

NATIONAL
PREA
RESOURCE
CENTER

IMPACT/JUSTICE
A National Innovation and Research Center

Demystifying the Medical Forensic Exam

March 12, 2020

2:00 – 3:30 PM ET

Welcome and Introductions



Monica DiGiadnomenico
Senior Program Specialist

The National Prison Rape Elimination
Act Resource Center (PRC)

The National PREA Resource Center (PRC)

The mission of the PRC is to assist adult prisons and jails, juvenile facilities, lockups, community corrections and tribal facilities in their efforts to eliminate sexual abuse by increasing their capacity for prevention, detection, monitoring, responses to incidents and services to victims and their families.

The International Association of Forensic Nurses

- IAFN supports the work of forensic nurses who provide specialized healthcare for patient's impacted by violence and trauma.
- Victims of violence can have acute, short- and long-term health consequences.
- Forensic nurses have the knowledge and expertise to improve patient outcomes and lower healthcare costs.



Continuing Nursing Education

- The International Association of Forensic Nurses is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.
- The planners, presenters and content reviewers of this presentation disclose no conflicts of interest.
- Upon attending the course in its entirety and completing the course evaluation, nurses will receive a certificate that documents 1.5 hours of nursing continuing education.

Logistics

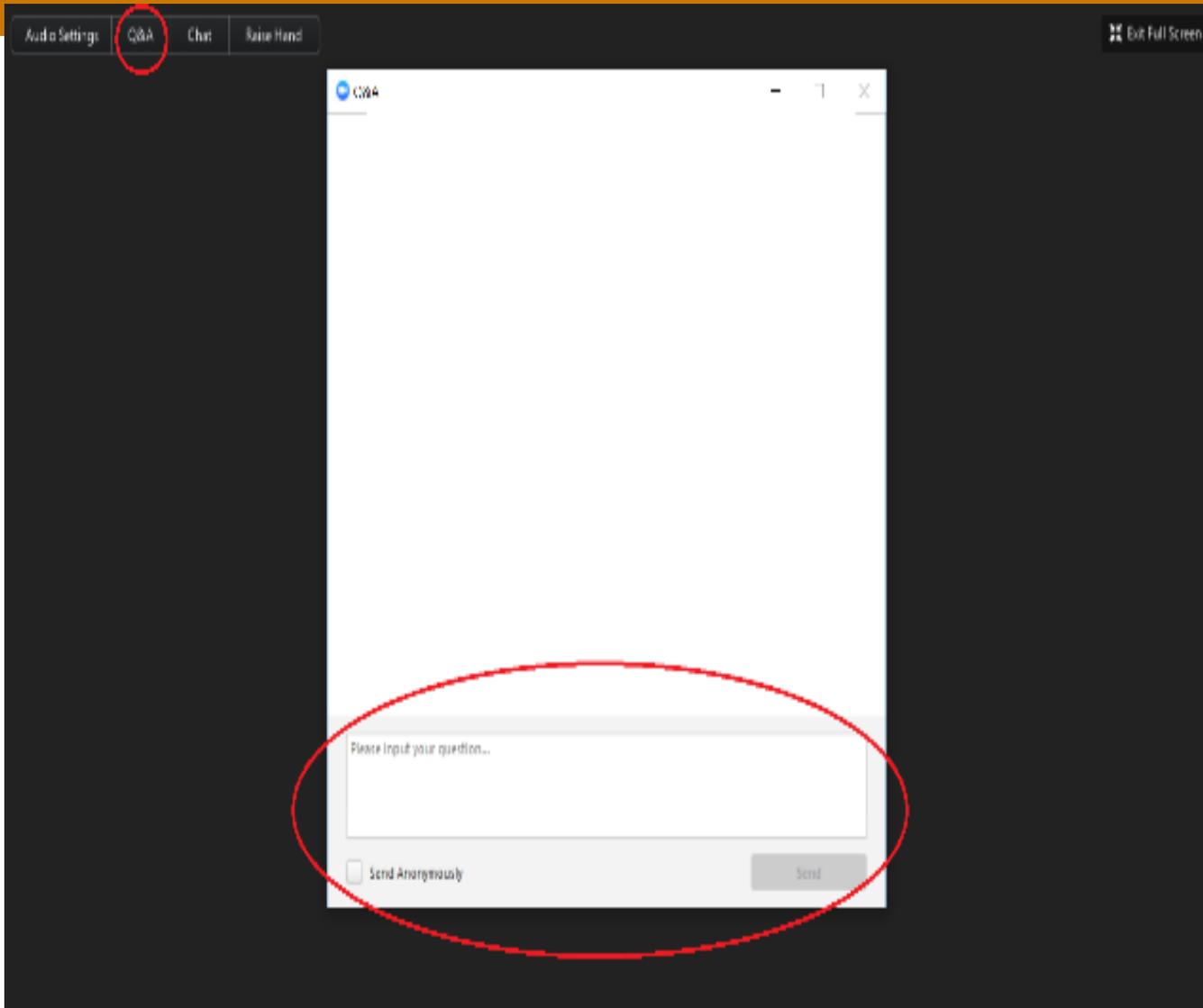
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Logistics



Submitting Questions

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Presenters will address the questions at the end of the presentation.

