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| NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE Pursuant to RSA 21-H:8 (III) Internal Practices and Procedures | CHAPTER <u>Ops/Mgt of Dept Activity</u> STATEMENT NUMBER <u>379.00</u> |
| SUBJECT: PRISON RAPE ELIMINATION ACT PROCEDURES PROPONENT: Director, Professional Standards <i>Position/Title</i> <i>Commissioner's Office</i> <u>271-5604</u> <i>Office</i> <i>Phone #</i> | EFFECTIVE DATE <u>10/11/2023</u> REVIEW DATE <u>10/11/2026</u> SUPERSEDES PPD# <u>5.19</u> DATED <u>03/12/2014</u> |
| ISSUING OFFICER:  Helen E. Hanks, Commissioner | DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____ |
| REFERENCE NO: See reference section on last page of PPD. | |

I. PURPOSE:

This policy establishes uniform guidelines and procedures to prevent, deter, and respond to sexual abuse and sexual harassment aimed at residents of the New Hampshire Department of Corrections (NHDOC), in accordance with the federal Prison Rape Elimination Act (PREA) and the standards by which PREA is implemented under 28 CFR Part 115.

II. APPLICABILITY:

This policy applies to:

1. NHDOC staff, volunteers, and contract personnel working with NHDOC residents,
2. Anyone entering NHDOC facilities for any official purpose,
3. Anyone having contact with NHDOC residents at offsite work assignments; and
4. All NHDOC residents.

III. POLICY:

1. It is the policy of the NHDOC to protect residents from all forms of sexual abuse and sexual harassment.
2. The Department has a zero-tolerance policy relating to sexual abuse and sexual harassment and addresses all reported and suspected allegations of sexual abuse and sexual harassment.
 - a. The Department addresses allegations against staff members with the same vigilance it addresses allegations against residents.
 - b. Violators of this policy may be subject to disciplinary action and potential criminal prosecution, as appropriate.
 - c. The Department will respond to and investigate claims of sexual abuse and sexual harassment, either internally or in conjunction with local or state police; and, where appropriate, such claims will be referred for criminal prosecution.

3. Through classification, assessment, available technologies, and improvements to institutional design where feasible, the NHDOC will attempt to separate and carefully monitor both sexually abusive and vulnerable residents to reduce the incidence of sexual abuse and sexual harassment.
4. The Department's assigned Administrator from the Division of Professional Standards shall act as PREA coordinator, and will develop, implement, and oversee agency efforts to comply with PREA standards in all its facilities, including ensuring that required trainings are performed.
 - a. Each facility shall have a PREA compliance manager to make sure the facility is complying with all standards. The compliance manager shall be the chief of security for the facility, or designee, who has access to all staff, managers, and supervisors in the facility. The PREA compliance manager will liaison across divisions within their site to support, monitor and ensure PREA is a part of the site's culture and responsiveness.
 - b. The Professional Standards Division will have a compliance auditor who will work with the PREA coordinator and all facility PREA compliance managers to ensure full compliance with federal and agency standards.
 - c. Together, the PREA Coordinator, PREA Compliance managers, and auditor will meet regularly (i.e., monthly, quarterly, and annually) to lead the cultural inclusion of PREA standards across all departmental operations and will report to departmental leadership opportunities to strengthen the agency's approach and engagement with PREA standards.
5. Behavioral Health: the NHDOC Behavioral Health (BH) services shall provide clinical assessment, monitoring, and treatment in cases involving sexual abuse of residents.
6. Access: The Department will ensure that persons with disabilities, including but not limited to, residents who may have limited English proficiency, are deaf, visually impaired, have limited reading skills, psychiatric issues, or are otherwise disabled, have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
 - a. The Department will not rely on resident interpreters, readers, or other types of resident assistants except in circumstances where an extended delay in obtaining an effective interpreter could compromise the person's safety, the performance of first response duties, or the investigation of the person's allegations.
7. A multi-disciplinary Sexual Assault Review Team (SART), consisting of trained and experienced NHDOC staff and other designated community members will achieve quality improvement through the review process.

IV. DEFINITIONS: See Attachment 5, *PREA Definitions*, for further definitions related to this policy).

1. Sexual Abuse includes:
 - a. Sexual abuse of a resident by another resident; and
 - b. Sexual abuse of a resident by a staff member, contractor, or volunteer.
2. Sexual abuse of a resident by another resident 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:
 - 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 buttocks of another person, excluding contact incidental to a physical altercation. Sexual abuse of a resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the resident:
 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 (a)-(e) of this section,
 7. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a resident; and
 8. Voyeurism by a staff member, contractor, or volunteer.
3. Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of a resident for reasons unrelated to official duties, such as peering at a resident who is using a toilet in his or her cell 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.
 4. Sexual harassment includes:
 - a. 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 to another; and,
 - b. Repeated verbal comments or gestures of a sexual nature to a resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive derogatory comments about body or clothing, or obscene language or gestures.
 5. Substantiated allegation. An allegation that was investigated and the investigation determined that the alleged event was more likely to have occurred than to have not occurred.
 6. Unsubstantiated allegation. An allegation that upon investigation produced insufficient evidence to make a final determination as to whether or not the event occurred and/or can be classified as a substantiated prohibited act under PREA law.
 7. Unfounded allegation. An allegation that was investigated and determined not to have occurred.

V. The following subsections outline PROCEDURES for specific areas relative to PPD 379.00:

[A. Resident PREA Education](#)

[B. Staff PREA Training](#)

[C. Contractor and Volunteer PREA Training](#)

[D. Screening, Housing, and Mental Health Evaluations](#)

[E. Resident Reporting](#)

[F. Response to Reports of Sexual Abuse-General](#)

[G. Response to Report of Sexual Assault that Occurred Within the Last 120 hours \(5 days\)](#)

[H. Response to Report of Sexual Assault that Occurred More than 120 Before Report](#)

[I. Response to Report of Sexual Harassment](#)

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A. Resident PREA Education [CFR § 115.33]

