

**Prison Rape Elimination Act (PREA)
Oregon Juvenile Detention**

**Instructor's Guide &
Training Curriculum**

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Introduction

The Moss Group, Inc. has prepared this training curriculum under funding from a grant provided by the National PREA Resource Center, which is operated through a cooperative agreement between the National Council on Crime and Delinquency and the United States Department of Justice, Bureau of Justice Assistance. This training was developed as part of an ongoing initiative on the part of Oregon Juvenile Detention facilities to incorporate the Prison Rape Elimination Act standards into employee training to implement PREA Standard 115.331.

Teaching Tips

Selecting Trainers

- Those in charge of selecting speakers for the training, might want to use the following criteria to ensure desired results:
 1. Content expertise
 2. Effectiveness as a speaker
 3. Diversity (race, gender, age, ideas)
 4. Credibility
 5. Availability
 6. Reliability
 7. Technologically competent with presentation technology (e.g., PowerPoint® slides)
 8. Someone from the local site in addition to national presenters
 9. Commitment to and interest in the topic of PREA.
- Have speakers provide current “bios” for their introductions and for inclusion in the participant notebook. Each biography should be two to three paragraphs in length and highlight the speaker’s relevant experiences and qualifications. It should also include contact information for the speaker such as address, phone number, fax number and email address.
- In addition to the main trainers, you may want to include guest speakers for some of the modules. Talk with selected faculty members and representatives from host site for local suggestions and assessment of strengths. Have personal contact ahead of time with the guest speakers to articulate your expectations and needs, to answer any questions they may have, and to describe the audience so that their information is targeted appropriately. If a guest speaker has handouts, pre-arrange for copying and distribution.

Prior to the Training

- Those coordinating the training should encourage participants to bring examples of materials to use in the training from their own agencies or facilities that relate to sexual abuse/harassment in juvenile facilities. Give participants a “what to bring list” ahead of time.
- Trainers need to be sure all classroom space, equipment and audiovisual materials (e.g., video, projectors) have been ordered or reserved in advance.
- Trainers should confirm with the organizer that the “logistics” have been arranged (e.g., food for lunches and breaks, special needs, parking, printing of materials, name tags, contracts).

Setting Up the Training Room

- The suggested audience size for the training is 10-15 people.
- The training room should accommodate classroom-style (round or rectangular) tables and movable chairs with four to six participants per table. This works well for small group discussions and for participants who wish to take notes. The least effective seating layout in terms of learning and attention is “auditorium” with everyone in rows looking towards the front of the room. You may also want to try a “chevron” layout where tables are angled out from the middle of the room in a “v.”
- Set up a table in the back of the room for faculty to be seated when not presenting and to store upcoming audio-visual programs.
- Test all audio-visual materials (slides, overheads) and equipment (projector, easel pad, paper, pens, laptops) in the room to be sure they work. The resources needed for each module are listed at the beginning of that module.
- Each participant should have an unobstructed view of the front of the room, be able to see the speaker and easel, audio-visual screen and other training aids.
- Good ventilation and room temperature is important for an effective and comfortable training environment.
- Make sure restrooms are located nearby and easily accessible.
- Have water available for speakers and microphones, if needed.
- The lighting in the room should be able to dim or turn off for showing PowerPoint® slides and/or overheads.
- Be sure arrangements have been made for refreshments (e.g., water, coffee, tea, soda, non-caffeine alternatives, juice) for the morning and afternoon each day.

- Good acoustics are also important to facilitate good communication. If the room is too large or not sound proof to outside noises, it may not be an effective training location. A lapel microphone may be an option for some speakers so they can be heard while moving around the room.
- Be sure the training site meets the Americans with Disabilities Act (ADA) requirements for any special needs of participants and speakers. Registration applications should ask participants if they have any special needs or accommodations.

Knowing Your Audience:

- The target audience for this training is personnel working with juveniles working as direct care staff in detention settings.
- Know your audience in your training. Find out who they are, what they want to know and learn and their level of experience, and any politics or particular group dynamics among the players. Some trainers may wish to develop pre-training questionnaires to help gather this information. Understand and learn as much as you can ahead of time about participants' issues, concerns and profile data. Time is also set-aside at the training itself to discuss this information with participants.

Team Teaching

- As you will most likely be training in teams, prior to the presentation meet or talk (e.g., conference calls) to the other team member(s) about who is the lead instructor, teaching methods and styles of delivery. You might also wish to discuss:
 1. Whether everyone feels comfortable if one team member interjects examples or ideas during another team member's presentation
 2. How all team members will receive the same background information about participants, key issues, etc.
 3. Goals and procedures for group activities
 4. Who will lead discussions following group activities
 5. Back-up plans in case a team member is unable to train at the last minute
 6. Whether it is useful to designate a "team leader" who introduces the next speaker, providing a common thread throughout the training
 7. Who will summarize each section and direct participant questions, etc.

- A team meeting the day before the training is suggested to finalize the training details and logistics.
- At the end of each training day, meet together as a team, debrief the training and review daily participant suggestions and comments from the written evaluations and cards:
 1. Discuss if the level of information and delivery style is appropriate;
 2. Discuss overall strengths and weaknesses;
 3. Review and discuss participant daily evaluations;
 4. At the end of the entire training, provide each team member with a copy of the participants' written evaluations.
 5. Record information in an overall work product to be used to make appropriate changes or adaptations in the curriculum training program.

Teaching to Maximize Effectiveness

- Arrive at the training room at least 45 minutes before the session begins. This allows time for you to be sure all the audio-visual equipment is there and functioning and that the appropriate room arrangements have been made.
- Tape on the wall two or three large blank pages from the easel pad for "Parking Lot" issues and questions. These issues will be addressed throughout the training.
- Ask participants to turn off the ringers on their pagers and cellular phones (encourage the use of less disruptive notification systems such as vibration or digital display).
- Review your own commitment and passion for the topic.
- Review your values and attitudes towards women and incarcerated women.
- Move around the room as you talk. Convey your energy about the work to your audience. Do you believe what you are saying?
- Help quiet participants speak up and be included.

- Be supportive, non-judgmental, and give compliments to participants: “That’s a good question. I am glad you raised that...”
- Keep language simple and avoid jargon; be clear. If acronyms or abbreviations are used, explain what they mean (BJA, NIC, etc.).
- Encourage participants to share their own experiences at the appropriate places but keep the pace moving along.
- Help participants who have difficulty presenting information by asking, “Is this an accurate summary of what you are saying...?”
- After you answer a question from a participant, ask them, “Does that answer your question?” “Do you agree?” or “Has that been your experience as well?”
- Challenge participants to speak up and be engaged in order to reduce passivity. Always try to get clear answers from participants and make sure that you fully understand the comments made. Ask for clarification if necessary. Encourage participants to be succinct in voicing their comments and concerns.
- Continually remind participants that the information presented during this training is a combination of specific strategies and concrete examples as well as a philosophical change in the “way of doing business.” The programs are not “cookie-cutter” that always can be transferred exactly from community correctional program to another. Each agency is unique, with particular issues, demographics, crime characteristics, personalities and existing structures. Many of the curriculum concepts, such as using data and research on gender to guide policy and actions, are transferable. Pose scenarios for the jurisdictions or for the different types of community corrections agencies and programs represented. .
- Do not take things personally or become defensive. Know your “hot buttons.” Encourage participants to think critically and to challenge how policy affects programs, and how correctional programs do what they do. Participants may challenge and ask questions about what is contained in the curriculum or examples you use.

- During the first break, informally seek honest feedback from an audience member or co-presenter. Ask for his or her perception of the training including room temperature, pace, appropriateness of information, presentation style, to level of participant's interest and engagement. Make adjustments as needed.
- Allow adequate time for moving into small group exercises and make certain there is adequate, pre-arranged space for the small groups.
- Many activities involve writing ideas on an easel pad. Be sure you can do this easily and still facilitate/instruct. Also, write large and legibly. You may also want to ask a participant to write the responses for you.
- Be flexible... issues arise, coffee is late, pagers go off, audio-visual equipment stops working, people cough, egos emerge, guest speakers get stuck in traffic, someone forgets the name tags and participants have their own agendas. When you anticipate these things before they occur, some can be avoided but some simply cannot. Just keep going, recognizing that the best-laid plans sometimes have to be adjusted. Always have a back-up plan. A prepared trainer can go with the flow and still successfully present the materials.

Instructional Methods

METHOD	ADVANTAGES	POSSIBLE DISADVANTAGES	COMMENTS
INFORMATIONAL			
Lecture Lecturette (shorter lecture) Lecture-Forum (with question cards or question/answer period)	Conveys large sum of information; fast; efficient forum allows exploration of content in more detail.	Audience is largely passive.	Trainer should be an interesting speaker, able to self-limit and stick to time, be able to facilitate questions effectively.
Panel Panel forum Expanding Panel (vacant chair—individual can join panel when wishing to express opinion)	Adds different points of view to content.	Audience is largely passive with exception of expanding panel; expanding panel not practical with groups larger than 20.	Leader must express solid set of ground rules and have skills to enforce them.
Debate	Provides different points of view; thought-provoking.	Audience is largely passive.	Same as for panel.
Presentation Presentation with Listening Teams (participants given listening assignment before presentation question speaker afterward) Presentation with Reaction Panel (small group listens and forms panel following)	Keeps participants interested and involved. Resources can be discovered and shared. Learning can be observed. Lots of information; fast; new points of view; a more organized question-and-answer format; reaction panel can speak.	Learning points can be confusing or lost. A few participants may dominate the discussion. Time control is more difficult. Audience is largely passive; reaction panel may not represent all views of the group.	Trainer orally presents new information to the group. Trainer should structure listening assignment with clear purpose; must select panelists from a cross-section of the group.

presentation)			
Film Prepared Videotape Slides Educational T.V.	Reinforces content, adds entertainment; video allows lights to remain on; flexible start and stop for discussion.	Passive methods for an audience; possibility of equipment problems.	These methods are not appropriate early in a session; never use to start a session; always introduce & de-brief a film, etc.; say, "Look for ____, ____, & ____"; leader should set up and test equipment before session; have adapter plug and extra bulbs.
Group Discussion (of given topic) Buzz Groups (short, time-limited discussion on given subject)	Keeps participants interested and involved. Resources can be discovered and shared. Learning can be observed. Participants are active; allows chance to hear other points of view; quieter people can express viewpoints and ideas.	Learning points can be confusing or lost. A few participants may dominate the discussion. Time control is more difficult. Inexperienced leader may be unable to use format for attitudinal purposes.	Trainer divides large group into small groups; groups of 4–6 are most effective. Small group has a short time to discuss a topic or solve a problem Trainer should be able to give clear instructions and keep discussion on target. Main function is judging when to cut off discussion.
Brainstorming	Can get all participants involved in collecting a lot of information. Quickly generate ideas. Good for problem-solving; quick change of pace; filler; allows all to participate; validates ideas of group.	The problem/issue must be clearly defined. Time control is more difficult. Need clear trigger questions and evaluation/discussion afterwards; somewhat over-used method; requires careful facilitation.	For idea generation and creative group thinking; all participants present many ideas as rapidly as possible on a problem or issue. Then group organizes list into categories for further discussion. Do not evaluate, criticize, omit, or discuss contributions until all are written; record in contributor's own

			words; use another person to record if possible.
Reading (alone or aloud) Reading with Discussion or Report.	<p>Saves time (trainees can read faster than trainer can talk). Material can be kept for later use.</p> <p>Insures consistency of information. Engaging, active; provides a chance for in-depth insight and different perspectives.</p>	<p>Can be boring if used too long without interruption. Participants read at different paces. Difficult to measure if people are learning. May require more reading/writing skills than participants have; leader may have to fill in after reports.</p>	<p>Written material is used to present new information to participants Requires skill to select relevant material; reading skill by participants.</p>
ATTITUDINAL			
METHOD	ADVANTAGES	POSSIBLE DISADVANTAGES	COMMENTS
Role-play Mini-role-play Playing Self “movie”	(See Behavioral Methods.)	(See Behavioral Methods.)	(See Behavioral Methods.)
Doodling Portraits (of self or others)	Thought provoking; good for making thoughts and opinions more concrete, warm-up activity.	Requires participant self-direction.	Need to relate to relevant learning goals.
Simulation Games	(See Behavioral Methods.)	(See Behavioral Methods.)	(See Behavioral Methods.)
Task Groups	Sustained interaction allows quieter people to express themselves; validates participants.	Time consuming; requires great degree of self-direction and group maturity.	Keep groups small and diverse with sustained interaction and clear purpose.
Pantomime Skits	Engaging, active; good for warm-up.	Willingness and trust of group necessary.	Need to provide direction and purpose; relate method to relevant goals.

