
II. PURPOSE: To prevent sexual abuse of inmates and residents under the jurisdiction of the Tennessee Department of Correction (TDOC).

III. APPLICATION: All TDOC staff, inmates, and privately managed institutions.

IV. DEFINITIONS:
   A. Employee: For the purpose of this policy, any full-time or part-time staff member, TRICOR employees, volunteer, vendor, intern, contractor, or employee of a contractor.
   B. Intersex: A condition usually present at birth that involves reproductive, genetic, or sexual anatomy that does not seem to fit the typical definitions of female or male.
   C. Need to know: A criterion for limiting access of certain sensitive information to individuals who require the information to make decisions or take action with regard to an inmate’s safety or treatment or to the investigative process.
   D. PREA Screening System Application: Computer application located on the TDOC intranet that is used to screen inmates upon intake and transfer for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.
   E. Transgender: A term describing persons whose gender identity and/or expression do not conform to the gender roles assigned to them at birth. Gender identity is determined by medical staff only.

V. POLICY: It is the policy of the TDOC to provide a safe, humane, and appropriately secure environment, free from threat of sexual abuse and sexual harassment for all inmates, by maintaining a program of prevention, detection, response, investigation, and tracking of all alleged and substantiated sexual assaults. TDOC has zero tolerance for incidences of sexual abuse and sexual harassment within its facilities.

VI. PROCEDURES: PREA screening of inmates shall be as outlined below. Housing, cell assignments, work, education and program assignments shall be made with a goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.
A. **Screening/Assessing Inmates at Diagnostic Centers:**

1. Classification teams or unit management teams from diagnostic classification units will interview and evaluate all inmates for sexually aggressive/victim tendencies utilizing the PREA Screening System Application located on the TDOC intranet within 72 hours of arrival. User security access to this system shall be requested by the Associate Warden of Treatment/Deputy Superintendent (Assistant Warden Programs at privately managed facilities) to the TDOC Statewide PREA Coordinator. Additional information shall be gathered utilizing the risk needs assessment. Any conflicting information with the TDOC Sexual Aggressor or Sexual Victim screening should be reported to and resolved by the Chief Counselor.

2. The medical staff shall review for a history of aggressive sexual behavior or sexual abuse/victimization, utilizing information from the county officials and the medical/behavioral health screening on the day of arrival.

3. Inmates arriving at diagnostic centers who will be excluded from a risk needs assessment in accordance with Policy #513.09 shall receive a PREA screening as any other inmate entering the TDOC system. Within 30 days, the inmate will be rescreened with the PREA screening instrument. Once an inmate has been transferred to his/her receiving institution, his/her PREA screening shall be rescreened. This may also be based upon any additional, relevant information received since the intake screening.

4. Inmates refusing to answer particular questions or not disclosing complete information shall not be disciplined. These questions include:
   
   a. Whether or not the inmate has a mental, physical, or developmental disability
   
   b. Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming
   
   c. Whether or not the inmate has previously experienced sexual victimization
   
   d. The inmate’s own perception of vulnerability

B. **Decisions concerning individual housing assignments and group activities for inmates who enter TDOC and are identified as Sexual Aggressors or Sexual Victims are the responsibility of the unit management team.** This information is strictly need-to-know and housing, cell assignments, work, education and program assignments shall be made with a goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually aggressive. If behavioral health intervention is indicated, a referral shall be made in accordance with Policy #113.82, utilizing Institutional Health Services Referral, CR-3431.

1. No inmate will be double celled (See Policy #506.14.1) until the required screening has been completed. Those inmates who are deemed sexual aggressors or sexual victims will be appropriately housed until assessed by behavioral health professionals or classification.
2. Inmates who enter TDOC and are identified as Sexual Aggressors or Sexual Victims on the PREA Screening System Application to the TDOC intranet may be considered for protective custody placement (See Policy #404.09) or placement in an institutional setting considered more controlled than general population. Clinical services shall be offered to those inmates. Clinical decisions regarding these inmates shall be the responsibility of the medical and behavioral health staff at the diagnostic center.

