

Oregon Juvenile Detention

PREA RESIDENT INTAKE & COMPREHENSIVE EDUCATION PROTOCOL

This guide includes tips on developing a resident education program on preventing and responding to sexual abuse in youth facilities. Materials contained in the guide include educational materials such as posters, pamphlets, and pocket cards; and orientation/intake and comprehensive education scripts and curricula. The tools can be used to create and customize a resident education program to fit each facility's needs.

I. Introduction

Resident education programs inform youth about facility policies and procedures intended to keep them safe. Such education programs have an added benefit of playing a pivotal role in transforming the culture of a facility. Sexual violence thrives in facilities that have a “code of silence” and where residents do not feel safe reporting abuse. A comprehensive resident education program helps to create a culture where youth feel safe and empowered to speak openly and where staff respond appropriately to reports of sexual abuse and sexual harassment. Facilities with strong resident education programs are more likely to be free of sexual abuse and sexual harassment than those without. Staff and administration work hard to create safe environments. For those efforts to be sustainable, residents must understand the policies and procedures that are in place to safeguard their well-being, and must trust that staff will abide by those policies and procedures consistently.

II. PREA Standards on Youth Education

A. Intake Education

§ 115.333 Resident Education

(a) During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The national PREA standards, released by the U.S. Department of Justice in May 2012, lay out steps for juvenile detention officials to take to protect the people in their custody, eliminate sexual abuse and sexual harassment, and respond effectively when abuse does occur. Recognizing the crucial role of resident education, the standards mandate that juvenile detention facilities develop programs to teach residents about their rights and how to stay safe.

Residents are at their most vulnerable during the early stages of incarceration. Studies show that a significant percentage of sexual abuse in detention occurs during the victim's first 48 hours in custody¹. New arrivals to juvenile detention may be confused about facility rules, worried about what might happen to them in detention, distrustful of authority figures, or reeling from a recent

¹Bureau of Justice Statistics, “Sexual Victimization Reported by Former State Prisoners, 2008,” May 12, 2012.

traumatic event. Because of the risks facing new residents, the PREA juvenile detention standards require agencies to give residents information during the intake process about their policies to prevent and respond to sexual abuse and sexual harassment. The beginning stage of a youth's time in detention is a critical moment, and effective PREA resident education programs can ensure that youth have a better chance at staying safe and knowing how to get help.

Comprehensive Education

§ 115.333 Resident Education

(b) Within 10 days of intake and that the program must cover resident's rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

(c) Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.

The comprehensive education program covers the same basic topics as the intake program — information about the residents' right to be free of sexual abuse and sexual harassment, the agency's zero-tolerance policy, and how to report abuse — but it should give more detail on agency policies. The comprehensive program should also aim to build a culture that encourages reporting and respects every person's dignity. Comprehensive education must take place within ten days of intake, giving youth information they need to use the programs and protocols that are in place to keep them safe and enable them to get help if abuse occurs.

B. Availability of Key Resident Education Information

§ 115.333 Resident Education

(f) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

In addition to providing intake and comprehensive resident education, the agency must make key information available to residents at all times. Posters, handbooks, brochures, reminders during unit meetings, and notes on resident bulletin boards are all ways that important information can be provided to youth about their rights and how to get help. No matter how thoroughly such information is covered in resident education, residents are likely to forget key points — especially in the aftermath of a sexual assault. The presence of such materials in facilities also serves to reinforce a culture of zero tolerance for sexual abuse and sexual harassment.

Samples of materials are available here:

Posters

[Making Something Out of Nothing](#)

[You Deserve to be Safe](#)

[End the Silence](#)

Brochures

[Marion County \(English\)](#)

[Marion County \(Spanish\)](#)

[Jackson County](#)

[Template for Youth Safety Guide Brochure](#)

In addition to posters and brochures, facilities can share information via kiosks or televisions and recorded messages on the phone or public address system, Facilities can also create pocket cards for staff and residents that detail how to report abuse.

Pocket cards

[New York City pamphlet \(English\)](#)

[New York City Pamphlet \(Spanish\)](#)

Education Accessibility

§ 115.333 Resident Education

(d) The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

The agency must make sure that all residents have the ability to benefit from and participate in its PREA education programs. Making programs accessible means taking into account the particular needs of residents with disabilities, as well as those with limited English or low literacy.

Agencies must make the information presented during resident education programs easy to understand for as many people as possible. While facilities cannot plan for every circumstance, they can plan for most. Common practice is to create materials at the third grade reading level and to reinforce important points in even simpler language.

