

Building Partnerships Between Rape Crisis Centers and Correctional Facilities To Implement the PREA Victim Services Standards

With the 2012 U.S. Department of Justice's (DOJ) release of its Prison Rape Elimination Act (PREA) standards, correctional facilities are now required to institute a comprehensive approach to preventing and addressing sexual assault.¹ The PREA standards speak to sexual assault among individuals housed in correctional facilities as well as sexual assault perpetrated by correctional staff (employees, contractors, and volunteers) against individuals housed in these facilities.² Two specific provisions of the standards speak to giving sexual assault victims in corrections access to a range of victim services. Specifically, correctional facilities are to:

- During the sexual assault medical forensic examination and investigatory interviews, make available to victims a victim advocate from a rape crisis center (if available) for emotional support, crisis intervention, information, and referrals, as needed.³
- Give individuals housed in correctional facilities access to outside victim advocates for emotional support services related to sexual assault by providing the advocacy organization's mailing addresses and phone numbers. Enable reasonable communication between victims and advocates, in as confidential a manner as possible.⁴

While these standards do offer some specificity about what victim services to offer to individuals who report sexual assault in corrections settings, they do not fully delineate how correctional facilities should partner with rape crisis centers or how services should be implemented. A March 2013 forum, sponsored by the Office for Victims of Crime (OVC) and Office on Violence Against Women (OVW), was held with the intent of further defining partnering and implementation issues and determining what guidance would be useful.⁵ To that end, forum discussions focused on how correctional facilities and rape crisis centers could engage with one another to implement the PREA victim services standards. Also considered was how national and state organizations could help build the capacity of rape crisis centers and correctional facilities to work together to support a "victim-centered" approach to standard implementation.

This report summarizes key issues and suggestions raised during the forum. It also incorporates some information gathered for the *Forum White Paper* (see *Appendix 2*) and feedback from a pre-meeting survey of sexual assault victim advocates and corrections administrators (see *Appendix 3* and *Appendix 4*).

¹ What the sexual assault victim advocacy field generally refers to as sexual assault is called sexual abuse in the PREA standards.

² The PREA standards and the corrections field refer to sexual assault perpetrated by correctional staff against individuals housed in correctional facilities as sexual misconduct.

³ 28 CFR § 115.21, 115.121, 115.221 and 115.321.

⁴ 28 C.F.R. § 115.53, 115.253 and 115.353. Note that lockups are excluded from this standard.

⁵ Approximately 25 individuals participated in the forum. They included: national, state, and local sexual assault victim advocates; federal, state, and county corrections administrators/staff and PREA coordinators; corrections-based victim service providers; representatives from two OVC discretionary grant projects focusing on implementation of the PREA victim services standards and from the National Center for Youth in Custody; and a representative from the National PREA Resource Center. Also participating were representatives from several DOJ offices (Bureau of Prisons, Bureau of Justice Assistance, Office of Civil Rights, and Office of Juvenile Justice and Delinquency Prevention), in addition to those from OVC and OVW.

A. FRAMING THE ISSUES AND CHALLENGES

What do rape crisis centers and correctional facilities “need to know” as they begin to partner to implement PREA victim services standards? What are the related challenges?

Framing the issues and challenges for those involved in planning and implementation of the PREA victim services standards can help them enter this work with a shared understanding of the goals and tasks at hand, the nature of the partnerships they will need to forge, the challenges, and value of training. Having such a frame of reference might facilitate greater goodwill among partners, lessen resistance to collaboration, and avoid false assumptions. Statements that help begin to frame the issues and challenges are categorized below into several broad themes.

PREA victim services standards present a new/challenging opportunity for rape crisis centers.

- **The PREA standards place no requirements on rape crisis centers.**
- **The PREA standards offer an opportunity for rape crisis centers to partner with corrections facilities to reach out to a profoundly underserved victim population.**
- **There are different types of correctional facilities and systems. National corrections organizations provide support and guidance for correctional facilities and systems.** (See *Appendix 2: Forum White Paper*, pp. 24–26.)
- **A victim-centered approach to sexual assault is a new concept for most correctional facilities, as is the necessity for coordination with local rape crisis centers. It will take time to make the shift.** (See *Appendix 2: Forum White Paper*, pp. 28–29, for more discussion on a victim-centered approach.)
- **Providing access to victim services is just one piece of PREA standards implementation for correctional facility administrators, albeit an important one.**

PREA victim services standards present a new/challenging mandate for correctional facilities.

- **The focus of PREA sexual assault response standards is on individuals held in a corrections setting who have been assaulted while serving their sentences.**
- **There are different types of rape crisis centers and a range of victim services.** State and national victim advocacy and resource organizations can provide support and guidance to rape crisis centers. (See pp. 29–31 of *Appendix 2: Forum White Paper*.)
- **The PREA coordinator in a correctional facility or system can be instrumental** in bringing together correctional facilities and rape crisis centers.
- **Rather than make assumptions about what a rape crisis center can and cannot do, corrections agencies can respectfully ask the center director about its capacity, expertise, and any concerns she/he has about working with victims in corrections.** If the center lacks capacity to fully serve this population, it may be able to offer some basic services, expanding over time and/or with funding, resources, and training.
- **Rape crisis centers typically deal with a variety of types of sexual victimization, victim populations, and processes for seeking legal and non-legal remedies, as well as collaborating with different agencies and systems.** While working with correctional facilities and systems to serve victims in corrections may be new to many rape crisis centers, most are skilled to some degree at tailoring their services as necessary to address specific needs. This tailoring usually involves developing partnerships, assessing needs, seeking resources to build their capacity to do the work, and training staff (paid and volunteer).
- **Rape crisis centers should not be confused with the outside agencies referred to in the PREA standards (28**

C.F.R. § 115.51, 115.151, 115.251, and 115.351) whose role it is to accept reports of sexual assault in corrections and then forward those reports onto the correctional facility.

- By doing PREA “right,” corrections administrators can improve the overall operations of their facilities (e.g., by making their physical plant more secure in general among other things.)

There are challenges specific to facilitating partnerships between rape crisis centers and correctional facilities and providing those housed in these facilities access to victim services.

Lack of resources and capacity of rape crisis centers and correctional facilities to build partnerships and facilitate effective response to sexual assault in corrections.

- Lack of **funding** to support victim services/coordination with corrections (compensation and staffing), related training (including covering overtime pay for training or physically getting people to training), policy development, and partnerships.
- Lack of **staff resources** to partner to develop and implement victim services in corrections. The staff and leadership turnover that both corrections and rape crisis centers experience can adversely affect these efforts.
- Lack of **policies** to support effective response to sexual assault in corrections. Lack of **training and information sharing** necessary to support policy implementation. Lack of **guidance** of how response should vary in specific situations with victims in corrections and in different correctional settings.
 - **Rape Crisis Centers**
 - Many have not considered how to tailor their response to sexual assault for victims in corrections, nor how response might vary depending on type of correctional facility.
 - There is a lack of guidance regarding advocate safety when working with victims in corrections.
 - Many advocates are unfamiliar with/lack training on correctional facility operations, PREA, the dynamics of sexual assault in corrections, and with issues facing victims in corrections.
 - There may be no local/regional rape crisis center available to a correctional facility.
 - **Correctional Facilities and Systems**
 - Many lack consistent policy on response to sexual abuse that occurs in their facilities. Where these policies exist, they are often not victim-centered/trauma-informed.
 - Many corrections staff are unfamiliar with/lack training on the dynamics of sexual assault in corrections, and how to respond to a report of sexual assault in a trauma-informed manner while maintaining facility security/safety.
 - Many corrections staff are unfamiliar with different types of victim services, rape crisis centers and how they operate, and how to connect victims with advocates.