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- (1) During the intake and orientation process, residents will receive information explaining the federal Prison Rape Elimination Act, the Department's zero-tolerance policy, and how to report incidents or suspicions of sexual abuse or sexual harassment to create an institutional reporting culture and decrease the incidence of sexual abuse and sexual harassment.
- (2) Within 30 days of intake, the Department shall provide comprehensive in-person or video education regarding:
 - a. The resident's right to be free from sexual abuse and sexual harassment,
 - b. The resident's right to be free from retaliation for reporting such incidents; and
 - c. NHDOC policies and procedures for responding to such incidents.
 - d. This will be documented using the *Overview of Sexual Misconduct* (Attachment 6) and *PREA Education Acknowledgement form* (Attachment 6a) [CFR § 115.33 (e)].
- (3) The above information shall be provided to all residents through each of the following means:
 - a. Resident Orientation during the 30-day "Reception & Diagnostic" process,
 - b. Manual for the Guidance of Residents provided at each correctional facility,
 - c. Facility-specific orientation provided upon transfer between facilities to the extent the previous facility's policies and procedures differ from the sending facility,
 - d. Informational brochure (see Attachments 4a-4d for facility specific brochures),
 - e. Recorded presentations displayed quarterly on each facility's Closed-Circuit Television or through the resident tablet network,
 - f. Confidential victims' services available both in the facilities and in the community (See Attached Notification of Victim Advocate Resources for distribution to residents)
 1. Counselor case managers will provide supportive access to residents in need of contacting outside victim advocates for emotional supports, in addition to making referrals to the department's dedicated victim witness specialist (residents only) to help provide emotional support and additional connection to outside victim advocates [CFR § 115.53] and
 2. The department as necessary will establish MOUs with community victim advocacy organizations,
 - g. Additional educational workshops made available to persons in each facility; and
 - h. Other means that may become available.
- (4) Residents shall receive education upon transfer to a different facility to the extent that the policies and procedure of the resident's new facility differ from those of the previous facility [CFR § 115.33(c)].
- (5) All residents shall be informed about:
 - a. New Hampshire criminal laws related to sexual assault and the penalties for violations of those laws,
 - b. Departmental policy and procedures related to sexual abuse and penalties for violation of the PREA policy,
 - c. Facts about sexual abuse and instructions for reporting incidents,
 - d. Investigations, medical care, disease prevention, and support services available for victims,
 - e. Safety guidelines for risk reduction and prevention of sexual victimization; and
 - f. Guidelines on intentional false reporting, including the disciplinary penalties and assurances that residents who report will only be disciplined if it is proven that they knew the allegation was false at the time the report was made.
- (6) Resident education will be provided in a format accessible to residents who may have limited English proficiency, are deaf, visually impaired, have limited reading skills, or are otherwise disabled.

- (7) Residents shall document receipt of *Overview of Sexual Misconduct* (Attachment 6) and *PREA Education Acknowledgement form* (Attachment 6a) by signing the appropriate forms. PREA education acknowledgments shall be routed, scanned, and entered into the electronic offender record.

B. Staff PREA Training

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The NHDOC is committed to training employees to prevent and detect incidents of sexual abuse and sexual harassment, and to ensure that staff, vendors, and volunteers are aware of their responsibility for reporting and responding to reports of sexual abuse and sexual harassment.

- (1) Staff training shall include information regarding:
 - a. The NHDOC's zero-tolerance policy for sexual abuse and sexual harassment,
 - b. A resident's right to be free from sexual abuse and sexual harassment,
 - c. Staff responsibilities related to prevention, detection, response, and reporting of both threats of sexual abuse and actual sexual abuse and sexual harassment,
 - d. The right of all persons in the prison environment to be free from retaliation after reporting sexual abuse or sexual harassment,
 - e. The dynamics of sexual abuse in prisons,
 - f. How victims of sexual abuse and sexual harassment typically respond,
 - g. Effective, respectful communication skills with residents, including residents of diverse linguistic, ethnic, or cultural backgrounds, and residents who identify as LGBTI and gender nonconforming,
 - h. How to report sexual abuse and sexual harassment to outside authorities, following applicable reporting law,
 - i. How to avoid inappropriate relationships with residents; and
 - j. The legal sanctions for staff-on-resident sexual abuse and sexual harassment, and residents' inability to consent.
- (2) NHDOC training shall be tailored to cover all genders, regardless of the staff member's assigned facility.
- (3) Gender-Neutral and Cross-Gender Pat Searches and Strip Searches: all security staff will be trained to conduct professional, respectful, gender-neutral pat searches, and searches of transgender and intersex residents, in the least intrusive manner possible consistent with security needs. Cross-gender strip searches and body cavity searches are permitted only in exigent circumstances and must be documented on an Incident Report.
- (4) All new NHDOC staff will review the requirements of PPD 379 *Prison Rape Elimination Act Procedures* and information on NH RSA 632-A *Sexual Assault and Related Offenses* and other related laws during orientation. All NHDOC employees have access to non-restricted policies on the Department's Intranet.
 - a. Staff will be given an opportunity to review this information and ask questions.
 - b. Staff will sign off on Attachment 3 which will then be provided to the Training Bureau and kept on file.
- (5) All staff will receive PREA training every 2 years. Trainings may be in-service, computer-based, and/or PREA first responder drills at the facility level.
 - a. In alternate years, staff must get refresher information on current sexual abuse and sexual harassment policies.
 - b. Each employee must sign an annual acknowledgement of the department's PREA training and policies (Attachment 8a) which will be documented through the Training Bureau.
 - c. Additional specialized training shall be offered periodically (at the recommendation of the PREA Coordinator or designee) to SART members, Behavioral Health professionals, Health Services professionals, Chaplains, NHDOC investigators and other staff identified by the PREA Coordinator or designee, to update them on recent developments

in prison sexual abuse and sexual harassment. Participation in and understanding of the training shall be documented and filed with the Training Bureau.

- d. The Director who oversees the Bureau of Training, in conjunction with the PREA Coordinator, shall be responsible for developing PREA course materials.
 - e. All training will be approved by the Director who oversees the Bureau of Training. The NHDOC Bureau of Training will be responsible for the implementation of curricula for new employee orientation, pre-service academy, and all in-service trainings.
 - f. The PREA Coordinator, in conjunction with the Director who oversees the Bureau of Training, shall be responsible for managing the documentation of adherence to this training policy.
- (6) Specialized Training – Investigations
- a. In addition to the general training required for all employees, NHDOC Investigations staff shall receive specialized training regarding investigations into sexual abuse in confinement settings including:
 1. Techniques for interviewing sexual abuse victims,
 2. Proper use of *Miranda* and *Garrity* warnings,
 3. Evidence collection after sexual abuse incidents (*see also* PPD 358 *Crime Scene Search, Evidence Collection, Major Crime Scene Search*); and
 4. Evidence and criteria needed to substantiate a case.
- (7) Specialized Training – Medical and Mental/Behavioral Health Care
- a. In addition to the general training required for all employees, medical and behavioral health care practitioners must receive specialized training, including:
 1. How to detect and assess signs of sexual abuse and sexual harassment,
 2. How to preserve physical evidence of sexual abuse; and
 3. How and to whom reports of allegations or suspicions of sexual abuse and sexual harassment shall be made.
 - b. All records of PREA training completed shall be scanned and sent to the Training Bureau immediately after the completion of the training, including the training sign in sheet and staff acknowledgment form (Attachment 8).
- (8) Staff Training Records. Records of training will be kept by the Bureau of Training and shall describe the nature of the training, date of training, and course of instruction.

