

ICE/DRO DETENTION STANDARD

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION

I. PURPOSE AND SCOPE. This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.

It applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

Procedures in italics are specifically required for SPCs and CDFs. IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions Standard**.

II. EXPECTED OUTCOMES. The expected outcomes of this Detention Standard are:

1. Sexual abuse and assault of detainees will be prevented.
2. Detainees will be informed about the facility's sexual abuse or assault prevention and intervention program.
3. Detainees will be screened to identify those likely to be sexual aggressors or sexual victims and will be housed to prevent sexual abuse or assault. Detainees who are considered likely to become victims will be placed in the least restrictive housing that is available and appropriate.
4. All allegations of sexual abuse or assault will be promptly and effectively reported and investigated. Detainees will not be punished for truthfully reporting abuse or signs of abuse observed.
5. If sexual abuse or assault of any detainee occurs, the medical, psychological, safety, and social needs of the victim will be promptly and effectively met.
6. Where possible and feasible, a victim of sexual assault will be referred under appropriate security provisions to a specialized community facility for treatment and gathering of evidence.
7. Assailants will be confined and disciplined and may be subject to criminal prosecution.
8. Sexual conduct between detainees, staff, volunteers, or contract personnel, regardless of consensual status, is prohibited and subject to administrative, disciplinary, and criminal sanctions.

9. All case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling will be retained in accordance with an established schedule.
10. For monitoring, evaluating, and assessing the effectiveness of the sexual abuse and assault prevention and intervention program, incidents of sexual abuse and assault will be specifically documented and tracked as specified in this Detention Standard (in addition to standard facility operational and disciplinary documentation of any assault).
11. The applicable content and procedures in this Standard will be communicated to the detainee in a language or manner which the detainee can understand.

III. DIRECTIVES AFFECTED

This Detention Standard incorporates the requirements for posting and distributing information to ICE detainees in a memorandum entitled "Sexual Assault Awareness Information" from the Acting Director, Office of Detention and Removal Operations (10/26/2006). The information for detainees was provided in both poster and pamphlet format (see Appendix C).

IV. REFERENCES

4-ALDF-4D-22, 4D-22-1, 4D-22-2, 4D-22-3, 4D-22-4, 4D-22-5, 4D-22-6, 4D-22-7, 4D-22-8, 2A-29.

ICE/DRO Detention Standard on the detainee **Disciplinary System**.

ICE/DRO Detention Standard on **Medical Care**, particularly in regard to confidentiality of records.

ICE/DRO Detention Standard on **Detention Files**, particularly in regard to confidentiality of records and electronic records systems.

V. EXPECTED PRACTICES

A. Background

The Prison Rape Elimination Act of 2003 (PREA) sets a zero tolerance standard regarding rape and sexual assault in "any confinement facility of a Federal, state, or local government, whether administered by such government or by a private organization.

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 detainee safety and facility security and good order. Victims suffer physical and psychological harm and could be infected with a life-threatening disease.

Not only does ICE/DRO expect all facilities to affirmatively act to prevent sexual abuse and assaults on ICE/DRO detainees, but it also takes any allegations of sexual misconduct and assault against ICE/DRO detainees in any facility very

seriously. Every allegation is reviewed, and, where warranted, referred for criminal prosecution consistent with a zero-tolerance standard.

B. Written Policy and Procedures Required

Each facility administrator shall have written policy and procedures for a Sexual Abuse and Assault Prevention and Intervention Program that includes, at a minimum:

1. Measures taken to prevent sexual abuse and sexual assault,
2. Measures taken for prompt and effective intervention to address the safety and treatment needs of detainee victims if an assault occurs, and
3. Investigation of incidents of sexual assault, and discipline and prosecution of assailants.

Each facility must have a policy and procedure for required reporting through the chain-of-command from the reporting official to the highest facility official as well as the ICE Field Office Director. The entire spectrum of crisis intervention, counseling, investigation, and prosecution of sexual abuse or assault victims has become a specialty in itself, and each facility administrator should always consider what resources and services are available within the local community that could provide valuable expertise and support.

Appendix B offers sample protocols as guidelines for the development of written policies and procedures. Some procedures may not be applicable or feasible for implementation at a particular facility, but to the extent possible, they should be incorporated as part of a successful program.

