

**Specialized Training: PREA Medical and Mental Care Standards
Notification of Curriculum Utilization
December 2013**

The enclosed *Specialized Training: PREA Medical and Mental Care Standards* curriculum was developed by the National Commission on Correctional Health Care (NCCHC) 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 PREA standards served as the basis for the curriculum's content and development with the goal of the *Specialized Training: PREA Medical and Mental Care Standards* curriculum to satisfy specific PREA standard requirements.

It is recommended that the *Specialized Training: PREA Medical and Mental Care Standards* curriculum be reviewed in its entirety before choosing which modules to use. Any alterations to the original materials must be acknowledged during their presentation or requires removal of the PRC and NCCHC logos.

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

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



MODULE 1: Detecting and Assessing Signs of Sexual Abuse and Harassment

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.

Module Objectives

At the end of the module, trainees will be able to:

1. Identify the dynamics and profile of sexual abuse in prisons and how it is defined in the Prison Rape Elimination Act (PREA)
2. Detect signs and symptoms of both acute and prior sexual abuse
3. Summarize the short and long term effects of trauma on the brain
4. Describe considerations for the development of intake screening tool requirement in PREA
5. Recognize the health care provider's role in the screening process



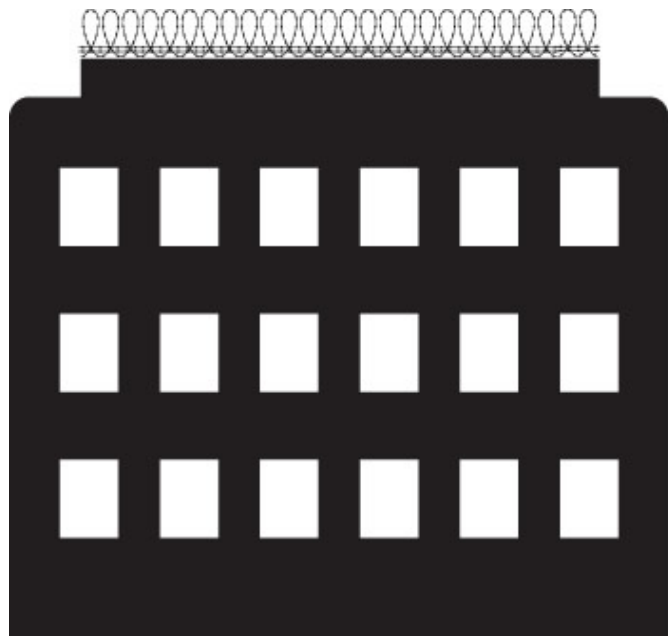
Survivor Stories

[JDI Video](#)



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Prevalence of Sexual Abuse in Prisons



1 IN 10

FORMER ADULT STATE INMATES REPORTED
BEING SEXUALLY ABUSED WHILE IN DETENTION



Infographic developed by Just Detention International.

Source: Bureau of Justice Statistics, "Sexual Victimization Reported By Former State Prisoners, 2008," May 12, 2012.

(Approximately 9.6% of former state prisoners reported one or more incidents of sexual abuse during the most recent period of incarceration in a jail, prison, or post-release community-treatment facility.)



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Prevalence of Sexual Abuse in Prisons

The Bureau of Justice Statistics data from the National Inmate Survey from 2011 – 2012 showed:

- 4.0% of prison inmates and 3.2% of jail inmates reported experiencing one or more incidents of sexual victimization.

The estimated numbers of inmates sexual victimized from 2011-2012 are:

- Adult Prisons – 57,900
- Adult Jails – 22,700
- Youth Facilities – 1,720

- **TOTAL – 82,320**



Prevalence of Sexual Abuse in Prisons

STUDY SHOWS NEARLY EQUIVALENT RATES
OF ABUSE BY STAFF AND OTHER INMATES



Infographic developed by Just Detention International.