Forensic Medical Examination Webinar Series

First Webinar

PREA 115.21: Focusing on Collaborations

The first presentation in the webinar series discussed the forensic medical exam process and protocols related to Prison Rape Elimination Act (PREA) standard 115.21 and how confinement facilities can work with local Sexual Assault Forensic Examiners, Sexual Assault Nurse Examiners or other qualified practitioners to support the implementation of a Sexual Assault Forensic Exam (SAFE) Protocols.

<https://www.prearesourcecenter.org/training-and-technical-assistance/webinars/6119/prea-11521-focusing-collaborations>

Presenters



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Senior Program Specialist

The National Prison Rape Elimination
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Presenters



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**Statewide SANE Program Manager,
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Presenters



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Presenters



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Objectives

1. Recognize the timeframe for a medical forensic evaluation.
2. Outline informed consent for the medical forensic exam.
3. Describe the medical forensic exam process.
4. Explain the special considerations for the patients in a confinement setting.
5. Conceptualize ways to assure the PREA standards for access to the medical forensic exam are met.
6. Verbalize some ways to meet the PREA standards for assuring physical evidence is not destroyed.
7. Recognize ways to implement and be compliant with §115.64 & 115.82

POLL QUESTIONS



Poll Question 1

Use the chat box to tell us:

Where do you work?

- Hospital Emergency Department
- Hospital based SANE Program
- Community based SANE Program
- Mobile SANE program
- Prison
- Jail
- Juvenile Facility
- Community Confinement
- Tribal Detention Center
- Other



Poll Question 2

Use the chat box to tell us:

What motivated you to join the webinar today?



Some Notes about Terms

- **'Confinement settings,'** and **'corrections facilities,'** reference a broad range of facilities that hold inmates, residents, and detainees.
- **'Inmate'** is used generally to refer to inmates, residents, and detainees.
- **'Victim'** is used in the contexts of the standard in recognition of a crime that has been committed.
- **'Survivor'** is used for someone who has been sexually abused and to honor the strength and resiliency to live through an assault.
- **'Patient'** is referenced in describing the role of the Sexual Assault Nurse Examiner (SANE) and the evaluation and treatment of a patient in the contexts of the medical forensic exam

PREA Standards Definitions (§115.6)

Sexual Abuse

- (1) Sexual abuse of an inmate, detainee, or resident **by another inmate, detainee, or resident**; and
- (2) Sexual abuse of an inmate, detainee, or resident **by a staff member, contractor, or volunteer**.

PREA Standards Definitions (§115.6)

Sexual Abuse

Sexual abuse of an inmate, detainee, or resident **by another inmate, detainee, or resident includes any of the following acts**, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (2) Contact between the mouth and the penis, vulva, or anus;
- (3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- (4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

PREA Standards Definitions (§115.6)

Sexual Abuse

Sexual abuse of an inmate, detainee, or resident **by a staff member, contractor, or volunteer includes any of the following acts, with or without consent** of the inmate, detainee, or resident:

(5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;

(7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and

(8) Voyeurism by a staff member, contractor, or volunteer.

Access to emergency medical and mental health services §115.82

(a) Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

(b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

(c) Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

(d) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The Purpose of the Medical Forensic Exam (MFE)

- Medical care and treatment of the patient
- Evaluation and treatment for injury
- Collection of forensic evidence
- Prevention of STDs, pregnancy and other sequelae from assault
- Development of post assault plans for Safety
 - Counseling
 - Post assault medical care
 - Follow-up

*Related PREA Standards 115.21, 115.34, 115.35, 115.62, 115.65, 115.71, 115.81, **115.82**, 115.83

Poll Question 3

Use the chat box to tell us:

How soon after an assault should a victim be sent for a medical forensic exam?



When Should a Patient be Considered for MFE

- When there is a suspicion of abuse [§115.64 (a)]
- Nonconsensual oral, anal, vaginal, genital or penile **contact** [§115.6]
- Patient is requesting an examination [§115.21 & §115.82]
- The patient is willing to consent to an examination [§115.82]
- Contact has occurred within an appropriate timeframe [§115.64(a) (3-4)]



Timeframe for MFE [§115.21 & §115.82]

- All programs are being encouraged to provide a MFE up to 5 days after an assault.*
- **This timeframe is being expanded in some communities.**
- Patients may need an examination beyond the timeframe if experiencing:
 - Vaginal or rectal bleeding
 - Abdominal pain
 - Fever 100 or greater

Time Sensitive Health Care [§115.21 & §115.82]

- Urgent medical needs are first priority.
- Pregnancy prevention is *most* effective in the **first 72-100 hours** depending on medication being used.
- HIV prophylaxis must be initiated **within 72 hours** of an assault when indicated by the type of contact and HIV status of suspect.
- STD prophylaxis or treatment is **not time limited**.