BEHAVIORAL			
METHOD	ADVANTAGES	POSSIBLE DISADVANTAGES	COMMENTS
Role-Play Mini-Role-Play	<p>Helps retention.</p> <p>Allows participants to practice new skills in a controlled environment.</p> <p>Participants are actively involved.</p> <p>Observers can impact attitude and behavior.</p>	<p>Requires preparation time.</p> <p>May be difficult to tailor to all situations.</p> <p>Needs sufficient class time for exercise completion and feedback</p> <p>Requires maturity and willingness of groups; requires trainer have excellent facilitation skills.</p>	<p>Participants act out problem-solving situations similar to those they will encounter in their workplace.</p> <p>Trainer needs skill and understanding— must get people into roles, give directions, establish a climate of trust. Trainer needs insight into how an activity may pose a threat to some individuals; ability to help group process & de-brief. Use in well-formed group. Can be structured into dyad, triad, and fishbowl.</p>
“Movie” (role-play assisted by feedback, “more __, or less __”)	Useful in rehearsing new skills, behaviors.	(Same as for role-play, intensive and time consuming.)	
Simulation games	Intense involvement; practice skills in problem solving and decision-making; competitive.	Competitive; requires a game and possibly a consultant to help facilitate; time consuming.	A package game requires prep time for the leader to learn the rules and directions.
Tape recording with playback Videotape recording with playback	Very concrete learning tool; participant involved in judging own performance.	Criteria must be clear; feedback and assessment based on specific behaviors; requires equipment.	Trainer should establish purpose and performance criteria clearly.
Case study Mini-case	Requires active participant involvement.	Information must be precise and kept up-to-date.	Participants are given information about a situation

<p>study (problem situations for small groups to analyze)</p> <p>Critical incident (small section of case stating most critical or dramatic moment)</p>	<p>Can simulate performance required after training.</p> <p>Learning can be observed.</p> <p>Opportunity to apply new knowledge; requires judgment; good assessment tool; participants active; chance to practice skills.</p>	<p>Needs sufficient class time for participants to complete the case.</p> <p>Participants can become too interested in the case content.</p> <p>Case study must be relevant to learner's needs and daily concerns.</p>	<p>and directed to come to a decision or solve a problem concerning the situation.</p> <p>Trainer needs to have knowledge and skills to "solve" the problem; may need to design own studies; compare approaches of several groups and reinforce best solutions.</p>
<p>"In-basket" (form of case study— "Letters, memos" etc. given to participant for response)</p>	<p>Helps participant clarify and crystallize thoughts, opinions, values; opportunity to apply knowledge to "real" situation.</p>	<p>Requires writing skills; must be relevant to participant.</p>	<p>Leader needs knowledge of participant's daily concerns/needs; ability to critique responses.</p>
<p>Demonstration</p> <p>Demonstration with practice (by participants)</p>	<p>Aids comprehension and retention.</p> <p>Stimulates participants' interest.</p> <p>Can give participants model to follow.</p> <p>Allows for optional modeling of desired behavior/skill; can be active; good for learning simple skills.</p>	<p>Must be accurate and relevant to participants.</p> <p>Written examples can require lengthy preparation time.</p> <p>Trainer demonstrations may be difficult for all participants to see well.</p> <p>Method more effective if participants are active; feedback must follow immediately after practice.</p>	<p>Participants are shown the correct steps for completing a task or are shown an example of a correctly completed task.</p> <p>Requires skill to model desired behavior; break procedure down into simple steps; ability to provide feedback.</p>
<p>Skills practice lab (small participant groups practice together).</p>	<p>Different points of view and feedback; participant active; good for translating information into skills.</p>	<p>Group should have enough knowledge or insight to coach one another.</p>	<p>Act as a resource to groups.</p>

PLANNING			
METHOD	ADVANTAGES	POSSIBLE DISADVANTAGES	COMMENTS
<p>Group discussion with decision-making regarding a new action</p> <p>Individual or group planning session with report</p>	<p>Validates maturity and needs of group members; members have best insight into their problems and needs on-the-job; group leaves session with practical, constructive and mutual goals; groups get ideas from one another.</p>	<p>Requires mature group that can self-direct and stay on task; time consuming.</p>	<p>Leader serves as resource once directions are given.</p>

Facilitating Common Training Methods

Brainstorm

The trainer poses a question and asks for a quick listing of responses.

Rules:

- No criticism
- Be creative
- Have fun
- Piggyback on each other's ideas

Think of a variety of ways to ask the question to stimulate more responses from a variety of perspectives.

Caution

Some participants may have a lot to say and will speak up right away. Others may hang back. To facilitate broader involvement, you might ask everyone to write down three

ideas, and then go around and have participants read their lists.

Case Histories

The trainer uses stories or descriptions of patients to help learners relate to the topic and/or solve a hypothetical problem or set of problems. The case description is typically given to a small group with a set of instructions for such tasks as diagnosing, developing treatment plans, solving compliance issues, etc. See [Developing Case Presentations for Clinical Training](#) for step-by-step explanations and instructions.

Variation

Ask groups to create case histories from their own experiences.

Continuum

Use this method to explore the group's range of opinions on an issue. The trainer draws an imaginary line on the floor representing a continuum of opinions. The trainer asks a learner, or several, to make their statements by standing on the line somewhere between two opposing viewpoints on an issue, assuming gradations in between. The trainer facilitates a discussion, and asks for responses from various positions along the line. Participants may change their positions as they listen to others' reasoning.

Variation

Ask participants to express their place on the continuum on a printed worksheet. Collect the worksheets, shuffle them, and hand them to others. Ask people to stand on the line according to the view on their paper, and then one-by-one, read them aloud. Learners must try to express a perspective different from their own, enhancing their own understanding and options.

Forced Choice

This method is different from a continuum in that no gradation of opinion is allowed. Participants are asked to "force" themselves to choose between two viewpoints,

demonstrating that many people see choices as forced, often feeling they have no good options.

Discussion

To increase interaction among learners in a discussion and enrich the dialogue, try the following:

- Arrange seating so participants can see and interact with one another.
- Pose open-ended questions.
- Resist asking questions for which only you have the “correct” answer; instead, give that information in statements.
- Draw out a number of perspectives.
- Wait for responses; try to calibrate your tolerance for quiet time—when no one is talking—to the comfort level of the group.
- Avoid jumping in with an opinion before participants get a chance to respond.
- Use flip charges and newsprint to record points for later review.
- Don’t reply to all input; wait for and encourage other members to reply while you facilitate a multi-directional conversation.
- Watch people’s body language. When quiet people seem to want to say something, invite them to speak.
- Refer to ground rules (which you may have stated at the beginning of training) when necessary, especially with regard to respecting other people’s values and beliefs.

Graffiti Sheets

Invite participants to respond to a series of questions or stem sentences posted on butcher paper around the room. Each sheet has one question. All the sheets should relate to the same issue or general topic. Use this method to:

- Assess participants’ knowledge
- Identify and explore misinformation and myths
- Determine beliefs or values
- Stimulate discussion about the responses participants posted

Presentations

Build your presentations around a few key concepts and stick to them. The following are good keys to presentation success:

- Be well prepared.
- Deliver your notes in a concise, accurate, relevant, and honest way.
- Assess the group's needs and the physical environment and adapt if/where necessary
- Focus on your learners; remain attentive to their verbal and non-verbal responses and reactions.
- Use clear language and anticipate language differences
- If you have a sign language interpreter or language translator, ask him or her to stand where the whole group can see/hear them.
- Use visual aids to engage visual learners.
- Keep it brief and follow your presentation with interactive methods

Remember

What you say is not necessarily what your listeners hear, perceive, or comprehend. Check understanding and reactions periodically by asking open-ended questions; and listening to learners during other active and interactive activities.

Role plays

This provides an opportunity to practice skills and behaviors as well as to explore attitudes, knowledge, and feelings. Role plays force participants to apply what they are learning about a key concept or a new skill to a simulated situation. Emotions and complexities surface and the situation is experienced more fully. You can:

- Conduct role plays in front of the group as a demonstration by trainers or participant volunteers.
- Ask participants to practice in triads, taking turns with three roles: provider, patient, and observer.

Provide guidance for the observers regarding content and process for delivering their feedback and observations.

Slides, overhead transparencies, and PowerPoint Presentations

These visual aids often accompany a lecture, presentation, or discussion. Keep them simple, attractive, and easy to read and see from all seats in the classroom or clinic. Use them as a guide or outline of a presentation, not to show all the details of what you might say.

Tip

Don't over use visual aids—their purpose is to provide a visual illustration, not simply provide the same detailed information you could get across better in a handout.

Task Groups

Small groups are often a way for quieter participants to speak up. Ask small groups to accomplish a set task. Its purpose may be as simple as discussing reactions or sharing information, but usually includes finishing an assignment and a report back to the larger group.

Groups can share their results in a number of ways.

- Each group explains their work on one item of the task and subsequent groups add on, one item at a time until all ideas from all groups are summarized.
- Each group can talk about their entire process and the results of their work together.
- Each group can report only one item: their favorite idea, most significant idea, most surprising result, etc.

Worksheets

These handouts give guidelines for thinking or working through a complex issue or problem. They should provide opportunity and structure for learners to analyze information, to examine, question, evaluate, categorize, extrapolate, generalize, synthesize, compare, and contrast parts of the content. A tool for individuals or small groups.

Whip

This is an exercise in listening. The trainer poses a question, usually on addressing an opinion or feeling, and asks each participant to respond quickly in turn—either one after another around the circle or when pointed to at random. Allow participants to pass if they

choose. The most valuable effect of this process is that the group hears a pattern of response, or more easily hears contrasting opinions or themes.

**Adapted from Education & Counseling for Risk Reduction (ECRR) Curriculum, Center for Health Training (based on an adaptation from Teaching About Sexuality and HIV: Principles and Methods for Effective Education, Hemlich J and Hedgepeth E, New York University Press, 1996)*

Delivering Effective PowerPoint Presentations

Presenting Clear Information

✓ **Use your slides to visually punctuate your message.**

Your slides should help your audience focus on the main points. Make sure each word and image helps convey your message in the strongest possible way.

✓ **Limit how much information you provide on each slide.**

Use the slides for emphasis, but don't try to include all of the instruction on your slides.

- Include only one main idea per slide.
- Use key words to help the audience focus on your message.
- Use active, visual language.
- Cut unnecessary words: Take a look at a written copy of your presentation. Cut paragraphs down to sentences, sentences into phrases, and phrases into key words.

✓ **Give each slide a title.**

Titles will help the audience quickly understand the main themes of your talk.

✓ **Organize your presentation into a logical sequence.**

Make sure that your presentation is easy for the audience to follow by checking the sequence of your slides. The main point of each of the slides should flow logically from one to another.

Presenting Clear Visuals

✓ **Make your text large.**

Small text is hard for audience members to read.

- Use at least 32 point font size for titles.
- Use at least 20 point font size for body text.

✓ **Keep the text slides brief.**

Too much information can overwhelm your audience.

- Choose brief, simple statements instead of full sentences.
- Try to use no more than eight to ten words per line of text.
- Try to use no more than eight to ten lines of text on each slide.

Use an easy to read, color format.

- Pick a color combination that offers a strong contrast between the background and the text. Dark backgrounds with light colored text or light backgrounds with dark colored text work best. If you know you will be presenting in a poorly-lit room, use a light background. Conversely, if you know you will be presenting in a well-lit room, use a dark background.
- Limit the number of colors you use to no more than three. Color can help add interest and can be used to emphasize key points. However, too much color can be distracting.
- Text drop shadows should be black or a darker shade of the background color.

✓ **Keep images simple.**

Images (such as graphs, tables, and pictures) can help strengthen your presentation by conveying your message in an interesting and often easy-to-understand format. Before using art, ask yourself whether the art enhances or clarifies your message.

- Unnecessary art and animation can create visual clutter and distract from your message.
- Some art, especially photos and other high-resolution images, can also greatly increase the amount of memory needed to run the slide show.
- Sometimes scanned images and photos are too large for a film recorder to handle easily, leading to delays in the slide presentation.

Tips for Giving a Successful Presentation

✓ **Check your equipment in advance.**

Before your presentation, check the following:

- Make sure cables and cords are connected properly and all the equipment is operating.
- If you are using someone else's computer, make sure it has adequate disk space, adequate memory, and the appropriate versions of the software you need (including PowerPoint).

✓ **Check your computer settings in advance.**

It helps to check the following, especially if you are using someone else's computer:

- Make sure the "system standby" function on the computer is turned off. If this function is turned on, your computer might temporarily turn off if you don't use it for a designated time period. On a PC, you can check this by going to the Control Panel and look at the Power Options.
- Turn off the screen saver, since a screen saver can slow down your presentation. On a PC, turn this off by going to the Control Panel and then to Display. Click on the Screen Saver tab to turn the screen saver off.

✓ **Interact with your audience.**

Don't read off the screen.

- Use slides as prompts, outlines, or conversation points, not as a script.
- Move around the room and make eye contact with as many people as possible.

✓ **Use your finger as a pointer, rather than the mouse.**

Although you can use the mouse to create a pointer on the slide, using your finger to point is generally more accurate and less distracting to the audience. When you move the mouse to point, it is often difficult to control the little pointer and it can be difficult to see.

Handling Challenging People

- Be sure your values and emotions are in check prior to teaching. Anticipate emotionally charged challenging questions such as, "what about men?" "this is too feminist," "this is special treatment for women". Develop a response that is compelling, clear and reasonable such as, "gender-responsive programming should be implemented for men as well, but this training is going to focus on women", "it is not 'special' treatment, but rather, correctional responses that are more likely to work and be effective with women", or "if addressing women's needs so that they will function

successfully in the community and not re-offend is labeled 'feminist', then I guess that is what we are going to talk about." Specific examples of responses are given in the lesson plans. Choose words that are not "hot buttons" for people, but rather help further communication and understanding.

- Encourage participants to be creative and non-traditional to bring about better results. Help participants to use training as an opportunity to reflect on desired outcomes and how best to reach them.
- During the training, manage the discussion and do not let one or two people dominate. Start a session by saying "I would like to start this discussion by inviting people who have not spoken much to give us their thoughts". It is important that different viewpoints get expressed. Possible responses to difficult, controlling or domineering people include:
 1. Politely interrupting them with a statement such as, "May we put that on the back burner for the moment and return to it later?" or "If it is all right, I would like to ask if we can discuss that on the break. There's another important point we still need to discuss and we are running a little short of time."
 2. You can also jump in at a pause with, "That's a good point, let's hear from some of the others" or redirect the conversation. "We have had several comments in support of this idea, are there different viewpoints in the room?" This gives the control of the training back to the instructor.
- A good instructor allows everyone a chance to speak and facilitates opportunities for less vocal people in all parts of the room to be heard. If people do not participate in discussions or appear to have their minds elsewhere, call on them by name to give an answer, opinion, or recount an experience. However, do it in a way that does not put the person on the spot. Then praise the person for responding.
- If a participant is belligerent or rude, walk closer to the person, even standing next to them.
- If a discussion escalates and becomes highly emotional, divert the conversation away from the people participating before it gets out of hand.

“I think we all know how John and Bob feel about this. Now, does anyone else have a comment?” or validate their feelings or emotional reactions by saying something such as, “clearly this is a very emotional and difficult issue with differing viewpoints.” Intense emotions can also be a good indicator of major issues in the system (which is made up of people and values). You may want to give extra time for discussion to see if some clarity or understanding can come out of it.

- Another option with heated discussions is to take a break, talk to the person in private, and be clear but polite with expectations
- As you go along, register steps of agreement and disagreement with participants. “Am I correct in assuming we all agree (or disagree) on this point?” or “you may simply agree to disagree on certain issues since each jurisdiction is unique”.
- If you need to control the person who “knows it all,” acknowledge the person’s contribution and then ask others in the group for their opinion of the person’s statement.
- If you have a person who “knows their job and doesn’t want to be told how to do it,” explain that s/he is just the individual you are looking for, that the training is to exchange ideas and points of view that will benefit everyone and that their experience will be valuable to all. Make this person a resource and give them “responsibility” for others’ learning while keeping it under control and accurate.
- When a discussion gets off track say, “Your point is an interesting one, but it is a little different from the main issues here; perhaps we can address your issues during the break or after the session,” or, “We will be talking about that later in Module X. Your points are very interesting, could you hold those thoughts until we get to that module?”
- If a person speaks in broad generalizations ask, “Can you give us a specific example on that point?” or, “Your general idea is a good one, but I wonder if we can make it even more concrete. Does anyone know of a case where... ?”
- If a person in the group states something that is incorrect (yet no one addresses the misinformation due to the person’s status), avoid direct or public criticism. You can graciously correct the information or use indirect

methods to set the record straight such as analyzing a similar case or situation in another jurisdiction where the correct information is given. You may also want to talk to the person at the break and share the correct information.

