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, unless the allegation has been determined to be unfounded. 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:

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<th>Title:</th>
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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?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

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).
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

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:
   __________________________________________________________
   __________________________________________________________

4. Should monitoring technology be deployed or augmented to supplement supervision by staff?
   □ Yes □ No □ N/A
   If yes, please explain:
   __________________________________________________________
   __________________________________________________________

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:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

____________________________
Signature of Facility Head

____________________________
Date

CC:
Investigation File
Affected Administrator of Institutions
Agency PREA Coordinator

(R 12/21)