Poll Question 4

Does your facility have access to HIV nPEP medications?

- Yes
- No
- I don't know



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Informed Consent [§115. 819(e)]

- WHO provides examination options
 - Explains the examination
 - May depend upon the facility
 - Explains limits of confidentiality
 - Crisis line with trained Victim Advocate
- Consent for examination
- Consent for photographs
- Written authorization to release Protected Health Information “PHI” to non-health care providers

What about Juveniles?

- WHO is responsible for the juvenile medical care?
- Where can the exams be done?
- Can they consent to the exam?
- Can they decline the exam?



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Special Consent Considerations

- Unconscious patient
- Juveniles
- Persons with Intellectual Disability
- Low English Proficiency

Start with Medical History

- Social History
 - Gender identity
- Medications
- Allergies
- Immunizations
- Chronic Health Problems
- Surgeries
- Gynecological History
 - Last menstrual period,
 - Pregnancies,
 - Deliveries,
 - Surgeries

History of Assault

- Narrative of Events
 - This is where the patient is asked to tell in own words what occurred
- Specific questions
 - Suspect actions
 - Patient's defense actions
 - Specific areas of genital contact
 - Post assault hygiene

Physical Examination

- Head to toe
- Genital examination



Head to Toe Examination

- Inspection of all skin surfaces
- Palpation of scalp for tenderness where injury cannot be readily observed
- Inspection of mouth and throat
- Inspection of ear canals when indicated
- Photographic and written documentation of all identified injuries



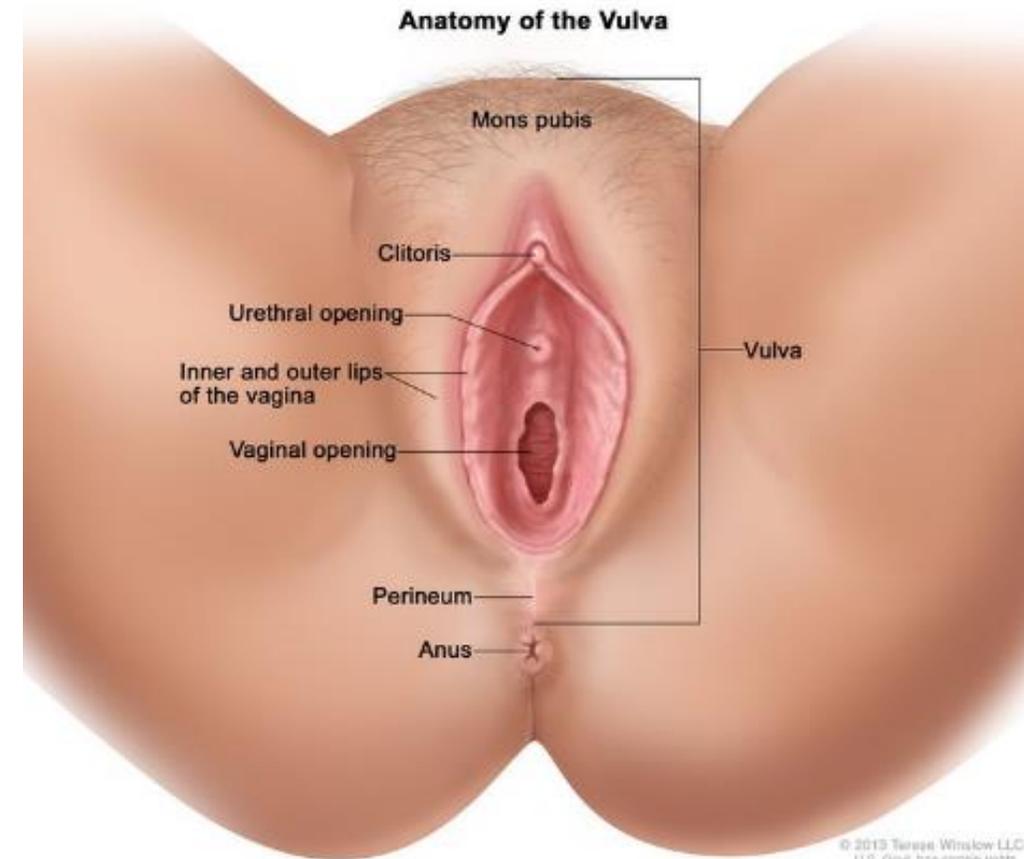
Anatomy 101

- Unseen evidence
- Medical professional should be making determination about exam
- Body parts may not be as expected
- Considerations for transgender patient* *