An accessibility plan should include information presented in a variety of formats, including written materials, in-person group and individual instruction, video, posters, and brochures.

For limited English proficient residents:

- Develop materials in English and the two additional languages most common to youth and families in the area of the facility.
- Recruit peer and staff educators who are fluent in relevant languages.
- Make sure staff are familiar with telephone language lines and other interpreter services.

For Deaf and hard of hearing residents:

- Have written information that covers the same content that is presented in classes or videos.
- Close caption any videos.
- Recruit peer and staff educators who are fluent in American Sign Language/
- Become familiar with TTY and relay lines.

For blind and visually impaired residents:

- Have written materials available in Braille and large print.
- Make sure that information shared verbally or via videos is as complete and easy to understand as any written information.
- Verbally review refresher information that is on posters and brochures during unit meetings.

For residents with developmental, cognitive, and speech and language disabilities:

- Use simple, plain language.
- Avoid jargon, especially during intake when people might not yet be familiar with terms particular to the facility.
- Allow ample time for residents to ask questions, and provide regular reminders of key information.
- Provide a handout covering the basic concepts in just a few bullet points, such as:
 - If a person touches you in a way that you do not like, you can tell a staff member.
 - If a person touches you in a way that you do not like, you can call [XXX-XXX-XXXX] to talk to someone who can help you.

III. Customizing Your Program

In customizing a resident education program, consider resident population needs and demographics, as well as staff skills and training. The PREA standards require that information be provided at intake and within 10 days of arrival. Identify the average residential stay. If a vast majority of your residents leave within a week, then you will have a tighter timeline. If most of your residents are in your facility for a year or more, you can have a more relaxed timeline. Depending on the population in your facility, you may consider creating a series of classes so that long-term residents are not attending the same class multiple times, and so they are updated

on new information. Keep in mind that these residents may be excellent candidates for a resident peer education program.

In addition to length of stay, you should consider the number of residents entering your facility on a weekly basis. If your facility generally takes in one or two residents at a time, individual instruction will probably make the most sense for intake. If you have a larger facility and there are regularly five or more new residents at one time, group education might make the most sense.

Consider that your facility may be able to incorporate the PREA standards' education requirements into your current programming schedule or even existing classes and workshops. Depending on your programming, you may have to divide the comprehensive education into a series of courses.

A. The Resident Population

Juvenile detention facilities' populations often change quickly over a very short period of time. However, some demographics remain relatively consistent. Identify these patterns and assess the following: resident age range, education level, disability, past trauma, gender, and primary language. Create your programs with these patterns in mind. For example, if a large portion of your population has limited English proficiency or significant learning disabilities, you may consider smaller groups or one-on-one comprehensive education courses. If you have many residents who stay in your facility for longer periods of time, determine if they have the capacity to become resident peer educators or to co-facilitate resident education classes with staff.

B. Staff Needs and Skills

Identify the staff members who are interested in becoming resident educators and those who can provide supervision. You may identify potential educators among staff and resident trainers, custody staff, case managers, mental health staff, non-custody staff, or facility volunteers. Consider the potential educators' comfort level in talking about sexual abuse, sexual harassment, and developmentally appropriate sexual exploration, as well as their education and comfort level in effective communication with LGBTI youth. Remember to take into account the need to maintain proscribed staff to resident ratios. Delegate staff leadership positions to those who have strong communication skills and an established rapport with a majority of the residents.

Understanding the factors discussed above will help you identify which resident educational model best fits your facility.

IV. Resident Education Models

There are two basic models for providing comprehensive resident education: the staff education model and the peer education model. Both models may include video portions, combined with facilitated discussion. Staff and peer models each have their own advantages that you will want to consider as you determine what is best for your facility. Ultimately, a model that offers consistency, sustainability, and richness of content is the best one. What that looks like may vary from facility to facility, and is most often a combination of staff-led and peer-led presentations, video, and written materials.

A. Staff Education Model

The staff education model sends the message that staff are committed to a facility free from sexual abuse and harassment. It also creates easily identifiable contact people and builds staff expertise.

If you decide to implement this model, you will need to identify a resident education coordinator. It will be the coordinator's duty to recruit, interview, train, and supervise staff educators; develop the curriculum and other materials; and provide ongoing support, information, and materials to staff educators, as needed. The coordinator's duties align closely with the facility PREA Coordinator or PREA Compliance Manager, who may be best suited to coordinate resident education efforts.

