

Operating Guideline			
# and Title:	8.5.37 ITRS; House of Commons; Zero Tolerance Sexual Safety Plan		
Operating Guideline: X	Issued By: Jim Keel, Program Coordinator	Effective Date: 6/12/23	Related Policy or Procedure: 3.3.07 Incident Reporting, 3.3.14 Abuse, Neglect, or Mistreatment of Recipients, 8.1.18 ITRS Admin PREA
Page: 1 of 4	Approved By: KC Brown, ITRS Director	Review Date: 2/23/24, 4/4/24	PREA Standards: 115.211, 115.218, 115.221, 115.222, 115.261, 115.262, 115.264, 115.265, 115.271, 115.272, 115.276, 115.277, 115.278

I. Purpose:

A. House of Commons (HOC) mandates Zero Tolerance toward all forms of sexual abuse and sexual harassment (See definitions in Section III). Community Mental Health Authority – Clinton Eaton and Ingham shall designate an upper-level, agency-wide Prison Rape Elimination Act (PREA) Coordinator; the Integrated Treatment and Recovery Services (ITRS) Program Director.

B. HOC shall implement a Sexual Safety Plan to ensure the safety of residents, staff and the community. The plan shall assist staff in the prevention, detection, response, intervention, investigation and prosecution/discipline of sexually abusive or assaultive behavior. Sexual safety training is mandated for all staff.

C. All sexually assaultive behavior within the program shall be reported to law enforcement for consideration of investigation and/or prosecution. Staff offenders found guilty of sexually assaultive behavior shall be terminated from employment and resident offenders shall be removed from the program.

II. Operating Guidelines:

A. Prevention

1. All candidates for employment shall be screened for prior criminal history. No one with conviction(s) for sexually abusive or assaultive behavior shall be employed by HOC.
2. All newly admitted residents or residents transferred from another facility shall be screened for their risk of being sexually abused by other residents or sexually abusive toward other residents within 72 hours of arrival at the facility. Information from the screening shall be used to inform bunk assignments, work, education and program assignments. Any resident with a history of either victimization or perpetration shall be reported to the Program Coordinator. Upon review, the Program Coordinator may deem a resident unsuitable for HOC and refuse admittance to the program.
3. Staff and residents shall be informed of HOC's Zero Tolerance Policy towards all forms of sexual abuse and sexual harassment and methods to report such incidents as part of the orientation process.

4. Security measures within the facilities shall attempt to maximize the use of procedures, staffing, and technology (including video monitoring) which provide for direct sight supervision of all residents to protect against sexual abuse. When designing or acquiring a new facility, planning a substantial expansion or modification of an existing facility, or when installing or updating the video monitoring system or other monitoring technology, the effect such will have in protecting residents from sexual abuse shall be considered.
5. Policies provide protocols for proper search requirements and techniques to reduce potential risk of sexual abuse situations between staff and residents.
6. Community Residential Services (CRS) resident with a history of victimization, sexually abusive or assaultive behavior while in Michigan Department of Corrections (MDOC) custody must report any known histories to the Program Coordinator.

B. Detection/Reporting

1. All staff shall continually observe and monitor residents for signs of sexually abusive or assaultive behavior. This includes, but is not limited to, unexplained injuries, changes in physical behavior due to injuries, changes in usual routine and/or abrupt personality changes.
2. Staff shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against residents or staff who reported such an incident, and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the Program Coordinator and document observations in an incident report.
3. Apart from reporting to the Program Coordinator, staff shall not reveal any information related to a sexual abuse report to anyone other than those designated by the Program Coordinator.
4. All mental health practitioners are required to report sexual abuse as indicated in section 1 B above, unless precluded by law. The resident shall be informed at the initiation of services of the practitioner's duty to report.
5. If the alleged victim is considered a vulnerable adult, HOC shall report the allegation to the appropriate state or local services agency under mandatory reporting laws.
6. Immediate action to protect the resident shall be taken should a resident be at substantial risk of imminent sexual abuse.

C. Intervention

1. Upon learning of an allegation that a resident was sexually abused or if there is reason to believe an assault may have occurred, the first staff member to respond shall do the following:
 - a. Separate the alleged victim and offender.
 - b. The staff shall immediately secure the location of the assault and not allow other staff or residents to enter the area. No evidence in the area should be touched or removed pending the arrival of law enforcement personnel.
 - c. With regard to the victim, the following process shall be carried out:
 - The victim shall be continually observed and monitored;
 - Staff should respond in a sensitive, supportive and non-judgmental fashion;

– If the abuse occurred within a time period that allows for collection of physical evidence, the victim shall be asked not to shower, wash, brush their teeth, eat, drink, urinate, defecate, or change clothing until after they have been initially evaluated by a forensic medical examiner.

d. With regards to the alleged offender, the following process shall be carried out:

– Pending arrival of authorities, staff shall not alert the alleged offender of the investigation until the arrival of the authorities.