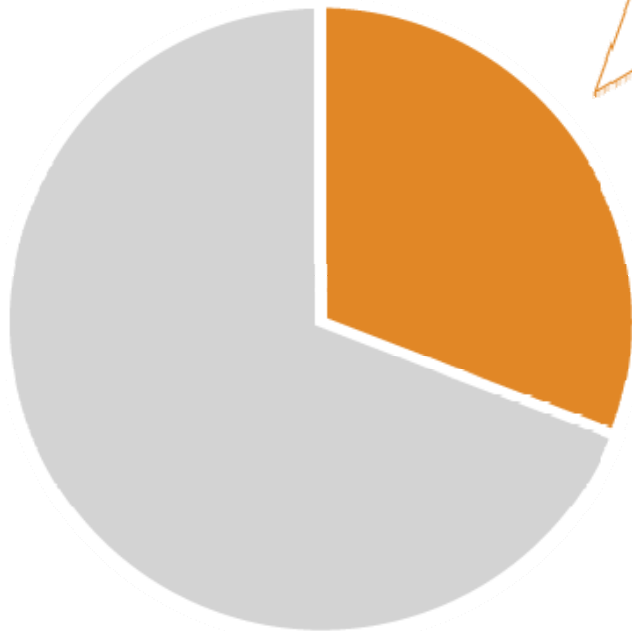
Source: Bureau of Justice Statistics, "Sexual Victimization Reported By Former State Prisoners, 2008," May 12, 2012.



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Prevalence of Sexual Abuse in Prisons

31% OF INMATES REPORTING ABUSE WERE VICTIMIZED **THREE OR MORE TIMES**

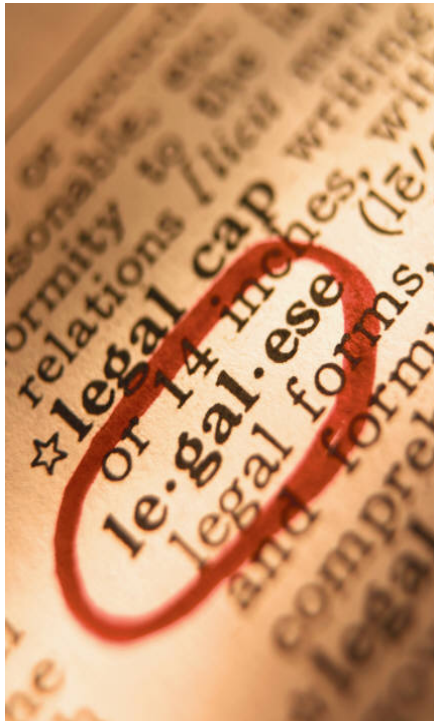


Infographic developed by Just Detention International.

Source: Bureau of Justice Statistics, "Sexual Victimization Reported By Former State Prisoners, 2008," May 12, 2012.

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Definitions Related to Sexual Abuse In PREA



The Basics of Sexual Abuse

Sexual abuse is any form of unwanted sexual behavior.

This includes situations where the victim is unable to meaningfully consent to sexual contact.



Definitions Related to Sexual Abuse (§115.6)

*Sexual abuse of an inmate **by another inmate** includes any of the following acts, if the victim **does not consent**:*

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



Definitions Related to Sexual Abuse (§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



Definitions Related to Sexual Abuse (§115.6)

Sexual Harassment

1. **Repeated and unwelcome** sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature **by one inmate**, detainee, or resident directed **toward another**.
2. **Repeated** verbal comments or gestures of a sexual nature to an inmate, detainee, or resident **by a staff member, contractor, or volunteer**, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.



Detection of Victimization



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Who is Targeted?

- People who identify as LGBTQI
- People who are younger
- People with Disabilities
(includes mental health, developmental/intellectual, physical)
- People who are bi-racial or multi-racial
- People who have been victims of previous sexual abuse



Who is Targeted?

