

SECTION - MEDICAL/NURSING SERVICE
ADMINISTRATIVE DIRECTIVE NO. 510
(Replaces A.D. No. 510 dated 4/13/06)

Effective Date: May 10, 2007

SUBJECT: PERSONAL RELATIONSHIPS AND SEXUALITY

I. PURPOSE

To provide guidelines regarding the hospital's position on the appropriate expression of sexual behavior for Individuals being served at Coalinga State Hospital (CSH). To clarify roles and responsibilities of staff relative to the forensic evaluation of possible adult dependent abuse or criminal activity. To the medical, psychological and environmental factors associated with prevention, and in turn, reducing harm to the victims.

II. AUTHORITY

California Penal Code Sections 286, 288 (a), 289.6, 314, 370 and 647; Public Health Policy; and the Administrative Policy.

III. POLICY

A. It is the policy of the hospital to:

1. Support recovery and to validate healthy relationships which will meet the needs of each Individual and serve him well when he leaves the hospital.
2. Enable the Individuals we serve to distinguish between behaviors that are inappropriate or harmful and those that are healthy and life affirming. The hospital will place reasonable limits upon all behaviors including: sexual behaviors (in accordance with public community standards), State of California Laws, Public Health Policy, administrative rules, safety requirements of institutional living, and the California Department of Corrections and Rehabilitation (CDCR).
3. Prevent any sexual act that is prohibited by California Penal Code or prohibited by CSH policy.

B. This policy is established with the recognition that:

1. Sexual expression and intimacy are fundamental human needs. These key needs are experienced and expressed in a very broad spectrum of behavior, varying from one culture to another, changing over time, and throughout the life of each Individual.

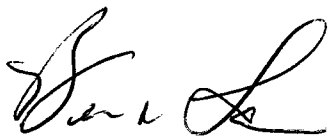
2. Hospital staff and the Individuals we serve come from a wide variety of ethnic and cultural backgrounds. Individual sexual orientation, values, and attitudes are to be recognized, understood, and respected. Treatment issues regarding appropriate sexual expression are to be approached with respect and thoughtful consideration.
 3. Contemporary understanding indicates that the qualities and characteristics of opposite-sex relationships and of same-sex relationships are essentially similar. Both include the entire range of human experience from health to severe pathology.
 4. The physical and public health constraints of institutional living and the safety requirements in a maximum security setting necessarily place limits on the opportunity the Individuals being served have to engage in sexual activity while in the hospital.
 5. Hospital staff is responsible for assisting the men we serve to maintain appropriate boundaries relative to Individual-to-Individual relationships, as well as staff-to-Individual relationships. Appropriate staff-Individual relationships are described in the Therapeutic Rules education tool and are reviewed with each Individual upon admission, and as needed thereafter.
- C. The following behaviors and activities are prohibited at CSH:
1. Sexual or affectional involvement with staff: Dual relationships between staff and Individuals, including those of a sexual nature, are expressly prohibited. Sexual activity between staff and Individuals is prohibited by hospital policy and California law.
 2. Acts of sodomy and/or oral copulation are illegal for dually committed PC 2684 Individuals while confined in any state prison, local detention facility, or facility providing care by contract with CDCR.
 3. Any sexual activity is illegal when it is against a person's will, or when a person, because of a mental disorder or developmental disability, is incapable of giving legal consent. In a maximum security Forensic hospital all sexual activity between the men in recovery shall be investigated for potential abuse incidents.
 4. All sexual activity which may result in transmitting a venereal disease or other potentially fatal diseases such as hepatitis or HIV is prohibited.
 5. Predatory Behavior: All intentionally threatening or intimidating sexual activity in order to seduce or rape another person is prohibited.
 6. Bartering Behavior: Seeking sexual gratification or other advantages by voluntarily becoming involved sexually with one or more persons is prohibited.

