Policy:	**1162**	**Effective:**	05/09/08
Procedure:	**1162.01**	**Replaces:**	**N/A**
Chapter:	**Child Abuse and Sexual Abuse**	**Dated:**	**04/24/08**
Rule:	**Preventing and Responding to Sexual Offenses involving Juveniles**		

Purpose:

The Arizona Department of Juvenile Corrections (ADJC) establishes policies and procedures that prohibit sexual activity, sexual conduct, sexual abuse, sexual contact, or sexual assault between ADJC personnel, volunteers, interns, or contract personnel and juveniles and between juveniles. The Department screens juveniles to identify potential victims and perpetrators, ensures services are provided for the victims of such abuse, educates employees and juveniles, and assesses potential environmental factors.

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Rules:

1. **Screening juveniles for assaultive behavior, sexually aggressive behavior, and risk for sexual victimization** at Reception, Assessment, and Classification (RAC):
   a. Upon a juvenile's admission to RAC, the **QUALIFIED MENTAL HEALTH PROFESSIONAL (QMHP)** shall assess the juvenile using the Screening for Assaultive and Sexually Aggressive and Risk for Sexual Victimization Form 1162.01A;
   b. If the assessment indicates that the juvenile has been sexually assaulted, the **QMHP** shall:
      i. Report the abuse in accordance with Procedure 1162.02 Reporting Suspected Child Abuse;
      ii. Ensure the juvenile receives medical treatment, if warranted;
      iii. Provide the juvenile with or refer the juvenile for psychological services for the abuse;
      iv. Make a recommendation for any special housing needs;
      v. Along with the Multidisciplinary Team (MDT) include in the Continuous Case Plan (CCP) a course of action to be taken to address and ameliorate the effects of the abuse.
   c. If the assessment indicates that the juvenile is a potential victim the **QMHP** shall:
      i. Make a recommendation for any supervision, treatment, or management needs;
      ii. Along with the Multidisciplinary Team (MDT) include in the CCP a course of action to be taken to address the juvenile's potential for victimization.
   d. If the assessment indicates the juvenile is a potential victimizer the **QMHP** shall:
      i. Make a recommendation for any special housing needs;
      ii. Along with the Multidisciplinary Team (MDT) include in the CCP a course of action to be taken to address the juvenile's potential for victimizing.

2. **Educating juveniles in sexual victimization awareness:**
   a. **STAFF DEVELOPMENT OR DESIGNEES** shall develop training to be used to instruct/educate:

i. The juveniles who are housed in secure facilities; and
ii. ADJC personnel.

b. When a juvenile enters RAC, **ADJC PERSONNEL** shall educate him/her to be aware of the possibility of sexual victimization from other juveniles or ADJC employees;

c. **TRAINED PERSONNEL AND VICTIMS' RIGHTS ADVOCATES** shall present juveniles with written materials describing ways in which they can:
   i. Avoid being a victim;
   ii. Report having been a victim;
   iii. Seek help for victim related issues.

d. **JUVENILE OMBUDS (JO)** shall inform juveniles of their rights surrounding sexual victimization and sexual abuse;

e. **VICTIMS' RIGHTS ADVOCATES** shall be available to assist any juvenile victim of sexual assault or sexual abuse.

3. **Employee training**

a. The **ACADEMY COMMANDER** shall include a curriculum in the New Employee Academy that addresses the ways in which to identify warning signs of abuse or potential abuse in accordance with this procedure and define appropriate employee – juvenile relationships in accordance with Procedure 1200.01 Employee – Juvenile Relationships. The curriculum shall address:
   i. Awareness of the tone and propriety of interactions between ADJC employees and juveniles;
   ii. Ways in which to avoid inappropriate relationships with juveniles and their family(ies);
   iii. Signs of victimization;
   iv. Appropriate boundaries;
   v. Indications of a potential victimizer;
   vi. Appropriate ways to respond to the victimization or potential victimization of an employee or juvenile.

b. **STAFF DEVELOPMENT** shall provide follow up or refresher training as deemed necessary by the Director.

