

Medical Forensic Exams for Incarcerated Survivors: PREA Case Studies



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- 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.



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Learning Outcomes

At the completion of this webinar, participants will have increased knowledge of.....

- The procedure for activating the appropriate response process for incarcerated survivors after a sexual assault, providing access to a MFE by a trained healthcare clinician, and ensuring necessary post-exam follow-up services.
- The PREA standards related to the Medical Forensic Exam (MFE)
- The interrelation between public health and providing incarcerated survivors access to a MFE after sexual assault has occurred.



Webinar Terminology

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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. You will also hear us use person-first terminology which emphasizes a person's humanity, such as 'incarcerated people.'
- **'Victim'** is used in the context of the standard in recognition of a crime that has been committed.

Webinar Terminology



- **'Survivor'** is used to refer to someone who has been sexually abused; the term honors the strength and resiliency it takes to live through an assault.
- **'Patient'** is referenced in describing the role of the Sexual Assault Nurse Examiner (SANE) (or SAFE) and the evaluation and treatment of a patient in the context of the medical forensic exam.
- **'Transgender person'** is a term used to describe people whose gender identity differs from the sex they were assigned at birth. **Gender identity** is a person's internal, personal sense of being a man or a woman (or boy or girl.)

Scenario Terminology



- **'Watch Commander'** refers to a confinement setting shift supervisor (e.g., lockup or jail)
- **'Kite'** refers to a written request by an incarcerated person to a facility official.
 - The term kite comes from the long-standing, informal practice of one inmate/ detainee/ resident communicating with another in the next cell or even many cells away by folding up a note and tying it to a long piece of string, then swinging it underneath their own cell door and into the cell of another person. Since the folded-up note attached to string resembled a kite, inmate requests, including, for example, for medical care, became known as "kites."
- **'Bulpen'** is a slang term. It refers to an area in a confinement facility (e.g., jail) that is typically a large temporary holding cell.

PREA Standards Definitions (§115.6)

115.6 Definitions Related to Sexual Abuse

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



PREA Standards Definitions (§115.6)

Sexual Abuse by Inmate, Detainee, Resident

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 by Inmate, Detainee, Resident

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.



Partnerships between correctional agencies and community-based service providers

- Victims of sexual abuse in confinement deserve advocacy and treatment services comparable to those available to victims outside of confinement (in the community).
- Several [Prison Rape Elimination Act](#) (PREA) standards set requirements for the level of victim services that correctional agencies are responsible for providing or coordinating, including:
 - Access to victim advocates for forensic medical exams ([115.21](#), [115.121](#), [115.221](#), [115.321](#));
 - Access to outside confidential support services ([115.53](#), [115.253](#), [115.353](#));
 - Coordinated response planning ([115.65](#), [115.165](#), [115.265](#), [115.365](#)); and
 - Emergency medical services ([115.82](#), [115.182](#), [115.282](#), [115.382](#)); and
 - Ongoing mental health care for victims ([115.83](#), [115.283](#), [115.383](#)).



The Importance of These Partnerships

- *Learn about each other's operations*
- *Gain understanding of each other's language and culture*
 - Agencies share acronyms and discuss interpretations of key concepts such as confidentiality and safety.
- *Address roles and responsibilities openly*
 - Facility, victim advocate, SANE/SAFE Program, etc. engage in conversations about the intended response framework.



The Importance of These Partnerships

- *Anticipate potential hurdles*
 - Sexual Assault Response Team (SART) discusses challenges and gaps in coordinated response for incarcerated victims (e.g., victim advocates might face in maintaining clients' confidentiality when providing services within a prison, jail, juvenile facility, or community confinement).
 - Identify each organization's strengths and capacities, goals, potential barriers, and available resources.
 - This establishes a crucial foundation from which to plan next steps.



Poll Question

How many of you believe that your facilities have established partnerships like these?



Purpose of the Medical Forensic Exam

- Medical care and treatment of 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

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

Who is Considered as a Qualified Victim Advocate?

§115.21/115.121/115.221/115.321

- Rape Crisis Center Victim Advocate
- If a rape crisis center is **not available** to provide a victim services, the agency **shall make available a qualified staff member from a community-based organization (CBO) or agency**
- A qualified agency staff member or a qualified CBO staff member **shall** be an individual who has been **screened for appropriateness to serve in this role and has received education** concerning sexual assault and forensic examination issues in general





Case Study: Inmate-on-Inmate Sexual Abuse



Case Study: Inmate-on-Inmate Sexual Abuse

It was a weekend evening at John Doe County Jail, central booking was extremely busy with the bullpen near full capacity. Frank (adult man) had been brought in on larceny charges (theft of personal property), it was his first time being in jail. Frank was placed in the bullpen with many other people. Frank was avoiding eye contact with everyone. He found a spot to sit in the corner of the bullpen, behind the toilet wall. Another detainee was staring at him and approached him slowly. Frank avoided eye contact and tried to ignore the man. The other man moved closer to Frank causing Frank to stand up.