- You may choose to allow fellow participants to respond to difficult people in the class
- Generally, try not to interrupt participants. Be respectful and listen. Be open, yet firm, and manage the discussion keeping in mind what is best for the whole group.

Responding to Questions

- Anticipate the types of questions participants might ask and plan how to handle them. Before you begin the training, prepare a list of questions you are most likely to get and prepare your answers. You can also use these questions to stimulate group discussions throughout your presentation. Make sure your questions are designed to get thoughtful reactions to specific points. Do not ask questions that can be answered by a “yes” or “no” response. Open-ended questions generate better audience participation.
- Questions from participants are a good indication of the level of their awareness, attention and interest in your subject. Questions have value in helping you to clarify, modify or fortify points or to test an idea for its potential. Remember that answering a question is impromptu. Pause if you need to, relax, maintain your poise, keep your answers short and to the point, and give the short answer first (e.g., yes/no) then explain why.
- Some correctional issues or questions involving gender-specific programming may border on giving legal advice. Be clear about when it is appropriate to refer a question to a lawyer in the group if he or she is willing to answer or suggest the questioner check with his or her own agency’s attorney.
- If you do not know the answer to a question, acknowledge that fact and offer to find the information or check with the audience to see if anyone knows the answer. Not all questions have to be answered. Sometimes the most effective response is one that allows the audience to keep thinking about the issue or concern. Some instructors keep a running list of questions or issues on a displayed easel pad (“Parking Lot” issues) and come back to the questions throughout the training.
- When a person asks a question, restate the question for the entire group and direct your answer to the audience, not the individual questioner. Make sure everyone has heard the question. Rephrase questions that are unclear or rambling. Diffuse emotional questions by politely asking for clarification.
- Avoid a one-to-one conversation/argument with a participant.

Inviting Guest Presenters

- You may find that you want to include guest speakers for some of the modules. Have personal contact ahead of time with the speakers to articulate your expectations and to describe the audience so that their information is targeted appropriately.
- Talk to guest speakers ahead of time about how they would like to be introduced. If a guest speaker has handouts, make arrangements for printing and distribution.
- Have water available for speakers and microphones, if needed.

Ice Breaker Activities for Training Sessions¹

"Learning from Experience"

Have participants introduce themselves and explain one thing they have learned the hard way about the topic you are covering. Post their "lessons learned" on a flip chart. Refer to them throughout the class.

"Challenges and Objectives"

Divide the class into small teams. Instruct teams to identify their challenges in the topic and their objectives for the training. Post work on flip charts. Have them introduce their team and share their work with the rest of the class.

"Questions"

Have each person write a question they want answered in the training on a Post-it® (sticky) note or piece of paper. Have them introduce themselves and their question. Then post all questions on a wall chart. During or at the end of training, ask the group to answer the questions.

"Role Models"

Have each person identify someone who is a role model for the topic being discussed. Have them share the person's name and the qualities or characteristics that make them a good role model. Post characteristics on a flip chart.

"Dos and Don'ts"

Have participants introduce themselves, sharing their name, hospital or clinic, and either a "Do" or a "Don't" tip that they have learned related to HIV and AIDS Management. Post tips on a flip chart.

"Collective Knowledge"

Have participants work in teams to identify five rules for dealing with challenging patients. Write the rules on flip chart paper.

¹ Adapted from *Results Through Training*, www.RTTWorks.com

"A Helpful Colleague?"

Have participants identify someone who has contributed to their professional development and who they admire. As they introduce themselves have them explain their relationship to the person that contributed to their development.

"Developing Yourself"

Have each person introduce himself or herself and share one action they have recently taken to improve or further educate themselves related to patient care and treatment. This can be done as a group or in small teams.

"Acceptance Speech"

Have participants introduce themselves and thank someone who has contributed to their professional development. They should thank the person as if they are receiving an Academy Award. You may need to limit speeches to 30 seconds.

"First Job"

Have participants introduce themselves, sharing their name and something they learned on their first paying job.

"Brain Teaser"

Use a quiz as an ice breaker. Ask questions of common knowledge about any topic, or a number of topics. There should be both easy and difficult questions. Ask members to answer individually, and then give them a few minutes to work in small groups to finish answering the questions. The groups should be able to answer more questions than any one individual. This is a good demonstration of synergy and can lead into a discussion of the importance of teamwork in healthcare. Sample questions:

- What are the names of the planets, starting from the one closest to the sun?
- What are the five most populous countries in the world?
- What are the five least populated countries in Africa?
- What are the five most commonly spoken languages in the world?

"Dinner Plans"

Have each person complete the following sentence:

"If I could have dinner with any person, living or dead, it would be _____ because _____."

"Experience Tally"

Ask each participant how long he or she has been with their clinic or hospital, or had their current job. Total the number of years. Point out that the class will have X number of years of experience on which to draw.

"Good or New"

Ask each person to share something good or new they have experienced in the last 24 hours.

"I Noticed"

As an ice breaker for the second or third day of a training, have each individual share one thing he or she has learned since the last session that they know they will use in their clinical practice.

"I'm Unique"

Ask each person to share one thing that makes him or her unique.

"My Slogan"

Explain that many organizations have slogans or sayings that reflect their values and are easy for customers to remember. For example, the Coca-Cola Company uses the slogan, "Have a Coke and a Smile." Ask each person to write (or borrow) a slogan to describe him or herself and share it with the class. A variation could be to develop a slogan for their hospital or clinic.

"The Worst Team"

Have each person share a description of the worst team they have ever been on and why. Post characteristics on a flip chart. Debrief this exercise by having the team identify ways to avoid the "worst team" characteristics.

"Three Truths and a Lie"

Give each individual a 3x5 card and instruct them to write four statements about themselves: one of the statements should be false while three should be true. Explain that the goal is to fool people about which one is the lie. Allow five minutes to write statements; then have each person read the four statements and have the group guess the lie. Award a prize to the individual who makes the most correct guesses.

"I'm like a...?"

Have each person develop a **simile**—something you compare with something else because they share similar characteristics—for themselves when they are in a particular mood or experiencing difficulty. For example: "When I get busy and have too much to do, I'm like a car with a little bit of gas—I usually have just enough energy for one more task, but eventually I run out and just completely stop." Emphasize that people have different ways of dealing with stress and challenges because people experience them differently.

"Worries"

Ask each person to share his or her greatest concern or reservation about participating in the training (e.g., everyone else will know more than me). Post participants' concerns on a flip chart. At the end of the session, revisit the list and ask the group to share whether their concerns were realized.

"What Do You Know?"

Divide the class into teams of three-four people. Assign each team a different flip chart or piece of flip chart paper. Explain that each team will be asked to record information they know about the members of another team. For example:

Team A: Mary, Chris, Pat, and Terry

Team B: Jane, Frank, Phil, and Sharon

Team C: John, Mike, Andrea, and Larry

Team A is assigned Team B; Team B is assigned Team C; and

Team C is assigned Team A.

Have the team divide their flip charts into sections, one for each person in their assigned team. Allow them five minutes to record what they know about the people on their flip chart (both work and non-work related) without violating any confidences. After five minutes, have teams rotate flip charts and add information on their new flip chart. Continue rotating until they come to the flip chart with their own names on it. Have each person comment on what was written about him/herself.

"Guess Who"

Prior to the session, have each participant complete and return to you a survey with answers to five-to-seven questions about him or herself. For example:

- Favorite type of food
- Last movie you saw
- Last book you read
- Where you would love to visit
- Favorite activity

During the session, read the clues and have the rest of the class guess which person is being described.

"Something New"

On the second day of training, ask each person to share one thing they learned about another participant on the previous day. Have the rest of the group try to guess who is being described.

"You did what!?"

Give each person a 3 x 5 card and ask the group to write down something true that nobody else in the room knows about them, e.g., "I once wrestled a bear in Yellowstone National Forest." Mix up the cards and put them in a box or hat. Have each person pick a card and read it out loud. Ask the group to try and guess who wrote the card.

Using the Curriculum

1. The lesson plan modules may be arranged in a variety of ways to meet the specific training needs of participants. The suggested format for the training is teaching the modules in the numeric sequence over one day (8:30 am to 4:30 pm for a total of 6.5 to 8 hours), that includes a one-hour lunch period and breaks.
2. Adjust the breaks as needed by the group.
3. The lesson plans are written in a lecture format with talking points. The left hand column has icons to the time needed, the handouts referred to for that section and if audio-visuals are used. On the right, speaking notes and the slide topic and content are provided to be used as a guide if needed. Notes to the instructor are written in *red italics* while suggested speaking points are written in *black italics*



A clock tells how much time you typically need to present that topic and to keep on schedule. Do not feel confined by the minutes listed. It is only meant to be a guideline in order to get through the materials on time. Adjust based on the needs of the audience.



A hand indicates that the instructor needs to refer participants to a handout that the trainer is providing.

Audio-visual aids including videos and a PowerPoint® slides, are used throughout the training. At the beginning of each slide, video, or exercise the following logos will appear in the lesson plans:



for video






for PowerPoint®



for a classroom exercise






(Sample)


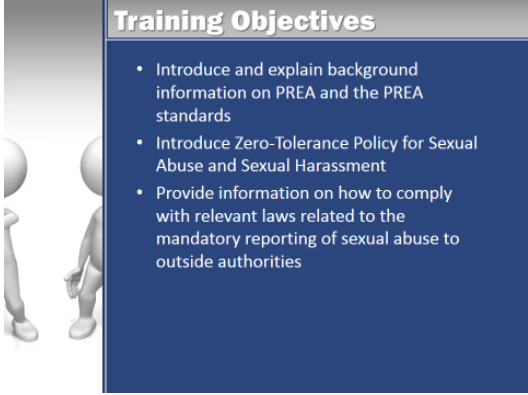

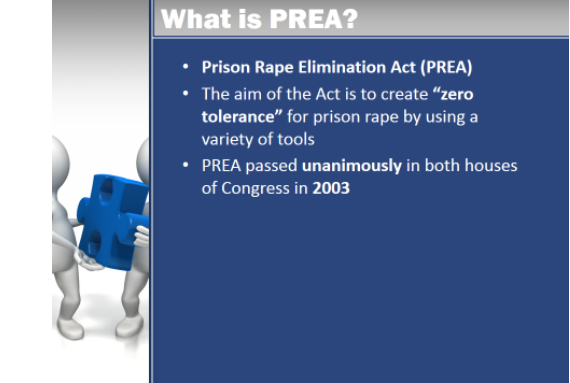
Topic and Time	Slides/Speaking Notes
 30 minutes  #7 Skills  Interview Tips	Interviewing Skills <ul style="list-style-type: none">• Conversational Style• Don't judge• Listen carefully <i>When interviewing a woman it is important to be empathic. Use a conversational and curious style. Demonstrate genuine regard and interest and remain nonjudgmental throughout the interview.</i> <i>This may be a good place to ask participants questions about other techniques that they have found to be effective.</i>


4. Group activities and participant involvement are a big part of this training. Group interactions with the trainer involving mutual inquiry, shared experiences and personal observations help keep the training interesting and relevant.
5. Adult learning models suggest that for maximum attention and retention, “non-lecture” activities be interjected often. Therefore, the curriculum is designed to be interactive, with instructor-generated questions for participants, some small group discussion, etc.
 - People learn in different ways – some are visual learners, some need to experiment and be more “hands on”, while others prefer a lecture format. Mix up your teaching style to reach the maximum number of people.
 - Explain things in different ways and monitor your audience for comprehension through verbal interaction, watching their behavior, and feedback. The slides are used to enhance and clarify your presentation.
 - Do not read or talk “to” the slides. Use a remote control to forward the slides so you are not forced to remain by the equipment the whole time you are teaching. Practice using the equipment before the training.

6. The word “Activity” or “Exercise” appears whenever there is an individual or small group exercise. General discussion questions posed to the full group by the instructor are not listed as an “activity”.
 - It is suggested that you allow six to eight hours to review the materials before you instruct the program and plan activities. You should be able to present the materials with the PowerPoint® slides serving as a guide and not have to read their notes.
 - This curriculum is designed as a one-day training. However, we strongly encourage agencies to use and incorporate the information in pre-service orientation trainings as well.

Juvenile Justice PREA Training Curriculum

Slide Numbers, Time, and Materials	Slides/Speaking Notes
	<p>Preparation: Read the U.S. Department of Justice PREA Standards to familiarize yourself with the standards. Also ensure you are familiar with your agency/facility policies related to PREA.</p> <p>Read the “Unit 1 Activity Instructions” to learn about the “Dozens” game and prepare the game cards. Use note cards or sheets of paper to create at least four category cards for each team (4-6 participants per team). Prepare the cards before the training.</p> <p>Materials: Accompanying powerpoints, computer, projector, screen, category cards, and the Unit 1 Activity Instructions.</p> <p>Note: <i>These units were designed for the Oregon Juvenile Detention Centers</i></p>
 1 hour module  #1	<p style="text-align: center;">Employee Training Unit 1 Introduction to Standards/Zero-Tolerance/Mandatory Reporting</p> <p><i>Pass out any applicable handouts.</i></p>
 #2	<p>Welcome and Introductions Who am I? Who are you? Housekeeping</p> <p><i>If this is the first module in your training, the trainer should begin with introducing themselves and have participants introduce themselves. Afterwards, mention any housekeeping items such as bathrooms or when breaks will be. If this is not the first module in your training design please</i></p>

 #3	<p><i>discard this slide.</i></p> <div data-bbox="418 233 943 625">  <h3>Training Objectives</h3> <ul style="list-style-type: none"> • Introduce and explain background information on PREA and the PREA standards • Introduce Zero-Tolerance Policy for Sexual Abuse and Sexual Harassment • Provide information on how to comply with relevant laws related to the mandatory reporting of sexual abuse to outside authorities </div> <p><i>Read each objective to the class.</i></p>
 #4	<div data-bbox="418 745 984 1125">  <h3>What is PREA?</h3> <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) • The aim of the Act is to create “zero tolerance” for prison rape by using a variety of tools • PREA passed unanimously in both houses of Congress in 2003 </div> <p><i>The act was passed in 2003. Although the term “prison” is in the title, the legislation is clear that it was intended to include juvenile correctional facilities, including juvenile detention.</i></p> <p><i>The original title of the act was the “Prison Rape <u>Reduction</u> Act” but this was changed when lawmakers questioned how much of a reduction there should be. Critics argued that no level of sexual abuse should be tolerated, and this led to the idea of “zero tolerance” for sexual abuse.</i></p> <p><i>There are a lot of commonalities in the standards for Adult Prisons and Jails, Community, Juvenile and lockup facilities.</i></p> <p><i>The auditing of these standards began August 20, 2013 with 1/3 of all facilities types operating within any state being required to be audited within the next three years.</i></p>

	<p>Does anyone here know if they will be audited this year?</p>
	<div data-bbox="516 233 1039 625" style="border: 1px solid black; padding: 10px;">  <h3 style="background-color: #4a7c9d; color: white; padding: 5px;">PREA Purposes</h3> <ul style="list-style-type: none"> Establishes zero tolerance policy for the conduct Increases accountability of staff who fail to detect, prevent, reduce and punish prison rape Makes prevention a top priority in each correctional system Protects 8th amendment rights of federal, state and local residents </div> <p><i>Everyone in our field agrees that having a safe facility is the primary goal to ensure both staff and resident safety. If we focus on safe environments from a PREA lens it evolves into a culture that is proactive in recognizing risks and addressing low level behaviors and safety concerns.</i></p> <p><i>Being proactive allows for an environment that is prevention oriented and not reactive. This applies to both physical plant issues (e.g. blind spots, broken locks, etc.) and low level inappropriate behaviors on the part of staff or allowed of residents. (e.g. name calling, touching)</i></p> <p><i>The relevant 8th amendment concern for PREA is the amendment protections against cruel and unusual punishment. Courts have ruled that sexual assault in confinement settings is a violation of the 8th amendment rights of the victim, which then opens the abuser and, at times, the facility/agency up to a federal lawsuit. PREA helps protect these rights through creating a zero tolerance standard for sexual abuse, creating clear direction about preventing and responding to sexual assault, placing requirements on agencies regarding hiring staff with a history of sexual abuse or child neglect.</i></p>



PREA Purposes (cont.)



