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

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<td>47%</td>
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Developed by the NIC/WCL Project under NIC Cooperative Agreement #06S20GJJ1
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
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