The facility administrator of each SPC and CDF shall ensure that, within 90 days of the effective date of this Detention Standard, written policy and procedures are in place and that the facility is in full compliance with its requirements and guidelines.

Each facility's policy and procedures shall reflect the unique characteristics of each facility, based on factors such as the availability of specialized community-based services, including rape crisis/trauma units in local medical centers, clinics, and hospitals.

The facility administrator shall submit the local policy and procedures document to the respective Field Office Director for review and approval. Field Office Directors shall ensure that each facility:

- *Specifies procedures for offering immediate protection, including prevention of retaliation, and medical and mental health referral, to any detainee who alleges that he or she has been sexually assaulted;*
- *Specifies procedures for reporting an allegation or suspicion of sexual assault up the chain of command, including written documentation requirements to ensure each allegation or suspicion is properly reported and addressed;*
- *Specifies local response procedures (including referral procedures to appropriate law enforcement agencies) when a sexual assault is alleged or suspected;*

- *Establishes procedures to include outside agencies in sexual abuse or assault prevention and intervention programs, if such resources are available;*
- *Designates specific staff (psychologist, deputy facility administrator, appropriate medical staff, etc.) to be responsible for staff training activities;*
- *Specifies medical staff's responsibility to report allegations or suspicions of sexual assault to facility staff for appropriate reporting and intervention.*
- *Specifies how the future safety needs of a victim will be protected;*
- *Specifies the senior manager responsible for insuring that staff is appropriately trained and respond in a coordinated fashion when a detainee reports an incident of sexual abuse or assault;*
- *Designates a specific staff member to be responsible for detainee education regarding issues pertaining to sexual assault; and*
- *Specifies how medical staff will be trained or certified in procedures for examining and treating victims of sexual assault in facilities where medical staff will be assigned these activities.*

C. Program Coordinator

In SPCs and CDFs, the facility administrator shall designate a Sexual Abuse and Assault Prevention and Intervention Program Coordinator to:

- *Assist in the development of the written policies and procedures for the Sexual Abuse and Assault Prevention and Intervention Program. The Program Coordinator shall also be responsible for keeping them current.*
- *Assist with the development of initial and ongoing training protocols.*
- *Serve as a liaison with other agencies.*
- *Coordinate the gathering of statistics and reports on incidents of sexual abuse or assault, as detailed below in the section on **Tracking Incidents of Sexual Abuse and Assault**.*
- *Reviewing facility practices to ensure the required levels of confidentiality are maintained.*

D. Definitions. For the purposes of this Detention Standard, the following definitions apply:

1. Detainee-on-detainee sexual abuse or assault

One or more detainees engaging in a sexual act, including contact between the penis and the vulva or the penis and the anus, and for purposes of this subparagraph, contact involving the penis occurs upon penetration, however slight; contact between the mouth and the penis, the mouth and the vulva, or the mouth and the anus; or the penetration, however slight, of the anal or genital opening of another by a hand or finger or by any object, with an intent to abuse, humiliate, harass, degrade, or arouse or gratify the sexual desire of any person ; or the use of threats, intimidation, inappropriate touching, or other actions and or

communications by one or more detainees aimed at coercing and or pressuring another detainee to engage in a sexual act.

Specifically, detainees may be charged with Prohibited Acts detailed in the Detention Standard on the **Disciplinary System**:

- Code 101 Sexual Assault
- Code 206 Engaging in a Sex Act
- Code 207 Making a Sexual Proposal
- Code 300 Indecent Exposure
- Code 404 Using Abusive or Obscene Language

2. Staff-on-detainee sexual abuse or assault

One or more staff member, volunteer or contract personnel engaging in, or attempting to engage in a sexual act with any detainee, or the intentional touching of an detainee'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.

E. Sexual Conduct between Detainees and Staff, Volunteers, or Contract Personnel Prohibited

Sexual conduct between detainees and staff, volunteers, or contract personnel, **regardless of consensual status**, is prohibited and subject to administrative, disciplinary and criminal sanctions.

F. Staff Training

Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program shall be included in training for employees, volunteers, and contract personnel and shall also be included in annual refresher training thereafter.