Logistical barriers and complications in implementing the PREA victim services standards

- Technical challenges such as setting up a mechanism to allow a confidential phone call from a detention center.
- Obstacles associated with governmental/organizational bureaucracy.
- Considerable time and effort is necessary to create, get approval for, and implement partnerships, policies, services, training, information sharing outlets, etc. People can lose interest and motivation over time.

Resistance to partnering due to misunderstanding, fear of loss of control, funding or reputation, etc.

- Lack of guidance on **utilizing a SART to facilitate response to sexual assault in corrections.**

- Providing sexual assault victims in corrections **access to confidential communications with advocates.**

- **Areas of ambiguity in the PREA victim services standards and questions regarding best practices in responding to various scenarios of sexual assault.**

There are important considerations when planning training content and activities.

- The cultures of corrections and victim advocacy are different. **Making an effort to understand each culture is a step in determining how to best work together to implement the PREA victim services standards.** For example, on corrections culture: corrections staff in secure settings tend to be uncomfortable with outsiders coming into their facilities, as they pose risks to their mission to maintain institutional order. Cross-training, including instructing advocates on how to appropriately enter and exit the correctional facility, can help lessen corrections staff concerns about rape crisis center advocates being outsiders not to be trusted.
- There is a **need to identify and challenge myths/false assumptions that drive behaviors of corrections staff and advocates** and may derail the success of their collaboration. For example, the media may promote the idea that use of brutality is a norm among corrections officers. Cross-training can help dispel such a myth.
- The following are some of the **broad information gaps that training can fill:**
 - Advocates and corrections staff need to understand the unique circumstances and needs of victims (see p. 20–23 in *Appendix 2: Forum White Paper*), including the dynamics involved in staff sexual misconduct versus sexual assault among individuals housed in a facility.
 - Advocates need to be aware of how different correctional facilities and systems operate. Corrections staff need to be aware of how rape crisis centers operate, services offered, and advocate roles.
 - Advocates and corrections staff need to be familiar with their agency policies related to responding to different scenarios of sexual assault in corrections, as well as any relevant multi-agency coordination procedures.
- **Confidentiality of victim-advocate communications is often a contentious area** for corrections administrators charged with maintaining the safety and security of their facilities **and** implementing PREA victim services standards. Rape crisis center advocates may be concerned about how they will logistically be able to offer confidential services to victims housed in such settings. Both corrections administrators and rape crisis center staff could benefit from understanding the rationale of each agency’s approach and obligations in this regard, why the availability of confidential victim services is stressed in PREA, and ways they may be able to accommodate confidentiality for victims in corrections without sacrificing facility security.
- **Rape crisis center is an umbrella term** denoting the many community-based sexual assault victim advocacy agencies across the country. However, victims in corrections may not identify their assault experience as being one that rape crisis centers deal with, particularly if they think center services are, for example, only for women, heterosexual individuals, adults, or those who have been raped rather than experienced any other type of sexual assault. Corrections staff also may not associate rape crisis center services and victims in corrections. **Training and information sharing across agencies can help “set the record straight” regarding services and roles of the local rape crisis center and promote discussions of how to present rape crisis center services to individuals in corrections** (e.g., during initial facility orientation and after a report of victimization) to increase the likelihood that services will be used in the instance an assault occurs.)
- **Face-to-face rather than online training is preferred** to educate corrections and community stakeholders around sexual assault in corrections—it can help them get to know one another, discuss issues, and jump-start any needed culture change. Supplemental training can be online. However, recognize that face-to-face training is not always logistically possible and plan for alternative methods if necessary (e.g., in more remote areas, instructional videos for staff may be more feasible or a useful supplement).
- **Tours of the correctional facility** can provide community stakeholders a sense of the environment that victims live in, the roles of corrections staff, and the logistics of in-house response. **Tours of the hospitals and rape crisis centers** can also help corrections staff visualize the logistics of the medical forensic examination and victim services.
- There is **significant staff turnover** in both correctional facilities and rape crisis centers, which requires **ongoing presentation of training information for new personnel from both agencies.**

B. POTENTIAL PROMISING PRACTICES

What seems to be working as far as partnering between correctional facilities and rape crisis centers and implementation of victim services? What helps deal with the challenges?

Although providing victims in corrections access to victim services is far from mainstream, there has been some exemplary work done in this area to determine what practices might be most useful. Advocates and corrections administrators may also be able to apply to this area lessons learned about the effectiveness of responses to sexual assault in other settings. For example, responses in correctional settings may have much in common with responses in higher education institutions and the military. Similarly, corrections administrators may be able to draw on their policies for dealing with other situations (e.g., suicide attempts, emergency medical care, or general violence in the facility). Below are ideas and examples for rape crisis centers and correctional facilities to promote thinking about what might be possible in their own partnering efforts and ways to go about implementing the PREA victim services standards. There are also ideas for state and national organizations to provide support and guidance at the local level.

Begin partnering efforts with the common goal of safety and appropriate services for victims of sexual assault in corrections. Starting there provides a context for conversations.

- A useful approach for correctional facilities to reach out to rape crisis centers: **We need your help to figure out how to offer victim services in the context of detention.** We value services you provide and your expertise.
- Rape crisis centers should recognize that **the correctional facility staff’s distrust of outsiders comes from a place of trying to keep people safe** (individuals housed in the facility, staff, visitors, and the community). Distrust of outsiders may be less of an issue depending on the facility’s level of security and when use of community services is more of a norm in the facility.
- **Approach addressing sexual assault in corrections as a team.** For example: the Pennsylvania state sexual assault coalition, the Pennsylvania Coalition Against Rape (PCAR), had an attitude from day one of its collaboration with the state Department of Corrections that sexual assault in prisons is a state issue, not just a corrections issue, and we need to solve this problem together. To that end, they coordinated cross-training between local advocates and corrections staff. They focused on building understanding the cultures of the corrections and victim advocacy fields and developing trust before talking about sexual violence.
- Recognize that **rape crisis centers often are experienced in increasing access for or addressing needs of particular types of victims:** individuals with disabilities; individuals with limited English proficiency; gay, lesbian, bisexual, transgender and intersex victims; older victims; teen victims; etc.
- **Early in relationship building, define terms:** victim, sexual assault/sexual abuse, confidentiality, report, third party, anonymous, alleged, suspected, transgender, intersex, etc. Ask: “What do you mean?” Explain: “This is what I mean.” Also, **explain agency/field specific acronyms,** such as SART (sexual assault response team).
- **Hold partnering meetings at the correctional facility** so advocates and other community stakeholders can increase their familiarity of corrections operations. For example: In Johnson County, Kansas, the Department of Corrections invited the local SART to its juvenile detention facility to begin the process of integrating response to victims in this facility and in adult residential community corrections facility into SART protocol.
- Work to create mechanisms that allow the **partnership between the rape crisis center and the correctional facility to become “the way of operating”** (policies are implemented that define coordination, the PREA coordinator attends SART meetings, advocates are invited to participate in internal investigation reviews, etc.).
- It is important for corrections leadership to be supportive of the integration of PREA victim services standards into facility policies and of partnerships with community agencies. However, **to guard against loss of support that can come with turnover in corrections administration, facilities should strive to institutionalize policies at mid-management level.**

When correctional facilities seek to access services of rape crisis centers, they should start with the basics: Clarify what services are offered. Ask what can be accessed right now for victims in corrections. Discuss what services they might be able to “add” later.