C. Contractor and Volunteer PREA Training

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- (1) NHDOC shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under PREA and this policy relating sexual abuse and sexual harassment prevention, detection, response, and reporting including:
 - a. NHDOC's zero-tolerance policy regarding sexual abuse and sexual harassment; and
 - b. How to report such incidents.
- (2) Due to the variety of potential tasks involved with volunteering, all volunteers are required to complete the NHDOC "Orientation for Citizen Involvement" program before they have direct contact with residents, pursuant to PPD 1010 *Citizen Involvement and Volunteers*, and acknowledge the training via the *Orientation Checklist for Citizen Involvement* (Attachment 5 to PPD 1010). The training reviews the NHDOC PREA policy, relevant laws, and reporting.
- (3) Additional training for contractors and volunteers will depend on the type of service being offered by the volunteer or contractor and the level of interaction he or she has with residents, including:
 - a. Level 1 – direct, physical contact with residents; includes all health care service providers, GTL employees, and long-term contractors, such as capitol building project workers. Level 1 contractors and volunteers will receive the full PREA training that is provided to NHDOC employees during orientation and any other specialized training required by their position. They will be required to sign off on Attachment 3.

- b. Level 2 – direct, speaking contact with residents; may include grants and work crew supervisors. Level 2 contractors and volunteers will receive a standardized PREA briefing on the initial day of the project or engagement with NHDOC (“Kick off meeting”), conducted by a trained PREA educator, receive a PREA Brochure, and sign Attachment 3.
 - c. Level 3 – may have contact with residents, in passing; may include escorted routine maintenance contractors, such as pest control and photocopier maintenance, as well as employees of other State agencies entering the facility. Level 3 contractors and volunteers will be given a PREA brochure and asked to sign a *PREA Acknowledgement for Contractors and State Employees* (Attachment 8) each time they enter the facility.
- (4) All contracts, memorandums of understanding (MOUs), request for proposal (RFPs), and written agreements with entities whose employees enter NHDOC facilities or have off-site contact with residents on work release will require the contracting agency to document a review of the PREA policy and any other material provided by NHDOC. Signed agreements to adhere to this policy from each employee must be obtained and provided to NHDOC.
 - (5) All PREA Acknowledgement forms, confirming that volunteers and contractors understand the PREA training they have received, shall be sent electronically to the Training Bureau daily.
 - (6) Delivery drivers are not required to undergo PREA training, but appropriate signage regarding PREA will be posted at all entrances and areas where such delivery drivers may encounter residents.
 - (7) All contracts, contract amendments, renewals, and agreements with outside agencies that pertain to workers who enter NHDOC facilities or have on-site or off-site contact with residents will require adherence to the PREA policy. Memoranda of Understanding (MOUs) will be developed to accommodate collaborative arrangements pertaining to the mandates of this policy. These MOUs may include, but are not limited to:
 - a. Local hospital or emergency rooms equipped with Sexual Assault Nurse Examiners (SANE), or other qualified medical personnel,
 - b. Local domestic and sexual violence crisis centers and the statewide coalition of these service providers,
 - c. The Office of the Attorney General and local prosecutors, where applicable,
 - d. County law enforcement and county houses of correction (HOCs); and
 - e. State Police.

D. Intake, Screening, Housing, and Mental Health Assessments.

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The NHDOC’s objective classification plan for all residents is guided by N.H. Admin. R. Cor 403-410; and the approved NHDOC *Classification Manual*. The initial classification process is designed to minimize risk of resident sexual abuse and sexual harassment.

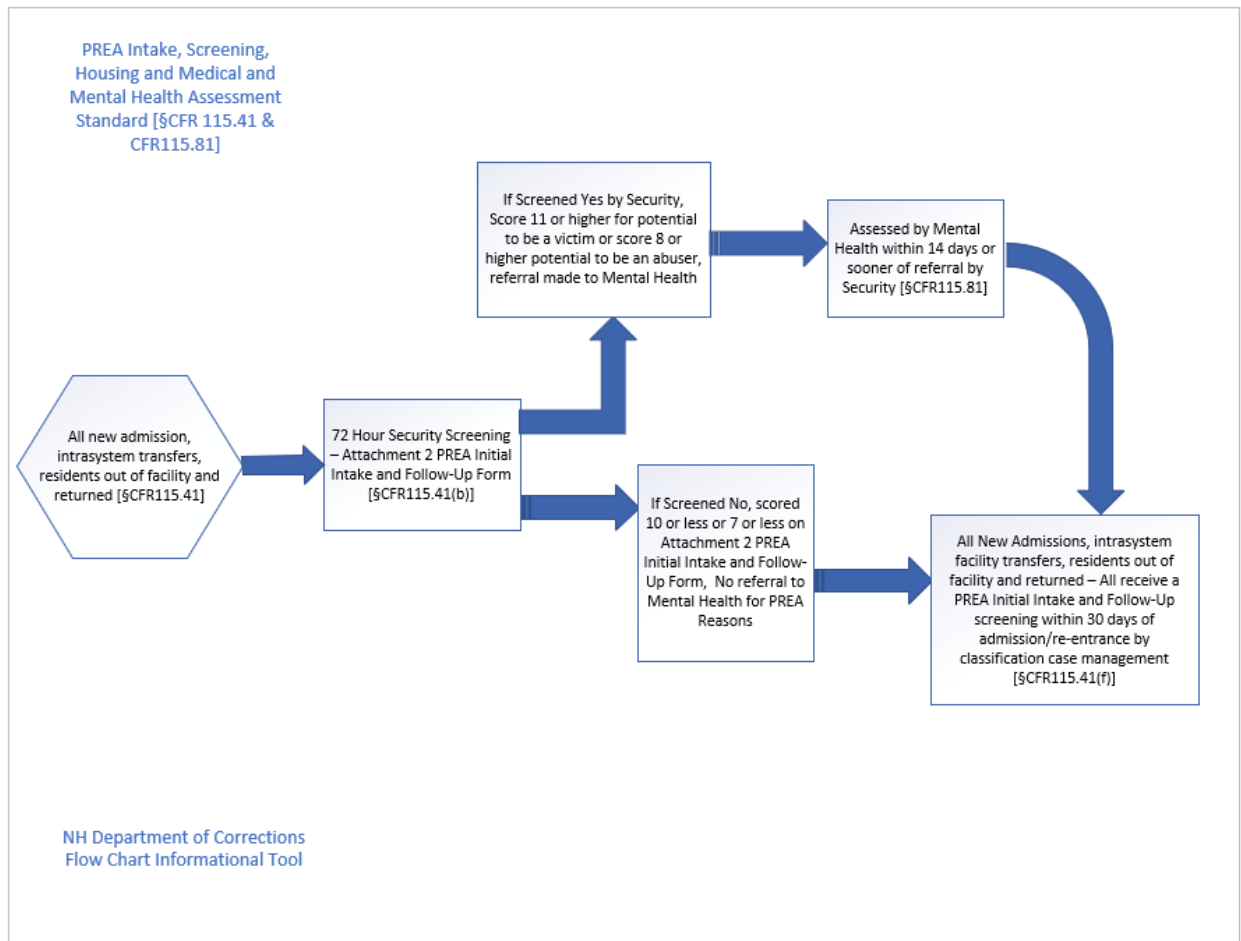
(1) Initial Risk Assessment

- a. Upon initial arrival at a facility or upon returning after more than a 24-hour absence, the resident, including those returning on a parole violation or transferring from another facility, shall be provided Attachment 2 *PREA Initial Intake*.
 - 1. Security staff shall complete with the resident PREA – Initial Intake Screening as soon as possible, but within 72 hours of a resident’s arrival at the facility.
 - 2. The screening must be completed with controls in place to prevent other staff or other residents from taking advantage of sensitive screening information about the resident. The responses from the initial intake screening are intended to create a safer correctional environment free from sexual misconduct, harassment, and victimization. The responses from the intake screening should be treated with

