I. PURPOSE:

To establish procedures for implementation of the Prison Rape Elimination Act of 2003. Great Falls Pre-Release Services, Inc. has zero tolerance relating to the sexual harassment, assault or rape of assigned residents and recognizes these offenders as crime victims. Great Falls Pre-Release Services, Inc. will immediately respond to allegations, fully investigate reported incidents, pursue disciplinary action, and refer for investigation and prosecution those who perpetrate such conduct.

II. APPLICABILITY:

This policy applies to all Great Falls Pre-Release Services, Inc. residents, employees or staff as defined in this directive.

III. DEFINITIONS:

Agency means the unit of a State, local, corporate, or nonprofit authority, or of the Department of Justice, with direct responsibility for the operation of any facility that confines inmates, detainees, or residents, including the implementation of policy as set by the governing, corporate, or nonprofit authority.

Contractor means a person who provides services on a recurring basis pursuant to a contractual agreement with the agency.

Employee means a person who works directly for the agency or facility. This includes exempt and non-exempt GFPRS, Inc. staff and members of the GFPRS, Inc. Board of Directors.

Facility means a place, institution, building (or part thereof), set of buildings, structure, or area (whether or not enclosing a building or set of buildings) that is used by an agency for the confinement of individuals.

Medical practitioner means a health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A “qualified medical practitioner” refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Mental health practitioner means a mental health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A “qualified mental health practitioner” refers to such a
professional who has also successfully completed specialized training for treating sexual abuse victims.

**Resident** means any person confined or detained in a juvenile or adult community confinement facility.

**Security staff** means employees primarily responsible for the supervision and control of inmates, detainees, or residents in housing units, recreational areas, dining areas, and other program areas of the facility.

**Staff** means employees.

**Substantiated allegation** means an allegation that was investigated and determined to have occurred.

**Unfounded allegation** means an allegation that was investigated and determined not to have occurred.

**Unsubstantiated allegation** means an allegation that was investigated, and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

**Volunteer** means an individual who donates time and effort on a recurring basis to enhance the activities and programs of the agency.

1. For purposes of this part, the term sexual abuse includes:
   a. Sexual abuse of a resident by another inmate, detainee, or resident; and
   b. Sexual abuse of a resident by a staff member, contractor, or volunteer.

2. Sexual abuse of a resident by another 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:
   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.

3. Sexual abuse of a resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or 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 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 an inmate, detainee, or resident, and

h. Voyeurism by a staff member, contractor, or volunteer.

i. Voyeurism by a staff member, contractor, or volunteer means 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 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.

4. Sexual harassment includes:

a. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident directed toward another; and

b. Repeated verbal comments or gestures of a sexual nature to a resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
IV. PROCEDURES:

A. Staff Responsibilities

1. The PREA Coordinator is responsible for developing, implementing and overseeing efforts to comply with the PREA standards in GFPRC facilities. Duties of the PREA Coordinator include but are not limited to:
   
   a. Coordinate and develop procedures to identify, monitor, and track sexual abuse incidents occurring in the facilities and programs.
   
   
   c. Ensure compliance with training requirements.
   
   
   e. Maintain related statistics by completing the Survey of Sexual Violence after the case has been closed.
   
   f. Receive reports of allegations of sexual abuse or sexual harassment that were alleged to have occurred at Great Falls Pre-Release, Inc. reported to other agencies.
   
   g. Investigate in conjunction with the PREA Liaison all allegations of sexual harassment and initial claims of sexual abuse.
   
   h. Advise staff on PREA policies and when it is necessary, solicit an investigation by the Police Department or Sheriff’s office.

2. The PREA Liaison conducts training, investigations and assists the PREA Coordinator as needed. The Liaison will act as PREA Coordinator in the PREA Coordinators absence.

3. The Executive Director, or in his absence the Director of Treatment Services is responsible for oversight of all Prison Rape Elimination Act (PREA) related activities. The Director will:

   a. With the assistance of the Facilities Director, develop and document a staffing plan that provides for adequate levels of staffing and video monitoring to protect residents against sexual abuse.

   b. Review and approve all reports of investigations completed by the PREA Coordinator and Liaison prior to the completion of the Survey of Sexual Violence report.

B. Resident Orientation and Education

1. During orientation and within seven days of arrival, all residents will receive information about sexual abuse and sexual harassment regardless of their program status. Designated staff
shall communicate the information verbally and in writing, in a manner that is clearly understood by residents, including those with limited English proficiency, deaf, visually impaired or otherwise disabled, as well as for residents with limited reading ability. Residents will be given the opportunity to review appropriate policies and/or procedures for grievances and PREA, ask questions, and receive answers. Information provided will include, but is not limited to:

a. Presentation of this policy
b. Resident Grievance procedures
c. GFPRs, Inc. ZERO tolerance policy
d. The right to be free from sexual abuse and sexual harassment
e. Self-protection methods
f. Prevention and intervention
g. Treatment and counseling
h. Reporting incidents
i. Protection against retaliation
j. Agency policies and procedures for responding to incidents
k. Consequences of false allegations.

