

**Sexual Abuse in Correctional Settings: What Rape Crisis Counselors Need to Know**

The DC Rape Crisis Center  
February 22, 2011

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**Objectives**

- ◉ Discuss the Prison Rape Elimination Act of 2003
- ◉ Describe the intersection of victimization and criminality
- ◉ Discuss what we currently know about sexual abuse in custodial settings
- ◉ Identify vulnerable persons most likely to face victimization in custodial settings

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**Objectives**

- ◉ Describe how rape trauma syndrome (RTS) in correctional settings manifests differently
- ◉ Discuss the impact of victimization in custodial settings and the impact of being a survivor
- ◉ Discuss ethical dilemmas counselors can face
- ◉ Identify tips and tools for counseling victims and survivors abused in custodial settings

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**The Prison Rape Elimination Act of 2003**

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**The Prison Rape Elimination Act of 2003 (PREA)**

- ◉ Increase accountability of prison officials who fail to detect, prevent, reduce and punish prison rape
- ◉ Protect 8<sup>th</sup> amendment rights of federal, state and local prisoners
- ◉ Establish grant programs
- ◉ Reduce costs of prison rape on interstate commerce

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**PREA**

- ◉ Establish zero tolerance for the conduct
- ◉ Make prevention a top priority
- ◉ Develop national standards for detection, prevention, reduction and punishment
- ◉ Increase available data and information on incidence in order to improve management and administration
- ◉ Standardize definitions used for collecting data on the incidence of rape

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### PREA: Major Sections

- Section 4: Collection of prison rape statistics, data and research (BJS)
- Section 5: Prison Rape Prevention and Prosecution (NIC)
- Section 6: Grants to Protect Inmates and Safeguard Communities (BJA)
- Section 7: National Prison Rape Elimination Commission
- Section 8: Adoption and Effect of National Standards
- Section 9: Accreditation organizations must adopt standards or lose federal funds

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### The National Prison Rape Elimination Commission (NPREC)

- 9 members authorized (8 served)
- Charge
  - Conduct legal and factual study of the effects of prison rape in the US
  - Recommend national standards
    - Consultation with accreditation organizations
    - Can't impose something that would mandate substantial increased costs to agency
    - Hold hearings
  - Issue report w/in 2 years of initial meeting [June 23, 2009]

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### NPREC Findings

- Protecting inmates from sexual abuse remains a challenge correctional facilities across the country.
- Sexual abuse is not an inevitable feature of incarceration -- leadership matters.
- Certain individuals are more at risk of sexual abuse than others.

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**NPREC Findings**

- Few correctional facilities are subject to the kind of rigorous internal monitoring and external oversight that would reveal why abuse occurs and how to prevent it.
- Many victims cannot safely and easily report sexual abuse, and those who speak out often do so to no avail.
- **Victims are unlikely to receive the treatment and support known to minimize the trauma of abuse.**

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**NPREC Findings**

- Juveniles in confinement are much more likely than incarcerated adults to be sexually abused, and they are particularly at risk when confined with adults.
- Individuals under correctional supervision in the community are at risk for sexual abuse.
- A large and growing number of detained immigrants are in danger of sexual abuse.

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**Organization of Standards**

- Includes standards on the following:
  - > Prevention
  - > Response Planning
  - > Training and Education
  - > Screening for Risk (of sexual abuse and abusiveness)
  - > Reporting
  - > Official Response Following a Report
  - > Investigations
  - > Discipline
  - > **Medical and Mental Health**
  - > Data Collection and Review
  - > Audits
- 4 sets
  - > Juveniles, Adult Prisons and Jails, Community Corrections, Lock up facilities

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### NPREC Standard

- Medical and Mental Health (MM-3): Ongoing medical and mental health care for sexual abuse victims and abusers
  - The facility provides ongoing medical and/or mental health evaluation and treatment to all known victims of sexual abuse. The evaluation and treatment of sexual abuse victims must include appropriate follow-up services, treatment plans, and, when necessary, referrals for continued care following their release from custody. The level of medical and mental health care provided to inmate victims must match the community level of care generally accepted by the medical and mental health professional communities. The facility conducts a mental health evaluation of all known abusers and provides treatment, as deemed necessary by qualified mental health practitioners.