– Pending the arrival of authorities, staff shall not interrogate or question the offender regarding the assault. Staff shall attempt to maintain the integrity of any evidence by not granting the offender permission to use toilet or bath facilities, change clothing, eat or drink if the abuse occurred within a time period that allows for collection of physical evidence.

e. Immediately contact the Program Coordinator or Program Director and take action instructions from leadership. This may include moving the victim to a more secure/protective environment and contacting authorities to investigate the incident and/or take the offender into custody. Arrangements shall be made for the victim to go to the area hospital for medical examination and collection of evidence. All victims of sexual abuse will be referred for forensic medical exams performed by qualified medical examiners. (Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). Sparrow Hospital: SANE 24/7 on-call number is (517) 364-3931. If there is no answer listen to the message in its entirety to get the number of the charge nurse and then call that number with a referral. Do not leave a message.

f. Staff shall document the incident consistent with CMHA-CEI procedure 3.3.07, Incident Reporting. Documentation includes noting a SANE exam was offered, as well as rape crisis information and any referrals to legal authorities.

g. HOC shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation into an allegation. The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as a resident or staff.

h. The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

2. All victims of a sexual assault must be referred to the Program Coordinator. The Program Coordinator must meet with the victim within 24 hours of the assault becoming known to staff. If either the victim or offender are CRS residents, the Program Coordinator shall contact MDOC.

3. Program Director must be immediately notified of any sexually abusive or assaultive behavior involving an employee as either the victim or offender. Program Director will contact appropriate agency personnel.

D. Investigation

1. Consistent with CMHA-CEI 3.3.14, Abuse, Neglect, or Mistreatment of Recipients a reported incident of sexual assault or sexual harassment must be investigated. The nature of such incidents requires staff to treat the information gathered in the investigation in a sensitive and confidential manner.
2. Upon learning of a sexual assault staff will immediately contact the Program Coordinator and will be given direction on calling local law enforcement personnel. The Program Director shall be contacted by the Program Coordinator.
3. All allegations of sexual abuse and sexual harassment will be investigated. Two staff have been designated to address all administrative investigations; one investigator for allegations regarding residents and one investigator for allegations regarding staff.
4. HOC shall ensure all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports will be directed to the designated investigators.
5. The Program Coordinator will ensure ongoing assistance, cooperation and coordination with authorities, medical/mental health practitioners and probation/parole and shall remain informed about the process of the investigation.
6. Copies of all police reports and other official reports shall be reviewed by the CEO, the Program Director and the Program Coordinator and included in the critical incident review. A copy of all reports shall be placed in the resident's file.
7. In assaults involving CRS residents, the Program Coordinator must forward a copy of all investigative reports regarding the assault to the CRS.
8. The departure of the alleged offender or victim from the employment or control of the facility shall not provide basis for terminating an investigation.

E. Prosecution/Discipline

1. All instances of alleged sexual assault shall be referred to local authorities for investigation with a recommendation that any resident/staff suspected of sexual assault be prosecuted to the fullest extent of the law.
2. Any staff involved in sexually abusive or assaultive behavior will be subject to investigation and the HOC disciplinary process. Staff found guilty of sexual abuse/assault shall be terminated from HOC.
3. Disciplinary sanctions for staff up to and including termination shall be imposed for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse).
4. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies and to any relevant licensing bodies, unless the activity was clearly not criminal.
5. Residents involved in sexually abusive or assaultive behavior will be subject to investigation and the HOC disciplinary process. CRS residents shall also be subject to the CRS disciplinary process. Residents found guilty of sexual abuse/assault shall face disciplinary sanctions up to and including termination from HOC. A resident's mental disability or mental illness contributing to his or her behavior shall be considered

when determining a sanction. Residents may also be required to participate in counseling, therapy or other interventions.

6. Residents may only be disciplined for sexual contact with staff upon a finding that the staff member did not consent to such contact.

7. For the purpose of disciplinary action, a report of sexual abuse made in good faith based on a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying.

8. Any contractor, volunteer, or intern who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and relevant licensing bodies, unless the activity was clearly not criminal. Remedial measures will be taken in the case of any other violation of agency sexual abuse or sexual harassment policies, up to and including prohibiting further contact with residents.

9. The agency may redact specific materials from reports when publication would present a clear and specific threat to the safety and security of the facility but the nature of the material redacted will be indicated.

F. Training

1. Program Coordinator shall ensure a curriculum for sexual safety plan is developed for staff.
2. The sexual safety training shall be a component of the new employee orientation training, as well as ongoing update training for all employees at least annually.

III. Definition:

SEXUAL ABUSE – 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: • Sexual contact is Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and • Any other intentional touching • Any attempt, threat, or request to engage in sexual activities • 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 • Voyeurism by a staff member, contractor, or volunteer

SEXUAL HARASSMENT – 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 directed toward another. 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 or derogatory comments about body or clothing, or obscene language or gestures.

VOYEURISM – An invasion of privacy of a resident by staff for reasons unrelated to official duties, such as peering at a resident who is using a toilet to perform bodily functions; requiring a resident to expose their buttocks, genitals, or breasts; or taking images of all or part of a resident's naked body or of a resident performing bodily functions.

IV. Monitoring and Review:

This Guideline is reviewed annually by the Program Coordinator, Program Director or designee.