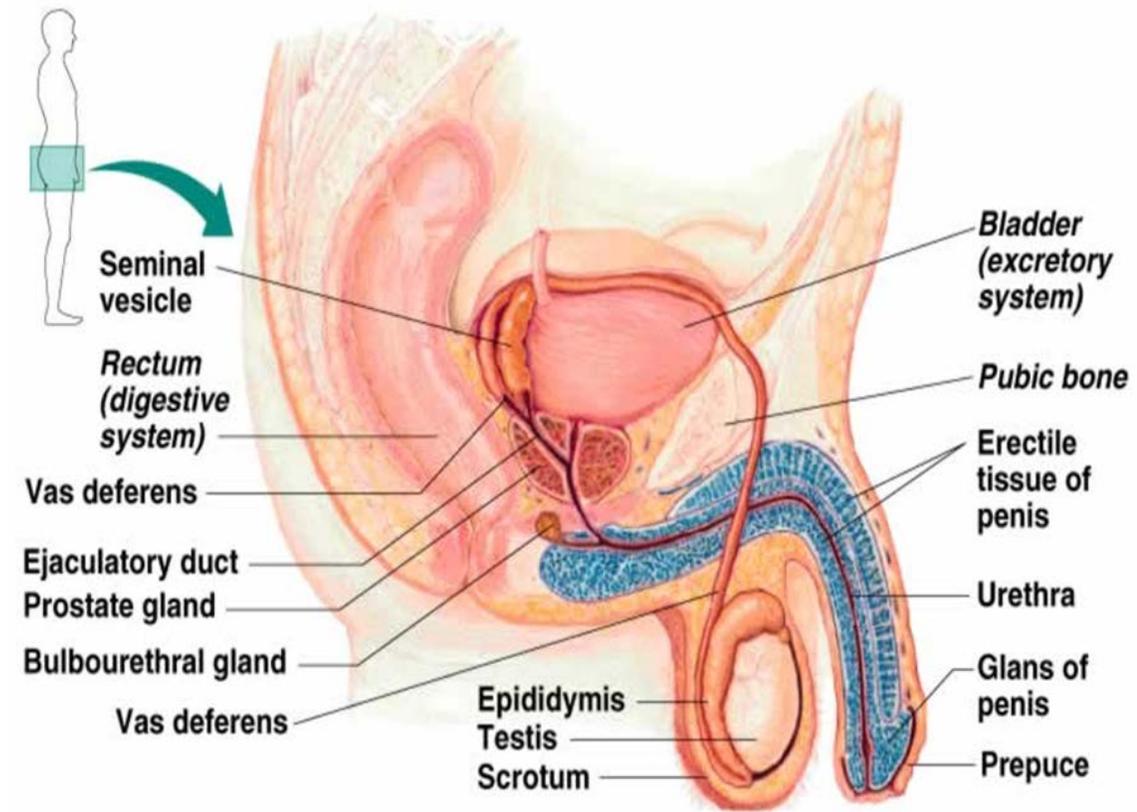
Genital Anatomy 101

- The following structures are part of the external female genitalia and can be examined without placing a speculum
 - Mons pubis
 - Clitoral hood
 - Clitoris
 - Labia minora
 - Labia majora
 - Hymen
 - Urethral opening
 - Fossa Navicularis
 - Posterior Fourchette



