

## **PREA Audit Supplementary Questionnaire on Community Advocate Engagement**

The PREA audit requires DOJ-certified PREA auditors to attempt to communicate with community-based or victim advocates who might have insight into relevant conditions at the facility being audited. Primarily formatted as interview questions, the following was developed to assist auditors in gaining information about the facility’s interaction with and involvement of advocates at the audited facility and in the provision of services to victims of sexual violence. This document serves as a supplement to the Auditor Compliance Tool and should not be used as a standalone document, but to collect additional information to support PREA audit compliance findings.

This supplement covers the following standards:

- 115.401(o) – Frequency and Scope of Audits
- 115.21/.121/.221/.321 - Evidence protocol and forensic medical examinations
- 115.51/.151/.251/.351(b) – Inmate/resident/detainee reporting
- 115.53/.253/.353 – Inmate/resident access to outside confidential support services

### **Section One: Preliminary Information Request**

*115.401 (o) “Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.”*

- If not already provided, ask the facility being audited for the name of the community-based or victim advocacy organization(s) and primary contact information for organizations with which \_\_\_\_\_ facility has a formal relationship (MOU or other agreement) and/or with which \_\_\_\_\_ facility has attempted to establish a formal relationship.

*Auditor Note: The audited facility may have worked with community rape crisis centers, state sexual assault coalitions, LGBTI advocacy groups, prisoner advocacy groups, or corrections consultancy organizations and all might have useful information about PREA-relevant conditions at the audited facility.*

Organization Name: \_\_\_\_\_  MOU  No MOU  
Primary Contact Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Organization Name: \_\_\_\_\_  MOU  No MOU  
Primary Contact Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

*Auditor Note: a separate questionnaire should be completed for each community-based or victim advocacy organization listed. If no information is provided by the facility, contact the state*

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sexual assault coalition. The Office on Violence Against Women provides a list of state coalitions via this link: <https://www.justice.gov/ovw/local-resources>

**Section Two: General Questions for the Advocacy Organization(s)**

- Does your organization currently have a relationship with \_\_\_\_\_ facility?  
 Yes       No

If “yes,”

- Does your organization have an MOU or other agreement for provision of services?  
 Yes       No
- Who is your primary contact at \_\_\_\_\_ facility?  
\_\_\_\_\_
- How frequently do you interact with this contact? \_\_\_\_\_
- When did this relationship begin? \_\_\_\_\_ MM/YYYY

If “no,”

- Describe any past interactions with \_\_\_\_\_ facility:

At any time, has \_\_\_\_\_ facility invited your organization to the facility for a tour, meetings, training, or other collaboration?

- Yes       No

If “yes,” what was the purpose of this visit(s):

- If no MOU exists, describe how you came to an agreement about the provision of services(i.e., contract or other agreement):
  
- Describe any attempts to enter into an MOU and why it has not been completed:
  
- Describe relevant conditions at \_\_\_\_\_ facility based on your organization’s experience with the facility related to sexual abuse or sexual harassment.
  
- What other local/regional/national organizations should be contacted about relevant conditions at \_\_\_\_\_ facility?  
Organization Name: \_\_\_\_\_  
Primary Contact Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_
  
- Organization Name: \_\_\_\_\_  
Primary Contact Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

**Section Three: Questions on Specific PREA Victim Services Standards**

**115.21/.121/.221/.321 – Evidence protocol and forensic medical examinations**

- Does \_\_\_\_\_ facility transport people to a community site for forensic exams?  
 Yes     No     I don't know
  
- If "yes," what hospital or medical site does \_\_\_\_\_ facility use to provide SANE/SAFE exams for inmates/detainees/residents at \_\_\_\_\_ facility?  
\_\_\_\_\_
  
- If "no," describe how \_\_\_\_\_ facility provides inmates/residents/detainees access to a qualified SANE/SAFE for a forensic medical exams, including if a SANE/SAFE is on staff and/or comes into the facility:  
 I don't know
  
- Does your organization provide services to inmate/resident/detainee victims of sexual abuse from \_\_\_\_\_ facility?  Yes     No

If "yes,"

- Are these services part of the MOU or other formal agreement listed above?  Yes     No
- Which of the following types of support services does your organization provide to inmate/resident/detainee victims from \_\_\_\_\_ facility (check all that apply):
  - Accompaniment during forensic medical exam
  - Accompaniment during investigatory interviews and court proceedings
  - Emotional support services
  - Crisis intervention
  - Information
  - Relevant referrals
  - Other: \_\_\_\_\_

How are these services provided? (check all that apply):

- Over the phone
  - Via mail
  - Onsite at \_\_\_\_\_ facility
  - Onsite at the hospital
  - Other: \_\_\_\_\_
- 
- For services provided over the phone, describe your organization's understanding of how inmates/residents/detainees access the phone for this purpose:
  
  - Describe any time the phone is not available (example: no one to answer the phone, or the facility does not allow access):
  
  - How are services provided to non-English speaking inmates/residents/detainees?

If “no,” can you share why your organization does not provide services at \_\_\_\_\_ facility?

- What locally-based organizations might be able to provide such services?