Case Study: Inmate-on-Inmate Sexual Abuse

The next thing Frank knew, he was pinned up against the wall. The man put his hand over Frank's mouth. With the other hand, the man grabbed Frank's penis and scrotum over Frank's pants. Frank looked frantically around for help but could not say anything since his mouth was covered. Some of the inmates were sleeping, others were talking. Suddenly the man let go of Frank and walked to the other side of the bullpen. Frank slumped down to the floor. Two days later, Frank was in an assigned housing unit. He wrote a kite to the officer assigned to his unit that stated, "somebody touched me."

Coordinated Multi-Disciplinary Team Response to Sexual Abuse of an Incarcerated Survivor (§115.65)

§115.64 First Responder Responsibilities (e.g., Unit Officer)

- First responding officer receives and reads the kite (note)
- Escorts Frank out of the housing unit into the hallway
- Asks Frank what happened (e.g., what, when, who, where)?
- Obtains enough information from Frank to decide how to respond moving forward (does not investigate if not trained)
 - Protects and preserves the crime scenes (e.g., person and location)
 - Identification of physical evidence
 - Clothing
 - Not destroy or loose evidence
- Verifies abuser is not in the housing unit with Frank
- Notifies the supervisor on duty (e.g., watch commander) of the sexual abuse allegation

Note: Related PFA Standards § 115.21, 115.34, 115.62, 115.64, 115.65, 116.67, 115.68, 115.71, 115.79, 115.81, 115.82, 115.83, 115.86



Coordinated Multi-Disciplinary Team Response to Sexual Abuse

Facility Supervisor Responsibilities (e.g., Watch commander)

- First responding unit officer notified Watch commander/supervisor on duty
- Watch commander/supervisor on duty follows facility response protocol for allegation of sexual abuse
 - Watch commander notifies investigative/detective unit (115.22/.122/.222/.322)
 - Obtains surveillance/camera footage from the bullpen to attempt to identify abuser
 - Immediately removes alleged abuser from his housing unit and places him in an administrative segregation cell under supervision
 - Facilitates transport for survivor to and from the hospital for the medical forensic exam (MFE)
 - Notifies the rape crisis center advocate for accompaniment
 - Notifies PREA coordinator, PREA compliance manager, and Jail Administrator



Coordinated Multi-Disciplinary Team Response to Sexual Abuse

Agency/Facility Investigative Unit Responsibilities (e.g., Detectives)

- Survivor describes the sexual abuse incident
 - Verifies identity of abuser
- Detective confirms watch commander placed abuser in administrative segregation cell under supervision
 - In order to preserve evidence
 - To ensure no further harm to survivor (confirms Frank and abuser are not housed in the same unit)
 - To ensure no harm occurs to anyone else
- Escorts Frank to jail medical unit for medical assessment
- Frank transported offsite for MFE
 - Detective will meet Frank at the hospital



Coordinated Multi-Disciplinary Team Response to Sexual Abuse

Agency/Facility Investigative Unit Responsibilities (e.g., Detectives)

- Follow-up investigative interview at hospital
 - Could lead to more collection of evidence
- Returns to the facility to obtain Frank's original clothing from the property
- Placed clothing into evidence locker to be transported to the crime lab (chain of custody)
- Lead detective completes affidavit and obtains a search warrant to collect evidence from abuser
- Another detective responds to the facility and executes the search warrant for evidence collection from abuser including DNA standard (for comparison)
 - Avoids cross-contamination



Coordinated Multi-Disciplinary Team Response to Sexual Abuse

Facility Medical Staff's Responsibilities

- Conducts an initial medical assessment (e.g., injuries)
 - Inquires about medical concerns
 - Explains his options to include offering a medical forensic exam (MFE)
 - Frank confirms he wants the MFE
- Medical discusses MFE request with detective
 - Medical notifies point of contact at offsite Sexual assault nurse examiner/ Sexual assault forensic examiner (SANE/SAFE) for MFE
 - SANE/SAFE initiates call for advocate/accompaniment for survivor
- SAFE/SANE provides sealed envelope with medical details to the transport officers
- Frank returns from hospital
 - Receives follow-up medical services



