
Policy Number: 202.057
Title: Sexual Abuse/Harassment Prevention, Reporting, and Response
Effective date: 4/6/2026

PURPOSE: To ensure system-wide prevention, detection, reporting, response, and retention of records relating to ~~incidents~~~~an incident~~ of sexual abuse/harassment of any incarcerated person/resident/detainee~~offender~~ by either another incarcerated person/resident/detainee, or by a staff member~~an offender~~, 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:

Correctional setting – prisons, county jails, detentions, lockups, and residential placement facilities.

Community confinement facility - a community treatment center, halfway house, mental health facility, alcohol or drug rehabilitation center or other community correctional facility.

Forensic evidence collection – the collection of evidence ~~from the patient~~ during the medical forensic exam within a 12-40~~240~~-hour time period after the abuse incident, unless exigent circumstances exist (for example, e.g., extended hostage situation, victim~~patient~~ has visible and/or significant trauma from the abuse needing treatment prior to evidence collection, or victim,~~or patient~~ has not cleansed themselves~~him/herself~~ since the abuse allowing for further evidence collection after an extended period).

PREA Compliance Manager (PCM) – designated facility staff member in a correctional or detention facility responsible for implementing and overseeing compliance with the federal Prison Rape Elimination Act (PREA).

PREA Coordinator – agency manager designated to oversee and ensure compliance with the Prison Rape Elimination Act (PREA).

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

Sexual abuse –

- A. Sexual abuse of an incarcerated person~~offender~~, detainee, or resident by a staff person~~intern~~~~member~~, contractor, or volunteer includes any of the following actions, with or without consent of the incarcerated person~~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, internmember, 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 person, internmember, 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 of another person, that is unrelated to official duties or where the staff person, internmember, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
- B. Sexual abuse of an incarcerated person/offender, detainee, or resident by another incarcerated person/offender, 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. Contact between the mouth and any body part when the incarcerated person/resident/detainee has the intent to abuse, arouse, or gratify sexual desire;
 4. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
 5. Any other intentional contact/touching, 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 who has completed the 40hour sexual violence specifically trained to offer advocacy training, support, crisis intervention, information, and is employed by referrals to a community-based program 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 Prison Rape Elimination Act (PREA) compliance manager/designee and must of facility staff which may include people from such examples as: security, health services, behavioral health, the office of special investigations (OSI), sexual abuse advocacy, victim services, law enforcement, local hospitals, and case management, representatives. The team is managed by the associate warden of operations (AWO). The purpose of the team is to ensure a holistic approach to investigations and the PREA coordinator/designees 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 SAME exam needs to be conducted within ten days (240 hours) of the sexual assault. The SANE must offer the incarcerated person/resident or detainee/offender information on sexually transmitted infections and; other non-acute medical concerns, and assess the risk of pregnancy.

Sexual harassment –

- A. incarcerated person/resident/detainee Offender/offender sexual harassment includes repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by an incarcerated person/one offender or

resident/~~detainee~~ directed towards another incarcerated person/resident/detainee. This includes 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 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 incarcerated person/offender or resident/~~detainee~~ by a staff person, intern~~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, interns, contractors, or volunteers when directed at an incarcerated person/resident or detainee~~offender~~ for the purpose of gratifying the sexual ~~desires~~desire(s) of any person, ~~and/or encouraging an 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 (that is, invading the privacy of an incarcerated person/resident or detainee for reasons unrelated to official duties, such as peering at an incarcerated person/resident or detainee who is using a toilet to perform bodily functions; requiring an incarcerated person/resident or detainee to expose their buttocks, genitals, or breasts; or taking images of all or part of an incarcerated person's/resident's or detainee's naked body or of the person performing bodily functions);
- ~~DC. Voyeurism by a staff member, contractor, or volunteer;~~
- ~~D. Unwelcome sexual advances, or requests for sexual favors;~~
- E. Dealing, offering, receiving, or giving favors or attention to an incarcerated person/resident or detainee~~offender~~ for purposes of grooming, bribing, or otherwise seeking to engage an incarcerated person/resident or detainee~~offender~~ in activities prohibited by policy;
- ~~F. Attempting to perform acts prohibited by this policy; and~~
- EG. Aiding or abetting another person in performing to perform 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 – an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether the even occurred~~cannot be proved or disproved by evidence obtained in an investigation.~~

PROCEDURES:

- A. Zero Tolerance

The Minnesota Department of Corrections (DOC) maintains a zero-tolerance policy on sexual abuse and harassment to promote a safe and humane environment for incarcerated people/residents and detainees, free from sexual violence and misconduct for offenders.