Genital Anatomy 101

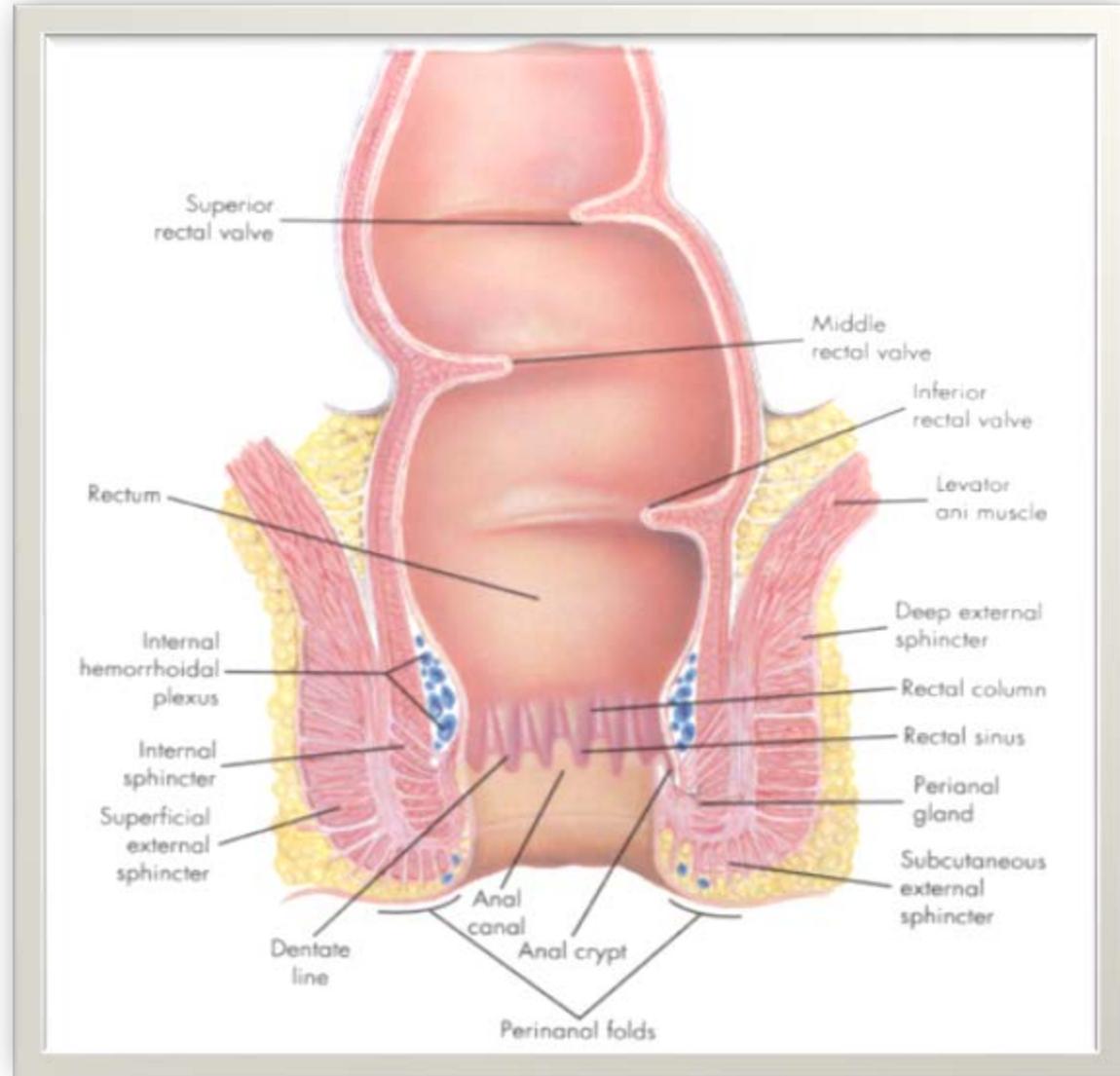
- The following structures are part of the male external genitalia that can be examined
- Mons Pubis
- Penis:
 - Urethral Meatus
 - Corona
 - Glans Penis
 - Prepuce/Foreskin
 - Shaft
- Scrotum



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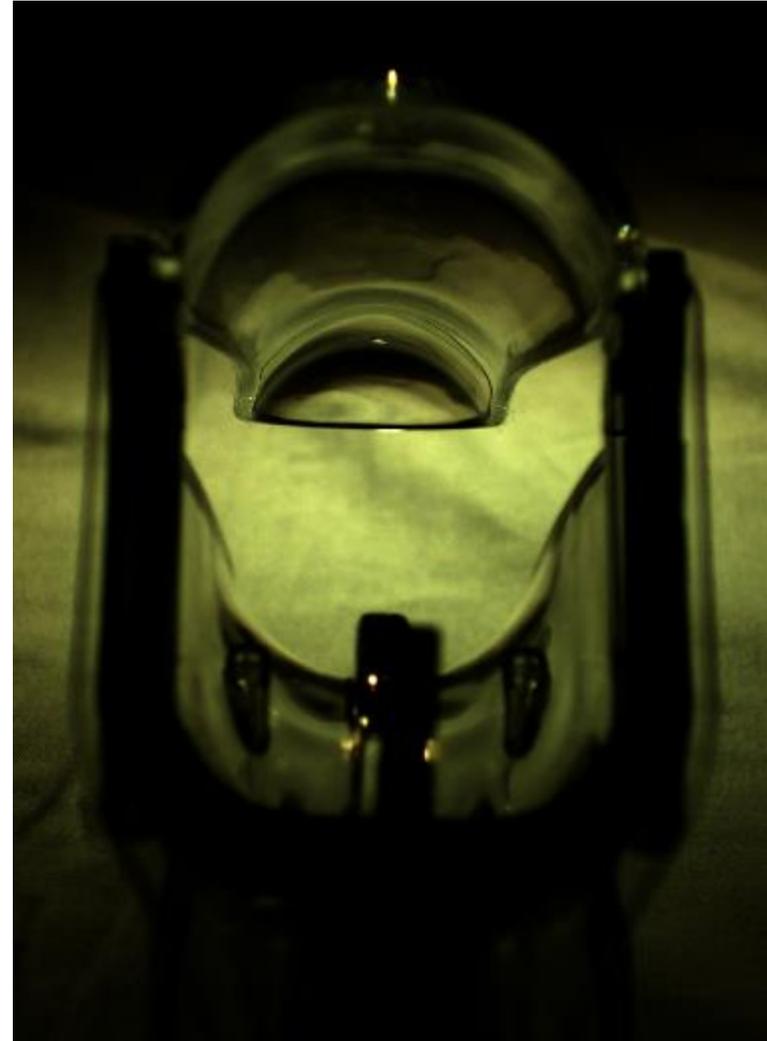
Genital Anatomy 101

