

<b>GEORGIA DEPARTMENT OF CORRECTIONS</b> <b>Standard Operating Procedures</b>		
<b>Policy Name:</b> Mental Health Management of Suspected Sexual Abuse or Sexual Harassment		
<b>Policy Number:</b> 508.22	<b>Effective Date:</b> 5/3/2018	<b>Page Number:</b> 1 of 8
<b>Authority:</b> Commissioner	<b>Originating Division:</b> Health Services Division	<b>Access Listing:</b> Level II: Required Offender Access

**I. Introduction and Summary:**

Sexual abuse, contact, harassment, or assault of an offender by staff or another offender is always forbidden. Offenders who are suspected of being victims of sexual assault, abuse, contact or harassment will receive a mental health evaluation and be referred for treatment as clinically indicated.

**II. Authority:**

A. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOPs): 101.06 Awareness Procedures and Training Regarding Sexual Contact with Sentenced Females, 103.06 Investigation of Allegations of Sexual Contact, Harassment of Offenders, 208.06 Prison Rape Elimination Act (PREA) - Sexually Abusive Behavior Prevention and Intervention Program, 507.04.84 Medical Management of Suspected Sexual Abuse, 507.04.91 Medical Management of Suspected Sexual Assault, Abuse, or Harassment, 508.10 Confidentiality of Mental Health Records, and 508.17 Identification of Inmates/Probationers with a History of Sexual or Physical Abuse;

B. CCHC Standards for Health Services in Prisons, 2014;

C. NCCHC Standards for Health Services in Juvenile Detention and Confinement Facilities, 2014;

D. Correctional Mental Health Care Standards and Guidelines for Delivering Services: M-57, M-68, and M-70, and

E. ACA Standard: 4-4406 (Mandatory).

**III. Definitions:**

A. **Sexual Abuse** - Subjecting another person to sexual contact by persuasion, inducement, enticement, or forcible compulsion; subjecting to sexual contact another person who is incapable of giving consent due to their custodial status; raping, molesting, prostituting, or otherwise sexually exploiting another person.

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- B. **Sexual Misconduct** - Any behavior by staff related to a sexual act with an offender, except sexual assault. Examples of Sexual Misconduct include, but are not limited to:
1. Exposure of an intimate body part to an offender;
  2. Threats or requests by staff to an offender for sexual acts and demeaning references to an offender's intimate body parts or sexual orientation; and
  3. Acts by staff that aid in sexual contact between an offender and third person, such as arranging for an offender to meet with someone for the purpose of engaging in sexual activity; standing watch during sexual acts involving an offender; or other similar actions. Sexual contact with an offender is not necessary to find that a staff member has violated this provision.
- C. **Sexual Harassment** - Deliberate or repeated statements or comments of a sexual nature directed to any offender, including demeaning references to gender and/or gender identity or derogatory comments about body or clothing, or repeated profane or obscene language or gestures.
- D. **Specially Trained Counselor** - A mental health counselor or Master's level behavior specialist who has successfully completed the Georgia Department of Corrections course of "Evaluation and Treatment of Sexual Assault and Victims of Abuse." A Specially Trained Counselor shall also be a licensed psychiatrist, psychologist, or advanced practice registered nurse (APRN).
- E. **Prison Rape Elimination Act (PREA)** - A Federal mandate to prevent, detect, respond to and monitor sexual abuse of incarcerated and detained individuals.
- F. **Victim Advocate** - Person who provides emotional and general support, navigating the offender through the treatment and evidence collection process. The Victim Advocate has access to the offender similar to that of medical staff at the facility. The advocate is not authorized to make decisions regarding offender care or interfere with escort procedures. This person may be from the community

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pursuant to an agreement approved by GDC Legal Services in accordance with GDC SOP 208.06.

G. **SART (Sexual Allegation Response Team)** - A team comprised of a staff member from each of three (3) disciplines, Medical, Mental Health and Security. The facility SART is responsible for the initial inquiry and subsequent administrative investigation of all allegations of sexual abuse or sexual harassment.

#### **IV. Statement of Policy and Applicable Procedures:**

This procedure is applicable at all Georgia Department of Corrections State Facilities and Private Facilities.

