

NATIONAL
PREA
RESOURCE
CENTER

PREA and Victim Services: A Trauma-Informed Approach
Notification of Curriculum Utilization
October 2014

The enclosed *PREA and Victim Services: A Trauma-Informed Approach* curriculum was developed by Just Detention International (JDI) as part of contract deliverables for the National PREA Resource Center (PRC), a cooperative agreement between the National Council on Crime and Delinquency (NCCD) and the Bureau of Justice Assistance (BJA). The Prison Rape Elimination Act (PREA) standards served as the basis for the curriculum's content and development, with the goal of the *PREA and Victim Services: A Trauma-Informed Approach* curriculum being to satisfy specific PREA standard requirements.

It is recommended that the *PREA and Victim Services: A Trauma-Informed Approach* curriculum be reviewed in its entirety before choosing which modules to use. Any alterations to the original materials must either be acknowledged during their presentation or have the PRC and JDI logos removed.

BJA is currently undergoing a comprehensive review of the enclosed curriculum for official approval, at which point the BJA logo may be added.

Note: Use of the enclosed curriculum, either in part or whole, does not guarantee that an auditor will find a facility "meets standards." Rather, an auditor will take into consideration the curriculum used as part of their overall determination of compliance.

Notice of Federal Funding and Federal Disclaimer – This project was supported by Grant No. 2010-RP-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice nor those of the National Council on Crime and Delinquency (NCCD), which administers the National PREA Resource Center through a cooperative agreement with the Bureau of Justice Assistance.

Victim Services and PREA: A Trauma-Informed Approach

Instructor's Guide and Lesson Plans

Just Detention International

September 2014



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Overview of Training



"Sunflower, Flowers, Daisy, Cosmos" By Scott, a survivor of sexual abuse in detention

Overview

Goal of the Training Curriculum

The goal of this training is to prepare corrections staff members to develop and implement trauma-informed, victim-centered victim services programs that meet the intent and requirements of the PREA standards.

- This one-and-a-half-day training curriculum includes instructions for presentations, facilitated discussions, and interactive and individual activities.
- PowerPoint slides for relevant sections are attached.
- Training classes of under 50 people are recommended to allow for meaningful participation in exercises and to ensure that all questions can be answered. Smaller training classes, where possible, are recommended to allow for greater personalization of the curriculum.
- The curriculum is intended for individuals who work in corrections facilities (prisons, jails, community confinement, lockups, and juvenile detention) in any capacity, as well as community advocates who may be involved in developing or providing victim services programs for confinement facilities.
- The modules are designed to be presented all together or as a series. They also stand alone

so that facilities can customize a training, using only the modules that are most relevant. Suggestions for two-hour, half-day, full-day, and day-and-a-half trainings follow.

Training Objectives

The objectives for this training are to:






1. Guide officials, step-by-step, through the process of establishing victim services programs in a variety of confinement settings.
2. Prepare staff members to carry out trauma-informed, victim-services programs, including collaboration with community advocacy agencies.
3. Help create a corrections culture where reporting sexual abuse and sexual harassment is perceived as a viable option.
4. Contribute to efforts to prevent, detect, and respond to sexual abuse and sexual harassment.


Overview of Training

How to Use the Instructor's Curriculum Guide and Lesson Plans

Curriculum Layout

The "Instructor's Curriculum Guide" provides guidance for trainers using this curriculum. The lesson plans are written in a step-by-step, table format.

<p>The left column indicates:</p> <ul style="list-style-type: none"> - Approximate time it will take to teach the corresponding segment. - Teaching tools, like group activities, a video, activity, or discussion. - Helpful hints for the trainer. <p>Icons indicate where handouts or audio-visual tools are used, as well as tips for trainers, and discussion points :</p>  handouts  video  PowerPoint  discussion points or questions  speaker's note	<p>The right column provides talking points, content information, and suggestions for the trainer.</p> <p>Each topic heading is written in bold with the speaking points indented below it.</p> <p>Each dot indicates a new teaching point or activity.</p> <p>Suggestions for the trainers are marked as "Speaker's Note."</p>
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 helpful tips	
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When using PowerPoint slides, it is important that instructors are comfortable enough with the content that they do not need to read or face the slides. A remote control used to forward the slides frees the instructor to walk around the room and interact with participants. Each instructor should practice using the equipment and make sure that PowerPoint slides, videos, audio, and internet access are working and compatible before the training begins.

Instructors should allow sufficient time to prepare before teaching the curriculum. You should be able to present the materials comfortably, using the lesson plan, your notes, and the PowerPoint® slides as a guide.

Overview of Training

Modules Outline

Introduction

- Welcome
- Pre-Test
- Introductions
- Acknowledgements
- Today's Goals
- Details, Details, Details

Module 1: Victim-Centered Response to Sexual Abuse in Detention

- Details, Details, Details
- Module Objectives
- Victim-Centered Response to Sexual Abuse and Sexual Harassment in Detention
- Trauma-Informed Practices
- Understanding Trauma
- Cecilia's *Story*
- Putting It into Action (*Small Group Exercise*)
- Why Trauma-Informed?

Module 2: Understanding the PREA Standards on Victim Services

- Acknowledgement
- Module Objectives
- PREA Standards as a Tool
- PREA in Context
- Voices for Justice (Video)
- Overview of the PREA Standards
- Applying the PREA Standards on Victim Services
- Interpreting the PREA Victim Services Standards
- Putting Policy Into Practice
- First Responder Duties
- Emergency Medical Response
- Benefits of the Institutional Coordinated Response Plan
- Wrap-Up Discussion

Module 3: Understanding Sexual Abuse and Trauma

- Acknowledgement
- Module Objectives
- Prevalence of Sexual Abuse in Detention
- Definitions
- Detection
- Abusers Tend to Target
- Yarn Exercise
- Why Don't Survivors Tell?

- Why Don't Survivors Tell?/Outcomes of Reports
- Physical Indicators of Sexual Abuse
- Common Responses to Sexual Abuse
- Acute Stress Disorder and PTSD
- Potential Responses to Abuse
- Traumatic Events and the Brain
- What Would You Do Next? (*Small Group Exercise*)

Module 4: Reporting Sexual Abuse and Sexual Harassment

- Acknowledgement
- Module Objectives
- Rodney Hulin, Jr. (Video)
- Reporting Sexual Abuse and Sexual Harassment
- Reporting Requirements
- Partnering with Community Resources
- Making Reporting Possible
- Sexual Abuse Incident Reviews
- Reporting Sexual Abuse and Harassment

Module 5: First Response

- Acknowledgement
- Module Objectives
- First Response
- First Responder Duties
- Responding to Imminent Threat
- First Responder Duties (*Role Play*)
- For More Information

Module 6: The Sexual Assault Response Team (SART)

- Acknowledgement
- Module Objectives
- Sexual Assault Response Teams
- SART: A Coordinated Response Plan
- PREA Standards and Sexual Assault Response Teams
- Goals of SART
- Typical SART Members
- Medical and Mental Health Care
- Wrap Up
- Sexual Assault Response Teams in Corrections (*Small Group Exercise*)
- Additional Resources

Overview of Training

Module 7: Collaborating with Prosecuting Authorities

- Acknowledgement
- Module Objectives
- Survivor Story (Audio)
- PREA Standards
- Group Discussion
- Points to Remember
- Meet the Prosecutor (*Small Group Exercise*)
- Additional Resources/For More Information

Adult Learning Theory and Instructional Theory into Practice (ITIP)

Adult Learning Theory and Instructional Theory into Practice (ITIP)

Each person has a unique learning style — one may be a visual learner, another may need to experiment and be active, and another will prefer a lecture format. Mix up your teaching style to reach the maximum number of people. Explain things in different ways and monitor your audience for comprehension through verbal interaction, watching non-verbal behavior, and feedback.

The Instructional Theory into Practice (ITIP) lesson plan format, as employed by the National Institute of Corrections (NIC) and accessible at www.nicic.org, draws upon the audience's experience and knowledge and uses both covert (think, imagine, picture this) and overt (demonstration) approaches. This interactive, adult learning strategy respects that people learn in different ways. ITIP's Anticipatory Set (building a trusting environment where learners feel safe to express themselves and try new skills) is incorporated throughout this curriculum. ITIP's Instructional Input includes the lecture notes. The Guided Practice consists of activities, such as small group exercises, role plays, and scenario work. ITIP also incorporates Checking for Understanding by observing and interpreting student reactions. Frequent, informal evaluations that provide immediate feedback allow the instructor to revise the plan, making the class responsive to student needs and increasing understanding of and buy-in for the material.

Adult learning theory suggests that, for maximum attention and retention, activities other than lecture be interjected every seven to ten minutes. Group discussions and activities and participant involvement are noted throughout the training. Trainers should also be prepared to insert questions and discussion points throughout the session, encouraging as much interaction as possible. Group interactions with the trainer involving mutual inquiry, shared experiences, and personal observations help keep the training interesting and relevant.

Selecting Trainers

Presenters should: be experienced in corrections, sexual abuse investigations, sexual assault

response teams, or sexual abuse advocacy; have knowledge about responding to sexual abuse and sexual harassment, effects of trauma, or the Prison Rape Elimination Act (PREA); be willing to learn the content; and have a commitment to the training objectives.

Consider the following criteria for selecting trainers:

1. Commitment to, and interest in, trauma-informed responses to sexual abuse and sexual harassment in detention and implementation of the PREA standards
2. Content expertise
3. Effectiveness as a speaker
4. Diversity (race, gender, age, sexual orientation, presentation style, experience)
5. Credibility
6. Availability
7. Reliability
8. Ability to operate presentation technology (e.g., PowerPoint®, webinar, e-learning)

Bios for speakers should be available for introductions and included in participant materials, if applicable. Bios should be brief and highlight the speaker's relevant experience and qualifications. Include contact information for the speaker, such as address, phone number, fax number, and email address. The training coordinator and trainers should discuss expectations and needs, questions and concerns, and participant needs before the training.

Initial Planning

- Select trainers and assign roles. If you are planning an all-day session, choose a moderator to facilitate and keep time.
- Reserve or order classroom space, equipment, and audiovisual materials in advance. The ideal training room has enough space for each participant to sit comfortably at a table.
- Check that buildings, rooms, and parking are Americans with Disabilities Act compliant. Registration forms should ask trainees if they have any special needs; trainers should work out a plan to meet such needs prior to the training.

The Week Before

- Confirm logistics, including: room set-up; parking and directions for participants; that beverages and food for lunches and breaks have been

ordered or, if not provided, that instructions have been sent to participants; that accommodations or special needs of participants or faculty are dealt with; and that materials and nametags are prepared.

- Make certain that the training site meet any accommodations needed by participants with disabilities.
- Test all audio-visual materials and equipment.
- Make sure supplies are ready. The supplies needed for each module are listed at the beginning of that module.
- Check the room set-up. Moveable tables and chairs allow the trainers to group participants together in teams and to have participants move about the room for small group work as activities require. If there are staff members from several facilities present, it is beneficial to group coworkers together for small group exercises.
- Consider the arrangement of the tables. A “u” design is most effective, because participants can see each other and trainers can move easily around the group. For a larger group, the “chevron” design, with tables in v-shaped rows, works well. The least effective seating layout in terms of learning and attention is “auditorium,” where everyone in fixed rows looking toward the front of the room. Assess the room and make efforts to increase comfort of and interaction among the participants.
- Make sure climate control in the building is working and make the room as comfortable as possible. Good ventilation and room temperature are important for an effective and comfortable training environment.
- Review the room set-up to make sure each trainee has an unobstructed view of the front of the room, the trainers, audio-visual screen, and other training aides. Generally, when a trainer speaks, he or she should stand up to be seen and heard, unless it is a very small group. During the question and answer period at the end of the module and while participating in small group work, trainers may remain seated if so desired.
- Confirm location of restrooms trainees can use. Make sure restrooms are located nearby, unlocked, clean, stocked, and easily accessible. If they are not, ask the building maintenance staff for help.
- Plan for the speakers' needs. Have water at the speakers' table. Supply microphones, if needed. Remember that it is frustrating for participants to have to strain to hear. If the room is too large or not soundproof, it may not be an effective training location. If you cannot change it, think about the

arrangement of the seats and provide both a lapel microphone for the speaker and a hand-held one for question and answer sessions.

- The lighting in the room should be able to dim slightly for showing PowerPoint® slides and videos.
- Ensure that the refreshments are set up for the morning and afternoon each day. Include water, at a minimum, and a selection of caffeinated and caffeine-free beverages, if the budget allows. If there will be no beverages provided, inform trainees ahead of time.
- Arrive at the training room at least 30 minutes before the session begins. Doing so allows you to get organized, confirm that all the audio-visual equipment is there and functioning, and ensure that the appropriate room arrangements have been made.
- Ask trainees to turn off or put away their phones. If they are required to check their phones for their jobs, ask them to turn off ringers and use less disruptive notification systems such as vibration or display.
- Have an easel pad available in the room and let participants know that it is available as a “parking lot” for questions and concerns that come up throughout the day. There may be issues that arise that will be better addressed in other modules later in the training. This is a good way to keep track of the trainees' concerns.
- Be flexible. Challenges arise, coffee is late, cell phones go off, audio-visual equipment stops working, people misunderstand the topic of the training, egos emerge, other panel members get stuck in traffic, someone forgets the nametags, and trainees have their own agendas.... When you anticipate these things before they occur, you'll be able to keep going, recognizing that the best-laid plans sometimes have to be adjusted. Always have a back-up plan. A prepared trainer can adjust to bumps in the road and still successfully present the materials.

During the Training

You have learned the material, found out about who will be in your class, and created an environment that is as conducive to adult learners as possible. Once the training begins, you can reinforce your preparation and help participants get the most out of the training by listening, being open to productive feedback, and managing the dynamics in the room.

- Get to know the audience. It is important to have a good sense of what participants want to learn and accomplish, their level of experience, any particular group dynamics among trainees, and political issues of significance.
- Each instructor should review their comfort with and commitment to the content. Is each instructor committed to ending sexual abuse and making facilities safer for inmates? Does each instructor believe that the PREA standards are a useful tool for eradicating sexual abuse in detention? If the answer to either question is “no,” that instructor must notify the training coordinator so adjustments to the training team can be made.
- Be sure that the language throughout the training is gender appropriate. Avoid terms that are not gender inclusive (e.g., avoid phrases like “a two-man post” and use terms such as “two staff” or “two-person post” instead).
- Keep language simple and avoid jargon; be clear. If acronyms or abbreviations are used, explain what they mean (PRC, JDI, BJA, NIC, ACA).
- Keep your energy-level high. Even during a panel or question and answer session, stand up, move around the room, and make eye contact with participants.
- Be supportive and non-judgmental, and give compliments to trainees: “That’s a good question. I am glad you raised that.”
- Encourage trainees to speak up and share their own experiences. The more engaged they are, the more interesting the training will be. Be prepared to redirect off-topic or lengthy stories.
- Help trainees use discussions as an opportunity to reflect on desired outcomes and how best to reach them. Allow time for concerns and challenges, while not getting stuck in talking about problems.
- After fielding a question from a participant, ask, “Does that answer your question?” “Do you agree?” or “Has that been your experience as well?”
 - Always try to get clear answers from trainees. Make sure that comments are heard and understood. Ask for clarification if necessary. In large rooms, repeat questions and comments so that all participants can hear. Encourage trainees to be succinct in voicing their comments and concerns. Help trainees who have difficulty presenting information by restating and asking, “Is this an accurate summary of what you are saying?”
 - Inform trainees that the information presented during the training will be a

combination of specific strategies and concrete examples. Each agency is unique, with particular issues, demographics, crime characteristics, personalities, and organizational structures. Participants should be prepared to adapt the information presented to their environments.

- Some activities may involve writing ideas on an easel pad. Instructors can team up, or a participant can be enlisted, so that the person speaking is not also writing. Be sure to write in large, legible letters. Key points can be left taped up around the room.
- It is helpful to take the temperature of the room regarding the training. What do people associate with PREA? With victim services? How about with reporting sexual abuse and sexual harassment? Encourage participants to think of the approaches discussed here as a continuation of values they already have and tools to help do things they are already committed to doing. For many, PREA and victim services represent a shift in the default standard operating procedures rather than something foreign or brand new.

Panel Discussions: A Team Approach

Modules taught through panel discussion use structured conversations between panelists or a series of short talks by two or more subject matter experts. Panels are most useful when speakers have a consistent message while presenting information from different perspectives.

Prior to the presentation, panelists should meet with the other speaker(s) to review the objectives for the session; decide who will lead, if there will be a moderator, who will cover what content, teaching methods, and styles of delivery. You might also wish to discuss:

1. Background information about trainees, including key issues and concerns.
2. Whether it is useful to designate a moderator who introduces the next speaker, provides a common thread throughout the training, facilitates trainee questions, and provides a summary.
3. How to manage group activities, if applicable.
4. Who will lead discussions following group activities.

5. Whether everyone feels comfortable if a speaker interjects examples or ideas during another speaker's presentation.
6. Back-up plans in case a speaker is unable to train at the last minute.

A meeting of the training team the day or evening before the training is suggested to finalize the training details and logistics.

Responding to Questions

Anticipate the kinds of questions trainees might ask and how to handle them. Before beginning the training, instructors can prepare a list of questions that are likely to be asked and prepare answers. These questions can also be used to stimulate group discussions throughout the presentation, as long as they are open-ended and designed to provoke thoughtful reactions to specific points.

Questions from trainees are a good indication of the level of their awareness, attention, and interest in the subject. Questions have value in helping to clarify, modify, or fortify points or to test an idea for its potential.

Instructors have to answer questions without preparation. It is fine to pause to think about the answer. Instructors should try to relax and maintain poise. Keep answers short and to the point. Give a short, or yes or no, answer first and then explain why. If the question is complicated or beyond the scope of the instructor's knowledge, acknowledge that fact. Check with the participants to see if anyone knows the answer or inform the group that instructors will research the question and get back to them, and be sure to follow up.

Some corrections issues or questions involving safety and sexual abuse may border on giving legal advice. Avoid doing so and suggest that the questioner check with his or her own agency's legal counsel.

Not all questions have to be answered. Sometimes the most effective response is one that allows the audience to keep thinking about the issue or concern. Keep a running list of questions or issues on a displayed easel pad ("parking lot" issues) and come back to them throughout the training.

When a person asks a question, restate it for the entire group and direct the answer to the audience, not the individual questioner. Make sure everyone has heard the question. Rephrase questions that are unclear or rambling. Diffuse emotional questions by politely asking for clarification.

Avoid a one-to-one conversation or argument with a trainee. If instructors get pulled into such interactions, ask other participants to join the discussion or summarize the conversation and move to the next point in the lesson.

Crafting the Agenda

While the training modules included in this curriculum were designed to be used together, the modules can be used separately, as a facility's needs dictate.

The full training curriculum should take 9.5 hours to present, without breaks. Ideally, this can be done over two days, as shown below:

Day One

8:00–8:10	Sign-In and Refreshments
8:10–8:30	<u>Introduction</u>
8:30–9:30	<u>Module 1:</u> Victim-Centered Response to Sexual Abuse in Detention
	Break
9:30–9:45	<u>Module 2:</u> Understanding the PREA Standards on Victim Services
9:45–11:15	<u>Module 3:</u> The Basics of Sexual Abuse in Detention and Trauma-Informed care
	Lunch
11:15–12:45	<u>Module 4:</u> Reporting
	<u>Module 5:</u> First Response
12:45–1:45	Q&A and Day One Wrap-Up
1:45–2:45	
2:45–4:15	
4:15–4:30	

Day Two

8:00–8:15	Welcome and Sign-In
8:15–9:45	<u>Module 6:</u> The Sexual Assault Response Team (SART)
9:45–10:30	<u>Module 7:</u> Collaborating with Prosecuting Authorities
10:45–11:30	Review and Wrap-Up

An agency can also present one to two modules per session over several weeks. Alternatively, shorter trainings can be presented to meet specific agency needs. Sample agendas shown below: .

