

Responding to Sexual Abuse of Inmates in Custody: Addressing the Needs of Men, Women, and Gender Nonconforming Populations
Notification of Curriculum Use
April 2014

The enclosed Responding to Sexual Abuse of Inmates in Custody: Addressing the Needs of Men, Women, and Gender Nonconforming Populations curriculum was developed by the Project on Addressing Prison Rape at American University, Washington College of Law 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 Responding to Sexual Abuse of Inmates in Custody: Addressing the Needs of Men, Women, and Gender Nonconforming Populations curriculum being to satisfy specific PREA standards requirements.

It is recommended that the Responding to Sexual Abuse of Inmates in Custody: Addressing the Needs of Men, Women, and Gender Nonconforming Populations curriculum be reviewed in its entirety before choosing which modules to use. Any alterations to the original materials require either acknowledgement during their presentation or removal of the PRC and Project on Addressing Prison Rape logos.

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

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**Training Curriculum:
Responding to Sexual Abuse of Inmates in Custody:
Addressing the Needs of Men, Women and Gender Non-Conforming
Populations**

Module 10: Medical and Mental Health Care

**The Project on Addressing Prison Rape
February 2014**

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Objectives

Review offenders' past history of victimization

Identify medical health services for men and women

Review SART evaluation and evidence collection

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

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

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.

115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

(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.

(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.

(c) The facility shall provide such victims with **medical and mental health services consistent with the community level of care.**

(d) Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

(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.

(f) Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

(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.

(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.



Medical Health Care and Evidence Collection

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.

Role of Health Care Provider

Confidentiality

Reporting

Dual Purpose Services

- Patient Centered
- Criminal Justice

Security and Safety

Immediate Medical Concerns

Primary Survey

- ABC's

Secondary Survey

- Bleeding
- Head Trauma
- Shock
- Genital Trauma

Multidisciplinary Process

Utilizing a multidisciplinary team offers expertise from:

- First responders
- Sexual assault forensic examiners
- Law enforcement representatives
- Victims and advocates
- Prosecutors
- Forensic photographers

SART

Sexual Assault Response Teams

- Comprehensive response to victims of sexual abuse
- Multidisciplinary
- Coordination
- Information sharing

Crisis intervention counseling

- Mental health
- Victim services
- Informed of rights under relevant federal /state crime victims' rights laws

Special Needs

SANE

Evaluation and documentation of event

- History
- Physical Exam
- Body Maps

Diagnostic Testing

Treatment

- Prophylactic treatment for STI's
- Body Fluid Exposure Protocol

SANE

Evidence Collection

- Consent to evaluate and treat
- Consent to release medical information and forensic evidence
- Clothing collection
- Collection of head and pubic hairs
- Oral swabs for victim DNA or perpetrator DNA
- Vaginal/rectal swabs and smears

Chain of Custody

Confidentiality

Guidance on reporting obligations

- Health Insurance Portability and Accountability Act of 1996 (HIPPA)
- State Laws
- Health Organizations Professional Codes of Ethics
- Correctional Institution Policies and Procedures

Confidentiality

Confidentiality is not applicable when there is potential for harm to the victim or others

Communicable diseases must be reported according to applicable laws

May need to be modified to further protect the victim, or other innocent parties

Implications for Public Health

Spread of infectious disease

- HIV/AIDS
- Hepatitis
- Syphilis
- Gonorrhea
- Chlamydia

Increase health care costs for medical and mental health

Dual Purpose of the Exam: Patient Centered

Evaluate and treat injuries

Conduct prompt examinations

Provide support and counseling

Prophylaxis against STD's

Assess women for pregnancy risk and discuss options

Provide medical / mental health follow-up

Dual Purpose of the Exam: Criminal Justice

Obtain a history of the abuse

Document exam findings

Properly collect, handle, and analyze data

Interpret and analyze findings (post-exam)

Present findings and provide expert opinion related to exam/evidence

Patient Centered Care

Ensures patient privacy

Provides a safe environment and acknowledges safety concerns

Accommodates victims request for family or friend to be with them

Respects patient's request for providers of a specific gender

Integrates exam procedures

Involves victim services and law enforcement

Components of Forensic Medical Exam

Consents

Sexual abuse history

- Standardized forms

Physical exam

- Body maps
- Standardized colposcopy

Treatment plan

- Prophylactic treatment for STI
- Post-coital contraception
- Medical and mental health follow-up

Forensic Evidence Collection

Forensic evidence collection is challenging

Technological advances contribute to documentation of objective findings

Prosecution rests on objective data

Timing of Evidence Collection

Examine patient ASAP to minimize the loss of evidence

96-120 hr. limit for obtaining forensic evidence

- Not absolute

May collect up to 5-7 days following abuse

Evidence Kits

Evidence kits should contain:

- Instruction checklist
- Forms
- Materials for collecting and preserving evidence

Evidence Collection

Collect the evidence from patients as guided by the forensic history, physical exam, and evidence collection kit instructions

Reduce potential contamination

Distinguish patient's DNA from suspect's DNA

Evidence Collection

Oral swabs

Swabs obtained from anal, cervix, and vaginal areas

Body fluids found on other areas

Pubic and head hairs

Debris

Toxicology specimens

Preservation of Evidence

Follow jurisdictional policies

- Drying
- Packaging
- Labeling
- Sealing
- Secure storage sites
- Law enforcement should transfer evidence to crime laboratory

MAINTAIN CHAIN OF CUSTODY

Treatment

Follow CDC recommendations for treatment of:

- Syphilis
- Chlamydia
- Gonorrhea
- Trichomonas
- Bacterial Vaginosis
- Hepatitis B
- HIV post-exposure therapy

Long Term Health Care Issues

HIV/AIDS

Hepatitis B and/ or C

STI

Pregnancy

Suicidal thoughts / actions

Follow Up Examinations

Detect new infections

Complete hepatitis B immunizations

Complete counseling and treatment for other STI's

Opportunity to monitor compliance with previous treatments

Repeat Syphilis, HIV 6 weeks and 3 months

Special Concerns in a Correctional Setting

Does reporting deter inmates from seeking help?

What happens when reporting does more harm than good?

Impact of Sexual Abuse

On inmates

- STI's
- HIV/AIDS
- Hepatitis B and / or C
- Substance Abuse
- Suicide
- Post traumatic syndrome
- May become perpetrators to regain control

Impact of Sexual Abuse

On Staff

- Display of unmanageable anger or hostility by inmates
- Secondary trauma
- Communicable disease transmission
- Guilt
- Powerless/helpless

IMMEDIATE AND ONGOING MENTAL HEALTH CARE

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.

115.81: Medical and mental health screenings; history of sexual abuse

(d) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be **strictly limited to medical and mental health practitioners and other staff, as necessary**, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

(e) Medical and mental health practitioners shall obtain **informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting**, unless the inmate is under the age of 18.

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 Abuse: 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 Abuse: 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 Abuse: 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 Abuse: 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 abuse-- to an unnatural or extreme event

Four Phases

- Acute Crisis Phase
- Outward Adjustment Phase
- Integration Phase
- Reactivation

Acute Crisis Phase

Occurs right after the abuse

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 abuse and after become one and the survivor accepts the abuse

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 abuse situations

No control over environment

Continuous contact with abuser

Triggers may cause anger or violent reactions

Impact of Victimization in the Correctional Setting: Male Victims

Connection between sexual/ physical victimization and aggressive and 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 abuse 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 abuse 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

Summary

Build relationships with community partners

Lobby state and local legislative bodies for funding for victim centered care for inmates

Ongoing training for offenders and staff– ongoing

Victim-centered approach to allegations