- It may be **useful for correctional systems to assist their facilities in identifying and reaching out to rape crisis centers and developing agreements between facilities and centers.** For example, the California state prison system worked with Just Detention International (JDI) to develop memoranda of understanding (MOU) between rape crisis centers and correctional facilities. They began by asking rape crisis centers to offer victims in correctional facilities basic crisis services, and then as they were able, to add followup services and longer-term counseling. Out of 31 MOUs, all rape crisis centers offer hospital accompaniment, support via mail and many offer phone counseling and in-person counseling.
- **Consider involving state sexual assault coalitions and corrections-based victim services** as they might be able to assist PREA coordinators in reaching out to rape crisis centers. For example, PCAR assisted the state prison system in partnering with several rape crisis centers. Both the Minnesota and Ohio state corrections-based victim service programs are reaching out to rape crisis centers to develop MOUs between them and correctional facilities, based on the capacity of each center. In Minnesota, the rape crisis center is being asked to complete a checklist of what the agency can provide. If additional services are needed, the corrections-based victim service program can explore options. One possibility is asking a rape crisis center in a jurisdiction neighboring the correctional facility to fill gaps until the local center is able to do so.
- In areas where there is no local/regional rape crisis center for a correctional facility to partner with, the facility can contact the state sexual assault coalition to discuss options. A **“tele” approach may be a temporary solution until there is local capacity.** This approach could include partnering with a remote rape crisis center to provide a range of services via the phone. (There may be lessons to be learned from other tele-health projects such as American Doctors Online, the Veterans Affairs’ robust tele-health structure, and the OVC/National Institute of Justice’s project on telemedicine in rural sexual assault medical forensic examinations.)
- Consider that **some correctional facilities are privately operated and collaboration with rape crisis centers may involve an additional layer of complexity.** For example, the Pennsylvania Department of Corrections contracts with a number of private facilities to provide juvenile detention. PCAR was able to help negotiate the MOU process between the rape crisis centers and these private contractors.

Correctional facilities need answers to threshold questions about victim services: For example, under what circumstances should an advocate be called? Who can call? For what purpose is the advocate called? Rape crisis centers can help corrections determine answers to those questions.

- Rape crisis centers can explain to corrections staff a **victim-centered approach** to responding to sexual assault and make suggestions about **applying this approach to facility policies.**
- Corrections administrators need to understand there are a **variety of potential scenarios of sexual assault and possibly more than one way to effectively respond to a situation.** Rape crisis centers should **be as concrete as possible** in explaining their role and services and in their recommendations to corrections administrators regarding incorporating a victim-centered approach into their policies.
- When planning implementation of PREA victim services standards, it **can be useful to do assessment.** The correctional facility and rape crisis center could first jointly assess the needs of victims in a specific corrections setting and coordination necessary between agencies. Then the rape crisis center could assess its capacity to address those needs and the training, cross-training, policies, and resources necessary to fill gaps. To this end, see the Boston Area Rape Crisis Center for more on its CAT (Consult Adapt Train) approach.
- Rape crisis centers can consider whether to **train all center advocates** to work with victims in corrections **or match specific advocates with appropriate skill sets to this work.**

Encourage use of SARTs to facilitate immediate coordinated response to sexual assault in corrections and communication among key responders.

- PREA victim services standards require correctional facilities to use [A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents](#) as a model for their immediate coordinated response (adapting as appropriate). This protocol is based on a SART approach. OVC and OVW have been working to develop guidance regarding how to best adapt the *National Protocol* for corrections as well as how to go about utilizing SARTs to serve victims in corrections (see section *C. Resources* in this report).
- **In communities where there is an existing local SART, correctional facilities are encouraged to tap into that structure in some fashion.** Community stakeholders will appreciate the effort to avoid duplication. For example, in Johnson County, Kansas, the Department of Corrections is working with local SART members to facilitate integration of response to victims in the adult community confinement facility and the juvenile detention center into SART protocol. PCAR worked with the Pennsylvania Department of Corrections to develop several prison-based SARTs in collaboration with community SARTs.
- **If there is no SART, correctional facilities are encouraged to discuss with the local rape crisis center how to best go about creating such an entity** for their purposes. The rape crisis center may be able to assist in determining the critical responders in the community. Then, together they can reach out to the relevant community responders to define goals and respective roles, and then discuss crafting coordination protocols.
- **Corrections administrators are encouraged to build relationships with each critical community responder.** It may take getting out of their comfort zone, but it can pay off. For example, in the Miami-Dade jail, the PREA coordinator's outreach to criminal investigators led to the jail being able to call the sex crimes unit directly if they had a related problem or question.
- **Formalize coordinated response with written policies.** For example, in order for the Johnson County Department of Corrections to involve the SART in its response to sexual assault in its facilities, it had to first incorporate PREA standards and coordination with SART members into its facilities' policies. The next step is to work with the SART to integrate coordinating with their facilities into SART protocol and training.
- **Corrections facilities may want to consider creating a mechanism to make sure that individuals who report sexual assault in the facility are informed of what will happen in the aftermath of the report and how to access support services.** For example, PCAR and the Pennsylvania Department of Corrections created a victim information specialist position to act as liaison between the victim and community-based services. In Johnson County, Kansas, the adult community confinement facility and juvenile detention center are also making use of a similar position. The person in this position can but does not have to be the PREA coordinator.

Consider ways to involve advocates and the SART in investigation review processes.

- **Correctional facilities can invite advocates and SART members to participate in internal sexual assault investigation reviews.** For example, in Johnson County, Kansas, the adult community confinement facility and juvenile detention center are planning on soliciting SART feedback when doing internal reviews, and inviting the rape crisis center to participate in the review. In several Pennsylvania prisons, when there is a sexual assault investigation, a clinical review is completed within the institution identifying needs and challenges. Then a state clinical review team that includes PCAR looks at the local clinical review and investigation. The state team then provides feedback to the institution. This process has helped identify training and technical assistance needs.
- **Correctional facilities can participate in local SART case review processes** (as a member of the SART).
- **Correctional facilities could devise other mechanisms to obtain input from advocates and SART members** on inter-agency coordination (what went well and what could be improved) and issues and concerns related to addressing victim needs. Consider surveys, post-response followup calls, etc.

Discuss victim-advocate confidentiality.

