



**Community Partners in Action - CPA
Hartford Transitional Housing - HTH
Work Release Program - WRP**

Prison Rape Elimination Act - PREA

1. Policy

CPA's HTH and WRP will provide a safe and secure environment for all residents. HTH and WRP, with the administrative support of CPA, ensures training, education, prevention, detection, response, investigation, and tracking of all reported acts of sexual abuse and sexual harassment.

2. Authority and Reference

- A. 1) The Prison Rape Elimination Act of 2003, 45 U.S.C. § 15601, et seq
- 2) Prison Rape Elimination Act Lockup Standards, 28 C.F.R. Part 115
- B. Connecticut General Statutes §§ 6-32d, 17a-101, 17a-101b, 18-81cc

3. Definitions

- A. Agency - For the purposes of this policy, CPA and, more specifically, HTH and WRP, operate residential facilities and are directly responsible for the implementation of this policy.
- B. Body cavity search - A search of the anal or genital opening.
- C. Contractor - A person who provides services on a recurring basis pursuant to a contractual agreement with the agency.
- D. Resident - A male residing in our HTH or WRP.
- E. Direct staff supervision - Staff that are in the same room with, and within reasonable hearing distance of, the resident.

- F. Exigent circumstances - Any set of temporary or unforeseen circumstances that require immediate action in order to combat a threat to the security or order of a facility.
- G. Gender nonconforming – A person whose appearance or manner does not conform to traditional societal gender expectations.
- H. Intersex – A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.
- I. Pat-down search – A running of the hands over the clothed body of a resident by a staff member to determine whether the resident possesses contraband.
- J. Retaliation – Any covert or overt action or threat of action taken against an employee, contractor, or resident in response to their complaint of sexual abuse or sexual harassment or cooperation in the reporting or investigation of sexual abuse or sexual harassment, regardless of the merits or the disposition of the complaint. Examples of acts of retaliation are unnecessary discipline, intimidation, unnecessary changes in work or program assignments, unjustified transfers or placements and unjustified denials of privileges or services.
- K. Sexual Abuse - Includes the sexual abuse of a resident by another resident and the sexual abuse of a resident by a staff member, contractor or volunteer.
- 1) Sexual abuse of a resident by another resident - Includes any of the following acts, if the resident 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.
 - 2) Sexual abuse of a resident by a staff member or contractor - Includes any of the following acts, with or without consent of the 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 or contractor 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, where the staff member or contractor 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, where the staff member or contractor has the intent to abuse, arouse or gratify sexual desire;
- f) Any attempt, threat, or request by a staff member or contractor to engage in the activities described in paragraphs (a) – (e) of this section;
- g) Any display by a staff member or contractor of his or her uncovered genitalia, buttocks, or breasts in the presence of a resident, and
- h) Voyeurism by a staff member or contractor, which 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.

L. Sexual harassment – Includes —

- 1) 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
- 2) Repeated verbal comments or gestures of a sexual nature to a resident by a staff member or contractor, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

M. Staff -Employees of CPA, including any HTH or WRP staff.

N. Strip search - A search that requires a person to remove or arrange some or all clothing so as to permit a visual inspection of the person’s breasts buttocks, or genitalia.

O. Transgender - A person whose gender identity (i.e., internal sense of feeling male or

female) is different from the person's assigned sex at birth.

4. **Procedure**

A. Zero Tolerance –

- 1) HTH and WRP have zero tolerance for all forms of resident on resident or staff on resident sexual abuse or sexual harassment.
 - a) HTH and WRP have designated a unit-wide coordinator (PREA Coordinator) to develop, implement, and oversee CPA's efforts to prevent, detect and respond to such conduct.
 - i) The PREA Coordinator must be a person of Program Manager level or higher.
- 2) Retaliation - CPA protects all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.
 - a) The PREA Coordinator must monitor retaliation for CPA.
- 3) All HTH and WRP staff must:
 - a) Ensure that their conduct does not constitute or promote sexual abuse or sexual harassment as defined in this policy.
 - b) Report any known or suspected act which violates this policy in any way.
 - c) Cooperate truthfully and completely with any investigation conducted under this policy.

B. Education

- 1) Staff must be trained in, and must sign a statement that they understand, the following:
 - a) CPA's zero tolerance for all forms of sexual abuse and sexual harassment,
 - b) The resident's right to be free from sexual abuse and sexual harassment,
 - c) The dynamics of sexual abuse and sexual harassment in residential settings, including determining which residents are most vulnerable,

- d) The right of residents and staff to be free from retaliation for reporting sexual abuse or sexual harassment,
- e) How to detect and respond to signs of threatened and actual abuse,
- f) How to communicate effectively and professionally with all residents, and
- g) How to comply with relevant laws related to the mandatory reporting of sexual abuse to authorities.