- professional sensitivity, and responses may not be used to the harm of the resident by staff or other residents.
3. Security staff must ensure that the sensitive screening information is not shared with or seen by other residents.
 4. Residents will not be disciplined for failing to completely answer or not answering the screening questions.
- b. The *PREA Initial Intake* form must be completed within 72 hours of arrival but preferably as soon as possible.
 - c. Security staff shall add up the points on the intake associated with the answers given by the resident. and write the score for each section as outlined on the form.
 - d. If a resident scores an eleven (11) or higher for the potential to be sexually victimized or scores an eight (8) or higher to have a potential to be a sexual predator based on the score of the initial intake, or has a history of sexual abuse, a referral must be made to behavioral health and the resident must be seen by behavioral health within 14 days of the intake screening or as soon as possible.
 - e. Once scored, the *PREA Initial Intake* form is forwarded to classifications and client records. The scoring shall then be utilized by classifications and security to make decisions relative to housing, bed, work, education, and program assignments. If classifications is not available due to the timing of the resident's move, the Officer in Charge will use their best judgment ensuring a predator and prey are not housed in the same cell.
 - f. Classifications will make note of the housing recommendation in the resident's electronic client record (ECR) "Notes" section and notify the shift commander.
 - g. Classifications will add an appropriate "Alert" in ECR identifying the risk status of the resident. Attachment 2 is then entered into the client record.
 - h. When a resident is reported as a victim of sexual abuse, an immediate temporary housing change for the alleged perpetrator or for the reported victim may be made to prevent further sexual abuse and to protect the resident victim from retaliation during the investigation.
 1. In all cases, disruption of the victim's housing, privileges, level of security, programs and routines should be minimized.
 2. If a housing change is necessary, whenever possible, the alleged perpetrator(s) should be removed from the victim's housing unit.
- (2) Behavioral Health Referral [CFR §115.81] 14 Days from Intake Based on Screening
- a. Within 14 days or sooner of receiving a referral from security, based on a score from the *PREA Initial Intake* screening that indicates a potential for a resident to be at risk for sexual victimization or sexual predatory behavior, a clinician will meet with the resident and focus on dealing with the immediate mental health concerns, assessing security risk associated with their scores at intake, and decide about further treatment to mitigate their scores and reduce their identified risks [CFR §115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers]. The mental health screening should take into consideration previous reports, a thorough file review, consultation with staff familiar with the resident's behavioral presentation, and a clinical interview.
 1. An updated *PREA-Initial Intake Screening* (Attachment 2) will be completed by the clinician.
 - (i) If the resident refuses to participate in the referral to mental health that resulted from the security screen, the mental health clinician will do a non-contact review using the resources outlined in section D (2) a. above, and the completion of *PREA Initial Intake Screening* form will occur through record reviews described above and staff consultation.

- (ii) Residents will not be disciplined for declining to answer (or not disclosing complete information related to) the questions asked concerning the screening(s).
- 2. The clinical interview shall be documented in the resident's electronic health record (EHR).
- b. Behavioral health shall document the discussions relative to the high risk of victimization or to be an abuser in the EHR and notify classifications of issues and/or recommendations relative to housing, work, education, treatment, and programming for the resident.
- c. Additional PREA Initial Intake screenings shall be completed upon referral, request, or incident of sexual abuse, or if additional information is received about the resident's risk of victimization or abusiveness.
- d. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to behavioral health providers and other appropriate staff to inform treatment plans, security, and management decisions including housing, bed, work, education, and program assignments.
- (3) Transgender and Intersex Residents. Placement and programming assignments for transgender or intersex residents shall be made on an individualized basis by classifications, security, and behavioral health staff. The residents own views about their safety should be given consideration when making decisions regarding placement and programming assignments. Placement and programming shall be assessed at least twice each year to review any safety issues experienced by the resident.
 - a. In deciding whether to assign a transgender or intersex resident to a facility, and
 - b. In making housing and program assignments, classifications should consider on a case-by-case basis whether the placement will ensure the resident's health and safety, and whether the placement would present management or security problems.
 - 1. Lesbian, gay, bisexual, queer (LGBQ), transgender or intersex residents shall not be placed in dedicated facilities or housing units solely based on such identification or status.
- (4) Language Access. To the extent the resident does not read English or English is not their primary language, staff will assist in the same manner in which residents are assisted in completing other intake forms.
- (5) PREA Screening 30-day Follow-up Reassessment [§ CFR 115.41]:
 - a. Within 30 days of arrival, based on any relevant information received after the PREA Intake Screening, Classification case management will reassess residents for sexual victimization or abusiveness using Attachment 2 -PREA Initial Intake. In the absence of classification case management staff, the assigned unit case management will conduct the 30-day follow-up screening. This re-assessment should take into consideration previous reports, a complete file review, consultation with staff familiar with the resident's behavioral presentation, and any other available relevant information received.
 - 1. The reassessment shall be documented on a PREA Initial Intake and classification case management staff will check off on the form – Reason for Assessment “Follow-Up”.
 - 2. If the resident refuses to participate in reassessment, tracking will continue as planned/scheduled, and the completion of *PREA Initial Intake Screening* form will occur through record reviews described above and staff consultation.
 - 3. Residents will not be disciplined for declining to answer (or not disclosing complete information related to) the questions asked concerning the assessment.

Flow Chart Informational Tool



E. Resident Reporting

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- (1) Residents are encouraged to report whenever either of the following exists:
 - a. A person has been, or is currently, a victim of sexual abuse or sexual harassment, whether the perpetrator is another resident, a staff person, volunteer, contractor, or visitor; and/or
 - b. Residents have knowledge of anyone being sexually abused or sexually harassed while in NHDOC custody.
- (2) Residents may report any sexual abuse or sexual harassment, verbally or in writing, to any staff member. In addition, a report can be made via confidential, privileged mail (see Cor 314 *Resident Mail, Electronic Messaging and Package Service*) to:
 - a. The Commissioner of Corrections;
 - b. The Investigations Bureau;
 - c. The Office of the NH Attorney General, who will forward the report to NHDOC officials, allowing the resident to remain anonymous upon request.
- (3) Other reporting mechanisms include, but are not limited to, locked drop boxes, tip lines, sexual assault hotlines, and rape crisis centers.
- (4) Staff, Contractor, Volunteer Duty to Report
 - a. All staff, contractors and volunteers have a duty to immediately report any information regarding sexual abuse or sexual harassment known to them. Failure to report can result

in disciplinary action up to and including termination pursuant to PPD 1276 *Rules and Guidance for Departmental Employees*.