PREA and Trauma-Informed Victim Services, 4.5 hours

8:00–8:20	<u>Introduction</u>
8:20–9:20	<u>Module 1:</u> Victim-Centered Response to Sexual Abuse in Detention
9:20–9:30	Break
9:30–11:00	<u>Module 2:</u> Understanding the PREA Standards on Victim Services
11:00–12:30	<u>Module 3:</u> Basics of Sexual Abuse in Detention and Trauma-Informed Care

Introduction to Victim Services, 3 hours

8:00–9:30	<u>Module 2:</u> Understanding the PREA Standards on Victim Services
9:30–11:00	<u>Module 3:</u> Basics of Sexual Abuse in Detention and Trauma-Informed Care

First Responders, One Day

8:00–8:20	<u>Introduction</u>
8:20–9:20	<u>Module 1:</u> Victim-Centered Response to Sexual Abuse in Detention
9:20–9:30	Break
9:30–11:00	<u>Module 2:</u> Understanding the PREA Standards on Victim Services
11:00–12:30	<u>Module 3:</u> Basics of Sexual Abuse in Detention and Trauma-Informed Care
12:30–1:30	Lunch
1:30–2:30	<u>Module 4:</u> Reporting
2:30–3:30	<u>Module 5:</u> First Response
3:30–3:45	Break

3:45–4:15

Module 5: First Response, continued

4:15–4:45

Wrap-Up

Advanced Training for Response Teams, 7 hours

8:00–8:20	<u>Introduction</u>
8:20–9:20	<u>Module 4:</u> Reporting
9:20–9:30	Break
9:30–11:00	<u>Module 5:</u> First Response
11:00–12:00	<u>Module 6:</u> The Sexual Assault Response Team (SART)
12:00–1:00	Lunch
1:00–1:30	<u>Module 6:</u> The Sexual Assault Response Team (SART), continued
1:30–2:45	<u>Module 7:</u> Collaborating with Prosecuting Authorities
2:45–3:00	Review and Wrap-Up

Introduction: Developing a Victim-Centered Response to Sexual Abuse and Sexual Harassment in Detention

Welcome
Pre-Test
Introductions
Acknowledgements
Today's Goals
Details, Details, Details

Module 1: Victim-Centered Response to Sexual Abuse in Detention

Details, Details, Details
Module Objectives
Victim-Centered Response to Sexual Abuse and Sexual Harassment in Detention

Trauma-Informed Practices
Understanding Trauma
Cecilia's Story
Putting It into Action (*Small Group Exercise*)
Why Trauma-Informed?



Corrections officials and JDI staff members provide training in New York

Qualified Trainers

Many of the modules in this curriculum require a knowledge of trauma, the effects of sexual abuse and sexual harassment, and reasoning behind the victim-centered approach. Trainers should have a background in sexual abuse response — whether through a Sexual Assault Response Team, as a rape crisis counselor, or as a medical or mental health care provider matters less than a working understanding of common reactions to sexual abuse and sexual harassment and helpful responses. Most important for an effective trainer is a commitment to the PREA standards related to victim services and to the trauma-informed approach described throughout the training modules.







Module 1: Developing a Victim-Centered Response to Sexual Abuse and Sexual Harassment in Detention





INTRODUCTION



20 minutes

Materials Needed: PowerPoint slides, projector, screen, remote control, microphones, and handout of PowerPoints with three slides per page for trainee note taking.

Time and Tips	Speaking Notes
<p>1 Min.</p>  <p>(Slide 1)</p> 	<p>Welcome</p> <p>Thank you for being here today. We thank you for the hard work you do for your community and for being willing to contribute your time and expertise to today's topic. Our goal for today's training is to provide you with tools that will help you do your job even better. We will be focusing on the Prison Rape Elimination Act, or PREA, and the standards with which all prisons, jails, juvenile facilities, lockups, and community confinement facilities must comply.</p> <p>Speaker's tip: <i>Because this is the introductory module, trainers should modify it depending upon the schedule for this specific training session. Use the introduction to frame the day, keep it engaging, and relate the training session to your audience's daily work.</i></p>
<p>5 Min.</p>  <p>(Slide 2)</p> 	<p>Pre-Test</p> <p>We'll get to introductions in a moment, but first we would like you to complete the pre-test. This pre-test is intended to measure the knowledge you already have about the PREA standards pertaining to victim services. At the end of the session, we'll give you a post-test which will help us measure how much you learn today and the effectiveness of this session.</p> <p>The test is anonymous; there is no need to provide your name.</p> <p>HANDOUT: Pre-Test (Module 1, Appendix A)</p>
<p>7 Min.</p>  <p>(Slide 3)</p> 	<p>Introductions</p> <p>I would like for each of the faculty members to take a moment to introduce themselves. Introduce yourself and then introduce the other presenters.</p> <p>Depending upon the size of your group, choose one of the following methods to introduce participants:</p> <ul style="list-style-type: none"> • For small groups (under 20), ask participants to share their name, where they work, and the most important thing about their current job. • For medium-sized groups (21-50), ask one person from each department or facility to introduce their team, briefly. • For large groups (51 and over), ask for participants to indicate, by a show of hands, how many are: administrators, investigators, medical staff, mental health staff, PREA coordinators, community advocates, and other job functions.




<p>1 Min.</p>  <p>(Slide 4)</p>	<p>Acknowledgement</p> <p>Just Detention International (JDI) developed this training and materials in partnership with the National PREA Resource Center (PRC). We want to thank JDI and the PRC for allowing us to build upon their work and expertise.</p>
<p>4 Min.</p>  <p>(Slide 5)</p> 	<p>Today's Goals:</p> <p>What do you want to get out of today's session?</p> <p>Compliance with PREA standards is mandatory for all corrections facilities. That includes prisons, jails, police lockups, community confinement facilities, and juvenile facilities.</p> <p>The information in today's session will help you tackle a challenging and sensitive aspect of your job — the problem of sexual abuse in detention. With or without PREA, keeping inmates safe is our duty and the right thing to do.</p> <p>What are your goals for today's session?</p> <p>Review the participants' goals for the session. Record them on a flip chart to refer to throughout the training.</p>
<p>2 Min.</p>  <p>(Slide 6)</p>	<p>Details, Details, Details</p> <p>Logistics</p> <p>Before we jump into the content, let's take a moment to review some of the logistics for today's training.</p>





MODULE 1: Victim-Centered Responses to Sexual Abuse and Sexual Harassment in Detention







60 minutes

Materials Needed: PowerPoint slides, projector, screen, remote control, microphones, and handout of PowerPoints with three slides per page for trainee note taking, HANDOUT: Scenarios for Small Group Exercises: Trauma-Informed Responses (Module 1, Appendix B)

Time and Tips	Speaking Notes
<p>3 Min.</p>  <p>(Slide 7)</p> 	<p>Details, Details, Details</p> <p>Some Notes about Language</p> <p>This module will cover the basics of sexual abuse in detention, trauma-informed care, and describe what is meant by “victim-centered response.”</p> <p>Before we get started, I have some notes about language:</p> <ul style="list-style-type: none"> • We will use the words "detention," "detention facilities," and "corrections facilities" to refer to a broad range of corrections settings • We will use "corrections officials" to refer to a broad range of people who work in such settings • We will use “inmate” to refer to those detained in a variety of corrections settings • And we will use "survivor" and "victim" to refer to inmates who have been sexually abused <p>Speaker's tip: <i>Tailor the language in the speaking notes to match your facility.</i></p>
<p>2 Min.</p>  <p>(Slide 8)</p>	<p>Module Objectives</p> <p>The module training objectives are to:</p> <ul style="list-style-type: none"> • Learn the components of trauma-informed care and philosophy • Examine best practices of victim-centered responses, with an emphasis on those that are embodied in the PREA standards • Practice responding to sexual abuse through a small group exercise

<p>3 Min.</p>  <p>(Slide 9)</p>	<p>Victim-Centered Response to Sexual Abuse and Sexual Harassment in Detention</p> <p>Trauma-Informed Care</p> <p>The principles behind trauma-informed care:</p> <ul style="list-style-type: none"> • Every aspect of policy and practice takes into account how trauma affects people. • Incidents of sexual abuse and sexual harassment call for specialized responses; standard responses to other kinds of events, even crises, may not be effective and may even re-victimize a sexual abuse victim. • The agency examines practices for responding to sexual abuse to make sure that victims are not re-traumatized.
<p>3 Min.</p>  <p>(Slide 10)</p>	<p>Trauma-Informed Practices</p> <p>Individual Approach</p> <p>Using a trauma-informed approach means that:</p> <ul style="list-style-type: none"> • Survivors are treated with dignity. • After a disclosure of abuse or request for help, survivors get information about what will happen next. • Staff are trained to be able to identify and understand the relationship between trauma and behavior changes observed in the victim. • Staff work in collaboration with outside agencies, volunteer programs, and, where possible, family members, who can be part of the survivor's support system and provide assistance that facility staff cannot. • As potential witnesses in a criminal case, survivors are included as an important part of the sexual abuse response process. <p>Take a moment to think about whether your agency's policies and practices for addressing the sexual abuse of inmates reflect this recommended approach.</p>
<p>2 Min.</p>  <p>(Slide 11)</p>	<p>The Basics of Sexual Trauma</p> <p>Sexual abuse:</p> <ul style="list-style-type: none"> • Is caused by any kind of unwanted sexual behavior, including sexual harassment or attempted rape • Is one the most traumatic forms of criminal victimization • Affects a survivor's core sense of self
<p>5 min.</p>  <p>(Slide 12)</p>	<p>Understanding Trauma</p> <p>A Traumatic Event/During the Traumatic Event</p> <p>So, what do we know about traumatic events and how they affect people?</p> <ul style="list-style-type: none"> • Such events are life changing. People generally do not feel the same, in a very basic

	<p>way, after experiencing trauma.</p> <ul style="list-style-type: none"> • To the person experiencing a traumatic event, it is, or is perceived to be, a near-death experience and a complete loss of control. • Trigger the “fight, flight, or freeze” responses — these are the instinctual, automatic responses that people have when faced with extreme danger. <p>Ask the participants for examples of “fight, flight, and freeze.”</p> <p>Speaker’s tip: The information in slides 6-8 is a very basic introduction to trauma. Module 3 includes a more detailed explanation of trauma.</p>
<p>2 min.</p>  <p>(Slide 13)</p>	<p>Understanding Trauma: Short Term</p> <p>During the Traumatic Event</p> <ul style="list-style-type: none"> • During the traumatic event itself, and often in the short-term aftermath, a person’s ability to use their usual coping skills is overwhelmed. • The person may feel out of control of everything, including simple, daily tasks. • Although there are some common reactions, is it also important to remember that everyone reacts differently and there is no wrong way to behave during or after a traumatic event.
<p>3 min.</p>  <p>(Slide 14)</p>	<p>Understanding Trauma: Long Term</p> <p>A Traumatic Event</p> <p>Trauma affects the brain in that it:</p> <ul style="list-style-type: none"> • Changes the way memories are stored — what we mean here is that trauma memories are stored in a part of the brain that doesn’t sort for time or place. Trauma survivors may not remember what seem like important details and may not remember events in chronological order. This is especially true in the first three days after a traumatic event. • Changes the survivor’s reactions to new events — survivors of recent trauma are more likely to react strongly to surprises and things that startle them, and perceive things as threats that others might not. • Affects the survivor’s ability to handle crises and fear — the traumatic event creates a new “fear center” in the brain. When a survivor of trauma feels threatened, e.g. if there is an alarm or an altercation with another inmate, or if the perpetrator is nearby, the survivor may react as if he or she is faced with a life-or-death threat.
<p>7 Min.</p>  <p>(15)</p>	<p>Cecilia’s Story</p> <p>Just Detention International works closely with survivors of sexual abuse in custody who wish to share their experiences to help educate people about sexual abuse. Several of these survivors contributed to the PREA standards we have before us today, by participating in expert committees and listening sessions and by testifying before the National Prison Rape Elimination Commission, or NPREC. PREA called for the creation of NPREC to study the issue of sexual abuse in confinement and to develop standards. The following is an excerpt from</p>



Cecilia Chung's testimony before NPREC. While she was abused many years ago, her story is still relevant to understand safety concerns, particularly for transgender women¹, and to think about how to address such concerns today.

Read Cecilia's testimony aloud.

Check to make sure participants know what transgender means. Ask a participant to define it or read the definition from the standards.

Ask that participants listen without asking questions or making comments until after you finish.

SURVIVOR TESTIMONY of Cecilia Chung
Before the National Prison Rape Elimination Commission
San Francisco, August 19, 2005

Hello, my name is Cecilia Chung, and I had unprotected sex against my will at San Francisco County Jail. I was taken to jail on the charges of soliciting prostitution in 1993. An undercover police officer asked me to have sex for money. I refused, but he persisted and kept upping the price. At the time, I was 28 years old. I was at a very early stage of my gender transition. This was a time when I was rejected by my own family, I was homeless, and I was suffering from drug addiction. I was so economically marginalized that when he offered me \$200, I finally agreed to his solicitation, and I was arrested.

When I was taken to jail, I was placed in the so-called gay pod. San Francisco had no protocols in place at that time for housing transgender inmates. We were being housed with gay men or perceived-to-be gay men in the same jail cell. Unfortunately, the gay pod contained all kinds of inmates, and that includes sexual predators.

The jail environment was very frightening and unfamiliar to me. One of the inmates sexually propositioned me, and it caught me off guard. I was too intimidated to deny him. I did not know what would happen to me if I said no. I was afraid that he would try to force me against my will. I was afraid I would get hurt. I had sex out of fear.

The inmate draped towels from an upper bunk to block the view of the other prisoners and guards. He had sex with me without a condom or lubrication. It was physically painful, but the emotional pain was even worse. The degrading experience caused damage to my self-esteem for many years to come. I definitely felt that I did not own my own body. It was enough to convince me that my life did not belong to me and I was robbed of every single drop of dignity as a human being.

Afterward, the inmate gave me candy as payment for the sex. It made a cheap encounter even cheaper.

If you are asking yourself why I didn't just refuse the inmate's sexual advances or fight him off, I know from my experience that refusing sex can be dangerous and even deadly.

A few years after this encounter, I did say no to someone, and I was stabbed as a result. Later that year I got some devastating news. I learned I was HIV positive. Although I'm not sure I contracted the virus during that encounter in the jail, having unprotected sex put me at high risk for contracting not only HIV, but also Hepatitis B and C.

Although I have been told that the San Francisco Jail has since adopted policies and protocols to protect transgender inmates, my subsequent experience as deputy director of the Transgender Law Center shows me that we must make more changes and we need an enforcement of these protocols.

¹ A transgender woman is a person who was born with traditionally male biology and whose internal sense of gender, or ways of living and interacting, is female.

Transgender inmates still experience sexual harassment from staff and inmates. They are still being housed with the vulnerable populations which also contain men who are perceived to be effeminate or gay.

Transgender inmates are among the most vulnerable individuals in our jails and prisons, but there are ways to make their incarceration safer. Transgender inmates need to be housed in a way where they can be safe from sexual harassment and intimidation. At the same time, they need to have access to the same services offered to inmates of the gender with which they identify. Each facility must train its corrections officers and staff to understand the needs of transgender inmates and the unique dangers they face in custody.

Although you may think that I'm not like you, we are not so different. I want to have control over my own body and my life, just as you do. I want to choose the people with whom I get intimate with, just as you do.

I absolutely did not want to have sex with that man in the San Francisco Jail, but I felt powerless to refuse him. As a transgender woman, I've experienced the worst kind of treatment our society has to offer. I've experienced unbelievable discrimination. The incident in the jail cell wasn't the only time I've been subject to degrading sexual abuse, but it was one of the worst because the authorities have an obligation to protect us when we are incarcerated, but they failed to do so.

We as transgender individuals already are treated as outcasts of society. Please ensure that transgender inmates are safe from sexual violence behind bars.

- Does anyone want to share a reaction?
- What do you think could have been done differently?
- What protections in the standards would mean Cecilia's situation might be handled differently now?



25 Min.

Putting It into Action



(Slide 16)

Small Group Exercise

Divide the participants into small groups of four.

Give each group a copy of the scenario that best suits the type of agency for which they work, or in which they serve as a volunteer, contractor, or advocate. If everyone in the session works at the same facility, either use only the scenario for your type of facility or modify the scenarios as needed.

Instruct each group to read through their scenario and discuss the question provided at the end of the scenario.

Give the groups 10 minutes for this small group activity.

Allow another 10 minutes to ask for volunteers from the groups to read their scenario to the class offering a few highlights of their group's discussion.

HANDOUT: Scenarios for Small Group Exercises: Trauma-Informed Responses (Module 1, Appendix B)

Adult Women's Prison

You work in a medium-security unit. Jessie, a 19 year-old female inmate, approaches you and tells you she needs to go to medical. She has fresh cuts and bruises on her face. You ask Jessie what happened and she says that she fell. An older inmate enters the area and glares at Jessie. Jessie says, "never mind," and starts to walk away.

What are some examples of a trauma-informed response?

- Complete a referral for Jessie to medical as soon as possible. Let Jessie know that



- you made the referral because you noticed the injuries.
- When Jessie is away from the other inmate, ask if she has been threatened.
- Complete a report with your observations and let Jessie know that you have done so because you are committed to making sure she is safe.
- Make a referral to mental health.
- Assess whether or not Jessie and the older inmate should have their classifications reviewed.
- Above all, provide protection and care for Jessie without placing her in greater danger.

Youth Facility

You work in a 24-bed unit of a large youth facility. Last week, a former resident called the administration and said that he had been sexually abused by a staff member when he was there last year. He said he didn't feel safe reporting while he was there. You are tasked with reviewing the reporting mechanisms at the facility. There is a grievance box — a locked box that is checked every other day by a residents' rights officer. The box is on the wall outside the staff office. The telephone system is such that staff must dial an outside line from the staff office and transfer the call to a resident phone once it goes through. To send out mail, residents hand the letter to staff along with a payment of tokens they earn in the program. Certain letters are free—such as to primary family and attorneys, but still have to be stamped and mailed out by staff.

What are some examples of a trauma-informed solution?

- Move the residents' rights box away from the staff office.
- Allow residents to send sealed letters to select people who can forward a report of sexual abuse or sexual harassment.
- Look into installing a phone line that can be direct dialed from resident phones.

Adult Men's Facility

You work in a large state prison as a Unit Sergeant. An inmate asks to speak to you and tells you that an inmate in his dorm raped him last night. You just received PREA training and know that you are supposed to inform the Officer in Charge about any reports of sexual abuse immediately. The Officer in Charge tells you that she is in the middle of a meeting with the Warden and will be there as soon as possible, but advises that in the meantime, she says, you should pull in the victim and alleged abuser until she and an investigator can get there. You instruct an officer to arrest the alleged abuser and bring him to the holding cell area. Standard procedure for any incident is to place all involved parties in a holding cell until the investigation begins. There are two holding cell areas. One of them is being used today as a testing room for GED students, leaving only one area with available holding cells.

