist and confidential incident report to the watch commander.

b) Watch commander/~~duty officer~~

- (1) Initiate the Watch Commander Sexual Abuse Response Checklist ~~(attached).~~
- (2) Notify the officer of the day (OD) and ~~facility~~ OSI staff. ~~The OD is responsible for notifying the warden.~~
- (3) If the alleged victim is a minor, specific time-sensitive statutory reporting requirements ~~may apply, see Policy 302.120, "Reporting Maltreatment of Minors" and~~ contact the inspection and enforcement (I&E) unit.
- (4) Ensure that ~~the alleged perpetrator and victim are separated.~~ Separation is may not represent a form of punishment but a safety measure for both the alleged victim and perpetrator. If the alleged perpetrator is a staff person, volunteer, intern, or contractor, the watch commander must consult with human resources staff as soon as possible to determine the appropriate method of separation and then direct the individual to remain in a designated area. The alleged perpetrator's refusal to remain in the designated area is considered insubordination.
- ~~(5) Ensure. The watch commander must not allow~~ the alleged perpetrator does not have access to a phone and ~~must ensure the individual~~ is supervised until the arrival of OSI or local law enforcement. ~~If the alleged perpetrator is a staff person, volunteer, intern, or contract staff, the watch commander must consult with human resources staff as soon as possible to determine the appropriate method of separation and then direct the individual to remain in a designated area. The alleged perpetrator's refusal to remain in the designated area is considered insubordination.~~
- ~~(6)~~ If health services staff are on duty, immediately notify them of the allegation of sexual abuse. If health services staff are not on duty:
 - (a) Call the on-call medical provider as soon as possible to determine if immediate medical treatment is necessary;
 - ~~(b)~~ Offer the alleged victim support and explain the options. The alleged victim may choose to undergo a sexual assault forensic examination at a designated emergency room. If so, the alleged victim is examined for injuries and sexually transmitted sexually transmitted infections (STI), may have biological specimens collected, and may have blood drawn;
 - ~~(c)~~ If the alleged victim refuses to be examined, document in an incident report;
 - ~~(db)~~ If necessary, call the designated health care facility or local emergency room to notify them of the need for a sexual assault forensic exam ~~and communicate the reported information; and~~
 - ~~(e)~~ Explain to the alleged victim the importance of a physical exam to assess medical needs, to provide any necessary treatment, and to ensure preservation of evidence; and
 - ~~(ed)~~ Arrange tTransportation of the alleged victim to the health care facility as soon as possible via state car or ambulance. ~~(as appropriate).~~

- (76) Notify behavioral health staff during regular business hours. During non-business hours, notify on-call behavioral health staff. ~~(see Division Directive 500.303, "Mental Health Assessment")~~.
- (87) Notify the facility director of clinical operations~~health services administrator~~/designee as soon as they come~~he/she comes~~ on duty. Report all actions that have been completed and relay any follow-up orders received from the health care facility.
- ~~(98) Complete a confidential incident report.~~
- (9) Collect First Responder, Health Services, and Watch Commander Sexual Abuse Response Checklists and all confidential incident reports and forward them accordingly~~to warden/designee for post incident review~~.
- ~~(10) Post incident review the warden/designee reviews the Sexual Abuse Response Checklists and all confidential incident reports received from the watch commander.~~
- ~~(11)~~

c) Health services staff

- ~~(1) If health services staff receive a direct report from an offender alleging sexual abuse, staff must notify the watch commander/designee immediately and initiate the Health Services Sexual Abuse Response Checklist (attached). If the alleged victim is a minor, specific reporting requirements may apply, see Policy 302.120, "Reporting Maltreatment of Minors." The staff must inform the reporting individual of his/her duty to report and the limits of confidentiality (prior to the initiation of services).~~
- (12) Offer the alleged victim and perpetrator support and explain the options and procedures:-
 - ~~(a) The alleged victim undergoes Aa~~ sexual assault forensic examination at a designated emergency room by a certified sexual assault nurse examiner (SANE);
 - ~~(b) The option for the victim to access a sexual abuse community advocate during the process;~~
 - ~~(cb) The alleged victim is An~~ examined for injuries and, sexually transmitted infections (STI), and the collection of biological specimens ~~are collected~~; and
 - ~~(de) Blood may be drawn.~~
- (23) If the alleged victim or perpetrator refuses to be examined, document in the progress notes and have the ~~m-alleged victim~~ sign a Refusal of Health Care form ~~(attached)~~. Encourage the ~~m-alleged victim~~ to notify health services if they change their~~he/she changes his/her~~ mind.
- (34) If the alleged victim agrees to be examined, provide the facts known about the incident, including the infectious disease status of the ~~aggressor~~/alleged perpetrator (if known), to the emergency room or clinic where the alleged victim is to be examined. If the alleged victim is a minor, communicate the alleged victim's age to the emergency room and clinic physician. ~~The emergency room or clinic where the alleged victim is to be examined must utilize SANEs and provide the alleged victim the option to access a sexual abuse community advocate during the process.~~
- (45) Report the incident to the facility director of clinical operations~~health services administrator~~/designee ~~verbally when on duty, or e-mail the report if off duty~~.