- b. Any reported allegation or suspicion of sexual abuse or sexual harassment reported by a collaborating outside agency will be directed to the immediate attention of the Director of Professional Standards or designee.
 - c. Any reported allegation of sexual abuse or sexual harassment of a person under NHDOC custody while confined at another correctional facility will be directed to the immediate attention of the Director of Professional Standards or designee.
 1. The Director of Professional Standards, or designee, shall notify the head of the facility or appropriate office of the agency where the alleged abuse or harassment occurred and shall document the notification in Investigation's electronic data system.
 2. Such notification shall be provided as soon as possible, but no later than 72 hours after receipt of the report.
 - d. Staff may privately report sexual abuse or sexual harassment of residents to the Director of Professional Standards via mail, telephone, or email through the NHDOC website Victim Services - PREA reporting section.
 - e. Staff shall accept reports of sexual abuse verbally, in writing, anonymously, and from third parties, and shall promptly document the reports.
 1. All oral reports are to be followed by a written *Incident Report* prior to the completion of the employee's workday, pursuant to PPD 378 *Notification of Incidents and/or Events*.
Only one written report is necessary for each incident, with attached narrative statements from each officer/employee involved describing the circumstances.
 2. Written *Incident Reports* of staff sexual abuse shall be submitted directly to the Chief of Security or Warden in a sealed envelope marked confidential.
 - f. In the absence of a signed release or waiver, information provided in confidential communications to any of the following shall be reported in accordance with the standards required by federal and state statute and/or professional licensure, including and not limited to:
 1. Chaplains/Clergy;
 2. Medical Staff or contractors;
 3. Mental health staff or contractors; and
 4. Rape Crisis Centers.
- (5) Retaliation Prohibited. Retaliation against any resident or staff member who reports sexual abuse and/or sexual harassment, or who cooperates with an investigation of said report, is prohibited and is subject to administrative or criminal action.
- a. The Investigations Bureau shall address all reports of retaliation and will employ all protective measures warranted, such as:
 1. Housing changes or transfers for victims or perpetrators (every effort should be made to maintain the victim in his or her original housing unit, and remove the perpetrator(s), if necessary),
 2. Removal of perpetrators, whether staff members or residents, from contact with victims; and
 3. Emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
 - b. The conduct and treatment of residents or staff who report sexual abuse and/or sexual harassment, or who were reported to have suffered sexual abuse and/or sexual harassment, will be monitored by the investigator or the PREA Victim Advocate assigned to the case for at least 90 days following the report to see if there are any

changes that would indicate retaliation by residents or staff. The investigator and/or PREA Victim Advocate shall act promptly to remedy such retaliation.

1. Items to be monitored shall include:
 - (i) Resident disciplinary reports,
 - (ii) Housing,
 - (iii) Program changes,
 - (iv) Negative performance reviews; or
 - (v) Reassignment of staff.
2. In the case of a resident reporter or victim, such monitoring shall include periodic status checks.
 - (i) The investigator and/or PREA Victim Advocate shall personally check in with the resident at no greater than 30-day intervals; and
 - (ii) Indicators of retaliation shall be documented in the investigative report.
- c. The monitoring will continue beyond the 90 days if the initial monitoring indicates a continuing need.
 1. Such monitoring will include continued periodic status checks by the PREA Victim Advocate at intervals no greater than 30 days.
 2. The investigator and the PREA Victim Advocate will document their monitoring responsibilities as part of the investigative report.
 3. The obligation to monitor shall cease if the allegation is determined to be unfounded.

F. Response to Reports of Sexual Abuse-General

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- (1) Upon receipt of a disclosure regarding an incident of resident sexual abuse, the following occurs:
 - a. Render emergency first aid if appropriate,
 - b. Secure the crime scene and protect the victim as per Departmental policy (PPD 358 *Crime Scene Search, Evidence Collection, Major Crime Scene Search*); and
 - c. The person receiving the initial report shall immediately notify the Shift Commander or officer in charge who will immediately notify:
 1. Nursing staff,
 2. The Investigations Bureau, who will notify the PREA Victim Advocate, and if appropriate, the State Police Major Crimes Unit; and
 3. The on-call behavioral health responder for assistance with questioning of victims and perpetrators. Investigations, medical staff, and security will use the system described in PPD 542 *Suicide Prevention and Intervention* to access this support.
 - d. If a behavioral health responder is not on duty, the Shift Commander will notify nursing to evaluate the victim's safety and needs for emergency measures according to PPD 542 *Suicide Prevention and Intervention*.
 - e. Staff shall not reveal any information related to a sexual abuse or harassment report to anyone, other than to the extent necessary, pursuant to 28 CFR Part 115.61.
- (2) Investigators will keep the Director of Professional Standards informed of ongoing investigations of sexual abuse. The Director of Professional Standards will inform the Commissioner, and if appropriate, the State Police Major Crimes Unit.
- (3) A protective custody review may be conducted, if needed, for the safety of the victim, pursuant to Cor 410.03, Cor 410.01 and PPD 466 *Protective Custody*.
- (4) The same procedure will be followed when the alleged perpetrator is a staff member, contractor, or volunteer with the following additions/modifications:
 - a. NHDOC staff will be notified in accordance with the applicable Collective Bargaining Agreement;

- b. The Warden and Director, or designee, will consult with the Commissioner and take additional steps to reassign or remove the staff from the worksite, if appropriate; and,
- c. Final findings of the investigation report will be directed to the Commissioner.

G. Responding to Sexual Abuse that Occurred within 120 hours (5 Days) of Report [Home](#)

If an incident of sexual abuse is reported to have occurred within the past 120 hours (5 days), the first responder shall refer to the *PREA Emergency Response Worksheet* (Attachment # 1).

