

STANDARD OPERATING PROCEDURES

This is a passive surveillance system for clinical indicators of sexual violence in correctional facilities. Only record instances of these injuries when they are discovered as part of routine medical examinations. Every inmate does not need to be examined for these injuries when they seek medical care. Record instances of these conditions even if there is no allegation of sexual violence. Inmates should not be made aware of this project nor be interviewed to complete this form. Forms should be completed after an inmate leaves exam area, when possible.

The **REPORTER** for each facility will be responsible for maintaining completed forms and serving as the point of contact for the facility, identifying duplicate forms and reconciling any discrepancies before sending them to CDC. The **REPORTER** will be contacted monthly by CDC for a status update. Forms should be mailed to CDC on a monthly basis.

When does the form get filled out?

- **If an inmate makes an allegation of sexual violence**
- **If a clinician has a suspicion of sexual violence**
- **If an inmate has any of the following conditions diagnosed as part of a medical examination:**
 - Unexplained rectal bleeding
 - Rectal or anal tears or fissures
 - Bruises, scratches, or abrasions on buttocks
 - Genital bruising
 - Nipple injuries

Which inmates qualify?

- **Male inmates ages 18 or older**
- **Do not complete forms for inmates younger than 18 years of age who are incarcerated in adult facilities**

Which incidents get recorded?

- **Injuries that occurred during the current incarceration**
- **Allegations that are made about an incident that occurred during the current incarceration**
- **New onset of symptoms; forms do not need to be completed for chronic conditions unrelated to sexual violence**

Who can complete the form?

- **Physicians**
- **Physician assistants (PA)**
- **Nurse practitioners (NP)**
- **Registered nurses (RN)**
- **Licensed practical nurses (LPN)**

INSTRUCTIONS TO COMPLETE DATA COLLECTION FORM

1. The **form identification number (FIN)** is a six-digit number used by the facility to track the inmate.
 - The first two digits of the FIN are assigned to the facility by CDC. These two digits will be the same for all forms completed for the facility.
 - The facility will assign the remaining four digits to create a unique identifier for the form.
 - This number will remain on the form when the form is sent to CDC.
2. Record the date (MM/DD/YYYY) that the inmate is seen by clinical staff or the inmate made the allegation.

Part A. Indicators of Sexual Violence

Please respond to all items in A.1 and A.2.

- A.1 Record whether or not the inmate made an allegation of sexual violence.
- A.2 Record if any of the following 5 conditions were discovered as part of the routine medical examination. Do not examine every inmate for these injuries when they seek medical care. Record instances of these conditions even if there is no allegation of sexual violence.
- Unexplained rectal bleeding
 - Rectal or anal tears or fissures
 - Bruises, scratches, or abrasions on the buttocks
 - Genital bruising
 - Nipple injuries

If the inmate does not make an allegation, and does not present with one of the 5 conditions above, please respond to A.3.

- A.3 Record whether or not you have a suspicion of sexual violence.
- If you have a suspicion of sexual violence, please explain your reasoning in the comments section on page 3.

IF YOU CHECKED 'YES' FOR ANY ITEM IN PART A, PLEASE COMPLETE PARTS B-F

Part B. Inmate Demographics

- B.1 Record current age in years.

- B.2 Record current height (in feet and inches) if measured during examination or most recent height documented.
- B.3 Record current weight (in pounds) if measured during examination or most recent weight documented.
- B.4 Record race/Hispanic origin documented in medical record, by inmate self-report, or clinician identification. Check all that apply.

Part C. General Injury Assessment

Record if any of these injuries are identified as part of the routine medical examination. A separate exam for each of these injuries is not required.

- C.1 Record if the inmate had bruises or scratches to any of the following areas. Check all that apply. If no bruises or scratches were observed on these areas of the body, check "None of the above".
 - Throat
 - Wrists
 - Ankles
 - Shoulders
 - Trunk
- C.2 Record if the inmate had any of the following injuries. Check all that apply. If none of these injuries were observed, check "None of the above".
 - Defensive injuries to the arms, hands, or fingernails
 - Broken bone(s)
 - Bite wound(s)
 - At least one tooth recently chipped or knocked out
 - Bruises or cuts in or near the mouth

Part D. Behavioral Observations

This information is based on observations made during the medical examination; a separate examination by a mental health professional is not required. However, if additional sources of information are available for your use, such as mental health notes in a chart or a conversation with a mental health professional that may have recently seen the inmate, it is recommended to complete this section using all possible resources.