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### Revised DOJ Standard

- Medical and Mental Health (115.83): Ongoing medical and mental health care for sexual abuse victims and abusers
  - (a) The facility shall offer ongoing medical and mental health evaluation and treatment to all inmates who, during their present term of incarceration, have been victimized by sexual abuse.
  - (b) The evaluation and treatment of sexual abuse victims shall include 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.
  - (c) The facility shall provide inmate victims of sexual abuse with medical and mental health services consistent with the community level of care.
  - (d) All prisons shall conduct a mental health evaluation of all known inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by qualified mental health practitioners.
  - **(e) Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.**
  - **(f) If pregnancy results, such victims shall receive timely information about and access to all pregnancy-related medical services that are lawful in the community.**

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### NPREC Standard

- Reporting (RE-3): Inmate access to outside confidential support services
  - In addition to providing on-site mental health care services, the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides such access by giving inmates the current mailing addresses and telephone numbers, including toll-free hotline numbers, of local, State, and/or national victim advocacy or rape crisis organizations and enabling reasonable communication between inmates and these organizations. The facility ensures that communications with such advocates are private, confidential, and privileged, to the extent allowable by Federal, State, and local law. The facility informs inmates, prior to giving them access, of the extent to which such communications will be private, confidential, and/or privileged.

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### Revised DOJ Standard

- Reporting (115.53): Inmate access to outside confidential support services
  - (a) In addition to providing onsite mental health care services, the facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and **by enabling reasonable communication between inmates and these organizations, as confidential as possible, consistent with agency security needs.**
  - (b) **The facility shall inform inmates, prior to giving them access, of the extent to which such communications will be monitored.**

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### What is Currently Happening with the Standards

- Attorney General Working Group
  - Composition
    - NIC, OJJDP, HHS, BIA, NIJ, BOP, OJP, ICE, HS
  - Tasks
    - Review standards one by one
    - Commissioned a cost study (OJP)
    - Established a framework for public comments on the standards
- AG's proposed final rule was released on Feb 2011 for public comment
- Final standards not expected until Jan/ Feb 2012

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### Adoption and Effect of National Standards

- Once the AG publishes a final rule with standards
  - 90 days after publication -- transmission to state departments of correction
  - Federal Bureau of Prisons is immediately covered by rule
  - Possible reduction of 5% each year for failure to meet the standard
  - Annual report on non-compliance

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## Victimization Profiles and Criminal Conduct

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## Victimization and Criminality

- US Census Bureau (1997)
  - > 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

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## Victimization and Criminality

- Victimization of Men in Jail (1999)
  - > Northeastern Ohio
    - 40% experienced childhood sexual abuse - (sexual contact when under age 16)
    - Average age, onset of sexual abuse = 10
- Victimization of Women in Prison (1999)
  - > Bedford Hills Correctional Institution (NY)
    - 82% reported childhood victimization
    - 92% reported severe violence as an adult

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### Victimization and Criminality

- Bureau of Justice Statistics (1999)
  - > 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

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### How Victimization Translates into Crime (1999 BJS Survey)

- 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

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### How Victimization Translates into Crime (1999 BJS Survey)

