
 <p style="text-align: center;"><b>WISCONSIN</b> <b>DEPARTMENT OF CORRECTIONS</b> <b>Division of Juvenile Corrections</b></p> <p style="text-align: center;"><b>Policy and Procedure</b></p>	EFFECTIVE DATE 3/16/2021	PAGE NUMBER 1 of 7
	MANUAL REFERENCE	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revision
	DJC POLICY # 500.30.19	Original Date: 4/25/2018
	ORIGINATED BY Ron Hermes, Administrator X  Date Signed: 3/16/2021	
DISSEMINATION	PRIORITY	
<input type="checkbox"/> All Staff <input type="checkbox"/> Institution <input type="checkbox"/> Field Offices <input checked="" type="checkbox"/> Health Services <input type="checkbox"/> Community Facilities <input type="checkbox"/> Confidential-Security Related <input type="checkbox"/> Supervisory Staff Only	<input checked="" type="checkbox"/> <b>Policy/Directive</b> Discuss at Staff Meeting <input checked="" type="checkbox"/> <b>Information</b> Read/Route/Post	
	REPLACES POLICY N/A	
<b>SUBJECT: Health Services Unit Procedure in the Event of Sexual Abuse</b>		

**Purpose**

The purpose of this policy is to ensure prompt and appropriate health care interventions are provided for victims of reported sexual abuse.

**Policy**

Division of Juvenile Corrections' facilities shall ensure implementation of policies and procedures regarding the detection, prevention, and reduction of sexual abuse consistent with federal law, and provide prompt and appropriate health care intervention to minimize trauma of sexual abuse as much as possible.

**References**

- DJC Policy 300.07.03 - Escorting and Transporting Pregnant Youth
- DJC Policy 500.50.02 Health Care Record Format, Content and Documentation
- DJC Policy 500.30.09 Provision of Services to Pregnant Inmate Patients
- Standards for Health Services in Juvenile Detention and Confinement Facilities – National Commission on Correctional Health Care 2015, Y-B-05- Federal Sexual Abuse Regulations, Y-B-06 – Response to Sexual Abuse
- Executive Directive 72 – Sexual Abuse and Sexual Harassment in Confinement (PREA)
- Medical Management of Exposures – HIV, HBV, HCV, Human Bites, and Sexual Assaults Federal Bureau of Prisons Clinical Practice Guidelines October
- www.wcasa.org
- Prison Rape Elimination Act of 2003 – 42 USC s. 15601
- Wisconsin Statutes s. 940.225 – Sexual Assault
- Wisconsin Statutes s. 948 – Crimes against Children
- Wisconsin Administrative Code s. DOC 303.13 – Sexual Assault – Intercourse

<b>Health Services Unit Procedure in the Event of Sexual Abuse</b>	EFFECTIVE DATE 3/16/2021	PAGE NUMBER 2 of 7
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Wisconsin Administrative Code s. DOC 303.14 – Sexual Assault – Contact

Wisconsin Administrative Code s. DOC 303.15 – Sexual Conduct

**Definitions, Acronyms, and Forms**

Advanced Care Provider (ACP) – A provider with prescribing authority.

BHS – Bureau of Health Services

DJC – Division of Juvenile Corrections

DOC – Department of Corrections

DOC-1163A – Authorization for Use and Disclosure of Protected Health Information (PHI)

DOC-3001- Off-site Service Request and Report

DOC-3335 Request for Protected Health Information for Ongoing Treatment

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

DOC-3542A – Referral Relating to Suspected Sexual Contact

ER- Emergency Room (off-site hospital)

HSU – Health Services Unit

HSM- Health Service Manager

PHI – Protected Health Information

PREA – Prison Rape Elimination Act

PSU- Psychological Services Unit

RN – Registered Nurse

SANE – Sexual Assault Nurse Examiner

STD – Sexually Transmitted Disease

Qualified PSU Staff – Psychologist Supervisors, Psychologists-Licensed and Psychological

**Procedure**

I. Sexual Abuse

A. Sexual abuse of a youth by another youth 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:

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument;

4. 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.
- B. Sexual abuse of a youth by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the youth:
1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
  2. Contact between the mouth and the penis, vulva, or anus;
  3. 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;
  4. 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;
  5. 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;
  6. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs 1-5 of this section;
- II. Notification of Sexual Abuse or Sexual Contact Occurrence
- A. The first staff member to receive information regarding an incident of sexual abuse or sexual contact shall notify a Supervisor and the HSU Manager or designee.
- B. If there is no RN on site, a Supervisor shall notify the on-call nurse.
- C. The HSU Manager or designee is responsible for the medical response including arranging for an immediate assessment and care by an ACP or RN if ACP is not on site. This shall include:
1. An initial assessment of the youth to determine any life-threatening emergency medical care that needs to be addressed immediately.
  2. All youth involved shall be offered access to forensic medical examinations where evidentiary or medically appropriate.
  3. It may be necessary to arrange for an assessment, evaluation, treatment, and gathering of evidence at a community facility by a SANE. Consult verbally as needed with SANE for further care planning.
- D. At the beginning of the medical assessment, inform the youth that some information obtained in a provider-patient relationship is not confidential and will be reported to non-health staff and/or other agency staff according to State and Federal Laws, including:
1. Danger to self or others.
  2. Abuse of a child under 18 years of age or an intellectually disabled or mentally ill patient.