2. Staff will document verification of resident orientation and education on PREA by completing the Resident PREA acknowledgement forms and place them in the resident’s file.

a. The PREA Intake Briefing Sheet will be covered within the first 24 hours of reporting aboard and before being assigned to a room. This will be read and explained by the Compliance Officer conducting the check-in.

b. The PREA Resident Training Certification will be conducted by the PREA Liaison during the Center Indoctrination period (first week).

3. Additional training will be provided as required and as needed at facility/treatment management team discretion.

C. Resident Reporting

1. Reporting Incident

a. Residents who are victims of, or have knowledge of, sexual abuse should immediately report the incident to any staff member; or

b. Residents may utilize the formal grievance procedure to report sexual abuse in accordance with facility procedures found in Chapter Five of the Resident Handbook; however, residents are not required to use the formal grievance process to report allegations of sexual abuse. Staff receiving such grievances will process them as high priority and will immediately notify the Executive Director who will begin the investigative process.
c. Residents who submit a report alleging sexual abuse by a staff member should not submit the report to the staff member who is the subject of the complaint. Said staff member will not be involved in the investigation of the claim against him/her.

d. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates may assist residents in filing requests for administrative remedies relating to the allegations of sexual abuse and may file requests on behalf of residents.

e. Residents may report sexual abuse while confined at another facility. GFPRS, Inc. has a reciprocal Memorandum of Understanding (MOU) with Alternatives, Inc. that requires GFPRS, Inc. staff to receive and report third party reports.

i. On duty staff will accept all verbal reports or allegations of sexual abuse or sexual harassment from Alternatives, Inc. staff or residents and immediately contact the GFPRS, Inc. PREA Coordinator or PREA Liaison. If after hours, leave a detailed phone message and then document the details in a written report, which will be emailed to the Alternatives, Inc. by PREA staff. Staff will keep all reports confidential.

ii. The Executive Director of GFPRS, Inc. must contact the head of the agency or facility where the alleged sexual abuse occurred no later than 72 hours after receiving the allegation.

2. Residents are not required to file written reports; however, staff who receive verbal reports from residents are required to file written incident reports as set forth in this policy. If a resident should decline third party assistance in filing a grievance alleging sexual abuse, staff will document the resident’s decision.

3. Additional methods for reporting incidents include; calling the Alternatives, Inc. PREA Coordinator at (406) 294-9608 or dialing 9-1-1.

4. All reports of sexual abuse and sexual harassment are to remain confidential to protect the victim from retaliation from both other residents and staff.

5. Substantiated deliberately malicious or false reports by residents or other parties will result in disciplinary action.

D. Prevention

1. All staff and residents must be alert to signs of potential situations in which sexual abuse and sexual harassment might occur and be capable of identifying the following indicators of sexual abuse and sexual harassment:

   a. Overly friendly behavior of staff and/or residents;
   b. The exchange of money, favor, etc.
2. Great Falls Pre-Release Services, Inc. will assess each offender using the GFPRS, Inc. Risk of Sexual Victimization and Abusiveness instrument (RSVA) within 72 hours of intake to identify and manage residents who are potentially vulnerable and potentially dangerous, to provide safe housing, adequate protection, and programmatic resources to meet their needs.

   a. The RSVA-R (Reassessment) will be conducted within thirty days of the initial assessment and immediately upon reentry should a resident be temporarily removed to a secure facility and then returned to the Center.

   b. Residents will be reassessed with the RSVA-R instrument when warranted due to a referral, request, incident of sexual assault or report of additional information that bears on risk of sexual victimization or abusiveness.

E. Intervention

1. Staff who receive an initial report of sexual abuse must separate the victim from the alleged assailant to protect the victim and prevent further violence.

2. Staff who receive an initial report of sexual abuse are required to promptly intervene on the victim’s behalf to ensure the victim receives prompt medical and psychological assistance, as appropriate to his or her needs and the circumstances of the alleged offense. Victims of sexual abuse must have an assessment for potential risk of suicide.