1. All staff, interns, contractors, 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 behavioral 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, any correctional staff person must directly intercede when observing anyone sexually abusing an incarcerated person/resident or detainee and must immediately call an incident command system (ICS).
3. If a staff person the DOC learns that an incarcerated person/resident or detainee offender is subject to a substantial risk of imminent sexual abuse, they must take immediate action to protect the incarcerated person/resident or detainee offender.
4. The DOC agency investigates and documents all alleged incidents matters of sexual abuse/harassment/staff sexual misconduct promptly, thoroughly, and objectively vigorously through its the office of special investigation (OSI), sexual abuse/harassment-trained investigator the facility discipline unit, facility supervisory staff, and outside law enforcement, as appropriate to directed by the incident.
5. Incarcerated people/residents, detainees, staff, interns
4. Offenders, staff, contractors, visitors, 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/harassment/staff sexual misconduct of an incarcerated person/resident or detainee offender. A violation of this policy may also result in termination from the DOC. Termination is the presumptive disciplinary sanction for staff people who have engaged in sexual abuse.
6. All incidents of alleged sexual abuse/harassment or staff sexual misconduct must be documented in the sexual abuse incident management database which is monitored by the facility's PREA compliance manager (PCM)/designee.

B. Prevention

1. Training for staff/individuals with direct incarcerated person/resident offender contact
 - a) During orientation, all staff, interns, volunteers, contractors, or any other individuals who have direct adult incarcerated person or juvenile resident offender contact must receive information regarding sexual abuse/harassment/staff sexual misconduct, and the potential consequences for engaging in prohibited conduct, and 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 preventing the detection, prevention, prohibition, reporting, and responding to incidents consequences of sexual abuse/harassment/staff sexual misconduct.~~

- b) The DOC employee development unit ~~must offer~~~~offers~~ ~~periodic in-service~~ training on sexual abuse/harassment, 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/staff sexual misconduct.
 - (2) Staff must always act professionally ~~at all times~~, 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/staff sexual misconduct may result in disciplinary action, up to and including termination.
 - (4) Staff must not place a youthful incarcerated person or a resident ~~Sexual abuse/harassment can occur~~ in a housing unit in which they would have sight, sound, or physical contact with any adult incarcerated person or detainee.
 - (5) ~~facility area, especially those not directly supervised at all times.~~ Staff must comply with all policies of surveillance including: sight and sound supervision of incarcerated people/residents and detainees ~~offenders~~, conducting frequent and random area checks, providing supervision, and maintaining communication with incarcerated people/residents and detainees ~~offenders~~. Staff must provide sight and sound supervision of youthful incarcerated people ~~offenders~~ whenever they are interacting with adult incarcerated people/detainees ~~offenders~~.
 - (65) Staff must understand factors that may increase an incarcerated person's/resident's/detainee's ~~offender's~~ likelihood of being sexually victimized, including such examples as: an incarcerated person/resident/detainee ~~offender~~ experiencing their/his/her first incarceration, being youthful or youth, elderly, having a history of mental illness or developmental disability, having sexual orientation ~~mentally ill, developmentally disabled~~, gender identity and gender expression (SOGIE) characteristics (nonconforming, gay, lesbian, bi-sexual, transgender, intersex, or nonbinary), having a small physical stature, or having ~~offenders who have~~ committed a sex offense, or having ~~have been~~ previously been victimized.
 - (76) Staff must be aware of and report possible warning signs that might indicate an incarcerated person/resident/detainee ~~offender~~ 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 and report incarcerated people/residents/detainees who exhibit sexually aggressive behavior. Characteristics of a sexually aggressive incarcerated person/resident/detainee may include: pairing up with or associating with other incarcerated people/residents/detainees ~~an offender~~ who meets the profile of a potential victim, have a history of strong-arming or extorting, have a prior history of predatory ~~behavior~~, voyeuristic or exhibitionist behavior, or having a demonstrated inability to control anger.
- (98) Staff people must not engage in any form of retaliation against an incarcerated person/resident/detainee ~~offender~~ who makes an allegation of sexual abuse/harassment/staff sexual misconduct. Staff people must not retaliate against staff or others who intervene in, report, or provide evidence about incidents of sexual abuse/harassment or staff sexual misconduct.
- (109) An incarcerated person/resident/detainee ~~offender~~ 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-know basis.

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

2. Incarcerated person/resident/detainee ~~Offender~~ education

At each facility, staff must provide comprehensive education to incarcerated people/residents/detainees within 30 days of their intake, either in person, by video or by providing a PREA education packet regarding their rights to be free from sexual abuse/harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The DOC must provide this education in formats accessible to all, including those who have limited English proficiency, are deaf, are visually impaired, or otherwise have a disability, as well as to those who have limited reading skills. Incarcerated person/resident/detainee education must include:

The DOC's Newly committed offenders receive orientation regarding sexual abuse/harassment and reporting. Offenders receive written and verbal information per Division Directive 202.050, "Offender Orientation," in a language easily understood by the offender, regarding:

- a) ~~a)~~ The DOC zero-tolerance policy on sexual abuse/harassment;
- b) ~~b)~~ How to avoid sexual contact in prison;
- c) ~~c)~~ The risks and potential consequences of engaging in any type of sexual activity while incarcerated, including which may include criminal sanctions or incarcerated person/resident/detainee and/or offender discipline; ~~(see Policy 303.010, "Offender Discipline");~~
- d) ~~d)~~ How to identify and report an incident of sexual abuse/harassment or staff sexual misconduct;

- e) ~~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 care assistance if victimized.