Training shall include:

- Definitions and examples of prohibited and illegal behavior;
- Agency prohibitions on retaliation against detainees and staff who report sexual abuse;
- An understanding that sexual abuse or assault is never an acceptable consequence of detention;
- Recognition of situations where sexual abuse or assault may occur;
- Recognition of the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences;
- The investigation process and how to ensure that evidence is not destroyed;
- Prevention, recognition, and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities;

- Understanding of how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals to the facility's program.
- Understanding of documentation and referral procedures of all allegations or suspicion of sexual assault
- **Appendix A** lists resources available from the National Institute of Corrections that may be useful in developing a training program and/or for direct use in training, including a copy of the PREA, two videos, a facilitator's guide, reference material, and a PowerPoint presentation.

G. Detainee Notification and Orientation

The facility administrator shall ensure that the orientation program required by the Detention Standard on **Admission and Release**, and the detainee handbook required by the Detention Standard on **Detainee Handbook**, notify and inform detainees about the facility's Sexual Abuse and Assault Prevention and Intervention Program and that they include (at a minimum):

- Prevention and intervention;
- Definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse, and coercive sexual activity.
- Explanation of the ways of reporting sexual abuse or assault, and the investigation process.
- Self-protection
- Prohibition against retaliation
- Treatment and counseling.

Each facility's Sexual Abuse and Assault Prevention and Intervention Program shall provide detainees who are victims of sexual abuse or assault an option to report the incident or situation to a designated staff member other than an immediate point-of-contact line officer (for example, the program coordinator or a mental health specialist).

As cited earlier under **DIRECTIVES AFFECTED**, ICE has provided a Sexual Assault Awareness notice to be posted in English and Spanish on all housing unit bulletin boards, as well as a Sexual Assault Awareness Information pamphlet to be distributed in SPCs and CDFs and optionally in IGSA's.

H. Prevention

All staff and detainees are responsible for being alert to signs of potential situations in which sexual assaults might occur and making reports and intervention referrals.

In accordance with the Detention Standards on **Admission and Release** and **Classification System**:

- Detainees shall be screened upon arrival at the facility for potential vulnerabilities to or tendencies of acting out with sexually aggressive behavior.

- Each new arrival shall be kept separated from the general population until he or she is classified and may be housed accordingly.
- Detainees with a history of sexual assault shall be identified, monitored, and counseled. Detainees identified as 'high risk' for committing sexual assault shall be assessed by a mental health or other qualified professional and treated as appropriate.
- Detainees at risk for sexual victimization shall be identified, monitored, and counseled. Detainees identified as 'high risk' for sexual victimization shall be assessed by a mental health or other qualified professional. Detainees who are considered likely to become victims will be placed in the least restrictive housing that is available and appropriate.
- Detainees identified as being at risk for sexual victimization shall be transported in accordance with that special safety concern. The Detention Standard on **Transportation (By Land)**, in the section on **Count, Identification, and Seating**, requires that transportation staff seat each detainee in accordance with written procedures from the facility administrator, with particular attention to detainees who may need to be afforded closer observation for their own safety.

I. Prompt and Effective Intervention

Staff sensitivity toward detainees who are victims of sexual abuse or assault is critical.

Staff shall take seriously all statements from detainees claiming to be victims of sexual assaults and respond supportively and non-judgmentally. Any detainee who alleges that he or she has been sexually assaulted shall be offered immediate protection from the assailant and referred for a medical examination and/or a clinical assessment of the potential for negative symptoms. Staff becoming aware of an alleged assault shall immediately follow the reporting requirements set forth in the written policies and procedures.

J. Notifications and Referrals

Designated staff shall provide services to victims and shall conduct investigations of sexual abuse or assault incidents. Information concerning the identity of a detainee 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 detainee-victim's welfare and for law enforcement/investigative purposes.

The timely reporting of all incidents and allegations is of paramount importance.

1. Alleged Detainee Perpetrator

When a detainee(s) is alleged to be the perpetrator, it is the facility administrator's responsibility to ensure that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation and reported to ICE through the SEN (Significant Event Notice) system.

2. Alleged Staff Perpetrator

When an employee, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse or assault, the following shall be notified immediately:

- The facility administrator,
- The highest ranking on-site ICE/DRO representative,
- The respective Field Office Director.

The Field Office Director shall notify:

- The Deputy Assistant Director, Detention Management Division,
- The ICE Office of Professional Responsibility (OPR). OPR will refer the matter to the DHS Office of the Inspector General (OIG).

The facility administrator or Field Office Director shall also refer the matter to the FBI (or other appropriate law enforcement agency).