- **To help conversations on this topic progress on a positive note, rape crisis centers must understand why it is so imperative for correctional facilities to make safety and security their top priorities.** Corrections administrators want to know about disclosures of sexual assault in their facilities so they can protect individuals and secure their facilities. In turn, **correctional facilities must understand that confidential victim-advocate communications** (with exceptions as required by state law) **is a priority for rape crisis centers** as they realize that most victims suffer in silence due to the trauma of the assault, social stigma associated with being a victim, and fear of repercussions of reporting. For victims in corrections, the negative consequences of reporting may be even greater than for victims in the community. Having the option for confidential communications with an advocate may make victims in corrections more inclined to seek support without fear of repercussions. For example, in one California prison in which inmates have access to a confidential rape crisis center hotline, reporting of sexual assault to the facility increased by 200 percent.
- **Encourage a reframing on the part of both correctional facilities and rape crisis centers** that stresses that their goals related to protection of individuals are not in opposition of one another. If individuals feel safe in the facility and have access to confidential support to deal with trauma caused by sexual assault, they may be more likely to report and be involved in criminal and facility investigations. Correctional facilities and rape crisis centers will need to continuously reframe this conversation, as the issue will likely be a contentious one when discussing scope of services, logistics of implementation, policy development, liability concerns, compliance with mandatory reporting requirements, safety planning, training, education for individuals in the facility, etc.
- **If individuals housed in correctional facilities are communicating with rape crisis centers via the phone or mail, they should understand the extent to which the facility will or will not monitor their communications.** For example, the New York state prison system designates inmate letters to rape crisis centers the same confidential status as those to inmates' lawyers. **Some correctional facilities are programming phones available to individuals housed in the facility with numbers to the rape crisis center and coding them as confidential.** For example, inmates in the Miami-Dade Jail are given PIN numbers they can use to call the rape crisis center. The center will inform the jail of incidents of sexual assault in corrections only if they receive permission from the inmate. The Rape Abuse and Incest National Network (RAINN) is exploring the possibility of implementing a national hotline for victims in corrections. A logistical issue is ensuring that calls go only to rape crisis centers that indicate a capacity to work with victims in corrections.
- **Corrections staff are encouraged to provide sexual assault victims in their facility a measure of privacy to limit who knows about the assault, its impact on them, and services they are utilizing.** Once a report is made, who has access to information about the assault should be strictly limited, shared only on a need-to-know basis as defined by the facility. Victims should also be able to make reports of sexual assault to an outside agency, anonymously if requested, if they do not wish to disclose directly to corrections staff.

Correctional facilities should educate individuals housed in their facilities on what to do if they are sexually assaulted, how the facility will respond, and their options for services.

- **Consider best methods to educate individuals housed in the facility.** For example, in the Miami-Dade Jail, the inmate goes through an open booking process. At that time, corrections staff outline policies and procedures related to PREA and inmates sign off that they received the information. A video is being developed to provide more details on PREA. In Minnesota, the Department of Corrections has developed a 5-minute video on PREA issues that new prison inmates are required to view. (It is aired once a week in their facilities.)
- **Get input from individuals housed in the facility on educational material and venues.** For example, PCAR created materials for inmates in several Pennsylvania prisons. It held inmate focus groups to ask what would be most useful, and then incorporated feedback received in material development. PCAR also coordinated a poster contest for inmates during sexual assault awareness month. One of the posters was used on a brochure cover.

Correctional facilities and rape crisis centers could benefit from training and cross-training.

- Utilize a **mix of training and cross-training**. Agency/field-specific training is critical to understand and implement agency policy and staff duties. Cross-training between corrections staff and advocates can increase their familiarity, comfort, interest, and skills in working together, raise respect of one another and awareness of the scope and limitations of their roles, and encourage them to collaborate to solve problems as they arise.
- **Training topics** to consider for both correctional facilities and rape crisis centers, unless specified:
 - Overview of PREA and victim services standards.
 - Corrections: Different types of facilities and systems, and types/roles of staff/contractors (for advocates).
 - Rape crisis centers: Different types of centers, range of services, and roles of advocates (for corrections).
 - How advocates are different from mental health providers and government-based victim service providers (for corrections, corrections mental health contractors).
 - Utilizing SARTs to facilitate coordinated response to sexual assault in corrections.
 - Cultures of corrections and sexual assault victim advocacy.
 - Myth/false assumptions in both fields that could derail coordinated response to victims in corrections.
 - Basics on sexual assault victimization (for corrections).
 - Dynamics of sexual assault in corrections settings (including differences: consensual versus coercive sex).
 - Dynamics: Staff sexual misconduct versus sexual assault among individuals housed in a facility.
 - Unique needs and issues facing victims in corrections.
 - Victims in specific corrections settings: commonalities and differences (e.g., in juvenile detention: differences in who has custody—detention versus long-term placement; victim notification limitations if offender is another juvenile, distance issues upon release to return for trial, continuity of services once released, engaging families, variations in school/teacher relationships, developmental issues, etc.).
 - Working with a predominantly male victim population (for advocates, forensic examiners).
 - Issues specific to different victim populations (those with disabilities, who are transgender and intersex, etc.).
 - Working with youth sentenced to adult correctional facilities.
 - Dealing with victim attempts to manipulate community responders (for advocates, forensic examiners).
 - Policies related to sexual assault response: correctional facility, rape crisis center, and SART coordination.
 - Overview of each component of immediate response: reporting, initial facility response, medical/mental health response, advocate response, medical forensic examination, law enforcement response, other.
 - Reporting: victim options/procedures, third party, who to report to, what happens when a report is made, etc.
 - Overview: criminal investigation and prosecution processes.
 - Overview: internal investigation processes.
 - Safety/security issues when advocates interact with individuals housed in correctional facilities (for advocates).
 - Safety/security issues during immediate response (if victim receives services in the community).
 - Accommodating confidential victim-advocate communications without sacrificing facility security.
 - Talking to individuals housed in the correctional facilities about the benefits of victim services (for corrections).
 - How to respond to specific scenarios of sexual assault.
- **Other community responders/SART members could be invited to almost any of the above trainings**. Also consider if these responders could benefit from training or information on any additional topics.
- **Provide opportunities post-training to practice response in a variety of situations**. For example, the Miami-Dade Jail held “PREA drills” to see how agency staff would respond to several scenarios of sexual assault. Afterwards, they reviewed the success of and gaps in the response, with feedback from advocates.

- **Offer site tours**—of the correctional facility, the medical forensic examination site, the rape crisis center, etc. Tours can help all learn about site operations, safety considerations, and consider implementation logistics.
- **Consider other venues that could be useful to promote training, cross-training, and information sharing on the issue.** For example, a prison track was part of a statewide victim services conference in Ohio.

C. RESOURCES

Several existing and emerging resources were identified during the forum and in the course of gathering information for the *Forum White Paper*. The listing provided below represents a start—there likely are other existing resources that could be added, as well as additional resources that will become available as the fields of corrections and sexual assault victim advocacy get more involved in the work of implementing the PREA victim services standards.

State-Level Partners

- **State and territory sexual assault coalitions** were identified as resources for rape crisis centers in strategizing how to address the need for victim advocacy in corrections settings as well as building center capacity to serve victims in corrections. These coalitions are also a resource for correctional facilities and systems to reach out to rape crisis centers in their states and engage them in this work. Click [here](#) to locate a specific organization.
- Several **state corrections-based victim service programs** have taken the initiative to reach out to rape crisis centers in their state to ask what services they can provide to correctional facilities in their system and facilitate MOU development between agencies. The [National Association of Victim Service Professionals in Corrections \(NAVSPIC\)](#) is the national membership organization for corrections-based victim services.