What are some trauma-informed options?

- Take the victim to the medical area.
- Take the victim to an office area or conference room.

Adult Lockup

You are an officer at a police lockup and you are on transportation duty. You are charged with transporting a detainee to the county hospital sexual assault forensic exam site. You used to be a patrol deputy and you've taken rape victims here before. You know that, in your state, sexual abuse victims have a right to see an advocate. You call the rape crisis center before you leave to let them know you are coming. You remember that the advocate usually talks to the victim before the exam and that they use a room that has an external window, no internal windows, and is right by an outside corridor.

What might be some ways to meet the crisis intervention needs and legal rights of the survivor to meet privately with a rape crisis counselor?

- See if the counselor and victim can meet inside the exam room before the exam.
- Ask the hospital if there is an interview room that has better security — an internal window and/or camera but no audio, no external window or corridor.
- Ask the rape crisis counselor to help find a better option.
- Above all, balance safety and security with the privacy and confidentiality needs and rights of the survivor.

Community Confinement Facility

You are the day shift supervisor at a community confinement facility. There are 20 beds and 10 sleeping rooms. For the past few days, the night shift staff member has noted that a young, male resident has left his room and been found sleeping on the couch in the day room. Each night, the night shift staff member has found him when he checked the day room on rounds, awakened him, and sent him back to his room. The young man complained, but did as he was told. The night shift staff has now written him up for being out of his room after lights out three times in a week. This young man has a very strict parole officer who insists on knowing when one of his charges is written up more than two times.

What might be going on and what could you do?

- He might be having trouble sleeping for many reasons; he might be afraid of his roommate.
- Speak to the resident privately, ask him if he has any concerns that are keeping him out of his room at night; assure him that you are concerned for his safety and well-being.
- Inform his case manager or mental health provider about the concern.
- Call a case conference. If there is a legitimate safety reason for his being out of his room at night, consider repealing the write-up.

Adult Jail

You are an intake staff at a county jail. During an intake interview with a woman who was transferred from the city jail, she tells you that she was raped at the city jail by a male trustee. She tells you that she did not report it and she does not want you to call the police or tell the staff at the jail because her experiences with them have always been bad. She goes on to tell you that she was raped as a teenager and, when she reported it, the city police detective didn't believe her and interrogated her about being a gang member because she described the two rapists as both wearing red bandanas.

How do you proceed? What is a trauma-informed response?

- Inform her that you have a duty report sexual abuse that occurred in another facility. Assure her that you take abuse seriously here and that she can get help and support.
- Give her as much information as you can about how the investigation will go and let her know that, while you have a duty to report, to what extent she participates in the investigation is her choice.
- Let her know she can have an advocate with her while she participates in any interviews.
- Find out for how long the abuse occurred and refer her to medical.

Youth held in an Adult Facility

You are an investigator in an adult prison. You have completed an investigation of staff sexual misconduct against a 17-year-old boy who is housed in the prison. You began the investigation and turned it over to internal affairs. While cooperative with the investigation, the youth has been belligerent and difficult to talk to from the beginning — clearly seeing staff and anyone in a uniform as an enemy. The District Attorney has just informed you that she will not file charges and is closing the case.

	<ul style="list-style-type: none"> • <i>Make every reasonable effort to include trained, community-based sexual assault advocates in an immediate response to victims at the facility. Detail the responsibilities of the facility or agency and the victim advocacy program in a memorandum of understanding (§115.21).</i> • <i>Train at least one staff person (either security or non-security) in the facility to serve as an internal victim resource specialist. This staff member can provide general information and guidance to victims during the immediate response and beyond. This person could be the PREA Coordinator or someone who works closely with the Coordinator.</i> • <i>Ensure that victims have access to qualified sexual assault forensic examiners (SAFE or SANE) to perform the medical forensic examination (§115.21). Contract with independent forensic examiners, such as local hospital personnel, who are not employed by the detention facility or under contract with the corrections agency.</i> • <i>Offer a medical forensic examination to sexual abuse victims when appropriate (§115.21). Consult with a qualified forensic medical examiner to make this determination. Considerations may include: the victim's health needs and concerns; the jurisdiction's accepted timeframe for evidence collection (e.g., as per policies for use of the jurisdiction's sexual assault evidence collection kit); and the specific circumstances of the abuse.³</i>
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³ For more information on these kits, see *A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents (Second Edition, 2013)*, p. 65-66; for more on considerations for the timing of collection of evidence, see p. 67-68. *Justice's A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents* (Department of Justice August, 2013), www.ovw.usdoj.gov/docs/confinement-safe-protocol.pdf

Module 2: Understanding the PREA Standards on Victim Services

Module 2: Understanding the PREA Standards on Victim Services

Acknowledgement
Module Objectives
PREA Standards as a Tool
PREA in Context
Voices for Justice (Video)
Overview of the PREA Standards
Applying the PREA Standards on Victim Services
Interpreting the PREA Victim Services Standards
Putting Policy into Practice
First Responder Duties
Emergency Medical Response
Benefits of the Institutional Coordinated Response Plan
Wrap-Up Discussion



“If strong national standards had been in place when I was in prison, my abuse may have never happened. Now that the standards have been released, we can make sure it never happens again.”

— Garrett Cunningham was raped by a corrections officer in a Texas state prison

Photo by James Sherman

This module is intended to give staff members an overview of the PREA standards as they relate to services for people who have been sexually abused and sexually harassed.

The standards provide a helpful guide for implementing a trauma-informed response to sexual abuse and sexual harassment. A supportive and effective response is critical to any facility's zero tolerance message; this is where policy and practice meet to demonstrate that sexual abuse and harassment are not tolerated and that victims of abuse will be supported.

This module is useful as an overview for all staff members, from line staff to administrators, supervisors, contractors, and volunteers.





Module 2: Understanding the PREA Standards on Victim Services




MODULE 2: Understanding the PREA Standards on Victim Services







90 minutes

Materials Needed: PowerPoint slides, projector, screen, remote control, microphones, handout of PowerPoints with three-to-a-page for trainee note taking, internet connection with YouTube enabled, handouts of sample MOUs, and handout entitled "The Story of José," Module 2 appendices.

Time and Tips	Speaking Notes
<p>1 Min.</p>  <p>(Slide 1)</p>	<p>Acknowledgement</p> <p>Just Detention International (JDI) developed this training and materials in partnership with the National PREA Resource Center (PRC). We want to thank JDI and the PRC for allowing us to build upon their work and expertise.</p>
<p>2 Min.</p>  <p>(Slide 2)</p>	<p>Module Objectives</p> <p>In this module, we will discuss the PREA standards on victim services and provide guidance on their practical application. These standards are important to your overall approach to PREA compliance. as Both inmates and staff tend to judge their agency's/facility's commitment to ending sexual abuse on its response in the aftermath of an assault..</p> <p>The module objectives are to:</p> <ul style="list-style-type: none"> • Place victim services within the context of the PREA standards • Understand how to use the PREA standards as a tool for providing victim-centered care • Examine how to implement the PREA standards related to victim services • Hear from survivors of sexual abuse in detention about how the PREA standards can help protect inmates from such abuse
<p>5 Min.</p>  <p>(Slide 3)</p> 	<p>PREA Standards as a Tool</p> <p>The PREA Standards</p> <p>The talking points below are general. Trainers should review them carefully and tailor them to the audience. Revise them to fit the setting and policies and procedures already in place at the facility/facilities where the training is being presented.</p> <p>The PREA standards related to victim services for survivors of sexual abuse in detention offer guidance for creating a trauma-informed, coordinated response.</p> <p>Incorporating these standards into your PREA policy and other existing policies and protocols will be beneficial, not only to inmates who are victimized, but to your staff and facility as a whole. Sexual abuse requires a different response than other crisis situations in a detention setting and we need a framework to create such a response. It's not that the PREA standards require an entirely new way of thinking and doing everything — it's more that we need to rethink our default responses or "SOPs."</p> <p>We'll give examples of appropriate responses, and how a victim-centered approach can</p>

	<p>help you reach goals such as increasing reports of sexual abuse, improving investigations, increasing staff comfort with handling disclosures, and changing the culture of silence around abuse.</p> <p>Any journey needs a road map. The PREA standards require the development of a written, coordinated institutional plan for responding to incidents of sexual abuse. The plan should include the steps staff will take in response to abuse; who is involved in that response; timing of interventions; and what follow up is needed.</p> <p>Both the standards and best practices require that your institution's response team be multi-disciplinary. The team should include staff from a variety of disciplines who are involved with PREA compliance and response to sexual abuse. By applying a multi-disciplinary response you also engage the people whose buy-in is needed if your plan is to succeed. The team should include, at a minimum:</p> <ul style="list-style-type: none"> • Facility leadership • Staff first responders • Medical and mental health practitioners • Investigators <p>Think about the group of people you will need to have at the table in order to carry out the coordinated institutional response plan that we'll talk about today, as required under PREA standard §115.65. That's your team.</p> <p>As we go into more detail, under the relevant PREA standards, we will look at a list of additional requirements related to victim services that should also be part of your coordinated response to sexual abuse.</p>
<p>5 Min.</p>  <p>(Slide 4)</p>  	<p>PREA in Context</p> <p>We have been discussing PREA and victim services and now we would like to take a short break to and go back to PREA itself. Let's take a moment to do a verbal pop quiz on the history of PREA.</p> <p>Speaker's tip: Use the feedback from the answers to these questions as an indication of how much or little your participants know, or recall, about PREA. Use their level of knowledge of PREA as a guide for which points you may want to reinforce in the training.</p> <p>Pop Quiz</p> <p>First question: When was PREA passed by Congress and signed into law?</p> <p>ANSWER: 2003.</p> <p>Good! Did you also know that:</p> <ul style="list-style-type: none"> • It was the first federal civil law to address sexual abuse in detention. • It provides funding for agencies through the Bureau of Justice Assistance and the National PREA Resource Center (PRC). The PRC also provides training and technical assistance to help corrections facilities put the standards into practice. • It mandates continued research by the Bureau of Justice Statistics to establish and monitor prevalence of sexual abuse. <p>Here's another quiz question for you: Is PREA binding on <u>all</u> corrections facilities and community confinement departments nationwide?</p> <p>ANSWER: Yes.</p> <p>PREA is a federal law and compliance is mandatory. Some jurisdictions may wonder if the risk of losing federal funding outweighs the challenge of implementing the law. Whether or</p>

	<p>not a jurisdiction complies with PREA is ultimately up to its leadership. What are some of the possible consequences of non-compliance?</p> <p>Some examples include: potential loss of federal funds or ability to apply for future federal funds; inability to renew or enter into contracts; Governor being unable to certify compliance; liability for being out of compliance with accepted professional standards; loss of accreditation from bodies like ACA and NCCHC.</p> <p>For more information, see PRC FAQ: www.prearesourcecenter.org/faq#n1053</p> <p>Okay, here's your last pop quiz question. This should be fairly easy for you: What is the main emphasis of PREA, the spirit and intent of the Act, so to speak?</p> <p>ANSWER: It mandates zero tolerance for sexual abuse in corrections settings.</p> <p>A moment ago, we discussed consequences of not complying with PREA. What are some of the benefits of compliance, of establishing zero tolerance?</p> <p>Speaker's note: Ask participants for feedback and be ready to discuss.</p> <ul style="list-style-type: none"> • Eliminating sexual abuse and sexual harassment and decreasing overall violence in the facility • Protection from legal liability • Meeting or exceeding professional standards • Safer facilities • Providing staff with useful tools to assist inmates • Inmates who are healthier and better able to return to their communities • Meeting the mission of corrections to increase public safety
<p>20 Min.</p>  <p>(Slide 5)</p>   	<p>Voices for Justice</p> <p>What the PREA Standards Mean for Survivors</p> <p>This six-minute video features three survivors of sexual abuse in detention. All three of these survivors worked on the development of the PREA standards, by providing input to the Department of Justice through public comments, listening sessions, and advocating with their local legislators. They will talk a bit about their experiences of abuse in detention and about what it means to them to have strong national standards in place. We will take a few minutes to talk about it after the video airs.</p> <p>Speaker's tip: Show JDI video entitled "Voices for Justice" available at: www.youtube.com/watch?v=ZV0bb4I-5yw If you are unable to show a video in your training room, print out two stories from among these: www.justdetention.org/en/survivor_testimony.aspx</p> <p>Discussion Questions:</p> <ul style="list-style-type: none"> • What were your thoughts as you watched the video? • With Frank's story, the officer said that 'they all walk like girls'. What messages do you think this sent to the other inmates? To other staff? • How does using inappropriate or demeaning language put an inmate at risk? On the flip side, how does professional language affect the culture? What are the benefits related to victim services? • What difference do you think it would have made to Jan if the PREA standards related to victim services had been in place at the time she was abused? To Frank? To Troy? • What were some of the common themes among the three stories we heard?

4 Min.



(Slide 6)

Overview of the PREA Standards

First, let's be sure we are all using the same framework for our terms when we speak about the PREA standards.

We will use the word "detention" to speak broadly about confinement settings. We will use "inmate, prisoner, resident, detainee," or "arrestee" to refer to people held in a confinement setting.

We will use the words "survivor" and "victim" to refer to a person who has been sexually abused while in detention.

We will use the terms "sexual abuse" and "sexual harassment" to refer to a broad range of non-consensual sexual activity.



Information taken directly from a PREA standard appears in a shaded box, as below. The text in the shaded boxes and on slides are excerpts and paraphrases of the standards. For the full text of the standards, see the PREA Standards documents, available here: <http://www.prearesourcecenter.org/library/488/standards/departement-of-justice-national-prea-standards>

Standard §115.5 General Definitions

"Confined individuals" are considered:

- a. Inmates (adult prisons and jails)
- b. Detainees (lockups)
- c. Residents (juvenile or community facilities)



(Slide 7)

Standard §115.6 Definitions Related to Sexual Abuse

- *Sexual abuse* includes a range of non-consensual sexual behaviors of an inmate, detainee, or resident by another inmate, detainee, or resident or 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 to another and by staff, contractors, or volunteers.



Speaker's tip: Refer participants to the definitions section of the standards for the complete definitions. Choose a few to review. If participants seem unfamiliar with the definitions, review them more closely. At a minimum, make sure to review the definitions for "sexual abuse" and "sexual harassment." Also review "consent" and any relevant criminal definitions of the jurisdiction in which you are training.

5 Min.



(Slide 8)

Overview of the PREA Standards

Relevant Victim Services Standards

The PREA standards provide useful guidance as you work to develop strategies to prevent and respond to sexual abuse. Let's take a look at the most relevant PREA standards as they apply to victim services, keeping in mind that your written, coordinated institutional plan should incorporate many of these:



(Slide 9)

- Facilities shall attempt to make available a victim advocate from a rape crisis center to provide confidential support services to a victim (§115.21(d))
- Inmate access to outside confidential support services (§115.53)
- Agreements with community service providers (§115.53(c))
- Immediate steps when an inmate is at substantial risk of imminent sexual abuse (§115.62)

Additional Relevant Victim Services Standards

- Written, institutional coordinated response plans (§115.65)
- Protection from retaliation for all inmates and staff who report sexual abuse or harassment or cooperate with investigations of such reports (§115.67(a))
- Inmate victims of sexual abuse will be provided with emergency and ongoing medical & mental health care (§115.82; §115.83)
- Sexual abuse incident reviews to determine causes of the incident and develop corrective action plans (§115.86)

5 Min.



(Slide 10)

Applying the PREA Standards on Victim Services

Core Components

Now we're going to dig a bit deeper into these standards and examine how to apply them in corrections facilities. To begin, let's identify some core components of a victim services plan.

First, consider the uniform evidence protocol (§115.21):

- The uniform evidence protocol describes how to collect and preserve forensic evidence of sexual abuse. Your agency protocol must be based on "A National Protocol for Sexual Assault Medical Forensic Examiners" (National Protocol), which was developed by the DOJ's Office on Violence Against Women (§115.21b) or something comparable.

Speaker's tip: The DOJ National Protocol, revised in 2013, can be found at:

<https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf>



In 2013, the Office on Violence Against Women also released "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*."⁴ These recommendations provide concrete guidance around developing a trauma-informed response and complement the PREA standards.

- The evidence protocol and plan for forensic exam must maximize the potential for usable physical evidence (§115.21a).
- All victims of sexual abuse must have access to forensic medical examinations, where evidentiarily or medically appropriate. Exams can be performed on-site or at an outside facility. Exams are to be done at no cost to the victim. They shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible.
- The agency shall document its efforts to provide SAFEs or SANEs, but where a SAFE or SANE is not available, the exam can be performed by other qualified medical practitioners (§115.21(c)). If there is no SAFE or SANE in the area, consider working with local rape crisis or other service providers and law enforcement — this might be an opportunity to develop a plan to meet a need of the whole community.

⁴ See www.ovw.usdoj.gov/docs/confinement-safe-protocol.pdf



What do you think are the benefits and challenges of having forensic exams done on-site? At a local sexual assault forensic exam site?

2 Min.



(Slide 11)

Applying the PREA Standards on Victim Services

Core Components

Second, the coordinated response (§115.65):

- The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The coordinated response plan can be used to frame your facility response to sexual abuse. The plan, when implemented, gives staff tools to handle disclosures and respond appropriately to victims. In any crisis or stressful situation, planning ahead is critical. We will talk more later about this plan and how it can tie in with the sexual assault response team (SART) model.

7 Min.



(Slide 12)

Applying the PREA Standards on Victim Services

Core Components

Third, the Memoranda of Understanding (MOU) with Service Providers (§115.53(c) and §115.21(d)):

- The agency shall maintain or attempt to enter into an MOU with a community service provider that is able to provide inmates with confidential support services related to sexual abuse. The agency maintains copies of these agreements or documentation showing attempts to enter into agreements (§115.53(c), and §115.21(d)).








HANDOUT: Sample Memorandum of Understanding, (Module 2, Appendix A)

Victim advocates, often from community rape crisis programs, are key to your victim services plan. The standards make this clear (§115.21, §115.53).

The corrections facility must make available a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocacy services, a qualified staff member from a community-based organization or agency staff can be made available (§115.21(d)).

- A victim advocate provides emotional support, crisis intervention, information, and referrals to survivors of sexual abuse.
- Per the PREA standards, they accompany survivors to forensic exams and guide them through the exam process and through investigatory interviews.
- They give the same advocacy for survivors in the community as they do for survivors in detention. The standards are clear that survivors behind bars must receive the same standard level of care as survivors in the community.
- They usually work for a rape crisis center and are usually on-call, 24 hours a day.
- In many states, their role is legally defined and protected.

