

PS 5324.04 Sexual Abuse/Assault Prevention and Intervention
Programs



Change Notice

DIRECTIVE AFFECTED: 5324.04
CHANGE NOTICE NUMBER: 5324.04
DATE: 12/31/97

1. PURPOSE AND SCOPE. To update the Program Statement pertaining to Sexual Abuse/Assault Prevention and Intervention Programs
2. SUMMARY OF CHANGES. This Program Statement broadens the definition of sexual abuse/assault to include instances of staff-on-inmate sexual abuse/assault and to present more detailed mental health treatment protocols for victims of sexual assault.
3. ACTION. File this Change Notice in front of the Program Statement Sexual Abuse/Assault Prevention and Intervention Programs.

/s/
Kathleen M. Hawk
Director



Program Statement

OPI: CPD
NUMBER: 5324.04
DATE: 12/31/97
SUBJECT: Sexual Abuse/Assault
Prevention and
Intervention Programs

1. PURPOSE AND SCOPE. To provide guidelines to help prevent sexual assaults on inmates, to address the safety and treatment needs of inmates who have been sexually assaulted, and to discipline and prosecute those who sexually assault inmates.

Research indicates that a small percentage of individuals express aggression and seek to dominate others through violent sexual behavior. Forceful and pressured sexual interactions are among the most serious threats to inmate safety and institutional order. Victims may suffer physical and psychological harm, and could be infected with a life-threatening disease.

Consequently, each institution is required to have a Sexual Abuse/Assault Prevention and Intervention Program that includes several major elements:

- a. prevention,
- b. prompt and effective intervention to address the safety and treatment needs of inmate victims if an assault occurs, and
- c. investigation, discipline, and prosecution of assailant(s).

2. PROGRAM OBJECTIVES. The expected results of this program are:

- a. Effective procedures to prevent sexually assaultive behavior will be operative in each Bureau institution.
- b. The medical, psychological, safety, and social needs of victims of Sexual Abuse/Assault will be promptly and effectively met.
- c. All allegations of Sexual Abuse/Assault will be promptly and effectively reported and investigated.

d. Assailants, once identified, will be controlled, disciplined, and/or prosecuted.

3. DIRECTIVES AFFECTED

a. Directive Rescinded

PS 5324.02 Sexual Assault Prevention and Intervention Programs, Inmates (2/2/95)

b. Directives Referenced

PS 1210.17 Office of Internal Affairs (8/4/97)
PS 1330.13 Administrative Remedy Program (12/22/95)
PS 1351.04 Release of Information (12/5/96)
PS 1380.05 Special Investigative Supervisors Manual (8/1/95)
PS 3420.08 Standards of Employee Conduct (3/7/96)
PS 3906.16 Employee Development Manual (3/21/97)
PS 5180.04 Central Inmate Monitoring System (8/16/96)
PS 5270.07 Discipline and Special Housing Units (12/29/87)
PS 5290.10 Intake Screening (8/11/97)
PS 5310.12 Psychology Services Manual (8/13/93)
PS 5500.09 Correctional Services Manual (10/27/97)
PS 6000.05 Health Services Manual (9/15/96)

4. STANDARDS REFERENCED

a. American Correctional Association 3rd Edition Standards for Adult Correctional Institutions: 3-4268, 3-4380-1, 3-4386

b. American Correctional Association 3rd Edition Standards for Adult Local Detention Facilities: 3-ALDF-3E-08, 3-ALDF-4B-02-1, 3-ALDF-4F-03

c. American Correctional Association 2nd Edition Standards for Administration of Correctional Agencies: 2-CO-3C-01, 2-CO-4F-01

d. American Correctional Association Standards for Adult Correctional Boot Camp Programs: 1-ABC-3D-06, 1-ABC-5A-01-1, 1-ABC-4F-07

5. DEFINITION. For the purposes of this Program Statement, the following definitions apply:

a. Inmate-on-Inmate Sexual Abuse/Assault. One or more inmates

engaging in, or attempting to engage in a sexual act with another inmate or the use of threats, intimidation, inappropriate

touching, or other actions and/or communications by one or more inmates aimed at coercing and/or pressuring another inmate to engage in a sexual act. Sexual acts or contacts between inmates, even when no objections are raised, are prohibited acts.

b. Staff-on-Inmate Sexual Abuse/Assault. Engaging in, or attempting to engage in a sexual act with any inmate or the intentional touching of an inmate's genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of any person. Sexual acts or contacts between an inmate and a staff member, even when no objections are raised, are always illegal.

