
Module 11: Sexual Victimization and Mental Health Interventions in Correctional Settings

**Investigating Allegations of Staff Sexual
Misconduct with Offenders**

Objectives

- Review rates of sexual violence in the community
- Review offenders' past history of victimization
- Review and discuss rates of sexual violence experienced by offenders under correctional supervision
- Discuss how victimization may affect the correctional environment
- Identify needed mental health interventions for victims of sexual violence in correctional settings
- Recommendations for correctional agencies regarding necessary mental health interventions

Rates of Sexual Victimization: A Community Perspective

- 80% of rape victims are less than 30
- 1 in 6 women and 1 in 33 men are victims of sexual assault
- 60% of sexual assaults go unreported
- 73% of sexual violence was committed by someone the victim knew

Victimization Histories of Offenders

1997 U.S. Census Bureau

- Offenders who reported experiencing physical abuse
 - 72.8% of women
 - 73.5% of men

- Offenders who reported experiencing sexual abuse
 - 39% of women
 - 6% of men

Victimization Histories of Offenders

1999 BJS Study

- Offenders reporting any physical or sexual abuse
 - 19% of state prisoners
 - 10% federal prisoners
 - 16% of men and women in local jails or on active probation

- Offenders reporting they had been physically or sexually abused before age 18.
 - 6% to 14% of male offenders
 - 23% to 37% of female offenders

Victimization Histories: Male Offenders

- Study done in rural Northeastern Jail (1999)
 - 40% experienced childhood sexual abuse – (sexual contact when under age 16)
 - Average age, onset of sexual abuse = 10

Victimization Histories: Female Offenders

- Study done at Bedford Hills Women's Institution in NY (1999)
 - 82% reported childhood victimization
 - 92% reported severe violence as an adult

How Victimization May Translate into Crime

(1999 BJS Study)

- Serving time for violent offenses
 - 61% of reportedly abused men
 - 34% of reportedly abused women

- Serving time for sexual offenses
 - 19% of men who reported abuse before prison

How Victimization May Translate into Crime

(1999 BJS Study)

- Serving time for homicide
 - 16% of reportedly abused men
 - 14% of reportedly abused women

- Using illegal drugs regularly
 - 76% of reportedly abused men
 - 80% of reportedly abused women
 - Many of those reported being under the influence at the time of their offense

Sexual Violence in Correctional Settings as Reported by Authorities

- 2004 BJS Report
 - 5,386 allegations of sexual violence reported Nationwide in 2004 and included:
 - 42% involved staff sexual misconduct
 - 37% involved inmate-on-inmate nonconsensual sexual acts
 - 11% staff sexual harassment
 - 10% inmate-on-inmate abusive sexual contact

Sexual Violence in Correctional Settings as Reported by Authorities

- 2004 BJS Report-- Youth Statistics
 - Staff sexual misconduct
 - State and local law enforcement authorities and child protective services, **had the highest rates** of alleged staff sexual misconduct (11.34 allegations per 1,000 youth)
 - Local and privately operated juvenile facilities reported 3.22 allegations --nearly **3 times the rate** in State and Federal prisons
 - Youth-on-youth sexual violence
 - 7.31 allegations in local or private juvenile facilities
 - 6.75 allegations per 1,000 in State juvenile facilities.
 - These rates were more than 6 times the inmate-on-inmate rate in State prison systems and nearly 7 times the rate in local jails

Sexual Violence in Correctional Settings as Reported by Authorities

■ 2005 BJS Report

- Allegations of sexual violence rose from 2004 to 2005
 - 6,241 allegations of sexual violence in prison and jail reported in 2005, up from 5,386 in 2004
 - Overall rates increased in 2005 to 2.83 allegations of sexual violence per 1,000 inmates -- up from 2.43 per 1,000 inmates in 2004.
- 6,241 allegations included:
 - 38% of allegations involved staff sexual misconduct;
 - 35%, inmate-on-inmate nonconsensual sexual acts;
 - 17%, staff sexual harassment; and
 - 10%, inmate-on-inmate abusive sexual contact.

