

<b>GEORGIA DEPARTMENT OF JUVENILE JUSTICE</b>	Transmittal # 13-05	Policy # 23.2
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 8: PRISON RAPE ELIMINATION	Effective Date: 5/1/13	
Subject: SEXUAL ASSAULT	Scheduled Review Date: 5/1/15	
Attachments: A – Facility Coordinated Response to a Sexual Assault Incident	APPROVED:   <hr/>	
	Avery D. Niles, 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, Pharmacist, Physician's Assistant, or Physician.

**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.

**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.

**Staff/Contractor/Volunteer/Intern-On-Youth Sexually Abusive Contact:** Non-penetrative touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks by a staff/Contractor/Volunteer/Intern of a youth that is unrelated to official duties.

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**Staff/Contractor/ Volunteer/Intern-On-Youth Sexually Abusive Penetration:** Penetration by a Staff/Contractor/Volunteer/Intern of a youth. The sexual acts included are: 1) Contact between the penis and the vagina or the anus including penetration (however slight); 2) Contact between the mouth and the penis, vagina, or anus; or 3) Penetration of the anal or genital opening of another person by a hand, finger, or other object.

**Staff/Contractor/ Volunteer/Intern-On-Youth Indecent Exposure:** The display by a staff member of his or her uncovered genitalia, buttocks, or breast in the presence of a youth.

**Staff/Contractor/ Volunteer/Intern-On-Youth Voyeurism:** An invasion of a youth's privacy by staff/Contractor/Volunteer/Intern for reasons unrelated to official duties or when otherwise not necessary for safety and security reasons, such as peering at a youth who is using the toilet in his or her cell/room; requiring a youth to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a youth's naked body or of a youth performing bodily functions and distributing or publishing them.

**Staff/Contractor/Volunteer/Intern-On-Youth Sexual Harassment:** Repeated verbal comments or gestures of a sexual nature to a youth by a staff/Contractor/Volunteer/Intern. Such statements include demeaning references to gender, sexually suggestive or derogatory comments about or clothing, or profane or obscene language or gestures.

**Youth-On-Youth Sexually Abusive Penetration Occurring on DJJ Property (Regardless of Age):** Any sexual penetration by a youth of another youth. The sexual acts included are: 1) Contact between the penis and the vagina or the anus including penetration (however slight); 2) Contact between the mouth and the penis, vagina, or anus; or 3) Penetration of the anal or genital opening of another person by a hand, finger, or other object.

**Youth-On-Youth Sexually Abusive Contact Occurring on DJJ Property (Regardless of Age):** Non-penetrative touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks without penetration by a youth of another youth without the latter's consent, or of a youth who is coerced into sexual contact by threats of violence, or of a youth who is unable to consent or refuse.

**Youth-On-Youth Sexual Harassment Occurring on DJJ Property (Regardless of Age):** Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, or gestures or actions of a derogatory or offensive sexual nature by one youth directed toward another youth.

### 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 health care 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.

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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 health care 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 health care staff will contact the emergency room staff to request that the youth be evaluated for injuries related to the alleged sexual assault, using the sexual assault kit and standard chain-of-custody procedures.
  5. Health care 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. Health care staff will provide appropriate follow-up care and treatment. At 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. If a youth was assaulted at the facility within the 96 hours prior to the abuse being reported, the alleged perpetrator will be isolated pending collection of evidence. The perpetrator's room will be considered a crime scene until the evidence has been collected.
- C. All appropriate staff will respond to each sexual assault occurring at the facility as indicated in the Facility Coordinated Response to a Sexual Assault Incident (Attachment A).
- D. 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. If the youth is referred to the emergency room, the health care staff will document the referral on the SIR Review of Youth Injury Form.
- E. The health care staff will notify the facility Director regarding the allegation of sexual assault.

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- F. 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.
- G. 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.

**Directive 14-02**

**Effective Date: 1/1/14**

- H. A ~~licensed~~ **master level qualified** mental health professional (~~LMHP~~) (**QMHP**) will conduct the Behavioral Health Evaluation for the following incidents:
- Youth-on-youth sexual penetration on DJJ property (Code PY1);
  - Youth-on-youth sexual contact on DJJ property (Code PY2);
  - Youth-on-youth sexual harassment on DJJ property (Code PY3);
  - ~~Youth on staff/contractor/volunteer/intern sexual contact (Code PY4);~~
  - ~~Staff/contractor/volunteer/intern~~-on-youth sexual penetration (PS1);
  - ~~Staff/contractor/volunteer/intern~~-on-youth sexual contact (PS2);
  - ~~Staff/contractor/volunteer/intern~~-on-youth indecent exposure (PS3); and
  - ~~Staff/contractor/volunteer/intern~~-on-youth voyeurism (PS4).

The evaluation will only address the youth’s current mental status. The ~~LMHP~~ **QMHP** will document all other clinical issues or concerns for youth on the mental health caseload in a crisis management progress note in JTS. For youth who are not on the mental health caseload, the ~~LMHP-QMHP~~ will generate a referral for a Mental Health Assessment. Mental health staff will provide appropriate follow-up care and treatment.

- I. Youth who are alleged victims of sexual assaults will be treated in a sensitive and non-judgmental manner.

**IV. LOCAL IMPLEMENTING PROCEDURES REQUIRED: NO**