Resident Screening

Obtaining Information from Residents

Standard 115.341 requires that **facilities** obtain and use information about each **resident**'s personal history and behavior to reduce the risk of **sexual abuse** by or upon a **resident**. The **facility** should perform this assessment within 72 hours of the **resident**'s arrival at the **facility** and periodically throughout a **resident**'s confinement, and conduct the assessment using an objective screening instrument. The standard provides a number of areas that the **agency** should attempt to ascertain information about during the screening, and requires that these areas be addressed through conversations with the **resident** during the intake process and medical/mental health screenings; during classification assessments; and through the review of court records, case files, **facility** behavioral records, and other relevant documentation from the **resident**'s files.

Lastly, the **facility** must implement controls on who in the **facility** has access to information obtained through these screening procedures.

The DOJ notes that screening according to this standard presents some challenges for **facilities** and provides guidance to address these challenges in the standards summary (pp. 90-92, 144).

Placement of Residents in Housing, Bed, Program, Education, and Work Assignments

Standard 115.342 requires that the **agency** use information obtained from Standard 115.341 to inform a wide variety of assignments within the **facility** in order to keep all **residents** safe and free from **sexual abuse**.

The standard requires that **residents** be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other **residents** safe, and then only until alternate means of keeping all **residents** safe can be arranged. During any period of isolation, **agencies** must ensure that **residents** have access to daily large-muscle exercise and to any legally required educational programming or special education services. They should also receive daily visits from a medical or mental health care physician, and have access to other programs and work opportunities to the extent possible. If a **resident** is isolated pursuant to this section, the **facility** should document the basis of the **facility's** concern for the **resident's** safety, and the reason why no alternate means of separation can be arranged. The **facility** is to afford each isolated **resident** a review every 30 days to determine if there is continuing need for isolation.

Housing and access to programming for lesbian, gay, bisexual, **transgender**, or **intersex** (LGBTI) **residents** is subject to a variety of requirements, including that decisions on housing and program assignments be made based on an individual assessment. These housing and programming assignments are to be reassessed at least twice a year to review any threats to safety experienced by the **resident**. LGBTI **residents** are not to be classified into **facilities** or housing units solely

based on their identification as LGBTI, unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such **residents**. Finally **transgender** and **intersex residents** shall be given the opportunity to shower separately from other **residents**.

Medical and Mental Health Screenings; History of Sexual Abuse

Standard 115.381 requires that any **resident** that is identified as a past **sexual abuse** victim or abuser (pursuant to the screening conducted in Standard 115.341) in an institutional setting is offered a follow-up meeting with a **medical** or **mental health practitioner** within 14 days of the screening. The standard limits information related to sexual victimization or abusiveness in an institutional setting to only **medical** and **mental health practitioners** and other necessary **staff**. The standard also requires **medical** and **mental health practitioners** to 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 the age of 18).

The DOJ notes that the follow-up meeting in this standard is intended to emphasize immediate mental health needs and security risks. This is distinct from the requirement in Standard 115.383 for a mental health evaluation in 60 days, which is a comprehensive mental health assessment intended to inform future treatment plans. If the **medical** or **mental health practitioner** determines through the follow-up meeting that further treatment is not warranted, the **facility** is not required to provide such services (pp. 143-145).

Resources

- Arizona Department of Juvenile Corrections. *Reception Screening for Assaultive and Sexually Aggressive Behavior and Risk for Sexual Victimization*. (http://www.azdjc.gov/FactsNews/PREA/FF88A4DC.pdf)
- National Institute of Justice (USDOJ). *Mental Health Screens for Corrections.* (www.nij.gov/pubs-sum/216152.htm)
- National Institute of Corrections. *Cross-Gender Supervision Training*. (nicic.gov/Library/006806)
- National Institute of Corrections. *Developing Gender-Specific Classification Systems for Women.* (static.nicic.gov/Library/018931.pdf)