4. **Annual Vulnerability Assessment of the physical plant and the environment:**

a. The **AGENCY CAPTAIN OR DESIGNEE** shall direct an annual Vulnerability Assessment of each of the secure facilities in which juveniles are housed using Form 1162.01B Secure Facility Vulnerability Assessment;

b. The **EMPLOYEES CONDUCTING THE ASSESSMENT** shall follow the protocol established in reporting areas of vulnerability:
   i. Dark, unattended hall ways;
   ii. Campus areas not easily monitored;
   iii. Areas that are not monitored by sight and sound of employees or electronic devices;
   iv. Common areas that have obstructions in the line of sight of housing unit employees;
   v. Classroom, office, or bathroom areas that do not have windows or afford other observation methods;
   vi. Shower areas that are separate from bathrooms designed to have more than one person at a time in them;
   vii. Restrooms that are designed to have more than one person at a time in them;
   viii. Dependent locking systems;
   ix. Practices used to supervise and deliver services to juveniles.

c. The **FACILITY SUPERINTENDENT** shall direct the facility's maintenance supervisor to remedy any physical plant deficiencies within 7 days of receipt of the report, unless those remedies are cost prohibitive. If the cost to remedy the physical plant deficiencies is cost prohibitive, the **FACILITY'S BUSINESS MANAGER** shall follow the agreed upon process to request capital expenditure for this project;

d. The **FACILITY SUPERINTENDENT** shall direct the facility Assistant Superintendent(s) and management team to:
   i. Make any changes in the supervision process of juveniles that are needed; and
   ii. Monitor the changes made to ensure consistency.

e. The **AGENCY CAPTAIN OR DESIGNEE** shall direct:
   i. A follow-up assessment after completion of remediation of the deficiencies; and
   ii. Continuous follow-up assessments at the time of monthly security inspections;
   iii. Quarterly updates be done of monthly security inspections and distributed to:
      (1) Director.
      (2) Deputy Director;
      (3) Chief Administrator of Safe Schools;
      (4) Quality Assurance Administrator.

5. **ADJC Personnel Response to an alleged sexual offense involving ADJC juveniles:**

a. Juvenile Disclosures:
   i. When an ADJC juvenile discloses information of a sexual offense that occurred in Secure Care, **ADJC PERSONNEL RECEIVING SUCH INFORMATION** shall limit the information gathering to the following:
      (1) Listen openly and speak at the juvenile's level and in positive, non-judgmental manner;
      (2) If the juvenile has not spontaneously provided the following information about the offense, ask only these exact questions as needed to complete the information:
         (a) What happened?
         (b) Who did it?
         (c) Where were you when it happened?
         (d) When did it happen?
      (3) Document or remember the juvenile's exact words during the disclosure since these quotes shall be included in the report to be authored by the recipient of the disclosure;
      (4) **ADJC PERSONNEL** shall not make any promises to the juvenile that cannot be guaranteed. For example, do not tell the juvenile "this does not have to be reported", "you won't have to testify", "no one will go to jail;" If the juvenile appears to be a risk to his/her own safety or to the safety of others, or if s/he has been or is currently being neglected or abused physically, sexually, or emotionally, **ADJC PERSONNEL** shall inform the juvenile of their duty to report;
      (5) Seek the assistance of a QMHP as soon as possible to aid in:
         (a) Determining if the juvenile is in imminent danger;
         (b) How best to deal with the juvenile's current mental status.
      (6) Report the abuse in accordance with Procedure 1162.02 Reporting Suspected Child Abuse;
      (7) If the victimization just occurred do not leave the victim alone or allow him/her to wash, brush his/her teeth, shower, or change clothing;
      (8) Do not contact and/or confront the suspect;
      (9) Follow the direction of Inspections and Investigation Division (IID) before proceeding further.

b. Third party disclosures
   i. If a juvenile discloses and/or was a witness to a sexual offense involving another ADJC juvenile in Secure Care, **ADJC PERSONNEL** shall:
      (1) Ensure the conversation is not conducted with other potential witnesses present;
      (2) Obtain the information with the following non-leading questions listed below:
         (a) What happened?
         (b) Who did it?
         (c) Where were you when it happened?
         (d) When did it happen?