3. Staff physical or sexual abuse of a youth.
4. Escape plans or attempts.

E. HSU staff performing the initial 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 youth to explain expected evaluation process and health care delivery.
4. Attempt to determine when the alleged abuse or sexual contact occurred. Evidence is optimally collected within 120 hours, but may be greater, of the incident.

F. Details of alleged abuse shall be obtained by a trained PREA investigator and not through the medical assessment. Details provided by the youth to the PREA investigator shall not be documented in the medical chart.

G. Safety staff shall arrange for immediate separation of the victim(s) from the suspect.

III. Reported Sexual Abuse— Typically 120 Hours or Less Since the Reported Sexual Abuse incident

A. Request that the alleged youth victim(s) 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 Safety staff, that the alleged suspect not take any similar actions that could destroy physical evidence.

B. Where evidentiary or medically appropriate, contact the designated ER as professionally determined to verify that a SANE is available to conduct a forensic medical exam.

1. If a SANE is not available at the first location attempt, contact the next closest ER and/or coordinate with a SANE nurse to determine availability and location.
2. Each HSU shall maintain a current list of hospitals in their geographical area with a SANE.
3. Timely transport alleged involved youth of sexual abuse to the ER for SANE evaluation. Alleged involved youth may not refuse to go to the ER, but may refuse to be evaluated once at the ER.

C. Complete DOC-3001.

D. If the youth refuses care at the ER, immediately contact an ACP upon youth return to the facility to determine the appropriate plan of care which shall include:

1. Treatment and follow-up care for any injuries.
2. Testing for STDs, other communicable diseases, and pregnancy.
3. Necessary follow-up testing, emergency contraception, prophylactic treatment, and follow-up care for STDs or other communicable diseases.

4. For pregnancy, follow DJC Policy 300.07.03 and 500.30.09.
5. File documents received from the ER, except the SANE examination, in the Consultations section of the Medical Chart per DJC Policy 500.50.02.

E. The SANE examination is not a part of the hospital record.

If the ER/SANE sends the original or a copy of the sexual assault report or equivalent forensic report to HSU, do not file the report in the medical chart or retain in the HSU. Immediately forward the report to the PREA Director in Central Office.

F. The HSU and the ER may share PHI related to a medical condition for ongoing treatment purposes without a written authorization from the youth under Wisconsin and Federal confidentiality laws.

1. If HSU/PSU encounters problems obtaining PHI from the ER, complete a DOC-3335 to request the PHI. In the "description of PHI requested" section of the DOC-3335, state that information being requested relates to the date of the ER visit.
2. If, by policy, the ER requires a written authorization from the youth, complete a DOC-1163A and indicate the authorization is a two-way release.

G. HSU shall coordinate with the assigned Victim Services Coordinator/designee to schedule confidential follow-up contacts between the youth, qualified PSU staff, the SANE, and victim advocate as necessary.

#### IV. Reported Sexual Abuse – More Than 120 Hours Since Reported Sexual Abuse

A. Evidence may still be available to collect after 120 hours.

1. All involved youth or victims shall be offered access to forensic medical examinations where evidentiary or medically appropriate.
2. It may be necessary to arrange for an assessment, evaluation, treatment and gathering of evidence at a community facility by a SANE. Consult verbally as needed with SANE for further care planning.
3. Follow the steps as described in Section III above for sending a youth for a SANE exam if indicated.

B. If an allegedly involved youth is not sent for a SANE exam, immediately contact an ACP to address further care and treatment needs including:

1. Treatment and follow-up care for any injuries.
2. Testing for STDs, other communicable diseases, and pregnancy.
3. Necessary follow-up testing, prophylactic treatment, and follow-up care for STDs or other communicable diseases.
4. For pregnancy, follow DJC Policies 300.07.03 and 500.30.09.

#### V. Report of Sexual Abuse or Contact – Youth Becomes Pregnant or Develops an STD

- A. HSM/Designee shall:
1. Notify facility Superintendent, Regional Chief,, or designee
  2. Complete DOC-3542 and forward to /DJC Nursing Coordinator and BHS Central Office.
  3. The Medical Director and BHS Director shall review DOC-3542 and complete DOC-3542A as indicated.
- B. The DJC Administrator, in collaboration with the PREA Director, shall determine the appropriate follow-up in relation to PREA.

cc: Office of the Secretary  
DJC Leadership Team

<b>Division of Juvenile Corrections Facility/Region Implementation Procedure</b>	
Facility/Region:	
DJC Policy Number: 500.30.19	
Subject: Health Services Unit Procedure in the Event of Sexual Abuse	
New Effective Date: 3/16/2021	Original Effective Date: 4/25/2018
Will Implement: <input type="checkbox"/> As Written <input type="checkbox"/> With following procedures for facility implementation	
Superintendent's/Regional Chief's Approval:	

**REFERENCES**

**DEFINITIONS, ACRONYMS, AND FORMS**

**FACILITY PROCEDURE**

- I.
  - A.
  - B.
    - 1.
    - 2.
      - a.
      - b.
      - c.
    - 3.
  - C.
  
- II.
  
- III.

**RESPONSIBILITY**

- I.     Staff
  
- II.    Youth
  
- III.   Other