C. Prevention Planning

1) Notice

- a) During the intake process, staff must notify all residents that CPA:
 - i) Has zero tolerance for all forms of sexual abuse and sexual harassment,
 - ii) Has multiple ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents, and
 - iii) Has a way to report sexual abuse or sexual harassment to authorities, allowing the reporting resident to remain anonymous.
- b) Complete the required form for each resident which indicates that the resident has received this required notice. This form must be retained in the resident's file.
 - i) Once a resident has received this notice that resident does not need to acknowledge receipt of notice again, for a period of one year, so long as they remain in the HTH or WRP.
- c) Refer each resident to signage posted in the facility stating this policy.
- d) Utilize language assistance services to obtain a translation of this notice, if necessary.
- e) CPA must not rely on residents to provide assistance to other residents with disabilities or who are limited English proficient.

- 2) Supervision and Monitoring
 - a) Staffing – The Program Manager/supervisory designee must develop a written plan that provides for adequate levels of staffing to protect residents against sexual abuse.
 - i) Such staffing plan must take into consideration the following:
 - 1. The physical layout of the facility,
 - 2. The composition of the resident population,
 - 3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
 - 4. Any other relevant factors.
 - ii) In any situation in which a deviation is made from the staffing plan, written justification for such deviation must be documented and sent to the PREA Coordinator.
 - b) Video Monitoring – Where video monitoring technology exists, the Program Manager/supervisory designee must develop a written plan for the use of video monitoring to protect residents against sexual abuse.
 - i) Such plan must specify how existing technology will be used in sexual abuse prevention and what additional specific technology would be helpful.
 - c) Reassessment - At least once yearly, or whenever necessary, the PREA Team must reassess the program and make adjustments, if necessary, to:
 - i) The staffing plan;
 - ii) Prevailing staffing patterns;
 - iii) The video monitoring plan; and
 - iv) The resources available to commit to ensure adequate staffing levels.
 - d) Strip Searches - Strip Searches, including body cavity searches are prohibited.

e) Opposite Sex, Transgender and Intersex Issues

- i) The program must develop a written procedure that will enable residents to perform bodily functions without staff of the opposite gender viewing breasts, buttocks, or genitalia, except in circumstances when such viewing is incidental to staff duties such as supervising urinalysis collection.
 - 1. Staff must announce their presence when entering areas of the facility where residents of the opposite sex may be performing bodily functions.
- ii) Staff must not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. A resident's genital status may be determined based on all information available to the program.
- iii) Pat searches are performed according to established policy and procedures.

3. Screening

- a) All residents must be screened to assess their risk of being sexually abused or being sexually abusive toward other residents. Staff must follow the instructions on the assessment form for making this assessment by asking each resident questions about their perceived risk of being abused. Staff may also consider their own assessment of risk factors. These forms must be retained with the daily paperwork as well as in the resident's file.
 - i) If risk factors indicate that a resident is either at risk of being abused or being an abuser, staff must utilize steps to mitigate any danger to resident(s), which may include:
 - 1. Consultation with Referral Source,
 - 2. Direct sight and sound supervision,
 - 3. Single room housing if available,
 - 3. Placement in a room with a staff member close enough to intervene quickly.
 - ii) Any resident found to be at risk must be segregated during

transportation in a CPA vehicle.

D. Response Planning

1) Reporting Duties

- a) All staff must immediately report to the PREA Coordinator, the Program Manager/supervisory designee, the HR Director, or any supervisor or manager or senior management staff any knowledge, suspicion, or information regarding:
 - i) An incident of sexual abuse or sexual harassment that occurred in the program,
 - ii) Retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment,
 - iii) Any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation.
- b) All reports of sexual abuse and sexual harassment that are received from third parties must be received and responded to according to policy by all staff.
- c) As soon as practical, CPA must report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation.
 - i) Call 911 to obtain transportation for the resident to the nearest acute care hospital for care and examination.
 - ii) When a resident states that they have been sexually abused, staff must request that the resident not take any action that could destroy physical evidence, including washing, drinking or eating, unless medically indicated. If toileting needs to take place, the resident should be instructed to not wipe.
 - iii) The Program Manager/supervisory designee must contact Connecticut Sexual Assault Crisis Services to arrange for a sexual assault advocate to go to the hospital where the resident is being transported.
- e) All allegations of sexual harassment must be reported for investigation to the PREA Coordinator.
 - i) Allegations of sexual harassment between residents will be reported for investigation by HTH or WRP.