The standards provide the option for facilities to work with community service providers other than rape crisis centers. Some examples might be: suicide prevention agencies;

	<p>mental health providers; lesbian, gay, bisexual, transgender, or intersex (LGBTI) service providers; or domestic violence or child abuse service providers. If no outside services are accessible, the facility should make sure a similarly trained staff member is available.</p> <p>The Department of Justice requires that facilities try to work with a rape crisis center, and that they document their efforts to do so, recognizing that rape crisis programs play a very specific role in victim services. In most states, rape crisis advocates have to complete a minimum of 40 hours of training, complete continuing education, and serve under the supervision of a certified rape crisis program. They provide specialized care and support and can offer confidential services to survivors.</p>
<p>3 Min.</p>  <p>(Slide 13)</p>	<p>Interpreting the PREA Victim Services Standards</p> <p>Corrections Must Offer Services to Inmates Who Report</p> <ul style="list-style-type: none"> • Emergency medical and mental health care • Forensic evidence collection, as appropriate • Preventive measures such as pregnancy and HIV/AIDS tests • Accompaniment by advocate for the victim • Services must be free and provided whether the victim names the abuser or not
<p>3 Min.</p>  <p>(Slide 14)</p> 	<p>Putting Policy Into Practice</p> <p>José's Story With all that we've covered on the standards, let's take a practical look at a scenario involving sexual abuse in a facility, and discuss the appropriate response according to the PREA standards.</p> <p>HANDOUT: José's Story (Module 2, Appendix B)</p> <p>José is a 25-year-old inmate who is a former gang member. He has left the gang and now works as a laundry clerk at the facility. Two former rival gang members corner José in a broom closet and rape him, orally and anally. The gang members tell him that they will kill him if he tells anyone. He has heard rumors on the yard that one of the abusers has a sexually transmitted infection (STI).</p> <p>You are a custody staff member. José stops you on your rounds and tells you that he was just sexually abused and that he is scared.</p> <ul style="list-style-type: none"> • The PREA standards outline a protocol for responding to incidents and allegations (§115.64) of sexual abuse. Let's look at those related to emergency response.
<p>7 Min.</p>  <p>(Slide 15)</p> 	<p>First Responder Duties</p> <p>Security Staff</p> <ul style="list-style-type: none"> • Keep in mind that José has experienced a traumatic event. If staff want him to continue to talk with them and to share information, it is critical that they take the impact of that traumatic event into account. For example, questions that might sound blaming, like "why did you let them do that?," or disbelieving, like "are you serious? How could that happen?" will cause José to shut down. • Something like, "I'm so sorry that happened to you. We take sexual abuse really seriously here," is much more likely to help José to believe that the facility will respond appropriately and will encourage him to continue to provide information. • Every action taken should be in the service of the survivor's well-being and the



integrity of the investigation. In many cases, these are the same. The victim is often the only witness to the crime of sexual abuse. In order to be able to provide the information needed to complete an investigation, the star witness needs to receive proper care and support. When an action is contrary to the survivor's wishes or needs, but is necessary for the investigation, a clear explanation will help the survivor maintain trust.

So, what is the first thing you would say to José?

Answer: Tell José that you have a duty to respond to sexual violence and you will take the necessary steps to start an investigation and keep him safe. José might, with good reason, be afraid of further violence from the abusers. Assure him that the facility will work to keep him safe and separate him from any other inmates who are a threat to his safety, and remind him that he does not have to name the abuser or cooperate with the investigation to receive medical and mental health treatment and services (§115.61).

Speaker's tip: *If the training is being presented at a facility that has an agreement with a rape crisis program, discuss the services that they provide during this section.*

Upon learning of José's sexual abuse, the first security staff member to respond shall be required to: separate him from all contact with the alleged abuser(s); preserve and protect the crime scene (in this case the broom closet) until appropriate steps can be taken to collect any evidence; because the abuse happened so recently, ask José to avoid any actions that could compromise or destroy physical evidence.

What are some of the actions Jose should not take, if at all possible, until he sees a forensic medical examiner?

ANSWER: He should not wash, brush his teeth, change clothes, urinate, defecate, smoke, drink, or eat.

If the first responder is not a security staff member, the responder shall request the same of José — that he not take any actions that could destroy physical evidence. The staff first responder shall then notify the appropriate security staff.

Be aware that most law enforcement agencies will authorize a forensic exam up to 96 hours from the incident, and many are now going up to 120 hours and even longer, depending on the incident. The International Association of Forensic Nurses does not recommend a specific time frame, but that the circumstances of the case be considered. Those who are charged with developing the response protocol should check with state and local guidelines and law enforcement agencies. We will go into this more later, but consulting with the forensic examiner is also a good idea.

Don't forget that there may be forensic evidence present on the abusers' bodies or clothing as well, and they should be placed in a dry cell and prevented from washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

It is important that first responders ask José enough questions to get him to safety, to preserve evidence, and to be able to inform the appropriate individual(s) at the facility of the abuse. However, it is also important that the questions be simple enough that they do not interfere with any criminal investigation. Sex crimes detectives and prosecutors can provide guidance about how to frame these initial questions.

The response protocol should be clear about who is informed next. Generally, a supervisor, watch commander, officer in charge, or the PREA Coordinator will be the supervisory authority charged with ensuring that the facility protocol is carried out properly. Remember to spell out in the protocol who needs to know in order to respond fully and to protect José, in accordance with the standards (§115.61(b)).

5 Min.



(Slide 16)

Emergency Medical Response

The standards require that survivors receive emergency medical and mental health care, consistent with standards of care for the community. The PREA Coordinator and facility's coordinated response team should make arrangements with a local certified sexual assault forensic exam site to conduct sexual assault forensic medical exams for inmates. If there is no local site, the team should contract with a forensic medical examiner and rape crisis center to come into the facility (§115.21).

If there is no forensic medical examiner available through community sources, the onsite medical department should make sure that one of the facility's medical staff has received proper training and works closely with the investigating law enforcement agency.

Speaker's tip: *The best practice is to work with community medical forensic examiners where possible. Their training is extensive; maintaining sufficiently trained facility-based staff could be too costly for many jurisdictions. For internal medical staff, it could be considered a conflict of interest to be both a member of the investigative team and the ongoing medical provider. Community medical forensic examiners see a large volume of cases, giving them credibility for prosecutions and extensive experience presenting evidence in court. Working with outside examiners makes the investigation more transparent. Also, a community victim advocate will be able to provide crisis intervention and support at the community exam site.*



Okay, let's get back to the emergency medical response. Regardless of where the forensic exam will take place, facility medical providers should check the survivor for any acute injuries. Medical emergencies take precedence over the forensic exam. That said, facility medical staff should be trained to do their utmost to preserve evidence, while providing needed first aid and emergency care.

Regardless of where the exam is done, the victim advocate is called to meet the survivor at the forensic exam site (§115.82). The victim advocate is a trained staff or volunteer from a rape crisis center who provides support, information, and referrals.



(Slide 17)

Remember that the victim can choose to opt out of some or all of a forensic exam, and cannot be forced to go through the exam.⁵

José will receive emergency medical treatment, free of charge (§115.82 a), and is not required to cooperate in the investigation or forensic exam not to name his abuser(s) (§115.82) to receive care.

A timely medical forensic examination, completed by a trained examiner, can minimize José's medical and emotional trauma and promote his healing. The dual purpose of the forensic exam — to collect evidence and provide medical care — increases the likelihood that evidence collected will aid in the prosecution and that the survivor will be able and willing to participate.



(Slide 18)

During the forensic medical exam, a qualified SAFE or SANE will collect evidence (§115.21). We discussed the requirements for a forensic exam earlier. Do you have any questions about this now?

Remember that José has heard that one of the perpetrators has a sexually transmitted infection (STI). If true, this increases José's risk of contracting an STI. José is also now afraid that he may have been exposed to HIV. During the forensic exam, José will be offered prophylaxis — preventive medication — for STIs, to decrease the likelihood that he will develop symptoms (§115.82(c)).

⁵ See Department of Justice, *A National Protocol for Sexual Assault Medical Forensic Examinations* (2013), p. 43.



Speaker's tip: Sexual assault response programs across the country typically offer antibiotics to protect survivors from common STIs. Increasingly, they are also offering prophylactic treatment for HIV. Medical staff and the PREA Coordinator should talk with the forensic medical examiner about what is provided as a part of the exam and what follow-up treatment the facility will have to provide. Sexual assault forensic exam sites commonly offer emergency contraception to survivors who may become pregnant. The examiner will explain the purpose of any medication and obtain informed consent. The survivor may leave the forensic exam site with follow-up instructions that the facility medical department will carry out, free of charge (§115.83). Included in follow-up care is all lawfully allowed pregnancy related services, when the pregnancy results from sexually abusive penetration that occurred in detention (§115.83).

5 Min.



(Slide 19)

Benefits of the Institutional Coordinated Response Plan

The Institutional Coordinated Response Plan Can Also Be a Model for:

- Multiple reporting mechanisms: In your policy and response protocol, outline the multiple ways that an inmate can report (§115.51) and reach out for help from outside, confidential support services (§115.53).
- What steps to take when an inmate is at imminent risk of sexual abuse: The SART, while not required by the standards, can be instrumental in preventing abuse by detecting and responding to imminent threats of abuse.
- How to protect staff and inmates from retaliation for reporting: The SART and/or coordinated response plan can help ensure that the agency policy against retaliation is consistent with the PREA standards, is sufficient to protect all staff and inmates who report sexual abuse, and is implemented properly (§115. 67).
- Incident reviews: The coordinated response team, informed by the sexual assault response team (SART) model in the community, can be a useful way to make sure your policies are effective, the protocol is followed, evidence is preserved, and the victim is protected and receives the care he or she needs. It also reinforces the process for referrals for investigation of all sexual abuse allegations, as required (§115.22), and can help you articulate staff duties, including all staff and agency reporting duties (§115.61) and mandated first responder duties (§115.64).
- Later in this training, we will discuss the SART model in greater detail, and how to create a SART protocol.

15 Min.



(Slide 20)



Wrap-Up Discussion

How did the standards around victim services help José? How did they help you, as a staff member?

Take a moment to review the audit compliance measures related to coordinated response and victim services (§115.53, §115.64, §115.65, §115.82, §115.83). How did the facility do?

How closely do these standards match the duties you already see as your job? Are there any differences?

Closing round: name one thing you've heard in this module that you believe your facility still has to work out and name one thing you think your facility is already doing well.

Speaker's tip: Provide participants copies of the sections of the audit tools relevant to



their type of facility and the victim services standards covered in this module. See Modules 5 and 6 for more related information on coordinated response.

Audit tools can be found at: www.prearesourcecenter.org/node/1754.

Module 3: Understanding Sexual Abuse and Trauma

Module 3: Understanding Sexual Abuse and Trauma

Acknowledgement

Module Objectives

Prevalence of Sexual Abuse in Detention

Definitions

Detection

Abusers Tend to Target

Yarn Exercise

Why Don't Survivors Tell?

Why Don't Survivors Tell?/Outcomes of Reports

Physical Indicators of Sexual Abuse

Common Responses to Sexual Abuse

Acute Stress Disorder and PTSD

Potential Responses to Abuse

Traumatic Events and the Brain

What Would You Do Next? (*Small Group Exercise*)



The reactions of the first few people a survivor of sexual abuse tells have the most significant impact on their healing. Survivors who are blamed, treated poorly, disbelieved, and discounted are more likely to experience life-long, disruptive trauma symptoms and wish they had never told. Survivors who are met with a supportive, helpful, professional response are less likely to develop Post-Traumatic Stress Disorder and more likely to see reporting the abuse as a positive act.

This module helps staff build the knowledge they need to understand trauma so that they can provide professional responses that ultimately create safer facilities.





Module 3: Understanding Sexual Abuse and Trauma







MODULE 3: Understanding Sexual Abuse and Trauma



90 minutes

Materials Needed: PowerPoint slides, projector, screen, remote control, microphones, handout of PowerPoints (with three slides per page) for trainee note taking, handouts of sample MOUs, and handouts of Yarn Exercise and Scenarios, Module 3 appendices.

Time and Tips	Speaking Notes
<p>1 Min.</p>  <p>(Slide 1)</p>	<p>Acknowledgement</p> <p>Just Detention International (JDI) developed this training and materials in partnership with the National PREA Resource Center (PRC). We want to thank JDI and the PRC for allowing us to build upon their work and expertise.</p>
<p>3 Min.</p>  <p>(Slide 2)</p> 	<p>Module Objectives</p> <p>This module will cover the basics of sexual abuse in detention and trauma-informed care.</p> <p>The module objectives are to:</p> <ul style="list-style-type: none"> • Learn about the prevalence and dynamics of sexual abuse in detention • Understand how the PREA standards define sexual abuse • Identify the signs and symptoms of sexual abuse in detention • Understand the impact of sexual abuse and learn skills to respond to disclosures of sexual abuse • Enable participants to summarize the short and long-term effects of trauma on the brain • Practice a trauma-informed response through a group exercise <p>Speaker's note: <i>Some of the content in Module 3 is similar to content in Module 1. Module 3 is intended to be more detailed and provide an opportunity for deeper understanding. If you conducted Module 1, use the duplicative content as a quick review before going into the more detailed information about trauma, trauma and the brain, and detecting sexual abuse.</i></p>
<p>4 Min.</p>  <p>(Slide 3)</p>	<p>Prevalence of Sexual Abuse in Detention</p> <p>Bureau of Justice Statistics Research</p> <p>The Prison Rape Elimination Act requires the Department of Justice's Bureau of Justice Statistics (BJS) to collect data to establish the prevalence of sexual abuse in detention.</p> <p>Since 2007, the BJS has conducted a series of national surveys to determine the incidence of:</p> <ul style="list-style-type: none"> • Staff sexual misconduct • Inmate-on-inmate, non-consensual sexual acts (those acts considered to be rape or criminal sexual conduct in most jurisdictions) <p>The BJS also collects information about sexual victimization that has been reported by</p>







 <p>(Slide 4)</p>	<p>corrections officials to determine the numbers of formal reports made and the outcomes of those reports.</p> <p>Let's look at the BJS' estimates of inmates who were sexually abused in adult prisons and jails and juvenile facilities in 2011-2012:</p> <p>Using a snapshot technique, which examines the inmate population on a single day, the BJS survey report states that 80,600 inmates held in prisons and jails had been sexually victimized in the preceding 12 months. Accounting for inmate turnover, however, the BJS estimates that roughly 200,000 people were sexually abused in detention during that one-year period — a figure that has remained largely unchanged since 2007, the year the BJS issued its first report of this kind.⁶</p> <p>These figures are based on the number of people incarcerated in U.S. corrections facilities in 2011-2012. Keep in mind that many inmates surveyed described multiple incidents of abuse. When we talk about prevalence, we are talking about the number of people who were abused during the given time period.</p>
 <p>(Slide 5)</p>	<p>Some key findings of the BJS research are:</p> <p>The rate of around 4 percent of prison inmates and 3 percent of jail reporting at least one incident of sexual abuse in a 12-month period has remained fairly constant across the Bureau of Justice Statistics' National Inmate Surveys.⁷</p>
 <p>(Slide 6)</p>	<p>The overall rate of sexual abuse in juvenile facilities has declined — from 12.1 percent reported in a 2010 BJS study to 9.5 percent in the BJS' most recent report, but sexual abuse remains much higher in youth detention than in adult prisons and jails. A shocking one in three youth is sexually abused every year in the nation's worst facilities. In contrast, youth at a number of other facilities reported no abuse at all, showing clearly that it is possible to keep detainees safe.⁸</p>
 <p>(Slide 7, Slide 8)</p>	<p>Inmates with serious psychological distress or histories of previous sexual abuse, and LGBTI inmates, were the groups at highest risk for abuse.</p>
 <p>(Slide 9)</p>	<p>In another study, the BJS surveyed former state prisoners about their most recent period of incarceration — which could have included time spent in a jail, prison, and/or a post-release community treatment facility. Nearly one in ten (9.6 percent) said that they had experienced sexual abuse while incarcerated. Many of these people also said they had been sexually abused more than once.⁹</p>
 <p>(Slide 10)</p>	<p>One in twelve former jail inmates and one in eight former prison inmates who were sexually abused prior to their incarceration, stated that they were sexually victimized by another inmate, highlighting the extreme risk to survivors for previous abuse.</p>

⁶ Allen J. Beck et al, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011–12* (Bureau of Justice Statistics: May, 2013), available at www.bjs.gov/content/pub/pdf/svpjri1112.pdf

⁷ For an index of PREA-related BJS reports, see: <http://www.bjs.gov/index.cfm?ty=pbtp&tid=20&iid=3>

⁸ Allen J. Beck et al, *Sexual Victimization in Juvenile Facilities Reported by Youth, 2012* (Bureau of Justice Statistics: June, 2013), available at <http://www.bjs.gov/content/pub/pdf/svjfry12.pdf>

⁹ Allen J. Beck and Candace Johnson, *Sexual Victimization Reported by Former Prisoners, 2008* (Bureau of Justice Statistics: May, 2012), available at www.bjs.gov/content/pub/pdf/svrfsp08.pdf

<p>1 Min.</p>  <p>(Slide 11)</p>	<p>Prevalence of Sexual Abuse in Detention</p> <p>The survey of former inmates also found nearly equivalent rates of sexual abuse by staff and by other inmates.¹⁰</p>
<p>1 Min.</p>  <p>(Slide 12)</p>	<p>Prevalence of Sexual Abuse in Detention</p> <p>31 percent of inmates who reported sexual abuse were victimized three or more times.¹¹</p>
<p>4 Min.</p>  <p>(Slide 13)</p>  <p>(Slide 14)</p> 	<p>Definitions</p> <p>What is Abuse?</p> <p>Let's pause for a moment and review — what do we mean when we say sexual abuse? How would you define it, not thinking about the definition in the standards for a moment?</p> <p>How about sexual harassment?</p> <p>Simply put, sexual abuse is any form of unwanted sexual behavior. This includes situations where the victim is unable to give meaningful consent to sexual contact.</p> <p>In crafting definitions, the Department of Justice tried to take into account common language around sexual abuse, as we just discussed, the federal definitions of conduct that is criminal, and the fact that some conduct is criminal in detention settings that is not criminal in the community. Let's take a moment to go over the definitions.</p> <p><i>Speaker's note: Refer to the definitions in the standards. Ask participants to explain them in simple language.</i></p>
<p>2 Min.</p>  <p>(Slide 15)</p>	<p>Definitions</p> <p>§115.6 Definitions related to sexual abuse</p> <p>Let's take a look at how the PREA standards define sexual abuse:</p> <div style="border: 1px solid black; background-color: #f4a460; padding: 10px; margin: 10px 0;"> <p>Standard §115.6</p> <p>Sexual abuse of an inmate by another inmate includes any of the following acts, if the victim <u>does not or cannot consent</u>:</p> <ol style="list-style-type: none"> 1. Contact between the penis and vulva or penis and anus 2. Contact between mouth and penis, vulva, or anus 3. Penetration 4. Intentional touching </div>

¹⁰ Ibid.

¹¹ Ibid.



This all sounds a lot like what we discussed a moment ago. Basically, any time an inmate or resident does not consent or is unable to consent to sexual contact, it is considered sexual abuse.

Speaker's tip: Check for understanding. Do staff members object to these definitions based on the perception that inmates can never consent, even with other inmates — arguing that "there is no consensual sex in prison?" Clarify that, while facilities are free to have rules against any sexual contact, such rules are generally facility-based. In some cases there is state law prohibiting sex between inmates. Even in states where such a statute exists, however, consensual sexual acts between inmates are misdemeanors. Truly willing sexual activity between inmates is not abuse, is not a sex crime in any state, and does not fall under PREA.



Why is this important to understand, when we think about victim services?

ANSWER: Consensual sexual activity between inmates, while against the rules, does not require the same response, does not leave one person traumatized, and is a rule and supervision issue as opposed to a violent crime. Treating consensual sexual activity the same as sexual abuse minimizes the importance of dealing with sexual abuse and sexual harassment. It is also confusing to both staff and inmates.