National-Level Information Sharing, Technical Assistance, and Training

- The [National PREA Resource Center \(PRC\)](#), through a cooperative agreement with DOJ’s Bureau of Justice Assistance (BJA), offers a library that collects and catalogs a vast array of resources, a FAQ section on PREA implementation, field initiated training and technical assistance, Webinars that are archived on the Web site, and regional training. It also currently administers a grant funded program for locally operated organizations (local jails, lockups, and juvenile facilities).
- [Just Detention International \(JDI\)](#) offers a range of resources for survivors of sexual assault in corrections settings. As far as working to facilitate the PREA victim services standards, JDI has partnered with PCAR and the National Sexual Violence Resource Center (NSVRC), through OVW funding, to create a [Sexual Abuse in Detention Resource Center](#). Through this Web site, it offers Webinars focused on advocates and fact sheets. It is also developing guidance related to SARTS in corrections, an advocate manual, and a training track on sexual abuse in detention at the National Sexual Assault Conference.
- OVW worked with Vera Institute of Justice in 2011 to hold focus groups to discuss how to implement a victim-centered, coordinated response to sexual assault in corrections by tailoring the DOJ’s [A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents](#) to the correctional environment. A forthcoming DOJ publication, based on feedback from those focus groups, will explain how corrections administrators can draw from best practices outlined in the *National Protocol* to create immediate response protocols that are tailored to meet the unique circumstances of victims in corrections.

Pilot Projects

- Two OVC discretionary grant projects are piloting efforts to implement PREA victim services provisions and more generally facilitate a victim-centered, coordinated approach to sexual assault in corrections. These projects were awarded to (1) JDI in conjunction with the Miami-Dade Jail and its community partners, and (2) Vera Institute for Justice in conjunction with the Johnson County, Kansas, Juvenile Detention Center and Adult Residential Community Corrections and their community partners. It is anticipated that both grantees will develop technical assistance tools for the field, based on lessons learned from these projects.

Federal Funding Opportunities for PREA Victim Services Standards Implementation

- OVC has proposed changes to the Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program. Among the changes proposed, there will no longer be a prohibition on the use of **VOCA funding** to serve victims in correctional facilities. This change could open a funding door for rape crisis centers to be able to provide a greater level of services. States might also consider using VOCA funding to help support hotlines for victims of sexual assault in corrections.
- In budget year 2014, **OVW will have a purpose area for PREA in its STOP Formula Grants Program:** developing, enlarging, and strengthening services to victims in detention.
- Check periodically with other federal agencies** to see if they offer related resources: the [Federal Bureau of Prisons \(BOP\)](#), the [Bureau of Justice Assistance \(BJA\)](#), the [National Institute of Corrections \(NIC\)](#), the [Office of Juvenile Justice and Delinquency Prevention \(OJJDP\)](#), etc.

Customized Training and Technical Assistance Opportunities

- OVC offers customized training and technical assistance (TTA) opportunities to service providers throughout the country** through its [Training and Technical Assistance Center \(OVC TTAC\)](#). OVC TTAC uses a **network of consultants and experts in the victim services field** to provide TTA on various victim assistance topics, peer-to-peer training or technical assistance, organizational needs assessment, or comprehensive or long-term technical assistance to assist with specialized program development, implementation, and community collaboration. (Applications must be submitted at least 135 days prior to the event date.)

Additional Potential National Partners

- National sexual assault victim advocacy organizations**, such as the [Resource Sharing Project \(RSP\)](#) and the [National Sexual Violence Resource Center \(NSVRC\)](#), may be able to assist in capacity-building efforts of states/territories and individual rape crisis centers to advocate for victims in corrections.
- National corrections organizations**, such as [American Correctional Association \(ACA\)](#), the [American Jail Association \(AJA\)](#), the [American Probation and Parole Association \(APPA\)](#), the [Association of State Correctional Administrators \(ASCA\)](#), the [Council of Juvenile Correctional Administrators \(CJCA\)](#), the [International Community Corrections Association \(ICCA\)](#), and the [National Commission on Correctional Health Care \(NCCHC\)](#), may be able to provide guidance to correctional facilities and systems on working with sexual assault coalitions and rape crisis centers, as well as other community responders to sexual assault.
- National organizations representing other fields** involved in response to sexual assault may be a resource for technical assistance and training. For example, discussions with the [International Association of Chiefs of Police \(IACP\)](#) and the [National Sheriffs' Association \(NSA\)](#) might help in determining there are specialized training needs for law enforcement officers conducting investigations in corrections settings. Likewise, discussions with the [International Association of Forensic Nurses \(IAFN\)](#) might be useful in determining if there are specialized training needs for forensic examiners working with sexual assault victims in corrections.

CONCLUSION

Information obtained from this forum, for the *Forum White Paper*, and through the informal surveys conducted for this project, provides a beginning of a blueprint to guide the fields of corrections and sexual assault victim advocacy in implementation of the PREA victim services standards. It is exciting to witness the interest across fields in ensuring victims in corrections access to victim services, as well as to learn about the related issues, gaps, and potential barriers. Gathering further feedback from practitioners who are being asked to be involved in this work, as well as those who can identify resources and additional issues to consider, is recommended. Also recommended is the sharing of information and lessons learned from those currently doing this work and exploring promising implementation practices (e.g., through pilot projects).

APPENDIX 1: PARTICIPANTS AND FORUM AGENDA

This report reflects the opinions, experiences, and expertise of forum participants (as well as the report author). OVC and OVW are grateful for their input. Participants included (“**”) indicates a participant who was a meeting presenter and “***” indicates forum planning committee):

- *Carol Cramer Brooks*, National Center for Youth in Custody
- *Pam Clark*, National Center for Youth in Custody
- *Gary Dennis*, Bureau of Justice Assistance, U.S. Department of Justice
- *Jennifer Feicht*, Pennsylvania Department of Corrections/TD³Consulting*
- *Joye E. Frost*, Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice
- *Sheri Floyd*, Iowa Coalition Against Sexual Assault
- *Tara Graham*, National PREA Resource Center
- *Dee Halley*, Federal Bureau of Prisons, U.S. Department of Justice
- *Bea Hanson*, Office on Violence Against Women, U.S. Department of Justice
- *Karen Ho*, Ohio Department of Correction and Rehabilitation
- *Kimberly Kelberg*, Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice**
- *Jennifer Marsh*, Rape Abuse and Incest National Network
- *Linda McFarlane*, Just Detention International*
- *Margaret diZerega*, Vera Institute of Justice
- *Lydia Newlin*, Minnesota Department of Corrections
- *Joyce Lukima*, National Sexual Violence Resource Center, Pennsylvania Coalition Against Rape
- *Lynn Rosenthal*, White House Advisor, Violence Against Women
- *Gina Scaramella*, Boston Area Rape Crisis Center
- *Melissa Schmisek*, Office on Violence Against Women, U.S. Department of Justice**
- *Marnie Shiels*, Office on Violence Against Women, U.S. Department of Justice**
- *Gwen Smith-Downes*, Just Detention International
- *Wynn Timer Testamark-Samuels*, Miami-Dade Corrections and Rehabilitation Department
- *AT Wall*, Rhode Island Department of Corrections

Meeting observers from the U.S. Department of Justice included:

- Micheal Alston, Office of Civil Rights
- Elissa Rumsey, Office of Juvenile Justice and Delinquency Prevention
- Christopher Zubowicz, Office of Civil Rights

OVC and OVW thanks the following individuals for their involvement in forum planning and implementation: *Heidi Fam*, Educational Services, Inc. and *Fernanda Webster*, OVC Training and Technical Assistance Center.

