



STATE OF WASHINGTON  
**DEPARTMENT OF CORRECTIONS**  
P.O. Box 41100 • Olympia, Washington 98504-1110

October 13, 2020

**TO:** Prison Facility Health Care Managers  
Prison Facility PREA Compliance Managers

**From:** Rob Herzog [Signature on file]  
Assistant Secretary, Prisons Division

Daniel Johnson [Signature on file]  
Assistant Secretary, Health Services

**SUBJECT: PREA Health Services Training for Interns and Volunteers**

Many facilities use medical and/or mental health interns and/or volunteers. In the past, interns have only had to sign DOC 03-478 and medical/mental health volunteers have had to complete the PREA training for volunteers prior to entering a facility and working with incarcerated individuals. However, this does not meet the requirement of PREA standard 115.35 which states: “(a) The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been training in: (1) How to detect an assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment... (c) The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere...”

In order to correct this oversight, a PowerPoint entitled Prison Rape Elimination Act Training for Medical and Mental Health Interns and Volunteers has been developed and is attached for your use.

If your facility utilizes medical and/or mental health interns/volunteers, they must read the attached PREA Training for Medical and Mental Health Interns and Volunteers prior to working with incarcerated individuals. If they have questions concerning the training, please direct them to the facility PREA Compliance Manager/Specialist.

Once the PowerPoint training has been completed, they must sign the attached PREA for Medical/Mental Health Interns and Volunteers Training Acknowledgment. In addition to this training, medical and mental health interns will be required to complete the web-based general PREA training for volunteers. Completed PREA for Medical/Mental Health Interns and Volunteers Training Acknowledgment form should be forwarded to your local PREA Compliance Manager/Specialist.

It is noted that during the gap between the decommissioning of LMS and the implementation of the new on-line training system, this training and related procedures may be implemented for new health services staff.

A copy of this training and the training acknowledgment form will be maintained in the PREA Advisory Council (PAC) SharePoint site. We will also request that the requirements and processes are included in applicable policies on their next revision (490.800, *Prison Rape Elimination Act PREA Prevention and Reporting*; 530.100, *Volunteer Program*).

Please begin using this training immediately. If you have any questions, please contact DOC PREA Coordinator Beth Schubach or your local PREA Compliance Manager/Specialist.

cc: Prison Facility PREA Compliance Specialists  
Billie Peterson, Policy Program Manager  
Jeanelle Reanier-Briggs, Human Resources Consultant 4  
Beth Schubach, Agency PREA Coordinator  
Dawn Taylor, Corrections Specialist 4



## PREA for Medical/Mental Health Interns and Volunteers Training Acknowledgment

Full Name (print): \_\_\_\_\_ Start Date: \_\_\_\_\_  
Facility: \_\_\_\_\_

I verify that I have reviewed and understand all sections of the Prison Rape Elimination Act (PREA) for Medical and Mental Health Interns and Volunteers training course and acknowledge that I have had the opportunity to ask questions as needed.

Date training completed: \_\_\_\_\_

\_\_\_\_\_  
Intern/Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Distribution: ORIGINAL – PREA Compliance Manager

# **Prison Rape Elimination Act for Health Services**

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Medical and Mental Health Interns and Volunteers

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# Introduction

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The purpose of this training is to provide medical and mental health staff with an overview of their role and key policy points when responding to PREA incidents in the correctional environment. PREA covers sexual assault, sexual abuse, sexual harassment, and staff sexual misconduct.

# Performance Objectives

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- Identify DOC policies for responding to sexual misconduct victims in the correctional environment.
- How to detect and assess signs of sexual abuse and sexual harassment.
- How to preserve physical evidence of sexual abuse.
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment.
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

# DOC PREA Policies

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# PREA Definitions - Refresher

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Sexual misconduct includes aggravated sexual assault, individual-on-individual sexual assault, sexual abuse, and sexual harassment. It also includes staff-on-individual sexual harassment and staff sexual misconduct.

Consensual, non-coerced sexual activity between individuals under the Department's jurisdiction is prohibited by Department rule but is not defined as a violation of PREA policies.

Staff include Department employees, contract staff, volunteers, and any other person providing services in Department facilities and offices.

