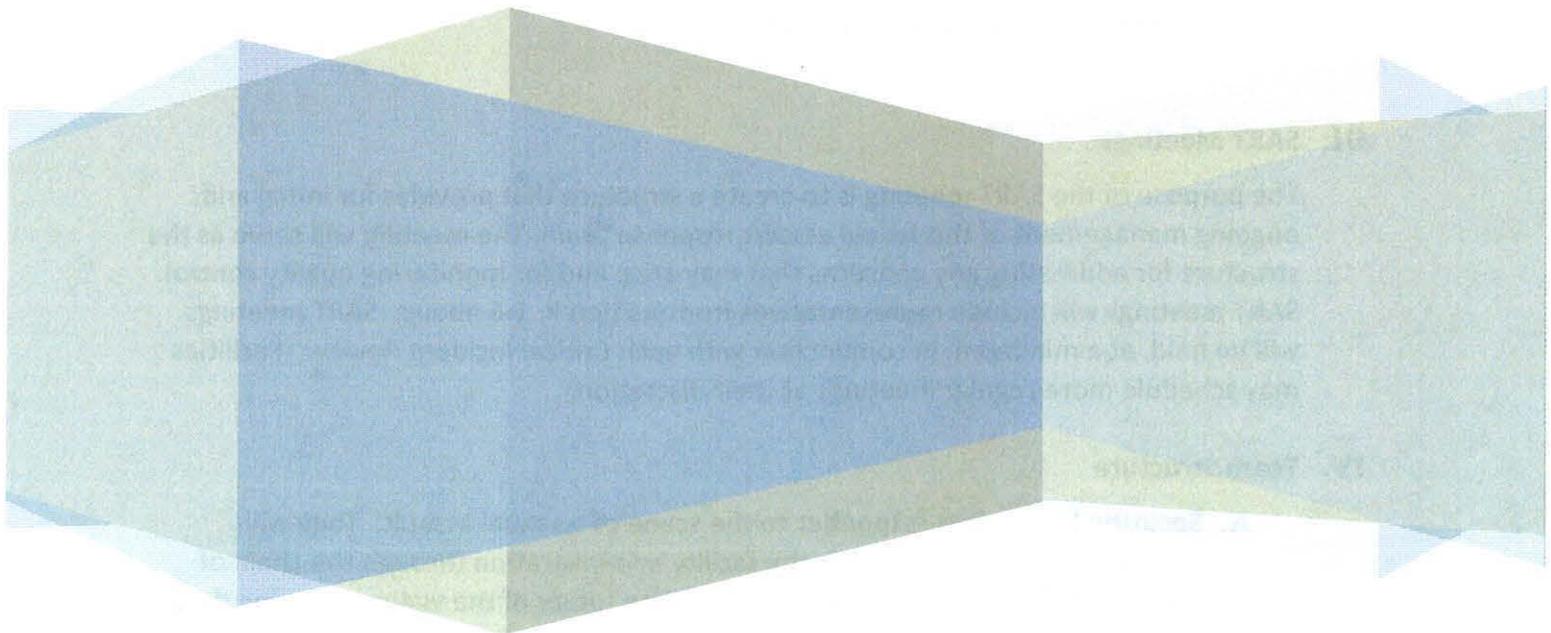


**Guidelines and Strategic
Plan: Delaware
Department of Correction
Sexual Assault Response
Team (SART)**



DDOC SART TEAM

GUIDELINES FOR DELAWARE DEPARTMENT OF CORRECTION (DDOC) SEXUAL ASSAULT RESPONSE TEAM

I. Purpose

The purpose of these guidelines is to provide standardized structure and implementation of a Sexual Assault Response Team (SART) throughout the DDOC.

II. Introduction

SART is a multidisciplinary team developed to improve services to victims of sexual assault. The team comprises representatives from the facility:

1. Security staff (first responder representative),
2. Institutional Investigator,
3. PREA Compliance Manager,
4. Treatment/Classification unit,
5. Medical , and
6. Mental Health.

The benefit of SART is the ability to provide a full range of comprehensive services to victims who have made the decision to report a sexual assault.

SART teams are established to do the following:

1. Meet the needs of the victim through crisis intervention and support services.
2. Provide a medical exam for sexual assault victims.
3. Provide a joint, effective, sensitive approach to victims of sexual assault.
4. Conduct an investigation of the reported sexual assault.
5. Document and preserve forensic evidence for potential prosecution.
6. Communicate progress to the victim.

III. SART Meetings

The purpose of the SART meeting is to create a structure that provides for initial and ongoing management of the sexual assault response team. The meeting will serve as the structure for addressing any concerns that may arise and for monitoring quality control. SART meetings will include representatives from section II, 1-6 above. SART meetings will be held, at a minimum, in conjunction with each Critical Incident Review. Facilities may schedule more regular meetings at their discretion.