- ~~(56)~~ Document all actions taken and communications ~~with the alleged victim in the medical record progress notes within 24 hours of the incident. Do not identify the alleged perpetrator by name, offender identification number (OID), or in any manner.~~
- ~~(7)~~ ~~Complete a confidential incident report.~~
- ~~(68)~~ Provide both the alleged victim and the perpetrator (if an incarcerated personoffender) with education on the risk of sexually transmitted STIs and the availability of STI testing.
- ~~(79)~~ Forward the Health Services Sexual Abuse Response Checklist and confidential incident report to the watch commander.
- ~~(810)~~ Ensure the emergency room report and follow-up recommendations are reviewed with a medical practitioner.
- ~~(11)~~ ~~Document in the PREA Incident Management System, as applicable.~~

d) Behavioral health staff

- ~~(1)~~ ~~If the incident occurs during non-business hours, the watch commander/duty officer must notify the on-call staff. Behavioral health staff determine the necessity to provide crisis counseling during non-business hours.~~
- ~~(12)~~ If the incident involves DOC staff sexual abuse of an incarcerated personoffender, a non-DOC contracted mental health professional (with training in the assessment and treatment of sexual abuse) may be utilized to provide care for the incarcerated personoffender.
- ~~(23)~~ When a behavioral health staff person first meets with the alleged victim, the staff person must offer psychological services. The staff person must, prior to the initiation of services, inform the ~~reporting~~ individual of behavioral health staff's ~~his/her~~ duty to report and the limits of confidentiality ~~(prior to the initiation of services)~~. If services are accepted, staff must obtain a signed Behavioral Health Services Agreement ~~(attached)~~ outlining the limits of confidentiality before services are provided.
- ~~(34)~~ Assess the incarcerated person's ~~offender's~~ mental health needs, provide any ~~the~~ necessary counseling, and documents in their offender's behavioral health file.
- ~~(45)~~ Consult OSI investigators regarding any clinical issue(s) which may be relevant to ~~an OSI interview of the alleged victim.~~
- ~~(56)~~ Report the incident and alleged victim's needs to the director of behavioral health services. The director decides, on a case-by-case basis, whether department staff or an external professional should provide the support services.
- ~~(67)~~ Report the identity of the alleged perpetrator to the facility behavioral health supervisor, who must also offer ~~the~~ an incarcerated personoffender perpetrator support services.
- ~~(8)~~ ~~Complete a confidential incident report and submit it to the watch commander.~~
- ~~(9)~~ ~~Document in the PREA Incident Management System, as applicable.~~

e) OSI special ~~investigation~~ staff and law enforcement must

- ~~(1)~~ Follow the procedures established in Policy 107.007, "Criminal Investigations;" ~~when investigating all alleged incidents of sexual abuse,~~

~~and must also document in the PREA Incident Management System, as applicable.~~

- ~~(2) Offer advocacy and, if requested, contact the PREA victim advocacy coordinator;~~
- ~~(3) Communicate with the PREA compliance manager and others as needed;~~
- ~~(4) The OSI investigator produces a final investigative report within 45 days of the completion of the investigation, unless time is ~~expanded~~ extended in writing by the deputy director of OSI-supervisory staff;~~
- ~~(5) Include a credibility assessment in the report. The credibility of an alleged victim, suspect, or witness must be assessed on an individual basis and must not be determined by the person's status as an incarcerated person or staff person. This may include information obtained from video evidence, work schedules, living/work assignments, communications, medical/behavioral health data, or other relevant data sources; and~~
- ~~(6) Document findings in the PREA database.~~

~~If the investigation reveals that an offender has made a false accusation that he/she, in good faith, could not have believed to be true, the facility may take disciplinary action against the offender through all means available.~~

f) ~~Sexual abuse~~ Advocacy staff

Sexual abuse advocacy or other professional services are available or made available to alleged victims of sexual abuse or staff sexual misconduct. Investigators will immediately notify Victim Services if the victim requests services. Advocacy staff must:

- ~~(1) If the alleged victim does not consent to participate in a sexual assault forensic examination, the OSI investigator must provide the alleged victim information about advocacy by utilizing the PREA victim advocacy video developed by the victim assistance program (VAP), which explains the role of the victim advocate.~~ Provide incarcerated people access to emotional support from outside the facility to help them heal from trauma-
- ~~(2) The OSI investigator must contact the VAP director. If the alleged victim expresses a desire for advocacy services, this request must be included in the contact.~~ Provide addresses and telephone numbers, including toll-free numbers where available, of local, state, or national victim advocacy or rape crisis organizations and, for persons detained solely for civil immigration purposes, immigrant services organizations; enable reasonable communication between incarcerated people and these organizations and agencies, in as confidential a manner as possible; and
- ~~(3) Inform incarcerated people, prior to giving them access, of the extent to which such communications are monitored and the extent to which reports of abuse are forwarded to authorities in accordance with mandatory reporting laws.~~

g) PREA compliance manager

- ~~(1) Opens an investigative case in the PREA database within five business days;~~

- (2) Ensures standards are adhered to and properly documented, including retaliation monitoring, outcome memos, and sexual assault incident reviews; and
- (3) Provides database follow up as necessary, or delegates such follow up.

2. Field services

- a) A staff person must intervene if the staff person observes, or has reason to suspect, that a supervisee is the victim of sexual abuse or staff sexual misconduct. In addition, staff must:
 - (1) Inform their supervisor of the alleged sexual abuse or staff sexual misconduct; and
 - (2) Complete and forward a confidential incident report to the supervisor, field services director, PREA compliance manager, PREA coordinator, and deputy director of OSI.
- b) OSI determines the appropriate course of action.
- c) The supervisee must be offered appropriate community services such as a crisis center, mental health treatment, victim advocate services, and local law enforcement support.

32. Incident of sexual victimization, outside the 120-hour time frame

- a) If, through the screening process or a subsequent disclosure, staff learns information that indicates that an ~~incarcerated person~~ ~~offender~~ has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff must ensure that the ~~incarcerated person~~ ~~offender~~ is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. A Referral for Mental Health Services form (~~attached~~) is required and OSI staff must also be notified. Once OSI is contacted, an OSI staff person meets with the victim within 72 hours and explains the investigation options.
- b) Any information related to prior sexual victimization or abuse that occurred in an institutional setting must be limited to medical and mental health practitioners, OSI, and other staff, as necessary, to inform treatment plans, security, and management decisions, including such examples as housing, bed, work, education, and program assignments.
- c) The evaluation and treatment of a victim of prior sexual abuse/~~harassment~~ or sexual misconduct includes follow-up services, a treatment plan, and referral for continued care following transfer to ~~or~~ placement in another facility. Referrals may also be provided for when the ~~incarcerated person~~ ~~offender~~ is released from custody.

43. Post-incident review

The warden/designee immediately reviews all confidential incident reports received from the watch commander for follow-up, ~~when appropriate~~. If the report is received after business hours, the warden reviews the documentation on the next business day for follow-up, ~~when appropriate~~.

54. Prior incident of sexual victimization reported to field services

- a) If field services staff become aware of a prior incident of sexual abuse within a correctional field services or other confinement setting, ~~they~~ he/she must:

- (1) Immediately consult with ~~their~~his/her supervisor regarding appropriate actions; and
 - (2) Complete a confidential incident report within 24-hours of learning of the situation.
- b) The field services supervisor must notify a supervisor from ~~the~~ OSI who determines the next steps, if any further action is necessary.
 - c) When appropriate, staff refer the ~~alleged victim~~offender to appropriate community services such as a crisis center, support groups, mental health treatment, victim advocate services, and area law enforcement.

~~5. The AWO or designee documents in the PREA Incident Management System, as applicable.~~

~~E. Responding to reports of sexual harassment or staff sexual misconduct~~

~~The DOC maintains a zero tolerance policy and investigates all reported or alleged incidents of sexual harassment or staff sexual misconduct. In cases of sexual harassment or staff sexual misconduct, offenders have access to psychological services and educational materials. Designated staff must complete the responsibilities below when sexual harassment or staff sexual misconduct is reported/alleged.~~

~~1. Correctional facility~~

- a) ~~A staff person must intervene if he/she observes, or has reason to suspect that an offender is being sexually harassed or the victim of staff sexual misconduct. In addition, the staff person must:~~
 - ~~(1) Inform the watch commander/designee of the alleged sexual harassment or staff sexual misconduct; and~~
 - ~~(2) Complete and forward a confidential incident report to the watch commander.~~
- b) ~~The watch commander/duty officer reviews the allegation and determines the appropriate course of action, which may include such actions as:~~
 - ~~(1) Consulting with administration if the alleged perpetrator is a staff person, volunteer, or contract staff person, and consider whether to prohibit further contact with offenders to ensure that the conduct does not recur;~~
 - ~~(2) Offering the offender(s) a behavioral health referral;~~
 - ~~(3) If the incident occurs during business hours, notifying behavioral health staff. If the incident occurs during non-business hours, notifying the on-call behavioral health staff. The on-call staff determines the necessity to provide crisis counseling during non-business hours; and~~
 - ~~(4) Completing a confidential incident report.~~
- e) ~~Post-incident review~~
~~The warden/designee reviews all confidential incident reports received from the watch commander for follow-up, when appropriate. If received after regular business hours, the warden reviews the documentation on the next business day for follow-up, when appropriate.~~
- d) ~~Behavioral health staff~~