C. Referrals and Monitoring:

1. Any inmate identified as a Sexual Aggressor shall be monitored quarterly by the assigned counselor and documented on the offender management system (OMS) screen LIBC for a minimum of one calendar year and is to be re-evaluated at annual reclassification and a new PREA screening is to be conducted.

2. Inmates who enter TDOC as sex offenders or inmates identified as Sexual Aggressors will be advised of the sex offender treatment/programming eligibility requirements by the counseling or behavioral health staff involved in the diagnostic and classification process. Those eligibility criteria must be met to be able to enter this program.

3. Those inmates identified as victims shall be re-evaluated within 30 days by the behavioral health staff if placed in segregated/restrictive housing involuntarily. If extension is necessary, there shall be documentation of the basis for concern for inmate safety and reason for no alternative means of separation.

4. Inmates who have been separated from the general population shall be re-evaluated every 30 days to determine whether there is a continuing need for separation.

5. Inmates identified as transgender or intersex shall be considered on a case-by-case basis. (See Policy #113.37) These identified inmates shall be reclassified every six months by the assigned counselor to review any threats to safety experienced by the inmate.

D. Additional Screening/Assessing:

1. All inmates shall be screened, using the PREA Screening Application, upon arrival at a facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. This screening shall ordinarily take place with 72 hours of arrival at the facility.

2. Within 30 days of the inmate’s arrival at a facility, the facility will again screen, using the PREA Screening Application, reassessing the inmate for risk of victimization or abusiveness to include any additional relevant information received by the facility since the intake screening.

3. Inmates will be screened using the PREA Screening System Application located on the TDOC intranet for the following occurrences:
   a. Upon triggering events or referrals that occur based upon observation from staff.
   b. Upon each occurrence of a guilty finding for a disciplinary of a sexual nature.
c. Upon each substantiated finding of sexual abusiveness or sexual victimization.

d. During the offender’s annual recategorization process.

e. Upon an offender being housed at a facility longer than 24 hours, he/she shall be screened in accordance with Policy #502.06.1.

f. Upon return when an offender is away from his/her assigned facility for more than 24 hours, a new PREA screening shall be conducted in accordance with Policy #502.06.1.

Screenings shall be tracked on a PREA Intake Spreadsheet, CR-4202, and shall be reviewed within 48 hours by the Chief Counselor/designee at each facility to ensure that the initial PREA Screening has been completed. If the inmate has not had his/her initial assessment, the Chief Counselor will assign a counselor to conduct the assessment prior to the 72-hour time limit.

If upon an offender's initial meeting with his/her assigned Counselor it is discovered that the offender has not had his/her PREA reassessment screening, the assigned Counselor shall conduct the PREA reassessment screening and document the completion date on the PREA Intake Spreadsheet, CR-4202.

Individuals conducting the reviews shall initial the PREA Intake Spreadsheet, CR-4202, acknowledging that the information on the PREA Intake Spreadsheet is accurate. The PREA Intake Spreadsheet for the prior month shall be submitted by the 15th of each month to the TDOC PREA Coordinator and as part of the monthly PREA-free walk documentation that is submitted to Assistant Commissioner of Prisons.

4. An inmate’s risk level shall be rescreened when warranted due to a referral, request, incident of sexual abuse or sexual victimization, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness.

5. If behavioral health intervention is indicated, a referral shall be made in accordance with Policy #113.82 utilizing Institutional Health Services Referral, CR-3431.

6. Once an inmate is identified as a Sexual Aggressor or Sexual Victim at any time during his/her incarceration, the inmate shall be evaluated for appropriate housing and programs.