IV. Team Structure

- A. **Security:** be the first responder to the scene of a sexual assault. They will preserve the scene and notify the facility administration through the chain of command. They will consider the immediate safety of the victim, ensuring they

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receive emergent medical and mental health attention. Through their shift commander, they will ensure the victim is taken for a Sexual Assault Nurse Examination (SANE) to collect forensic evidence.

- B. Institutional Investigators:** The institutional investigator is to investigate and/or coordinate the investigation of a report of sexual abuse. If the investigator turns over the investigation to Internal Affairs and/or local police, they are responsible to follow the case to its closure as unfounded, substantiated or unsubstantiated.
- C. Treatment/Classification:** The treatment/classification member's role is to ensure that the victim and perpetrator are screened and housed appropriately. They may be assigned by the PREA Manager to follow the case to detect signs of retaliation or intimidation.
- D. Medical:** Medical staff are to provide initial emergent care only. Upon return from a SANE exam, medical staff will ensure that a victim receives timely information about, and timely access to, emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. They will evaluate victims, develop treatment plans, and when necessary, make referrals for continued care following the victim's transfer to, or placement in other facilities. Medical may also make referrals at the time of release if needed.
- E. Mental Health:** Mental health staff are to initially offer crisis intervention services. Subsequent to this initial contact, mental health will offer ongoing treatment as needed, developing treatment plans and when necessary making referrals for continued care.
- F. PREA Facility Compliance Manager:** The PREA Compliance Manager will oversee the entirety of the sexual assault case. The manager will ensure an appropriate first response, and ensure the victim is seen and monitored by medical and mental health where appropriate. The manager will ensure a case is monitored for 90 days post incident for signs of retaliation. The manager ensures a victim is given case updates at each stage of the court process, on any case that is forwarded for prosecution.

V. Training Recommendations

- A. Security First Responders:**
 - 1. Basic PREA education as provided by initial CEIT training and annual refresher training.
- B. Investigator:**
 - 1. Techniques for interviewing sexual abuse victims.
 - 2. Proper use of Miranda and Garrity warnings.
 - 3. Sexual abuse evidence collection.
 - 4. Special issues involved in investigating a case of sexual assault in a confinement setting.
 - 5. The criteria and evidence required to substantiate a case for administrative action or prosecution referral.

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C. Treatment/Classification:

1. Basic PREA education as provided by initial CEIT training and annual refresher training.

D. Medical:

1. How to detect and assess signs of sexual abuse and sexual harassment,
2. How to preserve physical evidence,
3. How to respond effectively and professionally to victims of sexual abuse,
4. Basic PREA education as provided to all vendors.

E. Mental Health:

1. How to detect and assess signs of sexual abuse and sexual harassment,
2. How to preserve physical evidence,
3. How to respond effectively and professionally to victims of sexual abuse,
4. Basic PREA education as provided to all vendors.

F. PREA Facility Compliance Manager:

1. Detailed training on the PREA standards.
2. Techniques for interviewing sexual abuse victims.
3. Proper use of Miranda and Garrity warnings.
4. Sexual abuse evidence collection.
5. Special issues involved in investigating a case of sexual assault in a confinement setting.
6. The criteria and evidence required to substantiate a case for administrative action or prosecution referral.

VI. Victim Advocacy:

A. The DDOC will work toward maintaining a Memorandum of Understanding (MOU) with a Rape Crisis Center.

B. A victim advocate will be allowed to be present with an victim during a SANE examination.

1. If no SANE exam is conducted, or if the victim wishes to receive additional advocacy contacts, mental health staff will be the point of contact to arrange these confidential advocate meetings. The advocate may speak with the victim by phone as specified in the MOU.

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Delaware Department of Correction (DDOC) Sexual Assault Response Team (SART)

Mission:

To ensure the coordination of a consistent, respectful, victim-centered response to cases of sexual abuse.

Core Values:

- Uphold a victims' dignity and confidentiality.
- Remain professional and innovative.
- Work openly and collaboratively.

Goals:

- An investigation will be conducted of all allegations of sexual abuse.
- Perpetrators will be held accountable.
- All SART team members will work together effectively.
- The victim will feel safe and supported in reporting a case of sexual abuse.
- The victim will be included as a vital participant in the case.
- Team members will recognize and support victims as they recover from sexual abuse.