3. In the event an active sexual assault is occurring, staff is to immediately call for security staff back-up and will follow appropriate security procedure which include:

   a. Separating the alleged victim from the alleged perpetrator;

   b. Contract the Executive Director and upon his authorization, contact the Great Falls Police Department via 9-1-1 services.

   c. Do not allow the alleged victim or abuser to take any action that could destroy any physical evidence (washing, brushing teeth, changing clothes, urinating, defecating smoking, drinking or eating).

   d. Providing medical and mental health assistance for the alleged victim as soon as possible;

   e. Taking reasonable measures to identify, isolate and separate witnesses;

   f. Securing the incident scene so items cannot be removed or introduced;

   g. Allowing only assigned investigator to assess the scene.

4. Psychological trauma may occur in individuals such as witnesses and staff members, as well as the victim of the sexual assault. Mental Health staff must be made available to support and assist those in need, i.e., Staff LCPC, Registered Nurse, etc.
5. Staff who receive a report of sexual abuse on a resident by a staff member shall take the report directly to the Executive Director.

F. Services Provided for Victims

1. Staff will coordinate available services to residents who allege that they are victims of sexual abuse.

2. Facility administration will ensure that residents who allege that they are victims of sexual abuse will have access to the following services:
   a. Medical examination, documentation, and treatment of injuries, including testing for pregnancy, HIV and other sexually transmitted diseases. These services will be provided without financial cost to the alleged victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident;
   b. Coordinate with a qualified mental health professional for crisis intervention counseling and long-term follow-up; and
   c. Social, family, and peer support; and
   d. Reasonable measures taken to protect and prevent retaliation and future assault through housing changes, emotional support services, and removal of alleged abusers from contact with the victim(s).

G. Examination of Sexual Abuse Victims

1. If the alleged sexual abuse is reported within 72 hours of the incident, staff will transport the victim to Benefis Hospital Emergency Room where a sexual assault nurse examiner (SANE) is on call 24 hours a day to treat sexual assault/rape victims and collect evidence as soon as possible. If requested by the victim, a victim advocate or qualified staff member may accompany and support the victim through the forensic medical examination process and investigatory interviews and provide support, crisis intervention, information, and referrals.

2. If the alleged sexual abuse is reported more than 72 hours after the incident, the resident will be referred to “in-house” health care providers who will:
   a. Complete a patient history and conduct an examination to document the extent of physical injury to determine whether referral to another medical facility is indicated;
   b. Offer to victims as appropriate, prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases (e.g. HIV, Hepatitis B). If pregnancy results, such victims shall receive timely and comprehensive information about, and timely access to, all lawful pregnancy related medical services.
c. Submit a report to the Executive Director regarding interactions with the patient, treatment given, and medical recommendations.

d. The Executive Director and/or law enforcement may request that facility and program staff transport the victim to Benefis Hospital for evidence collection with the victim’s permission.

e. If the victim refuses medical or mental health attention, staff will document refusal on the MT Department of Corrections Medical Treatment Refusal form.

H. Staff Reporting

1. GFPRS, Inc. staff, contract employees, and volunteers who receive information, regardless of its source, concerning resident on resident sexual abuse, who observe an incident of resident on resident sexual abuse, or staff on resident sexual abuse must immediately report the information or incident directly to PREA Staff or to the Executive Director who will notify law enforcement. Staff will immediately report any staff neglect or violation of responsibilities that may have contributed to the incident or retaliation.

2. For State residents, the Montana Department of Corrections (MDOC) considers reports of sexual abuse a Priority One Incident which must be reported to the Montana State Prison Command Post at (406) 846-6059 and the MDOC Programs & Facilities Bureau Chief at (406) 580-7991 using the MT DOC Priority Incident Report.

3. If either the alleged victim or abuser is a Federal resident, The Federal Bureau of Prisons requires reports of sexual abuse to be reported using the Significant Incident Report email format to the Regional Reentry Manager in Sacramento CSF/CommCorr-@bop.gov or after hours, to the Western Sector Duty Officer (Email address will vary by Duty Officer, check with the On-call CTS or the Walkaway/Escape Binder).

4. Any employee or volunteer who fails to report an allegation, or coerces or threatens another person to submit inaccurate, incomplete, or untruthful information with the intent to alter a report may face disciplinary action, up to and including termination, even on a first offense.

5. Staff will complete reports of all incidents, including witness statements.

6. Reports of incidents that occurred in another facility shall be forwarded to the Executive Director who shall immediately notify the head of the facility where the alleged abuse occurred and/or proper jurisdictional agency of that resident in accordance with the agency’s reporting protocols requirements.

I. Investigative Protocols of Sexual Abuse or Harassment

1. The PREA Coordinator and PREA Liaison in conjunction with the Executive Director will conduct an initial investigation in non-emergency sexual abuse cases.
a. Sexual assault cases will normally be investigated by the Great Falls Police Department.

b. As soon as it becomes apparent that any administrative investigation may result in criminal charges the investigation will cease, and all case notes and evidence turned over to the Great Falls Police Department.