Sexual Violence in Correctional Settings as Reported by Authorities

■ 2006 BJS Report

- Since the Prison Rape Elimination Act was passed in 2003, the estimated number of allegations nationwide rose by 21%
- 6,528 allegations included:
 - 36% staff sexual misconduct
 - 34%, inmate-on-inmate nonconsensual sexual acts
 - 17%, staff sexual harassment
 - 13%, inmate-on-inmate abusive sexual contacts

Sexual Violence in Correctional Settings as Reported by Authorities

- Consistencies in Findings from 2004-2006
 - Reported staff sexual misconduct revealed that:
 - The sexual relationship “appeared to be willing” in 57% of incidents in 2006; in comparison, the relationship was classified as “romantic” in 68% of the incidents in 2005.
 - Physical force, abuse of power, or pressure was involved in 7% of the incidents in 2006, compared to 15% of the incidents in 2005.
 - 33% of the incidents in 2006 involved other forms of assault while in 2006
 - 12% of the incidents in 2006, correctional authorities reported the “level of coercion unknown.”

Sexual Violence in Correctional Settings as Reported by Authorities

■ Consistencies in Findings from 2004-2006

■ Staff Sexual Misconduct

	<u>2006</u>	<u>2005</u>	<u>2004</u>
■ Substantiated	25%	15%	30%
■ Unsubstantiated	47%	66%	55%
■ Unfounded	28%	19%	15%

Sexual Violence in Correctional Settings as Reported by Inmates

- 2007 BJS Report- State and Federal Inmates
 - The estimated number of State and Federal inmates experiencing sexual violence totaled 60,500 (or 4.5% of the Nation's prisoners).
 - Findings and Rankings:
 - Among the 10 facilities with the highest overall prevalence rates, 3 had prevalence rates of staff sexual misconduct that exceeded 10%
 - 14 facilities had nonconsensual sex rates of 300 or more incidents per 1,000 inmates

Sexual Violence in Correctional Settings as Reported by Inmates

- 2008 BJS Report- Jail Inmates
 - The estimated number of Jail inmates experiencing sexual violence totaled 24,700 (or 3.2% of all jail inmates).
 - Findings and Rankings:
 - 18 jails had prevalence rates of at least twice the national average
 - Nearly 1/3 of all facilities had rates of “zero”

Sexual Victimization: Mental Health Concerns

- People who suffer sexual abuse are:
 - 3 times more likely to suffer from depression.
 - 6 times more likely to suffer from post-traumatic stress disorder.
 - 13 times more likely to abuse alcohol.
 - 26 times more likely to abuse drugs.
 - 4 times more likely to contemplate suicide.

Common Reactions to Sexual Assault: Feelings

- **Emotional shock:**
 - I feel so numb. Why am I so calm? Why can't I cry? Why don't I feel anything?
- **Disbelief:**
 - I can't believe this happened to me.
- **Shame:**
 - I feel so dirty.
- **Guilt:**
 - Did I do something to make this happen? Could I have done something to stop it? If only I had . . .
- **Powerlessness:**
 - Will I ever feel in control again?
- **Denial:**
 - It wasn't really rape. Nothing happened.

Common Reactions to Sexual Assault: Feelings

- **Anger:**
 - I want to kill that person!
- **Fear:**
 - What if I am pregnant or have a STD? These thoughts keep going through my head. I'm afraid to close my eyes.
- **Depression:**
 - I'm so tired. I feel so hopeless. Maybe I'd be better off dead.
- **Triggers:**
 - I keep having flashbacks.
- **Anxiety:**
 - I feel so confused. Am I going crazy?
- **Helplessness:**
 - Loss of self-reliance. Will I ever be able to function on my own?

Common Reactions to Sexual Assault: Behaviors

- Expressive:
 - Crying, yelling, shaking, being angry, swearing, etc. Anger may be directed at friends, family.
- Calm:
 - May behave extremely composed, controlled or unaffected.
- Withdrawn:
 - May shrink inside herself; provide one word answers or none at all; offering no information without being prodded.
- Nightmares:
 - Survivor may have difficulty sleeping or have nightmares of being chased or attacked.

Common Reactions to Sexual Assault: Behaviors

- Flashbacks
- Changing eating habits
- Lack of concentration or energy
- Rape Trauma Syndrome or Post-traumatic Stress Disorder.

Rape Trauma Syndrome (RTS)

- A common reaction to a rape or sexual assault-- to an unnatural or extreme event
 - Four Phases
 - Acute Crisis Phase
 - Outward Adjustment Phase
 - Integration Phase
 - Reactivation

Acute Crisis Phase

- Occurs right after the assault
- Physical Reactions
 - Change in sleep patterns, change of appetite, poor concentration, acting withdrawn, jumpy
- Emotional Reactions
 - Depression, guilt, anger, anxiety, fear
- Behavioral Reactions
 - Acting out, change in hygiene, refuse to change room, harm to self, suicidal thoughts

Outward Adjustment Phase

- Survivors feel a need to get back to normal
- Grooming and eating returns to normal but sleeping remains irregular
- Survivor tries to regain control