- (1) The first responder shall only ask the victim the questions outlined on the *PREA Emergency Response Worksheet*.
 - a. The first responder shall not request a written statement from the victim; but shall complete an *Incident Report* (Attachment 1 to PPD 378) and forward the report to Investigations.
 - b. Victims should not repeat the details of the sexual assault to multiple parties prior to the investigator's interview.
- (2) All victims shall be immediately provided the opportunity to go to the Health Services Center (HSC) for a medical and behavioral health assessment. If the victim declines to go to HSC, security shall note the refusal in the *Incident Report* and relay that information to HSC, who shall make note in the resident's EHR.
 - a. HSC staff will take a brief history and advise victims that a victim advocate will be contacting them as soon as possible.
 - b. HSC staff will ensure forensic evidence is preserved and make every attempt to see a victim as soon as possible to preserve evidence without interfering with the victim's bodily functions.
 - c. Medical staff shall make clinically appropriate findings and documentation of the interaction with the victim in the EHR.
 - d. Medical staff shall document via a Statement form to the *Incident Report* any information relevant to the investigation, to include:
 - 1. Date and time of reported abuse,
 - 2. Date and time of interview in medical department,
 - 3. Any information regarding the identity of the perpetrator(s) or any other information relevant to identification of the perpetrator(s),
 - 4. Demeanor of victim (crying, depressed, flat affect, inability to concentrate, angry, non-verbal, embarrassed, smiling),
 - 5. Summary of trauma involved with incident, and if bleeding occurred; and
 - 6. Whether the person has smoked, eaten or drank, showered, brushed teeth, used mouthwash, douched (for females), urinated, defecated, vomited, or changed clothes (or if the victim was instructed by the perpetrator(s) to wash, clean, send clothes to the laundry, etc.) since the abuse occurred.
 - e. All victims of sexual abuse will be offered a provider appointment to access emergency contraception and sexually transmitted infection prophylaxis in accordance with professional standards as clinically indicated. Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.
- (3) Trace evidence will be collected from the victim's body and the victim's clothes. All staff are responsible for evidence preservation, but only investigators or personnel who have had

evidence collection training will be responsible for evidence collection. Procedures below are guidelines for evidence preservation:

- a. Explain to the victim that to preserve evidence of the abuse they must not shower, change clothes, brush teeth, use the toilet, smoke, eat, or drink until after evidence collection is completed.
 - b. Secure all bedding, towels, clothing, or other materials at the crime scene, or at HSC, that may contain traces of body fluids.
 - c. Be aware of any fluids on surfaces or floors. Do not track through or wipe up any fluids.
 - d. The Investigations Bureau has primary responsibility for crime scene evidence collection, pursuant to PPD 358 *Crime Scene Search, Evidence Collection, and Major Crime Scene Search*, and for coordinating with the victim advocate.
 - e. Photographs of external injuries may be taken at the facility by Investigations.
 1. In cases of recent sexual abuse, if the victim is transported to the hospital, photographs will be taken after the completion of the specialized evidence collection procedure there.
- (4) Investigations in consultation with HSC staff will determine if the victim should be transported to the nearest hospital for specialized evidence collection by a Sexual Assault Nurse Examiner (SANE) or other qualified medical personnel. Applicable hospital protocols for responding to sexual abuse take effect.
 - (5) The victim has the right to decline the examination and medical treatment. Health Services will inform Investigations and security staff if this is the case and will document the victim's right to decline services appropriately in the resident's electronic health record (EHR).
 - (6) Strip searches conducted prior to the transport should be conducted with utmost sensitivity and the lowest level of intrusion possible by same gender security staff.
 - a. All victim strip searches will be conducted by security staff at Health Services. To prevent the loss of trace evidence displaced by the search, the strip search will be conducted with the victim standing on a laundered sheet. The sheet will be collected as evidence in accordance with PPD 358 *Crime Scene Search, Evidence Collection, Major Crime Scene Search*.
 - (7) If the first staff responder is not a security staff member, the responder shall request that the victim not take any actions that could destroy physical evidence, and then notify security staff immediately.
 - (8) Perpetrator. The alleged resident perpetrator(s), if known, will be escorted to an appropriate area within the facility and his/her clothing will be confiscated for evidentiary purposes. To prevent the loss of trace evidence displaced by the search, the strip search will be conducted with the perpetrator standing on a laundered sheet. The sheet will be collected as evidence in accordance with PPD 358 *Crime Scene Search, Evidence Collection, Major Crime Scene Search*.

H. Response When Sexual Assault Occurred More than 120 Hours Prior to Report.

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- (1) Trace evidence will not be collected from the victim's body.
 - a. The first responder shall only ask the victim the following and then refer the incident to Investigations immediately:
 1. When the incident occurred,
 2. Who the perpetrator was; and

3. Where the incident occurred.
- b. The first responder shall not request a written statement from the victim.
- c. The first responder shall complete an *Incident Report* (Attachment 1 to PPD 378) and forward it to Investigations.
- d. Victims should not repeat the details of the sexual abuse to multiple parties prior to the investigator's interview.
- e. Victims of sexually abusive vaginal penetration while incarcerated shall be offered a pregnancy test. The victim's decision to decline medical treatment will be documented in the EHR.
- f. In all instances, perpetrator(s) must be kept separate from the victim, and any other alleged perpetrators of the same incident, by sight and sound, for the duration of the investigation.
- g. If it is determined that the perpetrator(s) need to be transferred to a different facility for security or safety reasons, they will be kept separate from the victim and other perpetrators until they are transported. Each perpetrator will be transported in a separate vehicle.
 1. If a perpetrator is transported, Classifications and/or the Warden of the receiving facility will determine an appropriate housing placement until the investigation is complete, so long as all perpetrators from the same incident are kept separate.

I. Response to Report of Sexual Harassment

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- (1) The first responder shall ask the victim only the following and then refer the incident to Investigations immediately:
 - a. When the incident occurred,
 - b. Where the incident occurred; and
 - c. Who the perpetrator was.
- (2) The first responder shall not request a written statement from the victim but shall complete an *Incident Report* (Attachment 1 to PPD 378) and forward it to Investigations.
 - a. Victims should not repeat the details of the sexual harassment to multiple parties prior to the investigator's interview.
- (3) Investigators shall determine if a change in housing is necessary to keep the victim and alleged perpetrator(s) separate for the safety of the victim.
- (4) The same procedure will be followed when the alleged perpetrator is a staff member, contractor, or volunteer with the following additions/modifications:
 - a. NHDOC staff will be notified in accordance with the applicable Collective Bargaining Agreement,
 - b. The Warden, Director, or designee will consult with the Commissioner and take additional steps to reassign or remove the person from the worksite, if appropriate; and
 - c. Final findings of the investigation report will be directed to the Commissioner.
- (5) Behavioral Health Response to Sexual Abuse
 - a. If the victim is *not* sent to the hospital but is assessed as a danger to themselves or others by behavioral health staff, he or she will be placed on watch, as deemed appropriate by the provider, and pursuant to PPD 542. Otherwise, the victim may return to their housing unit once HSC and Investigations has completed their initial assessments.
 - b. If the victim is sent to the hospital, he or she will be placed on watch, as deemed appropriate by the provider, and pursuant to PPD 542, while awaiting transport to the hospital, and upon returning to the facility.