6. PROGRAM COORDINATION. Preventing sexual abuse/assault, intervening when sexual assaults do occur, investigating allegations of sexual assault, and disciplining/prosecuting perpetrators of sexual abuse/assault involves the coordinated efforts of several institution departments (e.g., Correctional Services, Psychology Services, Health Services, Legal, Unit Management, Religious Services, etc.). Each Warden shall assign one staff member, ordinarily an Associate Warden, overall responsibility for ensuring that all elements of this Program Statement are met in a coordinated, interdisciplinary fashion. Specific program elements include:

- a. educating and training staff and inmates,
- b. safeguarding, assessing, treating, and managing sexually assaulted inmates, and
- c. investigating, disciplining, and/or prosecuting perpetrators of sexual assault.

7. PREVENTION. All staff and inmates are responsible for being alert to signs of potential situations in which sexual assaults might occur.

a. Screening and Classification. All inmates entering the Bureau are screened consistent with applicable Health Services, Psychology Services, and Case Management policy. When an inmate reports having been a victim of sexual abuse/assault and expresses a willingness to participate in treatment, staff shall refer the inmate to Psychology Services. Psychology Services staff shall assess the inmate's need for treatment and discuss available treatment options when appropriate. The results of this discussion should be documented in the Psychology Data System (PDS).

Preventing sexual abuse/assault also suggests that staff should attempt to identify sexually assaultive inmates. In fact, care must be taken to identify and document any history of sexually assaultive behavior. Accordingly, during intake screening procedures, staff shall review available documentation (e.g., judgment and commitment orders, criminal records, presentence investigation reports, Central file data, etc.) for any indication that an inmate has a history of sexually aggressive behavior. Staff shall refer any inmate with a history of sexually abusive behavior to Psychology Services staff for an assessment and possible treatment. The results of this assessment along with any treatment recommendations and the inmate's motivation to participate in treatment should be documented in the PDS.

b. Staff Training. All staff shall be trained to:

- (1) recognize the physical, behavioral, and emotional signs of sexual assault;
- (2) understand the identification and referral process when an alleged sexual assault occurs; and
- (3) have a basic understanding of sexual assault prevention and response techniques.

For new employees, a discussion of sexual abuse/assault prevention and intervention shall be part of Introduction to Correctional Techniques training and should include a review of the Bureau's sexual abuse/assault policy and staff responsibilities to prevent and report sexual assaults. For existing staff, more extensive information about the program shall be included as a part of Annual Refresher Training. The Chief Executive Officer shall designate one staff member each year to conduct this training session.

In addition to Annual Refresher Training, specialized training should be made available to staff who are likely to be most involved in the treatment or management of sexually assaulted inmates (e.g., Health Services staff, Psychology Services staff, unit management staff, lieutenants, etc.). This specialized training may be offered by Bureau employees or consultants from the community who are especially knowledgeable regarding issues pertaining to sexual abuse/assault and may be included as part of larger training programs offered to these disciplines at the Management Specialty Training Center in Aurora, Colorado or other designated locations.

c. Inmate Education. As part of the institution's Admission and Orientation Program, a staff member the Warden designates shall include a brief, candid presentation about the Sexual Abuse/Assault Prevention and Intervention Program, including:

- (1) how inmates can protect themselves from becoming victims while incarcerated,
- (2) treatment options available to victims of sexual assault, and
- (3) methods of reporting incidents of sexual abuse/assault (including a discussion of filing an administrative remedy directly to the Regional Office when the issue is considered sensitive in accordance with the Program Statement on the Administrative Remedy Program.)

This presentation shall also include information on services and programs (counseling, sex offender treatment) for sexually assaultive or aggressive inmates. Each inmate shall also receive an information pamphlet summarizing key elements of this presentation.

Where inmates do not participate in the formal A&O program (e.g., WITSEC cases or high security/high profile cases placed in SHU), the Warden shall designate a staff member to insure that the information pamphlet on the Sexual Abuse/Assault Prevention and Intervention program is appropriately disseminated.