- ~~(1) Offer psychological services to the alleged victim. The staff person must inform the reporting individual of his/her duty to report and the limits of confidentiality (prior to the initiation of services). If services are accepted, staff must obtain a signed Behavioral Health Services Agreement outlining the limits of confidentiality before services are provided.~~
 - ~~(2) Assess the offender's mental health needs, provide the necessary counseling, and document in the offender's behavioral health file.~~
 - ~~(3) Consult with the staff responsible for investigating the alleged incident regarding any clinical issue(s) which may be relevant to an investigative interview of the alleged victim.~~
 - ~~(4) Report the incident and alleged victim's needs to the director of behavioral health services, who decides on a case-by-case basis whether department staff or an external professional should provide support services.~~
 - ~~(5) Report the identity of the alleged perpetrator to the facility behavioral health supervisor, who must also offer the offender perpetrator support services.~~
 - ~~(6) Complete a confidential incident report and submit it to the watch commander.~~
 - ~~(7) Document the follow-up in the PREA Incident Management System, as applicable.~~
- e) ~~Offender on-offender allegations of harassment are investigated by the supervisor in charge of the alleged perpetrator's living area, unless administration makes another determination. Juvenile allegations may be documented in the PREA Incident Management System, as applicable. Adult allegations are not entered into the PREA Incident Management System.~~
- f) ~~An offender's allegation of harassment against a staff person, volunteer, or visitor is reviewed by OSI for any criminal violations. If no criminal violation occurred, the allegation is provided to the appointing authority/designee and the human resources director (HRD). The allegation is then forwarded to the PREA coordinator, who determines if a sexual harassment/misconduct investigation is warranted. The PREA coordinator reviews the information and reports to the HRD as to the appropriate investigation procedure. Only a specifically trained staff person (lieutenant or higher rank), is assigned the investigation.~~
- g) ~~Trained facility staff must:~~
- ~~(1) Follow established procedures when investigating incidents of sexual harassment or staff sexual misconduct.~~
 - ~~(a) Explain the investigative process and take (or review if already taken) a verbal statement from the complainant.~~
 - ~~(b) Communicate the allegations to, explain the investigative process to, and interview the respondent.~~
 - ~~(c) Obtain additional evidence or facts by reviewing relevant files, documentation, interviewing possible witnesses, and any other necessary investigative work.~~
 - ~~(d) Prepare a thorough, objective written report of the findings and submit it to the PREA coordinator for review for completeness. If the investigation is complete and needs no additional follow-up, the PREA coordinator forwards the report to the facility HRD for the determination of further action.~~

- ~~(e) Complete the investigation and make a determination within 45 days of the investigator's initial meeting with the complainant, unless reasonable cause for delay exists.~~
- ~~(2) Produce a final investigative report within the required timelines. If timelines must be extended due to unavoidable circumstances, the reason(s) must be documented in the report.~~
- ~~(3) Include a credibility assessment in the report. This section outlines what was used to assess credibility of information received in interviews. This may include information obtained from video evidence, work schedules, living/work assignments, communications, medical/behavioral health data, or other relevant data sources.;~~
- ~~(4) Provide the investigation report to the appointing authority, who directs the communication of the results to the affected staff and offender.~~
- ~~(5) Refer situations not investigated to the appointing authority.~~
- ~~(6) Document in the PREA Incident Management System, as applicable.~~

~~If the investigation reveals that an offender has made a false accusation that the offender, in good faith, could not have believed to be true, the facility may take disciplinary action against the offender through all means available.~~

~~2. Field services sexual harassment or staff sexual misconduct~~

- ~~a) A staff person must intervene if the staff person observes, or has reason to suspect, that an offender is being sexually harassed or the victim of staff sexual misconduct. In addition, staff must:

 - ~~(1) Inform the staff member's supervisor of the alleged sexual harassment or staff sexual misconduct; and~~
 - ~~(2) Complete and forward a confidential incident report to the supervisor.~~~~
- ~~b) The supervisor reviews the allegation and determines the appropriate course of action, which may include:

 - ~~(1) Consulting with administration if the alleged perpetrator is a staff person, volunteer, or contract staff person, and consider whether to prohibit further contact with offenders to ensure the conduct does not recur;~~
 - ~~(2) Referring the offender to appropriate community services; and~~
 - ~~(3) Completing a confidential incident report.~~
 - ~~(4) Confering with the field services director to determine whether the allegations meet the definition of sexual harassment or staff sexual misconduct for referral purposes.~~~~
- ~~e) Field services supervisors must investigate allegations if OSI staff do not initiate an investigation.~~