The staff educators will have several duties. They will facilitate resident orientation and comprehensive education, follow up with concerns as needed, and ensure the education program is accessible to all residents.

B. Peer Education Model

The peer education model builds positive resident leaders. It can be a good option for facilities that already use peer education models for mental health support and life skills groups.

There are several additional benefits to the peer education model. One is that residents are often more receptive to receiving sensitive information from their peers rather than staff. Peer educators may be more effective in delivering classes that are culturally and linguistically accessible. Peer education also provides additional avenues for residents to follow up and can build residents' trust in sexual abuse policies and practices. In addition, this model is much more insulated from budget cuts than the staff education model.

To be successful, it is critical that peer education programs have a staff coordinator. Like the staff education model, the coordinator's duties are to: recruit, interview, train, and supervise peer educators; develop curriculum and other materials; and provide ongoing support, information, and materials to peer educators as needed.

Consider building incentives into the peer education model to encourage participation and demonstrate that staff value the program. For example, you may be able to incorporate the program into your point/reward/consequence system or provide peer educators with academic credits for participation. If you have work programs, consider making Peer Educator a paid position.

C. Content

At a minimum, the PREA standards require facilities to provide basic information about the agency's zero tolerance policy, reporting procedures, and each resident's right to be free from abuse — as well as any retaliation after reporting abuse. In addition, it is best practice to include information on the dynamics of sexual abuse and the agency's philosophy about keeping youth safe. Below you will find examples of content, curriculum, and materials to use in developing an effective education program for your facility.

A. Intake Resident Education

There are a number of points that should be incorporated into your resident intake/orientation education curriculum. You may use the sample language below.

- Sexual abuse is against the law, period.
- Everyone has the right to be free from sexual abuse and sexual harassment, and a resident does not lose this right when they enter this facility.
- This facility does not tolerate any behavior that makes a resident feel unsafe.
- Any resident who reports abuse or harassment will be protected.
- Each incident or report of sexual abuse or sexual harassment will be investigated.
- Anyone who is abusive will be held accountable.
- Residents who are sexually abused or sexually harassed can get help, including free medical and mental health services and support from a rape crisis center.
- Residents can get help even if they do not report the abuse or name the abuser(s).
- Residents have a right to be safe while they are here and the staff are committed to safety.
- Residents have a whole team of people who care about their safety.
- Staff is completely committed to keeping residents and their peers safe while they are here.

Below are samples scripts and other materials that can be incorporated into a resident education program provided at intake.

- [Oregon Youth Orientation Video](#)
- [Orientation Video Script](#)
- [Intake Orientation Education Post Test](#)

B. Comprehensive Resident Education

Your facility may decide to adopt this five-part series of one-hour workshops for use in its comprehensive resident education program. Each workshop affirms the agency's zero tolerance policy and reporting methods, and includes relevant definitions and a short interactive activity. In addition to including the required topics of sexual harassment and sexual abuse, the series addresses topics including other types of bullying, healthy boundaries, and how residents can work together to create safe facilities.

- [Module 1 Bullying PowerPoint](#)
- [Module 2 Healthy Boundaries PowerPoint](#)
- [Module 3 Sexual Harassment PowerPoint](#)
- [Module 4 Sexual Abuse PowerPoint](#)
- [Module 5 Bystander Intervention PowerPoint](#)
- [Module 1 Bullying Script](#)
- [Module 2 Healthy Boundaries Script](#)
- [Module 3 Sexual Harassment Script](#)
- [Module 4 Sexual Abuse Script](#)
- [Module 5 Bystander Intervention Script](#)

- [Module 1 Youth Comprehensive Education Post Test](#)
- [Module 2 Youth Comprehensive Education Post Test](#)
- [Module 3 youth Comprehensive Education Post Test](#)
- [Module 4 Youth Comprehensive Education Post Test](#)
- [Module 5 Youth Comprehensive Education Post Test](#)

When presented as a full series, the workshops are designed to be facilitated by any staff member. If however, your facility chooses to use only the two modules addressing sexual harassment and sexual abuse, it is highly recommended that your facility appoint facilitators with particular skills and experience in delivering this type of material.

C. Crafting Curriculum and Materials

Your facility may decide to develop its own curriculum and materials to satisfy the the intake and comprehensive education standards. Below you will find examples of suggested content and language that you may find helpful.

1. Zero Tolerance

§ 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.

(a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

PREA standards require all detention facilities to have a written zero-tolerance policy.