Appreciation goes to *Kristin Littel*, Littel and Connelly Consulting, Inc. for assisting with meeting planning, coordinating pre-meeting surveys, creating background materials, facilitating the forum, and authoring this report.

Rape Crisis Centers' Response to Sexual Assault Victims in Corrections

March 21, 2013, Washington, DC

The Agenda

- 8:00 a.m. Registration**
- 8:30 a.m. Opening Remarks**
Joye E. Frost, Principal Deputy Director, Office for Victims of Crime
Bea Hanson, Principal Deputy Director, Office on Violence Against Women
Lynn Rosenthal, White House Advisor, Violence Against Women
- 9:00 a.m. Forum Overview and Charge to the Group**
Kristin Littel, Facilitator
- 9:15 a.m. Participant Introductions**
- 9:30 a.m. Discussion of Initial Considerations:** What do rape crisis centers need to consider as they begin to be invited to partner with corrections? What do correctional facilities need to consider as they seek to partner with rape crisis centers?
- 9:50 a.m. Examples of Promising Practices:** Two programs will highlight what's working as far as partnering and implementing victim services.
- 10:30 a.m. Break**
- 10:40 a.m. Discussion of Additional Practices to Encourage:** Ways corrections can go about involving rape crisis centers in provision of victim services? Ways rape crisis centers can reach out to corrections? Ways specific victim services can be implemented? Ways rape crisis centers can support correctional facilities in facilitating a "victim-centered" response?
- 11:40 a.m. Discussion of Existing Assets:** What resources and strengths do rape crisis centers have that could aid in implementation of PREA victim service mandates? What about correctional facilities? What can state and national organizations offer?
- 12:00 p.m. Lunch** (on your own)
- 1:15 p.m. Examples of Challenges and Possible Solutions:** Two programs will highlight challenges they face and ways they are working to overcome them.
- 1:45p.m. Identification of Additional Challenges and Potential Solutions Part 1:** What are challenges and potential solutions in facilitating partnerships between rape crisis centers and correctional facilities, and in providing individuals access to victim services in correctional facilities?
- 2:30 p.m. Break**
- 2:45 p.m. Identification of Additional Challenges and Potential Solutions Part 2**
- 3:45 p.m. Additional Resources:** What additional resources are needed to overcome challenges and facilitate suggested practices?
- 4:15 p.m. Next Steps:** How do we use information gleaned today? Ways to deliver to have most impact?
- 4:30 p.m. Closing Remarks**

APPENDIX 2: FORUM WHITE PAPER

Rape Crisis Centers' Response to Victims in Corrections

by Kristin Littel

A Forum on Rape Crisis Centers' Response to Victims in Corrections will be held in Washington, D.C., on March 21, 2013. It is sponsored by the U.S. Department of Justice (DOJ) Office for Victims of Crime (OVC) and Office on Violence Against Women (OVW). This paper provides basic information and resources to help forum participants prepare for discussions. It is not meant to be comprehensive, but rather to provide a starting point for dialogue.

The impetus for the forum was the recent release of DOJ's Prison Rape Elimination Act (PREA) standards, specifically those requiring correctional facilities to allow sexual assault victims residing in their facilities to access a range of victim services. The forum will discuss how corrections agencies and rape crisis centers can best engage with one another to implement these provisions. It will also examine the role of national and state organizations in developing the capacity of rape crisis centers and correctional agencies to work together on this endeavor and support a "victim-centered" approach to implementing these standards.

Topics addressed in this paper include:

1. PREA overview;
2. PREA standards related to victim services;
3. Some basics on sexual assault in corrections;
4. What advocates need to know about corrections;
5. What corrections personnel need to know about advocates; and
6. Capacity building: involving state and national organizations.

1. PREA OVERVIEW

The U.S. Congress passed the Prison Rape Elimination Act (PREA) in 2003, recognizing that sexual assault is a serious and persistent problem in correctional environments (see the [National Prison Rape Elimination Commission](#), 2009). Some statistics (also see the PREA Resource Center (PRC), [Data/Statistics](#)):

- Based on DOJ's analysis of survey data ([Beck, Harrison, Berzofsky, Caspar, and Krebs](#), 2010), approximately 200,000 adult prisoners and jail inmates suffered some form of sexual abuse (using PREA definitions, see below) while incarcerated during 2008.⁶ Using the same data, [Beck and Harrison](#) (2010), estimated 4.4% of prison inmates and 3.1% of jail inmates reported experiencing one or more incidents of sexual victimization by another inmate or

⁶ This total includes the cross-sectional number covered in BJS surveys plus the number of estimated victims released in the 12 months prior to the survey. For methodology, see U.S. Department of Justice, *Initial regulatory impact analysis, Proposed national standards to prevent, detect, and respond to prison rape under PREA* (January 24, 2011), 6-8, as cited in U.S. Department of Justice, *PREA notice of proposed rulemaking*, 8.

correctional facility staff in the 12 months preceding the survey or since admission to the facility, if less than 12 months. However, [Beck and Johnson](#) (2012) found that 9.6% of former state inmates surveyed in 2008 reported experiencing at least one incident of sexual victimization during their most recent incarceration.

- [Beck, Guerino, and Harrison](#) (2010) found that 12 percent of youth in juvenile facilities reported experiencing one or more incidents of sexual victimization within 12 months of arriving at the facility.
- Little data exist on sexual victimization in facilities other than prison, jail, and juvenile detention.

Note: Statistical findings on the prevalence of sexual assault in corrections settings should be weighed against the fact that it is a **largely unreported crime**.

In addition to providing federal funding for research, programs, training, and technical assistance, **PREA legislation mandated the development of national standards**. The National Prison Rape Elimination Commission was created to study the problem (see its [final report](#) released in 2009) and draft [standards](#) to address sexual abuse in the various corrections settings. In 2012, DOJ issued its [final ruling adopting the PREA standards](#), which built on the work of the Commission and included regulations for [adult prisons and jails](#), [lockups](#), [juvenile facilities](#), and [community confinement facilities](#). (Paragraph from the PRC Web site.)

These **specific types of correctional facilities** are defined below:

- **Prison:** An institution under federal or state jurisdiction whose primary use is for the confinement of individuals convicted of a serious crime, usually for sentences in excess of one year, or a felony.
- **Jail:** A confinement facility of a federal, state, or local law enforcement agency whose primary use is to hold persons pending adjudication of criminal charges, persons committed to confinement after adjudication of criminal charges for sentences of one year or less, or persons adjudicated guilty and awaiting transfer to another correctional facility.
- **Lockup:** A facility under the control of a law enforcement, court, or custodial officer, that contains holding cells, cell blocks, or other secure enclosures primarily used for the temporary confinement of individuals who have recently been arrested, detained, or are being transferred to or from a court, jail, prison, or other agency.
- **Juvenile facility:** A facility primarily used to confine juveniles pursuant to the juvenile justice or criminal justice system. A juvenile refers to a person under the age of 18, unless under adult court supervision or confined or detained in a prison or jail.
- **Community confinement facility:** A community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, or other community correctional facility (including residential reentry centers), other than a juvenile facility, in which individuals reside as part of a term of imprisonment or as a condition of pretrial release or postrelease supervision, while participating in gainful employment, employment search efforts, community service, vocational training, treatment, educational programs, or similar facility-approved programs during nonresidential hours.