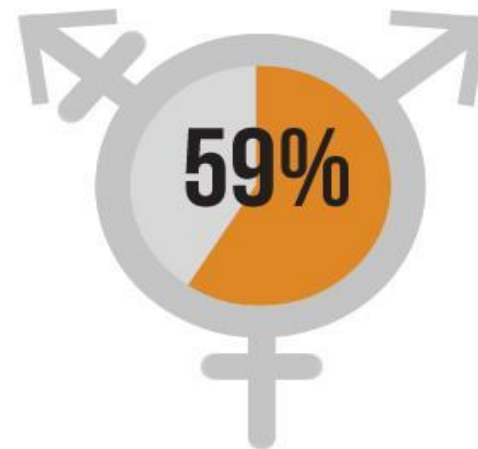
MORE THAN **1 IN 3**
GAY AND BISEXUAL MEN
WERE SEXUALLY ABUSED
WHILE IN CUSTODY



Source: Bureau of Justice Statistics, "Sexual Victimization Reported By Former State Prisoners, 2008," May 12, 2012.



In California state prisons:



OF TRANSGENDER INMATES
REPORTED SEXUAL ABUSE

compared to 4% of other inmates

Source: Jenness, Valerie, Cheryl Maxson, Kristy Matsuda, and Jennifer Sumner. "Violence in California Correctional Facilities: An Empirical Examination of Sexual Assault," 2007.

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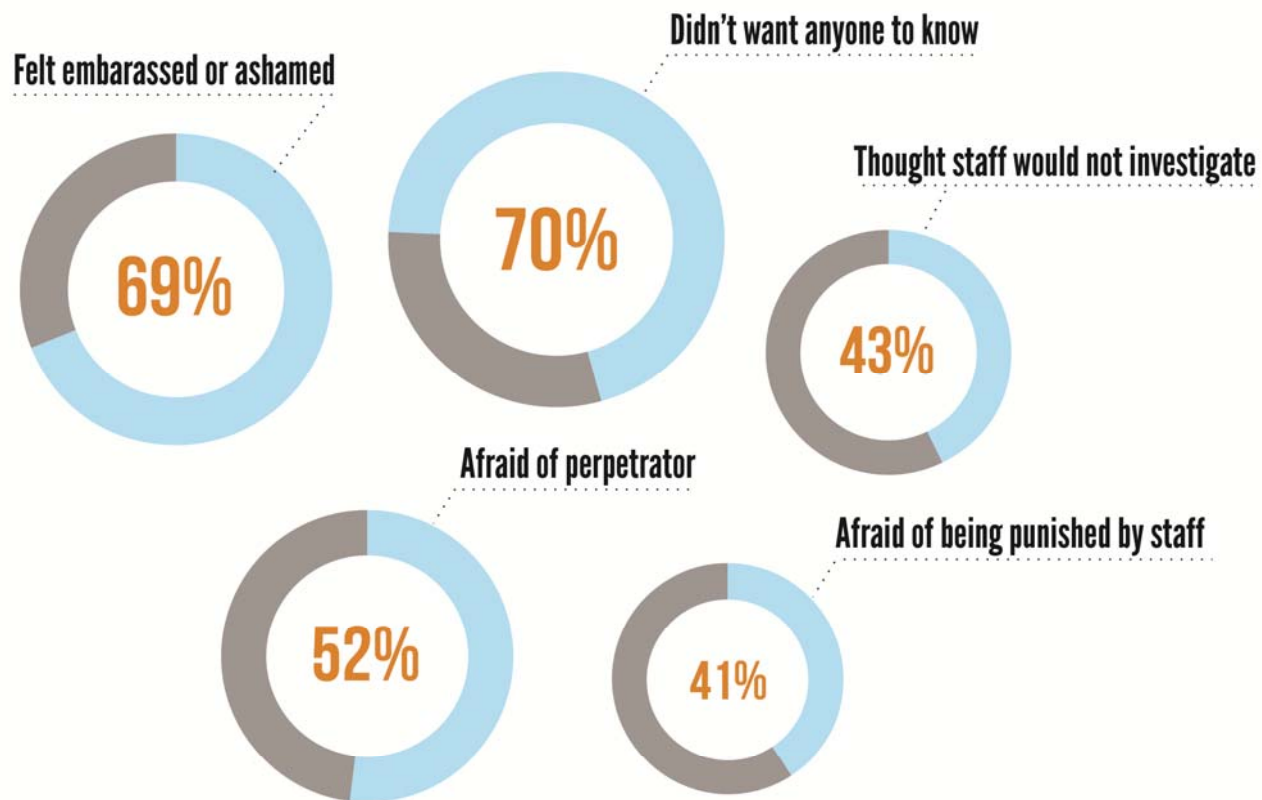
Barriers to Reporting