(3) Document or remember the juvenile's exact words during the disclosure since these quotes will be included in the report to be authored by the recipient of the disclosure;
(4) Report the abuse in accordance with Procedure 1162.02 Reporting Suspected Child Abuse.

c. The **INSPECTIONS AND INVESTIGATIONS DIVISION (IID)** shall investigate all Sexual Offense allegations in accordance with Procedure 1162.03 Child Abuse Investigations Protocol.

6. **Mental Health services following an allegation of sexual assault or abuse:**
   a. ADJC **QUALIFIED MENTAL HEALTH PROFESSIONAL (QMHP)** shall facilitate healing in the juvenile who has been victimized following an allegation of sexual assault and/or abuse;
   b. In this role, the **QMHP:**
      i. Shall delay primary trauma intervention until after a forensic interview, to be conducted by a forensically trained IID Investigator or a Forensically trained Interviewer from a Child Advocacy Center; but
      ii. In collaboration with IID, shall not delay primary trauma intervention longer than 24 hours; and
      iii. Shall provide trauma intervention immediately if the juvenile is in acute crisis.
   c. Following the forensic interview of an alleged juvenile victim, a **QMHP** shall assess the need for crisis intervention, counseling, and long-term follow-up.
      i. If the juvenile's needs are immediate and serious in nature, a **QMHP** shall complete an Initial Precautionary Risk Assessment of the juvenile using Form 4250A Initial Precautionary Risk Assessment; and
      ii. In light of the QMHP's findings from the Initial Precautionary Risk Assessment of the juvenile, if necessary, proceed in accordance with Procedure 4250.01 Suicide Prevention Procedure.
   d. For long term ongoing supportive therapy **QMHPs** who lack expertise, training and/or credentials in the area of treatment of child abuse, sexual assault, or abuse victims, shall seek referrals to mental health professionals, including non-ADJC personnel, who specialize in working with child abuse and/or sexual abuse victims;
   e. During treatment, if a juvenile discloses further information regarding the abuse, the therapist, both the ADJC QMHP or any non-ADJC personnel, should document direct quotes and promptly report this information to IID;
   f. The **MDT** shall incorporate any supportive follow-up treatment needs into the juvenile's CCP.

7. **Medical responsibilities:**
   a. A juvenile believed to be a victim of a sexual assault/abuse should be brought to the Health Unit.
      i. **QUALIFIED HEALTH CARE PROFESSIONALS (QHCP)** shall:
         (1) Assess the juvenile;
         (2) Provide any emergency treatments, as needed;
         (3) Limit exams to immediate serious injuries.
      ii. Unless there is concern about significant bleeding, **QHCPs** shall not conduct a genital, oral, and/or anal examination.
   b. The **QHCP** shall not make any attempt to gather either physical evidence or statements from any juvenile alleging sexual assault;
      i. This does not preclude the QHCP from preserving trace evidence at risk to be lost (i.e., hair on victim's clothing.);
         (1) The **QHCP** shall collect this evidence in consultation with IID;
      ii. The **QHCP** shall document any spontaneous statements made by the victim;

iii. **SECURITY PERSONNEL** is to remain with the juvenile while in the Health Unit during all initial evaluations for alleged sexual assault and delivery of emergency care.

c. In the absence of a QHCP, **SECURITY PERSONNEL** shall contact the medical person on-call for instructions in accordance with Procedure 3100.05 Emergency Care for further information;

d. **IID PERSONNEL** shall make arrangements for a forensic medical examination by a Sexual Assault Nurse Examiner (SANE) for any juvenile alleging abuse within the past 120 hours. **ADJC PERSONNEL** in collaboration with IID personnel shall:
   i. Supervise the juvenile and instruct him/her not to shower or, if applicable, rinse out his/her mouth prior to the offsite examination;
   ii. If the juvenile changed clothing in the health unit prior to the examination, give any clothing removed to and IID Investigator and/or Security staff to:
      (1) Seal in paper bags;
      (2) Mark as evidence items;
      (3) Chain of custody must be maintained;
      (4) Give to IID to be retained by them.
   iii. Ensure the specialized medical examination is performed at a predetermined, authorized location;
   iv. Ensure that the health unit, in collaboration with an Investigator from IID makes the appointment;
   v. Ensure each Health Unit keeps an up-to-date list of current Child Abuse Assessment and Advocacy centers staffed by Physicians and/or Forensic Nurse Examiners (FNE) with the necessary qualifications to provide child abuse examinations. The list is published in the protocols that have been adopted state wide. Refer to http://www.acainfo.ahsc.arizona.edu/protocol/protocol.htm