K. Investigation and Prosecution

If a detainee alleges sexual assault, a sensitive and coordinated response is necessary.

When possible and feasible, appropriate staff shall preserve the crime scene, and safeguard information and evidence in coordination with the referral agency and consistent with established evidence gathering and processing procedures.

Based on such factors as availability of in-house expertise and general security considerations, the facility administrator will arrange for the victim to undergo a forensic medical examination. The results of the physical examination and all collected physical evidence are to be provided to the Field Office Director. Appropriate infectious disease testing, as determined by the health services provider, may be necessary. Part of the investigative process may also include an examination of and collection of physical evidence from the suspected assailant(s).

L. Transfer of Detainees to Hospitals or Other Facilities

When possible and feasible, victims of sexual assault should be referred, under appropriate security provisions, to a community facility for treatment and gathering of evidence.

If these procedures are performed in-house, the following guidelines apply:

- Health care professionals shall conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated. With the victim's consent, the examination should include collection of evidence from the victim using a kit approved by the appropriate authority. All forensic evidence collected must be secured and processed according to an established plan to maintain the chain of custody for criminal evidence.
- Health care professionals shall test for sexually transmitted diseases (e.g., HIV, gonorrhea, hepatitis, and other diseases) and refer victim for counseling, as appropriate.

- Prophylactic treatment and follow-up examination for sexually transmitted diseases shall be offered to all victims, as appropriate.
- Following a physical examination, a mental health professional shall evaluate the need for crisis intervention counseling and long-term follow-up.

Once the transfer has taken place, a report shall be made to the facility program administrator or designee to confirm separation of the victim from his or her assailant. Transfers will take into account safety and security concerns and the special needs of victimized detainees.

M. Tracking Incidents of Sexual Abuse and Assaults

All case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be maintained in appropriate files in accordance with these Detention Standards and applicable policies, and retained in accordance with established schedules.

Particularly applicable to the storage, confidentiality, and release of case records are the requirements of the ***Confidentiality and Release of Medical Records*** section of the Detention Standard on **Medical Care** and the requirements of the Detention Standard on **Detention Files**, especially in regard to the Privacy Act of 1974. Because of the very sensitive nature of information about victims and their medical condition, including infectious disease testing, staff must be particularly vigilant about maintaining confidentiality and releasing information only for legitimate need-to-know reasons.

Monitoring and evaluation are essential for assessment of the rate of occurrence of sexual assault and agency effectiveness in reducing sexually abusive behavior. Accordingly, the facility administrator must maintain two types of files.

- **General files** include:
 - The victim(s) and assailant(s) of a sexual assault,
 - Crime characteristics,
 - Detailed reporting timeline, including the name of the staff member receiving the report of sexual assault, date and time the report was received, and steps taken to communicate the report up the chain of command, and
 - Formal and or informal action taken.
- **Investigative files** include:
 - All reports,
 - Medical forms,
 - Supporting memos and videotapes, if any, and
 - Any other evidentiary materials pertaining to the allegation.

The facility administrator shall maintain these files chronologically in a secure location. Each facility administrator shall maintain a listing of the names of sexual assault victims and assailants along with the dates and locations of all sexual assault incidents occurring within the facility on his or her computerized incident reporting system. Such information shall be maintained on a need-to-know basis in accordance with the Detention Standards on **Medical Care** and **Detention Files**, which includes protection of electronic files from unauthorized access.

In SPCs and CDFs, the facility administrator shall give assailant(s) and victim(s) involved in a sexual assault incident a specific designator as required in the official reporting system (SIR, SEN, Other).

Access to this designation shall be limited to those staff involved in the treatment of the victim or the investigation of the incident. The authorized designation will allow appropriate staff to track the detainee victim or assailant of sexual assault across the system. Based on the designated reporting data, the ICE/DRO program office shall report annually the number of sexual assaults occurring within secure detention facilities utilized by ICE/DRO. Data will be provided through the SEN system.

Standard Approved:

James T. Hayes, Jr. /s/

12/5/2008

**James T. Hayes, Jr.,
Director
Office of Detention and Removal Operations**

Date

Appendix A

Resources Available from the National Institute of Corrections

The National Institution of Corrections (NIC):

- Offers training and technical assistance and provides a national clearinghouse for information on the Prison Rape Elimination Act of 2003 (PREA), and
- Is required by the PRLE to produce an annual report to Congress.

