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
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](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 exam, 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?

  o  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:

    •  In the past year, how many times has your organization been contacted to provide advocacy services to inmates/residents/detainees from ______________________ facility:
      o  Following a report of sexual abuse? ____
      o  During a forensic exam? _____
      o  During an investigatory interview or other law enforcement contact? _____

  •  Does ______________________ facility use facility staff to provide advocacy services?
    □ Yes  □ No  □ Do Not Know
    If “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/.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 Know
    If “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,”
      o  Is this reporting responsibility part of the MOU or other formal agreement listed in Section One above? □ Yes  □ No
      o  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”:
   o Are these services part of the MOU or other formal agreement listed in Section One above?
     □ Yes □ No

   o How can inmates/residents at ______________________ facility contact you for services
     (check all that apply):
     □ Over the phone
     □ Via mail
     □ Other: _______________________

   o How do inmates/residents at ______________________ facility receive on-going services
     (check all that apply):
     □ Over the phone
     □ Via mail
     □ Onsite at ______________________ facility
     □ Other: _______________________

   o For services provided over the phone, describe your organization’s understanding of how
     inmates/residents/detainees access the phone for this purpose:

   o Describe any time the phone is not available (example: no one to answer the phone, or the
     facility does not allow access):

   o 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:
     o 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:
    o Current facility:

    o Previous facility:

    o In the community:

  • How many times in the past year has your organization been contacted by inmates/residents from _________________ facility for confidential support services? _________