When sexual abuse is committed, how should the facility respond to the victim? To the abuser? What needs to happen?

ANSWER: The victim needs and deserves support, safety, and medical and mental health care. The victim also becomes a member of the criminal justice response team, as the star witness in the case. The abuser will be interrogated, separated from other potentially vulnerable inmates, and may be subject to legal and other disciplinary action.

What about when there is a rule violation, or truly willing sexual contact between two inmates? How should the facility respond?

ANSWER: In this case, there is not a victim and an abuser. Facilities should follow policies to deal with rule violations, may separate the two inmates, and pursue appropriate disciplinary action, but will not report this as sexual abuse.

2 Min.



(Slide 16)






Definitions

§115.6 Definitions related to sexual abuse

Standard §115.6

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

1. Contact between the penis and the vulva or the penis and the anus
2. Contact between the mouth and any body part with the intent to abuse, arouse, or gratify sexual desire
3. Penetration
4. Contact intended to abuse, arouse, or gratify sexual desire
5. Display of genitals, buttocks, or breasts in presence of inmate
6. Voyeurism

 	<p><i>groups they did not mention.</i></p> <p>The information about who is at highest risk for sexual abuse, as identified in the BJS surveys, has been fairly consistent. The Department of Justice took this information into account when developing the screening, classification, and training standards. Okay, let's go through some of this.</p> <ul style="list-style-type: none"> • People convicted of violent sexual offenses had higher rates of inmate-on-inmate victimization — 3.7 percent in prison and 3.9 percent in jail reported sexual victimization by another inmate (compared to 2.3 percent for other violent crimes). • People who identify as lesbian, gay, bisexual, transgender, or other non-straight orientation, and those who are perceived to be lesbian, gay bisexual, or transgender are more than ten times more likely to be sexually abused by another inmate than heterosexual prisoners. • In juvenile detention facilities, more than one in ten non-heterosexual youth are victimized by other residents — seven times greater than the rate for straight youth. • Inmates with serious psychological distress in federal and state prisons are nine times more likely to be sexually abused by another inmate than those with no indicators of mental illness. Jail inmates with symptoms of serious mental illness are five times more likely than those with no symptoms to report sexual abuse. • People who are bi-racial or multi-racial. • Adult inmates who had been sexually abused earlier in life were victimized by other inmates at a rate 20 times greater than those who had not experienced prior sexual abuse. • In juvenile detention facilities, those who were previously sexually abused were more than twice as likely to be targeted for abuse as those who had no sexual abuse history.¹²
<p>20 Min.</p>  <p>(Slide 20)</p>  	<p>Yarn Exercise</p> <p><i>Speaker's note:</i> See Module 3, Appendix A for the role play lines.</p> <p>The responses from the first few people a survivor tells about sexual abuse have the biggest effect — positive or negative — on their healing process. These initial reactions may also determine whether or not a survivor is willing and able to continue with the investigation and, eventually, to participate in the prosecution.</p> <p>We'd like to take a moment to illustrate this point by looking at some of the responses that survivors of sexual abuse often assume they will hear if they reach out for help. We are going to ask you to do a role play exercise, but don't panic. This is the easiest role-play you will ever do.</p> <p>HANDOUT: Yarn Exercise (Module 3, Appendix A)</p> <p>Exercise Instructions</p>

¹² These statistics come from the following BJS reports: Beck, *Sexual Victimization in Juvenile Facilities Reported by Youth, 2012* (2013); Beck, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011–12* (2013); Beck, *Sexual Victimization Reported by Former Prisoners, 2008* (2012).



- Select 12 volunteers from the group. Tell them that you will give each of them a slip of paper that identifies their role and the line they are to read when it is their turn. Instruct them not to show it to anyone else.
- Before you hand out the slips of paper, ask for two volunteers — one to play the abuser and one to play the survivor. Tell the group that you do not want to risk giving those roles to anyone who would feel uncomfortable.
- Distribute the remaining slips of paper randomly.
- Ask the "survivor" to stand in the middle of the room, or other open space where all participants can stand comfortably. Ask the other volunteers to make a circle around him or her.
- Give the "survivor" 11 strands of yarn, each long enough to reach the other members of the group. Take the other end of each strand and give one to each of the 11 volunteers standing in the circle. You will end up with the "survivor" being connected to each member of the circle by a strand of yarn. *Note: it saves time and is easier to handle if the strands are cut ahead of time and tied at one end in a knot for the "survivor" to hold.*
- Instruct the "survivor" to begin the exercise by looking at one person in the circle and reading the line on the survivor's slip of paper.
- The person the "survivor" chooses as the first person to reach out to for help will now tell the group who he or she is and then read the line. After doing so, have the volunteer drop his or her end of the string of yarn to the floor and remain standing in the circle.
- The "survivor" will look at each other member of the circle in turn and repeat his or her line to each other participant, leaving the "abuser" for last.
- Each volunteer will read their title and line after the survivor speaks to him or her, then drop the end of the yarn to the floor and remain standing in the circle.
- Repeat this pattern until all volunteers in the circle, except the "abuser" have read their titles and lines and dropped their strings of yarn.
- With the yarn still connecting them, the "abuser" reads his or her line.
- Invite the volunteers to return to their seats.

Lead a discussion on the group's thoughts during the exercise prior to going into the next segment of the training, on "barriers to reporting."

Some questions to consider:

- Ask the "survivor" how he or she felt based on the responses that were given by the other people in the circle.
- What did the responses have in common?
- How many of you think these responses are made up? *Let participants know that these have all come from letters or other communication that JDI has had with survivors.*
- Was everyone being malicious or blaming, or were there a couple of people who just didn't respond in a trauma-informed way? Who?
- What are some examples of a trauma-informed response to this survivor? Can a couple of you tell me one or two sentences that you would say?

Remember that the first few responses a victim of sexual abuse gets have the biggest impact on his or her healing. This is an opportunity to set the stage for whether or not the survivor will be able to participate in the forensic exam, investigation, and prosecution, and begin healing.

5 Min.

Why Don't Survivors Tell?

As we experienced during the yarn exercise, there can be many reasons that a sexual abuse victim in a confinement setting might not report the abuse.



What do you think some of these reasons might be?

10 Min.



(Slide 21)



Why Don't Survivors Tell?/Outcomes of Reports

Let's go over some of the common reasons survivors don't report.

Speaker's note: You will not have sufficient time to go through all of the examples here, so you should review them in advance to familiarize yourself with them and then pick the most relevant ones for your context.

Briefly expand upon some of the examples that were not mentioned by participants in their answers to the previous questions.¹³

Shame/embarrassment

- 69 percent of survivors felt embarrassed or ashamed
- Think about what we ask victims to do: describe in detail their most recent sexual experience — one that was unwanted — to someone who has authority over them

Fear of not being believed

- This is a common fear for all survivors, in detention or not
- Inmates' credibility is generally already in question

Lack of trust in staff to protect survivors or respond appropriately

- 43 percent thought staff wouldn't do anything
- In 15 percent of cases of staff abuse and 37 percent of cases of inmate abuse, there was no facility response
- Lack of knowledge on how to report

Lack of confidentiality

- The standards offer important guidance regarding this critical barrier to coming forward to report
- 70 percent of survivors did not want staff to know about the abuse

Fear of isolation and loss of privileges

- In 41 percent of cases of staff abuse and 34 percent of cases of inmate abuse, the victim was transferred to solitary confinement or ad seg
- Survivors often fear retaliation and revictimization
- 41 percent were afraid of being punished; this might include threats to be sent to a more secure prison, additional room searches, close scrutiny, increased disciplinary reports
- In 46 percent of cases of staff abuse and 29 percent of inmate abuse, the victim was written up
- Fear of the unknown

Fear of violence as a result of being labeled a "snitch" or seen as a potential target for more abuse



- 52 percent were afraid of the perpetrator

Think about the importance of inmate education. If you work to put trauma-informed policies and practices into place, but inmates continue to have all of the beliefs and fears



(Slide 22)

¹³ The statistics below come from Beck, *Sexual Victimization Reported by Former Prisoners, 2008* (2012).

	<p>we just discussed, they will not make use of the new programs and resources.</p>
<p>6 Min.</p>  <p>(Slide 23)</p>	<p>Physical Indicators of Sexual Abuse</p> <p>Sexual Abuse Victims May Present with:</p> <ul style="list-style-type: none"> • Sexually transmitted infections • Unexplained pregnancies • Stomach or abdominal pain • Anal, penile, or vaginal discharge, bleeding, or pain • Difficulty walking or sitting • Unexplained injury, particularly defensive wounds or wounds that indicate restraint <p>Another barrier to reporting is that survivors often believe that staff members already know the abuse is going on, and are simply choosing not to do anything. This is a dynamic that is particularly common in youth facilities.</p> <p>The PREA standards focus on detecting abuse as well as preventing and responding to it. Noticing that someone may have been abused or may be in danger is a key first step. Staff must then take action to find out what happened and provide safety and care to the victimized or at-risk inmate. This response is a critical part of ending sexual abuse in detention.</p> <p>Medical and mental health staff, in particular, can look for the following physical indicators of someone who may have been sexually abused. Other staff members may also observe some of these and should either make a referral to medical or mental health staff or inform the unit supervisor.</p> <p>Ask participants if they can think of any other physical symptoms to add to the list.</p>
<p>5 Min.</p>  <p>(Slide 24)</p>	<p>Common Responses to Sexual Abuse</p> <p>The following are some emotional and behavioral indicators that survivors might display when they are in crisis. Keep in mind that a crisis response might be delayed, sometimes emerging in the few days following abuse or after a strong reminder of the abuse.</p> <p>Indications of acute crisis are:</p> <ul style="list-style-type: none"> • Acting out — breaking rules or unruly behavior • Withdrawal • Anger or irritability • Nervousness or an exaggerated startle response • Depression • Difficulty with daily routines • Appearing disoriented or distracted (spacey) • Disbelief or forgetting about the abuse • Fear • Numbness • Suicidal thoughts • Difficulty concentrating during routine activities <p>Ask participants if they can think of any other symptoms to add to this list.</p> <p>Inform participants that none of these alone necessarily mean someone has been</p>



sexually abused, but that these indications are typical of someone who is in crisis, particularly if they represent a change in demeanor or behavior.

It is important to think about how an acute crisis, like sexual abuse, interrupts a survivor’s ability to manage life in a corrections environment. In a prison, jail, or juvenile facility, “acting out” could look like risk-taking behavior that essentially puts the survivor in a dangerous situation (like getting into an argument with staff or with a more powerful inmate or resident).

This kind of acting out could lead the survivor to lose good time credit. In a community confinement facility, such it could potentially result in harsher consequences — like returning to prison or jail, or, if they have a suspended sentence, being rearrested. For youth, such behavior is often seen as attention seeking. If you see these behaviors, there could be a back-story and more than meets the eye.

- What can you do if you observe some of these behaviors?
- If someone seems withdrawn and irritable (and that is a change in behavior) does that always mean that he or she has been sexually abused? What else could it mean?
- Given your role, what would be a trauma-informed response?

5 Min



(Slide 25)

Acute Stress Disorder and PTSD

A Reasonable Reaction to an Unreasonable Amount of Stress

- Difficulty concentrating
- Hypervigilance
- Sleep disturbances
- Racing or intrusive thoughts
- Flashbacks
- Increased irritability/anger
- Depression
- Suicide thoughts or attempts

Living through sexual abuse is difficult for anyone. Abuse in detention settings creates unique concerns that affect healing and recovery.



Speaker’s tip: Choose some of the examples below regarding the impact of incarceration on survivors to highlight. Familiarize yourself with them in advance and ask for examples from participants.



(Slide 26)

How Does This Affect People Who Are Incarcerated Differently?

Little control over body, surroundings, or environment:

- No control over noise, light, food
- Told where to live, when to wake up or go to bed, when to eat, shower, or go outside.
- Being locked-in, unable to escape the place where the abuse took place
- No privacy — showering, toileting, dressing, phone calls, letters
- Pat and strip searches



Speaker’s tip: Ask participants to consider how a search would feel to someone who has just been sexually abused. This is not to suggest that searches are not critical to safety, but meant as a reminder that for survivors, even a very professional pat search could be triggering.



Punishment or isolation



- Disciplinary write-ups, sometimes as a result of the impact of trauma (Survivor in crisis may not be able to follow directions or concentrate or may act out)
- A survivor may feel desperate and provoke a dangerous situation
- A survivor may not feel safe to share or deal with feelings, not wanting to risk being marked as "weak" or as an easy target
- Increased anger and irritability may result in acting-out which may lead to more restrictions and further limited ability to regain control or get help
- Isolation in a safe cell or single cell housing may be a relief to some and terrifying to others
- Reduced or eliminated visits from and contact with family, leading to increased anxiety
- Access to services
- Little or no access to services that seem safe
- Everything must be obtained through the very place that caused what happened to him or her
- Confidentiality may not be available
- Overburdened mental health staff may only be able to triage emergencies

Retaliation and repeated abuse

- Fear of retaliation adds to increased fear and "hyper arousal" associated with a trauma reaction
- Ongoing contact with abuser(s)
- Increased likelihood of re-victimization

Speaker's tip: Ask participants why they think that survivors of sexual abuse might fear further abuse— refer back to the BJS research.

10 Min.



(Slide 27)



Potential Responses to Abuse

Long-term Effects

Here are some responses to victimization that can be more long-term, although some are also acute responses:

- Flashbacks and nightmares
- Mood swings
- Social withdrawal
- Sudden and unexplained changes in behavior or personality
- Post-traumatic stress disorder (PTSD)

Does everyone know what PTSD is? Ask participants for a definition or description.

ANSWER: PTSD can occur after a traumatic event, anywhere from immediately to months or years after the event. People may relive the traumatic event, avoid anything that reminds them of the event, change the way they see themselves — see themselves more negatively, or experience hyperarousal (feel keyed-up all the time). For more information about PTSD in general, visit the website of the National Center for PTSD:

<http://www.ptsd.va.gov/public/pages/what-is-ptsd.asp>

You may also hear the term "Rape Trauma Syndrome." This is a term that is often used by rape crisis counselors to describe the particular reactions and feelings experienced by someone who has been sexually abused.

If someone is in a prison, jail, lockup, juvenile facility, or community confinement facility, what happens when these reactions emerge? How do staff in your agency/facility react to trauma responses? What are the costs of expressing strong emotions in these settings? Withdrawing emotionally in a corrections setting may also have consequences. Where can an inmate get help, or is help even available?

3 Min.



(Slide 28)

Potential Responses to Abuse

Victims of sexual abuse in the community are:¹⁴

- 3 times more likely to suffer from depression
- 6 times more likely to suffer from post-traumatic stress disorder (PTSD)
- 13 times more likely to abuse alcohol
- 26 times more likely to abuse drugs
- 4 times more likely to contemplate suicide

Think about the inmates with whom you have worked. Have you seen people with higher rates of mental illness, depression, PTSD, and suicidal ideations (thoughts about and talking about plans to kill oneself) than people you know in the larger community?

Victims of sexual abuse in general are more likely to experience these difficulties. What do you think that means for victims of sexual abuse in detention?

Keep in mind that inmates in administrative segregation, protective custody, or other isolated housing units experience higher rates of suicidal ideations and attempts than general population inmates. Survivors of sexual abuse also think about and attempt suicide more often than non-survivors. Remember that when someone is abused, and particularly when they are isolated, suicide risk is a real concern.

Many incarcerated survivors suffer ongoing abuse. They are often unable to escape their abusers (even after reporting the abuse), and must remain in the environment where the abuse is occurring. For some, this means developing "complex PTSD," which is described in work by Judith Hermann, a renowned psychiatrist and researcher who is an expert on trauma.¹⁵ Complex PTSD is experienced when someone cannot escape the dangerous or traumatic situation and leads to deeper, longer-term changes in the way a survivor copes with stress, sees him or herself, and is able to trust others. This form of PTSD is common among survivors in detention.

3 Min.



(Slide 29)

Traumatic Events and the Brain

Preparing to Fight, Flee, or Freeze

As we have discussed, a traumatic event causes emotional and psychological reactions. It also creates a response in a person's body.

We have all probably heard of the "fight or flight" response. That is, when confronted with a dangerous or frightening situation, we try to either run away from it or stay and fight it off. This is a survival reaction and can happen whenever a person feels threatened.


Speaker's tip: Review the following material and gauge your audience's need for the information. Some groups thrive on more technical information and others will see this depth as unnecessary or confusing. Also, judge your comfort level with presenting the following information. At the very least, describe that the body prepares to flee, fight, or freeze through several physical reactions, some of which may serve to increase the feelings of anxiety and none of which are under the victim's conscious control.

When a person experiences an event that is terrifying, the body prepares to flee, fight, or freeze by:

- Releasing adrenalin. Can anyone tell us how that might prepare a person to flee,

¹⁴ Etienne G. Krug et al, *World report on health and violence* (World Health Organization, 2002), http://whqlibdoc.who.int/publications/2002/9241545615_eng.pdf?ua=1

¹⁵ J. Herman, *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*, (New York: Basic Books, 1997).

	<p>fight, or freeze?</p> <ul style="list-style-type: none"> • Releasing cortisol (steroid hormone) • Releasing beta-endorphins (numbing agent) • Other physical reactions, including: increased heart rate; accelerated breathing; decreased blood flow to some parts of the body and increased blood flow to others; hearing loss and/or “tunnel vision;” and sweating, to cool the body. <p>These changes are automatic and immediate. They can also happen when something reminds a trauma survivor of the traumatic event — this is called a “trigger.”</p> <p>Another term to add to possible trauma responses is “freezing.” This is also known as “tonic immobility,” where the brain triggers a shut-down and the victim is unable to move or speak. Research suggests that between 12 and 50 percent of rape victims experience tonic immobility during a sexual assault, and most data suggest that the rate is actually closer to 50 percent than 12 percent. Such an extreme freezing response is more common if a victim has a prior history of sexual assault.</p> <p>After a traumatic event, memories are often unclear and out of sequence. If the survivor experienced tonic immobility, there may be a complete lack of memory of what occurred.¹⁶</p>
<p>5 Min.</p>  <p>(Slide 30)</p>	<p>Traumatic Events and the Brain</p> <p>Preparing to Fight, Flee, or Freeze</p> <p>As we have discussed, people experience sexual abuse as life-threatening. These strong reactions can come on without warning and be overwhelming. Rape crisis centers and specialized trauma centers exist all over the country precisely because the impact of trauma can be so severe. Let’s review trauma in some detail, so we can apply this understanding to the corrections context.¹⁷</p> <ul style="list-style-type: none"> • Sexual abuse triggers intense, involuntary, neurobiological reactions — as we discussed a moment ago. • Sexual abuse is experienced by the body as a near-death experience where the survivor is completely out of control of what is happening to his or her body. • Sexual abuse creates a reaction that is dramatic and affects every aspect of survivors’ functioning, including the way they see, hear, and perceive events and sometimes their ability to speak and move in the moment. • The biological impact of trauma does not disappear fully after the event. You can think of it as creating a new set of automatic reactions in the brain. It is as if the thinking part of the brain is hijacked and any time survivors experience fear or a strong reminder of the abuse, they re-experience the fight, flight, or freeze reaction as if the abuse is happening again. • Sexual abuse can result in short and long-term impairment or disruption in survivors’ basic functioning, including how they go about daily tasks and their ability to concentrate. • Some trauma victims experience tonic immobility or freezing during the abuse, which makes it impossible to move or to speak. The memory of this reaction can

¹⁶ The sources for the section on psychological reactions to trauma are “Talking about Tonic Immobility,” Joyful Heart Foundation. October 2012. www.joyfulheartfoundation.org/blog/talking-about-tonic-immobility-tonights-svu; and “The Neurobiology of Sexual Assault,” presented by Dr. Rebecca Campbell, Ph.D., NIJ Webinar. December 2012. nij.gov/multimedia/presenter/presenter-campbell/pages/presenter-campbell-transcript.aspx

¹⁷ The sources for this list are “Post Traumatic Stress Disorder Fact Sheet,” Sidran Institute, <http://www.sidran.org/sub.cfm?contentID=76§ionid=4>; and Galliano, et al, “Victim Reactions During Rape/Sexual Assault: A Preliminary Study of the Immobility Response and Its Correlates,” in “Use of Force — Human Factors” (PPCT Management Systems, Inc: 1989).