~~2.~~ Offender

~~3.~~ Incarcerated Person/Resident/Detainee screening

The PREA screening identifies those at heightened risk of being sexually victimized or sexually abusive to ensure appropriate housing and programming decisions.

- a) Within 72 hours of an incarcerated person's/resident's/detainee's arrival)
~~When an offender arrives at a DOC facility as a new commitment, release violator, department transfer, jail delegation, or non-department admission, a qualified staff person must complete~~ completes a PREA Intake-Screening Tool, screen the incarcerated person's/resident's/detainee's in COMS, screens the offender's available file information, and interview the incarcerated person/resident/detainee ~~interviews the offender~~ to assess their/his/her potential for vulnerability to sexual abuse/harassment or and/or tendencies to engage in sexually aggressive behavior. Incarcerated people/residents/detainees ~~Offenders~~ must not be disciplined for refusing to answer, or for not disclosing complete information, when screened by qualified staff completing a 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/resident/detainee ~~offender~~ with a potential vulnerability to and/or demonstrated risk for sexually aggressive behaviors, PREA screening tool reflects that a follow up must also be completed within 30 days by the facility PCM/staff must immediately notify the associate warden of operations (AWO)/designee. Other follow-up according to specific staff roles and timeline ~~The AWO/designee, in consultation with the warden, determines whether sexual abuse response team (SART) activation is prescribed by the PREA screening tool~~ warranted.

(1) Incarcerated people

~~Offenders~~ at high risk for sexual victimization must not be placed ~~s~~ in involuntary restrictive ~~segregated~~ housing unless an assessment of all available alternatives has been made, and it is determined ~~a determination has been made~~ that there is no available alternative means of separation from likely abusers. If the ~~a~~ facility staff 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 staff must clearly document:

- (a1) The basis for the facility staff's concern for the incarcerated person's/offender's safety; and
- (b2) The reason why no alternative means of separation can be arranged.

~~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/resident/detainee/offender was sexually abused while confined at a ~~prior/another~~ facility, the warden/head of the facility ~~who/that~~ received the allegation must notify the head of the prior facility, or appropriate office of the agency, where the alleged abuse occurred. Presumptively valid recipients are the warden or facility head, the facility's PCM/designee~~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 warden of the facility/PCM/designee ~~or agency~~ must document that ~~it~~ has provided such notification was provided and must retain a copy.
 - (3) The warden of the facility/PCM/designee ~~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 staff completing the ~~Sexual Violence Prevention (PREA screening) Checklist~~ must offer/make a referral for behavioral/mental health services for an incarcerated person/resident/detainee/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/resident's/detainee's/offender's request. ~~(see Division Directive 500.303, "Mental Health Assessment").~~
- e) During any screening process, if the incarcerated person/resident/detainee discloses a previously unreported incident of sexual abuse, staff must offer community-based advocacy services per section D.1.f), below.
- f) Within 30 days after arrival, the incarcerated person's/offender's/resident's/detainee's caseworker must reassess the incarcerated person's/resident's/detainee's risk of victimization or abusiveness based on any ~~review~~ additional, relevant information received by the facility since the intake screening.

- g) ~~An incarcerated person's/resident's/detainee's risk level must be reassessed due to a referral, request, incident of sexual abuse, or receipt of and notify the PREA compliance manager/designee if new information is received. Offenders/residents are reassessed when any additional information is received.~~

C. Incarcerated person/resident/detainee Reporting

C. ~~Reports of sexual abuse/harassment/staff sexual misconduct~~

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

1. Methods for reporting ~~include: offender~~ responses to the PREA screening~~checklist~~, direct reporting, anonymous reporting, ~~third-party reporting~~, or reporting on the DOC's sexual abuse hotline~~telephone helpline~~.

- a) The DOC maintains multiple ways for incarcerated people/resident/detainees~~offenders~~ and staff to report allegations of sexual abuse/harassment ~~/staff sexual misconduct~~ perpetrated by other incarcerated people/residents/detainees, or sexual misconduct perpetrated by staff, interns, offenders, staff, contractors, or volunteers.
- (1) A qualified interpreter is provided for an incarcerated person/resident/detainee~~offender~~ who has a disability that impacts their~~his/her~~ ability to communicate (such as a hearing ~~or vision~~ impairment).
- (2) Incarcerated people/residents/detainees~~Offenders~~ who do not speak and understand English are provided language interpretive services. Incarcerated person/resident/detainee~~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) PREA screening: Incarcerated people/residents/detainees~~Sexual Violence Prevention (PREA) Checklist: all offenders~~ are interviewed by qualified~~trained~~ staff, using the sexual abuse intake~~a screening~~ tool~~checklist~~ upon arrival to a facility.
- c) Direct report: Any staff, intern, contractor, or volunteer who receives a verbal or written report or observes an incident of sexual abuse/harassment or staff sexual misconduct must immediately notify the watch commander ~~/duty officer~~ and complete a confidential incident report. ~~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: Staff may receive an anonymous kite, hear a rumor, or other third-party information (including from an incarcerated person's/resident's/detainee's~~offender's~~ family or friend) that an incarcerated