- Standardize definitions used for collecting data on the incidence of rape
- Increase available data and information on incidence in order to improve management and administration
- Develop and implement national standards for detection, prevention, reduction and punishment
- Establish grant programs to fund PREA compliance

PREA is also powerful when used to assess for needed corrective actions. Having ongoing and regular mechanisms in place to capture data, analyze it and then plan for systems improvements keeps facilities from being faced with the same type of sexual misconduct over and over. It is the responsibility of leadership to see the opportunities for data to help course correct. The greatest liability any agency faces is when the same type of abuse is allowed to occur over and over and they are unable to demonstrate having implemented any system improvements.



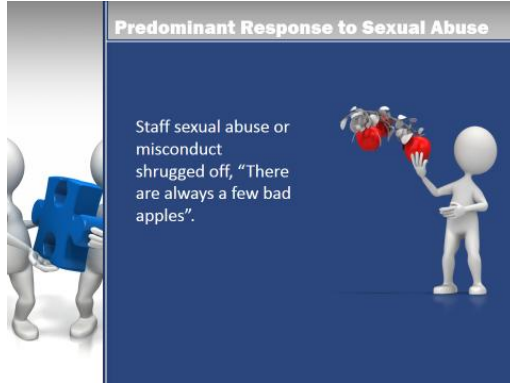
PREA Standards



- Prevention Planning
- Responsive Planning
- Training and Education
- Screening for Risk of Sexual Victimization and Abusiveness
- Reporting
- Official Response Following a Resident Report
- Investigations
- Discipline
- Medical and Mental Health Care
- Data Collection and Review

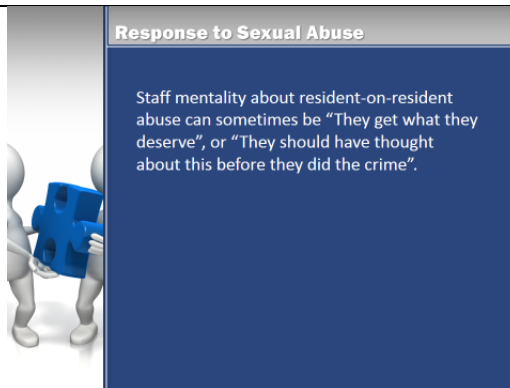
The standards were well vetted before being finalized. There was opportunity for public opinion. Different entities were asked to review and provide feedback, i.e. CJCA which is an organization made up of all State Directors of Juvenile Corrections systems. These were looked at from many vantage points, i.e., financial feasibility for implementation, consistency with other rules and standards in place (i.e. ACA) and the ability for implementation.

If staff want to read the full standards, they are available online at http://www.ojp.usdoj.gov/programs/pdfs/prea_nprm.pdf







A major area that PREA addresses is sexual safety. This is the backbone of the law and the reason that standards were developed. The goal is to eliminate all sexual abuse and harassment in correctional environments.

Unfortunately when an incident happens, the response is sometimes "I always thought something wasn't right with how....." or "That's just [name]. We have accepted him/her being a little odd."



There are also those who see sexual abuse as part of the punishment of being incarcerated. This viewpoint has been soundly rejected by juvenile service and corrections professionals and even the Supreme Court.

All residents have the right to a safe and humane environment, which includes being free from sexual abuse and harassment.

 <p>#10</p>	<div data-bbox="521 233 943 625"> <p>We Now Know...</p> <ul style="list-style-type: none"> • Not acknowledging the issue with a full management approach limits our response to the “few bad apples” theory. • Ensuring safe and positive facility climates and healthy, effective staff-inmate relationships have the greatest opportunity to prevent sexual abuse of staff and residents. </div>  <p><i>Creating a positive, healthy environment for residents and staff is the most effective way to prevent sexual abuse and harassment. This means that we can't limit ourselves to just the “few bad apples” theory or the “they deserve it” school of thought.</i></p>
 <p>#11</p>	<div data-bbox="418 856 954 1220"> <p>Organizational Culture</p> <p>The Sum Of It ALL</p>  </div> <p>Organizational Culture</p> <p><i>It is important to ensure that our staff, volunteers and residents do not view PREA as a separate and distinct program- that is a stand-alone. In reality PREA standards are one tool that assists in the development and maintains a healthy organizational culture.</i></p>



Organizational Culture

Definition:

Sum of the organization's attitudes, beliefs, values, norms and prejudices that cause an organization to do what it does



Have someone in the class read the definition of culture from the slide. Ask if others have a different definition.



Organizational Culture: Components

- **Attitudes:** Learned predisposition to respond in a consistently favorable or unfavorable manner with respect to a given object
- **Beliefs:** Shared explanations of experience
- **Values:** What is considered right and good; the way things ought to be
- **Norms:** Shared rules, "way things are done"
- Norms are often more powerful than formal sanctions
- So deeply held that they aren't even noticed unless they are violated
- **Prejudices:** Ill-formed or irrational opinions of somebody or something; if institutionalized, prejudices are embedded in the procedures, policies or objectives of organizations



Culture is how the humans interact so will bring a lot of personal bias, prejudice and interpretation into the work place.

What one person views as right or good might not match another person's views.

One example is the use of sarcasm. Often in residential facilities residents report staff being rude to them. When asked of the staff they are surprised as they describe their behaviors as just using sarcasm as a type of humor. In this case a different interpretation could lead to issues between staff and residents feeling safe.

Other major influencers to the Organizational Culture could be:

Historical events: people often remember significant events for quite some time



Critical events even from a long time ago can live on as if they happened just yesterday. This could manifest itself in statements like “administration won’t do anything, you know they never do. Remember what happened last time?” Last time might have been 15 years ago but when this story is replayed for newer staff, it might appear to have been very recent.

Another common example is how new staff are oriented to the work unit and team. It is not uncommon for a staff to come from new employee orientation and be met with the advice from a seasoned team member. “I know they taught you how to do this, but here we do it this way.” The expectation is that new staff need to follow the lead of “around here...” in order to fit in and be accepted, even if they are not sure the practice is correct or meets policy and procedures.



Organizational Culture

Put very simply:

Culture is how we act when no one is watching.



Sexualized Work Environments

Characteristics of Sexualized Work Environments:

- Undue or over-familiarity between staff/residents
- Staff/staff relationships unprofessional
- Staff/resident relationships cross boundaries
- Staff off-duty conduct impacts work
- Everything comes back to “sex”

In a recent training conducted with corrections professionals, 84% of the class reported that staff discuss personal issues in front of residents

sometimes or frequently. (42% each category)

Staff culture and norms are clear indicators of what residents are witnessing and how they develop their own beliefs about what is accepted or not. A sexualized work environment creates serious boundary issues, both for staff who are uncomfortable and for residents who will take their cues from them.

It was also reported by 63% of the same group of professionals that romantic relationships are common among staff.
Do this polling results match how you would respond?

The training that is referenced was conducted for an audience of state adult corrections and community confinement staff conducted on 10/15/2013. There were 75 total participants. A hand-held polling technology called Turning Point was used to gather anonymous responses. Staff were from multiple jurisdictions, both state and local. This is presented to initiate discussion, not as scientific evidence.



Zero-Tolerance Policy






Zero-Tolerance

Standard [115.311](#) states that there will be a zero-tolerance policy against sexual abuse and sexual harassment.



Each agency will have a PREA coordinator with sufficient time and authority to oversee PREA compliance.

The slide provides a summary of the standard. The trainer can click on the standard and the presentation will go to the exact language of the

standard. When you click on the arrow icon  at the bottom left-hand corner of the standard slide, you'll return to the original slide (in this case slide 17).

§ 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.

(b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

(c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.



Oregon Policy

The [AGENCY NAME] maintains a **zero tolerance** policy for all forms of sexual abuse.



This zero tolerance policy affects all adults and youth who work, volunteer, reside or visit the [AGENCY] programs.



The trainer should make sure these slides match their specific facility policy.

 #19



Examples

What are some examples of sexual abuse and sexual harassment?

Ask the participants for a few examples of sexual abuse and sexual harassment. We will address this topic again in Unit 2 in more detail.

 #20









Policy Definitions

Sexual abuse by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- Contact between the mouth and the penis, vulva, or anus;
- Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any person, excluding contact incidental to a physical altercation.

These definitions are provided in full to make sure that all staff who attend this training have seen the full definition and have had the opportunity to ask questions. Trainers can choose how to review this information in training, however it is suggested to read the definitions aloud or have a participant read them aloud.

 <p>#21</p>		<p>Policy Definitions</p> <p>Sexual abuse by a staff member, contractor, or volunteer includes—</p> <ul style="list-style-type: none"> • Contact between the penis and the vulva or the penis and the anus, including penetration, however slight; • Contact between the mouth and the penis, vulva, or anus; • Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire; • Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire; 	
 <p>#22</p>		<p>Policy Definitions</p> <ul style="list-style-type: none"> • Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire; • Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section; • Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and • Voyeurism by a staff member, contractor, or volunteer. 	
 <p>#23</p>		<p>Policy Definitions</p> <p>Sexual harassment includes—</p> <p>Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; and</p> <p>Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.</p>	

 #24		<h3>Policy Definitions</h3> <p>Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.</p>	
 #25		<h3>PREA Standard 115.351 and 115.361</h3> <p>Standard 115.361 requires all staff to immediately report:</p> <ul style="list-style-type: none"> • Knowledge, suspicion, or information regarding an incident. • Retaliation against residents or staff who report. • Staff neglect or violation of responsibilities that may have contributed to an incident or retaliation <p>Standard 115.351 requires a way for residents:</p> <ul style="list-style-type: none"> • To report to an entity that is not part of the agency <p><i>In addition to policy requirements, there are specific requirements in the PREA Standards regarding reporting sexual abuse and harassment.</i></p>	
 #26		<h3>Mandatory Reporter</h3> <p>Oregon Revised Statute § 419B.010</p> <ul style="list-style-type: none"> • Any public or private official having reasonable cause to believe that a child has suffered abuse is required to report • This includes anyone who works in a juvenile detention center or in a supervisory capacity • <u>If you are participating in this training, you are a mandatory reporter</u> <p><i>The ORS reference here is current as of January 2014. Trainers should verify</i></p>	

this information before conducting training to make sure there have not been any revisions to the statute.

Ask someone in the class to read the definition of a mandatory reporter. Stress the fact that anyone working with residents in juvenile detention meets this definition.



#27

Mandatory Reporting

In addition to mandatory reporting obligations, staff members limit information dissemination to those staff that need to know the information. Notes made in the JIS program will be made restricted so that only staff directly involved with the resident will have access.

All medical and mental health professionals specifically tell residents about their duty to report before beginning an initial meeting or screening with them.

Upon receiving an allegation of sexual abuse, secure program managers immediately notify:

- The Juvenile Department or agency director
- The juvenile counselor or probation officer
- The resident's parents or legal guardians, unless there is no record noting the parents should not be notified
- The resident's DHS caseworker, when applicable






#28





Activity



Activity

Arrange the group in teams of 4-6 players. Use the handout "Unit 1 Activity Instructions" to describe the game "Dozens" and explain how to play. Provide each team with a handout of page 1 and the game cards. Allow the group to play the game for at least 1 round or as long as available within the allotted training time.

 <p>#29</p>	<div style="background-color: #cccccc; padding: 5px;">Objective Review</div> <div style="background-color: #1a3d54; color: white; padding: 10px;"> <ul style="list-style-type: none"> • Introduce and explain background information on PREA and the PREA standards • Introduce Zero-Tolerance Policy for Sexual Abuse and Sexual Harassment • Provide information on how to comply with relevant laws related to the mandatory reporting of sexual abuse to outside authorities </div> 
 <p>#30</p>	<p>Questions?</p>

Slide Numbers, Time, and Materials	Slides/Speaking Notes
<p>Preparation: Review the slides and notes thoroughly to make sure you are familiar with the material.</p> <p>Materials: To deliver this training you will need the PowerPoint slides, projector, computer, screen, flip chart, and markers.</p>	
 1 hour  #1	<p align="center">Employee Training Unit 2</p> <p align="center">Residents and Staff's Right to be Free from Sexual Abuse and Retaliation</p>
 #2	<p>Objectives for this Unit:</p> <div data-bbox="461 919 971 1304" style="border: 1px solid gray; padding: 5px;"> <p>Training Objectives</p> <ul style="list-style-type: none"> • Introduce key terms • Discuss the right of residents to be free from sexual abuse and sexual harassment • Discuss the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment • Provide information on relevant statutes and the applicable age of consent </div> <p><i>Read the objectives to the class.</i></p>
 #3	<div data-bbox="461 1392 971 1774" style="border: 1px solid gray; padding: 5px;"> <p>Key Terms</p> <ul style="list-style-type: none"> • <u>Sexual Abuse by Resident</u> • <u>Sexual Abuse by Staff</u> • <u>Sexual Harassment</u> • <u>Reporting</u> • <u>Retaliation</u> • <u>Organizational Culture</u> <p align="center">WORDS</p> </div>

Key Terms

This section is to ensure that everyone becomes comfortable with the terms we are going to use throughout the module.