- The following structure is part the anus and can be observed without placing an anoscope
 - Perianal folds
 - Anal verge



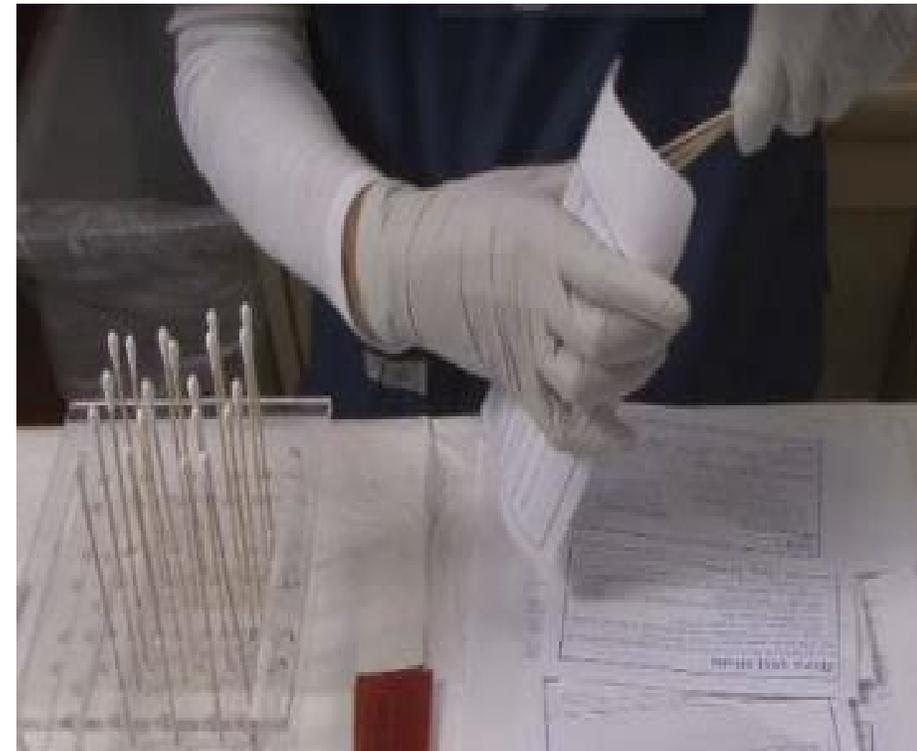
Genital Examination

- Inspection and identification of all genital structures
- Use of techniques to enhance identification of injury
 - Use of colposcopy
 - Use of toluidine blue dye
 - Use of foley catheter
- Placement of a speculum to inspect vagina and cervix
- Placement of anoscope to inspect anal cavity



DNA Evidence Collection [§115.64]

- DNA can be collected for sources of semen, saliva, and touch
- Alternate light source- may be used to identify location of secretions on the body
- Typical sites of collection
 - External genitalia – labia, clitoris, hymen, fossa navicularis, posterior fourchette
 - Vaginal vault and cervix
 - Anus and perineum
 - Hands and fingernails
 - Sites of oral contact- breasts, neck, perioral area
 - Site of ejaculation outside of vagina
- Other source of DNA
 - Pads, tampons
 - Clothing



Prevention of Cross Contamination of DNA Samples

- Staff should consider wearing gloves when touching a victim before an exam
- Clothing should be handled with gloves
- Clothing should be packaged in separate bags
- Male staff should wear masks while in a room where DNA swabs are being collected
- All staff should wear masks while collecting intimate swabs

Poll Question 5

Use the chat box to tell us:

What can we learn from the exam? Check all that apply:

- Whether or not there was a rape
- If intercourse happened
- Whether or not the patient is a virgin
- If DNA is seen
- All of the above
- None of the above



What Does DNA and Genital Injury Tell Us

- DNA tells us there was contact between two individuals and identifies which individuals.
 - **It does not indicate whether or not there was consent.**
- Injuries tell us there was enough force used to damage tissue.
 - **It does not tell us whether or not there was consent.**
- Genital injury can occur during consensual contact.
- 50% of sexual assault will have no genital injury.