~~person/resident/detainee/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 PREA hotline: Anyonesexual abuse helpline: anyone~~ may contact the DOC's PREA hotlinesexual abuse helpline by dialing (651) 603-6798 and following the prompts. Prompts are provided in English and Spanish. The hotlineOffenders making the call from a DOC offender telephone may use the collect call option and are not charged for the call. The helpline is advertised in all DOC facilities in programming, living units, and other areas frequented by incarcerated people/residents/detaineesoffenders. OSI staff reviews and investigates any messages received on the helpline.
- f) DOC PREA advocacy line: Anyone may contact the sexual violence advocacy helpline by dialing 651-361-7666. This helpline is advertised in all DOC facilities through a PREA advocacy brochure and posted in programming, living units, and other areas frequented by incarcerated people/residents/detainees.
- g) Outside agencies: Incarcerated people/residents/detaineesoffenders may report sexual abuse/harassment or/staff sexual misconduct to an outside agency directly or through a third party. Information on how to report to an outside agency confidentially is advertised in all DOC facilities through a PREA posting in programming, living units, and other areas frequented by incarcerated people/residents/detainees.

2. False reportingIncident in progress:

- a) ~~—If an investigation reveals that an incarcerated person has made a false accusation of sexual abuse/harassment or a staff sexual misconduct they may be held accountable, through the disciplinary process and/or referred for criminal charges.~~

3. Retaliation

Staff must not engage in any form of retaliation against an incarcerated person/resident/detainee who makes an allegation of~~observes suspected~~ 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. in progress, he/she must immediately activate the incident command system (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 write an incident report to document the directive and, depending on the severity, contact the watch commander. The watch commander reviews allegations of sexual harassment and staff sexual misconduct and makes appropriate notifications.~~

3. ~~False reporting~~

~~Offenders who falsely allege sexual abuse/harassment and staff sexual misconduct will be held accountable through all means available to the department (see Policy 303.010, "Offender Discipline").~~

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

~~All allegations of sexual abuse or staff sexual misconduct within DOC facilities or contracted jails or confinement centers are investigated by the PREA trained investigators and documented in a sexual abuse database. All victims must have~~The DOC investigates all reported or alleged incidents of sexual abuse. 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 as applicable: 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.

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 remain~~Remain with the victim to provide safety and support, and to ~~encourage~~ensure that the prevention of victim does not wash, shower, change clothes, or otherwise compromise physical evidence from being compromised. ~~on his/her body prior to examination.~~
- ~~(3) 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 allegation falls within alleged victim is a time period that allows for the collection~~minor, specific reporting requirements may apply, see Policy 302.120, "Reporting Maltreatment of evidence, ensure the perpetrator is not taking actions that could destroy evidence. Minors" and contact the inspection and enforcement unit (I&E).
- ~~(34)~~ (4) Inform the watch commander/designee ~~of the alleged sexual abuse.~~
- ~~(45)~~ (5) Secure the crime scene. Take photographs as directed by the office of special investigations (OSI).
- ~~(5)~~ (6) ~~Initiate the First Responder Sexual Abuse Response Checklist~~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 apply. Contact the inspection ~~may apply, see Policy 302.120,~~

- ~~"Reporting Maltreatment of Minors" and enforcement (contact the I&E) unit.~~
- (4) Ensure that ~~separation is the alleged perpetrator and victim are separated. Separation may not represent a form of punishment but a safety measure for both the alleged victim and alleged perpetrator.~~ The watch commander must not allow the alleged perpetrator 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, intern, volunteer, or contractor/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.~~
- (5) Involuntary (administrative) segregation should only be assigned when another alternative cannot be found and must not exceed 30 days.
- (6) Ensure the alleged perpetrator does not have access to a phone and is supervised until the arrival of OSI staff or local law enforcement.
- (7)(5) 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 (if the incident occurred within the previous 240 hours) at a designated emergency room or other designated facility that conducts SANE exams. If so, the alleged victim is examined for injuries and sexually transmitted infections (STI), may have biological specimens collected, and may have blood drawn.
- (c) If the alleged victim refuses to be examined, document the refusal in an incident report.
- (d)(b) 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 and communicate the reported information;
- (e) Arrange transportation of e) — Explain to the alleged victim the importance of a physical exam to assess medical needs, provide any necessary treatment, and to ensure preservation of evidence; and
- (d) — Transport the alleged victim to the health care facility as soon as possible via state car or ambulance. (as appropriate).
- (86) 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").
- (97) 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.
- (10) Notify victim services by calling or e-mailing the PREA advocacy line.
- (11)(8) 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)~~ Offer the alleged victim and alleged perpetrator support and explain the options and procedures.
- ~~(a)~~ A(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).
- ~~(2)~~ Offer the alleged victim support and explain the options.
 - ~~(a)~~ The alleged victim undergoes a sexual assault forensic examination at a designated emergency room or other facility designated to conduct SANE exams by a certified sexual assault nurse examiner (SANE).;
 - ~~(b)~~ The option for the victim to access a sexual abuse community advocate during the process.
 - ~~(c)~~ An examination ~~alleged victim is examined~~ for injuries and; sexually transmitted infections (STI), and the collection of biological specimens are collected; and
 - ~~(d)~~ A blood draw if necessary.
 - ~~(2)(e)~~ Blood may be drawn.
- ~~(3)~~ If the alleged victim or perpetrator refuses to be examined, document the refusal in the progress notes and have themthe alleged victim sign a Refusal of Health Care form .(attached). Encourage themthe alleged victim to notify health services if they change theirhe/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 staff 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 staff and clinic physicianand 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 operationshealth services administrator/designee verbally when on duty, or e-mail the report if off duty.
- ~~(56)~~ Document all actions taken and any communications.

