

GEORGIA DEPARTMENT OF JUVENILE JUSTICE	Transmittal # 11-13	Policy # 11.16
Applicability: {x} All DJJ Staff {x} Administration {x} Community Services {x} Secure Facilities (RYDCs and YDCs)	Related Standards & References: NCCHC Juvenile Health Care Standards, 2011: Y-57 O.C.G.A. 19-7-5, 16-6-5.1 The Prison Rape Elimination Act of 2003 (PREA, P.L. 108-79)	
Chapter 11: HEALTH AND MEDICAL SERVICES	Effective Date: 1/1/12	
Subject: SEXUAL ASSAULT	Scheduled Review Date: 1/1/13	
Attachments: None.	APPROVED:  <hr/> L. Gale Buckner, Commissioner	

I. POLICY:

Any youth reported or believed to have been sexually assaulted shall be immediately referred to the on-site health care staff for initial screening. Appropriate first aid or emergency care shall be provided and the youth shall be sent to a hospital for further examination, treatment, and collection of forensic evidence. When on-site health care staff are unavailable, the youth shall be transported to the hospital for initial screening.

II. DEFINITIONS:

Health Care Staff: Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Dentist, Dental Assistant, Dental Hygienist, Medical Records Clerk, Physician's Assistant, or Physician.

Intimate Body Part: genitalia, anus, groin, inner thigh, buttocks, or breasts of a person.

Licensed Mental Health Professional: A licensed psychiatrist, licensed psychologist, Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT), or Clinical Nurse Specialist (CNS) in psychiatry/mental health. Licensure at the independent practice level is required in order for a clinician to be considered an LMHP.

Medical Services Staff: Staff licensed as a Registered Nurse, Nurse Practitioner, Physician's Assistant, or Physician.

Mid-level Provider: Nurse Practitioner (RNP) or Physician Assistant (PA).

Responsible Physician: The facility primary care physician who makes the final medical judgment regarding the care provided to youth at a specific facility. This includes reviewing the recommendations for treatment made by health providers in the community and directing the overall medical for youth at that assigned facility. Mid-level providers (Registered Nurse Practitioners or Physician Assistants) may be used to assist the physician in providing medical care to youth as approved by state law.

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Sexual Assault: Sexual contact or attempted sexual contact between a staff member and a youth or between youths.

Sexual Contact:

- Contact with an intimate body part, whether under or through clothing without a security or medical purpose; or
- Contact between the mouth and an intimate body part, whether under or through clothing; or
- Penetration of the genital opening or anus by any means without a security or medical purpose.

III. PROCEDURES:

- A. When a youth informs a staff member that he/she has been sexually assaulted, or there is a suspicion or a report of a sexual assault from anyone, the staff member receiving the information will immediately refer the youth to the medical services staff for initial evaluation and determination of the need for an outside medical referral for further testing and evaluation. If possible, the pre-selected hospital's emergency room should be one that has received training in the collection of forensic evidence.
1. Any allegation, suspicion or report of a sexual assault that includes penetration will be immediately referred for outside medical testing and evaluation.
 2. The facility Director or Office of Investigations staff may independently decide that a youth must be referred for outside medical testing and evaluation.
 3. Facility/program Medical Services Staff will not perform any forensic examinations. In addition, examinations of alleged perpetrators will be also be performed by an outside medical provider.
 4. The medical services staff will contact the emergency room staff to request that the youth be evaluated for injuries related to the alleged sexual assault, using the rape kit and standard chain-of-custody procedures.
 5. Medical services staff must request the emergency room staff to evaluate the youth for sexually transmitted infection(s), perform a pregnancy test (if appropriate), and offer pregnancy prophylaxis.
 6. Security staff will not be present in the room during the emergency room physician's evaluation, unless security needs dictate otherwise.
 7. Health information will be kept confidential. The youth will be asked to sign a release of information permitting the hospital to release the records of the evaluation to the facility health care staff to be placed in the youth's health record.
 8. Medical services staff will provide appropriate follow-up care and treatment. At

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the follow-up appointment, the youth's physical and emotional status will be assessed. The provider will review the records from the outside medical facility to determine if all medical aspects of the evaluation were completed.

- B. The staff member with first knowledge of the alleged sexual assault will complete a Special Incident Report (SIR) and will make supervisor notifications in accordance with DJJ 8.5 Special Incident and Child Abuse Reporting in Secure Facilities. If the youth is referred to the emergency room, the medical services staff will document the referral on the SIR Review of Youth Injury Form.
- C. The medical services staff will notify the facility Director regarding the allegation of sexual assault.
- D. The alleged sexual assault will be reported to the local Department of Family and Children's Services in accordance with DJJ 8.5, Special Incident and Child Abuse Reporting in Secure Facilities.
- E. Upon return from the emergency room, a new Custody and Housing Assessment will be completed in accordance with DJJ 17.3, Custody and Housing Assessment. The facility Director, or designee, in consultation with the Designated Health Authority will make a final decision regarding housing placement for the alleged victim. The safety, security, and well being of the alleged victim will be primary in these decisions. The alleged victim will not be housed in the same area as the alleged perpetrator.
- F. A licensed mental health professional must conduct the Behavioral Health Evaluation for all youth victims and youth perpetrators of incidents of Sexual Abuse/Exploitation (code B2S). The evaluation will only address the youth's current mental status. All other clinical issues or concerns will be documented by the LMHP in a crisis management progress note in JTS for youth who are on the mental health caseload. For youth who are not on the mental health caseload, the LMHP will generate a referral for a Mental Health Assessment in accordance with DJJ 12.11, Mental Health Assessment. Mental health staff will provide appropriate follow-up care and treatment.
- G. Youth who are alleged victims of sexual assaults will be treated in a sensitive and non-judgmental manner.

IV.LOCAL IMPLEMENTING PROCEDURES REQUIRED: YES