Toxicology

- Loss of consciousness or awareness during an assault with possible use of drugs or alcohol
- Blood
- Urine



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Post Assault Medical Care [§115.83]

- Prevention of Sexually Transmitted Diseases
 - Gonorrhea
 - Chlamydia
 - Trichomonas
 - Hepatitis B
 - HPV
- Prevention of HIV
- Prevention of Pregnancy
 - Plan B- levonorgestrel
 - Ella- ulipristal

Referrals [§115.83]

- Advocacy
- Counseling
- Safety planning



Special Examination Considerations

Strangulation

- May need prolonged observation
- May need imaging
- Lack of visible injury does not mean serious injury has not occurred

Special Examination Considerations

Be aware of symptoms that cause heightened concern :

- Loss of consciousness during assault
- Loss of control of bowel or bladder
- Change in voice
- Change in mood or behavior
- Difficulty speaking or swallowing
- Pregnant patient who is strangled

Special Considerations in Confinement Settings

- Use of restraints
- Privacy during history taking
- Privacy during examination



PREA Standards 115.64 & 115.82

115.64 Staff first responder duties

(a) Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:

(1) Separate the alleged victim and abuser;

(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

(b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy

50 physical evidence, and then notify security staff.

Who is a First Responder? (§115.64)

A First Responder can be anyone

- Whomever an inmate/resident/detainee chooses to tell is the first responder (there is no control over this).
- Where do reports of sexual abuse come from?
 - ✓ inmate/resident/detainee (victim) directly,
 - ✓ other inmates/residents/detainees,
 - ✓ volunteers and/or contractors,
 - ✓ medical and/or mental health staff
 - ✓ probation officers
 - ✓ external reporting mechanism

Who is a First Responder? (§115.64)

§115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, the **first security staff member** to respond to the report **shall** be required to:...

§115.64 (b)

- If the first staff responder is **not** a security staff member, the responder **shall** be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

What is the Role of the First Responder? (§115.64)

- Plays a critical role in the sexual abuse allegation reporting, response, and investigation.
- Has an important role in the protection and preservation of evidence at crime scene(s).
- Supports the investigation by gathering and relaying important observation information regarding the sexual abuse incident.
- Affects the facility's reporting culture, and overall sexual safety within the facility.

A Sexual Abuse Incident is Reported [§115.64 (a) (1-4)]

Requires (Security) First Responders to:

- (1) Separate the alleged victim and abuser,
- (2) Preserve and protect any crime scene,
- (3) Request that the alleged victim not take any actions that could destroy physical evidence,
- (4) Ensure that the alleged abuser does not take any actions that could destroy physical evidence.

Requires Juvenile Facilities

- Require juvenile facilities to promptly report an allegation of sexual abuse to the alleged victim's parents or legal guardians **unless** the facility has official documentation showing the parents or legal guardians should not be notified.

A Sexual Abuse Incident is Reported [§115.64 (a) (1-4)]

Response Requires (Security) First Responders to:

- (1) Separate the alleged victim and abuser,
 - Explain any necessary housing changes to ensure the alleged victim does not feel that they have been punished for reporting.
 - Conduct an immediate assessment to determine serious medical and mental health needs.
 - Be aware of the reported time period and if circumstances allow for the collection of evidence and for further referral.

A Sexual Abuse Incident is Reported [§115.64 (a) (1-4)]

Response Requires (Security) First Responders to:

(2) Preserve and protect any crime scene.

- Locate the crime scene(s).
 - Secondary scene(s).
- Identify and collect evidence from all crime scenes.
- Take measures to preserve crime scene evidence, including evidence on the body.
- Note observations at the time of the response.

A Sexual Abuse Incident is Reported [§115.64 (a) (1-4)]

Response Requires (Security) First Responders to:

(3) **Request** that the alleged victim not take any actions that could destroy physical evidence.

- Explain the request to not destroy any physical evidence.
- Explain the importance of medical forensic exam and evidence collection.
- Offer/provide victim emotional support services.
- Provide any additional basic information regarding the investigations process to ensure the alleged victim feels comfortable.

A Sexual Abuse Incident is Reported [§115.64 (a) (1-4)]

Response Requires (Security) First Responders to:

(4) **Ensure** that the alleged abuser does not take any actions that could destroy physical evidence.

- Minimize the loss of evidence.

First Responder's Role & Interacting with the Victim and Perpetrator

Actions that could destroy physical evidence on both the Victim and Perpetrator:

- (1) Washing
- (2) Brushing teeth
- (3) Changing clothes
- (4) Changing bedding
- (5) Urinating
- (6) Defecating
- (7) Smoking
- (8) Drinking
- (9) Eating

A MFE should still be offered even if any of these have occurred.

* Alleged perpetrator injuries may contain potential evidence – may need to be collected at an exam site.

What is the Role of the First Responder? (§115.64)

The first responder should NOT:

- Conduct an in-depth interview with the alleged victim.
- Attempt to determine the validity of the allegation.
- Attempt to determine if the victim had any previous history or pervious contact with the alleged preparator.
- Obtain background information on the victim.

Implementation Evaluation Questions

PREA Standards 115.64 & 115.82

115.64 Staff First Responder Duties

- How do you envision this working in your facility? How is it working In practice?
- How is a victim of sexual abuse prepared for transport for MFE?
- What are some of the obstacles or challenges that you might face as a first responder?
- What do you do if custody/correctional staff and medical staff have different ideas regarding steps and expectations?