- ~~(6)~~ Provide both with the alleged victim and 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.
- ~~(8)~~ Provide the perpetrator (offender) with education on the risk of 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 or designated facility report and follow-up recommendations are reviewed with a medical practitioner.
- ~~(9)~~ Each emergency room and clinic will follow their protocol to provide advocacy services during a SANE exam.
- ~~(11)~~ Document in the PREA Incident Management System, as applicable.

d) Behavioral health staff must adhere to Policy 500.309, "Behavioral Health Services – Sexual Abuse/Harassment and follow the directions below:

- (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.
- ~~(2)~~ If the incident involves DOC staff ~~sexual abuse of an offender~~, a non-DOC contracted ~~behavioral~~ mental health professional ~~(with training in the assessment and treatment of sexual abuse)~~ may be used utilized to provide care for the offender.
- ~~(2)~~ Prior to the initiation of services, ~~(3) When~~ a behavioral health staff person first meets with the alleged victim and informs the, ~~the staff person must offer psychological services. The staff person must inform the reporting individual of~~ theirhis/her duty to report and the limits of confidentiality. If services are accepted, staff must obtain a signed Behavioral Health Services Agreement outlining the limits of confidentiality before services are provided.
- ~~(3)~~ ~~(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.~~
- (4) Assess the incarcerated person's/resident's/detainee's offender's mental health needs, provide anythe necessary counseling, and documents in theirthe offender's behavioral health file.
- ~~(45)~~ Consult OSI investigators regarding any clinical issue(s) which may be relevant to OSIan 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 DOCdepartment 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 incarcerated/resident/detainee/offender 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 investigation staff and law enforcement must:~~

- ~~(1) Follow 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 advocacy line or the victim services coordinator. If services are accepted, staff must advise the incarcerated person/resident/detainee of the extent communication with outside advocacy services are monitored. Incarcerated people/residents/detainees must be informed of mandatory reporting obligations before communication with a victim advocate.~~
- ~~(3) Communicate with the PCM/designee and others as needed.~~
- ~~(4) Produce
The OSI investigator produces a final investigative report within 45 days ~~of the completion of the investigation,~~ unless an extension time is approved ~~expanded in writing~~ by the DOC PREA coordinator ~~OSI supervisory staff.~~~~
- ~~(5) Credibility assessment will be established throughout 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/resident/detainee 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.~~
- ~~(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) ~~Advocacy staff~~ Sexual abuse advocacy

~~Sexual abuse advocacy or other professional services are available or made available to alleged victims of sexual abuse~~ or harassment.

- ~~(1) Anytime an incarcerated person/resident/detainee makes a report of sexual abuse, sexual harassment, or previous sexual violence, DOC staff must offer community-based advocacy services.~~
- ~~(2) Even if the alleged victim does not consent to participate in a sexual assault forensic examination or does not want to advance, the investigation, ~~OSI investigator must provide~~ the alleged victim must still be~~

offered or referred to community-based information about advocacy services.

- (3) Information on what advocacy services can be provided through the PREA Advocacy Brochure and by utilizing the PREA victim advocacy video developed by the victim services and restorative justice (VSRJ) assistance program (VAP), which explains the role of advocacy.
- (4) Facility staff must contact victim services at 651-361-766 or PREAadvocacy.doc@state.mn.us when an alleged victim is interested in potentially working with advocacy services.

g) The PCM/designee must:

- (1) Promptly open a case in the PREA database;
- (2) Ensure standards are adhered to and properly documented, including retaliation monitoring, outcome memos, and sexual assault incident reviews;
- (3) Provide database follow up, or delegate such follow up, as necessary; and
- (4) Designate a staff person to complete and document retaliation monitoring for a minimum of 90 days at regular intervals on reporters, victims, and witnesses. Anyone who cooperates with an investigation is protected from retaliation. Retaliation monitoring may continue beyond 90 days if needed or requested. If the allegation is determined to be unfounded, the obligation to monitor ends.

h) Sexual abuse response team (SART)

- (1) Each DOC correctional facility must maintain a sexual abuse response team (SART) chaired by the facility's PCM. 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 the needs of the victim.
- (2) Activation/Response: Upon notification of an incident, the warden/designee determines whether to activate the facility SART. If activation is warranted, the warden/designee must notify the PREA coordinator.
- (3) If activated, the SART leader and/or PCM must convene a SART meeting as soon as reasonably possible, considering facility safety and security, the immediate needs of the victim, the investigation status, and the facility's resources and limitations.
- (4) The SART must develop a coordinated response among behavioral health, health services, case management, victim advocacy, OSI, security, the PREA coordinator/designee, and various institution staff as needed to develop a comprehensive, victim-centered management plan for both the alleged victim and the alleged perpetrator.
- (5) The SART caseworker is responsible for notifying the risk assessment/community notification unit (RA/CN) of the sexual abuse incident.

