

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.30.19	<b>Page</b> 1 of 7
	<b>Original Effective Date:</b> 04/30/95	<b>New Effective Date:</b> 11/21/23
	<b>Supersedes:</b> 500.30.19	<b>Dated:</b> 04/01/17
	<b>Administrator's Approval:</b> Sarah Cooper, Administrator – 11/06/23	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>PIOC</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Response to Sexual Abuse – Health Services Unit Procedure		

**POLICY**

Division of Adult Institution facilities shall ensure that victims of sexual abuse receive appropriate intervention.

**REFERENCES**

Standards for Health Services in Prisons – National Commission on Correctional Health Care Essential 2018, P-F-06 Response to Sexual Abuse  
Medical Management of Exposures: HIV, HBV, HCV, Human Bites, and Sexual Assaults Federal Bureau of Prisons Clinical Practice Guidelines  
[www.wcasa.org](http://www.wcasa.org)  
Prison Rape Elimination Act of 2003 – 42 USC s. 15601  
PREA Final Rule May 2012  
PREA Resource Center  
Wisconsin Statutes s. 940.225 – Sexual Assault  
Wisconsin Statutes s. 302.38 - Medical care of prisoners  
Wisconsin Statutes s. 302.385 - Correctional institution health care  
Wisconsin Statutes s. 302.386 - Medical and dental services for prisoner and forensic patients  
Wisconsin Administrative Code s. DOC 303.13 – Sexual Assault – Intercourse  
Wisconsin Administrative Code s. DOC 303.14 – Sexual Assault – Contact  
Wisconsin Administrative Code s. DOC 303.15 – Sexual Conduct  
Executive Directive 16 – Fraternalization Policy  
Executive Directive 72 – Sexual Abuse and Sexual Harassment in Confinement (PREA)  
DAI Policy 500.30.09 – Provision of Services to Pregnant Patients  
DAI Policy 500.50.10 – Authorized Disclosure of PHI without PIOC Authorization

**DEFINITIONS, ACRONYMS, AND FORMS**

Advanced Care Provider (ACP) – Provider with prescriptive authority.

BHS – Bureau of Health Services

DOC – Department of Corrections

DOC-3001 – Off-Site Service Request and Report

DOC-3542 – Diagnostic Testing Results Relating to Suspected Sexual Contact

DOC-3542A – Referral Relating to Suspected Sexual Contact

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ED – Emergency Department

HSU – Health Services Unit

PHI – Protected Health Information

PIOC – Persons in Our Care

PREA – Prison Rape Elimination Act

PSU – Psychological Services Unit

RN – Registered Nurse

SANE – Sexual Assault Nurse Examiner

STI – Sexually transmitted infection

Sexual Abuse – an unwanted sexual act that is coercive or assaultive in nature, and that occurs with or without the use or the threat of force

## **PROCEDURE**

### **I. General Guidelines**

#### **A. Sexual Abuse**

1. Sexual abuse of a PIOC by another PIOC 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.
  - 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.
2. Sexual abuse of a PIOC by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the PIOC:
  - 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.

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- 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 above 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 a PIOC, Voyeurism by a staff member, contractor or volunteer.

## **II. Notification of Sexual Abuse Occurrence**

- A. The first staff member to receive information regarding an incident of sexual abuse shall notify the on-site Security Supervisor and the HSU Manager/designee.
- B. If there is no RN on site, security shall immediately contact the on-call nurse.
- C. The HSU Manager/designee is responsible for coordinating the HSU response including arranging for an immediate assessment and care by an ACP or RN if ACP is not on site. This shall include:
  1. Assessment of the PIOC to determine whether the PIOC has any life-threatening emergency medical care that needs to be addressed immediately to stabilize the PIOC.
  2. Care, treatment, and assessment information shall be documented in the healthcare record
    - a. Documentation shall include only statements by the PIOC about the sexual abuse that relate directly to possible injury or the need for medical or mental health treatment.
    - b. Do not include subjective statements regarding opinions of the truthfulness of PIOC statements.
- D. At the beginning of the medical assessment, inform the PIOC that some information obtained in a provider PIOC relationship is not confidential and will be reported to non-health staff and/or other agency staff as needed even without written consent of the PIOC according to State and Federal laws, and this includes the following:
  1. Danger to self or others.
  2. Abuse of a child under 18 years of age, abuse of an adult 65 years of age or older, or abuse of individuals who meet the legal requirement of intellectually disabled or mentally ill, and a specified victim can be identified.