- ii) Allegations of sexual harassment of residents by staff will be reported for investigation by the Administrative Office of CPA

- f) Upon receiving an allegation that a resident was sexually abused while residing at HTH or WRP, the staff receiving this information must immediately notify the PREA Coordinator, the Program Manager/supervisory designee, the HR Director, or a supervisor, manager, or senior management staff.
 - i) The person receiving such notice will immediately notify the PREA Coordinator, if the PREA Coordinator was not initially notified.
 - ii) The PREA Coordinator will notify the Administration of CPA as soon as possible, but not longer than by the end of the business day of the day the report of the allegation was received.
 - iii) The senior management of CPA must:
 - 1. Institute the Incident Report process and
 - 2. Call the local authorities to begin a criminal investigation.

- g) Upon receiving an allegation that a resident was sexually abused the Supervisor/Manager receiving this information must immediately notify the PREA Coordinator and document such report and notification in the facility log.
 - i) The PREA Coordinator will notify the Administration of CPA as soon as possible, but not later than the end of the next business day after the report of the allegation was received.
 - 1. The PREA Coordinator will keep a record of the details of the notification, including:
 - A. All persons notified
 - B. Date and time of notification
 - C. Date and time notice of allegation was received
 - D. Any details of the allegation.

- h) If the allegations of sexual abuse are reported to staff after the alleged victim has been transported to a medical facility, staff must:

- i) Notify the receiving facility of the allegation of sexual abuse and the victim's potential need for medical or social services unless the victim has requested otherwise.
- ii) Complete an Incident Report in accordance with CPA procedures.

2. Confidentiality

- a) After reporting the sexual abuse, staff shall not reveal any information related to the report to anyone other than to the extent necessary to make treatment and investigation decisions.

3. Administrative Investigation

- a) CPA must ensure that all protocols are followed for crime scene preservation in order to enable the local authorities to conduct a proper investigation of all allegations of sexual abuse.
- b) CPA must complete an Incident Report in accordance with CPA procedures. An Incident Report must also be completed for all allegations of sexual harassment.
 - i) Reports should include:
 - 1. Description of physical evidence
 - 2. Testimonial evidence
 - 3. Credibility assessments and the reasoning behind them
 - 4. Investigative facts and findings
 - 5. Documentary evidence, if any, should be attached
- c) Staff must cooperate fully with the local authorities and any administrative investigators in all facets of any criminal and/or administrative investigations.
- d) Records Retention
 - i) If the alleged abuser is incarcerated, all written reports of the investigation must be retained while the abuser is incarcerated plus an additional five years.
 - ii) If the alleged abuser is a staff member, all written reports of the investigation must be retained while the staff member

remains employed plus an additional five years.

4. Data Collection and Review

- a) The PREA Coordinator will collect data for all allegations of sexual abuse, will securely retain this data, and must produce a report annually which must be provided to the Administration of CPA.
- i) This data shall be retained for at least 10 years after initial collection, unless other law requires otherwise.

E. Response to Victim

- 1) Substantial Risk of Imminent Sexual Abuse - When the program learns by any means of notice listed in this policy or by any other means that a resident is subject to a substantial risk of imminent sexual abuse, staff must take immediate action to protect the resident.
- 2) Allegation of Sexual Abuse – Upon learning that a resident was sexually abused the first staff member to respond must:
 - a) Not leave the victim alone.
 - b) Call the Person in Charge to request the assistance from the Residential Manager, Program Manager, or senior management staff.
 - c) Separate the alleged victim and abuser;
 - d) Preserve and protect the crime scene;
 - e) If the abuse occurred within a time period that would still allow for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including washing, drinking or eating, unless medically indicated. If toileting needs to take place, the resident should be instructed to not wipe.

F. Protection Against Abuse and Retaliation

- 1) CPA must employ all available measures to protect vulnerable residents from abuse or prevent abusers from having the opportunity to abuse by:
 - a) Consultation with Referral Source,
 - b) Removing alleged resident abusers from contact with victims,

- c) Removing alleged staff abusers from contact with victims,
 - d) Monitoring resident rooms, including by direct observation, if necessary,
 - e) Transferring potential victims/abusers to other facilities, if operationally possible,
 - f) Segregation during transportation in transport vehicles,
 - g) Actively monitoring the conduct and treatment of residents or staff who have reported abuse and of residents who have reported to have suffered abuse for signs of retaliation.
 - i) The program must remedy any signs of retaliation detected
 - h) Protecting individuals who cooperate in investigations who express fear of retaliation.
- 2) The program's obligation to protect against retaliation ends if any allegation is unfounded.

5. **Deviations**

Any deviation from the policy and procedure in this section requires prior written approval from the Executive Director of CPA.

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