What are some of the reasons that a sexual abuse victim in a prison, jail, or community confinement setting might not report the abuse?

- A. Feeling embarrassed or ashamed
- B. Lack of knowledge about how to report
- C. Afraid of being written up for misconduct
- D. Fear of retaliation by inmates and/or staff
- E. Fear of not being believed
- F. All of the above



Barriers to Reporting



Infographic developed by Just Detention International.
Source: Bureau of Justice Statistics, "Sexual Victimization Reported By Former State Prisoners, 2008," May 12, 2012.

Physical Indicators and Potential Responses to Sexual Abuse



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Possible Physical Indicators of Victimization

- Sexually transmitted infections
- Unexplained pregnancies
- Stomach/abdominal pain
- Anal/penile/vaginal discharge, bleeding, or pain
- Difficulty walking/sitting
- Unexplained injury



Potential Responses to Victimization-Acute

- Acting Out/Acting in
- Anger
- Anxiety
- Depression
- Difficulty with daily routines
- Difficultly concentrating
- Disbelief
- Fear
- Numbness
- Suicidal Thoughts



Impact of Incarceration on Survivors

- Little control over body/environment
- Punishment/isolation
- Limited access to services
- Family & support system not available
- Retaliation
- Ongoing contact with perpetrator(s)
- Increased likelihood of re-victimization
- Environment not conducive to expressing emotions



Potential Responses to Victimization-Long Term

- Flashbacks/nightmares
- Mood swings
- Social withdrawal
- Sudden and unexplained changes in behavior/personality
- PTSD