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3. Physical abuse of a PIOC by a staff member.
  4. Sexual abuse or sexual harassment of a PIOC while confined.
  5. Escape plans or attempts.
- E. HSU staff performing the assessment shall:
1. Understand principles to preserve forensic evidence during care and treatment.
  2. Understand the role of the RN or ACP is not to collect evidence for a criminal investigation.
  3. Provide education to the PIOC to help them understand what is going to happen medically.
  4. Attempt to determine when alleged abuse occurred. Evidence is optimally collected within 120 hours of the incident, but may be greater.
- F. The medical plan of care shall include:
1. Timely and unimpeded access to emergency medical treatment without cost to the PIOC.
  2. Transfer to offsite for a SANE assessment when determined evidentiarily or medically appropriate by health care staff in consultation with the SANE.
  3. Contact the PSU Supervisor/designee or on-call clinician to initiate mental health services.
- G. Details of the alleged abuse shall be obtained by a trained PREA investigator and not through the medical assessment. Details provided by the PIOC to the PREA investigator shall not be documented in the healthcare record.
- H. HSU shall notify security to arrange for immediate separation of the victim from the suspect.
- III. Reported Sexual Contact**
- A. Request that the alleged victim not take any actions that could destroy physical evidence such as washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. Ensure, with the assistance of security staff, that the alleged suspect not take any similar actions that could destroy physical evidence.
- B. Each HSU shall maintain a current list of hospitals in their geographical area with a SANE.
- C. When determined evidentiary or medically appropriate by health care staff in consultation with the SANE, send the alleged victim to the designated ED for the SANE to conduct an evidentiary exam.
1. If a SANE is not available, contact the next closest ED.
  2. Follow the steps as described in Section III above for sending a PIOC for a SANE exam if indicated.

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- D. Complete a DOC-3001 – Off-Site Service Request and Report to accompany the victim to the ED.
- E. Alleged victims shall be encouraged to comply with transport to the ED for a SANE examination.
  - 1. Force shall not be used to transport the alleged victim to the ED for a SANE examination.
  - 2. If necessary, an alleged victim shall decline transport to a HSU Manager/designee or PREA Compliance Manager.
  - 3. The PREA Compliance Officer shall notify the PREA Director if transport is refused.
- F. If the alleged victim refuses care at the ED, or is not sent to a SANE the facility ACP shall determine the appropriate plan of care which shall include:
  - 1. Treatment and follow-up care for any injuries.
  - 2. Testing for STIs, other communicable diseases and pregnancy.
  - 3. Timely information and access to follow-up testing, emergency contraception, prophylactic treatment and follow-up care for STIs or other communicable diseases.
  - 4. For pregnancy follow the DAI 500.30.09 - Provision of Services to Pregnant Patients.
- G. Scan documents (i.e., discharge summary) received from the ED in the Consultations section of the healthcare record.
- H. The SANE examination is not a part of the hospital record.
  - 1. Do not request the SANE examination, scan in the healthcare record, or retain the original/copy in the HSU.
  - 2. If the SANE sends the original or a copy of the Sexual Assault Report or equivalent forensic report, immediately forward the report to the PREA Director in DOC Central Office.
- I. DOC HSU and the ED may share PHI related to a medical condition for ongoing treatment purposes without a written authorization from the PIOC under Wisconsin and Federal confidentiality laws and in accordance with DAI 500.50.10 - Authorized Disclosure of Protected Health Information without PIOC Patient Authorization.
- J. HSU shall coordinate with the assigned Victim Services Coordinator/designee to schedule confidential follow-up contacts between the PIOC, the SANE and Victim Advocate as necessary.
- K. PIOC suspects may be transported for treatment.

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1. The collection of evidence for suspects may vary based on the healthcare provider.
2. Most require a court order to collect evidence from a suspect.
3. The facility shall defer to the SANE and law enforcement for transport recommendations.

**IV. Report of Sexual Contact –PIOC Becomes Pregnant or Develops a STD**

A. HSM/designee shall:

1. Notify facility Warden/designee.
2. Complete DOC-3542 – Diagnostic Testing Results Relating to Suspected Sexual Contact and forward to BHS Central Office if indicated.

B. The Medical Director and BHS Director shall review DOC-3542 – Diagnostic Testing Results Relating to Suspected Sexual Contact and complete DOC-3542A – Referral Relating to Suspected Sexual Contact as indicated.

C. The DAI Administrator/designee shall determine the appropriate follow-up in relation to PREA.

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
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<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		