The **PREA standards address** prevention planning, responsive planning, screening for risk of sexual victimization and abusiveness, reporting, official response after a report is made, investigation, discipline, medical and mental health care, data collection and review, audit, auditing and corrective action, and state compliance.

PREA Definitions of Sexual Abuse (28 C.F.R. § 115.6)

Inmate: Incarcerated person at a prison or jail.

Detainee: Incarcerated person at a lockup.

Resident: Person held in a community confinement or juvenile facility.

Staff: Correctional facility employees, contractors, and volunteers.

Sexual abuse of an inmate, detainee, or resident by corrections staff includes any of the following acts, with or without the consent of the victim:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
- Contact between the mouth and the penis, vulva, or anus.
- Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.
- Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any person, with the intent to abuse, arouse, or gratify sexual desire.
- Indecent exposure, voyeurism, and solicitation to engage in sexual contact (could be described as noncontact sexual abuse).

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

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
- Contact between the mouth and the penis, vulva or anus.
- Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.
- Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any person, excluding incidents in which the intent of the sexual contact is solely to harm or debilitate rather than to sexually exploit.

Sexual harassment:

- 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.
- 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.

What the PREA standards define as sexual abuse is generally referred to as sexual assault by rape crisis centers (with the exception of noncontact sexual abuse and sexual harassment). Legal definitions for sexual abuse that apply to a correctional facility will depend on the statutes/codes of the governing jurisdiction(s).

2. PREA STANDARDS RELATED TO VICTIM SERVICES

There are two sections of the PREA standards that require correctional facilities to coordinate with victim advocates.

(1) One is under the *Responsive Planning* section of the PREA standards, requiring correctional facilities to **follow a uniform evidence and forensic examination protocol when responding to sexual assault** (28 CFR § 115.21, 115.121, 115.221 and 115.321), based on DOJ's [A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents](#) (also see the [Sexual Assault Forensic Examiner Technical Assistance Source](#)). These standards set the stage for rape crisis centers to systematically be involved in immediate coordinated response to disclosures of sexual assault by individuals held in correctional facilities. Correctional facilities are required to:

- Develop a response protocol adapted/based on the National Protocol that facilitates **a coordinated multi-agency immediate response** to disclosures of sexual assault [addresses nonconsensual sexual contact].
- Offer victims **access to forensic medical examinations** and sexual assault forensic examiners (SAFE) or sexual assault nurse examiners (SANE) where possible.
- **Make available to the victim a victim advocate from a rape crisis center.** If a rape crisis center is not available to provide victim advocate services, the agency shall make a qualified staff member from a community-based organization or a qualified agency staff member available to provide these services.
- **Allow victims, if requested, to have the support of a victim advocate during the exam process and investigative interviews.** (“A victim advocate, qualified agency staff member, or qualified community-based organization staff member can accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.”)

(2) The **other applicable standards are in the *Reporting* section** (28 C.F.R. § 115.53, 115.253 and 115.353), requiring correctional facilities (excluding lockups) to:

- **Provide inmates/residents with access to outside victim advocates for emotional support services related to sexual abuse** [addressing the full scope as defined by PREA] by giving them **mailing addresses and phone 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 residents and these organizations, **in as confidential a manner as possible**.
- **Inform inmates/residents**, prior to giving them access, **of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities** in accordance with mandatory reporting laws.
- Attempt to enter into **memoranda of understanding (MOU)** with community service providers that can provide inmates/residents with confidential emotional support services related to sexual abuse.

Some Issues to Consider: Implementation of These Standards

(1) While these standards offer some specificity about what victim services to offer, they do not fully delineate (1) how a correctional facility should go about partnering with rape crisis centers and (2) how services should be implemented. For example, in what circumstances should a corrections agency deem that a rape crisis center is “unavailable” to provide services? In the absence of a rape crisis center advocate, what “qualifies” a staff member or community provider to provide victim services? What qualifies as “an attempt to enter into an MOU?” How should corrections agencies approach and engage rape crisis centers to craft an MOU?

(2) What resources are needed for implementation? What assistance is available or needed?

Examples of potential costs: Staff time to develop a partnership, discuss procedures, develop MOUs, implement/maintain standards (cross-trainings, checklists, brochures, etc.), staff time and expenses associated with the rape crisis center making services available to victims in corrections, and staff time associated with the correctional facility coordinating victim access to services.

Examples of existing resources: DOJ periodically makes grants available to assist correctional facilities in implementing the PREA standards.

- See [PRC’s announcement on a grant opportunity for local and tribal jails, lockup, and juvenile detention facilities](#) through the Bureau of Justice Assistance (BJA). Prior year BJA grants were available to/through state correctional agencies.
- In FY 2013, assisting communities to address PREA is a priority for OVW. STOP Violence Against Women Formula Grants, through OVW, can now address sexual victimization of incarcerated individuals.

- OVC funded discretionary grants on this topic.

There is also **TA and training available to correctional facilities** to promote PREA implementation. For example, see [PRC's TA and Training](#).

Note the prohibited use of Victims of Crime Act (VOCA) funds for incarcerated victims.

Agencies, such as rape crisis centers, that receive VOCA monies are currently prohibited from using those funds to assist victims who are incarcerated. However, VOCA-funded organizations are not prohibited from providing services for victims in corrections through other, non-VOCA funding streams. (There are efforts underway at the national and state levels to advocate for a resolution to issue). Also be aware that ***VAWA funding does not include such prohibitions.***

(3) What are consequences for standard noncompliance? (See PRC's [FAQs](#).)

- For ***states***: A state where the governor does not certify full compliance with the standards is ***subject to the loss of 5 percent of any DOJ grant funds that it would otherwise receive for prison purposes***, unless the governor submits an assurance that such 5 percent will be used only for the purpose of enabling the state to achieve and certify full compliance with the standards in future years.
- For ***local facilities or facilities not operated by the state***: PREA provides ***no direct federal financial penalty for not complying***; however, ***if a local facility has a contract to hold state or federal inmates, it may lose that contract if it does not comply with PREA standards***. If a governor should certify compliance, he/she must certify that all facilities under the state's authority, including all local facilities the state contracts with to hold inmates, are in compliance. Furthermore, ***states that operate unified systems must demonstrate that all state-operated facilities, including jails, comply with the PREA standards***.

DOJ's forthcoming *Recommendations for Administrators of Prisons, Jails, and Community Confinement Facilities for Adapting the U.S. DOJ's A National Protocol for Sexual Assault Medical Forensic Examinations of Adults/Adolescents* will address how corrections administrators can draw from best practices outlined in the [National Protocol](#) to create immediate response protocols that are tailored to meet the unique circumstances of victims in corrections. It will focus on the provision of victim-centered care and a coordinated team approach to response.