- 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

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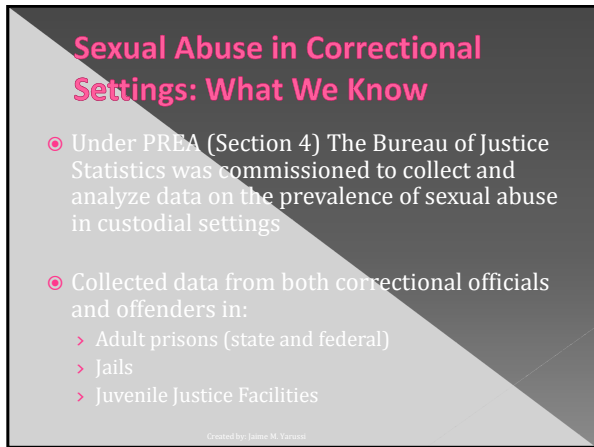
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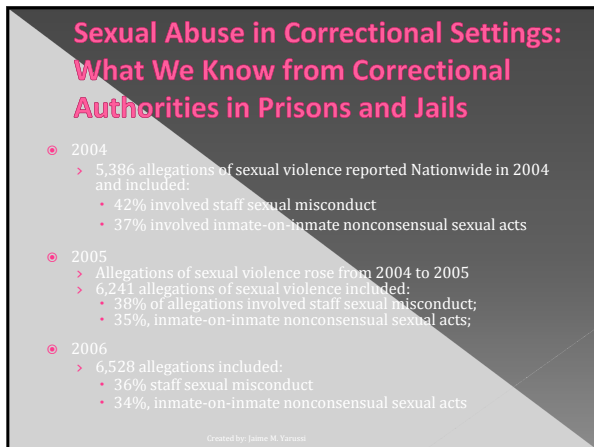
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### Sexual Abuse in Correctional Settings: What We Know from Offenders

- State and Federal Inmates (2007)
  - The estimated number of State and Federal inmates experiencing sexual violence totaled 60,500 (or 4.5% of the Nation's prisoners).
- Jail Inmates (2008)
  - The estimated number of Jail inmates experiencing sexual violence totaled 24,700 (or 3.2% of all jail inmates).

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### Sexual Abuse in Correctional Settings: What We Know from Correctional Authorities in Juvenile Facilities

- 2005-6
  - More than 2,000 allegations of sexual violence reported each year in juvenile facilities
  - 57% of allegations involved youth-on-youth incidents
  - 1 in 5 allegations of sexual violence were substantiated (732 incidents)

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### Sexual Abuse in Correctional Settings: What We Know from Juveniles

- 12% of adjudicated youth reported 1 or more incidents of sexual victimization (in the past 12 months or since admission, if less than 12 months)
  - 2.6% of incidents involved other youth
  - 10.3% of incidents involved staff
- Female-only facilities had the highest rates of youth-on-youth sexual victimization (11.0%); male-only facilities had the highest rates of staff sexual misconduct (11.3%).
- Approximately 95% of all youth reporting staff sexual misconduct said they were victimized by female staff
  - 92% were males reporting activity with female staff
  - 2.5% were males reporting sexual activity with both male and female staff

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### Sexual Abuse in Correctional Settings: What We Know About Washington, DC

- ◉ Adults housed in DC Jail are considered federal inmates so there is no data for DC specifically.
- ◉ We do know anecdotally that there is abuse happening in DC Jail
  - > News articles, people reporting once out of the facility, prosecutions, civil law suits
- ◉ Have more information on youth housed in DC
  - > 11.1% of youth housed at Oak Hill reported sexual violence in 2008-9

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### Who Are Victims

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### Victims Can Be.....

- ◉ Small in stature
- ◉ Young
- ◉ Inexperienced in custodial settings and the inmate code
- ◉ Have a history of abuse
- ◉ Racial and ethnic minorities within prison walls
- ◉ Stigmatized by their status as previous victims
- ◉ Feminine in appearance
- ◉ Sexual Offenders

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**Especially Vulnerable Victims Are:**

- ◉ Children (especially those housed with adults)
- ◉ Developmentally Disabled
- ◉ Mentally ill
- ◉ Hearing Impaired
- ◉ Limited Language Ability
- ◉ Sexual Minorities (LGBTI)
- ◉ Substance Abusers

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**Predators Can Be.....**

- ◉ Likely to be older
- ◉ Have been incarcerated for longer period of time
- ◉ Have street history of a violent offense
- ◉ Physically aggressive, manipulative
- ◉ Masculine in appearance
- ◉ Protected by physical strength, reputation as dangerous
- ◉ Adept at extorting and exploiting victims
- ◉ Members of a gang

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**What Sexual Abuse in Custody Looks Like**

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**Rape Trauma Syndrome in Correctional Settings**

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

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**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)

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**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

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**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

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**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

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**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

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### 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

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### So What? If nothing else.....