8. PROMPT AND EFFECTIVE INTERVENTION. Staff sensitivity toward inmates who are victims of sexual abuse/assault is critical. Staff shall take seriously all statements from inmates that they have been victims of sexual assaults and respond supportively and non-judgmentally (see the Sexual Abuse/Assault Crisis Intervention Protocol (Attachment A)). Any inmate who alleges that he or she has been sexually assaulted shall be offered immediate protection from the assailant and will be referred for a medical examination as well as a clinical assessment of the potential for suicide or other related symptomatology.

a. Referral. Using Attachment A as a guide, staff shall provide services to victims and shall conduct investigations of sexual abuse/assault incidents. Information concerning the

identity of an inmate victim reporting a sexual assault, and the facts of the report itself, shall be limited to those who have a need to know in order to make decisions concerning the inmate-victim's welfare and for law enforcement/investigative purposes.

When a staff member(s) is alleged to be the perpetrator of inmate sexual abuse/assault, the Warden shall be advised immediately. The Warden shall refer the incident directly to the Office of Internal Affairs (OIA) and OIA, in turn, shall refer the matter to the Office of Inspector General (OIG). The Warden may also refer the matter to the FBI (or other appropriate law enforcement agency). The timely reporting of all incidents and allegations is of paramount importance.

When an inmate(s) is alleged to be the perpetrator, it is the Special Investigative Supervisor's (SIS) responsibility to ensure that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction. For other circumstances (e.g., sexual abuse/assault while on writ or in a CCC), appropriate law enforcement officials should be contacted.

(1) Normal Business Hours. During normal business hours, staff shall promptly advise the Operations Lieutenant of any inmate who has been, or claims to have been, sexually assaulted. The Operations Lieutenant or designee shall immediately provide for the inmate's physical safety and ensure that the inmate is promptly referred to appropriate Health Services and Psychology Services staff for examination and treatment. The Operations Lieutenant shall also ensure that the SIS, Captain, Associate Warden, and Warden are notified.

(2) Non-business Hours. During the evening and night shifts, when the potential for sexual assaults is greater, staff shall immediately notify the Operations Lieutenant, who shall notify the SIS, Health Services staff, the Duty Officer, and the Chief Psychologist or on-call Psychologist. Correctional Services staff shall immediately provide for the physical safety (e.g., separating the assailant from the victim) of the inmate who reports being sexually assaulted. Health Services and Psychology Services staff shall promptly inform the Duty Officer of their initial findings and treatment recommendations.

(3) Medical Report of Injury. When an assault is reported, Health Services staff shall encourage the inmate to complete an Inmate Injury Assessment and Follow-up form (BP-S362) as required by the Health Services Manual.

b. Services. At a minimum, the following services should be available to all inmates who claim to be the victim of a sexual abuse/assault during their incarceration. These services should be provided in an environment that meets both the inmate's safety and therapeutic needs.

- (1) Medical. Examination, documentation, and treatment of injuries arising from an alleged sexual assault, including testing for HIV and other Sexually Transmitted Diseases (STD).
- (2) Mental Health Services. Crisis intervention, assessment of treatment needs, documentation of evaluation and treatment needs, psychiatric referral, and/or other treatment options including referral to community mental health resources in his or her release area.
- (3) Social. Family support and/or peer support should be provided, when available and appropriate. Unit and Psychology services staff should be sensitive to family concerns if the inmate-victim notifies relatives or friends of the assault.
- (4) Protective. Staff consultation and/or action to prevent further assaults should be considered (e.g. closer supervision, protective custody, transfer, etc.)

c. Responsibilities. All staff are responsible for immediately referring cases of sexual abuse/assault when they become aware of them to the appropriate medical, psychological, and correctional staff. All staff are also expected to handle allegations of sexual abuse/assault sensitively and non-judgmentally. Additionally, staff in specific institution departments have more defined roles:

- (1) Unit Team staff, particularly the Unit Manager, Case Manager, Correctional Officer, and Counselor, shall closely monitor and supervise any inmate who has been sexually assaulted. This may include additional team meetings, application of Central Inmate Monitoring policies, and the careful review of security and housing assignments.

Additionally, unit staff are to refer inmates who have committed sexual assaults to Psychology Services staff for an evaluation and possible treatment (which may be impacted in part by pending disciplinary or legal actions). Refusal to participate in treatment, when it is determined to be necessary, must be documented by Psychology Services staff and placed in the medical section of the Inmate Central File.

- (2) Psychology Services staff shall offer appropriate care, which may include mental health evaluation and counseling, support services, and follow-up care/tracking. Competency issues of the victim may need to be addressed.
- (3) Chaplaincy staff shall offer support and pastoral care, when requested by the victim.
- (4) Correctional Services and Legal staff shall coordinate such matters as evidence and witness testimony collection and corroboration and consultation on administrative and disciplinary issues.