- *Sexual Abuse*
- *Sexual Harassment*
- *Reporting*
- *Retaliation*
- *Organizational Culture*



What is it?

Sometimes it is easy to determine whether an action constitutes sexual abuse or sexual harassment—but sometimes it's not so simple.

Look at these scenarios and determine if they are sexual abuse, sexual harassment, or neither.

- During an activity, a male resident reaches out and intentionally touches a female resident on her buttocks.
- A female staff member is conducting cell checks in a male dorm. She looks into one cell where a youth is completely unclothed. She quickly moves on to the next cell.
- A male resident makes a sexually suggestive statement to a female resident. Staff corrects him and he apologizes and stops making the comments.

Select a participant to read each scenario or give the participants to read them silently and then ask the participants to respond to the scenarios.

First scenario—Sexual abuse. See the definition of “Sexual abuse of a resident by another resident” item 4.

Second scenario—Neither. Although the staff saw the youth unclothed, she was conducting cell checks, which are related to official duties. The staff also moved on quickly to the next cell instead of lingering and watching for a period of time. She only saw the youth long enough to determine that he was not injured or in distress. Therefore, this example does not constitute voyeurism and, by extension, does not constitute sexual abuse.

Third scenario—Neither. The definition of sexual harassment includes “repeated and unwelcome” sexual advances. In this scenario, once the youth was corrected he stopped, thereby his actions were not repeated. Had he continued with the statements or other similar statements, then his actions would have constituted sexual harassment.

The trainer should note that there are many other scenarios that staff may see. Participants should familiarize themselves with the appropriate definitions so they will know the differences in terminology.



Right to be free from sexual abuse/harassment

Standard 115.311
(a)
"An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment ..."

The trainer may want to replace the PREA Standard with the agency/facility policy on zero-tolerance and that outlines the resident's right to be free from sexual abuse and sexual harassment.

It is important to recognize that residents have the right to be free from sexual abuse and sexual harassment during their time in our facility. As discussed in Unit 1, sexual abuse/harassment is not part of the consequence of being placed in juvenile detention.







Sexual Harassment







Sexual harassment includes:






- Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another; and
- Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Sexual harassment is demonstrated in many different ways and can start with low level joking and name calling that is meant to be "funny."

Organizational culture often sets the tone for what is believed to be acceptable and often is an indicator as to what harassing behaviors might be present in the pod or unit. For example, inappropriate language or sexualized talk in the presence of residents; ridicule or

	<p><i>threats of a sexual nature.</i></p> <p><i>Ask participants to give some examples of harassment they have experienced or are aware of.</i></p>
	<div data-bbox="467 352 945 705">  <p>Sexual Abuse</p> <p>When perpetrated by staff/employee, contractor or volunteer, the resident is always the victim</p> <ul style="list-style-type: none"> • Victim is not able to consent in these situations <p>Occurs when:</p> <ul style="list-style-type: none"> • The victim does not consent to sexual contact • The victim is coerced into sexual contact by overt or implied threats of violence • The victim is unable to consent or refuse </div> <p><i>Ask: Why can there be no consensual sexual activity between staff and residents?</i></p> <p><i>Possible answers include:</i></p> <p><i>It is illegal</i></p> <p><i>There is such a power differential between staff and residents that residents may be coerced even when it looks like they are consenting.</i></p>
	<div data-bbox="467 1056 972 1438">  <p>Resident-on-Resident Sexual Abuse</p> <p>Occurs when there is:</p> <ul style="list-style-type: none"> • Contact between the penis and the vulva or the penis and the anus, including penetration, however slight • Contact between the mouth and the penis, vulva, or anus • Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument • Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation. </div> <p><i>Review the characteristics of resident-on-resident abuse with the participants. Note that some in the class may be uncomfortable with some terms and be sensitive to this.</i></p>

 #9	<div data-bbox="560 191 971 577"> <p>Staff Member/Contractor/Volunteer on Resident Sexual Abuse</p> <p>Occurs when there is actual, attempted, threatened or requested:</p> <ul style="list-style-type: none"> • Contact between the penis and the vulva or the penis and the anus, including penetration, however slight • Contact between the mouth and the penis, vulva or anus • Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire </div>  <p><i>The next three slides cover the features of sexual abuse by a staff member, contractor or volunteer.</i></p>
 #10	<div data-bbox="560 724 993 1123"> <p>Staff member/Contractor/Volunteer on Resident Sexual Abuse (cont)</p> <p>Occurs when there is actual, attempted, threatened or requested:</p> <ul style="list-style-type: none"> • Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire • Any other intentional contact, either directly through the clothing, or of with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor or volunteer has the intent to abuse, arouse, or gratify sexual desire </div>  <p><i>In the case of staff/contractor/volunteer it is likely that these allegations could result in the involvement of law enforcement as in many cases it is an abuse of authority by a person in position of trust.</i></p>
 #11	<div data-bbox="560 1312 977 1711"> <p>Staff member/Contractor/Volunteer on Resident Sexual Abuse (cont)</p> <p>Occurs when there is:</p> <ul style="list-style-type: none"> • Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident • Voyeurism by a staff member, contractor, or volunteer </div> 

	<p><i>Note that voyeurism on the part of staff, contractors or volunteers falls under the definition of sexual abuse and should be taken seriously. This type of behavior would require reporting and investigation.</i></p>
 #12	<div data-bbox="462 352 950 714">  <h3>Consent</h3> <ul style="list-style-type: none"> • Oregon Revised Statute 163.315 A person is considered incapable of consenting to a sexual act if the person is under 18 years of age • Oregon Revised Statute 164.452/454 Custodial Sexual Misconduct A person commits the crime of custodial sexual misconduct . . . if the person engages in sexual intercourse or deviate sexual intercourse with another person...knowing that the other person is confined or detained in a correctional facility. </div> <p><i>It is important for employees to recognize that there are Oregon statutes that set the applicable age of consent and that criminalize sexual misconduct by employees regardless of the age of the victim. Note that these are excerpts from the statutes, not the entire statute.</i></p>
 #13	<h3>Reporting</h3>
 #14	<div data-bbox="462 1024 950 1375">  <h3>Reporting</h3> <p>Residents may Disclose Sexual Assault to . . .</p> <ul style="list-style-type: none"> Other residents Family members Living unit staff Staff outside the unit Medical staff Mental health staff Teachers Work supervisors Volunteers Chaplains </div> <p><i>Have the participants brainstorm anyone else to whom residents may report an event of sexual abuse or harassment. Emphasize that staff must consider all sources to be equally trustworthy – it is not their responsibility to decide whether a report is factual. It is only their responsibility to disclose the information to the agency to ensure that it is investigated.</i></p>



Reporting

PREA Standard 115.351 requires agencies to have “multiple internal ways for residents to privately report...”

What should be reported?

- Sexual abuse
- Sexual harassment
- Retaliation by other residents or staff for reporting sexual abuse/harassment
- Staff neglect or violation of responsibilities that may have contributed to such incidents

Note that agency/facility policy could be substituted here for the PREA standard if appropriate.

§ 115.351 Resident reporting.

(a) The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

(b) The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

(c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

(d) The facility shall provide residents with access to tools necessary to make a written report.

(e) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.



PREA Standard 115.351 Resident Reporting

Staff must accept and promptly document reports that are made:

- Verbally
- In writing
- Anonymously
- From third parties

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

Point out that staff cannot determine which reports to accept and which ones to reject. They must accept all reports and take immediate action if they believe a resident to be at immediate risk of further abuse.



Who should report?

- Residents
- Staff
- Volunteers
- Contractors
- Anyone who witnesses or suspects sexual abuse

Anyone who witnesses or suspects abuse should report, regardless of their status or position.







Multiple Reporting Mechanisms

- Does your facility provide multiple ways for residents and staff to report?
- What are some examples of reporting mechanisms?

Often, victims are uncomfortable reporting. Having more than one way for victims to report abuse and retaliation gives victims the opportunity to use the mechanism that is most comfortable for them. There are many studies that show that reporting of abuse is more likely when there is more than one way for victims to report.

Use a flipchart to record participant responses. Make sure the following items are included in responses:

- *Having a 1-800 number*
- *Dedicated phone line for reporting*
- *Using the grievance system*
- *Reporting to staff, volunteers, family, attorney, social worker, etc.*

	<ul style="list-style-type: none"> • <i>Sending a sealed letter to someone inside/outside the facility</i> • <i>Contacting an advocate</i> <p><i>Insert facility policy here, if applicable.</i></p>
 #19	<div data-bbox="462 394 1023 814">  <div data-bbox="568 394 1023 814" style="background-color: #1a3d54; color: white; padding: 10px;"> <p>Staff and Agency Reporting Duties</p> <p>PREA Standard 115.361</p> <p>Requires all staff to immediately report:</p> <ul style="list-style-type: none"> • knowledge, suspicion, or information regarding an incident • retaliation against residents or staff who reported an incident • any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation • notification to parents/legal guardians (unless official documents prohibiting), caseworker, juvenile attorney, facility investigators </div> </div> <p><i>Substitute the PREA standard with applicable facility policy if available.</i></p> <p><i>It is important for staff to recognize their reporting responsibilities, which are listed on the slide.</i></p>
 #20	<div data-bbox="462 1050 1023 1465">  <div data-bbox="568 1050 1023 1465" style="background-color: #1a3d54; color: white; padding: 10px;"> <p>Outside Entity Reporting</p> <ul style="list-style-type: none"> • Public/private Entity • Verbal, anonymous and third party reports • Private staff reporting </div> </div> <p><i>The PREA Standard also requires that the agency provide residents at least one way to report to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and harassment to agency officials.</i></p> <p><i>The agency should allow the resident to remain anonymous upon request.</i></p>

The standard requires staff to accept reports that are made verbally or in writing, anonymous reports, and reports from third parties. Staff are also required to document any verbal reports received.

The agency also has to provide a method for staff to privately report sexual abuse and sexual harassment of residents.

In addition to the standard, the facilitator should discuss the relevant local policy as well.



Third-Party Reporting

The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

The trainer can refer to the agency/facility policy in this area if available.

Facilities are required to have a way to receive reports of sexual abuse from third-parties such as parents, social workers or attorneys. This method should be publically available to anyone who has information is able to make a report when needed.



What to Tell Third-Party Reporters

If a staff member is approached by someone other than the alleged victim with a report ensure that staff tell that person the following:

- Relevant agency policy information
- What may happen with the information they have disclosed
- What their involvement with the investigation may be
- Whether they will be informed of the outcome of the investigation

If the steps in facility policy differ from this slide, the trainer should adjust the slide to be consistent with policy.



Responses to Third-Party Source

- Let the person making the report know that the information they have given will be passed up your chain of command in a set timeframe as defined by agency policy.
- Let the reporter know that an investigator may need to conduct an interview.

If the policy does not address these things specifically, it should be noted that best practice in the field includes the following responses:

Information from the reporter that is passed on will be done so on an as need to know basis only. Reassure the reporter that the agency respects the sensitivity of what was reported and will act accordingly.

It is possible that the reporter will need to provide information to the investigator. Explain that they might be asked to provide the report in writing using a specific agency form.

It is good practice to keep the reporter informed as to the status of the investigation. If another agency such as law enforcement is involved letting them know that is important.



Reporting

It is important to establish a reporting culture; a code of silence is dangerous in a corrections agency

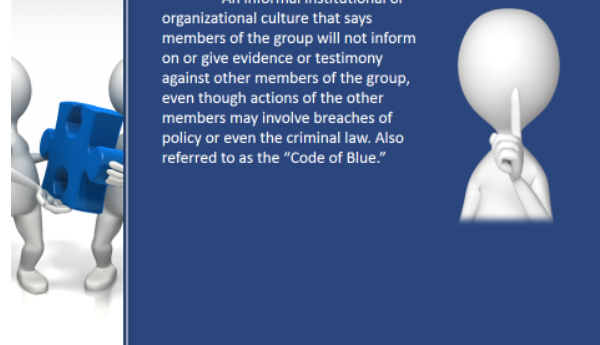
Having policy and procedures is only part of addressing reporting. Understanding what makes up an environment where reporting is valued and taken seriously allows reporting to occur. It is equally important to recognize the barriers that may keep people from taking these requirements seriously.



Code of Silence

Definition:

An informal institutional or organizational culture that says members of the group will not inform on or give evidence or testimony against other members of the group, even though actions of the other members may involve breaches of policy or even the criminal law. Also referred to as the "Code of Blue."



The "code of silence" has been defined as the unwillingness of staff and/or management to talk openly about other staff or incidences of an illegal, unethical or questionable nature. Staff may refuse to cooperate in the investigation of critical events, specifically the reporting and investigation of an allegation of staff sexual misconduct, in order to protect fellow staff members. Most staff members would rather risk discipline than violate the code of silence within the correctional community.

Source: Breaking the Code of Silence: Correction Officers' Handbook on Identifying and Addressing Sexual Misconduct



Code of Silence

Is reporting a part of your agency's culture?

Why would staff witness or suspect misconduct and not report it?

- I would be ostracized
- Staff member who committed misconduct would be fired
- I would be fired
- I would be "blackballed"
- Administration wouldn't do anything

Ask: What is the history in your organization when allegations have been brought forward? Have you yourself experienced or witnessed retaliation as a result of reporting?

Possible answers:

Fear that staff won't respond in support of a situation or as back up.

Fear that my safety might be in jeopardy.

Staff compromise their values in order to fit into an agency and to avoid becoming an outsider

Staff may find it easier to ignore the conduct

Staff may fear retaliation from the accused or other employees for violating the code

Staff may find it impossible to believe that a peer could have a sexual relationship with an offender

Staff may see internal investigations as unprofessional, untimely or even as a "witch hunt."

Staff may believe offenders deserve what they get

Staff fear if they report misconduct, other staff may not protect them if they are involved in physical altercations with resident in the future

Staff may not see relations with offenders as wrong

Source: Breaking the Code of Silence: Correction Officers' Handbook on Identifying and Addressing Sexual Misconduct





What does this mean for my agency?

- How does the “code of silence” impact reporting?
- What has happened to those who have reported misconduct in my agency?
- What happens to those who do not report and should have?
- Would staff feel comfortable reporting?
- At what stage do staff report?

Ask: Have there been fair processes when allegations have been reported at your facility/agency? Do investigations occur or not?