For complete definitions, see DOC 490.800, *Prison Rape Elimination Act (PREA) Prevention and Reporting*, Attachment 1.

# DOC PREA Policies - Refresher

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The following is a brief summary of the agency PREA policies. If you wish additional information about these policies, please check with your facility contact.

## **490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting**

DOC recognizes the right of individuals under its jurisdiction to be free from sexual misconduct and the right of staff and offenders to be free from retaliation for reporting sexual misconduct. The Department has established procedures for recognizing, preventing, and reporting incidents of sexual misconduct and retaliation.

## **490.820 Prison Rape Elimination Act (PREA) Risk Assessments and Assignments**

The Department has established uniform procedures for assessing the risk of sexual victimization and/or predation for all individuals under its jurisdiction and maintaining information for use in housing and program assignment decisions.

# DOC PREA Policies - Refresher (Continued)

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## **490.850 Prison Rape Elimination Act (PREA) Response**

The Department will respond to allegations of sexual misconduct to support and provide assistance to the alleged victim, enhance security, and maximize the ability to obtain evidence to use in investigations and criminal prosecutions where applicable. Information related to allegations/incidents of sexual misconduct will only be disclosed to staff when necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action.

## **490.860 Prison Rape Elimination Act (PREA) Investigation**

The Department will fully investigate all allegations of sexual misconduct involving individuals under the jurisdiction or authority of the Department.

# DOC PREA Policies - Refresher (Continued)

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## **490.700 Transgender, Intersex, and/or Gender Non-Conforming Housing and Supervision**

The Department has established procedures to ensure equitable treatment of transgender, intersex, and/or gender non-conforming individuals when determining housing, classification, programming, and supervision.

## **610.025 Health Services Management of Offenders in Cases of Alleged Sexual Misconduct**

An incarcerated individual alleging sexual assault, sexual abuse, and/or staff sexual misconduct will be referred to a health care provider to evaluate any injury and provide treatment and follow-up care. Medical and mental health treatment and follow-up care will be provided when clinically indicated. Forensic medical examinations will be conducted at a community health care facility.



# Think...

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**Which of the following are a violation of PREA per DOC policy?**

- Consensual relationships between Incarcerated Individuals
- Individual-on-Individual Sexual Assault
- Individual-on-Individual Sexual Abuse
- Sexual Harassment
- Staff Sexual Misconduct



# Answer

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**If you said the following, you are correct!**

- ✓ Individual-on-Individual Sexual Assault
- ✓ Individual-on-Individual Sexual Abuse
- ✓ Sexual Harassment
- ✓ Staff Sexual Misconduct

**Incorrect:** Consensual relationships between incarcerated individuals. Consensual, non-coerced sexual activity between offenders is prohibited by DOC rule but is not defined as a violation of PREA policies.

# **Dynamics of PREA Incidents**

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Health services providers must maintain a high level of awareness for the signs of sexual victimization.

# Failure to Report

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Individuals often fail or are afraid to report a PREA incident due to:

- Feelings of shame and/or guilt about the abuse.
- Fear of retaliation from other individuals and staff.
- Perceived inability of staff to protect the victim.
- Fear of movement to another facility or a segregation unit.
- Fear of being re-victimized.
- The prison culture “code of silence.”

# Impact of Trauma

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Adult survivors of sexual assault may:

- Experience shame, guilt, and denial.
- Have difficulty trusting others.
- Fear for their personal safety.
- Have trouble identifying and taking care of personal needs.
- Minimize the incident or trauma.
- Feel they don't deserve support and safety. They may isolate themselves and hide their trauma.
- They may numb themselves from any feelings, or disassociate themselves from the trauma or any triggers that may cause them to recall the assault.



# Think...

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Which of the following best describe victim feelings?

Shame

Denial

Minimizing

Difficulty trusting others

Boundary issues

Guilt



# Answer

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If you said all of the following, you are correct!

- ✓ Shame
- ✓ Denial
- ✓ Minimizing
- ✓ Difficulty trusting others
- ✓ Boundary issues
- ✓ Guilt

# Signs of Sexual Abuse

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Victims of sexual misconduct may present with a variety of nondescript complaints. Be vigilant for individuals who make the following requests or complaints or who display changes in their baseline behavior.