EF. Sexual abuse response team (SART) involvement

1. Objective:

Each DOC Minnesota correctional facility (~~MCF~~) must maintain a sexual abuse response team (SART),⁷ chaired by the facility's PREA compliance manager ~~AWO~~. ~~SART provides a victim-centered coordinated team response. SART offers supportive services to the alleged victim of sexual abuse, and ensures the victim access to a continuum of services.~~

- a) The SART has members from security/is responsible for insuring that every person in the facility who has the responsibility for responding to an incident of sexual

abuse, including first responders, medical and mental health providers, investigators, and facility leadership, understands their roles and how their roles interact with others' so that the facility achieves an effective, coordinated response to every incident of sexual abuse, medical practitioners, behavioral health practitioners, and the special investigator.

- b) The SART must ensure the facility has developed a written plan requiring that the actions of all initial responders are coordinated so that their interventions following an incident of sexual abuse are organized, timely, and systematically focused on meet the immediate and long-term needs of an alleged the victim and perpetrator of sexual abuse by offering access to support services.
- c) SART must enable staff to protect the safety and security of the victim as well as of the facility, while ensuring that physical evidence is preserved, perpetrators are identified and secured, and timely investigation of the incident is begun attempt to identify and cooperate with the prosecution or internal discipline of the perpetrator.
- d) ~~The SART leader must ensure that staff/offender reporters of abuse are protected from retaliation.~~
- de) The SART chairleader/designee must follow up with ~~staff/offender-alleged victims,~~ reporters and witnesses at 30 days, 60 days, and 90 days at a minimum from the date of the sexual abuse ~~/harassment or sexual misconduct~~ to ensure there is no retaliation. ~~as a result of the reporting.~~ Follow-up may increase, if needed. Anyone who cooperates with an investigation is protected from retaliation. If the allegation is determined to be unfounded, the obligation to follow-up monitor ends. All retaliation follow-up monitoring must be documented in the PREA database Incident Management System.
- e) The SART members must meet quarterly and document the meetings.
- f) The PREA coordinator must conduct SART review audits periodically.

2. Activation

Upon notification ~~of an incident from the watch commander and completion of a post-incident review,~~ the warden/designee determines whether to activate the facility SART. If notification is received during regular business hours, the warden may review and issue a decision on SART activation. If notification is received after regular business hours, the warden reviews the documentation on the next business day and issues a decision on SART activation. If activation is warranted, the warden/designee must notify the facility SART chairleader, who then notifies the PREA coordinator.

3. Response

- a) Following notice of activation, the facility SART chairleader must promptly take any action deemed necessary for the immediate safety needs of the alleged victim. Involuntary (administrative) segregation should only be assigned when another alternative cannot be found and must not exceed 30 days.
- b) The SART leader must convene a SART ~~review~~ meeting as soon as reasonably possible, taking into account considering facility safety and security, the immediate

needs of the victim, the investigation status, and the facility's resources/ and limitations.

- c) The SART must develop a coordinated response among behavioral health, health services, case management, victim advocacy services, OSI, security, and various institution staff as needed to develop a comprehensive, victim-centered management plan for both the alleged victim and the alleged perpetrator.

~~d) — The SART team reviews the Sexual Abuse Response Team Guide (attached) to evaluate the services offered to the alleged victim.~~

- de) The SART caseworker is responsible for notifying the risk assessment/community notification unit (RA/CN) policy compliance supervisor of the sexual abuse incident when:

- (1) The alleged perpetrator is a predatory offender; or
- (2) When the information provided creates probable cause to believe that criminal sexual abuse has been committed.

The SART caseworker must document the above in the PREA Incident Management System, as applicable.

- ef) The RA/CN unit must:

- (1) Conduct a sexual abuse risk assessment upon being informed that an incarcerated person/offender-on-offender perpetrator has been identified and the allegation has been substantiated. As deemed appropriate, this assessment includes psychological testing, scoring of actuarial tools, and information regarding possible interventions, including the appropriateness of sex abuse specific mental health treatment, as available at that facility. The risk assessment report is provided to the AWO-PREA compliance manager and mental health director at the facility housing the alleged perpetrator within 60 days of the initial report.
- (2) Determine if review is required by the end of confinement review committee (ECRC).
- (3) Determine if review is required by the sexually psychopathic personality (SPP)/sexually dangerous person (SDP) screening committee.
- (4) Determine if the incarcerated person's/offender's treatment recommendation needs review.