##### A. General Procedures:

1. Anyone who becomes aware that an offender housed by the Georgia Department of Corrections may have been subjected to Sexual Abuse, Sexual Contact, Sexual Misconduct or Sexual Harassment must immediately initiate local SART procedures;
2. The mental health Standard Operating Procedure on confidentiality in GDC SOP 508.10 mandate a “must tell” policy whenever an offender reports being victimized by Sexual Abuse, Sexual Misconduct or Harassment. All offenders receiving mental health treatment will be informed of this “must tell” policy using Attachment 2 (M55-01-02);
3. Offenders stating that they have been subjected to Sexual Abuse, Sexual Misconduct, or Sexual Harassment will be treated in a professionally sensitive and non-judgmental manner. Mental health staff will perform an initial evaluation to assess the emotional impact of the alleged incident victim within one business day, or sooner if deemed an emergency. This is NOT an investigation but a clinical evaluation. The mental health staff person who performs the initial evaluation will not participate in the investigation process, to include documentation of witness statements or incident reports, unless the staff member directly witnessed the alleged violation. Mental health staff will not be involved in determining guilt or innocence, truth or

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falsehood. Staff will make no judgment regarding whether the reported incident occurred or not but will refer the person for an appropriate mental health evaluation, treatment, and interventions as clinically indicated.

4. The name of the alleged perpetrator, whether staff or offender, will not be documented in the mental health evaluation; and
  5. Sexual Allegations will NOT be handled through the grievance process.
- B. Specific Procedures for alleged victim: When a sexual allegation has been made, then the following procedures are initiated:
1. The facility mental health unit manager or designee will oversee the provision of mental health services to the alleged victim;
  2. When an allegation of Sexual Abuse, Sexual Misconduct or Sexual Harassment is made, the mental health unit manager or designee at the facility or at the mental health program in the facility's catchment area if no mental health program is on site will be immediately notified along with the medical authority (refer to Standard Operating Procedures 507.04.84 and 507.04.91) and Sexual Assault Response Team (SART);
  3. The mental health unit manager or designee will immediately make arrangements for the offender's emotional and psychological state to be initially evaluated by a Specially Trained Counselor. The notification information will be documented in Attachment 1, Mental Health Sexual Allegation Notification and Evaluation Log (M55-01-01);
  4. A mental health evaluation follow-up report (Attachment 3, Mental Health Evaluation Follow-up Report (M55-01-03) will serve as the cover sheet for the evaluation packet (the packet includes Attachments 2 - 4 and referral form(s) as needed) documenting the date and summarizing the offender's involvement in the allegation (offender on offender or staff on offender). The completed packet will be placed in section 4 of the mental health file and section 5 of the medical file;

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5. The Specially Trained Counselor will perform the initial Sexual Allegation Evaluation, on the alleged victim within one workday, or sooner if deemed an emergency, using Attachment 4, Sexual Allegation Evaluation (M55-01-04). When the allegation is made on a weekend or holiday, the initial evaluation will be performed on the next workday unless it is deemed an emergency at which time the on-call mental health counselor will be notified;
  
6. The purpose of the Sexual Allegation Evaluation is to determine if the offender is likely to need further evaluation or mental health treatment. The initial evaluation session must provide the offender with an opportunity to talk freely about the experience and any feelings that have arisen. The evaluator must review relevant correctional, health, and mental health history, and be especially aware of any prior victimization that could increase the person's psychological vulnerability and thus increase the likelihood that the person will develop serious sequelae as a result of trauma. A mental status exam, with particular emphasis on factors associated with trauma, will be conducted. The evaluator should set a low threshold for referral to receive further evaluation or treatment. That is, the evaluators will err on the side of caution to avoid denying treatment where it may be needed, even if some referrals turn out to be unnecessary;
  
7. The alleged victim shall be evaluated in a safe and private setting. The Specially Trained Counselor will discuss the limits of confidentiality regarding mental health information and ask the offender to sign Attachment 2 "Consent to Mental Health Evaluation Following Allegation of Suspected Sexual Abuse, Contact or Harassment" (M55-01-02). A copy of the form shall be given to the offender. Confidentiality and its limits will be discussed as other circumstances warrant its discussion, (see GDC SOP 508.10). The offender will be told that the Special Investigator may request access to the written evaluation;
  
8. The Specially Trained Counselor will document the results of the initial evaluation on Attachment 4, Sexual Allegation Form (M55-01-04) that will be placed in the mental health section of the offender's medical record immediately following the evaluation. A copy will be placed in section 4 of