**Requests** – Victims of sexual misconduct may make requests for Health Services Reports (HSR's), job changes, bunk or room changes, and/or STI screening.

**Complaints** – Victims may complain of hemorrhoids, bloody stool, abdominal pain, migraine, back pain, problems sleeping and nightmares, and/or heart palpitations.

**Changes** – Victims may have changes in affect and mood such as depression, irritability, becoming non-verbal, anxiety, feelings of hopelessness and/or increased incidence of self-mutilation.

# Signs of Sexual Abuse

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The following are possible characteristics of abuse specific to female and male victims:

## Female Victim

- Have a history of childhood sexual abuse and/or domestic violence prior to incarceration.
- Display inappropriate sexualization and promiscuousness.
- Exhibit more emotional and mental health problems.

## Male Victim

- Fear they will be perceived as homosexual.
- If rectally assaulted, there is likely pressure to the prostate which causes an erection and ejaculation. As a result, a male victim may feel shame and be confused about the assault.
- Males may question their masculinity and believe that if they weren't weak/feminine, they could have prevented the assault.
- More likely to seek treatment for injuries without disclosing the sexual assault.

# Signs of Sexual Abuse

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Physical symptoms of sexual assault may include:

- Anal injury (anal pain, presence of a foreign body, rectal bleeding or tears)
- Genital pain and/or bruising
- Vaginal injury (pain, lacerations, bleeding or discharge)
- Penis injury (pain or swelling)
- Testicular injury (pain or swelling)
- Scrotum injury (pain or swelling)
- Skin injury (contusions, lacerations and/or abrasions to include unusual bruising patterns or bite marks)
- Abdominal injury or pain

# Fostering a Safe Environment

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As a health services provider, you can foster a safe environment for victims to disclose information.

**Acknowledge** – Be understanding and confirm that **DOC has zero tolerance for sexual assault.**

**Inform** – Let the individual know that you have a duty to report sexual harassment and sexual misconduct.

**Educate** – Talking about how responding to and providing support for victims of sexual violence enhances the agency culture of zero tolerance.

**Prevent** – It is critical that health services providers maintain a heightened awareness for signs of a sexual assault.

## Fostering a Safe Environment

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**Don't hesitate to ask:** "Is anyone hurting you or asking you to do things you don't want to do?"

**Don't hesitate to say:** "I'm here to help you." "I can assure you that DOC considers your safety a priority." "This is not your fault."

Some of the ways providers try to help might actually hinder the ability to truly listen to the patient. Don't give advice; use words like should, could or must; interrogate; fill in the silence; minimize; give false promises; and/or share your own stories instead of hearing their story.

Personal biases may also hinder the ability to listen. Don't be judgmental, assume, pretend to know the answers, display negative body language, stereotype, and/or fail to listen to the whole story.

# Reporting

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Providers must immediately report any knowledge, suspicion, or information received including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any incarceration setting even if it is not a Department facility.

If a provider receives information about an allegation or incident of sexual misconduct, related retaliation, or staff action or neglect that may have contributed to an incident, it must be confidentially delivered directly and immediately to the Shift Commander.

# Summary

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As a Health Services Provider working in the prison system, it is your responsibility to:

- Actively be aware of verbal and non-verbal signals that sexual misconduct may have occurred.
- Create an environment that is safe for offenders to disclose personal information. As a medical professional it is your job to provide care and understanding without judgement of your patient's experiences.
- Be aware of any barriers you may have to creating a safe environment. It is also important to be mindful of your body language. Non-verbal communication is just as important as what you say during a conversation.

# Think...

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As a provider, what might you do that could be a barrier to listening?

# Answer

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As a provider, any of the following could create a barrier to listening:

- Giving advice
- Displaying negative body language
- Offering the should, could or must
- Interrogating
- Minimizing events
- Filling the silences
- Assuming

# **Initial Response & Evidence Collection**

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# Referral for Evaluation

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Any incarcerated individual alleging sexual misconduct will be referred to a medical provider for an evaluation.

## Purpose

The purpose of the referral is to determine the need for medical and mental health treatment

## DOC Policy

Per DOC 610.025, Health Services Management of Offenders in Cases of Alleged Sexual Misconduct, any incarcerated individual alleging sexual assault, sexual abuse, and/or staff sexual misconduct will be referred to a health care provider to evaluate any injury and provide treatment and follow-up care. Medical and mental health treatment services and follow-up care will be provided when clinically indicated. Forensic medical examinations will be conducted at a community health care facility.