2. Field services:

- a) If field services or a community reentry staff, contractor, or volunteer becomes aware of an incident of sexual abuse or sexual harassment that occurred within a community confinement* setting, they must:
- (1) immediately consult with their supervisor regarding appropriate actions and notify the community confinement facility supervisor of the allegation.
 - (2) complete a confidential incident report within 24-hours of learning of the situation. Submit report to Field Services supervisor and confinement setting supervisor/administration.
 - (3) The field services supervisor must notify FS Director, a supervisor from OSI and DOC PREA Coordinator/course.
 - (4) DOC PREA Coordinator will assign a DOC PREA unit staff to document in PREA database and communicate with community confinement facility to meet the PREA Compliance Policies.
- b) If field services or a community reentry staff, contractor, or volunteer becomes aware of an allegation of sexual abuse or sexual harassment not occurring in a prison or confinement facility and involving a current or former DOC staff, contractor, or volunteer they must:
- (1) File an incident report following DOC Policy 103.219 Employee Misconduct
- c) If field services or a community reentry staff, contractor, or volunteer becomes aware of an incident of sexual abuse or sexual harassment, not covered by 2. a) or b), they should:
- (1) Immediately consult with their supervisor
 - (2) Provide the reporting individual a referral to local law enforcement for reporting.
- d) Anyone reporting a sexual victimization must be offered victim advocacy services. Field services and re-entry staff may reach out to Victim Services to connect the individual with community-based advocacy services through PREA advocacy phone or email.
- e) When appropriate, staff should refer the alleged victim to appropriate community services such as a crisis center, support groups, victim advocate services, and area law enforcement.

~~3(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.~~

2. Incident of **prior** 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/resident/detainee may

~~have offender has~~ experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff must ~~offer ensure that~~ the ~~individual offender is offered~~ a follow-up meeting with a ~~behavioral mental~~ health practitioner within 14 days of the ~~intake-screening or disclosure~~. ~~Staff must also complete a~~—A Referral for ~~Behavioral Mental~~ Health Services form ~~and notify OSI staff of the disclosure (attached) is required~~. Once OSI is contacted, ~~an OSI staff person must meet~~ meets with the victim within 72 hours ~~to explain and explains~~ the investigation options. ~~Staff must also offer the incarcerated person/resident/detainee community-based advocacy services~~.

- b) Any information related to prior sexual victimization or abuse that occurred in an institutional setting must be limited to medical and ~~behavioral mental~~ health practitioners, OSI ~~staff~~, 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 ~~must include includes~~ follow-up services, a treatment plan, and referral for continued care following transfer to ~~or /~~placement in another facility. ~~DOC staff Referrals~~ may also ~~provide outside service referrals be provided~~ when the ~~individual offender is to be~~ released from custody.

~~3. 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.~~

4. 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, ~~they or other confinement setting, 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 ~~OSI who then determines the next steps, if any further action is necessary the OSI~~.
- c) ~~Anyone reporting prior sexual victimization must be offered victim advocacy services. Field services staff may reach out to victim services to connect the individual with community-based advocacy services through the PREA advocacy phone or e-mail.~~
- d) When appropriate, staff ~~should~~ 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~~reports of sexual harassment or staff sexual misconduct~~

~~1. 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, incarcerated people/residents/detainees or staff sexual misconduct, offenders have access to psychological services and victim services, educational materials. Designated staff must complete the responsibilities below when sexual harassment or staff sexual misconduct is reported/alleged.~~

~~2.~~ Correctional facility/field services

- a) A staff person must intervene if they observe~~he/she observes~~, or has~~has~~ reason to suspect that an incarcerated person/resident/detainee~~offender~~ is being sexually harassed, ~~or the victim of staff sexual misconduct.~~ In addition, the staff person must:
- (1) Inform the watch commander/field services designee of the alleged sexual harassment ~~or staff sexual misconduct~~; and
 - (2) Complete and forward a confidential incident report to the watch commander/field services designee.
- b) The watch commander/field services designee ~~must review~~duty officer reviews the allegation and determines the appropriate course of action, which may include such actions as:
- (1) A referral~~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~~ as 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, and. 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.~~

~~F. Sexual abuse response team (SART) involvement~~

~~1. Objective:~~

~~Each Minnesota correctional facility (MCF) must maintain a SART, chaired by the facility's 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) SART has members from security/first responders, facility leadership, medical practitioners, behavioral health practitioners, and the special investigator.~~