9. INVESTIGATION AND PROSECUTION. If an inmate alleges sexual assault, a sensitive and coordinated response is necessary.

a. Appropriate referrals shall be made to OIA, OIG, and the FBI.

b. Appropriate staff shall preserve the crime scene and collect information/evidence in coordination with the referral agency and consistent with evidence gathering/processing procedures outlined in the Special Investigative Supervisor's Manual.

c. Based on such factors as availability of in-house expertise and general security considerations, the Warden may use either a staff physician (see the Health Services Manual, Sexual Assault) or a contracted clinical care service to examine the victim. The results of the physical examination and all collected physical evidence are to be provided to SIS staff. Appropriate infectious disease testing, as determined by Health Services staff, may be necessary. Part of the investigative process may also include an examination of and collection of physical evidence from the suspected assailant(s).

10. TRANSFER OF INMATES TO HOSPITALS/OTHER INSTITUTIONS

a. In institutions where Health Services staff are not trained or certificated in sexual assault evidence gathering, the inmate should either be examined at the institution by trained health care professionals from the local community or be transported to a local community facility that is equipped (in accordance with local laws) to evaluate and treat sexual assault victims (see Attachment A, Medical Transfers for Examination and Treatment).

b. If necessary to sustain life and/or stabilize vital functions, Health Services staff shall make emergency referrals to an appropriate community or Bureau medical center for inmates seriously injured as a result of a sexual assault.

11. TRACKING SEXUAL ASSAULTS. The major purpose of the Bureau's Sexual Abuse/Assault Prevention and Intervention Program is to protect inmates in Bureau custody. Monitoring and evaluation are essential to assess both sexual assault levels and agency effectiveness in reducing sexually abusive behavior. Accordingly, the SIS must maintain two types of files.

a. General files which includes data on:

- (1) the victim(s) and assailant(s) of a sexual assault,
- (2) crime characteristics, and
- (3) formal and/or informal action(s) taken.

b. Investigative files which are opened following any allegation of sexual assault which include copies of:

- (1) all reports,
- (2) medical forms,
- (3) supporting memos and videotapes, and
- (4) any other evidentiary materials pertaining to the allegation.

The SIS shall maintain these files chronologically in a secure location. Each SIS shall maintain a current listing of the names of sexual assault victims and assailants along with the dates and locations of all sexual assault incidents occurring within the institution on his or her computerized incident index system.

The SIS shall give inmate sexual assault assailant(s) and victim(s) involved in a Bureau sexual assault incident a specific STG SENTRY assignment. Access to this SENTRY assignment shall be limited to those staff who are involved in the treatment of the victim or the investigation of the incident. The STG SENTRY

assignment will allow administrative, treatment, and SIS staff the ability to track inmates across the system who have been involved in a sexual assault either as a victim or as an assailant.

Based on STG SENTRY data, the Intelligence Section, Correctional Programs Division, Central Office shall report annually the number of sexual assaults occurring within the Bureau.

12. INSTITUTION SUPPLEMENT. Each institution shall publish an Institution Supplement within 90 days from the effective date of this Program Statement. Since the risk and likelihood of sexual abuse/assault vary greatly by the mission and security level of each institution, staffing resources fluctuate across institutions, and the availability of specialized, community-based services (e.g., rape crisis/trauma units within medical centers, clinics, and hospitals) differ among communities, the Institution Supplement shall reflect the unique characteristics of each institution, and specify how each institution shall comply with this Program Statement.

Each Institutional Supplement shall be submitted to the appropriate Regional Office for review and approval. Regional reviewers from Correctional Services, Correctional Programs, Psychology Services, Health Services, and the Regional Counsel shall ensure that each institution:

- a. specifies procedures for offering immediate protection to any inmate who alleges that he or she has been sexually assaulted;
- b. specifies local response procedures (including referral procedures to appropriate law enforcement agencies) to be followed when a sexual assault occurs;
- c. establishes procedures to involve outside agencies in sexual abuse/assault prevention and intervention programs, if such resources are available;
- d. designates specific staff (e.g., psychologist, Associate Warden, appropriate medical staff, etc.) to be responsible for staff training activities;
- e. specifies how the safety needs of the victim will be protected over time;
- f. specifies which Associate Warden is responsible for insuring that staff are appropriately trained and respond in a

coordinated fashion when an inmate reports an incident of sexual abuse/assault;

g. designates a specific staff member to be responsible for inmate education regarding issues pertaining to sexual assault; and

h. specifies how medical staff will be trained or certified in procedures for examining and treating victims of sexual assault in institutions where medical staff will be assigned these activities.