# Initial Response

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When an incarcerated individual reports that s/he has been a victim of sexual misconduct, s/he will be offered medical and mental health treatment services as follows:

## Aggravated Sexual Assault Within 120 Hours

If a report of aggravated sexual assault is made within 120 hours of the alleged assault and involves penetration and/or exchange of bodily fluids, the facility will attempt to transport the alleged victim to the designated community health care facility within 2 hours of the report, unless an appropriate health care provider determines a forensic medical examination is not needed due to the nature of the alleged assault.

## Sexual Assault or Staff Sexual Misconduct more than 120 Hours and Within 12 Months

If a report of sexual assault or staff sexual misconduct is made more than 120 hours after and within 12 months of the alleged incident, the alleged victim will be referred for medical follow-up. The health care provider will evaluate and treat the patient as medically necessary, including testing for and treatment of sexually transmitted infections and prevention of pregnancy, if applicable. The alleged victim will also be offered a mental health appointment and, unless the patient declines, will be seen by mental health within 14 days.

# Initial Response

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When an individual discloses or displays signs of sexual misconduct to a health services provider, the provider will:

***Inform*** the individual of the duty to report before providing treatment. This information is also posted in Health Services areas where it can be easily viewed.

***Report*** the information confidentially and immediately to the Shift Commander.

***Evaluate*** the need for medical and mental health care based on the situation.

# Forensic Medical Exam

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A forensic medical exam is indicated within the following parameters:

## Aggravated Sexual Assault

The report is made within 120 hours of the alleged assault and the allegation involves penetration and/or the exchange of bodily fluids.

## Other PREA Allegations

For other types of PREA allegations if the health services provider and/or the assigned investigator determines that a forensic medical examination is needed.

## Community Health Care

When a forensic medical exam is indicated, the alleged victim will be sent to the designated community health care facility for the exam. Advise the alleged victim that a forensic medical exam to collect evidence is indicated and explain the process.

# Forensic Medical Exam

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When an allegation of PREA is made or indicated, the health services provider will:

1. Ensure the victim and suspect are kept separate.
2. **Request** the **victim** and **tell** the **perpetrator** not destroy physical evidence on his/her body unless directed by medical or community health care staff. Washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating prior to the forensic medical exam may compromise evidence.
3. Identify any special needs of the victim such as communication barriers, physical limitations or inability to understand the situation.
4. Coordinate the collection of evidence and transport to the community health care facility with the Shift Commander.
5. Notify the victim that s/he will be transported to a community health care facility and has the right to refuse the examination and/or treatment **at that facility**.
6. Notify the designated community health care facility and verify that a SAFE/SANE is available.
7. If you need to provide emergency medical care, preserve as much evidence as possible.
8. Ensure that follow-up appointments are scheduled with medical and mental health as appropriate.

# Forensic Medical Exam

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It is NOT the role of facility medical staff to conduct a forensic examination or investigate the alleged incident. All forensic medical exams will be performed at a designated health care facility in the community by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). If a SAFE/SANE is not available, the examination can be performed by a qualified medical practitioner at the community health care facility.

# Evidence Preservation

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Remember the key points for preserving evidence:

- The alleged victim is a walking crime scene.
- Preservation of evidence is crucial.
- If a sexual assault occurred within the previous 120 hours, all evidence should be preserved for law enforcement.
- The alleged victim may be placed in a Tyvek suit if s/he does not have to be stripped out due to injury or security concern. This determination will be made by the Shift Commander.

# Evidence Collection

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The health services provider will work with the transport officer to carefully collect clothing and other evidence.