2. The PREA Coordinator will submit an incident report regarding the investigation. GFPRS, Inc. imposes a standard of a preponderance of evidence for determining whether allegations of a sexual abuse or sexual harassment are substantiated. Preponderance of evidence means that more than 50% of the evidence supports the allegation.

3. If there is a question as to whether an incident deemed inappropriate is covered under PREA, the MDOC Programs & Facilities Bureau Chief at (406) 580-799 will be contacted for direction.

4. The departure of the alleged abuser or victim from employment or control of the Center does not provide a basis for terminating an investigation.

5. Great Falls Pre-Release Services, Inc. prohibits requiring residents who allege sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with an investigation.

J. Documentation

1. All staff who witness or have knowledge of alleged sexual abuse must submit an incident report before the end of their shift. This includes staff that secured the incident scene, transported residents, or talked to possible witnesses. Written witness statements must be included in this report.

2. The Executive Director will ensure that employees and volunteers will report incident and complete reports in accordance with the MDOC Priority Incident Reporting or BOP Significant Incident Report.

3. At the completion of an investigation (within 90 days), the PREA Investigator will notify the Executive Director and the victim of the outcome in writing. The Sexual Assault Response Checklist (Checklist #9 in the Emergency Checklists Binder) will be utilized for this purpose.

4. If a decision has not been reached within 90 days, a 70-day extension may be granted. The resident will be notified in writing of the extension and by which date a decision will be made.

5. GFPRS, Inc. will conduct incident reviews at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The Incident Review Team, consisting of upper level management, will meet within 30 days of the incident to identify policy, training, or other issues that indicate a need to change agency standards to better protect, detect, or respond to incidents of sexual abuse. The review process allows for input from supervisors, investigators, and medical or mental health practitioners. A report of
the findings, along with recommendation for improvement will be forwarded to the Executive Director and PREA coordinator. GFPRS, Inc. will make such improvements or document the reasons for not doing so in the Annual Report.

K. Staff Training

1. All GFPRS, Inc. staff, contract employees, and volunteers with direct and/or incidental contact with residents will receive documented PREA training during orientation and sign a PREA Staff Training Certification Sheet. Attendance at the annual PREA training or its make-up training session is mandatory.

2. Training will include but is not limited to:
   a. Review of this policy, the Prison Rape Elimination Act of 2003, Transition Center Personnel Handbook, and any other applicable state or federal laws.
   b. Prevention, detection, reporting and response policies and procedures.
   c. Zero tolerance policy for sexual abuse and sexual harassment;
   d. Recognition of sexual abuse, predatory residents, potential victims, and/or staff involvement;
   e. Facility procedures on sharing confidential information; and
   f. Reporting procedures; and
   g. The staff’s right to be free from retaliation.

3. GFPRRS, Inc. will provide specialized training for staff that responds to and/or investigates allegations of sexual abuse. Training will include crime scene management, victim sensitivity, and crisis intervention.

L. Data Collection/Tracking of Sexual Assaults

1. The PREA Coordinator or designee will complete the annual Survey of Sexual Victimization for each reported incident of sexual abuse and sexual harassment.

2. The PREA Coordinator will compile records and report statistical data to the State PREA Coordinator who will report to the Federal Bureau of Justice as required by the Prison Rape Elimination Act of 2003 annually. GFPRRS, Inc. will maintain this data for at least ten years after the initial collection, unless Federal, State, or local law requires otherwise.

3. The Executive Director will securely retain records including incident and investigative reports, offender information, case disposition, medical and counseling findings, and recommendations for post release treatment and/or counseling. These records shall be retained for as long as the alleged abuser is incarcerated or employed by GFPRRS, Inc., plus five years.
4. The Facility Director will review aggregated data and identify problem areas, take corrective action, compare the current year data with prior year data, and prepare an annual report of its findings for the Executive Director to review annually.

5. The annual report includes a comparison of the current years data and corrective actions with those from prior years and provide an assessment of the facilities progress in addressing sexual abuse. The annual report will be made public by being placed on GFPRS, Inc’s website with all personal identifiers removed.

V. CLOSING:

Questions regarding this procedure should be directed to the PREA Liaison, PREA Coordinator, or Executive Director.

VI. FORMS:

a. PREA Intake Brief Sheet  
b. PREA Resident Training Certification form  
c. Risk of Sexual Victimization & Abusiveness (RSVA & RSVA-R) Screening Instrument  
d. Sexual Assault Response & Containment Checklist  
e. MT DOC Priority Incident Reporting form  
f. BOP Significant Incident Report format  
g. MT DOC Medical Refusal Form  
h. Sexual Assault Response Team Check List  
i. PREA Staff Training Certification form