~~4. Sexual abuse allegation notifications~~

~~a) — All notifications must be documented in the PREA Incident Management System.~~

~~b) — OSI, or the AWO, must notify the alleged victim of the outcome (once it has been determined), whether the allegations are substantiated, unsubstantiated, or unfounded.~~

~~e) — OSI provides the alleged victim relevant information if another agency conducted the investigation. OSI also informs the alleged victim regarding actions taken as a result of an allegation against another offender or staff.~~

- ~~(1) — If/when the staff/offender is indicted on a related charge stemming from an incident within the facility;~~

- ~~(2) If/when the staff/offender is convicted on a related charge stemming from an incident within the facility; and~~
- ~~(3) If/when the offender has received disciplinary sanctions.~~
- ~~d) The AWO must notify the alleged victim regarding actions taken as the result of an allegation against staff.~~
 - ~~(1) When the staff is no longer in the unit; and~~
 - ~~(2) When the staff is no longer employed at the facility.~~
- ~~e) The agency's obligation to report to the offender terminates if/when:~~
 - ~~(1) The allegation is unfounded; or~~
 - ~~(2) The offender is released from custody.~~

45. Report

Within ~~20~~^{ten} business days of the SART activation, the PREA compliance manager completes a written SART Confidential Memorandum ~~(format attached) and the Sexual Abuse Response Team Guide must be provided~~ to the warden detailing SART actions, recommendations, and overall management of the alleged victim and perpetrator. The SART Confidential Memorandum ~~must be uploaded to~~ is part of the PREA database Incident Management System. ~~The SART evaluation and report~~ must include:

- a) The histories of any prior victimization or predatory behaviors of the alleged victim and perpetrator while incarcerated;
- b) Identification of any pre-incident activity between the alleged victim and perpetrator;
- c) Evaluation of the alleged victim's and perpetrator's classifications, housing, work assignments, medical history, and behavioral health history;
- d) Assessment of the safety and security needs of the alleged victim and perpetrator;
- e) The implementation of incarcerated person~~offender~~ management plans;
- f) Follow-up plans and ~~or~~ release referrals; and
- g) Corrective actions or suggestions to improve correctional practices to prevent future occurrences of sexual abuse.

~~6. Review~~

~~An incident review team is conducted by the warden, AWO, OSI, captain, corrections program director, and health services administrator within 30 days of the conclusion of an investigation, unless the incident was unfounded.~~

- ~~a) Review includes input from those involved and must:~~
 - ~~(1) Consider possible policy changes;~~
 - ~~(2) Consider motives which may include such examples as: race, ethnicity, gender identity (lesbian, gay, bisexual, transgender, intersex, or perceived status), gang affiliation, or whether the incident was motivated or otherwise cause by group dynamics;~~
 - ~~(3) Assess the physical area in the facility where the abuse occurred;~~
 - ~~(4) Assess staffing levels;~~
 - ~~(5) Assess the need for additional monitoring technology (e.g., cameras, etc.); and~~
 - ~~(6) Be documented in the PREA Incident Management System under the Incident Panel.~~
- ~~b) The PREA coordinator must conduct SART review audits periodically.~~

- ~~e) The facility must implement the recommendations from the review, or document the reason(s) for not making the recommended changes.~~
- ~~d) Documentation is retained in the PREA Incident Management System.~~

57. Confidentiality

SART members must ~~maintain confidentiality and professionalism at all times~~ always maintain confidentiality and professionalism. The identity of an alleged victim of sexual abuse is private information. The sharing of sensitive information is limited to those staff who must know in accordance with policy, state statute, federal law, professional licensure, and ethical standards. DOC staff must, to the extent possible, limit the release of information ~~in an effort to~~ protect the victim, witnesses, and reporters of sexual abuse from retribution, (see Minn Stat. §13.82, subd. 17).

68. Training

a) SART members must be cross-trained in the roles and responsibilities of each team member. ~~Cross training helps maintain a holistic response to an incident of sexual abuse/harassment.~~

ba) The facility SART leader must replace, re-assign, and train a new SART member when a member has left ~~is lost~~.

b) ~~Specialized training is periodically offered to appropriate staff for professional development. Training assistance and advice is available from the department victim assistance program, employee development unit, and the PREA coordinator.~~

~~9.~~ Each facility must have procedures which address:

- ~~a) SART member selection from various institutional staff as needed to develop a coordinated response;~~
- ~~b) Group roles and responsibilities;~~
- ~~c) Individual team member roles and responsibilities;~~
- ~~d) Crisis, intermediate, and long-term interventions;~~
- ~~e) Information sharing;~~
- ~~f) Tracking and monitoring methods;~~
- ~~g) Collaboration with victim assistance programs; and~~
- ~~h) Debriefing procedures.~~

F4. Sexual abuse allegation notifications

1.a) All sexual abuse allegation notifications must be documented in the PREA database. ~~Incident Management System.~~

2.b) OSI, or the PREA compliance manager/designee, must provide to the alleged victim of the an Outcome Memo (once it has been determined), informing them whether the allegations have been determined to be ~~are~~ substantiated, unsubstantiated, or unfounded.