- D.1 **High levels of anxiety** – Does the inmate appear agitated or unusually upset during the examination? This may include fidgeting, crying, appearing to startle easily, trembling, or a report of having trouble sleeping.
- D.2 **Emotionally withdrawn** – Does the inmate appear detached from others or in a daze? Does the inmate have a difficulty concentrating/attending to the examination? Does the inmate appear lost in his own thoughts?
- D.3 **Extreme emotional reactions at suggestion of sexual assault** – If the inmate did not make an allegation of sexual violence, does the inmate react with extreme anger or sadness at the suggestion of victimization? The provider should not change his or her routine practice regarding discussions of sexual assault with inmates.
- Record “Don’t Know” if the inmate did not make an allegation of sexual violence and sexual violence was not suggested.
- D.4 **Story/report not matching the physical signs** – If the inmate does not make an allegation of sexual violence but has one of the five diagnoses in part A or you have a suspicion of sexual violence, does his explanation of why he is injured seem plausible? Does the inmate avoid discussing or thinking about the assault?

Part E. Referral

Record if the treating clinician made a recommendation for any of the following items. A YES response should be made even if the inmate refuses the referral.

- E.1 **HIV/STD testing** – Did the treating clinician recommend the inmate be tested for HIV, syphilis, gonorrhea, Chlamydia, hepatitis B, or other sexually transmitted diseases as a follow up to this evaluation?
- E.2 **Referral to Mental Health** – Did the treating clinician refer the inmate for a mental health examination?
- E.3 **Referral to other clinician** – Did the treating clinician refer the inmate to be seen by another clinician?
- E.4 **Segregation, protective custody, or transfer recommended** – Did the treating clinician recommend to the security staff that the inmate’s housing status change?
- E.5 **Incident report initiated** – Did the treating clinician recommend that an incident report be initiated?

Comments

Record any additional relevant information. Include any comments that would provide a more detailed portrayal of the circumstances surrounding the injuries/allegation.

Part F. Visit information

Please respond to all items in Part F.

- F.1 Check ONE box indicating the level of training of the treating clinician. If not listed, check 'Other' and respond in the blank space provided.
- F.2 Check ONE box indicating the method with which the inmate came in contact with provider. If not listed, check 'Other' and respond in the blank space provided.
- F.3 Record whether or not the inmate has been seen in the past 30 days for this incident/injury.
- If the inmate has been seen in the past 30 days, record the date of the most recent visit.

DEFINITIONS

In 2004, BJS developed uniform definitions of sexual violence. These definitions were used in all previous PREA data collections.

The categories of inmate-on-inmate SEXUAL VIOLENCE are:

NONCONSENSUAL SEXUAL ACTS:

Contact of any person without his or her consent, or of a person who is unable to consent or refuse;

AND

- Contact between the penis and the vagina or the penis and the anus including penetration, however slight;

OR

- Contact between the mouth and the penis, vagina, or anus;

OR

- Penetration of the anal or genital opening of another person by a hand, finger, or other object.

ABUSIVE SEXUAL CONTACTS:

Contact of any person without his or her consent, or of a person who is unable to consent or refuse;

AND

- Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person.
- Incidents in which the intention is to sexually exploit (rather than to only harm or debilitate).

STAFF SEXUAL MISCONDUCT:

Any behavior or act of a sexual nature directed toward an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude inmate family, friends, or other visitors). Sexual relationships of a romantic nature between staff and inmates are included in this definition.

Consensual or nonconsensual sexual acts including:

- Intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, arouse, or gratify sexual desire;

OR

- Completed, attempted, threatened, or requested sexual acts;

OR

- Occurrences of indecent exposure, invasion of privacy, or staff voyeurism for sexual gratification.

CDC POINTS OF CONTACT

Katie Salo, MPH
Project Coordinator
(404) 639-6110
hgi2@cdc.gov

Alexandra Balaji, PhD
Project Officer
(404) 639-4336
dvi7@cdc.gov