Coordinated Multi-Disciplinary Team Response to Sexual Abuse

Facility Transportation Officers Responsibilities

- Notified by the watch commander/supervisor on duty to be on standby to transport survivor and alleged abuser
- Follows security operations procedure for sexual abuse of inmate
 - Two transport vans to ensure no contact or cross contamination
 - Obtain medical sealed envelope to provide off site SANE/SAFE provider
- Works with the hospital security staff
- Understand security protocols at the hospital for incarcerated survivors (e.g., no handoffs, have officer stationed immediately outside of medical room or on other side of pulled curtain in the exam room)



Coordinated Multi-Disciplinary Team Response to Sexual Abuse

Rape Crisis Victim Advocate (Accompaniment) Responsibilities

- Frank transported offsite for MFE
- Victim advocate for accompaniment notified by facility as well as the SANE/SAFE program
- Victim advocate meets Frank at the hospital
- Present to provide:
 - emotional support during the MFE
 - support for investigatory interview(s) with detective
- Provides Frank with incarcerated information and referrals



Coordinated Multi-Disciplinary Team Response to Sexual Abuse

SANE/SAFE Medical Forensic Exam Provider Responsibilities

- Explains the MFE process and treatment options to Frank
- Obtains consent prior to the start of the exam
- Consent is ongoing throughout the exam
- Medical forensic exam is conducted:
 - *Complete medical history obtained and documented
 - *History of the events of the assault obtained and documented
 - *Head-to-toe physical assessment conducted and documented
 - *Injuries and findings photographed and documented
 - *Evidence collected and documented
- Sexual Assault Evidence Kit (SAK) sealed, chain of custody completed, and kit turned over to the detective for disposition



Coordinated Multi-Disciplinary Team Response to Sexual Abuse

Facility Mental Health Staff's Responsibilities

- Frank receives mental health assessment conducted by facility mental health staff
 - Follow-up services and treatment with facility mental health staff
 - Services are consistent with the community level of care (115.83/.283/.383)
- Frank is able to use outside emotional support services while housed in the facility (115.53/.253/.353)
- Frank is released and provided with referrals for mental health services in the community



Other Ongoing Services & Considerations Post MFE

Survivor

- ✓ Placement/housing
- ✓ Mental health services for (e.g., crisis intervention)
- ✓ Emotional support service access
- ✓ Medical follow-up
- ✓ Post assault medical care

Abuser

- ✓ Placement/housing
- ✓ Mental health services (e.g., evaluation, counseling, other interventions, etc.)
- ✓ Medical follow-up
- ✓ Discipline



Inmate-on-Inmate Criminal & Administrative Investigations §115.71

Criminal Investigation

- ✓ Allegation of inmate-on-inmate sexual abuse
- ✓ Criminal investigation in completed
- ✓ Abuser charged/indicted

Administrative Investigation

- ✓ Communication with criminal investigators/entity established & responsibilities defined
- ✓ Administrative investigation completed
- ✓ Findings substantiated
- ✓ Frank notified of the investigative outcome



Additional Facility Considerations Post Investigation(s)

Sexual Assault Incident Review (SAIR) [115.86/.186/.286/.386]

- The facility conducts a SAIR because the investigation was substantiated
- The team consist of upper-level management officials, input from line supervisors, investigators and medical or mental health practitioners
- The review must:
 1. Consider a need to change the policy or practice to better prevent, detect, or respond to sexual abuse;
 2. Consider if the incident or allegation was motivated by ethnicity, gender identity, gang affiliation, or other group dynamics, etc.;
 3. Examine the are in the facility where the incident occurred;
 4. Assess the adequacy of staffing levels;
 5. Assess the monitoring technology should be deployed or augmented to supplement supervision by staff.
- Prepare a report of the findings





We would like to take a few minutes to allow you the opportunity to enter any questions that you may have related to the case study just presented into the Q/A box.



Case Study: Considerations for Remote Medical Forensic Exam Accompaniment

Remote Medical Forensic Exam Accompaniment

You are a **rape crisis advocate**. During a nighttime hotline shift at the rape crisis center, the phone rings. When you pick it up, the caller says, "This is Sergeant Smith calling from the hospital for a PREA. I have the offender here with me; we are here waiting for the nurse." You notice that it sounds as if you are on speaker phone.



Remote Medical Forensic Exam Accompaniment

After explaining that there is another custody staff in the room, Sergeant Smith says "OK, you want to speak to the offender now?" Then you hear him say, "You can talk now. This is the advocate on the line." After a pause, you hear another voice ask Sergeant Smith, "What's an advocate?"