“PREA Tool Kit 1,” available from NIC, contains:

- A copy of the video, Facing Prison Rape, and the accompanying Facilitator’s Guide.
- A copy of the full 3-hour videoconference “How PREA Affects You.”
- A copy of the Prison Rape Elimination Act of 2003.
- A bibliography of reference material.
- A PowerPoint presentation containing an overview and introduction to the PREA.

Other Resource Links

National Institute of Corrections: www.nicic.gov

National Prison Rape Elimination Commission: www.nprec.us

NIC/WCL Project on Addressing Prison Rape: <http://www.wcl.american.edu/nic/>

Bureau of Justice Assistance: www.ojp.usdoj.gov/BJA

Bureau of Justice Statistics: www.ojp.usdoj.gov/bjs

The Moss Group: www.mossgroup.us

Stop Prisoner Rape: www.spr.org

Appendix B

Sample Sexual Abuse Prevention and Intervention Protocols

These protocols serve as guidelines for staff in the development of written policies and procedures for a Sexual Abuse and Assault Prevention and Intervention Program.

Some procedures may not be applicable or feasible for implementation at a particular facility; however to the extent possible, they should be incorporated as part of a successful program.

I. VICTIM IDENTIFICATION (all staff)

A. Primarily, staff learns that sexual abuse or assault has occurred during confinement because:

- Staff discovers an assault in progress.
- A victim reports an assault to a staff member.
- Another detainee reports abuse or an assault, or a detainee is the subject of detainee rumors.
- Medical evidence indicates the probability of abuse or an assault.

While some victims will be clearly identified, many, even most, may not come forward directly with information. 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:

- If it is suspected that the detainee was sexually assaulted, the detainee should be advised of the importance of getting help to deal with the assault, that he or she may be evaluated medically for sexually transmitted diseases and other injuries, and that trained personnel are available to assist.
- Staff should review the background of a suspected victim and the circumstances surrounding the incident without jeopardizing the detainee's safety, identity, and privacy.
- If staff discovers an assault in progress, the suspected victim should be removed from the immediate area for care and for interviewing by appropriate staff.
- The victim and the alleged assailant need to be immediately separated.
- If a suspected victim is fearful of being labeled an informer, he or she should be advised that the identity of the assailant(s) is not needed to receive assistance.
- The staff member who first identifies that an assault may have occurred should refer the matter to the security shift supervisor or investigative supervisor.

II. PROCEDURES FOR INVESTIGATION

All reports of alleged sexual abuse or assault must be handled and investigated in accordance with the Prison Rape Elimination Act (PREA). The following procedures may apply for reported or known victims of sexual assault. If the detainee was threatened with sexual assault or was assaulted on a previous occasion, some steps may not be necessary.

- The standard protocol is to transport every alleged victim and assailant (separately) to the nearest hospital for a “rape kit” as soon as possible.

C. Collect Evidence from Assailant (security and health services staff)

- Identify the assailant if possible and isolate the assailant, whenever possible, pending further investigation.
- Use standard investigative and evidence-gathering procedures.
- Report the incident to the appropriate law enforcement agency.
- If facility medical staff attempts 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 detainee's medical record. Copies should also be provided to supervisory security staff and appropriate law enforcement officials.

III. MEDICAL ASSESSMENT OF VICTIM - (health services staff)

- If trained medical staff is available in the facility, render treatment locally whenever feasible.
- If the alleged victim is examined in the facility to determine the extent of injuries, all findings should be documented both photographically and in writing and placed in the detainee's medical record, with a copy to supervisory security staff and appropriate law enforcement officials.
- 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.
- Notify staff at the community medical facility and alert them to the detainee's condition.
- When necessary, conduct STD and HIV testing.
- Refer the detainee for crisis counseling as appropriate.

IV. MEDICAL TRANSFERS FOR EXAMINATION AND TREATMENT - (security and health services staff)

- If determined appropriate by the facility physician and if approved by the facility administrator or designee, the detainee may be examined by medical personnel from the community. A contractual arrangement may be developed with a rape crisis center or other available community medical service to enhance facility medical services. The contract should provide for clinical examination, for assessing physical injuries and collecting any physical evidence of sexual

assault. It should also allow for contract medical personnel to come into the facility and for escorting detainees to the contract facility (crisis care center, medical clinic, hospital, etc.).