(Slide 31)

be terrifying. With that in mind, consider why it might be damaging to ask a survivor why he or she did not fight back or scream.

Immediate Aftermath

- During the immediate aftermath of sexual abuse, a survivor may feel overwhelmed and disoriented. This can make completing basic tasks and concentrating difficult.
- Many survivors experience "hyperarousal," a state of extreme tension that includes:
 - Hypervigilance or feeling super alert, having an exaggerated startle response
 - Difficulty concentrating
 - Sleep disturbances and nightmares
 - Racing or intrusive thoughts
 - A feeling of being in constant danger
 - Impulsiveness
 - Irritability
- A survivor who was sexually abused by someone he or she knows well and trusts may have a particularly difficult time overcoming shock and disbelief.
- Inmates who are abused by staff may experience an increased sense of shock and disbelief as well as a loss of trust in all staff.
- If the abuse was particularly terrifying or brutal, the survivor may experience an extreme shock response and completely block out the abuse.
- Trauma memories are likely to be stored out of order, lacking what seem like pertinent details, and become clearer several days after the abuse.

30 Min.



(Slide 32)



Small Group Exercise

What Would You Do Next?

Divide the group into teams of three to five people depending upon the overall size of the class.

- Have each team review their scenario.
- Ask them to follow the steps and options in the scenario by answering the questions. Each answer will lead them through to the conclusion of the activity.
- Allow 15 minutes for the exercise and 15 minutes for the report back.
- Teams will report out to the larger group for feedback.

HANDOUT: What Would You Do Next? (Module 3, Appendix A)

Distribute Scenario 1-A to each of the small groups. The scenarios should be pre-cut into separate pieces of paper for each group.

Each option will be held as the "next step" to be requested by a group once it has discussed the scenario and step.

As each group makes a decision, it will request the "next step" based on an option number from the trainer. This process continues until each group has reached the last step among the options.

Instruct the groups as follows: "Once you are in your small group, review the scenario and decide as a group how you would like to respond, that is, what you will do next. Once you make your selection, inform a trainer and you will be provided with the next step."

You will collect these materials from the small groups at the end of the exercise.

As the trainer, review the scenarios well in advance of conducting the training so that you are prepared to respond to any questions and guide the discussion. Ask the groups to



discuss each step in their group only, not sharing their process with other groups. When each group has reached a conclusion, ask for a reporter to explain the outcome and how the group got there.

Large group discussion:

- What challenges did you have coming to agreement at each step?
- Was it easy or hard to decide what to do?
- Did you find that clear instructions about what to do next already exists in agency policy and procedure?
- Did you need more information to make a decision? Is that information you would be likely to have in a real life situation?
- What do you think about the outcome?
- What questions did it raise about current facility practices?

Module 4: Reporting Sexual Abuse and Sexual Harassment

Module 4: Reporting

Acknowledgement
Module Objectives
Rodney Hulin, Jr. (Video)
Reporting Sexual Abuse and Sexual Harassment
Reporting Requirements
Partnering with Community Resources
Making Reporting Possible
Sexual Abuse Incident Reviews
Reporting Sexual Abuse and Harassment

"Just knowing that they would take it seriously, like a real crime, that made all the difference. You can tell staff and they will actually do something."

- Alex, a prisoner rape survivor






Module 4: Reporting Sexual Abuse and Sexual Harassment







Module 4: Reporting Sexual Abuse and Sexual Harassment



60 Minutes



Materials Needed: PowerPoint slides, projector, screen, remote control, microphones, handout of PowerPoints with three-to-a-page for trainee note taking, internet connection with YouTube enabled, and handout of group scenarios, Module 4 appendices.

Time and Tips	Speaking Notes
<p>2 Min.</p>  <p>(Slide 1)</p>	<p>Acknowledgement</p> <p>Just Detention International (JDI) developed this training and materials in partnership with the National PREA Resource Center (PRC). We want to thank JDI and the PRC for allowing us to build upon their work and expertise.</p>
<p>2 Min.</p>  <p>(Slide 2)</p>	<p>Module Objectives</p> <p>The module objectives are to:</p> <ul style="list-style-type: none"> • Understand the importance of effective mechanisms for reporting sexual abuse • Recognize corrections staff's role in meeting agency reporting responsibilities • Understand state-specific reporting requirements for vulnerable adults (e.g. elderly/disabled) and juveniles • Learn ways for victims to reach outside confidential support services • Encourage and support inmates, detainees, and residents to report sexual victimization and harassment when it occurs
<p>15 Min.</p>  <p>(Slide 3)</p>	<p>Rodney Hulin, Jr.</p> <p>Video</p> <p>In 1995, 16-year-old Rodney Hulin, Jr. pled guilty to arson with property damage of less than \$500. He was sentenced as an adult to eight years in a Texas prison.</p> <p>Within three days of his transfer to the Clemens Unit, Rodney was raped and beaten. The abuse went on for more than two and a half months.</p> <p>Rodney reported the abuse repeatedly and asked to be moved to a safer housing unit, but the Texas Department of Criminal Justice (TDCJ) did not respond effectively. On January 26, 1996, Hulin sent a suicide note to another prisoner and then hung himself.</p> <p>Rodney was taken to a Brazoria hospital, where doctors restored his heartbeat. He was then transferred to the prison unit of a hospital in Galveston. After Hulin turned 18 years of age, he was moved to another facility. Hulin's father, Rodney Hulin, Sr., applied for a medical parole on behalf of his son. The parole was granted</p>





   <p>(Slide 4)</p> 	<p>and Hulin was scheduled to move into a nursing home in Abilene, Texas, but he died on the evening of May 9, 1996, before he could be transferred.¹⁸</p> <p>The Rodney Hulin Story, Gabriel London: https://www.youtube.com/watch?v=R3j3Wk711zY</p> <p>Speaker's tip: Show the video and then solicit reactions and discussion.</p> <p>Discussion</p> <p>Make the following points, if participants do not:</p> <ul style="list-style-type: none"> • Stories like Rodney's are the reason for the PREA standards. In fact, Rodney's mother testified before the National Prison Rape Elimination Commission in the lead-up to the first draft of the standards, and appealed to the commission to make changes to prevent what happened to her son from happening to anyone else. • Think about the coordinated response required by the standards — what would have been different if the various departments Rodney went to for help had worked together? • A lot has changed since then, but remember that the Bureau of Justice Statistics continues to find facilities where inmates report a high incidence of abuse. • Rodney tried to report, but the abuse wasn't taken seriously. Think about the Warden in the video's comments — when he said that he'd never verified that the abuse actually happened and that, if it had occurred, that there hadn't been some consensual element to it. How does this default reaction of leadership have a chilling effect on reporting and damage efforts at building a zero tolerance approach?
<p>1 Min.</p>  <p>(Slide 5)</p> 	<p>Reporting Sexual Abuse and Sexual Harassment</p> <p>The Most Underreported Crime</p> <p>Even in the larger community, rape and sexual abuse are the most underreported crimes in the United States. This is also true in corrections settings, in large part because the risks of disclosure for victims can be tremendous, as we discussed earlier.</p> <p>Speaker's tip: Be cautious about giving statistics about prevalence and reporting. Some audiences are very interested in the statistics and some find them very challenging to hear and understand. It is easy to get lost in discussing the validity of research or debating whether or not abuse is going on at a particular facility without staff's knowledge. Try to answer questions as well as you can and end the debate by reminding staff that this agency/facility's position is that one incident of abuse is one too many and, whether there is abuse going on or not, the PREA standards are aimed at keeping the facility safe.</p> <p>According to the BJS, there were only 8,763 official reports of sexual abuse in adult detention facilities in 2011, of which only 902 were substantiated.¹⁹</p>





¹⁸ For a detailed account of Rodney's story, read the report "No Escape," Human Rights Watch (2001), <http://www.hrw.org/reports/2001/prison/>

¹⁹ Allen J. Beck et al, *Sexual Victimization Reported by Adult Correctional Authorities, 2009–11* (Bureau of Justice Statistics: January, 2014), <http://www.bjs.gov/content/pub/pdf/svraca0911.pdf>

	<p>Highlighting how rarely inmates file formal complaints of sexual abuse, in the same one-year time period, using a snapshot technique of anonymous surveys and accounting for turnover of inmates, the BJS estimates that more than 200,000 people were sexually abused at least once.²⁰</p> <p>For the vast majority of official reports of sexual abuse that were investigated, , the most common result was a finding of unsubstantiated -- that is, officials determined that there was insufficient information or -evidence to prove or disprove the allegations.</p> <p>Remember that “unsubstantiated” does not mean the abuse did not happen, or that it was a false report. In some instances, unfortunately, it means that officials failed to take reports of abuse seriously and did not conduct a sound investigation. In other instances it means simply that there was insufficient evidence or that the abuse happened long enough ago that evidence and witnesses were no longer available.</p> <p>Let’s take a look at reporting, the PREA standards, and what is being done nationally to address sexual abuse in confinement.</p>
<p>1 Min.</p>  <p>(Slide 6)</p>	<p>Reporting Requirements</p> <p>§115.61 Staff and Agency Reporting Duties</p> <div style="border: 1px solid black; background-color: #f4a460; padding: 10px; margin: 10px auto; width: 80%;"> <p>Standard §115.61(a) Staff and Agency Reporting Duties</p> <p>The standard requires all staff to report immediately according to agency policy: any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> </div>
<p>3 Min.</p>  <p>(Slide 7)</p>	<p>Reporting Requirements</p> <p>What Must You Report?</p> <p>Corrections staff are mandatory reporters, as discussed in standard §115.61. This means that they are legally bound to report sexual abuse or sexual harassment that occurs within a corrections facility that they witness or about which they have a reasonable suspicion. There are additional reporting requirements for staff of juvenile facilities, since some abusive acts may fall under mandatory child abuse reporting laws. Many states also have mandatory reporting laws protecting</p>

²⁰ Department of Justice, *National Standards To Prevent, Detect, and Respond to Prison Rape*, Federal Register. Vol. 76, No. 23. February, 2011. www.gpo.gov/fdsys/pkg/FR-2011-02-03/html/2011-1905.htm

	<p>vulnerable adults, such as senior citizens or people with developmental disabilities or mental illnesses.</p> <p>Speaker's tip: Check agency, local, and state guidelines around mandatory reporting laws so you can discuss the participants' obligations in their current jobs. What about sexual abuse that happened before someone was incarcerated? Must you report? What if it was an incident at a previous facility?</p> <p>What Must You Report?</p> <ul style="list-style-type: none"> • Reporting is required for each incident, allegation, or suspicion of abuse that happened in another facility. • Staff, particularly mental health and medical staff, are not required to report sexual abuse against adults that happened outside of an institution, except as the guidelines of their profession and license mandate. • Staff must report any retaliation against an inmate, detainee, juvenile, resident, or staff member who has reported sexual abuse or sexual harassment. • Staff also must report any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. • Child and elder abuse reporting requirements of a jurisdiction also apply inside corrections facilities.
<p>3 Min.</p>  <p>(Slide 8)</p>  	<p>Reporting Requirements: Discussion</p> <p>Reporting or Not: Implications</p> <p>Standard 115.61 requires staff to inform their agency, usually through their direct supervisor, of any incidents or allegations of sexual abuse or sexual harassment.</p> <p>Leadership and staff of your facility should:</p> <ul style="list-style-type: none"> • Consider the implications of the reporting requirement. What happens if staff members are aware of an incident and they do not report? <p>Speaker's tip: If inmates learn that reporting sexual abuse is useless, that staff don't take action even after receiving a report, they will not trust the process. The victim of this crime will lose faith in the facility staff and the reporting process, and may not receive medical and mental health care. Also, perpetrators will not be held accountable and will receive the message that criminal behavior is acceptable, increasing the danger facing all inmates and staff.</p> <ul style="list-style-type: none"> • Understand what will happen after a victim reports and be able to describe next steps to the victim. • Understand and discuss with staff their duty to report. • Clarify the requirements of the agency/facility's medical and mental health providers. <p>Speaker's tip: Depending upon state law, agency policy, and whom medical and mental health staff understand as their employer, legal obligations of their profession may supersede their duty to report within the facility. The obligations of each person should be discussed with contractors and volunteers who provide</p>

	<p><i>services and clear guidelines should be developed.</i></p> <ul style="list-style-type: none"> • Inform all corrections personnel that information regarding sexual abuse and sexual harassment is shared on a "need to know" basis only, and explain what this means in practice. <p>Speaker's tip: <i>What does "need to know" mean? What do staff members need to know? How does that change with their roles? "Need to know" means that only staff who require information to conduct the investigation or provide treatment to the victim will be informed of the abuse; and that staff members will only be given the specific information they need to do their jobs.</i></p>
<p>2 Min.</p>  <p>(Slide 9)</p>	<p>Reporting Requirements</p> <p>Keep it simple</p> <p>The most important point here is to keep it simple. Think about other emergency response protocols — fire, medical emergency, natural disaster. All staff members receive training on how to respond but may, we hope, rarely have to use these skills. In any emergency, even the best training may be difficult to remember. As such, it is important for staff members to have "cheat sheets" or other simple guides that are easy to find and use in the aftermath of an assault, to remind them of the protocol for responding to a report. Binders with simplified versions of policies, flow charts, or pocket cards are some examples of tools staff might want to have on the unit.</p>
<p>1 Min.</p>  <p>(Slide 10)</p>	<p>Reporting Requirements</p> <p>Keep it simple</p> <p>Provide staff with pocket cards that include:</p> <ul style="list-style-type: none"> • First response steps • Tips for a trauma-informed response • Basic evidence preservation reminder • Next steps <p>Consider making different cards that describe each job function on the coordinated response team, such as supervisors, line staff, medical staff, and mental health staff.</p>
<p>2 Min.</p>  <p>(Slide 11)</p>	<p>Reporting Requirements</p> <p>State and Agency Guidelines</p> <p>Each state has specific requirements for reporting incidents of sexual abuse, including mandatory child abuse reporting statutes, and reporting abuse of certain identified vulnerable populations.</p> <ul style="list-style-type: none"> • Identify the laws regarding mandatory reporting in your jurisdiction. • Consult the National District Attorney's Association <i>Mandatory Reporting of</i>

Domestic Violence and Sexual Assault Statutes²¹



Speaker's tip: *Include your state and agency guidelines here. It is a good idea to make a handout with the basic guidelines or provide the section of your policy that outlines mandatory reporting responsibilities.*

Child Abuse:

The "Child Welfare Information Gateway" provides reporting and other information on child abuse that is specific to your state. This is important to know if you work with youth:

www.childwelfare.gov/systemwide/laws_policies/statutes/manda.pdf

Center for Adolescent Health Laws: Listing of Minor Consent Laws:

www.cahl.org/publications/consent-confidentiality-protection/

American University – Washington College of Law – Smith, Brenda V., Fifty State Survey of Mandatory Reporting Laws (revised 2014):

<http://www.wcl.american.edu/endsilence/documents/50statesurvey-mandatoryreporting2014updates.pdf>

Correctional Staff as Mandatory Reporters:

www.wcl.american.edu/endsilence/documents/CorrectionalStaffasMR.pdf

Abuse of Adults:

National Clearinghouse on Abuse in Later Life

<http://www.ncall.us/content/mr>

Rape, Abuse, and Incest National Network, page with links to current statutes regarding child, elder, and dependent adult abuse.

<http://www.rainn.org/public-policy/laws-in-your-state>

Speaker's note: *Insert clear, explicit instructions for staff here. Who makes the report to an outside agency? Where are the numbers listed? Where are the reporting forms kept? What is the timeframe for making the report? Much of this should be removed for general staff training where reporting to outside agencies is a supervisor's responsibility. Include only the information here that is pertinent to the staff in attendance.*

- Review resources and consult with appropriate legal, child abuse, elder, and dependent adult administrative agencies in your jurisdiction (usually called Child Protective Services or Adult Protective Services).
- Determine state-specific requirements for your agency and institution.
- Prepare and post a listing of relevant agencies, with address, phone numbers, and a contact person.
- Identify specific information that will be required when making a report, including forms that may need to be completed.



²¹ Available at www.evawintl.org.

2 Min.



(Slide 12)



Partnering with Community Resources

Who Is Our Community

What agencies and resources related to sexual abuse and victim services exist in this community?

What is your corrections agency's relationship with the local rape crisis center?

How do inmates learn about what services are available to them?

Speaker's tip: *If you are not sure about local resources, consult the following websites for more information.*

A number of national resources exist to help guide you in identifying local and state community resources:

Office for Victims of Crime (OVC)
810 Seventh Street NW., Eighth Floor
Washington, DC 20531
www.ojp.usdoj.gov/ovc/map.html

RAINN - Rape, Abuse, and Incest National Network
On-Line Hotline 1-800-656-HOPE (24 hrs./day – 7 days week)
<http://www.rainn.org/> <http://centers.rainn.org/>
Allows you to identify local crisis centers by city/state

Just Detention International
3325 Wilshire Boulevard, Suite 340
Los Angeles, CA 90010
P 213.384.1400 F 213.384.1411
Email: info@justdetention.org www.justdetention.org

International Association of Forensic Nurses
<https://m360.iafn.org/frontend/search.aspx?cs=1932>

2 Min.



(Slide 13)

Making Reporting Possible

§115.51 Inmate Reporting






As we know, one of the fundamental requirements of the PREA standards is to ensure that all incarcerated individuals know about and are provided with multiple ways to report.






Standard §115.51

Inmate Reporting

Facilities shall provide multiple, internal ways for inmates to privately report.