Remote Medical Forensic Exam Accompaniment

You hear a voice come on to the line, "Hello, this is Jay." You provide your name and the name of your rape crisis program; and, you say what pronouns you use. Jay responds "Oh man. OK, I'm a little out of it. Who'd you say you are again? What do you mean, pronouns? It's so cold in here – they got me in a paper gown and cuffs. You work for DOC?"



Remote Medical Forensic Exam Accompaniment

You ask the sergeant if a blanket can be provided for Jay, and you ask if he can take you off speaker phone so you can talk with Jay privately. The sergeant orders the other officer to get Jay a blanket; he goes on to say that Jay's handcuffs have to stay on, so the call will need to continue to be via speaker phone.



Remote Medical Forensic Exam Accompaniment

You mention to Jay the key points from your agency's short script for remote forensic accompaniment, including that the nurse should have a copy of your agency's brochure to give him, which includes how he can dial your hotline from any phone at the facility. Then you tell Jay that what happened isn't his fault." You hear the other custody staff say in a low voice to the Sergeant, "Excuse me, Advocate; this guy is not exactly what you'd call 'a poor little victim. I could've seen this whole thing coming."



Remote Medical Forensic Exam Accompaniment

You hear the Sergeant order the other custody staff to stand outside the doorway and wait there until the exam is over. Then you hear a familiar voice say, "Hello, I'm Ramona, the forensic nurse." You tell Jay, "Ramona will be able to answer your questions about the exam, step by step. If there is any part of the exam that you don't want to do, you can say 'No.'



Remote Medical Forensic Exam Accompaniment

You offer to stay on the call with Jay for as long as he would like." "That's all right," Jay says, "Maybe I can talk to you again after the exam is over?" Before the call ends, the Sergeant tells you, "We will call back following the exam; just like it says in the protocol."

A few hours later, the phone rings again. Sergeant Smith is on the other end, and informs you that the exam has concluded. You ask him if it is possible to speak with Jay off of speakerphone. He agrees, and helps Jay position the phone between his chin and his shoulder.



Remote Medical Forensic Exam Accompaniment

"Hello?" says Jay. You reintroduce yourself and your agency before asking him if he is all right. "No, I'm not," Jay replies. You reassure him that what happened to him is not his fault, and you ask if you can send a packet of materials to him. Jay agrees, and you write his full name and inmate number in the appropriate space on your agency's intake form and let him know he should receive something from your agency shortly. "Remember, you can always reach out to us via the hotline as well."



Case Considerations



Photo: Just Detention International

- Follow protocols set by your agency and state
- Advocate for a level of care consistent with that in the community
- Think about your MOU
- Communicate any changes to facility partners and SANE/SAFE



Case Considerations

In Person Accompaniment for Incarcerated Survivors	Remote Accompaniment for Incarcerated Survivors
4 – 5 hours	15 – 30 minutes
Advocates can make eye contact, smile, and non-verbally show support to the survivor	Advocates are limited to their words and voice intonation to show support to the survivor
Advocate can speak to the urgent emotional needs of the survivor	Advocates have less opportunity to provide emotional support; they will need to emphasize opportunities for follow-up



Case Considerations

- Shorten your script
- Maintain good relationships with SANES/SAFEs
- Try to speak with the survivor both before and after the exam
- Do what you can to ensure confidentiality



Rafael, a prisoner rape survivor (photo credit: Just Detention International)



Case Considerations



Kerri Cecil, a prisoner rape survivor (photo credit: Just Detention International)

- Provide information about your programs and how to access them
- Speak slowly, repeat yourself, and think about accessibility
- Identify 1 or 2 takeaways for the survivor ahead of time



Poll Question

Has your facility had an opportunity to have a victim advocate provide remote medical forensic exam accompaniment for an incarcerated survivor?





We would like to take a few minutes to allow you the opportunity to enter any questions that you may have related to the case study just presented into the Q/A box.



Case Study: The Incarcerated Transgender Survivor

The Incarcerated Transgender Survivor

Sam, an adult transgender woman that has not obtained gender reassignment surgery, but has been going through breast augmentation with hormone therapy. Sam uses she and her pronouns. Sam is in custody in a state prisons. She has been in her housing unit for two weeks.



The Incarcerated Transgender Survivor

Since being in the unit, Sam's cell mate, Jason, has touched her butt several times in passing and groped her breast over her clothing once. After the groping, Sam reported the incident to a corrections officer and requested to be moved, but her request was denied.