Action Plan:

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| Action Item 1: Report of Sexual Abuse is received. |
| Responsibility: All staff, vendors, volunteers. |
| Resources/Collaborators: All staff, vendors, volunteers. |
| Challenges: Reluctance of victims to report. |
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| Action Item 2: First response. |
| Responsibility: Security staff. |
| Resources/Collaborators: All other available staff. |
| Challenges: Initial training and annual refresher training for all Security staff. |
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| Action Item 3: Ensure safety of victim. |
| Responsibility: Security & Treatment/Classification. |
| Resources/Collaborators: All staff. |
| Challenges: Complexity of housing assignments. |
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| Action Item 4: Address emergent medical and/or crisis intervention needs. |
| Responsibility: Medical and Mental Health |
| Resources/Collaborators: N/A |
| Challenges: Victim cooperation. Must have method to track and follow a case. |
| Action Item 5: Ensure investigation is initiated (to include evidence collection and interviews). |
| Responsibility: Institutional Investigators/IA/Police |
| Resources/Collaborators: All staff. |
| Challenges: Timeliness of report. Quality/availability of evidence. |
| Action Item 6: Ensure victim is taken out for a Sexual Assault Nurse Examination. |
| Responsibility: Security |
| Resources/Collaborators: Medical/Hospital/SANE Nurses |
| Challenges: Timeliness of report. |
| Action Item 7: Ensure victim receives follow-up medical and mental health visits as needed. |
| Responsibility: Medical and Mental Health/PREA Manager. |
| Resources/Collaborators: |
| Challenges: Must have method to track and follow a case. |
| Action Item 8: Ensure victim is offered outside advocacy call. |
| Responsibility: Security with assistance of Mental health. PREA Manager. |
| Resources/Collaborators: Rape crisis hotline staff. |
| Challenges: Education to each staff member's role and responsibility. |
| Action Item 9: Ensure victim receives periodic updates on case. |
| Responsibility: PREA Manager. |
| Resources/Collaborators: Investigators. |
| Challenges: Communication. |
| Action Item 10: Ensure victim is monitored to guard against retaliation. |
| Responsibility: PREA Manager. |
| Resources/Collaborators: Treatment/Classification and Investigators. |
| Challenges: Victim cooperation. |
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| Action Item 11: Ensure victim is reclassified and their status as a confirmed victim is noted. |
| Responsibility: PREA Manager. |
| Resources/Collaborators: Facility staff responsible for housing assignments. Treatment/Classification. |
| Barriers: N/A |
| |
| Action Item 12: Ensure entirety of the PREA case is managed effectively. |
| Responsibility: PREA Manager. |
| Resources/Collaborators: All staff. |
| Challenges: Education of all staff to the investigative process, roles and responsibilities. |
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Protocols for a coordinated response:

The SART Team will review and ensure the following protocols were observed in each case:

1. The first staff member to be notified of an alleged case of sexual abuse shall immediately notify their direct supervisor.
2. The supervisor will immediately notify the on-site shift commander.
3. The shift commander will immediately notify the Warden.
4. The first responders [first Security staff member(s) on scene] will ensure that the victim is safe and is taken to medical for immediate attention.
5. The first responders will immediately secure the scene and attempt to preserve physical evidence.
6. If the assault occurred within the past five days, the shift commander ensures the alleged offender perpetrator is secured in a dry cell to preserve evidence.
7. If the crime is not believed to have occurred within seventy-two hours, the shift commander will maintain custody of any evidence until it can be turned over to the Delaware State Police.
8. If it is believed the crime occurred within the last 72 hours, the shift commander ensures the collection of both the victim and alleged perpetrators clothing.
9. The clothing of the victim and alleged perpetrator should be kept separately, in brown paper bags.

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10. The shift commander will ensure that a documented chain of custody is kept on the clothing, and all other evidence, until such time the evidence can be turned over to the State Police.
11. The shift commander will contact the Internal Affairs Unit to request an immediate investigation.
12. The shift commander will contact the Delaware State Police at the direction of the Warden.
13. The shift commander will ensure the hospital is contacted to report that a rape victim is being transported.
14. The shift commander will ensure that the facility mental health director is notified.
15. The shift commander will notify the PREA compliance manager at the facility. If it is outside of normal business hours, the shift commander will ensure the facility PREA compliance manager is notified within twenty-four hours.
16. The shift commander will ensure that the victim is offered mental health services immediately, or immediately upon return from the hospital.
17. When in place, the shift commander will ensure the victim is offered contact by phone with an outside rape crisis hotline advocate.
18. The shift commander will ensure the victim is seen for emergency care immediately, and upon return from the hospital.
19. The shift commander will ensure that all involved DOC staff members, and contractor staff, complete DACS incident reports, as well as disciplinary reports, before they exit the facility that shift.
20. The shift commander will complete an incident report in DACS detailing the response to the assault.
21. The Warden will ensure that the reports are appropriately entered into DACS as PREA incidents.
22. The Warden will ensure that all allegations are investigated until a finding of substantiated, unsubstantiated, or unfounded can be made, including in cases where offenders depart a facility, or where alleged staff perpetrators resign.
23. The Warden will determine the need to transfer the victim, and/or perpetrator, to

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another facility.

