DEPARTMENT OF CORRECTIONS

Policy:	**500.309**
Title:	**Behavioral Health Services – Sexual Abuse/Harassment**
Effective Date:	**2/17/26**

PURPOSE: Minnesota Department of Corrections (DOC) behavioral health services staff ensure prevention, detecting, reporting, response, and retention of records relating to an incident of sexual abuse/assault and/or harassment of any incarcerated person/resident by an incarcerated person/resident, contractor, volunteer, staff, or visitor.

APPLICABILITY: Minnesota Department of Corrections (DOC); all facilities, behavioral health staff

DEFINITIONS: None

PROCEDURES:

A. All Minnesota Department of Corrections (DOC) behavioral health staff must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse/assault or sexual harassment that occurred in a facility; this includes medical and mental health practitioners, unless otherwise precluded by law. DOC behavioral health services staff also must participate in facility sexual abuse response teams (SARTs) to respond to alleged incidents of sexual assault to ensure that appropriate care is provided to incarcerated people/residents involved in these incidents, and to provide behavioral health assessment to inform and guide the SART response.

B. Medical and mental health practitioners must obtain informed consent from an incarcerated person/resident before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the incarcerated person/resident is under the age of 18.

C. All full and part-time behavioral health staff and contractors with routine client contact receive specialized training, which is documented and retained in the agency-approved electronic training management system, on:
   1. How to detect and assess signs of sexual abuse and harassment;
   2. How to preserve physical evidence of sexual abuse;
   3. How to respond effectively and professionally to victims of sexual abuse and harassment; and
   4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment (see Policy 202.057, “Sexual Abuse/Harassment Prevention, Reporting, and Response”).

D. Each facility’s mental health director must designate mental health providers to participate as members of that facility’s SART team. These individuals must have the ability to provide assessment, treatment planning, and therapy services to victims of sexual abuse, assault, and harassment.

E. Designated mental health providers must participate in each active SART response as described in Policy 202.057, “Sexual Abuse/Harassment Prevention, Reporting, and Response.” The

designated mental health staff must ensure that services are provided in a timely manner responsive to the needs of the incarcerated person(s)/resident(s) involved. Staff must produce appropriate clinical documentation as described in Policy 500.303, "Mental Health Assessment," and Policy 500.307, "Mental Health Records," including documenting the timeliness of services.

F. For reports of sexual abuse during non-business hours, the on-call mental health provider must be contacted. The on-call mental health provider provides services as described in Policy 500.305, "Mental Health Services On-Call."

G. If the incident involves sexual assault of an incarcerated person/resident by a DOC staff person, a non-DOC contracted mental health professional (with training in the assessment and treatment of sexual abuse) must be offered to provide care for the incarcerated person/resident. Upon receiving a request from an incarcerated person/resident in a substantiated case of DOC staff sexual assault of an incarcerated person/resident, the department must process an annual plan agreement per Policy 106.030, "Professional and Technical Services Contracts and Other Agreements" to provide care and minimize any delays in the provision of immediate care. The contracted provider must work in conjunction with DOC treatment providers to coordinate care. The contracted provider must undergo orientation to the facility where services may be provided in advance to minimize initial complications in services delivery and safety for non-providers.

H. For reports of sexual harassment, incarcerated individuals are offered mental health services. If the incarcerated person reports interest in receiving mental health services, a mental health referral is submitted, and mental health staff follow up with the individual accordingly.

INTERNAL CONTROLS:

A. All training is documented and retained in the agency-approved electronic training management system.

B. All clinical documentation is retained in the incarcerated person's/resident's electronic health record according to applicable DOC policies.

STATE CORRECTIONAL FACILITIES SECURITY AUDIT STANDARDS: None

REFERENCES:
Minn. Stat. §241.021, subd. 4
Prison Rape Elimination Act (PREA), 28 C.F.R. §115 (2012)
Policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response"
Policy 500.303, "Mental Health Assessment"
Policy 500.307, "Mental Health Records"
Policy 500.305, "Mental Health Services On-Call"
Policy 104.303, "Professional and Technical Services Contracts and Other Agreements"

REPLACES:
Policy 500.309, "Behavioral Health Services – Sexual Abuse/Harassment," 10/18/16.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: None

APPROVALS:
Commissioner of Corrections