The Incarcerated Transgender Survivor

Two days after her report, Sam was cornered by Jason while coming out of the shower. Jason, fondled Sam’s breast and twisted her nipples. At the sound of a group of men coming into the showers, Jason walked away leaving Sam standing against the wall.



The Incarcerated Transgender Survivor

Later that night, once back in their cell when the lights were turned off, Jason forced Sam out of bed with a sharp object held to her neck and orally assaulted Sam. Jason’s ejaculation went into Sam’s mouth and onto her face. Once Jason, returned to his bunk, Sam wiped her face with her shirt, removed the shirt, hid it under her mattress, and returned to her bunk.



The Incarcerated Transgender Survivor

The following morning, Sam reported the events that occurred to a counselor and again requested to be moved to a different cell. The counselor noticed that the right side of Sam’s neck was red and asked Sam if she was having any pain, which Sam responded that the side of her neck was painful. After speaking to Sam, the counselor notified the medical staff of the need to have a medical forensic examination arranged for Sam which initiated the coordinated sexual abuse response protocol.



Case Considerations

- Sam has made two reports of abuse from the same abuser, which also is her cellmate.
- Sam has made two request for relocation to a different housing unit for her safety.
- Sam was threatened with a sharp object/weapon.



Case Considerations

- The fondling of Sam's breast occurred to her bare skin
- It has been less than 24 hours since the oral assault occurred
- Sam has not showered or performed oral hygiene since either of the events occurred.



Case Considerations

- The first event of abuse that occurred in the shower was interrupted when a group of inmates were entering the shower.
- The second event occurred in the cell that the survivor and abuser both share
- The shirt used to wipe Sam's face and mouth are hidden under her mattress.



Case Considerations

- Sam needs medical intervention
- Sam needs a safety assessment and intervention/planning
- Sam is in need of a medical forensic examination with appropriate follow-up care available to Sam
- Sam is in need of victim advocacy services
- There is a need for an investigation
- Jason is in need of a suspect exam





Poll Question

Does your facility have the ability to make appropriate accommodations related to the needs of the transgender survivor?



We would like to take a few minutes to allow you the opportunity to enter any questions that you may have related to the case study just presented into the Q/A box.

Community/ Public Safety & Health

The Purpose and Intent of the PREA Standards

- The goal of the PREA standards (rulemaking) is to prevent, detect, and respond to sexual abuse in confinement facilities.
- Sexual abuse is never punishment for a crime, rather it is a crime.
- In passing PREA, Congress noted that the nation was "largely unaware of the epidemic character of prison rape and the day-to-day horror experienced by victimized inmates/detainees/residents".
- Sexual abuse/Rape can have a severe consequence for survivors, for the security of correctional facilities, and for the safety and wellbeing of the communities to which nearly all incarcerated persons will eventually return.

Final Rule on National PREA Standards:
<https://bit.ly/3pT5es7>



Community/ Public Safety & Health

- Incarcerated individuals have a higher rate of infectious diseases, mental health disorders, & substance abuse and addiction.
- Concerns for families- including incarcerated individuals who are pregnant.
- Transitioning or reentry to the community can be stressful and under-resourced.
- There are often barriers to access to providers for management of health conditions and substance abuse treatment services as well as mental health needs.

American Academy of Family Physicians Foundation: Incarceration and Health: A Family Medicine Perspective. Position Paper
<https://www.aafp.org/press-room/2017/06/incarceration-and-health.html>



Resources

- [Recommendations for Administrators of Prisons, Jails, and Community Confinement Facilities for Adapting the U.S. Department of Justice's *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents Sexual Assault Forensic Protocol for Corrections Guide*](#)
- [Building Partnerships Between Rape Crisis Centers and Correctional Facilities to Implement the PREA Victim Services Standards](#)
- [Managing STDs in the Correctional Setting: A Guide for Clinicians 2nd ed.](#)



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www.SAFETa.org Resources

Access to telephone or personalized e-mail technical assistance from the International Association of Forensic Nurses.

Email: contact@safeta.org
Professional Resource Line: 1-877-819-7278



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Just Detention International

For additional information or to request TA, please visit JDI's Advocate Resource page: www.justdetention.org/advocate-resources

Direct questions to: advocate@justdetention.org
For more information about Just Detention International, visit www.justdetention.org.

 www.facebook.com/JDIonFB
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PREA Resource Center

<https://www.prearesourcecenter.org/request-for-assistance>

Request assistance

Jurisdictions can request assistance by completing a web form on the PRC website under the "Implementation" tab and clicking "Request for assistance" under "Training".



Research. Educate. Lead.



Thank you for joining us today!!
