

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Clinical Practice Guidelines

POLICY # CP-18

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SUBJECT: Sexual Abuse

EFFECTIVE DATE: February 2012
SUPERCEDES DATE December 2006

PURPOSE

To provide standardized clinical guidelines for the assessment of inmates who allege sexual abuse and provide appropriate services.

Note: **This protocol is not intended to be applicable to every clinical situation which practitioners may encounter and is not meant as a substitute for individual judgment and professional expertise.**

POLICY

It is the policy of the Division of Prisons to provide to all inmates who allege sexual abuse a prompt medical evaluation and to offer a referral to Mental Health Services.

DEFINITIONS

Recent sexual abuse: anal or vaginal abuse which has occurred within the past 72 hours;

PROCEDURE

- I. When an inmate reports or is suspected of being the victim of recent sexual abuse:
 - A. He/she will be treated as an emergency patient and will be examined by the Division of Prisons physician, if on-site. If no physician is on site, the nurse will perform a visual external exam for obvious life threatening injuries requiring immediate attention. If such injuries are seen, the nurse shall administer first aid then call 911. If such injuries are not seen, the nurse shall refer the inmate to the local ER. **Under no circumstances are forensic specimens to be collected at the institution.** The nurse's exam will be documented in the medical record.
 - B. The inmate will be advised not to shower or bathe. If the abuse is oral, the individual should be advised not to drink or brush their teeth and to avoid all oral hygiene, which may interfere with the collection of forensic information. If the abuse is anal, note whether the inmate has had a bowel movement. The inmate may change clothes to accommodate security transport requirements, but the clothing worn during the abuse should be transported with them to the Emergency Department for forensic examination.
 - C. If the Division of Prisons physician is on-site, the physician will perform an external examination for obvious trauma (i.e. scratches, bruises, bleeding tears, or other injuries). The physical exam will be documented in the medical record. The physician will note the type and description of the abuse as reported by the inmate.
 - D. The Officer-in-Charge will be notified of the alleged abuse immediately. An Incident Report will be forwarded to the Officer-in-Charge and it will be the responsibility of Custody to initiate an investigation.
 - E. The inmate will be transported to the local Emergency Department (ED) for examination, treatment, prophylactic treatment and counseling. Lab specimens will be collected for forensic purpose at that time.
 - F. Upon return to the institution, a registered nurse will evaluate and document the inmate's health status and review and follow-up with treatment rendered. The inmate will be offered a referral for mental health crisis intervention. Appropriate mental health follow-up will be provided (i.e. inpatient admission and/or Self Injurious Behavior Precautions, if needed).
 - G. The inmate will be scheduled for the next Sick Call at which time the following tests will be ordered:
 1. RPR (serology for syphilis) initially, then repeat in 3 months.
 2. GC and Chlamydia testing initially, then repeat in 3 months.

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3. HIV, HBV, and HCV testing initially, then repeat in 3 months for 1 year following the alleged sexual abuse. (follow HIV testing protocols)
 4. Females <65 years old only: pregnancy test 3 weeks after an alleged vaginal abuse by a man.
- II. When alleged sexual abuse is reported more than 72 hours after vaginal or anal abuse or more than 24 hours after oral abuse:
- A. The Division of Prisons physician will perform a medical examination to include:
 1. The presence or absence of physical trauma.
 2. Offer of a referral to Mental Health services for evaluation and counseling.
 3. HIV, HBV, and HCV counseling and testing will be initiated, and then repeated every 3 months for 1 year. The HIV Nurse Clinician assigned to facility will be available to assist with counseling and testing.
 4. An RPR will be done. The institutional physician will order repeat testing in 3 months if indicated.
 5. GC and Chlamydia testing will be done and treatment provided if the test results are positive.
 6. Females <65 years old only: pregnancy test if vaginal abuse alleged.
 - B. If no physician is present at the unit, but a registered nurse is present, the nurse shall contact the Division of Prisons physician assigned to the unit and the physician shall advise the nurse as to scheduling the inmate for a medical evaluation. If neither a physician nor a registered nurse is present, the unit staff shall follow the procedure outlined for urgent inmate complaints in the Telephone Triage policy.
 - C. The Officer-in-Charge will be immediately notified of the alleged abuse. An Incident Report will be forwarded to the Officer in Charge and it will be the responsibility of Custody to initiate an investigation of the alleged abuse.
- III. When an inmate is reported to be the perpetrator in an alleged sexual abuse case:
- A. He/She will be counseled by the facility provider/nurse relative to risk for possible exposure to sexually transmitted diseases.
 - B. Testing for the following and counseling will be offered:
 1. GC and Chlamydia
 2. HIV, HBV, HCV-repeat counseling and testing every 3 months for a year.
 3. RPR- if test done repeat in 3 months.
 4. Pregnancy test if less than 60 years old and vaginal abuse alleged.
- IV. In some cases when a rape is reported, the inmate who describes himself or herself as the victim may be the perpetrator and the accused assailant may be the victim. Whenever it is believed that this may be true, victim and perpetrator will be treated as though both were the victim of a rape.
- V. Whenever an inmate reports being the victim of a sexual abuse, the nurse and provider will document the report in the victim's medical record.
- VI. The Medical staff will be required to provide necessary information to the assigned PREA Investigator for the purposes of documenting any injuries.

Paula Y. Smith, M.D.

2/28/12

Paula Y. Smith, M.D., Chief of Health Services

Date

SOR: Chief of Health Services

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