/s/

Kathleen M. Hawk
Director

SEXUAL ABUSE/ASSAULT CRISIS INTERVENTION PROTOCOL

This protocol is intended to serve as a guideline for staff in the management of sexual assaults. Some procedures may not be applicable or feasible for implementation at a particular institution. In most circumstances, these procedures should be followed as closely as possible.

I. VICTIM IDENTIFICATION (all staff)

A. The following are primary ways staff learn that a sexual assault has occurred during confinement:

1. Staff discover an assault in progress.
2. Victim reports an assault to a staff member.
3. An assault is reported to staff by another inmate, or is the subject of inmate rumors.
4. Medical Evidence.

While some victims will be clearly identified, most will probably not come forward directly with information about the event. In some circumstances, staff may hear of an inmate being threatened with sexual abuse/assault or rumored to be a victim. Some victims may be identified through unexplained injuries, changes in physical behavior due to injuries, or abrupt personality changes such as withdrawal or suicidal behavior.

B. The following guidelines may help staff in responding appropriately to a suspected victim:

1. If it is suspected that the inmate was sexually assaulted, the inmate should be advised of the importance of getting help to deal with the assault, that he/she may be evaluated medically for sexually transmitted diseases and other injuries, and that trained staff are available to assist.
2. Staff should review the background of a suspected victim, and the circumstances surrounding the incident, without jeopardizing the inmate's safety, identity, and privacy.
3. If staff discover an assault in progress, the suspected victim should be removed from the immediate area for care and for interviewing by appropriate staff.
4. If the suspected victim is fearful of being labeled an informer, the inmate should be advised that the

identity of the assailant(s) is (are) not needed to receive assistance.

5. The staff member who first identifies that an assault may have occurred should refer the matter to the institution's Operations Lieutenant or SIS.

II. PROCEDURES FOR STAFF INTERVENTION AND INVESTIGATION

The following procedures may apply for reported or known victims of sexual assault. If the inmate was threatened with sexual assault or was assaulted on an earlier occasion, some steps may not be necessary.

A. Early Intervention Techniques (all staff)

1. It is important that all contact with a sexual assault victim be sensitive, supportive, and non-judgmental.
2. It is not necessary to make a judgment about whether or not a sexual assault occurred.
3. Identify the inmate victim(s) and remove them from the immediate area;
4. Alert medical staff immediately and escort the victim to the Health Services Unit for a medical evaluation as soon as possible. If necessary, medical staff shall refer the victim to a local emergency facility.
5. Appropriate staff shall coordinate other services to do follow-up (e.g, housing, suicide assessment).
6. To facilitate evidence collection, the victim should not shower, wash, drink, eat, defecate or change any clothing until examined.
7. A brief statement about the assault should be obtained from the inmate. (The victim may be in shock, and unable to give much detail. It is important to be understanding and responsive. Opportunities to secure more details will occur later.)

8. Following medical evaluation/treatment, the victim may need to be reassigned to protective custody or to another secure area of the facility. Ensure that the alleged assailant(s) is not located in the area.

B. Collect Evidence from Victim - (Correctional Services-SIS staff)

1. Be sure to use HIV infection precautions and procedures. Contact medical staff to determine how to preserve medical indications of sexual assault. In the crime scene area, look for the presence of semen that can be used as evidence. For example, blankets and sheets should be collected.
2. Use standard evidence collection procedures (photographs, etc.) identified in the SIS Manual.

C. Collect Evidence from Assailant - (Correctional Services-Health Services staff)

1. Identify the assailant if possible and isolate the assailant, whenever possible, pending further investigation.
2. Use standard evidence gathering procedures identified in the SIS Manual.
3. Report the incident to the appropriate law enforcement agency.
4. If institution medical staff attempt to examine the alleged assailant, findings should be documented both photographically and in writing. A written summary of all medical evidence and findings should be completed and maintained in the inmate's medical record. Copies of this written summary should also be provided to the SIS and appropriate law enforcement officials.

