Creating a Safe Space:
PREA and Victim Services in Community Confinement
July 18, 2013

Introduction and Welcome

is a nonprofit health and human rights organization that seeks to end sexual violence in all forms of detention.

PREA Resource Center

National PREA Resource Center (PRC)

PRC was established through a cooperative agreement between the Bureau of Justice Assistance and NCCD. The mission of the PRC is to assist adult prisons and jails, juvenile facilities, lockups, community corrections, and tribal facilities in their efforts to eliminate sexual abuse by increasing their capacity for prevention, detection, monitoring, responses to incidents, and services to victims and their families.

Notice of Federal Funding and Federal Disclaimer

This project was supported by Grant No. 2010-RB-AX-K001 awarded by the Bureau of Justice Assistance. Points of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.

Today’s Moderator

Carolina Aparicio
Communications Officer
Just Detention International

Webinar Agenda

I. Call to Action
II. Overview of PREA Victim Services Standards in Community Confinement Facilities
III. Prevalence and Dynamics of Sexual Abuse in Detention
IV. Lessons from the Field: Alvis House’s PREA Protocol
V. Survivor Story
VI. Policy in Action
VII. Questions and Answers

Webinar Information

• Use the questions box to ask a question
• An archive of this webinar will be posted on the PREA Resource Center website: www.prearesourcecenter.org

Logistics

Webinar Information

How to ask a question
Call to Action

Who We Are: Alvis House

What is Alvis House?

- Human services organization
- Denise M. Robinson, President/CEO
- Specializes in Community Corrections programs
- Five Ohio cities (Columbus, Chillicothe, Dayton, Lima, Toledo)
- 23 residential & nonresidential facilities, serving 460 clients daily, approx. 7,000 annually

Ramona Swayne
Vice President of Operations and PREA Coordinator
Alvis House, Columbus, Ohio

Call to Action

Lesson’s Learned

- Para-military vs. therapeutic
- Train, Train, Train!
- Buy-in from top to bottom
PREA Standards on Victim Services in Community Confinement Facilities

Gwyn Smith-Downes
Senior Program Director
Just Detention International

PREA Standards on Victim Services in Community Confinement Facilities

PREA-compliant victim services programs include:

- Immediate steps when resident is at substantial risk of imminent sexual abuse (§115.262)
- An institutional coordinated response plan (§115.265)
- Formal agreements with victim advocates & outside confidential support service providers (§115.253)
- Use of uniform evidence protocol that maximizes potential for collecting usable physical evidence (§115.221)*


PREA Standards on Victim Services in Community Confinement Facilities

Community Confinement Facilities must offer these services to victimized residents:

- Provision of emergency medical and mental health care and forensic evidence collection, as appropriate (§115.221, §115.282, §115.283)
  - Preventive measures (§115.282, §115.283)
  - Forensic evidence collection (§115.221)
  - Accompaniment by victim advocate (§115.221(d))

PREA Standards on Victim Services in Community Confinement Facilities

Community confinement facilities must ensure:

- Sexual abuse incident reviews (§115.286)
- Protection of staff & residents from retaliation for reporting sexual abuse and harassment, or cooperating with investigations (§115.627)

PREA Standards on Victim Services in Community Confinement Facilities

Prevalence, Dynamics, and Impact

Cynthia Totten, Esq.
Senior Program Director
Just Detention International

Definitions Related to Sexual Abuse (§115.6)

Sexual abuse of a resident by another resident includes any of the following acts, if the victim does not consent, is coerced into such act, or is unable to consent or refuse:

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 a resident 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

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 resident directed toward another.
2. Repeated verbal comments or gestures of a sexual nature to a 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.

Prevalence of Sexual Abuse of Prison and Jail Inmates

1 in 10 former adult state inmates reported being sexually abused while in detention

1 in 5 male inmates reporting sexual abuse by another inmate were abused within the first 24 hours

1 in 3 male inmates reporting sexual abuse by staff were abused within the first 24 hours

Incidence of Sexual Abuse in Community-Based Facilities

An average of 1.5% former state prisoners who served time in a community-based treatment facility or halfway house reported being sexually abused by staff or another resident
Incidence of Sexual Abuse in Community-Based Facilities

Vulnerable Inmates

What groups are most likely to be targeted for sexual abuse?

Please submit your answers in the questions box.

Lesbian, Gay, Bisexual, and Transgender (LGBT) Inmates

1 in 12 jail inmates who identify as LGBT or other were sexually abused by another inmate.

1 in 8 prisoners who identify as LGBT or other were sexually abused by another inmate.