1. If the victim is returned from the hospital to the facility outside of regular business hours, nursing staff will contact the on-call psychiatric provider immediately using the procedure outlined in PPD 542 *Suicide Prevention and Intervention*.
2. Security staff will provide this notification if medical staff are not available.
3. A behavioral health staff person will meet with the victim within one (1) business day if a referral is written to determine the need for on-going intervention and/or long-term counseling, as well as recommendations on disposition for either the victim or perpetrator. These will be documented per Behavioral Health services guidelines outlined in PPD 541 *Behavioral Health Services*.
4. Behavioral health staff shall attempt to conduct a behavioral health evaluation of all known resident perpetrators within 60 days of learning of such abuse history and offer treatment when deemed appropriate by behavioral health practitioners.
5. If the alleged perpetrator is a member of the mental/behavioral health staff, the victim should be offered support through the Victim Advocate's office, and outside mental health supports will be arranged pending the outcome of the investigation.

J. Investigations

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(1) Resident-on-Resident Investigation Procedure

- a. The bureau of Investigations will be responsible for the timely investigation of all reported incidents of sexual abuse and sexual harassment by residents. These incidents will be recorded and tracked on the *Resident-on-Resident PREA Tracking Form* (Attachment 6).
- b. Investigations will report the outcome of the initial assessment, and whether it appears to fall under PREA, to the Director of Professional Standards.
- c. The Director of Professional Standards, the Commissioner, or their designee will determine whether an investigation is opened in response to any report of resident-on-resident sexual abuse or sexual harassment. Allegations found to be substantiated by a preponderance of evidence will be forwarded to the county attorney with jurisdiction for their review for possible prosecution.
- d. The NHDOC resident disciplinary process may proceed prior to the conclusion of a criminal investigation, pursuant to PPD 390 *Disciplinary Standards for Resident Behavior*
 1. Residents who are found to have committed sexual abuse or sexual harassment or to have intentionally provided false information to investigators may be disciplined.
 2. Administrative disciplinary action will not be taken against the reported victim of sexual abuse or sexual harassment until after the investigation is completed.
- e. All staff will cooperate with the investigators to ensure that the evidence obtained or seized by NHDOC staff is secured and preserved.

(2) Staff-on-Resident Investigations

- a. Any report of sexual abuse or sexual harassment by a NHDOC staff member directed at a resident will be immediately reported to the Warden, Director, or designee who will notify the Director of Professional Standards or designee. The Director of Professional Standards or designee will notify the Commissioner, and if appropriate, the State Police Major Crimes Unit of the allegations and the known facts.

- b. The Director of Professional Standards or designee shall cooperate with the investigators assigned to the criminal investigation and will ensure that all evidence obtained or seized by NHDOC staff is secured and preserved.
- c. Administrative Investigation Process:
 - 1. An NHDOC administrative investigation of allegations of staff sexual abuse and sexual harassment towards a resident will proceed whether or not a criminal investigation is opened. If the administrative investigation results in a substantiated finding, the case shall be referred to the county attorney's office.
 - 2. If a criminal investigation is opened, the Director of Professional Standards or designee will coordinate with those members of the State Police Major Crimes Unit assigned to the criminal investigation as to the timing and process of the investigations to protect the integrity of the administrative and criminal investigations. The decision to refer a criminal case for prosecution shall be made by the county attorney with jurisdiction.
 - 3. The issue of *Garrity* rights in the course of an administrative investigation of staff sexual abuse or sexual harassment of a resident shall be coordinated with the criminal investigators to ensure that evidence is not obtained in a manner which may compromise the criminal investigation.
 - 4. NHDOC may take appropriate disciplinary action, prior to the conclusion of a criminal investigation or criminal proceedings, if infractions of NHDOC policies are substantiated and actions are necessary to ensure the continued safety of the residents.
 - 5. NHDOC shall take whatever personnel actions it deems appropriate, up to and including termination, based on the results of its investigation, regardless of the outcome of any criminal investigation or proceeding.
- (3) Contractor or Volunteer Investigations
 - a. Any contractor or volunteer who is alleged to have engaged in sexual abuse or sexual harassment of a resident shall be referred to the State Police for investigation.
 - b. During the investigation, the accused perpetrator shall be prohibited from contact with residents, and, if the allegation is sustained, will be barred from further access to all NHDOC facilities.
 - c. Pursuant to the NH Attorney General's review of the investigation, the case could be forwarded to the respective County Attorney for possible prosecution, and if clearly not criminal, to relevant licensing bodies.
- (4) Placement during Investigations. The Warden, Director, Commissioner, or their designee shall take appropriate action as to staff and resident placement during any investigation.
 - a. Consideration will be given to the nature of the allegations, the safety of the alleged victim, and preservation of the integrity of the investigation.
 - b. Placement should ensure the alleged victim is kept separate from the accused, regardless of whether the accused is staff or another resident.
 - c. In all cases, the victim should be protected from intimidation and retaliation.
- (5) Reporting to Resident Victims
 - a. Following the investigation, the PREA Victim Advocate shall inform the victim as to whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.
 - b. If the investigation was conducted by another law enforcement agency, an investigator shall request relevant information from that agency in to allow the PREA Victim Advocate to inform the victim.

- c. Following a victim's allegation of staff-on-resident sexual abuse or sexual harassment, the PREA Victim Advocate shall inform the victim (unless the investigation determined that the allegation was unfounded) whenever:
 - 1. The staff member is no longer posted within the person's unit,
 - 2. The staff member is no longer employed at the facility; and
 - 3. The staff member was indicted or convicted on a charge related to the sexual abuse.
 - d. Following a victim's allegation of resident-on-resident sexual abuse or sexual harassment, the PREA Victim Advocate shall inform the alleged victim if the abuser is indicted or convicted of the sexual abuse.
 - e. The investigator will document such notifications or attempted notifications in the investigative reports.
 - f. The requirement to report the status of the investigation laid out herein terminates if the victim is released from NHDOC custody and/or supervision.
- (6) False Reporting
- a. Residents who allege sexual abuse or sexual harassment by staff, contractors, volunteers or by another resident, and whose allegations are proven through investigation to be false, can be held accountable administratively in accordance with PPD 390, and criminally in accordance with RSA 641:4.
 - b. Administrative sanctions shall be commensurate with the nature and circumstances of the allegations, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.
 - c. A report by a resident of sexual abuse or sexual harassment made in good faith shall not constitute false reporting even if the investigation did not establish evidence sufficient to substantiate the allegation.

K. PREA Victim Advocate

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- (1) The NHDOC investigator will notify the PREA Victim Advocate and/or Victim Services Unit (VSU) immediately upon being made aware of a reported sexual abuse or sexual harassment of a resident.
 - a. If such a report is received outside of normal business hours, the PREA Victim Advocate shall be contacted at home.
 - b. Notification to the PREA Victim Advocate must be made even where there is delayed reporting of sexual abuse or sexual harassment.
- (2) The investigator shall also notify the PREA Victim Advocate when a victim interview is scheduled.
 - a. Prior to the interview, the Victim Advocate will review the interview process with the victim.
 - b. At the conclusion of the interview, the PREA Victim Advocate may debrief with the victim (i.e., safety planning, referrals, assistance regarding intimidation/threats).
 - c. The PREA Victim Advocate may remain present during the interview and participate in the interview process as appropriate.
- (3) The PREA Victim Advocate may:
 - a. Assist in assuring that all proper agencies have been contacted (i.e., health services, community-based crisis center, etc.).
 - b. Ensure that the victim is treated with fairness, compassion, and respect to maintain his/her dignity and privacy throughout the investigative process and/or criminal justice process.