DSM Criteria for PTSD

Criterion A: Stressor

Criterion B: Intrusion Symptoms

Criterion C: Avoidance

Criterion D: Negative alterations in cognitions and mood

Criterion E: Alterations in arousal and reactivity

Criterion F: Duration

Criterion G: Functional significance

Criterion H: Exclusion



Potential Responses to Victimization-Long Term

Victims of 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



Responses to Victimization

How Trauma Changes the Brain



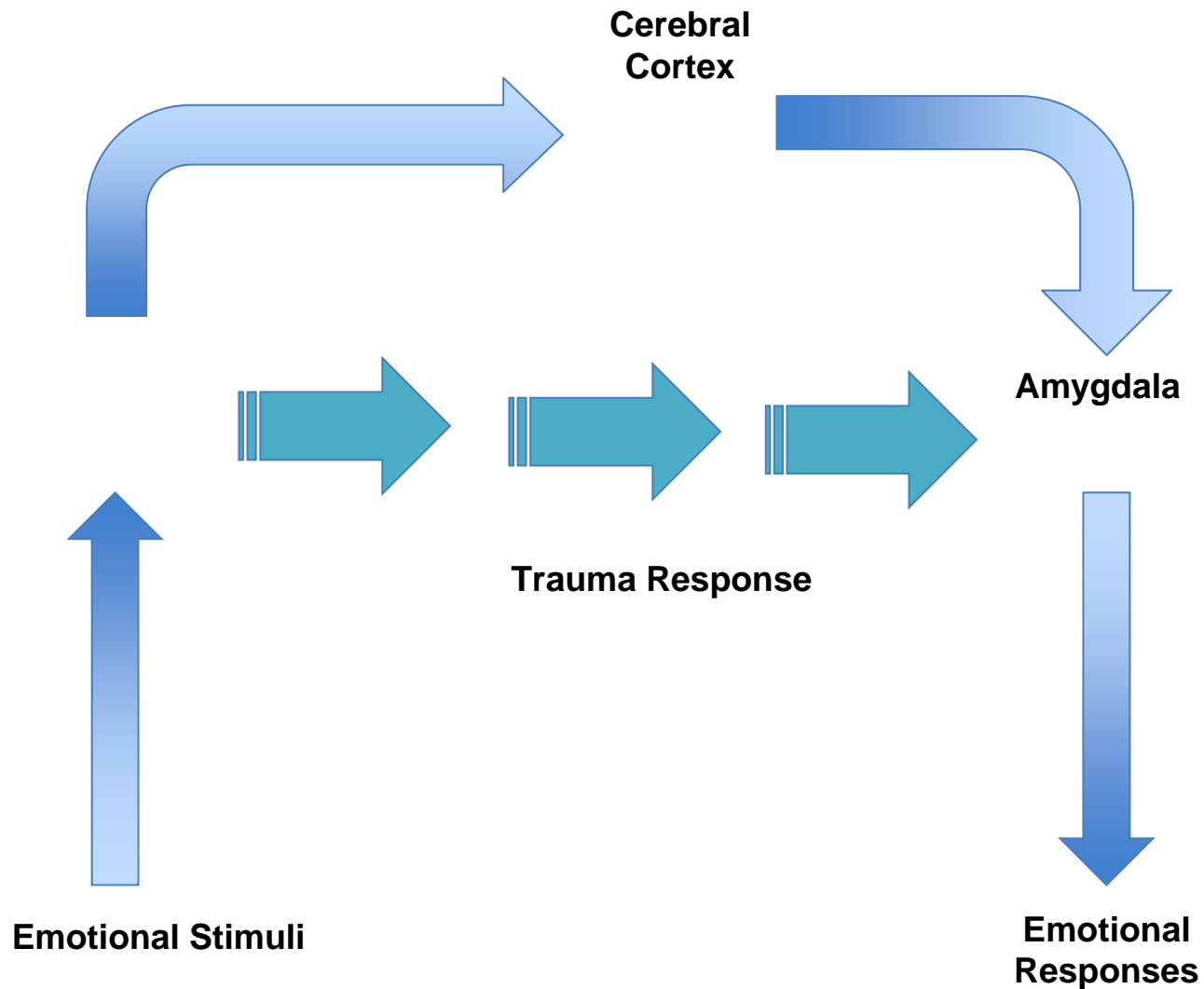
Traumatic Events and the Brain



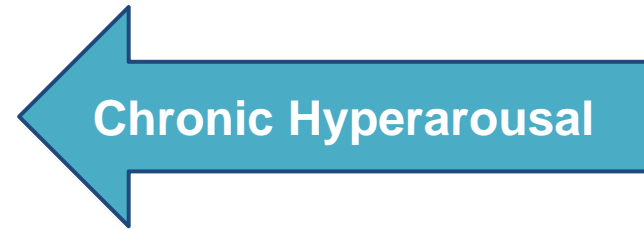
- Adrenalin
- Cortisol (steroid hormone)
- Beta-endorphins (numbing agent)