3.e) The PREA compliance manager/designee provides the alleged victim relevant information an Outcome Memo if another agency conducted the investigation. They also informs the alleged victim about the following ~~regarding actions taken as a result~~

~~of~~because of an allegation against another incarcerated person/offender or staff (including interns, volunteers, or contractors).~~and~~;

a(1) If/when the staff/ or offenderincarcerated person/resident is indicted on a related charge stemming from an incident within the facility;

b(2) If/when the staff/ or offenderincarcerated person/resident is convicted on a related charge stemming from an incident within the facility; and

c(3) If/when the offenderincarcerated person has received disciplinary sanctions.

4.d) The PREA compliance manager/designeeAWO must ~~notify~~provide to the alleged victim an Outcome Memo regarding actions taken as the result of an allegation against staff (including interns, volunteers, or contractors). The PREA compliance manager must notify the alleged victim:

a(1) When the staff is no longer in the unit; and

b(2) When the staff is no longer employed at the facility.

5.e) The agency's obligation to report to the offenderincarcerated person terminates if/when:

a(1) The allegation is unfounded; or

b(2) The offenderincarcerated person is released from custody.

G6. Sexual abuse incident rReview

A sexual abuseAn incident review team is form must be conducted by the warden, AWO, OSI, captain, corrections program director, and health services administrator within 30 days ofat completed at the conclusion of anevery sexual abuse investigation to evaluate whether any changes in policy or practice at the facility need to be made considering the alleged incident.

1. The review is managed by the PREA compliance manager and conducted within 30 days of the conclusion of an investigation, unless investigation unless the incident was unfounded.

2.a) The rReview includes input from those involved and must:

a(1) Consider possible policy changes;

b(2) Consider possible motives for the sexual abuse, includingwhich may include such examples as: race, ethnicity, gender identity, (lesbian, gay, bisexual, transgender, intersex, or perceived status), or gang affiliation, orand whether the incident was motivated or otherwise caused by group dynamics;

c(3) Assess the physical area in the facility where the abuse occurred;

d(4) Assess staffing levels; and

e(5) Assess the need for additional monitoring technology. (e.g., cameras, etc.); and

(6) Be documented in the PREA Incident Management System under the Incident

Panel.

b) The PREA coordinator must conduct SART review audits periodically.

3.e) The facility must implement the recommendations from the review, or document the reason(s) for not making the recommended changes.

d) Documentation is retained in the PREA Incident Management System.

H. Retaliation Monitoring Requirements

1. The PREA compliance manager designates someone from the SART to perform all aspects of retaliation monitoring and to clearly document it in the database in a timely fashion.
2. For at least 90 days following a report of sexual abuse or staff sexual misconduct, the designated SART member must monitor the conduct and treatment of incarcerated people, staff, interns, contractors, or volunteers who reported the sexual abuse or staff sexual misconduct and of incarcerated people who were reported to have suffered sexual abuse or staff sexual misconduct to see if there are changes that may suggest possible retaliation and must act promptly to remedy any such retaliation. Items to monitor include any disciplinary reports, housing changes, program changes, negative performance reviews, or reassignments of staff. In the case of incarcerated people, such monitoring must also include periodic status checks.
3. 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.
4. The designated SART member must continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The obligation to monitor terminates if the allegation is determined to be unfounded.

IG. Record Retention and data collection

1. Record retention
All documentation relating to sexual abuse/harassment or staff sexual misconduct must be filed in the incarcerated person's offender's confidential electronic base file and/or in the staff (alleged victim or perpetrator's) confidential electronic file if the perpetrator is another incarcerated person.
2. If the alleged perpetrator is a staff person (including an intern, volunteer, or contractor), documentation must be retained in the person's file as directed by human resources and/or OSI. For additional information on case records see Policy 106.220 "Case Records," for treatment records see Policies 500.190 "Health Care Data Practices" and 500.3071 "Behavioral Health Data Practices," and for investigative reports see Policy 107.007 "Criminal Investigations." Staff must comply with Minnesota's data practices laws; for further guidance see Policy 106.210 "Providing Access to and Protecting Government Data."

J.2. Statistics

The Department of Justice, Bureau of Justice Statistics, annually collects statistical information on reported incidents of sexual violence and sexual misconduct against incarcerated persons/offenders (see Policy 102.050, "Prison Rape Elimination Act (PREA) Data Collection, Review, and Distribution" for more information).