Most often reports are made about resident misconduct and blatant staff misconduct.

Sometimes the culture does not support staff reports about staff harassment of residents, e.g. name calling, sexual jokes or slander about sexual choice or gender identities... (fag, queer, homo, girl etc.)

These unspoken rules often result in irreparable damage to the profession, largely agency security. The primary mission of corrections is to provide safe and secure environments for persons under correctional supervision and the staff who supervise them. The presence of unethical behavior, abuse of power and cover-ups may result in the institution becoming a dangerous place to work and live. It ultimately breeds and distrust and can destabilize an agency.

Source: Breaking the Code of Silence: Correction Officers’ Handbook on Identifying and Addressing Sexual Misconduct



 <p>#28</p>	<div data-bbox="568 199 1039 619" style="border: 1px solid black; padding: 5px;"> <p>Indicators of a Reporting Culture</p> <ul style="list-style-type: none"> • Staff and residents are unafraid of reporting suspected sexual abuse/harassment • Staff and residents have a high degree of trust in the investigative process and in administrative follow-up • Communication and interactions are generally respectful and professional, both between staff and from staff to residents </div>  <p><i>In a reporting culture, staff and residents are confident there will be no retaliation for reporting and they trust the process. It is not seen as a witch hunt rather expected part of the work whose goal is safety for both staff and residents.</i></p> <p><i>It is important to have processes in place where the staff who is alleged to have conducted abuse knows the status of the investigation. Not knowing or understanding the investigative process often leads to fear, lower morale, and a loss of productivity.</i></p>
 <p>#29</p>	<p>Retaliation</p>
 <p>#30</p>	<div data-bbox="560 1165 966 1543" style="border: 1px solid black; padding: 5px;"> <p>Retaliation</p> <p>PREA Standard <u>115.367</u>:</p> <ul style="list-style-type: none"> • Agency must have policy protecting staff and residents from retaliation • Agency must have multiple ways to protect residents and staff from retaliation • Agency must also monitor retaliation for at least 90 days following a report of sexual abuse for both staff and residents and conduct periodic status checks for residents </div>  <p><i>Trainers may substitute agency policy in this slide if it sufficiently covers the PREA Standard.</i></p> <p><i>Fear of retaliation is directly correlated to the agency culture. If there is a greater fear that something negative could or will happen to you then</i></p>

that there will be a fair and safe process it will influence reporting.

Facilities are required to protect staff and residents who report from retaliation in multiple ways.

The facility also must monitor the situation for at least ninety days following a report to make sure that there is no retaliation occurring.

115.367 Agency protection against retaliation.

(a) The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.

(b) The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

(c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

(d) In the case of residents, such monitoring shall also include periodic status checks.

(e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

(f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.



Retaliation

Retaliation occurs when a resident or staff injures, harms, or intimidates a person who has reported sexual abuse and assault—or attempts to do so—in response to the report.



Ask a participant to read the definition of retaliation on the slide.

Retaliation is serious and needs to be addressed every time there is a report. Only then will the culture change. Hearing phrases like “Oh, he/she always treats people like that” only increases the likelihood of additional abuse and retaliation.

Abusers, both youth and staff will recognize when boundaries are enforced and when they are not. This is known as boundary probing and might result in more serious abuse if the restrictions against retaliation are not enforced.



Retaliation

Retaliation comes in many forms

- Overt retaliation
 - Slashing car tires
 - Verbal or emotional abuse
 - Physical assault
- Indirect retaliation
 - Veiled threats
 - Shunning from a group
 - Sudden change in demeanor without explanation



*Retaliation on staff could take many forms. Go over the examples on the slide and ask participants to brainstorm other ways that retaliation could occur. Other examples of retaliation on staff could include:
Schedule changes*



Less attractive post assignments
Ignored or canceled vacation requests

Retaliation on residents could look like:
Harsh chore assignments
Write-ups for minor infractions
Restrictions from activities or free time



Impact of Retaliation on Reporting

Contributes to the code of silence by creating barriers to reporting through threat and intimidation

When people perceive their safety to be at risk, they are less likely to report

The PREA standards are designed to support safety: facility safety, staff safety and resident safety. This ultimately also impacts community safety.

In the event your agency is one where there is fear of reporting it is imperative for leadership to assess the culture and make specific course corrections. This is best done when staff at all levels of the organization are included.



Emotional Support

Agency must also provide emotional support services for residents and staff that fear retaliation

The PREA standards also require the facility/agency to provide emotional support services for residents and staff that fear retaliation for reporting.



Reporting and Retaliation-Resident Education

PREA Standard [115.333](#) requires the agency to educate residents during intake on the process by which reports of sexual abuse or sexual harassment can be made, including retaliation for reporting

PREA Standard 115.333 requires the agency to provide residents with education on their right to be free from sexual abuse and sexual harassment, including retaliation for reporting.

The trainer should also address facility policy/procedure in this area, focusing on exactly who is responsible for this education and when in the intake process it occurs.




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.

(b) Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their 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.

(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.

	<p><i>(e) The agency shall maintain documentation of resident participation in these education sessions.</i></p> <p><i>(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.</i></p>
 <p>#36</p>	<div style="display: flex; align-items: center;">  <div style="margin-left: 20px;"> <h3 style="background-color: #cccccc; padding: 5px;">Objective Review</h3> <ul style="list-style-type: none"> Can you recognize the key terms introduced in this unit? Do you understand the rights of residents to be free from sexual abuse and sexual harassment Do you understand the rights of residents and staff to be free from retaliation for reporting sexual abuse and sexual harassment Can you recognize the applicable age of consent in Oregon? </div> </div>
 <p>#37</p>	<p>Questions?</p> <p><i>Ask the participants if there are any questions.</i></p>

Slide Numbers, Time, and Materials	Slides/Speaking Notes
	<p>Preparation: This module should take 1 hour to complete. Review the information to ensure you are familiar with the content. Prepare scenarios for Activity Two using the “Unit 3 Activity Two Scenarios” document.</p> <p>Materials: To deliver this training you will need the PowerPoint slides, projector, computer, flip chart, and markers.</p>
 1 hour module  #1	<p style="text-align: center;">Employee Training Unit 3 Dynamics of Sexual Abuse & Sexual Harassment/Common Reactions of Sexual Abuse Victims/How to Detect & Respond to Sexual Abuse</p> <p><i>This unit will teach participants about the dynamics of incarceration as it relates to sexual abuse. Participants will also identify the signs and symptoms of trauma as it relates to sexual abuse and how to respond when it is reported.</i></p>
 #2	<div style="display: flex; align-items: center;">  <div style="background-color: #2c4e64; color: white; padding: 10px; border-radius: 5px;"> <p>Training Objectives</p> <ul style="list-style-type: none"> • Understand the dynamics of confinement • Identify the common reactions of juvenile victims of sexual abuse and sexual harassment • Provide information on the dynamics of sexual abuse and sexual harassment in juvenile facilities • Identify how to detect and respond to signs of threatened and actual sexual abuse • Identify how to distinguish between consensual sexual contact and sexual abuse between residents </div> </div>



Exercise

What factors may lead to sexual abuse in juvenile confinement settings?



Break the participants into groups of no more than 6. Give each group 1-2 sheets of flipchart paper and ask participants to list as many examples of factors that may lead to sexual abuse as they can. Encourage the participants to use anecdotal examples from their own observations.

Example(s) could include:

- *Power imbalances*
- *Poor staff supervision*
- *Size (big/small)*
- *Age (young/old)*
- *Education level (high/low)*

Have each group select a group member to report to the class on their work. Try to ensure that the group assigns a different person to report out than in the previous exercise.

During the exercise, trainers should walk around the room and monitor the responses that the groups are listing. Answer any questions that the groups may have.

Encourage participants to be as specific as possible when listing the factors and discourage overly general answers such as “a bad seed”.

After the exercise is over, have each of the groups report out. Be sure to monitor time, this should be a quick exercise. It is best if the flipchart paper can remain on the wall for other groups to refer to when giving their presentation. Point out when groups overlap or put up the same factors. This should be seen as a positive as it reinforces the group’s work and highlights how the participants have a shared idea of what to look out for.




NOTE: IF the trainer wishes to address facility dynamics or resident characteristics specifically, this question can be easily modified.



Consequences of Sexual Abuse

Sexual abuse in custody...

- **Triggers** new mental illnesses and exacerbates existing ones
- **Spreads** infectious diseases
- **Increases** health and mental health care expenditures



It is important for everyone to be aware of the consequences of sexual abuse in confinement settings.




Dynamics of Sexual Abuse

Predators look for means, opportunity, and vulnerability by selecting targets...

- who are **least able to defend themselves,**
- who may be **less believed or believable, or**
- who are **disliked or ostracized.**

(Dumond, 2005)



Let's reflect for a few minutes on what we know about perpetrators and victims in correctional settings and the general attitude of staff toward both. In other words, as we prepare for our new learning, let's first seek to understand the dynamics. Staff are sometimes quick to dismiss allegations from a resident who has made false allegations in the past. But in fact, those residents are more likely to be victimized, because perpetrators know they're less likely to be believed. Other residents more likely to be victimized are those who are least able to defend themselves, or who are disliked or ostracized by staff or peers.



Resident Predators

- Likely to be older
- Have been incarcerated for longer period of time
- Physically aggressive
- Manipulative
- Often members of a security threat group or gang



Dynamics of Sexual Abuse

- In female youth facilities, relationships and loyalty tend to be valued highly. Male youth facility cultures can value aggression and power.
- Some see sexual aggression as a way to assert their power and control over others.
- Being victimized and seeking help often are viewed as signs of weakness.

Note that these are general statements that are not meant to inform every situation.



Dynamics of Sexual Abuse

Aggressors typically employ one of several methods to control victims:

1. Force (physical assaults or threats of harm)
2. Entrapment or blackmail (for example, requiring debts to be repaid with sex, protection)
3. Pressure tactics (persuasion, bribes, use of alcohol and drugs)

Remember that coercion ≠ consent

Those who sexually prey on others use a variety of methods to abuse. The easiest to identify is physical force or threats of harm, however this is often times the least used method.

Abusers often use nonviolent methods to coerce their victims. For example, an abuser may act very friendly and helpful at first in order to make the potential victim feel indebted to them. Then, when the potential victim has a debt or obligation, the perpetrator demands that the debt be paid through sexual activity. Also, abusers can use other pressure tactics to coerce the victim into sexual activity.

It is also common for residents with mental health and or developmental challenges to be easy prey for predators. The desire to be “liked” and “accepted” is often seen as a reasonable price to pay for providing sexual favors or for participating in a cover-up.

We should remember that coercion is not the same thing as consenting to sexual activity. Abuse conducted through threats and pressure is still abuse even if there was no physical force used. Also, the fact that two residents claim that sexual activity was “consensual” doesn’t mean that there was no coercion.

All sexual activity should be thoroughly investigated and a determination made following the investigation.



Dynamics of Sexual Abuse

Anyone can be at risk, but residents are more vulnerable if:

- Young and inexperienced
- First-time/new to confinement
- Are not “tough” or “streetwise”
- Have mental illnesses or developmental disabilities
- Incarcerated for sexual violence against children or vulnerable adults



Anyone can be vulnerable and at risk for abuse, but there are special populations of residents that tend to be more vulnerable. These

populations are identified on this slide. Would you add any populations of residents to this list?

 #10



Vulnerable Residents

- Someone who seems weak, or who is not streetwise
- Youth with mental illness or developmental disabilities
- Those incarcerated for sexual violence against children or vulnerable adults

 #11



Resident Victims

- Previous victims of sexual abuse
- Those residents disliked or are otherwise isolated from staff and other residents
- Those residents who are least likely to be believed

 #12



Vulnerable Populations

Educating ourselves about the characteristics of our population will greatly assist in preventing and detecting sexual abuse.

Staff should also know what characteristics make a resident more vulnerable to abuse as well as what characteristics make a resident more prone to predatory activity.

There are some common characteristics and/or behaviors that make a

resident more vulnerable to sexual harassment and abuse. There are many vulnerable populations and they tend to be victimized more and believed less.

 #13



Inappropriate Sexualization

Incarcerated females may engage in sexual activity due to the following reasons:

- Sex defined as “love” or as a commodity
- Boundary Issue
- Challenges in defining domestic violence
- Fears about disclosure and reporting

Developed by American University, Washington College of Law, Project on Addressing Prison Rape

 #14



Inappropriate Sexualization

- PTSD and re-traumatization
- Crisis and long-term treatment issues
- Trauma remains untreated and cycle continues

Developed by American University, Washington College of Law, Project on Addressing Prison Rape

 #15



Dynamics of Sexual Harassment

May precede sexual abuse and is used to

- test a target
- demean others
- overtly or subtly intimidate
- challenge new inmates/residents or staff
- threaten inmates/residents or staff who are perceived to be weaker

May be used

- To move the alleged perpetrator
- To retaliate against the alleged perpetrator

It is imperative that staff recognize and address harassment. The sooner

the lower level behaviors are responded to and addressed the less likely more serious and dangerous behaviors will be exhibited. How they take control of what behaviors will and will not be accepted is how the culture of the facility is developed.

 #16



Changes in behavior are important to recognize and address. Taking time to examine what might be causing the change and not just trying to mitigate the behaviors allows staff to address systemic issues in addition to individual resident concerns.

Additional reactions you might observe if someone has been victimized or is aware of victimization of others include:

- *Eating/sleeping disturbances*
- *Regression in ability to problem solve*
- *Hyper-arousal/paranoia*

For residents who experience serious or persistent behavioral health challenges you might see them decompensate even further.

In order to understand why victims have such varied responses to abuse, we need to learn a little more about how trauma affects the brain.



Youth and Trauma



Why is it important to understand the impact of trauma?