III. MEDICAL ASSESSMENT OF VICTIM - (Health Services staff)

- A. If trained medical staff are available in the institution, render treatment locally whenever feasible.
- B. If the alleged victim is examined in the institution (see the Health Services Manual, Sexual Assault) to determine the extent of injuries, all findings should be documented both photographically and in writing. An original Inmate Injury Assessment and Follow-up form (BP-S362) should be filed in the inmate's medical record. A copy of BP-S362 should be provided to the SIS or appropriate law enforcement official.
- C. If deemed necessary by the examining physician, follow

established procedures for use of outside medical consultants or for an escorted trip to an outside medical facility.

- D. Notify staff at the community medical facility and alert them to the inmate's condition.
- E. When necessary, conduct STD and HIV testing.
- F. Refer the inmate for crisis counseling as appropriate.

**IV. MEDICAL TRANSFERS FOR EXAMINATION AND TREATMENT -
(Correctional and Health Services staff)**

- A. If determined appropriate by the institution physician and if approved by the Warden or designee, the inmate may be examined by medical personnel from the community. A contractual arrangement may be developed with a rape crisis center or other medical service if available in the community and should be utilized to enhance institution medical services as deemed appropriate by institution medical staff and the Warden. The contract should provide for clinical examination, for assessing physical injuries, and for the collection of any physical evidence of sexual assault. It should also allow for contract medical personnel to come into the institution and for the escorting of inmates to the contract facility (e.g., crisis care center, medical clinic, hospital, etc.).
- B. Escorting staff should treat the victim in a supportive and non-judgmental way.
- C. Information about the assault is confidential, and should be given only to those directly involved in the investigation and/or treatment of the victim.

V. MENTAL HEALTH SERVICES - (Psychology Services)

- A. Psychology Services or other mental health staff shall be notified immediately after the initial report of an allegation of sexual abuse/assault of an inmate.
- B. Any alleged victim(s) shall be seen, within 24 hours following such notification, by a mental health clinician to provide crisis intervention and to assess any immediate and subsequent treatment needs.
- C. The findings of this initial crisis/evaluation session shall be summarized in a written format within one week of the initial session and, once completed, shall be placed in the appropriate treatment record, with a copy provided to the Clinical Director and other staff responsible for oversight of sexual abuse/assault prevention and intervention procedures.
- D. Additional psychological or psychiatric treatment, as well as continued assessment of mental health status and treatment needs, shall be provided as needed and only with the victim's full consent and collaboration. Decisions regarding the need for continued treatment and/or assessment shall be made by qualified clinicians according to established professional standards, and shall be made with an awareness that victim(s) of sexual abuse/assault commonly experience both immediate and delayed psychiatric and/or emotional symptoms.

If the victim(s) choose to continue to pursue treatment, the clinician will either provide appropriate treatment or facilitate referral of the victim(s) to the appropriate treatment option(s) including individual therapy, group therapy, further psychological assessment, assignment to a mental health case load and/or facility, referral to a psychiatrist, and/or other treatment options. Pending referral, mental health services shall continue unabated. If the victim(s) chooses to decline further treatment services, he or she shall be asked to sign a statement to that effect.

- E. All treatment and evaluation sessions shall be properly documented and placed in the appropriate treatment record to ensure continuity of care within, between, or outside Bureau facilities.
- F. Should the victim(s) be released from custody during the course of treatment, the victim(s) will be advised of community mental health resources in his/her area.

VI. MONITORING AND FOLLOW-UP - (Psychology and Health Services staff)

- A. Arrange with the unit team and Correctional Services to place the inmate in appropriate housing.
- B. Monitor the physical and mental health of the victim and coordinate the continuation of necessary services.
- C. Dispense medication, provide routine examinations and STD and HIV follow-up.
- D. Conduct post-crisis counseling and arrange for psychiatric care if necessary.
- E. Psychology staff should watch for reaction stages and provide support as needed during critical stages.
- F. Determine the risk of keeping the victim at the same facility where the incident occurred.

VII. RELEASE PREPARATION AND CONTINUING CARE - (Psychology and Unit Management staff)

- A. Psychology staff shall ordinarily determine the need for aftercare and transitional treatment services, and notify the Case Manager of their recommendations.
- B. The willingness of the victim to participate in treatment in the community should be determined.
- C. For those cases that will use continuing care services, efforts to facilitate them should begin about 12 months prior to their release.
- D. If CCC services are used, mental health counseling and other transitional services that facilitate the victim's healthy reintegration into the community and family may be necessary.

- E. The responsibilities of the victim in the treatment process should be identified.
- F. Arrangements should be made through the U.S. Probation Office for psychological, medical, or other support services in the victim's release district.
- G. The victim should be encouraged to participate in support groups in the community.