E. The PREA screening application is used to determine if an inmate is at risk of victimization shall, at a minimum, consist of the following criteria:

1. Whether the inmate has a mental, physical, or developmental disability

2. The age of the inmate (24 or younger or elderly, 60 or older)

3. The physical build of the inmate (5’5” and/or less than 150 pounds)

4. Whether the inmate has previously been incarcerated
5. Whether the inmate’s criminal history is exclusively non-violent

6. Whether the inmate has prior convictions for sex offenses against an adult or child

7. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming

8. Whether the inmate has previously experienced sexual victimization

9. The inmate’s own perception of vulnerability

10. Whether the inmate is detained solely for civil immigration purposes.

11. Whether the inmate is a former victim of institutional (prison or jail) sexual abuse

   If the answers to questions 1, 2, and 3 are yes, the inmate shall be scored at risk for victimization

   If the answer to questions 7 and 9 are yes, the inmate shall be scored at risk for victimization

   If the answer to question 8 is yes, the inmate shall be scored at risk for victimization

   If the answer to question 9 is yes, the inmate shall be scored at risk for victimization

   If the answer to question 11 is yes, the inmate shall be scored as a victim

   Any “YES” answer for E1, E6, E8, or E11 shall require a referral to behavioral health

F. The PREA Screening application to determine if an inmate is at risk of being abusive shall, at a minimum, consist of the following criteria:

1. Prior acts of sexual abuse

2. Prior acts of violent offenses

3. History of prior institutional violence

4. Prior history of institutional sexual abuse

   If the answer to 1 is yes, the inmates shall be scored at risk for abusiveness.

   If the answer to 4 is yes, the inmate shall be scored as an aggressor.

   Any “YES” answer for F1 or F4, shall require a referral to behavioral health

G. After completion of the Victim/Aggressor determination and annotating if the inmate had a risk needs assessment conducted, the screening system will offer an option to increase or lower the screening finding. Any increase or lowering of the screening finding requires justification and approval of the facility Chief Counselor and the Associate Warden/Assistant Warden/Deputy Superintendent.
H. Inmates with a physical or behavioral health issue that prohibits them from understanding the PREA screening application and process shall not be screened until the attending physician clears them for orientation. The assigned counselor shall document the inmate’s physical or behavioral health status on LCDG (Contact Notes) and again when the inmate does receive their screening.

VII. ACA STANDARDS: 5-ACI-1D-13, 5-ACI-3D-08 through 5-ACI-3D-16, 5-ACI-6A-32(M), and 5-ACI-6C-14.

VIII. EXPIRATION DATE: August 1, 2023.
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<th>Name</th>
<th>Date of Arrival</th>
<th>Reason</th>
<th>Initial Facility Screening Date</th>
<th>48 Hour Review of Initial Screening Completed By</th>
<th>Within 72 Hrs of Arrival Yes/No</th>
<th>15 Day Review for 30 Day Re-Screening Completed By</th>
<th>30 day Re-Screening Date</th>
<th>Within 30 Days of Screening Date (Yes/No)</th>
<th>Mental Health Referral Date (CR-3431)</th>
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PRINTED NAME: ___________________________ SIGNATURE: ___________________________ FORWARD TO TDOC PREA COORDINATOR

CR4202 DUPLEX AS NEEDED RDA PENDING
INSTITUTION

☐ MEDICAL ☐ DENTAL ☐ BEHAVIORAL HEALTH

INMATE: __________________________________________ TDOC ID: ____________________________

Last     First     Middle

PRESENTING PROBLEMS: ________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

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_________________________________________________________________________________

REferred BY: ___________________________ Signature/Title __________________ Date __________ Time __________

SEND REFERRAL FORM TO INSTITUTIONAL HEALTH COORDINATOR

☐ Behavioral Health ☐ Medical ☐ Dental

RECEIVED BY: ___________________________ Signature/Professional Title __________________ Date __________ Time __________

REFERRAL DISPOSITION (Course of Action):

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

DATE: ___________ TIME: ___________

________________________________________ Signature/Professional Title