

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 8/28/2019	NUMBER: G-57.1  Page 1 of 3
	Replaces: 3/8/2018	
	Formulated: 8/87 Reviewed: 10/2021	
<b>SEXUAL ASSAULT/SEXUAL ABUSE</b>		

**PURPOSE:** To establish guidelines for the management of inmates with sexual assault/abuse or alleged sexual assault/abuse.

**DEFINITION:** Sexual assault is defined as outlined in the Texas Penal Code Chapter 22, Section 22.011 and includes forcing another person, by violence or threats of violence, to perform a sexual act or sexual assault with an object. This is to include any sexual act with a person not able to provide mutual consent due to disability, age, mental and/or physical incapacity.

Sexual abuse is forcing another person, by violence, threats of violence, or coercion, to perform a sexual act.

Medical practitioner means a health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A “qualified medical practitioner” refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

**POLICY:**

- I. All inmates who present with complaints of sexual assault/abuse will be immediately evaluated, examined and appropriately referred for required services. A brief history may be obtained by nursing staff. The facility physician/mid-level practitioner and ranking security officer are to be notified.

A physical examination should be performed in all cases of sexual assault, regardless of the length of time which may have elapsed between the time of the assault and the examination.

- II. If requested by TDCJ Office of Inspector General (OIG) and if the inmate/victim consents to a sexual assault examination, then the collection of evidence must follow local criminal justice guidelines. If it is determined that the assault took place more than 120 hours prior to the examination, use of the sexual assault evidence collection kit should be jointly discussed between the health care staff assigned to perform the sexual assault examination and the OIG investigator. However, the final decision as to whether or not to conduct the sexual assault exam rests with the OIG investigator. The inmate/victim may have a TDCJ approved representative present during the forensic exam.

- III. If a sexual assault kit is required, then the physical examination and collection of evidence are accomplished by a qualified medical practitioner (provider, Sexual Assault Nurse Examiner, or Sexual Assault Forensic Examiner) exactly according to instructions provided in the standard rape kit. (Available through the medical warehouse.) In the event a “qualified medical practitioner” is not

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 8/28/2019	NUMBER: G-57.1
	Replaces: 3/8/2018	
	Formulated: 8/87 Reviewed: 10/2021	Page 2 of 3
<b>SEXUAL ASSAULT/SEXUAL ABUSE</b>		

available at the facility where the inmate is assigned, the inmate will be taken to the nearest Hospital Emergency Department that has medical staff qualified to perform forensic medical exams. Regardless of the location of the exam, the kit with collected evidence must be claimed by a TDCJ Office of the Inspector General investigator for processing. Completed kits are not to be forwarded to regional laboratories.

- IV. Prophylactic treatment of venereal diseases (syphilis, gonorrhea) will be offered to the victim on the facility the inmate is currently housed. For HIV or Hepatitis B exposure, education and testing should be scheduled. When indicated, prophylactic medications will be offered. (See Correctional Managed Health Care Infection Control Manual Policy B-14.06).

Victim(s) of penile-vaginal sexual abuse shall be offered pregnancy tests. If negative, victim(s) shall sign a consent and be offered an emergency contraception pill (ECP). If positive, victim shall receive access to all lawful pregnancy-related medical services.

- V. If the incident occurs within 120 hours of reporting, the inmate will be seen by a mental health professional after a sexual assault medical exam is completed. If the report occurs after 120 hours, the inmate will be referred to and seen by a mental health professional within 10 business days. If the incident occurs at a time that a qualified mental health professional is not available, health care staff will follow standard after hour s-procedures for assessing the inmate for mental health status and consulting the on-call mental health provider.
- VI. All examinations and treatment provided by facility staff medical or mental health will be documented in the inmate's health record (HSM-1). Outside hospital records will be scanned into the medical record according to policy.
- VII. Treatment services associated with sexual assault/abuse or alleged sexual assault/abuse will not result in the application of the Health Services Fee to the victim.
- VIII. Reporting
- A. If an inmate who is less than 18 years of age reports previous sexual assault/abuse to health care staff, regardless of whether the incident occurred in a correctional setting or in the community, health care staff must report the incident to OIG. Patient consent is not required.
- B. If an inmate who is 18 years of age or older reports previous sexual assault/abuse to health care staff that occurred in a correctional setting, health care staff shall report such incidents to the warden or designee. The inmate shall be informed at the initiation of services that the practitioner has a duty to report all instances of sexual assault/abuse to the warden or designee without limitation of confidentiality.

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 8/28/2019	NUMBER: G-57.1
	Replaces: 3/8/2018	
	Formulated: 8/87 Reviewed: 10/2021	Page 3 of 3
<b>SEXUAL ASSAULT/SEXUAL ABUSE</b>		

- C. If an inmate who is 18 years of age or older reports previous sexual assault/abuse to health care staff that occurred in a community setting, health care staff may only report to OIG if the inmate provides consent.

Reference: HB 544 (2005)  
 Correctional Managed Health Care Infection Control Manual Policy B-14.06  
*Management of Inmate Bloodborne Exposures*  
 ACA Performance Standard and Expected Practice 5-6C 4406 Sexual Assault  
 Texas Penal Code Chapter 22. Assaultive Offenses Sec. 22.011 Sexual Assaults  
 Texas Code of Criminal Procedure Chapter 56 Rights of Crime Victims Subchapter A,  
 Article 56.06  
 A National Protocol for Sexual Assault Medical Forensic Examinations,  
 Adults/Adolescents (April 2013)  
 Texas Health and Safety Code Ann. § 323.005 Emergency Contraception  
 HB 2221 Sec. 323.0052 Emergency Service Relating to Emergency Contraception  
 Texas Family Code Section 261.001 and 261.101  
 28 CFR 115.21 Evidence Protocol and Forensic Medical Examinations, 115.53  
 Inmate Access to Outside Confidential Support Services, 115.61 Staff and  
 Agency Reporting Duties, 115.81 Medical and Mental Health Screenings; History  
 of Sexual Abuse, 115.82 Access to Emergency Medical and Mental Health  
 Services, and 115.83 Ongoing Medical and Mental Health Care for Sexual Abuse  
 Victims and Abusers