

### Sexual Abuse/Harassment Incident Review

The Facility Sexual Abuse Incident Review Team shall meet monthly and conduct a sexual abuse incident review at the conclusion of every facility or Inspector General sexual abuse investigation, including where the allegation has not been substantiated. The review shall normally occur within 30 days of the conclusion of the investigation (PREA 115.86; 115.286)

Date of Review: \_\_\_\_\_ Facility: \_\_\_\_\_

IG Case #: \_\_\_\_\_  Unsubstantiated  Substantiated  Unfounded

#### **Type of Victimization:**

##### ***Inmate on Inmate:***

- Inmate on Inmate - Nonconsensual Sexual Acts
- Inmate on Inmate - Abusive Sexual Acts
- Inmate on Inmate - Sexual Harassment

##### ***Staff on Inmate:***

- Staff on Inmate - Staff Sexual Misconduct
- Staff on Inmate - Staff Sexual Harassment

#### **Review Team Members:**

Name:

Title:

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1. Was the area in the facility where the incident allegedly occurred assessed to determine whether physical barriers or blind spots in the area may have enabled abuse?

Yes       No       N/A

If yes, what barriers or blind spots were identified?

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2. Was the incident or allegation motivated by any of the following? *Check all that apply:*

Race     Ethnicity Gender Identity;    Lesbian    Gay    Bisexual    Transgender

Intersex Identification    Status    Perceived Status       Gang Affiliation

Motivated or otherwise caused by other group dynamics at the facility (please explain).

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3. Staffing levels in the area were assessed during different shifts and were found to be adequate?

Yes     No    N/A

If no, please explain:

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4. Should monitoring technology be deployed or augmented to supplement supervision by staff?

Yes     No    N/A

If yes, please explain:

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5. Does the committee review of the allegations or investigation indicate a need to change policy or practice to better prevent, detect, or respond to sexual abuse?

Yes     No    N/A

If yes, please indicate recommended changes to policy or practice:

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6. Facility Head Review:

I have reviewed the Sexual Abuse Incident review committee's recommendations and as a result the following changes or improvements will be implemented.

Please include timeframe for implementation and/or the date the recommendations were completed \_\_\_\_\_

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7. The following recommendations of the Sexual Abuse Incident review committee are not recommended for implementation or changes (please explain).

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8. The changes or recommendations for improvement listed were completed:

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Signature of Facility Head

\_\_\_\_\_  
Date

(R 05/23)

CC:  
Investigation File  
Affected Administrator of Institutions  
Agency PREA Coordinator