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the mental health record and a copy forwarded to the mental health unit manager;

9. Upon completion of the evaluation, the Specially Trained Counselor will immediately notify the Sexual Assault Response Team (SART) coordinator regarding any offender(s)-on-offender allegations. This notification shall include whether the offender is willing to be interviewed and whether the offender requests the Specially Trained Counselor to be present during the investigative interview. The date, time and person notified will be documented on Attachment 1, Mental Health Sexual Allegation Notification and Evaluation Log. (M55-01-01). The Specially Trained Counselor will have a supportive presence and will not serve as a Victim Advocate;
10. Unless the Specially Trained Counselor has an independent professional license the results of the Sexual Allegation Evaluation will be discussed with the counselor's clinical supervisor or another doctoral licensed clinician who signs and dates the evaluation summary within two (2) working days;
11. If an alleged offender-victim consents to participate in the initial evaluation but denies the allegation, the initial evaluation should be completed and clinical judgment used to determine need for follow-up;
12. The initial sexual allegation evaluation, psychological evaluation and any follow-up evaluations or treatment will be conducted only with the consent of the offender unless involuntary treatment is clinically indicated. (See SOPs 508.10 and 508.22). If the offender refuses the evaluation or treatment, the Specially Trained Counselor shall document the refusal on Attachment 4, (M55-01-04) along with observations of the offender's mental status and relevant history;
13. If an alleged victim initially refuses an initial mental health evaluation, the Specially Trained Counselor will meet with the offender within one week after the refusal to re-evaluate the offender. If the offender refuses again, the Specially Trained Counselor will attempt to evaluate the offender within one week of the second attempt. If the offender refuses again, the specially

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trained counselor will inform the offender that mental health services are available to them if and when the offender wants mental health services;

14. When both the Specially Trained Counselor and the offender see no need for any type of counseling or mental health treatment after the initial evaluation, the offender will be informed that future mental health services are available per the offender's request;
15. When the Specially Trained Counselor sees no need for follow-up sessions after the initial evaluation, but the offender requests treatment, the counselor will refer the offender to the Clinical Director for a second opinion;
16. A mental health referral will be completed and forwarded to the Clinical Director when the Specially Trained Counselor recommends further evaluation. If the offender is already receiving mental health services, a copy of the completed referral will be placed in the mental health file (section four) and the medical record (section five). If the offender is not receiving mental health services a copy of the completed referral will be placed in section five of the medical record. A copy of the completed referral will be sent to the mental health unit manager to be filed with the evaluation;
17. When mental health treatment is recommended and the offender consents, the Clinical Director will promptly review the case and refer to the most appropriate treatment provider and modality (group or individual treatment) with treatment to begin as soon as clinically indicated; and
18. Attachment 1, Mental Health Sexual Allegation Notification and Evaluation Log (M55-01-01) will be maintained by the mental health unit manager on a monthly basis. The Sexual Allegation Packet and Log will be audited by the state mental health program supervisor/designee, during annual audits. In addition, the packet and log should be included in the annual self-audit process.
19. Whether the allegations are found to be substantiated, unsubstantiated or unfounded, treatment will continue as clinically indicated on the basis of clinically needed independent of the special investigation's findings.

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C. Specific Procedures for Substantiated Offender-On-Offender Abusers:

1. mental health staff will evaluate all substantiated offender-on-offender abusers within sixty (60) days from date of substantiation and offer mental health treatment when deemed appropriate; and
2. Substantiated offender-on-offender abusers needing sex-offender evaluation/treatment will be referred to Risk Reduction.

V. **Attachments:**

- Attachment 1: Sexual Allegation Notification Log (M 55-01-01)
- Attachment 2: Consent to Sexual Abuse Evaluation (M55-01-02)
- Attachment 3: Mental Health Evaluation Follow-up Report (also referred to as the PREA Evaluation Follow-Up Cover) (M55-01-03)
- Attachment 4: MH Sexual Allegation Evaluation (M55-01-04)

VI. **Record Retention of Forms Relevant to this Policy:**

Upon completion, Attachment 1 shall be maintained in the mental health office for (10) years and then shall be destroyed. Attachments 2-4 shall be distributed as instructed in the policy and then placed in the offender's mental health file and section 5 of the offender's medical file. At the end of the offender's need for mental health services and/or sentence, the mental health file shall be placed within the offender's health record and retained for 10 years.