- ◉ Almost everyone who is currently incarcerated will live in the community again in the future
- ◉ Sex abuse in custody is a public health issue and has been linked to increased HIV/AIDS numbers in both those who are formerly incarcerated and in African American women in their 20s and 30s.
- ◉ We currently do not know the long term psychological effects of sexual abuse in custody on mental health and stability of those released.

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### Rape Crisis Counseling

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### Ethics: Counseling Survivors in Custody

- Consider the following:
  - Confidentiality
  - Reporting
  - Dual Services
    - Patient Centered Care
    - Criminal Justice Intervention
  - Security and Safety

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### What You Need to Know: Hospital Advocates

- Awareness: Be aware that the person you are advocating for may be in custody
  - The victim may be a man
  - The victim may be in cuffs and/or shackles
  - A correctional officer may push to be in the room during the exam
  - You may not be able to touch the person
  - You may need to leave your personal items outside of the room
  - You may not be able to offer food or drink to the victim after the exam
  - You may need to vouch for the person's whereabouts (if in a community setting)
  - Medical after care may be different
  - May not have phone access to use the hotline
  - You may be dealing with MPD Detectives as well as internal investigators
  - Yourselves: Call your backup or DCRCC Staff if you are uncomfortable or do not feel safe
  - Consider how you are dressed
  - You cannot offer to call anyone for them to let them know how or where they are

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### What You Need to Know: Hotline Counselors

- Awareness: Be aware that the person you are speaking may be or was in custody
  - The caller may be a man
  - You may need to give people informed consent options
  - General tools will not work because there is not as much freedom when suggesting self-care
  - Ask/ be aware of the correctional status of the caller so you can better serve them
  - Yourselves: If you do not feel comfortable counseling this person ask them if there is a call back number or if they would call the office for intake. Contact your backup or DCRCC Staff for advice if you need it.

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### Tools for Hospital Advocates

- ◉ Ask as few questions as possible about the person's status
- ◉ Follow the lead of the SANE Nurse
- ◉ Go with your instinct- advocate for your victim as you would anyone in the community
- ◉ Do not reveal any information about yourself
- ◉ Try to stay on a first name basis
- ◉ Answer questions to the best of your ability- its okay to say you do not know something
- ◉ Do not make promises
- ◉ Acknowledge that although you understand their choices are limited by coming in they did chose to address this abuse and that's a powerful choice

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### Tools for Hospital Advocates

- ◉ Acknowledge that you understand by reporting the abuse they were taking a risk and that you are happy they are there.
- ◉ When talking about safety planning understand that safety may not ever be achieved
- ◉ Be comfortable discussing the stigma associated with sexual abuse
- ◉ Let them know you understand that while the choices they have now are limited there are resources in the community for them once they are released.

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### Tools for Hotline Counselors

- ◉ Don't immediately assume it is a crank call
- ◉ When suggesting self care try things like journaling or reading as opposed to watching TV or taking a walk
- ◉ Do not allow them to be graphic- do not be afraid to terminate the call
- ◉ Avoid saying " I understand", " a lot of people who have been abused feel..."
- ◉ Be aware that feelings of hopelessness, depression and often suicide go hand in hand with sexual abuse in custody

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### Summary

- Most people who are in custody have prior victimization histories which puts them at an increased risk for abuse while in custody
- Know yourself and your values- do what you can
- Be aware of policies and procedures that DCRCC may have governing this population
- These cases will not make up a large part of what you do at DCRCC

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### Questions? Need to Debrief?

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