- Escorting staff should treat the victim in a supportive and non-judgmental way.
- 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 - (mental health staff)

- Mental health staff should be notified immediately after the initial report of an allegation of sexual abuse or assault of a detainee.
- Any alleged victim should 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.
- The findings of the initial crisis evaluation session should be summarized in writing within one week of the initial session and placed in the appropriate treatment record, with a copy provided to the hospital administrator or clinical director and other staff responsible for oversight of sexual abuse or assault prevention and intervention procedures.
- Additional psychological or psychiatric treatment, as well as continued assessment of mental health status and treatment needs, should be provided as needed, with the victim's full consent and collaboration. Decisions regarding the need for continued assessment and treatment should be made by qualified clinicians according to established professional standards, and should be made with awareness that a victim of sexual abuse or assault commonly experiences both immediate and delayed psychiatric or emotional symptoms.
- If a victim chooses to continue to pursue treatment, the clinician will either provide appropriate treatment or facilitate referral to an appropriate treatment option, including individual therapy, group therapy, further psychological assessment, assignment to a mental health counselor or facility, referral to a psychiatrist, or other treatment options. Pending referral, mental health services should continue unabated. If a victim chooses to decline further treatment services, he or she should be asked to sign a statement to that effect.
- All treatment and evaluation sessions should be properly documented and placed in the appropriate treatment record to ensure continuity of care.
- Should a victim be released from custody during the course of treatment, the victim should be advised of community mental health resources in his/her area.

VI. MONITORING AND FOLLOW-UP

- Classification and security staff should place the victim in appropriate housing and assess the risk of keeping the victim at the same facility where the incident occurred. Detainees who are considered likely to become victims will be placed in the least restrictive housing that is available and appropriate.

- Housing, medical and mental health staff should monitor the physical and mental health of the victim and coordinate the continuation of necessary services.
- Medical staff should dispense medication and provide routine examinations and STD and HIV follow-up.
- Mental health staff should conduct post-crisis counseling and arrange for psychiatric care if necessary.

Appendix C

SEXUAL ASSAULT AWARENESS: This document is required to be posted in each Housing Unit Bulletin Board at all Service Processing Centers and Contract Detention Facilities and by Intergovernmental Service Agreement Providers that house ICE detainees.

While detained by the Department of Homeland Security, Immigration and Customs Enforcement, Office of Detention and Removal, you have a right to be safe and free from sexual harassment and sexual assault. Report all attempted assaults and assaults to your housing unit officer, a supervisor, the Officer in Charge, or directly to the Office of the Inspector General at 1 (800) 323-8603.

Definitions:

Detainee-on-Detainee Sexual Abuse/Assault: One or more detainees engaging in, or attempting to engage in a *sexual act* with another detainee or the *use of threats, intimidation, inappropriate touching* or other actions and/or communications by one or more detainees aimed at *coercing* and/or *pressuring* another detainee to engage in a sexual act.

Staff-on-Detainee Sexual Abuse/Assault: Staff member engaging in, or attempting to engage in a sexual act with any detainee or the intentional touching of a detainee's genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desires of any person. *Sexual abuse/assault of detainees by staff or other detainees is an inappropriate use of power and is prohibited by ICE policy and the law.*

Staff Sexual Misconduct is: Sexual behavior between a staff member and detainee which can include, but is not limited to indecent, profane or abusive language or gestures and inappropriate visual surveillance of detainees.

Prohibited Acts:

A detainee who engages in inappropriate sexual behavior with or directs it at others, can be charged with the following Prohibited Acts under the Detainee Disciplinary Policy.

Code 101: Sexual Assault

Code 207: Making a Sexual Proposal

Code 404: Using Abusive or Obscene

Code 206: Engaging in a Sex Act

Code 300: Indecent Exposure or Language

Detention as a Safe Environment:

While you are detained, no one has the right to pressure you to engage in sexual acts or engage in unwanted sexual behavior regardless of your age, size, race, or ethnicity. Regardless of your sexual orientation, you have the right to be safe from unwanted sexual advances and acts.