INTERNAL CONTROLS:

- A. All documentation relating to sexual abuse ~~or staff sexual misconduct/harassment~~ is retained in the ~~incarcerated person's/offender's~~ confidential ~~electronic~~base file and ~~in the aggressor/alleged~~ perpetrator's confidential ~~electronic~~ file ~~if the perpetrator is another incarcerated person.~~
- B. If the ~~aggressor/alleged~~ perpetrator is a staff ~~member~~person (including an intern, volunteer, or contractor), documentation must be retained ~~in the person's file~~ as directed by human resources and/or OSI.
- ~~CB.~~ All staff training must be documented and retained in the ~~agency-approved electronic~~ training management system.
- ~~DC.~~ The PREA ~~Incident Management System~~database maintains PREA-specific ~~standard~~ ~~documentation~~ requirements.
- ~~ED.~~ All documentation of notification by the head of the facility to another facility, regarding allegations of sexual assault of an ~~incarcerated person/offender~~ while confined at another facility, must be retained in the ~~PREA database/offender's confidential file.~~

~~ACA STANDARDS: 4-4281-1 through 4-4281-8, 1-ABC-3D-06-1 through 1-ABC-3D-06-6~~

REFERENCES: Prison Rape Elimination Act (PREA), [28 C.F.R. §115 \(2012\)](#)
Minn. Stat. §§ [241.01](#), [611A.20](#), [629.37](#) and [629.39](#)
[Minn. Stat. § 609.341, subd. 5](#)
[Minn. Stat. § 609.341, subd. 11](#)
[Minn. Stat. § 609.343](#)
[Minn. Stat. § 609.345](#)
[Minn Stat. § 13.82, subd. 17](#)
[Policy 202.040, "Offender Intake Screening and Processing"](#)
[Policy 202.050, "Offender/Resident Orientation"](#)
[Policy 202.056, "Sexual Harassment Prevention, Reporting, and Response"](#)
~~Division Directive~~[Policy 202.105, "Multiple Occupancy Cell/Room Assignment"](#)
[Policy 202.120, "Offender Incompatibility"](#)
~~Division Directive~~[Policy 301.085, "Administrative Segregation"](#)
[Policy 500.303, "Mental Health Assessment"](#)
[Policy 101.010 "Information Program and Dissemination"](#)
[Policy 103.410, "In-Service Training"](#)
[Policy 103.420, "Pre-Service and Orientation Training"](#)
[Policy 106.210 "Providing Access to and Protecting Government Data"](#)
[Policy 106.220 "Offender/Resident Case Records"](#)
[Policy 107.007, "Criminal Investigations"](#)
~~Policy 202.045, "Evaluation~~[Management and; Placement of Incarcerated People](#)
~~Who Are~~[and Treatment of Transgender, Gender Diverse, Intersex, or](#)
~~Nonbinary/Intersex Offenders"~~
[Policy 301.140, "Incident Command System"](#)
[Policy 303.010, "Offender Discipline"](#)
[Policy 302.120, "Reporting Maltreatment of Minors"](#)
[Policy 500.050, "Health Screenings and Full Health Appraisals"](#)
[Policy 500.190 "Health Care Data Practices"](#)
[Policy 500.3071 "Behavioral Health Data Practices"](#)
[Division Directive 202.041, "Juvenile Facility Admissions"](#)

Instruction 202.041-2RW, “Intake Screening and Admissions”

REPLACES: Policy 202.057, “Sexual Abuse/Assault Prevention, Reporting, and Response”
~~7/1/18~~8/21/18.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: ~~DOC Sexual Abuse Helpline Posters (PREA iShare site)~~
First Responder Sexual Abuse Response Checklist (202.057C)
Watch Commander Sexual Abuse Response Checklist (202.057D)
Health Services Sexual Abuse Response Checklist (202.057E)
Sexual Abuse Response Team Checklist~~Guide~~ (202.057G)
SART Confidential Memorandum (202.057H)
Notification~~Report~~ of Sexual Victimization—Adult (202.057I)
PREA Brochure (English) (202.057K (English))
PREA Brochure (Chinese) (202.057K (Chinese))
PREA Brochure (Hmong) (202.057K (Hmong))
PREA Brochure (Spanish) (202.057K (Spanish))
Report of Sexual Victimization—Juvenile (202.057J)
Refusal of Health Care form (500.010A)
Sexual Violence Prevention (PREA) Checklist Spanish (202.040CSpanish)
Sexual Abuse Prevention and Intervention Guide (202.050A)
Offender Intake Training Signature Sheet (202.050B)
Behavioral Health Services Agreement (500.3071C)
Referral for Mental Health Services (available on Behavioral Health iShare site)

APPROVED BY:

Deputy Commissioner, ~~Chief of Staff~~Facility Services
Deputy Commissioner, ~~Community-Client~~ Services and Supports
Assistant Commissioner, ~~Facility-Agency~~ Services and Supports
Assistant Commissioner, Facilities
Assistant Commissioner, Facilities
Assistant Commissioner, Health, Recovery, and Programming~~Operations Support~~