- c. Ensure that the victim is protected from intimidation and retaliation.
 - d. Provide emotional support and information to the resident victim.
 - e. Offer the victim information about available community resources, including the local crisis services, mental health services, and victim compensation.
 - f. Inform the victim about the general investigative and/or criminal justice process and how it progresses.
 - g. Promote reasonable protection for the victim throughout the investigative process through the security measures of protective custody, keep-separate notices, and re-classification boards.
 - h. The PREA Victim Advocate will conduct periodic status checks with residents who have reported sexual abuse or sexual harassment for the purpose of identifying indicators of retaliation.
 - i. Ensure an MOU with the New Hampshire Coalition Against Domestic and Sexual Violence is in effect that details the logistics of NHDOC and member agency collaboration and explains how victims can access member agency services, See Attachment.
- (4) If the PREA Victim Advocate is not available at the time of the report of sexual abuse or sexual harassment, the Administrator of Victim Services will advise the investigator of alternative arrangements in a timely fashion.
- (5) See Attachment 8, *Victim Services Protocol Supplement*.

L. Incident Reviews

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- (1) All NHDOC substantiated or unsubstantiated PREA sexual abuse cases will be reviewed by the NHDOC Sexual Assault Review Team (SART), utilizing *the Case Review Protocol-NHDOC PREA SART Team* (Attachment 7). See also, attachments 7a – 7e, SART Case Review Team documents.
- (2) Community involvement may include Attorney General’s office, law enforcement, crisis center staff, medical staff (SANE) or any other interested party in a specific case.
- (3) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.
- (4) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.
- (5) The review team shall:
 - a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse,
 - b. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, sexual orientation, intersex identification status or perceived status, gang affiliation, or other group dynamics at the facility,
 - c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse,
 - d. Assess the adequacy of staffing levels in that area during different shifts,
 - e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - f. Prepare and submit a report of its findings and any recommendations for improvement to the facility head and PREA compliance manager.
- (6) The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

M. Data Collection and Data Reporting

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- (1) The Department will use data collection systems to accurately track sexual abuse and to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.
 - a. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
 - b. The Department shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
 - c. The Department also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.
- (2) The Director of Professional Standards or designee will review the data and compile an annual report with recommendations for quality improvement measures based on the information.
 - a. With the approval of the Commissioner, the report will be made available to the public on the Department's website after redacting any personal identifiers and specific material that would present a clear and specific threat to the safety and security of a facility.
 - b. The Director of Professional Standards will ensure adherence to PREA standards, including coordinating any required audits.
 - c. It is the responsibility of the Director of Professional Standards or designee to complete the yearly PREA Survey of Sexual Victimization as required by the Bureau of Justice Statistics in a timely manner, and to respond to any request for data from the Department of Justice in accordance with federal PREA guidelines.
 - d. The Director of Professional Standards may enlist the assistance of the Director of Research and Planning to compile summative reports on PREA investigations and PREA data.
- (3) Records from PREA investigations will be retained for 10 years and then destroyed.
- (4) All requests for reports that can be generated from the Investigations Bureau electronic database of PREA information will be approved by the Commissioner or designee in accordance with NHDOC policies and the RSA 91-A (New Hampshire's "Right to Know" Law).
- (5) Information from PREA investigations pertaining to classification, housing assignments, risk of perpetration, or safety of victims shall be integrated into the ECR as needed for the prevention of sexual abuse.

References:

28 C.F.R. Part 115, Prison Rape Elimination Act (PREA, P.L. 108-79)

Prison Rape Elimination Act, Prison and Jail Standards, United States Department of Justice Final Rule. National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA); 28 C.F.R. Part 115, Docket No. OAG-131, RIN 1105-AB34, May 17, 2012

Standards for the Prevention, Detection, Response, and Monitoring of Sexual Abuse in: Adult Prisons and Jails, National Prison Rape Elimination Commission, August 2009

Sexual Assault: Protocol for Law Enforcement Response & Investigation of Adult Sexual Assault Cases, NH Governor's Commission on Domestic & sexual Violence

Other:

RSA 21-M:8-k – NH Rights of Crime Victims
 RSA 91-A NH Right to Know
 RSA 173-C Confidential Communication Between Victims and Counselors
 RSA 326-B Nurse Practice Act
 RSA 329 Physicians and Surgeons
 RSA 632-A – Sexual Assault and Related Offenses
 RSA 645 – Public Indecency
 RSA 641 – Falsification in Official Matters

Cor 306.93 *Searches and Inspections*
 Cor 313 *Grievances*
 Cor 314 *Resident Mail, Electronic Messaging and Package Service*
 Cor 405 *Intake and Orientation*
 Cor 406 *Assessment*
 Cor 410.01 *Protective custody*

PPD 358 *Crime Scene Search, Evidence Collection, Major Crime Scene Search*
 PPD 359 *DNA Collection Procedures*
 PPD 378 *Notification of Incidents and/or Events*
 PPD 466 *Protective Custody*
 PPD 541 *Behavioral Health Services*
 PPD 542 *Suicide Prevention and Intervention*
 PPD 359 *DNA Collection Procedures*
 PPD 864 *Evidence Gathering, Preservation and Asset Forfeiture*
 PPD 878 *Searches, Handcuffing and Transporting Offenders*
 PPD 1276 *Rules and Guidance for Department Employees*

NHDOC Classification Manual

Attachments

[Attachment 1 Emergency Response Worksheet](#)
[Attachment 2 PREA Initial Intake Screening Assessment](#)
[Attachment 3 Victim Services Protocol Supplement](#)
[Attachment 4a PREA Brochure Division of Rehabilitative Services](#)
[Attachment 4b PREA Brochure NHSP-M](#)
[Attachment 4c PREA Brochure NNHCF](#)
[Attachment 4d PREA Brochure NHCFW](#)

[Attachment 5 Definitions](#)

[Attachment 6 Overview of Sexual Misconduct](#)

[Attachment 6a Resident Education Acknowledgment Form](#)

[Attachment 7 Case Review Protocol NHDOC PREA SART Team](#)

[Attachment 7a Confidentiality and the NHDOC PREA Victim Advocate](#)

[Attachment 7b HIPAA Rules Division of Medical and Forensic Services](#)

[Attachment 7c Title XII Public Safety and Welfare](#)

[Attachment 7d Consent to Release Information to SART Team](#)

[Attachment 7e Case Review Confidentiality Agreement](#)

[Attachment 8 Staff and Contractor Acknowledgement Form](#)

Attachment 9 - Notification of Victim Advocate Resources