**Complete the following only if advocacy organization provides services to inmate/resident/detainee victims at \_\_\_\_\_ facility.**

- Describe how your organization is contacted to provide advocacy services when an inmate/resident/detainee reports sexual abuse:
  - Following a report of sexual abuse? \_\_\_\_\_
  - During a forensic exam? \_\_\_\_\_
  - During an investigatory interview or other law enforcement contact? \_\_\_\_\_
- In the past year, how many times has your organization been contacted to provide advocacy services to inmates/residents/detainees from \_\_\_\_\_ facility:
  - Following a report of sexual abuse? \_\_\_\_\_
  - During a forensic exam? \_\_\_\_\_
  - During an investigatory interview or other law enforcement contact? \_\_\_\_\_
- Does \_\_\_\_\_ facility use facility staff to provide advocacy services?
  - Yes  No  Do Not KnowIf “yes,” who is this person? \_\_\_\_\_

**Complete ONLY if the advocacy organization knows that \_\_\_\_\_ facility uses facility staff to fill the advocacy role described in standard 115.21/.121/.221/.321.**

- Do you know how that person was selected to serve in that capacity?  Yes  No  Do Not Know  
If “yes,” describe how this person was selected:
- Do you know what kind of training that person received to serve in that capacity?
  - Yes  No  Do Not KnowIf “yes,” describe the training this person received:

**115.51/.151/.251/.351(b) – Inmate/detainee/resident reporting**

- Has your organization agreed to receive reports of sexual abuse and sexual harassment from inmates/detainees/residents from \_\_\_\_\_ facility as an external reporting entity?  Yes  No

If “yes,”

- Is this reporting responsibility part of the MOU or other formal agreement listed in Section One above?  Yes  No
- Explain how your program came to provide these services:

- Can inmates/detainees/residents remain anonymous, upon request, when making a report?
  - Yes       No
- Who do you notify at \_\_\_\_\_ facility about the report?  
\_\_\_\_\_
- How many reports has your organization received in the past 12 months? \_\_\_\_\_
  - What kinds of reports did your organization receive (check all that apply)
    - Inmate/resident/detainee sexual harassment
    - Staff sexual harassment
    - Inmate/resident/detainee sexual abuse
    - Staff sexual abuse
    - Other: \_\_\_\_\_
- How many unique inmates/detainees/residents made the reports? \_\_\_\_\_
- Describe any trends of abusive conduct in the reports:
  
- Describe what happens when a report is received:

If “no,”

- Even though it has not been agreed to, do inmates/residents/detainees from \_\_\_\_\_ facility still contact your organization to report sexual abuse or sexual harassment?  Yes     No
  - If “yes” explain what happens when a report is received:
  
  - Can inmates/detainees/residents remain anonymous, upon request, when making a report?  Yes       No
  - Who do you notify at \_\_\_\_\_ facility about the report?  
\_\_\_\_\_
  - How many reports has your organization received in the past 12 months? \_\_\_\_\_
  - What kinds of reports did your organization receive (check all that apply)
    - Inmate/resident/detainee sexual harassment
    - Staff sexual harassment
    - Inmate/resident/detainee sexual abuse
    - Staff sexual abuse
    - Other: \_\_\_\_\_
  - How many unique inmates/detainees/residents made the reports? \_\_\_\_\_

**115.53/.253/.353 – Inmate/resident access to outside confidential support services**

- Does your organization provide confidential emotional support services to any inmate/resident at \_\_\_\_\_ facility?  Yes     No

If “no”:

- Has this been discussed as something that your organization could provide?  Yes     No
- Please describe the reason your agency does not provide emotional support services:

If “yes”:

- Are these services part of the MOU or other formal agreement listed in Section One above?  
 Yes  No
  
- How can inmates/residents at \_\_\_\_\_ facility contact you for services (check all that apply):
  - Over the phone
  - Via mail
  - Other: \_\_\_\_\_
  
- How do inmates/residents at \_\_\_\_\_ facility receive on-going services (check all that apply):
  - Over the phone
  - Via mail
  - Onsite at \_\_\_\_\_ facility
  - Other: \_\_\_\_\_
  
- For services provided over the phone, describe your organization’s understanding of how inmates/residents/detainees access the phone for this purpose:
  
  
- Describe any time the phone is not available (example: no one to answer the phone, or the facility does not allow access):
  
  
- How are services provided to non-English speaking inmates/residents/detainees?

***For organizations that also receive reports of sexual abuse and sexual harassment***

- Describe how confidential support services are managed separately from reports of sexual abuse and sexual harassment:

***Complete the following only if the organization provides confidential emotional support services to inmates/residents at \_\_\_\_\_ facility.***

- Are there any restrictions regarding the provision of confidential support services for inmates/residents at \_\_\_\_\_ facility?  Yes  No  
If “yes,” describe the restrictions:

- Describe what you tell inmates/residents about limits to confidentiality:

- Describe how inmates/residents learn about:
  - The services your organization provides

- How to contact your organization
  
- Limits to confidentiality (separate from what your organization tell them)
  
- Are the services provided by your organization available to all inmates/residents regardless of whether they have reported sexual abuse or sexual harassment?  Yes  No  Do Not Know
  
- What do you do if an inmate/resident discloses sexual abuse that they have not previously reported? Describe the response based on where the sexual abuse occurred:
  - Current facility:
  
  
  
  
  
  
  
  
  
  
  - Previous facility:
  
  
  
  
  
  
  
  
  
  
  - In the community:
  
- How many times in the past year has your organization been contacted by inmates/residents from \_\_\_\_\_ facility for confidential support services? \_\_\_\_\_