



Department of Juvenile Justice
Division of Residential Services
Health Services Operating Procedure

VOL IV – 4.3 – 2.05	Statutory Authority: Title 66 of the <u>Code of Virginia</u> ; 28 C.F.R. Part 115 PREA
Subject: Medical Sexual Assault Response Plan	Regulations: 6VAC35-71-60; 6VAC35-71-70; 6VAC35-71-75; 6VAC35-71-150; 6VAC35-71-160; 6VAC35-71-170; 6VAC35-71-550
	Board Policy: 05-010
	ACA # 4-JCF-4C-50 NCCHC # Y-B-05; Y-B-06

2.05-1.0 PURPOSE

To ensure prompt and appropriate medical response to resident victims of alleged sexual assault.

2.05-2.0 SCOPE

These procedures apply to all juvenile correctional center (JCC) employees and staff assigned to the JCCs by other units, agencies, or departments.

2.05-3.0 DEFINITIONS

Health Services Staff – The staff at the JCC consisting of Licensed Practical Nurses, Registered Nurses, laboratory technicians, dental assistants, and providers who provide health services to residents.

Local Health Authority (LHA) – The designated Registered Nurse (RN) (e.g., head nurse) who has been delegated the responsibility for management of all of the facility's health services, including medical, nursing, and dental and ensuring the quality and accessibility of all health care services provided to residents. Final medical judgments shall be the sole province of the Chief Physician.

Provider – The Physician, Nurse Practitioner, Physician's Assistant, or Dentist providing health services to residents.

Security Series Staff – Resident specialists (I and II) and security staff.

- **Resident Specialist (RS)** – Staff who have completed *Basic Skills for Resident Specialists* and whose primary job responsibilities are maintaining the safety, care, and well-being of residents, implementing the structured program of care and the behavior management program, and maintaining the security of the facility. RS includes RS I and RS II.
- **Security Staff** – Staff who are responsible for maintaining the safety, care, and well-being of residents and the safety and security of the facility to provide residents and staff with a safe living and work environment. Security staff include security specialists, security coordinators, and security managers.

Sexual Abuse includes:

- a. Sexual abuse of a resident by another resident; and

- b. Sexual abuse of a resident by a staff member, contractor, or volunteer. [28 CFR § 115.6]

Sexual Abuse of a Resident by another Resident – 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:

- a. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- b. Contact between the mouth and the penis, vulva, or anus;
- c. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- d. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation. [28 CFR § 115.6]

Sexual Abuse of a Resident by a Staff Member, Contractor, or Volunteer – Any of the following acts, with or without consent of the resident:

- a. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- b. Contact between the mouth and the penis, vulva, or anus;
- c. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- d. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- e. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- f. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (a) through (e) of this section;
- g. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a resident, and
- h. Voyeurism by a staff member, contractor, or volunteer. [28 CFR § 115.6]

Voyeurism by a Staff Member, Contractor, or Volunteer – An invasion of privacy of a resident by staff for reasons unrelated to official duties, such as peering at a resident who is using a toilet in his or her cell to perform bodily functions; requiring a resident to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a resident's naked body or of a resident performing bodily functions. [28 CFR § 115.6]

2.05-4.0 PROCEDURES

2.05-4.1 First Responders' Duties

1. The first staff member (regardless of that staff member's position within the facility) to receive an allegation of sexual abuse shall:
 - a. Take immediate steps to protect the alleged victim by separating the alleged victim and abuser.

- b. Immediately contact the shift commander.
 - c. If the first staff responder is not a security series staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify security series staff.
 - d. Ensure that constant one to one supervision of the alleged victim is maintained until another staff member assumes this responsibility. [28 CFR § 115.364]
2. Upon receiving notification of an alleged incident, the shift commander shall:
- a. Call for a medical practitioner's immediate response to the location or instruct staff to transport the alleged victim to the medical department.
 - b. Separate all involved individuals and ensure that constant one to one supervision of the alleged victim(s) and the alleged abuser(s) is maintained.
 - c. If the abuse occurred within a time period that still allows for the collection of physical evidence (e.g., within 120 hours from the time the abuse allegedly occurred):
 - 1. Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and
 - 2. Prevent the alleged abuser from taking any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.
 - d. Ensure that any potential crime scene is preserved and protected until appropriate steps can be taken to collect any evidence. [28 CFR § 115.364]

