

Prison Rape Elimination Act (PREA) Training for Level I Volunteers

The Foundation of PREA

- PREA is the Federal law of 2003 that seeks to eliminate sexual assaults and sexual misconduct in correctional environments
- PREA sets mandatory standards for the detection, prevention, and punishment of sexual abuse in prisons
- The Bureau of Prisons (BOP) is compliant with PREA

Definitions related to sexual abuse

- Sexual abuse of an inmate includes abuse by another inmate or by a staff member, contractor, or volunteer. It includes the following acts:
 - Contact between the penis and the vulva or the penis and the anus, including penetration, however slight
 - Contact between the mouth and the penis, vulva, or anus
 - Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument
 - 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 (for inmate-on-inmate abuse)
 - 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 (for staff-on-inmate abuse)
 - Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described above
 - 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
 - Voyeurism by a staff member, contractor, or volunteer
- Sexual harassment includes:
 - Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or

actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another

- o Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures

Zero Tolerance

- The BOP has maintained a zero tolerance position on sexual abuse and sexual harassment for many years
- Procedures are in place to detect and prevent sexually abusive behavior and sexual harassment
- Victims of this behavior receive timely and effective responses to their physical, psychological, and security needs
- Allegations receive timely intervention upon report
- Perpetrators are disciplined and, when appropriate, are prosecuted in accordance with BOP policy and Federal law

How to Report Incidents

- If you observe sexually abusive behavior and/or sexual harassment of inmates by anyone, report it immediately to your staff escort or to any staff member
- If the staff escort is the individual you observed engaging in the behavior, you may report the behavior to any staff member
- You may also make a report to the National PREA Coordinator at BOP-CPD/PREACoordinator@BOP.GOV

If you have additional questions related to PREA, particularly the zero tolerance policy and how to report incidents, please ask your staff escort and/or the Institution PREA Compliance Manager to clarify these issues before you enter the institution.

Your signature on the Level I Volunteer Application/Training form is your acknowledgement for having received this training and that you understand the material presented.

BP-A0777 (PLEASE COMPLETE BLANK FORM INCLUDED)

~ FILL OUT COMPLETELY ~

BOX 1: PERSONAL PROFILE

NAME: First Name, Middle Initial, Last Name

ADDRESS: Your current residence (street address with city, state, zip code)

TELEPHONE: Both home and cell phone telephone number if applicable

RELIGIOUS AFFILIATION: The name of your church, mosque, synagogue, etc. (example: First Baptist Church, Bryan, TX)

CIVIC AFFILIATIONS: Any that may apply to your volunteer status (example: American Cancer Association). Many will simply state none or N/A.

PROFESSIONAL AFFILIATIONS: Any that may apply to your volunteer status (example: member of the Islamic Society of North American; LDS Family Services, etc.). Many will simply state none or N/A.

COUNTRY OF ORIGIN: Place of birth

CITIZENSHIP: All that applies. Most will list: USA

IMMIGRATION NUMBER: Self-explanatory. Many will simply state N/A.

NATURALIZATION NUMBER: Self-explanatory. Many will simply state N/A.

FOREIGN TRAVEL: Any country or countries that you have visited in the last five years. Please include timeframes. May state N/A.

FUNDING FROM FOREIGN GOVERNMENTS: Please be as descriptive as possible. If you do not receive funding from foreign governments, simply write: None

HAVE YOU LIVED IN THE UNITED STATES THREE OF THE LAST FIVE YEARS? Check Yes or No

BOX 2: VERIFIABLE RELIGIOUS CREDENTIALING AUTHORITY

NAME: Full name of the religious authority who authorizes you to represent their church/denomination/mosque, etc. as a volunteer. For most, this will be their pastor or elder. For those who are pastors, it may be a presbyter/superintendent/bishop, etc. Please note: *All Religious Services volunteers represent some church/mosque/synagogue, etc. YOU CANNOT be your own religious authority.* **YOU CANNOT BE YOUR OWN RELIGIOUS AUTHORITY.**

TITLE: Full title of the authorizing person mentioned above (example: Pastor, Bishop, Congregation President, Elder, etc.)

LOCAL CONGREGATION: The full name of the congregation/diocese, etc. where the authorizing person mentioned above serves in their current capacity.

BP-A0777 (PLEASE COMPLETE BLANK FORM INCLUDED)

LENGTH OF RELATIONSHIP WITH RELIGIOUS CREDENTIALING AUTHORITY: Please list how long YOU, the volunteer, have had a relationship with the authorizing person mentioned above.

BOX 3: EDUCATION

COLLEGE: Self-explanatory if applicable. May state N/A.

DEGREE/DATE: Self-explanatory if applicable. May state N/A.

SEMINARY/GRADUATE SCHOOL: Self-explanatory if applicable. May state N/A.

DEGREE/DATE: Self-explanatory if applicable. May state N/A.

OTHER GRADUATE DEGREE(S): Self-explanatory if applicable. May state N/A.

DEGREE/DATE: Self-explanatory if applicable. May state N/A.

BOX 4: SIGNATURE

Please sign and date

ON SECOND PAGE

Only check yes or no in the box labeled Ordination/Equivalent. If you are ordained, then the answer is a simple yes, regardless of your duties as a volunteer. If you belong to a church/mosque/synagogue, etc. that does not ordain (such as the Jehovah's Witnesses, Mormons, etc.) but you are authorized to perform "professional duties" (professional duties include preaching, baptizing, Eucharist, confession, marriage, burials. Teaching classes is not considered "professional duties."), then you check yes since you have an equivalent to ordination. If you are not ordained or have the equivalent, then check no.

If you perform "professional duties" as a volunteer (again professional duties include preaching, baptizing, Eucharist, confession, marriage, burials), you must be ordained or have the equivalency.

Ordination equivalency means that you have a letter of authorization (endorsement, etc.) to perform professional duties for your religious body. If you are ordained, then you have a certificate. The remaining boxes (Faith Group, Date, Chaplain's Signature, Religious Subject Matter Expert Review, etc.) will be completed by Chaplain May.