Confidentiality:

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

Avoiding Sexual Assault:

Here are some things you can do to protect yourself against sexual assault:

- Carry yourself in a confident manner. Many offenders choose victims who look like they would not fight back or who they think are emotionally weak.
- Do not accept gifts or favors from others. Most gifts or favors come with strings attached to them.
- Do not accept an offer from another detainee to be your protector.
- Find a staff member with whom you feel comfortable discussing your fears and concerns. Report concerns!
- Do not use drugs or alcohol; these can weaken your ability to stay alert and make good judgments.
- Avoid talking about sex. Other detainees may believe you have an interest in a sexual relationship.
- Be clear, direct and firm. Do not be afraid to say NO or STOP IT NOW.
- Stay in well-lit areas of the Facility.
- Choose your associates wisely. Look for people who are involved in positive activities like educational programs, work opportunities, or counseling groups. Get involved in these activities yourself.
- Trust your instincts. Be aware of situations that make you feel uncomfortable. If it does not feel right or safe, leave the situation. **If you fear for your safety, report your concerns to staff.**

REPORT all Assaults:

If you become a victim of a sexual assault, you should report it immediately to any staff person you trust, to include housing officers, deportation officers, chaplains, medical staff or supervisors. Staff members keep the reported information confidential and only discuss it with the appropriate officials on a need to know basis. If you are not comfortable reporting the assault to staff, you have other options:

- Write a letter reporting the sexual misconduct to the Officer in Charge, Assistant Field Office Director, or Field Office Director to ensure confidentiality, use special mail procedures.
- File an Emergency Detainee Grievance - If you decide your complaint is too sensitive to file with the Officer in Charge, you can file your Grievance directly with the Field Director. You can get the forms from your housing unit officer, deportation staff or a facility supervisor.
- Write to the Office of Inspector General (OIG), which investigates allegations of staff misconduct.
 - The address is: Office of Inspector General, P.O. Box 27606, Washington, D.C. 20530

- Call at no expense to you the Office of Inspector General (OIG). The phone number is posted in your housing unit.

Individuals who sexually abuse or assault detainees can only be disciplined or prosecuted if the abuse is reported.

Next Steps after Reporting a Sexual Assault

You will be offered immediate protection from the assailant and you will be referred for medical examination and clinical assessment. You do not have to name the detainee(s) or staff member who assaulted you to receive assistance, but specific information may make it easier for staff to help you. You will continue to receive protection from the assailant, whether or not you have identified your attacker or agree to testify against them. It is important that you do not shower, wash, drink, change clothing or use the bathroom until evidence can be collected.

The Medical Exam

Medical staff will examine you for injuries, which may or may not be readily apparent to you and will gather physical evidence of assault. Bring the clothes and underwear that you had on at the time of the assault to the medical exam with you. You will be checked for the presence of physical evidence, which supports your allegation. With your consent, a medical professional will perform a pelvic and/or rectal examination to obtain samples of or document the existence of physical evidence such as hair, body fluids, tears or abrasions, which remain after the assault. This physical evidence is critical in corroborating the sexual assault occurred and in identifying the assailant; trained personnel will conduct the exam privately and professionally.

Understanding the Investigative Process:

Once the misconduct is reported, the appropriate law enforcement agency will conduct an investigation. The purpose of the investigation is to determine the nature and extent of the misconduct. You may be asked to give a statement during the investigation. If criminal charges are filed, you may be asked to testify during the criminal proceedings. Any detainee who alleges that he or she has been sexually assaulted shall be offered immediate protection and will be referred for a medical examination.

The Emotional Consequences of Sexual Assaults:

It is common for victims of sexual assault to have feelings of embarrassment, anger, guilt, panic, depression, and fear even several months or years after the attack. Other common reactions include loss of appetite, nausea or stomachaches, headaches, loss of memory and/or trouble concentrating and changes in sleep patterns. Emotional support is available from the facility's mental health and medical staff, and from the chaplains. Also, many detainees who are at high risk to sexually assault others have often been sexually abused themselves. Mental health services are available to them also so that they can control their actions and heal from their own abuse.

Sexual assaults can happen to anyone: any gender, age, race, ethnic group, socioeconomic status, sexual orientation, or disability. Sexual assault is not about sex; it is about POWER and CONTROL. All reports are taken seriously. Your safety and the

safety of others is the most important concern. For everyone's safety, incidents, threats, or assaults must be reported.

Report all attempted assaults and assaults to your housing unit officer, a supervisor, the Officer in Charge, or directly to the Office of the Inspector General