Traumatic Events and the Brain



Traumatic Events and the Brain

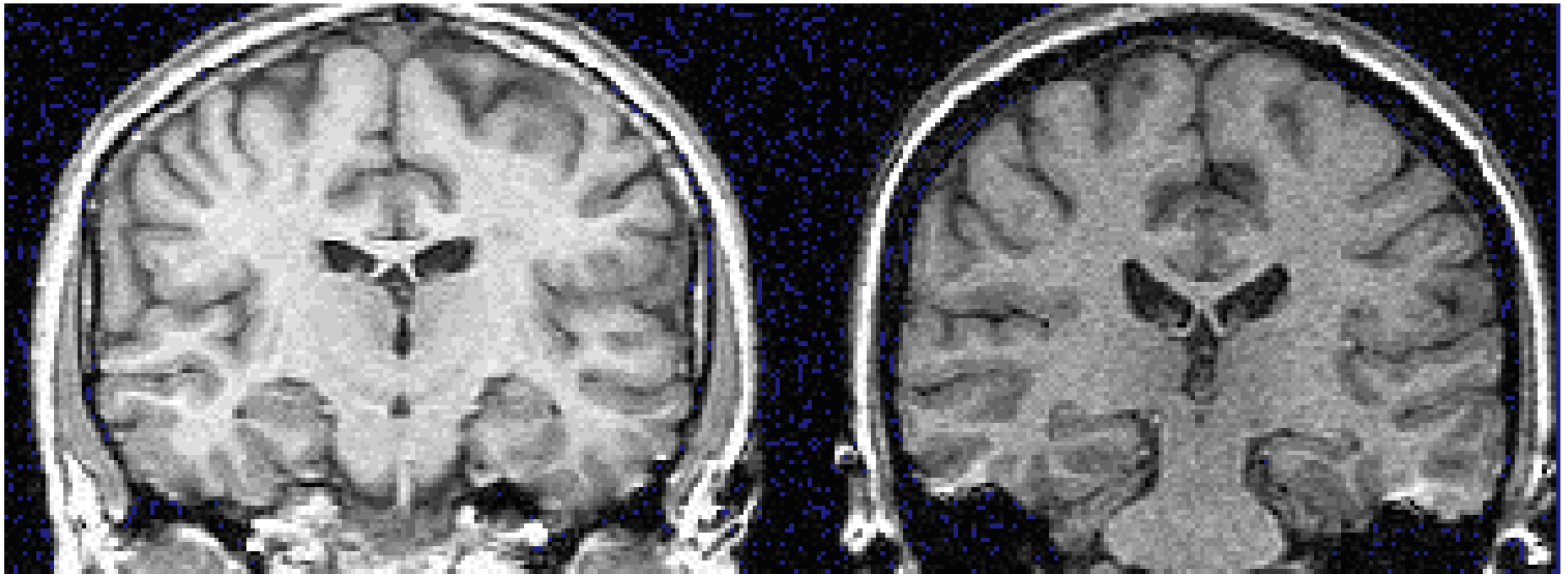


- Hypervigilance
- Massive release of neurohormones
- Action without thought
- Unable to calm down
- Intense/prolonged anxiety
- Irritable/aggressive/impulsive



Traumatic Events and the Brain

(Douglas Bremner, MD, Emory University School of Medicine)



NORMAL

PTSD



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Assessment and Screening Requirements



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Screening for Risk of Victimization (115.41)

Screening for risk of victimization and abusiveness

All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.



Screening for Risk of Victimization (§ 115.41)

- (1) Whether the inmate has a mental, physical, or developmental disability;
- (2) The age of the inmate;
- (3) The physical build of the inmate;
- (4) Whether the inmate has previously been incarcerated;
- (5) Whether the inmate's criminal history is exclusively nonviolent;
- (6) Whether the inmate has prior convictions for sex offenses against an adult or child;



Screening for Risk of Victimization (§ 115.41)

(7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

(8) Whether the inmate has previously experienced sexual victimization;

(9) The inmate's own perception of vulnerability; and

(10) Whether the inmate is detained solely for civil immigration purposes.



Definitions

- LGBTI
- Gay
- Lesbian
- Bisexual
- Transgender
- Intersex
- Gender Identity
- Gender Nonconforming
- Heterosexual
- Homosexual



Use of Screening Information (§115.42)

The agency shall use information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.



Use of Screening Information (§115.42)

The agency shall make individualized determinations about how to ensure the safety of each inmate.



Protective Custody (§115.43)

Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.



Medical and Mental Health Screenings (§115.81)

If the screening pursuant to §115.41 indicates that a prison inmate has:

- experienced prior sexual victimization and/or
- 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 medical or mental health practitioner within 14 days of the intake screening*



Medical and Mental Health Screenings (§115.81)

(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.