7. Provocative Behavior: Behavior designed to be erotically stimulating, teasing, frustrating, or threatening to others is prohibited.
 8. Violent Behavior: Sexual activity that involves coercion, force, or violence is illegal.
- D. While it is impossible to list and codify every behavior that may be of a sexual nature, the following are guidelines to help staff determine the appropriate course of action to take in various situations.
1. Private: Individuals served at CSH are entitled to privacy. An Individual is allowed to engage in private, discrete autoerotic sexual activity that does not contravene the definitions in Section III and that is not harmful to themselves or others.
 2. Public: Most life in this hospital is, of necessity, conducted in public. While there are no universally acceptable standards for public expression of friendship, intimacy, or sexuality, the general standards which should be applied are those laws and community standards that govern lewd and lascivious behavior in public and behaviors that would reasonably be tolerated in a shared-living situation in the community.
 3. Appropriate Visiting Room Behavior: Conjugal visits are not permitted at CSH. Security requirements necessarily place limits on the extent of physical contact permitted between the men of CSH and their visitors. Any sexual or affectionate behavior beyond community standards for displays of affection in public places are prohibited in the CSH visiting room.

IV. METHOD

- A. Upon admission and as necessary, the Individual will be informed of the Therapeutic Rules and the rules governing relationships with the other Individuals in the hospital, including sexual contact.
- B. In most cases, problematic sexual behaviors should first be reported to the Individual's Wellness and Recovery team and shall include documentation relative to the incident and the Individual's response and steps to be taken to reduce harm.
- C. A Special Incident Report (SIR) shall be completed any time Individuals are found to be engaged in sexual activity. The incident reporting system shall be followed including notifications to the physician, the CNS, HSS/NOD, program management and Standards Compliance.
- D. The physician/PMOC shall be notified and shall conduct and document an appropriate (physical and/or) forensic exam as indicated.
- E. The psychiatrist/PMOC shall be notified and shall conduct an assessment including indications for psychological evaluation and care.

- F. Behavior that is, or may be, of a criminal nature shall immediately be reported to Department of Police Services (DPS) including preservation of the potential crime scene and physical forensic evidence. Any sexual behavior that is suspected to be abusive to one Individual by another shall be reported to the Senior Special Investigator (SSI) using form SOC 341 Report of Suspected Dependent Adult/Elder Abuse.
- G. When an Individual at CSH is (or thought to be) the victim of a sexual assault, the incident will be managed and reported as any other adult dependent abuse. An incident of Dependent Adult Abuse shall be reported in SOC 341 and identified by Trigger 3.1 Alleged Abuse/Neglect/Exploitation which requires a mini team. The mini team shall address all aspects of the situation relative to the Individual(s) involved includes: harm reduction; psychological/medical assessment and treatment; trauma history; prevention; and matters relative to restoration of a safe environment for the victim (e.g., moving the perpetrator, placement in special observation, etc.) secondary to trigger Department of Health Services (DHS) and headquarters being notified. Other pertinent notifications shall be made to the family, conservator, Chaplin, victim advocate, etc.
- H. Because all Individuals in our facility are considered dependent adults, any sexual activity reported to be "consensual" by the participants shall be carefully assessed relative to the degree of coercion that may have been associated with the incident. All environmental factors thought to contribute to the incident shall be addressed such that the Individual is restored to a safe therapeutic milieu. Violations of law or hospital policy will result in appropriate clinical, administrative and legal interventions, reports, documentation, and counseling.
- I. Applicable standards of confidentiality will be maintained at all times.
- J. Public health issues will be addressed in the context of the overall Wellness and Recovery Plan (WRP) care and in compliance with infection control procedures and critical exposure as indicated.
- K. Any concerns regarding inappropriate sexual interactions with staff and the Individuals we serve, shall be reported through the appropriate channels as outlined in A.D. No. 150.



BEN MCLAIN
Executive Director (Acting)

Cross Reference(s):

A.D. No. 150 Relationship Security: Safe Therapeutic Interactions

A.D. No. 508 Infection Control Program

A.D. No. 976 Duty to Warn, Inform, & Report Abuse and Serious Threats