e. If a juvenile makes a disclosure of sexual assault/abuse during a routine unrelated evaluation by a QHCP, the **QHCP** shall:
   i. Follow the guidelines outlined in Rules 7. a. and b.;
   ii. Report the abuse in accordance with Procedure 1162.02 Reporting Suspected Child Abuse.

f. If possible evidence of a sexual assault/abuse is observed during a routine unrelated exam, the **QHCP** shall question the juvenile using the following procedure:
   i. Ask only these exact questions as needed to complete the information.
      (1) What happened?
      (2) Who did it?
      (3) Where were you when it happened?
      (4) When did it happen?
   ii. If the juvenile does disclose and/or does not disclose abuse, which would include sexual assault/abuse, the **QHCP** shall report this incident in accordance with Procedure 1162.02 Reporting Suspected Child Abuse.

8. The **SECURE CARE SUPERINTENDENT OR DESIGNEE, IN COLLABORATION WITH IID PERSONNEL** shall notify the parent or guardian in cases involving allegation of sexual offenses.

9. **Additional Medical Evaluations that could also indicate a need for a Forensic Medical Exam:**
   a. **For juveniles who report a history of sexual abuse:** The **QHCP** shall consider that best practice suggests that juveniles who report a history of sexual abuse occurring any time in the past where there is the possibility that evidence may be found, should be seen for a forensic medical exam, dependant upon the circumstances. Occasionally some professionals will question the need for a medical evaluation if the juvenile is giving a history of minimal sexual contact. It is known that juveniles may under-report the extent of abusive activities at the initial disclosure. Therefore, to decide that a juvenile does not

need an exam because there is only a history of exposure or fondling over clothing, for example, may result in missing physical findings or non-detection of treatable diseases;

b. **Genital/Rectal Pain or Bleeding:** The **QHCP** shall ensure that juveniles experiencing these symptoms are seen as soon as possible so that the site of the bleeding or cause of the pain can be identified. This will help to differentiate accidental from non-accidental injuries and sexually transmitted infections from non-sexually transmitted ones;

10. **Adolescents disclosing consensual sex:**
    a. **IID IN COLLABORATION WITH A QHCP** shall send the juvenile for a forensic medical exam:
        i. If there is a question as to whether the sexual contact was consensual or non-consensual; and/or
        ii. If the victim is under 15 years old.
    b. **ADJC PERSONNEL** shall contact IID who will in turn contact the County Attorney's Office for advice if the juvenile/victim is age 15, 16, or 17, and the partner/alleged perpetrator is:
        i. Less than 19 years of age or attending High School; and
        ii. Is no more than 24 months older than the youth/ victim.

11. **Pregnant Teens:**
    a. **PHYSICIANS** must consider the possibility of sexual abuse in these cases.
    b. If the pregnant teen is under 15 years of age, then the **QHCP** shall make a child abuse report immediately.

12. **Record keeping**
    a. **IID** shall track all Incident Reports, log entries, and Youthbase entries regarding allegations of sexual assault or abuse;
    b. The **QUALITY ASSURANCE ADMINISTRATOR** shall audit, as part of his/her ongoing quality assurance audits of secure facilities:
        i. Records of sexual abuse or assault;
        ii. Secure Facility Vulnerability Assessments Form 1162.01B; and
        iii. Records of correction of deficiencies noted on Secure Facility Vulnerability Assessments.

Signature Date	**Approved by Process Owner**
5/8/08	Kellie M. Warren, Psy.D., Deputy Director
Effective Date	**Approved by**
5/9/08	Michael D. Branham, Director