2.05-4.2 Access to Emergency Medical and Mental Health Services

- 1. Resident victims of alleged sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. [28 CFR § 115.382(a)]
 - a. The health services staff shall immediately notify the provider, or if after hours, notify the on-call provider of the alleged sexual abuse.
 - b. All residents alleging penetration within the past 120 hours from the time the abuse allegedly occurred shall be sent to the facility's designated hospital's emergency department for evaluation and treatment.
 - c. The LHA and a provider will determine if a resident needs to be evaluated by an emergency department when the alleged abuse occurred more than 120 hours from the time the abuse allegedly occurred prior to the allegation.
 - d. Prior to the resident's transport, health care staff shall notify the emergency department at the receiving facility that a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) exam is required.
 - e. The resident shall be transported in accordance with VOL IV-4.1-1.03 (Prison Rape Elimination) and VOL IV-4.1-2.21 (Transportation), as appropriate.
- 2. DJJ staff shall ensure that resident victims of alleged sexual abuse while committed are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Such information and access may be provided by the SAFE/SANE nurse and/or by a DJJ health care provider. [28 CFR § 115.382(c)]

3. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. [28 CFR § 115.382(d)]

2.05-4.3

On-Going Medical and Mental Health Care for Sexual Abuse Victims and Abusers

1. Upon return from the emergency department, the Chief Physician shall review the discharge summaries and instructions.
2. The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse.
3. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. [28 CFR § 115.383(b)]
4. The facility shall provide such victims with medical and mental health services consistent with the community level of care. [28 CFR § 115.383(c)]
5. Resident victims of sexually abusive vaginal penetration while committed shall be offered pregnancy tests. [28 CFR § 115.383(d)]
6. If pregnancy results from conduct specified in paragraph (5) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services in accordance with VOL IV-4.3-5.10 (Care of Pregnant Residents). [28 CFR § 115.383(e)]
7. Resident victims of sexual abuse while committed shall be offered tests for sexually transmitted infections, as medically appropriate. [28 CFR § 115.383(f)]
8. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. [28 CFR § 115.383(g)]
9. The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within thirty (30) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. [28 CFR § 115.383(h)]

2.05-5.0

RESPONSIBILITY

The Local Health Authority, Local Behavioral Services Unit (BSU) Treatment Director, and Superintendent shall be responsible for implementing this procedure.

2.05-6.0

INTERPRETATION

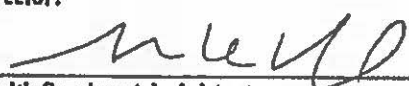
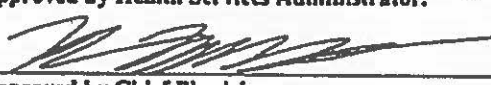
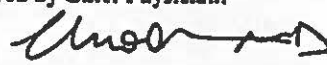
The Health Services Administrator and Deputy Director of Residential Services shall be responsible for the interpretation and the exception approval to this procedure.

2.05-7.0 CONFIDENTIALITY

All procedures and bulletins are DJJ property and shall only be used for legitimate business purposes. Any redistribution of the documents or information contained in the procedures or bulletins shall be in accordance with applicable state and federal statutes and regulations and all other DJJ procedures. Any unauthorized use or distribution may result in disciplinary and/or criminal action, as appropriate and applicable.

2.05-8.0 REVIEW DATE

This procedure shall remain in effect until rescinded or otherwise modified by the appropriate authority.

Approved by Director: 	Date: 4/26/18
Approved by Health Services Administrator: 	Date: 4/11/18
Approved by Chief Physician: 	Date: 4/12/18
Effective Date: April 13, 2018	Office of Primary Responsibility: Deputy Director of Residential Services; Health Services Administrator; Chief Physician; Local Health Authority; BSU Director; Local BSU Treatment Director; Superintendent
Supersedes: October 1, 2013	Forms: None.