- Sexual abuse and sexual harassment
- Retaliation by other inmates or by staff for reporting sexual abuse and sexual harassment
- Staff neglect that may have contributed to abuse

 	<p>Why do the standards require multiple ways that make it easier to report?</p> <p>Speaker's tip: <i>It is important to acknowledge that the availability of multiple reporting options, including external ones, makes some corrections officials nervous, raising concerns about 'false reports and the potential to manipulate the intentions of this standard. Ask what participants think. Bringing up this nervousness and discussing it can help to make sure that it does not prevent them from implementing sound protocols.</i></p> <p><i>Ask participants to consider that taking every report seriously and conducting good investigations increases the likelihood that the real story will become known. If survivors of sexual abuse and witnesses know that they will be seen as credible, treated with dignity, and that their concerns will be treated as critical to facility safety, they are much more likely to make a formal report.</i></p>
<p>4 Min.</p>  <p>(Slide 14)</p> 	<p>Making Reporting Possible: Discussion</p> <p>How Do You Encourage Reporting?</p> <p>What has your agency done to help make your agency/facility a place where sexual abuse and sexual harassment of inmates is likely to be reported?</p> <ul style="list-style-type: none"> Remember that corrections officials should be seen as: trustworthy, reliable, approachable, and helpful in a time of crisis. If inmates see you in this light, they will be more likely to seek help when they or others are sexually abused or sexually harassed — in turn giving you an opportunity to deal with the problem. Are staff members trained to take sexual harassment seriously? Consider that sexually harassing language and behavior create an environment that is unprofessional, hostile, and can be precursors to more severe sexually abusive behavior. How can your agency improve its reporting mechanisms? What are some of the characteristics you should look for? Consider: accessibility, privacy, safety, protection from retaliation. Create and encourage a "reporting culture." -- an environment where inmates and staff are able to report abuse safely, whether it is committed by inmates or staff. Think about circumstances that make you comfortable to report problems and safety concerns when you encounter them yourself. <p>Make sure that posters and written information highlighting your agency's zero tolerance policy are visible and accessible, and that this information is included in inmate education.</p>
<p>3 Min.</p>  <p>(Slide 15)</p>	<p>Reporting Requirements</p> <p>Third-Party Reporting</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Standard §115.54</p> <p>The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how ot</p> </div>

	<ul style="list-style-type: none"> • Takes into account multiple factors that contribute to sexual abuse — such as race, gang activity, gender identity, sexual orientation, and ethnicity • Calls for you to take into account barriers to addressing sexual abuse in your facility, including problems with staffing patterns, physical plant, and gaps in technology, and • Provides an opportunity to improve care, safety, and security.
<p>12 Min.</p>  <p>(Slide 19)</p>  	<p>Reporting Requirements</p> <p>Group Exercise</p> <p>HANDOUT: Reporting Scenarios (Module 4, Appendix A)</p> <ul style="list-style-type: none"> • Choose a scenario to read to the group • Split the group into three smaller groups • Ask group one to outline the reporting process for this scenario, from first responder to any outside reports that must be made • Ask group two to discuss a plan for making sure that those staff who need to know what happened will be informed. Who needs to know and what do they need to know? • Ask group three to list the pieces of information that should go into the incident review • Give each group five minutes to discuss their answers and two minutes per group to report back.
<p>4 Min.</p>  <p>(Slide 20)</p> 	<p>Reporting Sexual Abuse and Harassment</p> <p>Wrap Up</p> <p>Creating a system of solid reporting mechanisms that work is key to an effective victim services plan.</p> <p>Such a system:</p> <ul style="list-style-type: none"> • Protects the agency and staff by reducing risk and liability • Assists staff by delineating clear actions for staff in their respective roles • Helps agencies promote quality and effective care, improving outcomes for individual survivors and for investigations, and • Assists agencies in improving safety and security. <p>Do you have any questions about your reporting responsibilities and the PREA standards?</p>

Module 5: First Response

Module 5: First Response (90 minutes)

Acknowledgement

Module Objectives

First Response

First Responder Duties

Responding to Imminent Threat

First Responder Duties (*Role Play*)

For More Information



"The three primary responsibilities of law enforcement in sexual assault cases are to (1) protect, interview, and support the victim; (2) investigate the crime and apprehend the perpetrator; and (3) collect and preserve evidence of the assault that will assist in the prosecution of the assailant.

In the investigation and prosecution of most sexual assault cases, the role of the victim is much more important than in other crimes since the victim is usually the sole witness to the crime. Unfortunately, sexual assault victims are sometimes reluctant to cooperate with law enforcement because they fear the perpetrator will return to retaliate.

Only men and women who have suffered the trauma of sexual assault themselves can begin to understand the depth and complexity of the feelings experienced by sexual assault victims. Even so, your approach as a first responder to sexual assault victims can significantly affect whether the victims begin the road to recovery or suffer years of trauma and anguish."

From Office of Victims of Crime, First Response Guidebook:
www.ojp.gov/ovc/publications/infores/pdf/ftxt/2010FirstResponseGuidebook.pdf





Module 5: First Response



Module 5: First Response



90 minutes

Materials Needed: PowerPoint slides, projector, screen, remote control, microphones, and handout of PowerPoints with three-to-a-page for trainee note taking, Module 5 appendices.

Time and Tips	Speaking Notes
<p>2 Min.</p>  <p>(Slide 1)</p>	<p>Acknowledgement</p> <p>Just Detention International (JDI) developed this training and materials in partnership with the National PREA Resource Center (PRC). We want to thank JDI and the PRC for allowing us to build upon their work and expertise.</p>
<p>1 Min.</p>  <p>(Slide 2)</p>	<p>Module Objectives</p> <ul style="list-style-type: none"> • Learn the basics of first responder duties • Understand first responder duties from a victim-centered perspective • Be able to respond effectively and professionally to disclosures of sexual abuse and sexual harassment • Apply understanding of trauma reactions • Plan for information sharing and preserving victim privacy, applying a “need to know” principle • Understand the basics of evidence preservation
<p>1 Min.</p>  <p>(Slide 3)</p>	<p>First Response</p> <p>An Opportunity</p> <p>The reactions of the first few people that a victim of sexual abuse tells have the biggest effect on his or her healing.</p> <p>Helping staff members respond effectively to sexual abuse can set the stage for more positive outcomes for both the survivor and for the facility. Making sure staff have tools to be comfortable hearing sexual abuse disclosures will help them to do their jobs and be confident in crisis situations.</p>
<p>3 Min.</p>  <p>(Slide 4)</p>	<p>First Responder Duties</p> <p>A Victim-Centered Perspective</p> <p>It is the first responder's job to contain and de-escalate the emergency by:</p> <ul style="list-style-type: none"> • Getting the survivor to safety • Responding to minimize the victim's crisis response, and • Initiating the facility's coordinated response. <p>The first responder's job is to provide safety and support for the victim so that they are more likely to participate in an interview with a qualified investigator.</p>

	<p>Unless the first responder is the investigator, remember that it is not the first responder's role to determine if an allegation is true or false, if a crime occurred, or if the survivor needs to be taken to the hospital for a forensic exam. <u>Every allegation must be referred for an investigation.</u></p> <p>On the other hand, the first responder needs to have enough information to convey to investigators, facility coordinated response team members, or medical providers what has happened.</p> <p>Discussion Question:</p> <p>How does the first responder do this without getting involved in, or in the way of, the investigation?</p>
<p>3 Min.</p>  <p>(Slide 5)</p>	<p>First Responder Duties</p> <p>§115.65 Coordinated Response</p> <p>The first responder's steps should be outlined in the facility's coordinated response plan. Such steps should include the mechanism for informing the appropriate staff within the facility, how a staff first responder can report privately, and what to do if the victim indicates that he or she will not participate in an investigation or name perpetrators.</p> <div style="border: 1px solid black; background-color: #f4a460; padding: 10px; margin: 10px auto; width: 80%;"> <p>§115.65 Coordinated response</p> <p>The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> </div>

5 Min.



(Slide 61)

First Responder Duties

§115.64 First Responder Duties

The PREA standards outline the first responder duties. While the standards mention security staff specifically, remember that the first person on the scene might be a non-custody staff, job supervisor, mental health staff, volunteer, or clergy, to name a few possibilities.

While non-security staff will likely be instructed to inform security staff immediately, they will still need to keep the victim safe and calm and potentially to maintain the crime scene until security staff arrive.

§ 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 physical evidence, and then notify security staff.

8 Min.



(Slide 7)

First Responder Duties



Goals: Discussion






Let's take a moment to review the purpose of the first response. What do you think are the goals?






Speaker's tip: Ask staff to discuss. Make sure the following points come out in the discussion:






- Assess need for emergency care — is there a medical emergency?
- Preserve any useable evidence
- Keep the victim safe
- Respond to the victim supportively to minimize trauma and maximize the likelihood that he or she is able to speak to the investigator








<p>4 Min.</p>  <p>(Slide 8)</p>	<p>First Responder Duties</p> <p>Handling Disclosures</p> <p>Responding to allegations or disclosures of sexual abuse and harassment is about more than simply separating the victim and abuser, preserving evidence, and referring the allegation for an investigation.</p> <p>Staff members who hear an allegation of recent sexual abuse, witness an incident of sexual abuse or sexual harassment, or meet with an inmate who discloses past sexual abuse are faced with a person who may be afraid, nervous, angry, or experiencing acute trauma symptoms.</p> <p>Staff must understand how to help the victim of sexual abuse or sexual harassment get through this difficult situation as unscathed as possible.</p> <p>The victim-centered, trauma-informed approach is important for:</p> <ul style="list-style-type: none"> • The health and well-being of the survivor • The safe and smooth functioning of the facility • Building a culture where reporting sexual abuse seems like a reasonable option for inmates, and • Increasing the likelihood that the victim is able to speak with the investigator.
<p>4 Min.</p>  <p>(Slide 9)</p>	<p>First Responder Duties</p> <p>Handling Disclosures</p> <p>There are two issues to consider:</p> <ol style="list-style-type: none"> 1) Impact of trauma on memory and ability to recount events: <ul style="list-style-type: none"> • Traumatic memories are stored differently than non-traumatic memories. • A victim of sexual abuse (or sexual harassment where the victim experiences extreme fear or threat) may not remember seemingly critical details, the chronology of events, or chunks of time. • A trauma survivor may not be able to organize his or her thoughts to report abuse in what seems like a timely manner. So-called “delayed reports are the exception rather than the rule. 2) Embarrassment, shame and fear of not being believed: <ul style="list-style-type: none"> • Most people who have been sexually abused or sexually harassed are hesitant to tell. • The embarrassment, shame, and fear about not being believed affect what, how, and when the survivor might report. • Victims may wait until medical symptoms or fear of retaliation force a report. • They might leave out details about what happened (like names they were called, acts they were forced to perform) to minimize retelling the things that feel most shameful or embarrassing, gloss over important facts, or use euphemisms (like, “he messed with me”).

<p>10 Min.</p>  <p>(Slide 10)</p>  	<p>First Responder Duties</p> <p>What do I say?</p> <p>Let's keep the information about common survivor reactions and discuss some specific ways you might respond to an abuse disclosure?</p> <p>Speaker's note: Ask participants to give some concrete examples, to practice phrases. Make sure the following points are made:</p> <ul style="list-style-type: none"> • Make supportive, non-judgmental statements like: "I'm sorry you went through that;" "We take sexual abuse seriously here;" "I want to make sure you get the help you need." • Let the survivor know what is going to happen next, such as: "I'm going to take you to medical where we'll wait for the Watch Commander;" "The investigator should be here in a moment;" "I'm concerned about those injuries and I am going to alert medical." • Avoid asking multiple questions, particularly which start with "why." Victims may interpret such questions as you not believing them. • Ask only those questions you need to ask to get the information the investigator or next responder needs, avoiding any questions that are for your own curiosity.
<p>3 Min.</p>  <p>(Slide 11)</p>	<p>First Responder Duties</p> <p>What Do I Ask?</p> <p>The PREA standards require that every sexual abuse allegation be reported for investigation. As difficult as it is, first responders who are not investigators must not slip into an investigative role.</p> <p>Above all, first responders must not make a determination whether the sexual abuse or sexual harassment did or did not occur, and thereby decide that it does not need to be reported for investigation.</p> <p>In order to report an allegation for investigation, you will need to know what to report. What do you think you need to ask the victim? Some basic guidelines are:</p> <ul style="list-style-type: none"> • If an incident of sexual abuse or sexual harassment occurred • When it happened, or began if it is ongoing • If the victim is injured and needs immediate medical attention, and • Who else was involved (so that staff can separate victim and abuser). <p>Speaker's tip: Let participants know that it is best to ask the law enforcement agency that will be doing criminal investigations or the prosecutor what information they need and how they think first responders should word questions so as not to compromise the investigation.</p>
<p>7 Min.</p>  <p>(Slide 12)</p>	<p>First Responder Duties</p> <p>Who Do I Tell?</p> <p>If an inmate discloses sexual abuse or sexual harassment to you, who would you tell?</p> <p>Is there a difference in who you would tell if the allegation is against another inmate or against a staff member?</p>

	<p>Do you believe that each staff member in the facility knows who they should tell first? How do they know this?</p> <p>When the PREA standards state that only those staff who "need to know" will be informed of the allegation, what does that mean?</p> <p>Who needs to know? Who doesn't?</p> <p>What would you do if one of your coworkers who does not need to know asks you for details?</p>
<p>5 Min.</p>  <p>(Slide 13)</p> 	<p>First Responder Duties</p> <p>§ 115.16 Inmates with disabilities and inmates who are limited English proficient.</p> <p>Let's take a moment to review the first response with accessibility in mind.</p> <p>Staff knowledge check:</p> <ul style="list-style-type: none"> • What would you do if an inmate who does not speak English, or another language you know, approaches you to try and tell you something that seems urgent? • How would you react if an inmate who you know to have a mental illness reports sexual abuse to you? What is your internal reaction? What do you do? • Think about the information we are going over today and practice putting it in the simplest possible language. <p>Review the PREA standard on accessibility:</p> <div style="border: 1px solid black; background-color: #f4a460; padding: 10px; margin: 10px 0;"> <p>§ 115.16 Inmates with disabilities and inmates who are limited English proficient.</p> <p>(c) The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under § 115.64, or the investigation of the inmate's allegations.</p> </div>
<p>8 Min.</p>  <p>(Slide 14)</p> 	<p>Responding to Imminent Threat</p> <p>Case Example Discussion</p> <p>The PREA standards require that if an inmate becomes subject to a substantial risk of imminent sexual abuse, immediate actions are taken to protect the inmate.</p> <p>First responders should be prepared to deal with such disclosures as well as allegations of actual abuse or harassment.</p> <p>Speaker's tip: Ask participants to discuss the differences between responding to imminent threat and to allegations of abuse.</p> <ul style="list-style-type: none"> • What are appropriate actions to take to disclosure of an imminent or perceived threat? • Are you concerned that people will file false reports to get a cell change or

	<p><i>other benefits?</i></p> <p>Two case examples:</p> <ol style="list-style-type: none"> 1) Inmate Jones states that inmate Smith has been leering and making comments on a daily basis. Yesterday, inmate Smith said that, "tonight's the night and I'm bringing friends." 2) Inmate Wells informs you that officer Marks brought in a cell phone, which inmate Wells used to call home on two occasions. Officer Marks said that inmate Wells now had to pay back the favor with sex. <p>Discussion Questions:</p> <p>What would you do? What are the pros and cons to different responses?</p>
<p>5 Min.</p>  <p>(Slide 15)</p> 	<p>First Responder Duties</p> <p>Crime Scene Preservation</p> <p>Refer back to the standards and the requirements of evidence preservation (§115.21, §155.64).</p> <p>Remember that sexual abuse and other violent crimes are unique in that the victim(s) and the perpetrator(s) may have significant evidence on their bodies, making them part of the crime scene themselves.</p> <p>Make sure to keep the survivor as still and safe as possible. Ask him or her to avoid changing clothing, using the restroom, washing, eating, or drinking. =If the victim has to urinate, ask him or her to collect a sample; if the victims must clean up, save any wipes and any clothing that was removed or dislodged.</p> <p>What are your facility's instructions for preserving physical evidence and crime scenes?</p> <p>Are you able to clear inmates and non-investigative staff from the area?</p> <p>Remember that every person who enters the crime scene risks compromising evidence. Make sure your instructions are in line with best practices and have been developed in cooperation with criminal investigators and prosecutors.</p>
<p>5 Min.</p>  <p>(Slide 16)</p> 	<p>First Responder Duties</p> <p>Crisis Intervention 101: Review</p> <p><i>Speaker's tip:</i> Remember that any staff member who is the first person to receive a sexual abuse report or disclosure is a first responder. Ask participants to consider their role when thinking about this module. Whatever their longer term role, they need to be able to gather basic information to receive a report and respond supportively and professionally to the victim.</p> <p>Make every effort to ensure that you have privacy (sight and sound) when you hear an initial disclosure or when you interview the victim, if that is your role. Remember that this is not an interrogation, nor a fact-finding interview. Rather, the purpose of</p>

	<p>the initial interview is to gather basic information and offer crisis intervention and support.</p> <p>Steps for initial response:</p> <ol style="list-style-type: none"> 1) Reiterate or confirm what the inmate has told you. Examples: "So, yesterday inmate White pushed you into the back bathroom stall and sexually abused you." "Just to clarify, what you are telling me is that your job site supervisor has been demanding oral sex for you to keep your job." 2) Respond affirmatively and supportively. Examples: "I appreciate you telling me. I'm sorry that you've gone through this." "I'm glad you came forward about this." 3) Offer specific information. Example: "We take sexual abuse seriously here and I am going to do what I can to get you help. I have to report this to Lt. Jones. We also have to make sure you have a safe place to wait to talk with Lt. Jones." <p>If you are a medical or mental health staff member, be clear ahead of time about your limits to confidentiality and obtain informed consent when it becomes clear that your patient/client is making a disclosure — even if the inmate signed an informed consent for overall medical services when he or she arrived at the facility.</p> <p>HANDOUT: Interview tips, Module 5, Appendix A</p>
<p>15 Min.</p>  <p>(Slide 17)</p>  	<p>First Responder Duties</p> <p>Round Robin Role Plays</p> <p>Keeping in mind the three steps of initial crisis intervention that we just reviewed, we're going to do a short exercise.</p> <p>Speaker's tip: Review the short scenarios and choose the ones that make the most sense for this facility. You can also use real scenarios that have come up in discussions. After the exercise, do a quick review of the main lessons from the exercises, as related to the module content.</p> <p>I am going to read several disclosures aloud. I will call on one person to respond, using the three steps. I will then ask the person next to the first responder to give feedback, including: 1) one thing you did well; and 2) one thing you might have done differently.</p> <p>HANDOUT: Round Robin Role Plays (Module 5, Appendix B)</p>
<p>5 Min.</p>  <p>(Slide 18)</p>	<p>For More Information</p>

Module 6: The Sexual Assault Response Team

Module 6: The Sexual Assault Response Team (SART)

Acknowledgement
Module Objectives
Sexual Assault Response Teams
SART: A Coordinated Response Plan
PREA Standards and Sexual Assault Response Teams
Goals of SART
Typical SART Members
Medical and Mental Health Care
Wrap Up
Sexual Assault Response Teams in Corrections
(*Small Group Exercise*)
Additional Resources/For More Information



Sexual Assault Response Team, California Correctional Institution, Tehachapi, California

Trainer note: This module is can be used in the following ways:

- Introduce facility leadership to the concept of a SART
- Help facilities determine if a SART is the right model for them
- Assist leadership in developing a plan to start a SART
- Introduce SARTs to facility staff working in facilities where the model will be used.

This module is not intended to prepare members of a SART to fulfill their responsibilities.





Module 6: The Sexual Assault Response Team





MODULE 6: The Sexual Assault Response Team (SART)



60 minutes

Materials Needed: PowerPoint slides, projector, screen, remote control, microphones, handout of PowerPoints with three-to-a-page for trainee note taking, Module 6 appendices.