Implementation Evaluation Questions

PREA Standards 115.64 & 115.82

115.82 Access to Emergency Medical & Mental Health Services

- Is medical staff determining the nature a scope of the treatment that needs to be provided to the victim?
 - When is mental health staff being contacted?
- If a victim elects NOT to be transferred for an MFE, are they still provided medical treatment (i.e. can the facility provide this or is the hospital better suited)?
- Are victim's immediate and long-term health needs related to assault being met?
- What plan has been developed at the facility if no medical or mental health staff are on duty?

Other PREA Standards Related to Medical Forensic Exams

- Advocacy Access
 - ✓ 115.21/.121/.221/.321
- Inmate Access to Outside Confidential Support Services
 - ✓ 115.53/.253/.353
- Agency Protection Duties
 - ✓ 115.62/.162/.262/.362
- Coordinated Response
 - ✓ 115.65/.165/.265/.365
- Inmate/ resident/ detainee medical and mental screening (history of sexual abuse)
 - ✓ 115.81/.381
- Inmate/resident/ detainee ongoing medical and mental health care for sexual abuse victims and abusers
 - ✓ 115.83/.283/.383

**The standards are numbered to help differentiate the correctional settings to which they apply*

Questions & Answers



For more information on the National SAFE Protocols, or
for questions/help with the medical forensic exam or
developing a protocol

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PRC Resources

- **Frequently Asked Questions** (FAQs) on the PREA Resource Center (PRC) Website
<https://www.prearesourcecenter.org/frequently-asked-questions>
 - Currently there is only one FAQ that relates to standard 115.64. *Can inmate peer educators be used to deliver the inmate information and education requirements of standard 115.33? If so, under what circumstances and are there any limitations?*
<https://www.prearesourcecenter.org/node/3264>
 - Currently there are no FAQs on standard 115.82. Check the PREA Resource Center Webpage periodically for any updates.
- **National Standards To Prevent, Detect, and Respond to Prison Rape; Final Rule**
<https://www.prearesourcecenter.org/sites/default/files/library/2012-12427.pdf>
- **PREA Standards in Focus for 115.82**
 - <https://www.prearesourcecenter.org/sites/default/files/library/115.82%20SIF.pdf>
- **The Office of Justice Programs, Office of Victims of A Crime, Transgender Victims of Sexual Assault** <https://www.ovc.gov/pubs/forge/>

PRC Resources

- **National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach, National Institute of Justice**
<https://www.ncjrs.gov/pdffiles1/nij/250384.pdf>
- **A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents, Second Edition, U.S. Department of Justice, Office on Violence Against Women** <https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf>
- **The National LGBT Health Education Center, A Program of The Fenway Institute**
<https://www.lgbthealtheducation.org/resources/>
- **Center for Disease Control (CDC)**
 - Sexual Assault and Abuse and STDs. <https://www.cdc.gov/std/tg2015/sexual-assault.htm>
 - PEP (post-exposure prophylaxis) for HIV. <https://www.cdc.gov/hiv/basics/pep.html>
- **The Resource Guide for Survivors of Sexual Abuse Behind Bars (web-based resource guide), Just Detention International**
⁶⁸ <https://justdetention.org/service/>

PRC Library

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In this section of the library you will find tools such as training materials, handbooks, policy development toolkits, and a list of resources for survivors.

[See all Resources articles >](#)

STANDARDS



In this section of the library you will find the federal PREA standards and information about the development, implementation, compliance with, and enforcement of the standards.

[See all Standards articles >](#)



BREAKING NEWS: The Department of Justice's national PREA standards were released on May 17, 2012. Read the final standards [here](#).

Welcome!

The PREA Resource Center (PRC) is working to address sexual safety in confinement, and to assist state and local jurisdictions with implementation of the Department of Justice [national PREA standards](#). Visit the library for research and guidance on implementation of the standards; the Training and Technical Assistance section of the website to learn about the PRC's four strategies for assisting the field with PREA implementation; and [sign up for upcoming webinars here](#).

Need Help?

The PREA Resource Center provides training and technical assistance to adult and juvenile corrections and law enforcement agencies seeking to prevent, detect, and respond to sexual abuse in confinement.

[REQUEST ASSISTANCE >](#)

[Resources for survivors and their families are available \[here\]\(#\).](#)



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Field Initiated TTA Request

Jurisdictions can request assistance by completing a web form on the PRC website under the Training and Technical Assistance tab and clicking **“Request for Assistance”** on the sidebar.

<https://www.prearesourcecenter.org/>

For more information about the
National PREA Resource Center,
visit www.prearesourcecenter.org.

To ask a question, please visit our
[Contact Us](#) page.

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Thank you!

An email will be sent to you following this event with a link to provide feedback. Your input is important and will help to plan and coordinate future events and resources.

Sign up for our [mailing list](#) to be the first to hear about PREA updates, conferences, and new resources being dispersed to the field.

Bureau of Justice Assistance

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