


Idaho Department of Correction 	Standard Operating Procedure	Title: Prison Rape Elimination Screening and Cautions		Page: 1 of 5
		Control Number: 149.01.01.002	Version: 1.0	Adopted: 07/12/2021

Bree Derrick, Deputy Director, approved this document on 07/12/2021.

Open to the public: ☒ **Yes**

SCOPE

This standard operating procedure (SOP) applies to employees, residents, contractors, volunteers, and any person who is involved directly or indirectly the care and custody of residents.

Revision Summary	
Revision date <u>(07/12/2021)</u> version <u>1.0</u> : This is a new SOP describing the processes for screening residents to determine their risk of being sexually victimized or sexually abusive toward other residents. It provides processes to review, add cautions, and house residents safely.	

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A. STATUTORY AUTHORITY

Prison Rape Elimination Act, Prison and Jail Standards, 28 C.F.R. Part 11

B. BOARD OF CORRECTION IDAPA RULE NUMBER

None

C. GOVERNING POLICY NUMBER

149 Prison Rape Elimination

D. PURPOSE

This document outlines the department's approach to screening and housing residents to support the zero-tolerance standard to prevent sexual abuse and sexual harassment.

E. RESPONSIBILITY

1. PREA Coordinator – The PREA Coordinator is responsible for:

- Ensuring the screening tool complies with PREA Standard requirements.
- Ensuring training for those assigned to perform screenings is adequate.

2. Facility Heads – Facility Heads are responsible for:

- Identifying appropriate beds for housing potential victims and potential abusers separately and in a safe manner.
- Identifying housing staff responsible for initial housing decisions.
- Identifying and assigning the team responsible for reviewing caution verification and entry.
- Ensuring potential victims are housed in the least restrictive environment possible.

3. PREA Compliance Managers – PREA Compliance Managers are responsible for:

- Confirming housing and caution overrides.
- Notifying the facility's assigned screener when a special review is required.

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4. Housing Staff – Housing Staff are responsible for:

- a. Reviewing screenings and assigning appropriate beds that protect potential victims and ensuring they are separated from potential abusers.
- b. Reviewing cautions prior to any move to ensure resident safety.

5. Medical Services Provider, Assigned Screeners – The Medical Service Provider, or assigned screeners, are responsible for:

- a. Ensuring initial screenings are completed as required within 72 hours of arrival, and again prior to 30 days after arrival.
- b. Tracking all required screenings.

6. Clinical Supervisor – The Clinical Supervisor is responsible for:

- a. Ensuring all clinical visits are completed within 14 days of the screening.
- b. Ensuring visits are documented in the electronic medical record.

F. DEFINITIONS

None

G. STANDARD PROCEDURES

1. General Statement

The department will separate, where possible, and monitor potentially vulnerable and potentially abusive residents to reduce the incidence of sexual abuse and sexual harassment.

2. Facility Intake Screenings

- a. All residents must be screened within 72 hours of arriving at any facility. The screening is meant to determine if they may be vulnerable to sexual abuse or may be potentially sexually abusive.
- b. The screening will be conducted using an objective, automated PREA screening form. All staff and contractors performing the PREA screening must receive training prior to performing screenings.
- c. Screenings shall be completed in an area that allows privacy. Residents are not required, and may not be disciplined, for refusing to answer questions about disabilities, sexual orientation, gender identity, prior victimization, or their own perception of vulnerability.
- d. When screenings are completed, an automated message will be sent to the facility's designated housing review staff to make placement decision for residents presenting as potential victims or potential abusers. Specialized housing reviews are also completed when a resident feels at risk for sexual abuse, identifies as transgender, gender non-conforming or intersex, or the screener observes traits or behaviors that may put the resident at risk.

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3. Mental Health Response

- a. If the screening indicates the resident has experienced sexual victimization that has not been previously reported, the resident will be offered the option to visit with a clinician.
- b. Residents who have previously perpetrated sexual abuse will also be offered a visit with a clinician.
- c. When a visit is accepted, it must be completed within 14 days.

4. Thirty Day Review

Within 30 days of arrival at the facility, the resident will be interviewed to confirm their safety and assess any new information that has become available. A full screening will be completed if new safety concerns emerge.

5. Special Review Sessions

- a. Residents must be rescreened when any additional information emerges regarding the resident's risk for sexual victimization or abusiveness. Special review screens are required for residents involved in resident-resident or staff-resident sexual abuse cases.
- b. Security supervisors will assign staff to complete six-month checks on transgender, intersex, and gender non-conforming residents to ensure they feel safe in their housing and have programming access. If safety or placement concerns emerge, the security supervisor shall conduct a housing review. Case Managers shall follow-up on programming concerns. The six-month checks are documented in C-notes.

6. Placement and Cautions

- a. Facility Leadership must identify in a field memorandum appropriate beds for housing those identified as PREA potential victims (PPV) and PREA potential abusers (PPA). Residents with PREA cautions housed in these beds shall not be moved without permission from Facility Leadership.

When a resident is identified and affirmed as a PPV or a PPA, a caution must be entered into the agency information management system. Entries do not include any confidential victim information.

- b. If a resident has a PREA caution, the following housing guidelines must be followed:
 - i. Residents with a PPV caution must not be housed in the same cell as a resident with a PPA caution.
 - ii. Residents with a PPV caution will be assigned to a bunk identified by the facility head as provided in Section G.6.a.
 - iii. Those with PPA cautions will be assigned to locations where more observation is possible.
- c. The PREA Compliance Manager, with the approval of the Facility Head, will identify a team to review and confirm housing and cautions. The PREA Compliance Manager or Facility Head will be informed of and must approve any changes in housing guidance above.

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- d. PPV and PPA caution information in the agency information management system is used to determine appropriate housing. PREA caution information may not be released externally, except by a PREA Compliance Manager or PREA Coordinator.

7. Restrictive Housing

- a. PPVs shall not be placed in restrictive housing for protection purposes unless all other options have been considered, and a determination has been made that there is no available alternative means of separation from PPAs.
- b. If the facility cannot determine appropriate housing immediately, the facility may hold the resident in temporary protective custody for less than 24 hours while completing the assessment.
- c. If the facility places a PPV in restrictive housing, the facility must clearly document the basis for the facility's concern for the resident's safety and the reason why no alternative means of separation can be arranged.
- d. Residents placed in restrictive housing for this purpose shall have access to programs, privileges, education, and work opportunities to the fullest extent possible. If access is not possible, the facility shall document which opportunities were limited, for how long, and the reason for such limitations.
- e. The facility may place such residents in restrictive housing only until an alternative means of separation from likely abusers can be arranged; such an assignment must not exceed a period of 30 days.

8. Confidentiality

- a. The release of any information related to sexual victimization and sexual abusiveness that has occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments.
- b. Any reports of sexual abuse or harassment that occur during the current incarceration must be immediately reported to the Shift Commander.
- c. Medical and mental health practitioners must obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under 18. Idaho Code § 16-1605 requires mandatory reporting of any abuse of a minor to the Idaho Department of Health and Welfare or the proper law enforcement agency within 24 hours.

H. REFERENCES

Prison Rape Elimination Act, Prison and Jail Standards, 28 C.F.R. Part 11

Standard Operating Procedure [149.01.01.001](#), *Prison Rape Elimination Act*

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