Time and Tips	Speaking Notes
<p>2 Min.</p>  <p>(Slide 1)</p>	<p>Acknowledgement</p> <p>Just Detention International (JDI) developed this training and materials in partnership with the National PREA Resource Center (PRC). We want to thank JDI and the PRC for allowing us to build upon their work and expertise.</p>
<p>2 Min.</p>  <p>(Slide 2)</p>	<p>Module Objectives</p> <ul style="list-style-type: none"> • Understand the basics of responding to sexual abuse, using a Sexual Assault Response Team (SART) model • Recognize the role of SARTs in compliance with key PREA standards on victim services • Understand the role of medical and mental health care in the coordinated response to sexual abuse • Learn about the goals, roles, and members of corrections-based SARTs
<p>2 Min.</p>  <p>(Slide 3)</p>	<p>Sexual Assault Response Teams</p> <p>A Model, Collaborative Approach</p> <p>The SART model has proven, since the early 1990s, to be effective in responding to sexual abuse in the community. When replicated in the corrections setting, these teams are equally effective and play a fundamental role in providing support to survivors and helping facilities gain compliance with the PREA standards.</p>
<p>5 Min.</p>  <p>(Slide 4)</p>	<p>Sexual Assault Response Teams</p> <p>Benefits of a SART</p> <p>A SART within a corrections facility can provide support to the PREA Coordinator, ease staff discomfort with handling sexual abuse disclosures, and serve as the core component of the facility's coordinated response.</p> <p>The SART should operate from a solid protocol, based on the PREA standards. The protocol should be developed by a multidisciplinary team, representative of the staff, contractors, and volunteers who are tasked with responding to sexual abuse.</p> <p>One benefit of the SART is that, while all staff must know the basics of responding to sexual abuse, SART members can become specialists — receiving both initial and ongoing training in how to follow the SART protocol. Such expertise will</p>

  (Slide 7)	<p>a sex crimes division, and may have an agreement with a local community rape crisis center. The jail can build on these to meet the PREA standards. It is important to note, however, that the PREA standards require that such policies and protocols explicitly apply to the jail.</p> <div style="border: 1px solid black; background-color: #f4a460; padding: 10px; margin: 10px 0;"> <p>§115.62 Agency protection duties.</p> <p>When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.</p> </div> <p>Speaker's tip: This is a good place to have a discussion. Make sure that staff understand how to detect imminent risk. What should they do? Are agency policies and practices in line with trauma informed practices — i.e., what are the mechanisms for protecting inmates at risk and what is the threshold for believing they need protection?</p> <p>Finally, your agency must have a policy against retaliation and the SART can verify that its implementation is consistent with the PREA requirements, per standard §115.67.</p>
<p>2 Min.</p>  (Slide 8)	<p>Sexual Assault Response Team</p> <p>What Is a SART?</p> <p>Let's back up and break down what a SART is and how it works.</p> <p>A SART — whether it is in the community or in a corrections institution — is a multidisciplinary team.</p> <p>It is designed to coordinate a survivor-centered, trauma-informed response to sexual abuse, like we've been talking about today, and it is described in the PREA standards.</p> <p>The two overarching goals of SARTs are the well-being of the survivor and better criminal justice outcomes.</p>
<p>2 Min.</p>  (Slide 9)	<p>Goals of SART</p> <p>Corrections Facility SARTs Can</p> <p>In addition to the overarching goals of safeguarding the immediate well-being of the survivor and securing better investigations, institutional SARTs can:</p> <ul style="list-style-type: none"> • Reduce the longer-term impact of trauma, meaning that inmates who are sexually abused are better able to function in the facility and to return to the community or move on to another facility successfully. • Eliminate sexual violence — whether in the community or in a corrections facility. If the agency or facility has a SART that works together with the community SART, the community as a whole has a more comprehensive approach to sexual violence, and that will have ripple effects throughout the community. • Ensure compliance with PREA and support the facility PREA Coordinator.

5 Min.



(Slide 10)

Typical SART Members

In the Community

Here we see the multi-disciplinary team approach that I mentioned earlier. A community-based SART usually includes at a minimum:

- A rape crisis advocate
- A sexual assault nurse examiner (SANE)
- A law enforcement officer (in communities where there is a sex crimes unit, it is ideal to have the officer from this unit participate)
- A prosecutor or representative from the state attorney's or county attorney's office, and
- Other types of service providers, like a child advocacy group, domestic violence program, or community mental health program. Some SARTs are coordinated out of the hospital where exams are performed and some are coordinated by the rape crisis program.



Speaker's tip: Additional discussion questions might include:

- Do you know if there is an active SART in your community?
- If you are part of a law enforcement agency, is your detective bureau working with the SART already?
- Does your agency already have relationships with agencies or individuals on a community SART (like on child abuse councils, boards, or other community organizations)?
- Who is part of the community SART?
- If there is an active SART in the community, how can the corrections facility collaborate with the team? Suggestions: attend SART meetings, invite SART members to agency trainings, attend SART partners' trainings, offer to give a tour of the facility, or invite community partners to agency events.



OPTIONAL HANDOUT: Sexual Assault Response Teams; Roles and Responsibilities (Module 6, Appendix D)

2 Min.



(Slide 11)

Goals of SART

The Sexual Assault Response Team in Corrections

Most often, a facility SART will be involved in implementing an agency's zero tolerance policy and a leader in the efforts to eliminate sexual abuse and sexual harassment, including prevention, detection, and response.

As with the community SART, the facility SART should have representatives from throughout the various departments and ranks.

The SART should meet on a regular basis to evaluate the facility's PREA compliance, plan training, and review incidents. Meetings might be held every other week at first and become monthly once solid systems are in place.

5 Min.



(Slide 12)

Typical SART Members

In Corrections

The facility SART should include at least three members from the facility's staff. The members' roles will depend on the make-up and needs of the facility's population.

You should draw the members of your SART from among the following positions:

- The administrator or commander
- A classification supervisor or officer
- The head of security or custody
- An institutional investigator or internal affairs investigator
- The mental health supervisor
- The medical staff supervisor
- A transportation supervisor

Depending on the size of the agency and number of facilities under the agency's authority, it may be more effective (especially for smaller agencies) to establish an agency-level SART coordinating committee comprised of:

- The agency PREA Coordinator
- One representative from each institution-based SART
- A representative from the local community-based SART
- Someone from law enforcement, preferably the sex crimes unit
- A sexual assault nurse examiner (SANE)
- A rape crisis advocate
- A prosecutor

This model reinforces the multi-disciplinary team approach of the SART and improves services for the victim, both while incarcerated and post-incarceration, by extending the connection to care in the community. If your agency is part of a sheriff's office, or other law enforcement agency, your colleagues in the sex crimes unit or detective bureau may already have a working relationship with the community SART and/or rape crisis program.

The agency PREA Coordinator should coordinate the SART. Where there is more than one facility, the PREA Coordinator should be involved in selecting SART members and work with the facility level PREA Compliance Manager to supervise the team.

7 Min.



(Slide 13)

Medical and Mental Health Care

§115.81 Medical and mental health screenings

Medical and mental health staff who work regularly in the facility should be an integral part of a facility SART. They should be encouraged to take a leadership role in developing and training the team and in crafting the SART protocol or procedural guidelines.

The SART can also be a way to build cooperation and communication between custody staff and medical and mental health staff. It is important that their role in a response be clearly defined and that they receive training in how to preserve evidence until the survivor is seen by a forensic medical examiner.

Involvement of medical and mental health staff in a SART can also help a facility meet several of the standards related to medical and mental health care.

Relevant PREA Standards

115.81. Screening History

Medical and mental health staff work with classification staff to identify and help inmates who are in need of services or who might be at risk for abuse or abusiveness.

§115.81 Medical and mental health screenings; history of sexual abuse.

(a) If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

(b) If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

(c) If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.



(Slide 14)

115.82 Acute Care

Victims receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Victims also offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate.

§ 115.82 Access to emergency medical and mental health services.

(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.







(Slide 15)

115.83 Ongoing Care

Facilities will make sure that ongoing treatment includes evaluation by qualified medical practitioners and includes, as appropriate:

- Follow-up services
- Treatment plans
- Referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody, when necessary
- Tests for sexual transmitted infections, as medically appropriate
- Lawfully available pregnancy related services.

SART protocols clearly outline how victims will receive emergency and ongoing care; medical and mental health staff work with the multidisciplinary team to make sure all needed services are provided and the care improves both the well-being of the survivor and the survivor's ability to participate in any investigation.

 <p>(Slide 16)</p>  <p>(Slide 17)</p>  <p>(Slide 18)</p>	<p>§ 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.</p> <p>(a) The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>(b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>(c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p>(d) Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p>(e) If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>(f) Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.</p> <p>(g) 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.</p> <p>(h) All prisons shall attempt to conduct a mental health evaluation of all known inmate-on inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p>
<p>2 Min.</p>  <p>(Slide 19)</p>	<p>Medical and Mental Health Care</p> <p>Ongoing Care and SARTs</p> <p>A SART protocol can outline</p> <ul style="list-style-type: none"> • How victims will be provided with emergency and ongoing care • The role of medical and mental health staff on the SART and in the response to sexual abuse • The collaboration between agency medical and mental health staff and outside service providers

Module 7: Collaborating with Prosecuting Authorities

Module 7: Collaborating with Prosecuting Authorities

Acknowledgement
Module Objectives
Survivor Story (Audio)
PREA Standards
Group Discussion
Points to Remember
Meet the Prosecutor (*Small Group Exercise*)
Additional Resources/For More Information

This module is intended for PREA Coordinators, PREA Compliance Managers, Administrators, Investigators, and members of Sexual Assault Response Teams (SARTs). Line staff are not likely to work directly with prosecutors.







Module 7: Collaborating with Prosecuting Authorities

MODULE 7: Collaborating with Prosecuting Authorities for Successful Victim Services



45 minutes

Materials Needed: PowerPoint slides, projector, screen, remote control, microphones, handout of PowerPoints with three-to-a-page for trainee note taking, Module 7 appendices.

Time and Tips	Speaking Notes
<p>2 Min.</p>  <p>(Slide 1)</p>	<p>Acknowledgement</p> <p>Just Detention International (JDI) developed this training and materials in partnership with the National PREA Resource Center (PRC). We want to thank JDI and the PRC for allowing us to build upon their work and expertise.</p>
<p>2 Min.</p>  <p>(Slide 2)</p>	<p>Module Objectives</p> <p>The module objectives are to:</p> <ul style="list-style-type: none"> • Review the PREA standards regarding agreements with investigating and prosecuting agencies • Understand the role of investigating bodies in cases of sexual abuse of incarcerated victims • Plan for working with the prosecuting authority in the investigation
<p>7 Min.</p>  <p>(Slide 3)</p>  	<p>Survivor Story</p> <p>Garrett</p> <p>Before we review the relevant PREA standards, I want us to take five minutes to listen to <i>Garrett's story (AUDIO)</i>. www.justdetention.org/en/survivortestimony/audio/Garrett.mp3</p> <p>Speaker's note: Tie the story to the importance of follow-through on investigations. In this case, losing the opportunity to prosecute when Garrett was abused meant that another inmate was abused. The case was finally prosecuted when a second inmate came forward.</p>
<p>1 Min.</p>  <p>(Slide 4)</p>	<p>Responding to Sexual Abuse</p> <p>PREA standards and prosecution</p> <p>Several PREA standards play an important role in setting up services for victims of sexual abuse and leading to the successful prosecution of abuser(s).</p> <p>As we talk through the standards, think about your understanding of the role of the prosecutor in the response to sexual abuse and sexual harassment and in the overall zero tolerance approach.</p>

3 Min.



(Slide 5)

PREA Standards

§ 115.21 Evidence protocol and forensic medical examinations

We have discussed standard § 115.21 before (see text below). Now let's look at it from a prosecution standpoint. If agencies follow a uniform protocol for collecting evidence, the results will be more consistent and prosecutors will have more information and evidence with which to work.

Ask your local prosecutors what they look for in a case. What is the most useable evidence?

§ 115.21 Evidence protocol and forensic medical examinations.

(a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

(b) The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

(c) The agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

(d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C.

14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

§ 115.21 Evidence protocol and forensic medical examinations. (cont.)

(e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

(f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

(g) The requirements of paragraphs (a) through (f) of this section shall also apply to:

(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and

(2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

(h) For the purposes of this section, a qualified agency staff member or a qualified community-based 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.

3 Min.



(Slide 6)

PREA Standards

§115.34 Specialized training: Investigations

§115.34 Specialized training: Investigations.

(a) In addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

(b) Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

(c) The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

(d) Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

Involve prosecutors, whenever possible, in your specialized investigator training. They need to work together to complete the investigation, file the case, and prepare the victim and other witnesses for prosecution.

3 Min.



(Slide 7)

PREA Standards

§ 115.71 Criminal and administrative agency investigations

While PREA does not supersede or change any criminal laws, PREA does require facilities to make sure that their handling of reports of sexual abuse is in step with the process and procedures for crimes that occur anywhere in our society.

Investigators can work with prosecutors, and with the victim, to develop a plan to keep the key witness — the victim — safe.

Open retaliation for reporting is an obvious concern during an investigation, but subtle or direct witness intimidation is of equal concern to prosecutors because it can be less apparent and just as insidious. Any witness intimidation should be documented and addressed as part of the investigation.

§ 115.71 Criminal and administrative agency investigations.

- (a) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
- (b) Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34.
- (c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- (d) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
- (e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
- (f) Administrative investigations:
 - (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
 - (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- (g) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.
- (h) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
- (i) The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
- (j) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.
- (k) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.
- (l) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.



(Slide 8)

3 Min.



(Slide 9)

PREA Standards

§115.22 Policies to ensure referrals of allegations for investigations

§ 115.22 Policies to ensure referrals of allegations for investigations.

(a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

(b) The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

(c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

(d) Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

(e) Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.



Discussion Questions:

- Are you aware of the investigation policies at your facility?
- Who completes criminal investigations in the facility?

10 min.



(Slide 10)

Group Discussion

Collaborating with Prosecutors

Given what we've discussed today, in this module, and our own professional experiences, let's talk about your role in collaborating with prosecuting authorities for successful victim services:







1. What can SART members do to support victims?
 - Keep them informed about the investigation, what may come next, and any outcomes.
 - Make sure that the victim is able to work with a victim advocate.
 - Inform the victim of his or her rights to services and to be free from retaliation; monitor the victim and witnesses for retaliation.
2. What are the duties of the first responder? What should the first responder ask the victim? How can a first responder get enough information without interfering with a criminal investigation?



(Slide 11)

- The role of the first responder is to stabilize the scene. That might mean separating the victim and abuser, getting or providing first aid for the victim, providing initial crisis intervention, and assessing what has happened.
 - The agency should work with law enforcement and prosecutors to determine what information is needed on the scene or upon report. First responders should get basic information to establish what happened, when it happened, and if emergency care is needed. First responders should not try to substitute for trained investigators by asking for details, taking a full report, or looking for evidence.
3. What can we do about witness intimidation cases of sexual abuse in detention?
- The PREA standards require that all staff or inmates be protected from retaliation (§115.67). This should extend to any witnesses. Separate the abuser from any witnesses. Monitor their whereabouts and do not allow any contact. Have someone on the SART check in with the victim and any witnesses regularly.
4. Can a case be prosecuted without a victim's participation?
- Yes. Once it is determined that there has been a crime, it is the investigator's and prosecutor's jobs to collect and present the evidence. While victim testimony is important, evidence can also be documentation, such as medical records, forensic evidence, and witness testimony.
5. What is the institution's duty to report? What about when the sexual abuse happened in another facility?
- Corrections agencies must follow all state and local laws related to reporting child abuse, elder abuse, and vulnerable adult abuse. In most jurisdictions, staff of the facility are required to report any crimes that occurred in the facility, including sexual abuse.
 - The PREA standards further require that staff report sexual harassment (§115.61).
 - Facilities must have a mechanism to report sexual abuse to another corrections facility within 72 hours of receiving an allegation (§115.63).
6. What kind of evidence will be presented at a trial involving sexual abuse in detention?
- That depends on the nature of the case and what was collected during the investigation. It could include, and is not limited to: victim, witness, and abuser testimony; written reports; observations of the victim's and abuser's behavior; staff logs and video records; and forensic evidence such as DNA samples, documentation of injuries, observations of signs of trauma in the victim, or hair, skin, and clothing of the victim and abuser.
7. How do we approach outside law enforcement or prosecutors who do not take these cases as seriously because the victim is an inmate?
- Facilities must have a mechanism to report sexual abuse to another corrections facility within 72 hours of receiving an allegation (§115.63).
 - Your job, just like theirs, is to protect the community from harm — ask them to join with you in this effort to safeguard the public welfare.
 - Most people who are incarcerated eventually get out. Someone who sexually abused another inmate, if not held accountable, may be released into the community and abuse people there.

	<ul style="list-style-type: none"> • Providing care and support to the victim, including holding the abuser accountable, increases the odds that the victim will be able to reintegrate into the community successfully. • When prosecutors take sexual abuse in detention seriously,, potential abusers get the message that sexual abuse is not tolerated in this jurisdiction.
<p>2 Min.</p>  <p>(Slide 12)</p>	<p>Points to Remember</p> <p>PREA and criminal prosecution</p> <ul style="list-style-type: none"> • PREA is a civil law. It did not create any new crimes or criminal statutes. Sexual abuse is illegal in every jurisdiction in the U.S. and prosecutors deal with criminal laws. • Prosecutors may need education around why it is important to take cases of sexual abuse and sexual harassment in detention facilities seriously. • The prosecutor is an important part of the sexual abuse response by holding perpetrators accountable and playing a role in prevention. • Remember that forensic evidence is only one kind of evidence. Witness accounts, victim testimony, victim reactions to trauma, expert testimony, video, facility logs, prior perpetrator behavior, and written incident reports should all be collected and referred to the prosecutor. It is also important to ask for guidance from the prosecutor about what is considered to be irrelevant evidence that might damage the case.
<p>10 Min.</p>  <p>(Slide 13)</p>  	<p>Small Group Exercise</p> <p>Meet the prosecutor</p> <p>Divide into groups of three or four participants. Ask each group to prepare talking points for a first meeting with the local prosecutor's office.</p> <p>Speaker's Note: Ask each group to choose a reporter and to report back. If the participants do not bring them up, be sure to mention:</p> <ul style="list-style-type: none"> • The facility needs the prosecutor's help in implementing the zero tolerance policies and making sure they are effective. • Sexual abuse is a crime no matter where it occurs and, as a part of the community, the facility wants to help to make sure that this law enforcement message is consistent. • Most current inmates will get out of prison or jail and return to the community. Successful prosecutions of perpetrators in detention will help to keep the community safer.

1 Min.



(Slide 14,
Slide 15)

Additional Resources/For More Information

AEquitas: The Prosecutors' Resource on Violence Against Women
1100 H Street NW, Suite 310
Washington, DC 20005
P: (202) 558-0040 | F: (202) 393-1918

On their website, you can find the contact information for key individuals who can help you: <http://www.aequitasresource.org/contact.cfm>
You may also direct questions to info@aequitasresource.org.

Webinars:

[AEquitas and the PREA Resource Center
Prosecuting Sexual Abuse In Confinement:
http://www.prearesourcecenter.org/training-and-technical-
assistance/webinars/1873/prosecuting-sexual-abuse-in-confinement-a-case-study](http://www.prearesourcecenter.org/training-and-technical-assistance/webinars/1873/prosecuting-sexual-abuse-in-confinement-a-case-study)

Investigating and Prosecuting the Intimidation of Victims of Sexual Abuse in Confinement
[http://www.prearesourcecenter.org/training-and-technical-
assistance/webinars/1660/investigating-and-prosecuting-the-intimidation-of-vi](http://www.prearesourcecenter.org/training-and-technical-assistance/webinars/1660/investigating-and-prosecuting-the-intimidation-of-vi)