The foundation of your education program is your agency's policy of zero tolerance of sexual abuse and sexual harassment. Review the policy with residents, along with the facility's mission and values, the multiple avenues of reporting abuse and harassment, and the services and programs available to residents. Explain that "zero tolerance" applies to sexual abuse and sexual harassment committed by residents as well as by staff. It should be clear that reporting sexual abuse and harassment is a viable, safe option for residents.

As part of this discussion, you can highlight that the elements of a safe place for youth include respectful language, adult intervention in harassment, assistance with conflict resolution, effective communication around sexual orientation and gender development, and age appropriate

language and materials. Explain that at your facility, zero tolerance means that staff will step in every single time they see or hear about sexual abuse, and that staff are committed to ensuring that every person is treated with respect. In addition, you should inform residents that zero tolerance also means that people who are sexually abused will get help and support. Facilities that do not have an agreement with a rape crisis center should inform residents about the other ways to access crisis intervention and advocacy services.

2. Understanding Sexual Abuse

Explain the definition of sexual abuse and sexual harassment. Start from the PREA standards and definitions, making them accessible to the residents by using clear, simple language. Define the range of behaviors that constitute sexual abuse and sexual harassment. Use examples that are age appropriate and relevant to your facility. Remember that many youth who experienced abuse prior to entering your facility may not realize that what has happened to them is considered to be abusive. Youth with histories of abuse may have come to believe that it is just part of life, or that no one can help them. Many youth may be afraid that staff will not believe them, or that the abuse is just horseplay or teasing that they should be able to tolerate. You may be the first person to tell young people in your facility that they have the right to be free from abuse. It is important to emphasize, therefore, that no one deserves to be abused and that youth who report abuse in your facility will be taken seriously and treated with respect.

You may use consider using the sample language below.

Abusers may trick or pressure someone with threats of violence. If you tell someone to leave you alone or to back off, and they do not, that is a clear warning sign. It is not, however, always that obvious. Sexual abuse is not always a violent attack. Gifts, loans, and gambling debts can also put you in a position where you owe something you cannot pay.

How else might an abusive person try to trick someone into a dangerous situation?

- Offering you protection from other residents
- Pressuring you to join in on rule breaking
- Offering you drugs, alcohol, cigarettes, or other contraband
- Attempting to jump you or dice you into a gang
- Offering you favors that you did not ask for
- Threatening or blackmailing you

If a staff member breaks the rules for you, that person is not doing you a favor. If they are risking their job, they likely have something else to gain. What other staff behaviors might be red flags?

- Bringing drugs, alcohol, cigarettes, cell phones, food, magazines or other contraband into the facility
- Telling you about their personal life outside of work
- Giving you pictures of themselves or writing you letters
- Treating you as special and/or favorite
- Contacting you when they are not on shift
- Offering to bend or break the rules
- Staring at your body in ways that are not a part of their job

- Separating you from the other residents or taking you into areas where it may be hard to be seen by other staff and residents or where you would have trouble getting help if you needed it
- Always requesting to work with you
- Using sexual language or making sexual jokes
- Asking about your sex life

3. How to Get Help

Following an incident of sexual abuse, many victims have difficulty making decisions and performing basic tasks. Residents who have been sexually abused are likely to be confused and afraid about their next steps. They may be in need of urgent medical care. By providing clear information on how to report safely, facility staff can increase the chances that residents who are victimized will get the help they need.

Here is sample intake/orientation language about how to ask for help:

After you report sexual abuse or sexual harassment, this facility will take steps to protect you from the abuser trying to get revenge or get back at you. That means we will check in with you about being threatened, abused, or harassed after you make a report. We will take steps to make sure you are safe, including [review retaliation policies and procedures specific to your facility].

- You have the right to free medical and mental health care if you have been sexually abused.
- You do not have to report the abuser's name to get help.
- You can get emotional support from a counselor from the local rape crisis agency.
- Remember that facility medical and mental health staff have to report abuse that happened in the facility.

4. What to Remember

Ultimately, these are the key points your program should aim to get across:

- Sexual abuse and sexual harassment are not tolerated. Residents have the right to report privately and safely.
- Sexual abuse is never the fault of the person who was abused. No matter what a person was doing or wearing or saying at the time of the abuse, even if that person was breaking a rule, we want to know about any abuse that happens and will take it seriously.
- Help is available from facility staff and community rape crisis counselors.
- Sexual activity between a staff member and a resident can never be consensual and is always against the law.
- All residents have the right to be protected from sexual abuse and sexual harassment.