Here are some resources for use in understanding the impact of trauma on victims:

National Center for Trauma-Informed Care: <http://www.samhsa.gov/nctic/>

NCCD Center for Girls and Young Women: <http://www.nccdglobal.org/>

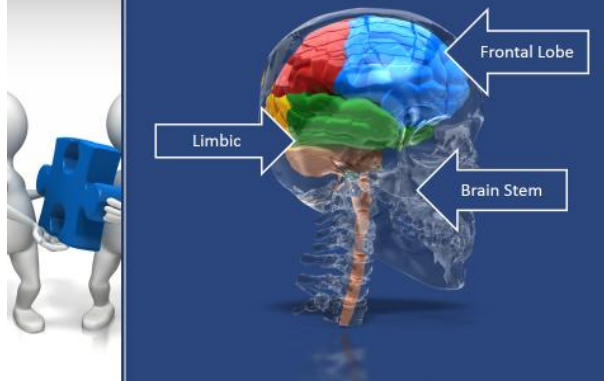
Safe Start Center: <http://www.safestartcenter.org/>







The Sanctuary Model of Trauma-Informed Care:

<http://www.sanctuaryweb.com>



Neurobiology of Trauma



 #19	 <h3>Trauma and the Brain</h3> <p>Frontal lobe: seat of conscious memory, chronological information</p> <p>Limbic system: controls emotion, fear response, sensory memories</p> <p>Brain stem: controls instinctive reactions (fight/flight/freeze)</p>
 #20	 <h3>Frontal Lobe</h3> <ul style="list-style-type: none"> • Responsible for conscious memory and verbal skills • Helps an individual put events in order <ul style="list-style-type: none"> -Takes time after a traumatic event – may make the interviewee unable to recall events accurately soon after trauma • During trauma this can become dissociated from the rest of the brain, preventing a victim from remembering or preventing them from speaking about their memories
 #21	 <h3>Limbic System</h3> <ul style="list-style-type: none"> • Controls the senses, emotions • Includes amygdala, hippocampus <p>During a traumatic event, amygdala might depress hippocampus function and make an individual unable to remember all or part of the events</p> <p>Traumatized individuals might be more able to answer sensory questions than ones about the specific events:</p> <ul style="list-style-type: none"> • What did you see? • What did you hear? • What did you taste? • NOT: What happened? <p><i>Amygdala: An almond-sized structure that stores memories of fearful experiences</i></p> <ul style="list-style-type: none"> • <i>responsible for regulating safety, and regulates heart rate and</i>


blood pressure, via the parasympathetic /sympathetic nervous system.

- *Triggers the fight-flight-freeze stress response located in the brain stem when “danger” is detected*
- *After a trauma the amygdala becomes hypersensitive and overreacts even to normal stimuli.*
- *Imaging studies reveal hyper-responsivity here in victims in particular as they are presented with reminders of their trauma*

Hippocampus: A finger-sized cluster of neurons, is the hub of memory and learning because all conscious memory must be processed through this structure of the brain.

- *Functions like a memory chip in a computer. It is involved in processing verbal and emotional memory and passing it along for permanent storage.*
- *Highly sensitive to stress hormones (e.g., cortisol).*

When the amygdala is very active (e.g. during trauma), it interferes with hippocampus function and therefore with a victim’s ability to remember events



Neurobiology of Trauma

- Trauma has been proven to have significant and very real effects on the victims and their brain functioning
- Disrupts the stress-hormone system that is regulated by the brain
- Stays “stuck” in the brain’s subconscious (limbic system, brain stem, etc.) where they are inaccessible by the conscious areas (frontal lobe, etc.)
- Can result in Post Traumatic Stress Disorder (PTSD)

Trauma can have significant effects on a victim’s reaction to sexual abuse. It literally changes the way that the brain functions. By disrupting the brain’s normal reactions to stress, memories of traumatic events can stay “stuck” in the subconscious where they can have an unconscious effect on the victim’s actions.

This is why some victims of sexual abuse do not react in ways that are considered “normal.” There is no normal response to trauma, it is different for each person.



Exposure to Trauma

Girls exposed to trauma 92%

Boys exposed to trauma 93.2%

Girls and Boys exposed to trauma 6 or more times 56.8%

PTSD, Trauma, and Comorbid Psychiatric Disorders in Detained Youth
 Karen M. Abram, Linda A. Teplin, Devon C. King, Sandra L. Longworth, Kristin M. Emanuel, Erin G. Romero, Gary M. McClelland, Mina K. Dulcan, Jason J. Washburn, Leah J. Welty, and Nichole D. Olson

These percentages are from a study of detained youth, not the general population.



Impact of Trauma

- 94% of rape victims demonstrate PTSD symptoms within the first month of the assault (Gibson , 2007)
- 13 times more likely to abuse alcohol
- 26 times more likely to abuse drugs
- 4 times more likely to contemplate suicide (World Health Organization, 2011)



Point out to the participants that these are symptoms that are likely experienced by a majority of youth that enter into detention.



#25



Trauma and the Brain

The occurrence of traumatic events such as:

- childhood abuse or neglect,
- witnessing a violent event,
- the sudden death of someone close to you,

... can have lasting effects on areas of the brain involved in memory and emotion

Another important point is that trauma can alter the physical characteristics of the brain itself.

#26



Neurobiology of Trauma



This slide shows the differences in a normal 3-year old brain and the brain of a child exposed to extreme neglect. There is no denying the physiological differences that occur as a result of trauma. How could these differences in brain development manifest through behavior later in life?



Effects on a Youth's Brain and Behaviors

- Depression
- Agitation
- Avoidance
- Problems sleeping
- Flashbacks
- Nightmares
- Hypervigilance
- Substance abuse
- Amnesia
- Dissociation
- Eating disorders
- Suicidality
- Core Beliefs

Understanding how the brain is responsible for our behaviors and what results when a brain is “underdeveloped” due to trauma allows us to adjust supervision and communication styles. A trauma informed environment will tailor to the needs of each resident to ensure individualized treatment approaches.



Effects on Resident Behaviors

Trauma interferes with cognitive functioning:

- ✓ Thought processing
- ✓ Concentration
- ✓ Memory and specific recall
- ✓ Realistic assessment of own situation
- ✓ Decision making

If you know a resident has experienced trauma do you believe that their ability to participate in the program and comply with directives might be impacted?

It is not unusual in a correctional environment for staff to view youth with cognitive deficits as being manipulative or oppositional because they will not follow directions. It is equally important to assess how these legitimate behavioral outcomes of trauma will manifest themselves in a correctional environment.



Many programs are based on cognitive restructuring curriculums and processes. Some youth who have experienced trauma may have difficulty in these types of programs. It is important not to assume one size will fit all when it comes to treatment and the development of a therapeutic milieu.

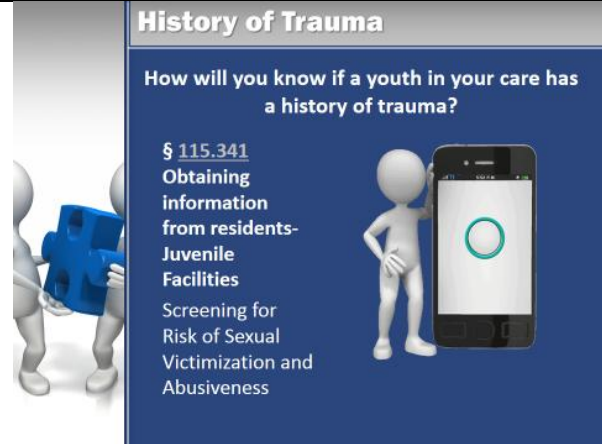
 #29



Effects on Resident Behaviors

Trauma affects the resident's ability to cooperate and interact with others

 #30



History of Trauma

How will you know if a youth in your care has a history of trauma?

§ 115.341
Obtaining information from residents- Juvenile Facilities
Screening for Risk of Sexual Victimization and Abusiveness

PREA standard 115.341 requires that a screening take place of all residents. This screening must include input from the residents themselves, not just a paper review of files or arrest information.

From the data presented earlier it is highly likely that most of those youth in our care will have experienced some level of trauma. Involvement in the legal system itself can be traumatic and repeated episodes of confinement is also a traumatic event. In order to determine the history and severity of the trauma, assessment and screening tools are required. These sexual victimization tools help facilities to determine housing and roommates

options and need for level of supervision.

Good practice will also include re-assessment for vulnerability if critical events occur. Some examples of these could be the illness or death of a family member, failing parole or being denied transition activities, or being victimized.

When screening and assessment is used as part of a comprehensive intake it allows for a plan to be developed in a proactive way. It is likely that taking these steps can reduce the opportunity for harassment and/or abuse and will result in less victims. Often facilities report that individualizing programs is impossible due to staffing constraints. It is important to recognize the impact on resources when an assault happens. Shifting to resource allocation proactively will result in less resources needing to be allocated when needing to react to an incident.

115.341 Obtaining information from residents.

(a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

(b) Such assessments shall be conducted using an objective screening instrument.

(c) At a minimum, the agency shall attempt to ascertain information about:

(1) Prior sexual victimization or abusiveness;

(2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;

(3) Current charges and offense history;

(4) Age;

(5) Level of emotional and cognitive development;

(6) Physical size and stature;

(7) Mental illness or mental disabilities;






(8) Intellectual or developmental disabilities;




(9) Physical disabilities;

(10) The resident's own perception of vulnerability; and

(11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

(d) This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

	<p><i>(e) The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.</i></p>
 #31 	<p>Activity</p> <p>Divide the class into groups of 4-5 participants. Each group will be given a scenario to discuss. After reviewing the scenario, groups should discuss what happens when we either use or ignore information learned on the effects of trauma.</p> <p>The groups should discuss the differences that can occur when staff have little to no sensitivity to the impact of trauma and hold youth accountable to behaviors in a “one size fits all” approach. The groups then should consider how staff could demonstrate sensitivity to the cognitive and emotional impacts of past trauma in how they will respond to the youth in the same situation.</p> <p>Each group should discuss the scenario for about ten minutes and then report their discussion to the rest of the participants.</p>
 #32	<div style="border: 1px solid gray; padding: 10px;"> <p>Objective Review</p> <p>Are you able to:</p> <ul style="list-style-type: none"> • Understand the dynamics of confinement • Identify the common reactions of juvenile victims of sexual abuse and sexual harassment • Provide information on the dynamics of sexual abuse and sexual harassment in juvenile facilities • Identify how to distinguish between consensual sexual contact and sexual abuse between residents </div> 
 #33	<p>Questions?</p>

Slide Numbers, Time, and Materials	Slides/Speaking Notes
	<p>Preparation: Prepare for the activity on slide #32 by taking the steps outlined on slides #35-36 and placing them on a piece of paper. <u>Do not number the steps.</u> Cut the paper so that there is one strip of paper per step. Put the strips into an envelope and repeat so that there are enough envelopes for the number of groups you anticipate during the activity.</p> <p>Materials: PowerPoint slides, projector, screen, computer, the specific form your department/facility uses for First Responders, flip chart, and markers, along with Handouts “Red Flags” and “The Daily Dozen.”</p>
 1.5 hours  #1	<h3 style="text-align: center;">Employee Training Unit 4</h3> <h3 style="text-align: center;">How to Fulfill Responsibilities Under Agency Sexual Abuse/Harassment Policies</h3>
 #2	<div style="background-color: #336699; color: white; padding: 5px;">Training Objectives</div> <ul style="list-style-type: none"> • Provide information on how staff are to fulfill their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures • Identify how to avoid inappropriate relationships with residents • Demonstrate working knowledge of first responder procedures



Prevention

How can you assist in preventing sexual abuse?



What are some examples of things staff can do to assist in creating a safer environment? Answers and ideas could differ based on the role of the person in the facility (e.g., supervisor, direct care, medical, educator, administrator). It is important to recognize and stress that every staff member has a responsibility for prevention.



Prevention

- Enforcing the agency's policy on zero tolerance by following procedures and rules.
- Supporting the agency's sexual abuse reporting policy. If you see misconduct you are expected to report it consistently and fairly.
- Familiarizing yourself with your surroundings- be aware of and respond to lapses in safety and security.
- Conducting quality supervisory rounds- leaders should be visible and active in the facility, engaging both staff and inmates.

This slide provides a list of some basic things that staff can do to prevent sexual abuse and harassment.





Prevention

General prevention planning shall include the following:

- Knowing the PREA coordinator or compliance manager for your facility.
- Knowing the procedures for reporting abuse.



Ask the participants if they are aware of the name of the PREA Coordinator for the agency and/or Manager at the individual facility. It will be important that this information be available to share at trainings, including the location of their office, email and phone number.



Detection

- Prevention and detection go hand in hand.
- Detection means knowing your environment so that you are keenly aware when a resident or staff member is acting in an unusual or peculiar manner.



It is very important for staff to pay close attention to the environment. It is not unusual to change something in the environment that will allow for an assault to occur. Examples might be stuffing lock mechanisms so it appears the doors are closed but will not lock and/or hiding contraband that can be used as a weapon or as a bribe. By ensuring that search procedures are routinely followed, you can catch these actions and minimize the opportunity for an assault.





15 minutes

Signs of Resident on Resident Abuse

Group Activity

What strategies do you use to detect signs of sexual abuse?



Break into groups of 4-6 people and provide some chart paper to each group. Ask each group to spend about 5 minutes creating a list of activities that they do to prevent and detect signs of sexual abuse.

After the time is up ask each group to post their list on a wall. After all lists are posted have the groups walk around the room and together review the other groups lists paying attention to which things they had in common and what was different .

After each group has had a chance to review all the group lists have a representative share with the big group a strategy they saw on all or most of the lists and one that was not common.

Close out this exercise by pointing out how important it is to share strategies as each staff has a different lens that they might see through. When systems are developed to communicate the strategies it enhances safety.





Focus Question

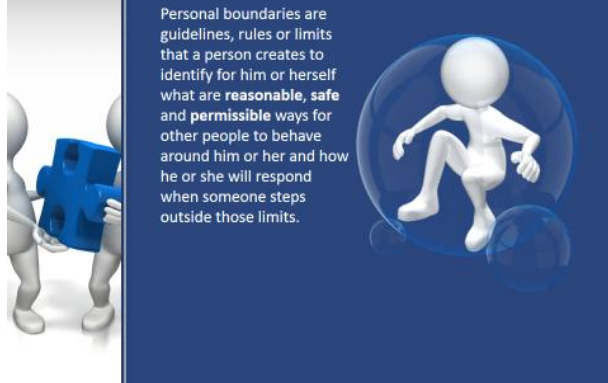


Why are both personal and professional boundaries important in our work lives?

Solicit responses from the participants.



What are Personal Boundaries?



Personal boundaries are guidelines, rules or limits that a person creates to identify for him or herself what are **reasonable, safe and permissible** ways for other people to behave around him or her and how he or she will respond when someone steps outside those limits.

*Read the definition of “personal boundary”.
Ask someone in the group to define what the term “Professionalism” means. After one or more responses, go to the next slide.*



What are Professional Boundaries?

Professional Boundaries are the **conduct, aims, or qualities** that characterize a person who conforms to the technical or ethical standards of a profession and exhibits a courteous, conscientious, and generally businesslike manner in the workplace.



Read the definition to the group. Explain that professional boundaries are very similar to personal boundaries except that professional boundaries are established by the profession rather than the person.



Blurred Boundaries

Staff and Residents become Blurred when..