24. Upon completion of the investigation, the Warden will ensure that a sexual abuse incident review team meets, within 30 days of the investigation being completed, to discuss the case.
25. The PREA Manager will ensure that the victim is followed for 90 days after the incident to ensure there is no retaliation as a result of the report of sexual abuse.
26. Where a case is sent for prosecution, the PREA Manager will ensure the victim is notified at each step of the prosecution of the case.

For further guidance, see DDOC Policy 8.60, Bureau of Prisons Policy 8.60, and Bureau of Community Corrections Policy 2.5.

Measurement:

At each regularly scheduled SART meeting, the SART Team will objectively evaluate the performance of the facility response to each individual case. The team will use the Measurable Objectives below. A copy of each case reviewed will be kept on file with a copy of minutes from the SART meeting (See Attachment A).

Measurable Objectives:

1. Was the victim separated from the perpetrator immediately upon staff receiving the report? YES_NO
2. Was the scene of the incident secured to prevent contamination of evidence? YES_NO_N/A
3. Was an investigation begun without unreasonable delay? YES_NO_N/A
4. Was the victim taken to medical after the incident was reported? YES_NO_N/A
5. Was mental health called for crisis intervention? YES_NO_N/A
6. Did the victim go out of the facility for a SANE exam? YES_NO_N/A
7. Did the victim receive follow-up medical care upon return? YES_NO_N/A

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8. Did the offender-victim receive follow-up mental health care upon return to facility, or after return to a housing unit?
YES_NO_N/A
9. Was the offender offered confidential third party sexual abuse victim advocacy?
YES_NO_N/A
10. Was the offender notified of the outcome of the investigation (substantiated, unsubstantiated, unfounded)?
YES_NO_N/A
11. Did the offender-victim receive periodic updates on the status of their perpetrator's case?
YES_NO_N/A
12. Is classification aware of this incident, and did they internally reclassify and complete a new PREA sexual victimization/aggression screen?
YES_NO_N/A
13. Was the victim monitored for 90 days post incident by the PREA manager, and was this documented?
YES_NO_N/A
14. If the victim was transferred to another institution, was the receiving institution notified to track the victim for 90 days, and was this documented.
YES_NO_N/A
15. Are there any other significant issues in this case which indicate a need for a change in policy?
YES_NO_N/A - If so, describe below:

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Bibliography

Office of Justice Programs. SART Toolkit: Resources for Sexual Assault Response Teams. Downloaded August 2013, from: <http://ovc.ncjrs.gov/sartkit/>

San Diego County, Sexual Assault Response Team: Standards of Practice. April 2001. Downloaded August 2013 from: <http://www.sandiego.gov/police/pdf/standards.pdf>

Sexual Assault Response Team (SART) Guidelines. Printed 2002. Pennsylvania Coalition Against Rape. Downloaded August 2013, from: http://www.pcar.org/sites/default/files/file/healthcare/SART_Guidelines.pdf

Minnesota Model: Sexual Response Protocol. June 2000. Downloaded August 2013, from: <http://www.mncasa.org/Documents/Best%20Practices.pdf>

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SART ATTACHMENT A

Investigation #: _____

Date of Review: _____

Team Members: _____

Measurable Objectives:

1. Was the victim separated from the perpetrator immediately upon staff receiving the report? YES_NO
2. Was the scene of the incident secured to prevent contamination of evidence?
YES_NO_N/A
3. Was an investigation begun without unreasonable delay?
YES_NO_N/A
4. Was the victim taken to medical after the incident was reported?
YES_NO_N/A
5. Was mental health called for crisis intervention?
YES_NO_N/A
6. Did the victim go out of the facility for a SANE exam?
YES_NO_N/A
7. Did the victim receive follow-up medical care upon return?
YES_NO_N/A
8. Did the offender-victim receive follow-up mental health care upon return to facility, or after return to a housing unit?
YES_NO_N/A
9. Was the offender offered confidential third party sexual abuse victim advocacy?
YES_NO_N/A
10. Was the offender notified of the outcome of the investigation (substantiated, unsubstantiated, unfounded)?
YES_NO_N/A

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11. Did the offender-victim receive periodic updates on the status of their perpetrator's case?

YES_NO_N/A

12. Is classification aware of this incident, and did they internally reclassify and complete a new PREA sexual victimization/aggression screen?

YES_NO_N/A

13. Was the victim monitored for 90 days post incident by the PREA manager, and was this documented?

YES_NO_N/A

14. If the victim was transferred to another institution, was the receiving institution notified to track the victim for 90 days, and was this documented.

YES_NO_N/A

15. Are there any other significant issues in this case which indicate a need for a change in policy?

YES_NO_N/A - If so, describe below:

PREA MANAGER

DATE

RC
10/1/13