Integration Phase

- The survivors idea of who they were before the assault and after become one and the survivor accepts the assault
- Takes months or years to achieve

Reactivation of Crisis

- Can happen at any time and during any of the phases
- Reactivation mirrors the acute phase
- Can be triggered by sights, smells, sounds, situations or memories

RTS in Correctional Settings

- Repeated sexual assault situations
- No control over environment
- Continuous contact with assaulter
- Triggers may cause anger or violent reactions

Impact of Victimization in the Correctional Setting: Male Victims

- Connection between sexual/ physical victimization and aggressive & self-destructive behavior
- Report past abuse associated with violent crime
- Defend against feelings associated with victimization (shame, stigma)

Impact of Victimization in the Correctional Setting: Male Victims

- May question sexual identity and preference
- Feel the best defense is a good offense
- May imitate their aggressors
- Acutely aware of the prison code and their ranking

Impact of Victimization in the Correctional Setting: Female Victims

- At risk for unhealthy relationships with authority figures, based on perceptions of their power to harm
- Difficulty adjusting to coercive, restrictive environments
- Lack of right to privacy, cell searches, bodily searches may replicate past abuse
- Concern with how reporting may interrupt relationships

Impact of Victimization in the Correctional Setting: Female Victims

- Vulnerable to abusive authority figures
- Faced with sexual assault situations:
 - May not understand it is possible to refuse
 - May lack perception of a “right” to refuse
 - May believe it’s always dangerous to refuse

The Impact of Being Incarcerated and Being a Survivor

- More likely to experience physical trauma
- Systemic infliction of psychological trauma
- Retaliation and/or retribution
- Lack of autonomy and safety
- General distrust
 - staff, reporting structure, investigation, prosecution

The Impact of Being Incarcerated and Being a Survivor

- Feelings of disorientation and anxiousness may make people unable to follow rules
- Sharing or talking about feelings may be a safety risk for an inmate
- Isolation may be a relief but it could also cause further trauma
- Increased anger may cause acting out
- Complex nature of “consent” can lead to self-blame
- Multiple traumas exacerbate symptoms

Mental Health: Necessary Interventions

- Community Rape Crisis Centers
 - Companion Services
 - a rape crisis counselor to be with you during the SANE exam and at court appearances
 - some communities have rape crisis counselors that will meet inmates at the hospital and act as advocates during SANE Exams
 - Short or long-term counseling (group or individual)

Mental Health: Necessary Interventions

- Safety Planning
- Self- Defense
- 24- hour Hotlines
- Mental Health evaluation
- Group counseling (in some situations)

Partnering with Local Crisis Centers

■ PROS

- Specialized training for care of sexual assault victims
- Victims may be more comfortable with a provider outside of the correctional institution
- Ability to provide a wider range of services

■ CONS

- Counselors may not be trained in dealing with inmates or regulations of correctional environments
- May not agree with or understand policies that may go against ethical codes and beliefs

Mental Health Interventions: Cautions

- Use of protective custody
- Specifications for use of mental health services
- Difference between crisis intervention and ongoing mental health care
- Training for outside mental health providers

Mental Health Interventions: The Offender/ Victim Dichotomy

- Chicken or the Egg syndrome– what came first victimization or victimizing
- Does physical locality of victimization matter?
- Spectrum and cycle of violence
- Continuum of sexual activity and reasoning
- Funding for crisis intervention

What Really Happens: Mental Health Care for Incarcerated Victims

- Sexual Assault Survey in 2006
 - Surveyed Rape crisis centers in all 50 states
 - Asked 4 questions
 - Do/ would your services extend to incarcerated victims of sexual assault?
 - Do/ would you help victims who are now in the community (such as in half-way houses or on parole) who were sexually abused while incarcerated?
 - Are the services you provide to incarcerated persons dependent on status (felony vs. misdemeanor offender) or facility (prison vs. half-way house)?
 - Is funding from the Violence Against Women Act (VAWA) used in any of your services for incarcerated or formerly incarcerated persons?

What Really Happens: Mental Health Care for Incarcerated Victims

- Findings:
 - 35 states responded
 - 33 states had at least one crisis center willing to support incarcerated victims
 - 2 states refused to help incarcerated victims
 - Texas and Arizona
 - Some states have PREA agreements with DOCs to provide mental health services
 - Iowa and Rhode Island

Recommendations

- Build relationships with community partners
- Lobby state and local legislative bodies for funding for victim centered care for inmates
- Training for offenders and staff– ongoing
- Victim-centered approach to allegations