- ~~b) SART must meet the immediate and long-term needs of an alleged victim and perpetrator of sexual abuse by offering access to support services.~~
- ~~e) SART must 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.~~
- ~~e) The SART leader/designee must follow up with staff/offender reporters and witnesses at 30 days, 60 days, and 90 days 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.~~ (2) A change in housing assignment. If the allegation is determined to be unfounded, the obligation to follow-up ends. All retaliation follow-up must be documented in the PREA Incident Management System.~~

~~2. Activation~~

~~Upon notification 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 leader.~~

~~3. Response~~

- ~~a) Following notice of activation, the facility SART leader 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 facility safety and security, the immediate needs of the victim, the investigation status, and the facility's resources/limitations.~~

- ~~c) The SART must develop a coordinated response among behavioral health, health services, case management, victim services, OSI, security, and various institution staff must review an incarcerated person's/resident's/detainee's allegation of harassment against a staff person, intern, volunteer, contractor, or visitor as needed to develop a comprehensive, victim-centered management plan for any criminal violations.~~

- ~~d) A trained sexual harassment investigator must follow established investigative protocols, which include:~~

- ~~(1) Interview both the reporter, alleged victim, and the alleged perpetrator, and any witnesses.~~
 - ~~(2) Offer victim services, chaplain services, and behavioral health~~
 - ~~d) The SART team reviews the Sexual Abuse Response Team Guide (attached) to evaluate the services offered to the alleged victim.~~
 - ~~e) 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.~~

- ~~f) (3) Obtain additional evidence relevant to the investigation, for example, Kiosk services, videos, kites, etc.~~
- ~~(4) Prepare a thorough, objective written report of the findings within 45-days and submit it to the PCM for review and approval. If the allegation involves a staff person, the PCM will notify the appointing authority and the regional human resources director (RHRD). (The PCM may request an investigation time extension for extenuating circumstances.)~~

~~The evidentiary standard for findings (case The RA/CN unit must:~~

- ~~(1) Conduct a sexual abuse risk assessment upon being informed that an 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 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 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) shall impose no standard higher than a preponderance of the evidence in determining (once it has been determined), whether the allegations of sexual abuse or sexual harassment are substantiated, unsubstantiated, or unfounded.~~

~~(5) Document~~

- ~~e) OSI provides the alleged victim relevant information if another agency conducted the investigation in the designated agency database.~~

~~e) Anyone who cooperates with an investigation is protected from retaliation. The PCM/designee must complete and document retaliation monitoring at least once for reporters, victims, and witnesses, and further monitoring upon request. If OSI also informs the alleged victim regarding actions taken as a result of an allegation is determined to be unfounded, the obligation to monitor ends 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.~~

~~e)~~

F. Sexual abuse/harassment allegation outcome notifications

1. The PCM/designee~~The AWO~~ must notify the alleged victim of the outcome of the investigation. This includes informing the alleged victim of:~~regarding actions taken as the result of an allegation against staff.~~

a) The case disposition; and

b) If(1) When the incident involved a staff person, whether the person has been reassigned from~~is no longer in~~ the unit or; and

(2) When the staff is no longer employed at the facility or in the department.

2. If another agency conducted the investigation, OSI staff must provide the alleged victim relevant with the relevant information described above. OSI staff also inform the alleged victim regarding actions taken as a result of an allegation against another incarcerated person/resident/detainee or a staff person.

G. SART 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.

5. Report

1. Following a~~Within ten business days of the~~ SART activation, the PCM must:

a) Complete~~a written SART Confidential Memorandum (format attached) and the Sexual Abuse Response Team Guide~~ must be provided.

b) Complete a SART Confidential Memorandum.

c) Distribute both documents ~~to the warden~~ detailing.

d) Save all SART documents with~~actions, recommendations, and overall management of the investigation~~ alleged victim and perpetrator. The SART Confidential Memorandum must be uploaded to the PREA database.

~~H. Sexual Abuse 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 alleged victim and perpetrator classifications, housing, work assignment, medical and behavioral health history;~~
- ~~d) Assessment of the safety and security needs of the alleged victim and perpetrator;~~
- ~~e) The implementation of 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 (SAIR)~~

~~An sexual abuse incident review (SAIR) team is conducted by the PCM and the designated facility team warden, AWO, OSI, captain, corrections program director, and health services administrator within 30 days of the conclusion of the investigation, unless the incident was unfounded. The PCM must follow the SAIR template (attached). The completed SAIR must be distributed to the warden for final review and uploaded with the investigation documents.~~

~~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.~~

~~c) 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.~~

~~7. Confidentiality~~

~~All staff involved with PREA-related incidents and follow-up must always SART members must maintain confidentiality and professionalism at all times. 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. and reporter of sexual abuse from retribution (see Minn Stat. §13.82, subd. 17).~~

J. Victim Services

1. Sexual abuse advocacy or other professional services are available or made available to alleged victims of sexual abuse, sexual harassment, or prior sexual violence victimizations. Investigators must immediately notify victim services if the victim requests advocacy services.

~~8. Training~~

~~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.~~

~~a) The facility SART leader~~

2. Victim services staff must connect incarcerated people who have requested services to community-based sexual violence advocacy.