- They have not been clearly defined
- Staff have not been properly trained to resist the testing of boundaries
- Life gets out of balance
- There is not a reporting culture that supports feedback and accountability
- The culture is one where staff fear retaliation for reporting inappropriate behaviors

Boundaries can often become blurred, especially when they are not clearly defined or when there is not proper training on what constitute healthy boundaries.





Staff Responsibilities

Staff responsibilities in working with youth

- Staff sets the “tone” for relationships.
- Staff brings own issues to the workplace.
- May or may not have good boundaries or healthy relationships.
- Way of relating to youth and adults may be a function of age
- (e.g., younger staff more aligned with youth than older staff).
- May not know how to constructively deal with sexual issues with youth.
- May communicate their own bias regarding sexual orientation/gender identity

It is important for staff to recognize that they are responsible for setting and enforcing boundaries and for acting professionally in all situations.







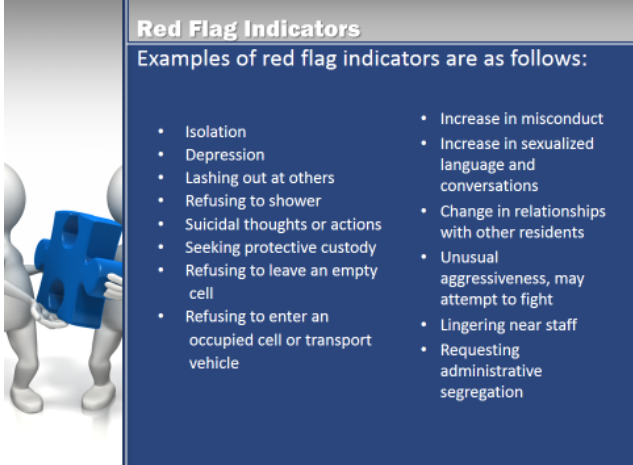
Avoiding Inappropriate Relationships

- Personal Boundaries
- Professional Boundaries
- Pay attention to signs
- Identify and respond to “red flags”




The best way to ensure we are creating and maintaining an environment that is sexually safe is to have safeguards in place that allow transparency and communication both for residents and staff. This will allow a reporting culture and ultimately safety.

Often when youth are provided the opportunity, they will partner with staff in creating safe environments. Having youth councils where they are asked for feedback and input is one opportunity to hear from them. Pulling together small groups of high level youth to meet with staff when there has been safety violations or victimizations allows staff and youth to partner toward recommendations and actions.

 <p>#14</p>	<h2>Red Flags</h2> <p><i>Give participants the Red Flags handout.</i></p>	
 <p>#15</p>	 <p>Red Flag Indicators</p> <p>There are several “red flag” indicators that will assist staff in detecting resident on resident sexual abuse.</p>	<p><i>Often after an incident occurs, staff will look back and see signs of abuse that were missed before. These are called “red flags” and if we are aware of them early they can help us prevent and detect abuse in a more effective way.</i></p>
 <p>#16</p>	 <p>Red Flag Indicators</p> <p>Examples of red flag indicators are as follows:</p> <ul style="list-style-type: none"> • Isolation • Depression • Lashing out at others • Refusing to shower • Suicidal thoughts or actions • Seeking protective custody • Refusing to leave an empty cell • Refusing to enter an occupied cell or transport vehicle • Increase in misconduct • Increase in sexualized language and conversations • Change in relationships with other residents • Unusual aggressiveness, may attempt to fight • Lingering near staff • Requesting administrative segregation 	<p><i>One important feature of red flags is that a single indicator may not in and of itself indicate sexual abuse. Staff should pay attention to the indicators but not jump to conclusions. For example, all residents who demonstrate depression or depressive symptoms are not victims, but the presence of</i></p>

depression should give us a reason to dig deeper and find out what is going on with that resident. This questioning may turn up actual or threatened abuse and stop or prevent future abuse.



Resident Red Flags

- Spending time with a particular staff member
- Leaves area when a particular staff shows up
- Using staff member's first name
- Developing medical symptoms
- Increase in misconduct

This slide and the next list some of the most common red flags.



Red Flags: Staff

- Calling out a resident at odd times
- Dropping into work at odd times
- Defending the resident by interceding on his/her behalf
- Inappropriate sexual conversation/materials at work
- Personal problems or life changes
- Coming to work early or staying late to talk to a specific resident
- Resident having access to more privileges

Ask participants to share any other red flags they can think of that are not listed on the handout.



Red Flags: Environment

- Increased fights on the unit
- Other youth separating from another
- Youth wanting to talk to staff alone
- Increases in housing change requests
- Unusual contraband
- Other staff members staying away from a particular staff member
- Flirtatious language

One key feature of prevention and detection is being aware of the environment and any changes that occur. When these indicators exist there could be any number of issues occurring that can affect the safety of both youth and staff.



Signs of Potential Inappropriate Boundaries

- Isolation from family/friends
- Isolation from other staff
- Confusion about boundaries
- Lack of clear vision and policies from agency leadership
- Stressed out/over-worked
- Mandated overtime for extended periods of time, staff shortages
- Lonely or going through difficult personal challenges
- divorce, family conflicts, financial difficulties
- Using alcohol or substances to cope
- Feeling like no one cares/understands
- Sexual frustrations or inactivity



Challenging Boundaries: Working with Youth

- Staff want to be helpful to youth, yet remain professional
- A resident may remind you of a child you know on the outside of work
- Staff need to build trust-based relationships with youth while simultaneously staying professional
- Staff may fall into parenting the youth instead of teaching them (being a professional role model for the youth)

Working in youth corrections in secure facilities is incredibly hard work. Balancing building relationships and accountability in how we approach our work can be difficult. It often feels like there are contradictions in being successful while maintaining boundaries.



Additional Guidance

When Staff May Need Additional Guidance and Reminders about Boundaries

- Isolation from family/friends
- Isolation from other staff
- Stressed out/over-worked
 - Mandated overtime for extended periods of time, staff shortages
- Interacting with residents/former residents/families on social media

This slide and the next provide some situations when staff may be particularly vulnerable to crossing boundaries.





When Staff May Need Additional Guidance and Reminders about Boundaries



- Lonely or going through difficult personal challenges
 - divorce, family conflicts, financial difficulties
- Using alcohol or substances to cope
- Feeling like no one cares/understands
- Sexual frustrations or inactivity



Communication Tools



All staff should be able to:

- Clearly communicate boundaries
- Seek help and advice if having problems
- Confront co-workers if they observe problem behaviors
- Model positive interactions



Management and senior staff should model and mentor how to address professional boundaries. It is also important to have a team culture that permits staff to hold themselves accountable and bring their questions and concerns to a safe forum for discussion.

Do you think your work environment would support discussion and support if a peer was struggling with boundaries and performance?

Does anyone have an example of how a staff was supported in the work place?



#25



“The Daily Dozen”

1. Do you look forward to seeing a particular resident when you come to work?
2. Have you done anything with a resident you would not want your family or your supervisor to know about?
3. Would you be reluctant to have a co-worker observe your behavior for a whole day?
4. Do you talk about personal matters with residents?

Give participants “The Daily Dozen” as a handout. Explain that these are questions that were developed by a corrections professional in the adult system to help staff have a way to check their boundaries. Go over all twelve issues with the participants.








#26



“The Daily Dozen”


5. Do you believe you can ask a resident to do personal favors for you?
6. Have you ever received personal advice from a resident?
7. Have you said anything to a resident that you would not want tape recorded?
8. Do you have thoughts or fantasies of touching a particular resident? Does this extend into planning how you can be alone with the resident?



 #27	<div style="background-color: #336699; color: white; padding: 5px;">“The Daily Dozen”</div> <div style="display: flex; align-items: center;">  <div style="background-color: #336699; color: white; padding: 10px;"> <p>9. Do you think you have the right to touch a resident wherever and whenever you want to?</p> <p>10. Do you have a feeling of not being able to wait to share good/bad news with a particular resident?</p> <p>11. Do you think residents say no to you, regardless of what you ask them to do?</p> <p>12. Have you ever allowed residents to talk about sexual experiences or sexual fantasies, or to tell sexual jokes in your presence?</p> </div> </div> <p><i>If you answered “yes” to any of the above questions, you may be in danger- sexual misconduct often begins as over-familiarity with a resident. Identify what your next steps can be to help yourself. It could be reviewing policy and procedures, talking to a peer or a mentor, bringing questions to supervision of team meetings. What is important is to address the Red Flags when they are able to be course corrected and not let it get to a point where you or others could lose a career or worse.</i></p>
 #28	<p>Response</p>
 #29	<div style="background-color: #336699; color: white; padding: 5px;">Response</div> <div style="display: flex; align-items: center;">  <div style="background-color: #336699; color: white; padding: 10px;"> <p>Appropriate and consistent response to incidents of sexual abuse is important and will assist in maintaining credibility in reporting mechanisms.</p> <p>When the resident population can see that reports and responses to incidents are taken seriously they are more inclined to utilize the system appropriately.</p> </div> </div> <p><i>Consistent and timely responses to reports of abuse increase facility safety for both staff and residents.</i></p>



Response




PREA Standard 115.365 requires that the facility have a plan to coordinate response in the event of a sexual assault.

*115.365 Coordinated response
The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.*








Response



- Be knowledgeable about first responder duties
- Know the role of the agency investigator
- Familiarize yourself with the role of medical and mental health staff
- Know what is expected of supervisors and agency leadership

All staff should understand the facility plan and know what role others play. This is especially important given any staff might be the first responder. Some facilities have created first responder checklists to aid in the facilitation of information flow.

 <p>#32</p>	<div data-bbox="521 197 945 585"> <h3>First Responder Considerations</h3>  <p>Table Group Activity</p> <p>Each group will be given an envelope. The envelope contains strips of paper that have the first responder considerations (from slides 51-52) typed on them. The group will be instructed to empty the contents of the envelope and organize the strips in sequential order.</p> </div> <p><i>Break the participants into 3-4 groups. Provide each group with an envelope that contains strips of paper that have the first responder considerations (from slides #35-36) typed on them. Instructed to empty the contents of the envelope and organize the strips in sequential order. After this is complete, have the groups report out on the order of considerations.</i></p>
 <p>#33</p>	<div data-bbox="521 856 945 1251"> <h3>First Responder</h3>  <p>As defined by the PREA Standards, a first responder is the first security staff person to respond to a report of sexual abuse.</p> <p>In the event that a non-security staff member who is the first to respond that person should instruct the victim not to anything that could potentially destroy evidence of the abuse</p> </div>
 <p>#34</p>	<div data-bbox="521 1329 945 1724"> <h3>First Responder Duties</h3> <p>PREA Standard 115.364</p> <p>The first staff member to respond to a sexual abuse report within a time period that allows for the collection of physical evidence is required to:</p> <ul style="list-style-type: none"> • Separate the alleged victim and abuser • Preserve and protect any crime scene(s) • Request that the victim not take any actions that could destroy physical evidence • Ensure no evidence is destroyed </div>

The trainer is able to substitute facility policy here, provided the policy addresses all areas of the PREA standard.

115.364 Staff first responder duties.

(a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

(1) Separate the alleged victim and abuser;

(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

(b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.



First Responder Considerations

First responder should consider the following 10 steps when responding to incidents of sexual abuse:

1. Ensure Safety
2. Stabilize the Situation
3. Secure the Scene
4. Observe Closely

Pass the PREA Checklist out to participants and ask them to use it as a reference point as you discuss first responder duties.



First Responder Considerations

5. Obtain Only the Basic Information
6. Instruct the Victim
7. Communicate the Incident
8. Document
9. Professional Boundaries
10. Confidentiality



First Responders to Reports of Past Abuse

- This is the most common type of first response
- Staff members should assume that it WILL happen to them during their career

It is very common in correctional environments that youth will report past abuse that occurred. When youth are in a treatment and therapeutic environment and learning how to deal with their past it is not unusual for them to report prior abuse. Often treatment will trigger these memories.



Primary Objectives

First Responders to Reports of Past Abuse

REMEMBER: Not everyone responds to a sexual assault the way you think they should—
people can be irrational or calm depending on the situation and/or history of past sexual abuse

Therefore....

- Listen to the resident in a non-judgmental manner
- Be aware of both your verbal and non-verbal response
- Clearly document (e.g., who, what, when, where, time, date, address/location, contact information and parties involved)

Sometimes it is hard to believe that an abuse occurred in the past and once hearing about it that the youth actually never told anyone. We can not assume that others will act the same way we would. It is really important to not voice doubt that this ever occurred or to pass judgment.



Primary Objectives

First Responders to Reports of Past Abuse

Follow your agency policy on:

- reporting up the chain of command
- only tell staff who NEED to know
- involvement of investigators
- involvement of medical/ mental health staff

Question the resident reporting as to the specifics of the allegation:

- where did it happen
- who was involved

DO NOT conduct a full interview or interrogation-
That will be done by the investigator

Again following agency policy is the rule. It is important to not question too much since this is the role of the investigating staff.



First Responder and Victims of Abuse



- Interaction with the victim should be culturally and developmentally appropriate and gender specific
 - Discussing sex may be culturally prohibited; same sex sexual behavior may be shameful
 - Youth may not have the “appropriate” language to use when discussing the incident

The best thing to do when faced with this kind of situation is listen. It is not important for you to understand or ask about each and every detail. The youth has selected to disclose to you for a reason and that is most likely because they trust you. Do not respond with your personal biases or offer suggestions as to how to handle the situation.








First Responder and Victims of Abuse



- Girls may want to process and discuss- they may describe more details and emotions; it may take more time to establish trust due to a previous abuse history; prefer relational language
- Boys will use less words and may provide fewer details; may act out vs. talking
- Treat all victims with dignity and respect
- Ensure privacy of information that is reported— only share with those who have a legitimate need to know

Note that there may be differences in reporting based on the resident’s gender. Ensure you are in a place that allows privacy and where you are able to give full attention to the youth.

 <p>#42</p>	<div style="background-color: #cccccc; padding: 5px;">Coordinated Response</div>  <p>Coordinated response ensures that all appropriate staff are actively involved in responding to an incident and that they know what their role should be after the incident is reported. Coordinated response involves:</p> <ul style="list-style-type: none"> • Referring to agency specific written plan for first responders, investigators, medical/mental health personnel & agency leadership <ul style="list-style-type: none"> ▪ If victim is transferred to another facility, the agency is required to notify the receiving agency of the need for medical, mental health or other social services
 <p>#43</p>	<div style="background-color: #cccccc; padding: 5px;">Objective Review</div>  <ul style="list-style-type: none"> • Provide information on how staff are to fulfill their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. • Identify how to avoid inappropriate relationships with residents • Demonstrate working knowledge of first responder procedures
 <p>#44</p>	<p>Questions?</p>