

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 10/30/2013	NUMBER: G-57.1
	Replaces: 5/2/2013	
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SEXUAL ASSAULT/SEXUAL ABUSE		

PURPOSE: To establish guidelines for the management of offenders with sexual assault/abuse or alleged sexual assault/abuse.

DEFINITION: Sexual assault is defined as outlined in the Texas Penal Code Chapter 22, Section 22.011 (Attachment A) and includes forcing another person, by violence or threats of violence, to perform a sexual act or sexual assault with an object. This is to include any sexual act with a person not able to provide mutual consent due to disability, age, mental and/or physical incapacity.

Sexual abuse is forcing another person, by violence, threats of violence, or coercion, to perform a sexual act.

Medical practitioner means a health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A “qualified medical practitioner” refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

POLICY:

- I. All offenders who present with complaints of sexual assault/abuse will be immediately evaluated, examined and appropriately referred for required services. A brief history may be obtained by nursing staff. The facility physician/mid-level practitioner and ranking security officer are to be notified.

A physical examination should be performed in all cases of sexual assault, regardless of the length of time which may have elapsed between the time of the assault and the examination.

- II. If requested by TDCJ Office of Inspector General (OIG) and if the offender/victim consents to a sexual assault examination, then the collection of evidence must follow local criminal justice guidelines. If it is determined that the assault took place more than 96 hours prior to the examination, use of the sexual assault evidence collection kit should be jointly discussed between the health care staff assigned to perform the sexual assault examination and the OIG investigator. However, the final decision as to whether or not to conduct the sexual assault exam rests with the OIG investigator. (See Attachment B) The offender/victim may have a TDCJ approved representative present during the forensic exam.

- III. If a sexual assault kit is required, then the physical examination and collection of evidence are accomplished by a qualified medical practitioner (provider, Sexual Assault Nurse Examiner, or Sexual Assault Forensic Examiner) exactly according to instructions provided in the standard rape kit. (Available through the medical warehouse.) The kit with collected evidence must be claimed by

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a TDCJ Office of the Inspector General investigator for processing. Completed kits are not to be forwarded to regional laboratories.

- IV. Prophylactic treatment of venereal diseases (syphilis, gonorrhea) will be offered to the victim. For HIV or Hepatitis B exposure, education and testing should be scheduled. When indicated, prophylactic medications will be offered. (See Correctional Managed Health Care Infection Control Manual.)

Victim(s) of penile-vaginal sexual abuse shall be offered pregnancy tests. If negative, victim(s) shall sign a consent and be offered an emergency contraception pill (ECP). If positive, victim shall receive access to all lawful pregnancy-related medical services.

- V. If the incident occurs within 96 hours of reporting, the offender will be seen by a mental health professional after a sexual assault medical exam is completed. If the report occurs after 96 hours, the offender will be referred to and seen by a mental health professional within 10 business days. If the incident occurs at a time that a qualified mental health professional is not available, health care staff will follow standard after hour s procedures for assessing the offender for mental health status and consulting the on-call mental health provider.
- VI. All examinations and treatment will be documented in the offender's health record (HSM-1).
- VII. Treatment services associated with sexual assault/abuse or alleged sexual assault/abuse will not result in the application of the Health Services Fee to the victim.
- VIII. Reporting
- A. If an offender who is less than 18 years of age reports previous sexual assault/abuse to health care staff, regardless of whether the incident occurred in a correctional setting or in the community, health care staff must report the incident to OIG. Patient consent is not required.
- B. If an offender who is 18 years of age or older reports previous sexual assault/abuse to health care staff that occurred in a correctional setting, health care staff can report such incidents without consent only in the interest of treatment, security, or management issues. If reporting the prior assault/abuse in the interest of initiating an investigation into the incident, health care staff must obtain consent from the offender.
- C. If an offender who is 18 years of age or older reports previous sexual assault/abuse to health care staff that occurred in a community setting, health care staff may only report to OIG if the offender provides consent.

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Reference: 2008 NCCHC Standard P-B-05, Procedure In The Event of Sexual Assault (important)
 HB 544 (2005)
 Correctional Managed Health Care Infection Control Manual
 ACA Standard 4-4406 (New) Sexual Assault Non-Mandatory
 Texas Penal Code Chapter 22. Assaultive Offenses Sec. 22.011 Sexual Assaults
 Texas Code of Criminal Procedure Chapter 56 Rights of Crime Victims Subchapter A,
 Article 56.06
 PREA Standards (New) Prevention, Detection, Response and Monitoring of Sexual
 Abuse in Adult Prisons and Jails (2012)
 A National Protocol for Sexual Assault Medical Forensic Examinations,
 Adults/Adolescents (April 2013)
 Texas Health and Safety Code Ann. § 323.005 Emergency Contraception
 HB 2221 Sec. 323.0052 Emergency Service Relating to Emergency Contraception
 Texas Family Code Section 261.001 and 261.101