3. Victim services staff must provide addresses and telephone numbers of local victim advocacy or rape crisis organizations, enable reasonable communication between incarcerated people/residents/detainees and these organizations and agencies, and do so in as confidential a manner as possible.

3. Victim services staff must inform incarcerated people/residents/detainees, 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.

~~K. Record must replace, re-assign, and train a new SART member when a member 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.~~

G. Retention and data collection

1. Record retention

All documentation relating to sexual abuse/harassment or staff sexual misconduct must be stored~~filed~~ in the designated agency database.

~~2. If the alleged offender's confidential base file and/or staff (alleged victim or perpetrator is a staff person (including an intern, volunteer, or contractor, documentation must be retained in the person's) confidential 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."~~

~~2. Statistics~~

~~The Department of Justice Bureau of Justice Statistics annually collects statistical information on reported incidents of sexual violence and sexual misconduct against 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/harassment is retained in the offender's confidential base file and aggressor/alleged perpetrator's confidential file. If the aggressor/alleged perpetrator is a staff member, documentation must be retained as directed by human resources and/or OSI.~~
- ~~B. All staff training must be documented and retained in the agency-approved electronic training management system.~~
- ~~BC. The sexual abuse database ~~PREA Incident Management System~~ maintains sexual abuse standard documentation ~~PREA-specific~~ requirements.~~
- ~~CD. All documentation of notification by the head of the facility to another facility, regarding allegations of sexual assault of an incarcerated person/resident/detainee ~~offender~~ while confined at another facility, must be retained in the sexual abuse database ~~offender's confidential file~~.~~

~~**State Correctional Facilities Security Audit Standards:** 3.01.08~~

~~**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, "Incarcerated Person ~~Offender~~ Intake Screening and Processing"](#)~~
 - ~~[Policy 202.050, "Incarcerated Person ~~Offender~~/Resident Orientation"](#)~~
 - ~~[Policy ~~Division Directive~~ 202.105, "Multiple Occupancy Cell/Room Assignment"](#)~~
 - ~~[Policy 202.120, "Incarcerated Person ~~Offender~~ Incompatibility"](#)~~
 - ~~[Policy ~~Division Directive~~ 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 106.320 "Incarcerated Person~~220~~" "Offender/Resident Case Records"](#)
[Policy 107.007, "Criminal Investigations"](#)
[Policy 202.045, "Management and ~~Evaluation, Placement and Treatment of~~
Incarcerated People Who are Transgender, Gender Diverse, ~~Intersex, or~~
Nonbinary Offenders"](#)
[Policy 300.300, "Incident Reports"](#)
[Policy 301.140, "Emergency Management and Continuity"](#)
[Policy 303.010, "Incarcerated Individual Discipline"](#)
[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"](#)
[Policy ~~Division Directive~~ 202.041, "Juvenile Facility Admissions"](#)
[Policy 500.309, Behavioral Health Services – Sexual Abuse/Harassment](#)

Instruction 202.041-2RW, "Intake Screening and Admissions"

REPLACES:

Policy 202.057, "Sexual Abuse/~~Harassment Assault~~ Prevention, Reporting, and Response" ~~8/217/18~~/18.

All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: (See also PREA iShare sites: DOC iShare for staff; public DOC website)

~~-~~
ATTACHMENTS: ~~DOC Sexual Abuse Helpline Posters (PREA iShare site)~~
[First Responder Sexual Abuse Response Checklist \(202.057C\) \(public pdf of 202.057C\)](#)
[Watch Commander Sexual Abuse Response Checklist \(202.057D\) \(public pdf of 202.057D\)](#)
[Health Services Sexual Abuse Response Checklist \(202.057E\) \(public pdf of 202.057E\)](#)
[Sexual Abuse Response Team Checklist ~~Guide~~ \(202.057G\) \(public pdf of 202.057G\) \(202.057G\)](#)
[SART Confidential Memorandum \(202.057H\) \(public pdf of 202.057H\)](#)
[Notification ~~Report~~ of Sexual Victimization — ~~Adult~~ \(202.057I\) \(public pdf of 202.057I\)](#)
[PREA Brochure-English \(202.057K-English\) \(public pdf of 202.057K-English\)](#)
[PREA Brochure-Chinese \(202.057K-Chinese\) \(public pdf of 202.057K-Chinese\)](#)
[PREA Brochure-Hmong \(202.057K-Hmong\) \(public pdf of 202.057K-Hmong\)](#)
[PREA Brochure-Somali \(202.057K-Somali\) \(public pdf of 202.057K-Somali\)](#)
[PREA Brochure-Spanish \(202.057K-Spanish\) \(public pdf of 202.057K-Spanish\)](#)

[SAIR Template \(202.057L\) \(public pdf of 202.057L\)](#)
[PREA Administrative Investigation Template \(202.057M\)](#)
[Retaliation monitoring \(202.057N\)](#)
[Outcome Memo \(202.057O\)](#)
~~[\(202.057I\)](#)~~
[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 of Corrections, Facility Services~~

~~Deputy Commissioner, Community Services~~

~~Assistant Commissioner, Facility Services~~

~~Assistant Commissioner, Operations Support~~