Steps to be taken include:

1. Determine clothing to be collected. Take photos of ripped or stained clothing.
2. Spread a sheet (barrier) on the floor. (The PREA Response Kit should contain new, wrapped cotton sheets or drape exam sheets.) On top of the sheet, carefully unfold the changing paper. This should be clean, unused paper such as exam table paper. DO NOT step on or over the changing paper or sheet.
3. Have the alleged victim step onto the changing paper with socks and shoes on (if they were on during the assault). The alleged victim should not step off the changing paper until all clothing has been removed.
4. Ask the alleged victim to take off his/her outermost garment with as little motion as possible to avoid loss of potential evidence. Have the offender drop the garment on the changing paper. Staff will take the garment and place it in a brown paper bag, fold the bag over and set it aside.
5. Have the alleged victim remove his/her shirt and drop it on the changing paper. Staff will take the garment and place it in a brown paper bag, fold the bag over and set it aside.

# Evidence Collection

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Continue this process until all clothing items have individually been removed and placed in a separate paper bag. When all clothing items (including shoes) have been removed and bagged, fold the changing paper and sheet onto themselves so any evidence on the paper and/or sheet will be enclosed in the folds. Place the changing paper and sheet folded together into a brown paper bag.

Take each bag and fold over the top of the bag again. Using mailing tape (2" width), tape over the edges and sides of each bag.

Using a permanent marker, label each bag with the victim's name, item(s) in the bag, date collected, time collected and the name of the person collecting the items. Also note if there are tears and/or stains on the item(s).

Complete DOC 21-043 Evidence Card and ensure items are labeled the same as the packages.

Fill out DOC 05-596 Evidence Log.

# Evidence Collection

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If any clothing items are damp or wet, there is a risk of mold and/or mildew which can compromise the evidence. Wet items should be placed on a blue chux pad. Fold the pad around both sides of the item taco style. Skip the item into a brown paper bag and secure it as you did the other evidence. In addition to the labeling on the outside of the bag, note “Wet Items – Need Special Handling/Drying.”

The alleged victims clothing is to be transported to the designated community health care facility to be turned over as evidence to law enforcement.

(Reference DOC 420.375 *Contraband and Evidence Handling*)

# Confidentiality

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Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action.

Information contained in the health record, including information shared with health care professionals, is confidential and will only be disclosed/photocopied as authorized by statute.

Any medical records sent with an alleged victim to the designated community health care facility will be secured in a sealed envelope and will not be disclosed to custody staff.

# Aftercare

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Upon return from a community health care facility following a forensic medical exam, the offender will be taken to health services for follow-up care. Medical staff will complete the Aggravated Sexual Assault Medical Follow-up Checklist which includes the following:

- Review all available forensic exam and medical information to determine immediate and ongoing medical care responsible for referring the alleged victim to Mental Health for follow-up and any after care recommendations from the SAFE/SANE and/or community health care provider.
- With informed patient consent, initiate medical testing as needed per established post exposure prophylaxis, communicable disease, infection prevention, and blood borne pathogens protocols and policies.
- Schedule medical follow-up appointments as necessary.
- Ensure the alleged victim is offered a follow-up meeting with a mental health provider and submit a referral as necessary.
- Notify the Infection Prevention Nurse.

# Aftercare

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- Document care in the Health Services section of the patient's electronic file as a Primary Encounter Report.
- Consult with the Shift Commander regarding appropriate housing placement.

After the trauma, victims may isolate themselves from support. Missed appointments and non-compliance with treatment can be prevented if a nurse coordinates any follow-up mental health referrals, HIV, Hepatitis screening and clinically indicated STD treatment/medications and wellness checks.

# Mental Health

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Any individual alleging sexual assault, sexual abuse and/or staff sexual misconduct will be offered mental health services as follows:

- If the alleged victim received a forensic medical examination in a Community Health Care Facility due to an alleged aggravated sexual assault, they will be offered a mental health appointment upon return to the facility and, unless the patient declines, will be seen by mental health within 1 business day.
- In all other cases, the alleged victim will be offered a mental health appointment and, unless the patient declines, will be seen by mental health within 14 days.



# Think...

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Who do you notify immediately upon becoming aware of a PREA allegation?

Appointing Authority

Shift Commander

Sergeant

Facility Health Services Manager

Your Supervisor

# Answer

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✓ If you said Shift Commander, you are correct!

# Congratulations, you have completed PREA for Health Services!

NOTE: All participants are required to complete the *PREA for Medical/Mental Health Interns and Volunteers Training Acknowledgment* form and provide it to the facility PREA Compliance Manager.

For additional PREA Resources, visit:

<https://doc.wa.gov/corrections/prea/default.htm>