Inmates with Mental Illness

Rates of Mental Illness

In federal and state prisons, inmates with serious psychological distress are 9 times more likely to be sexually abused by another inmate than those with no indication of mental illness.

PREA Protocol & Client Care: Alvis House

Protocol Design: Alvis House

- PREA is Not PREA
- Pave a Road; Don’t build a Tower
- Policies & Procedures + Help

Susan Dalton-Miller, LICSW
Clinical Trainer
Alvis House

Ramona Swayne
Vice President of Operations and PREA Coordinator
Alvis House
CAT (Client Assistance Team)
- Clinical Staff
- Responds to other types of Crises
- Oversight of cognitive-based client programming

SART (Sexual Abuse Response Team)
- Incident Review
- Document Management
- Policy Review

Client Care: Alvis House

ASSESSMENT

Common Reactions to Sexual Abuse
- Physical: sudden sweating, pain, nausea, headaches, change in sleep
- Behavioral: panic attacks, eating disorders, self-mutilation, exaggerated feelings, increased violence and aggression

Effects of Sexual Abuse
- Post Traumatic Stress Disorder (PTSD)
- Rape Trauma Syndrome (RTS)
- Anxiety / Depression
- Suicidal Tendencies
- Contract HIV / AIDS, TB, Hepatitis B and C

Post Traumatic Stress Disorder (PTSD)
- Avoidance (voluntarily forgets, restricts activities, substance use)
- Arousal (startle reflex, irritability, sleep disturbance)
- Intrusion (flashbacks, nightmares, re-enact trauma)
- Chronic anxiety, depression
- Intense helplessness or fear
Environmental Triggers of PTSD

- Loud noises and bright lights
- Yelling and emotional outbursts
- Loss of control
- Threat of physical/sexual harm
- Lack of personal space

Rape Trauma Syndrome (RTS)

- Form of PTSD found by studying rape victims
- Symptoms during the Acute Phase can include:
  - Numbness, vomiting, paralyzing anxiety, obsession to clean self, bewilderment, diminished alertness, acute sensitivity to other’s reactions, disorganized thought content

- Longer term, possible RTS reactions include:
  - Minimization, dramatization, or suppression, or flight (move away from city or change identity)
  - Symptoms: startle response, persistent fears (phobias), depression, mood swings, extreme anger and hostility, sleep disturbance (nightmares), flashbacks, panic attacks, drug and alcohol abuse

Client Care: Alvis House

Referrals
Community-based resources

Survivor Account: Michael
Policy in Practice: Staff First Responder Duties

A written institutional response plan is key to responding to incidents of sexual abuse.

First Responder Duties (§115.264):
1. Immediately separate victim from suspect(s)
2. Preserve the crime scene
3. Request victim not take any action that could destroy evidence
4. Disclose information on “need-to-know” basis

Policy in Practice: Access to Emergency Medical and Mental Health Services

- Access to ER medical care and crisis intervention services (§115.282)
- Victim not required to cooperate in investigation or name the perpetrator(s) (§115.282)
- Care is free of charge (§115.282)
- Access to victim advocate (§115.221)

Policy in Practice: At the Hospital

- Forensic evidence collection (§115.221)
- Investigatory interviews (§115.221) with an advocate present
- Treatment of injuries (§115.282)
- HIV and STI care (§115.282)
- Crisis counseling (§115.282)

Available Resources

Where can I get help?
- National PREA Resource Center (www.prearesourceregnet.org)
- International Community Confinement Association (http://www.iccalive.org/icca/)
- American Probation and Parole Association (http://www.appa-net.org/eweb/)
- Alvis House (http://www.alvishouse.org/prea.html)
  - Ramona Swayne: ramona.swayne@alvishouse.org
  - Susan Dalton-Miller: susan.dalton-miller@alvishouse.org
- Just Detention International (www.justdetention.org)

Questions and Answers
For More Information

For more information about the National PREA Resource Center, visit www.prearesourcecenter.org. Direct questions to info@prearesourcecenter.org.

Michela Bowman
PRC Co-Director
mbowman@nccdglobal.org

Jenni Trovillion
PRC Co-Director
jtrovillion@nccdglobal.org

Tara Graham
Sr. Program Specialist	tgraham@nccdglobal.org

For more information about Just Detention International, visit www.justdetention.org. Direct questions to info@justdetention.org.

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Thank you for joining us today!

Evaluation

We would like to ask you to please complete a brief evaluation. Your feedback is extremely important to us.

Here is a link to the evaluation. We will also email it to you shortly.


Please forward it to others who may have joined you.

THANK YOU!