The Resource Sharing Project's [ReShape Newsletter: Prison Rape Elimination Act Implementation](#)—Winter 2011 is meant to help state sexual assault coalitions as they determine the next steps they can take to support those sexual assault victims in corrections as well as work to eliminate sexual violence behind bars. "Coalitions all have a vital role to play in supporting their states in ensuring compliance with PREA. From developing the capacity of member rape crisis centers to work with local corrections personnel, to supporting statewide departments of correction in adopting and implementing the standards, coalitions need to be involved in PREA implementation."

PRC offers access to several resources specific to victim services in corrections. See [PREA 101: Advocate's Manual on Meeting the Needs of Prison Rape Victims](#) (Pennsylvania Coalition Against Rape, 2006); [PREA Training for Rape Crisis Counselors](#) (DC Rape Crisis Center, 2011); and [A Handbook for Youth Workers on how to Identify and Address Sexual Abuse in Juvenile Settings](#) (Smith and Yarussi, 2012). Its 101 Webinars include several presentations on victim services from Just Detention International (JDI). See [Upcoming Webinars](#) and [Archived Webinars](#).

3. SOME BASICS: SEXUAL ASSAULT IN CORRECTIONAL FACILITIES

(For a broad overview, see JDI's January 2009 [The Basics About Sexual Abuse in U.S. Detention](#) and Resource Sharing Project's [ReShape Newsletter: Prison Rape Elimination Act –Spring 2006](#).)

The following can be generalized to any corrections-based sexual assault:

“Prison rape has gone largely unaddressed by social service programs, correctional institutions, and, until recently, lawmakers in this country. When prison rape is mentioned in the media or general public, it is often in the form of a joke or jest. Nothing about rape is funny, regardless of where or to whom it occurs. Victims of prison rape are at high risk of becoming victims again, largely because they may be too fearful to reach out for help or when they do, they find services specific to their needs are unavailable. They often fear experiencing further trauma and shame if they come forward. If they do choose to tell someone, their cries are sometimes ignored or disregarded. When victims of prison rape are released, as the majority of inmates are and rejoin our communities, they often suffer a complex interplay of bio-psychosocial effects from their victimization.”

[Advocate's Manual on Meeting the Needs of Prison Rape Victims](#)

Pennsylvania Coalition Against Rape

Types of Sexual Assault in Corrections

(Drawn primarily from [Abner, Browning, and Clark](#), Vera Institute of Justice, 2011)

The following two categories mirror PREA's explanation of sexual abuse (with the exception of noncontact sexual misconduct or sexual harassment).

(1) Nonconsensual sexual contact between individuals held in a correctional facility:

- **Coercive sexual activity:** For example, a person may agree to sexual contact as a result of being threatened or out of the need for protection. Note that, at times, **coercive sex may not even be recognized as sexual assault** either by victims or corrections staff, especially if it does not involve a threat of physical violence. (Training for corrections staff and education for individuals held in correctional facilities is critical to help address this problem.)
- **Violent sexual assault:** includes use of physical force/violence.

(2) Sexual abuse by corrections staff (staff sexual misconduct): Note that **no sexual activity between staff and persons housed in correctional facilities is considered consensual**, due to staff's custodial authority. (Again, training for corrections staff and education for individuals held in correctional facilities is critical in making all parties aware of this fact.)

- **Sexual contact that is misinterpreted to be consensual**, even if one/both parties believe that is the case.
- **Coercive sexual activity**: For example, an individual held in a correctional facility may agree to sex with a staff person if they threaten loss of their privileges.
- **Violent sexual assault**: includes use of physical force/violence.

Risk for Victimization

“Because I was raped, I got labeled as a ‘faggot.’ Everyone looked at me like I was a target. It opened the door for a lot of other predators...” – Bryson, JDI Web site

Anyone living in a corrections facility can be sexually assaulted; however, **individuals may have characteristics that increase their risk**. Some examples (drawn in part from [National Prison Rape Elimination Commission](#), 2009; [Abner, Browning, and Clark](#), 2009; Vera Institute of Justice, 2011):

- Nonheterosexual orientation (gay, lesbian, or bisexual), those who are transgender, particularly transgender women with male genitalia, and those who are intersex (see PRC's [LGBT Issues in Custody](#));
- Physical disability;
- Mental disability (see [Wolff, Blitz, and Shi](#), 2007);
- Young age (see JDI's October 2010 [Incarcerated Youth at Extreme Risk of Sexual Abuse](#));
- Old age;
- Small stature or physical weakness;
- Being female (see PRC's [Data/Statistics](#) and [Gender-Responsiveness](#));
- First incarceration or confinement;
- Prior sexual victimization (both during confinement and in the community);
- Prior institutional victimization (any type); and
- Lack of gang affiliation.

Perpetrators may view these and other characteristics as vulnerabilities that they can exploit, both to facilitate sexual assault as well as to increase the likelihood they will face few negative consequences for their actions.

Victim Impact

“The pain was so bad from the [prison] rape that I turned to alcohol and drugs. I ended up in the street. I lived in a car for 10 years. I was in the gutter for 20 years. The pain was so bad that I wanted to kill myself every day.” – David, JDI Web site

The impact of sexual assault can vary greatly as each individual deals with the trauma of victimization in his/her own way. That said, there are **some common symptoms and reactions that victims may have to sexual assault** (drawn from [Indicators of Sexual Violence](#), West Virginia Sexual Assault Free Environment Partnership, 2010):

- **Emotional**—e.g., depression, shock and disorientation, spontaneous crying, self-blame, despair and hopelessness, anxiety and panic, fearfulness, suicidal thoughts, feeling out of control, irritability, anger, emotional numbness/withdrawal, memory lapses, difficulty making decisions/concentrating, and hyperactivity and impulsivity.
- **Self-harming**—e.g., drug/alcohol abuse, self-mutilation, and suicide attempts.
- **Physiological**—e.g., changes in sleep, eating and hygiene patterns, and aversion to touch.
- **Social**—e.g., withdrawal from relationships, avoidance of certain individuals or places, changes in patterns of dress, aggressiveness, regressiveness, sexually inappropriate behavior, and excessive attachment.
- **Physical**—e.g., physical injuries from the assault, pregnancy risk (females), and exposure to HIV and other sexually transmitted infections (STI).

Additional reactions might indicate posttraumatic stress disorder (PTSD), such as intrusive thoughts, flashbacks or nightmares, amnesia, avoidance of situations that resemble the assault, detachment, an altered sense of time, hyper-vigilance, and overreactions. PTSD symptoms specific to victims of sexual assault are known as **rape trauma syndrome (RTS)**. (Drawn from [Understanding and Addressing Emotional Trauma](#), West Virginia Sexual Assault Free Environment Partnership, 2010. Also see the explanation of RTS on [RAINN’s Web site](#).)

Victims’ symptoms and reactions associated with sexual assault in corrections may be exacerbated due to factors such as (drawn from [NIC/WCL Project on Addressing Prison Rape](#), 2010; Vera Institute of Justice, 2011):

- Continuous contact with perpetrators;
- Repeated sexual assault as well as threats of violence and degradation;
- Their general distrust and perception that seeking help is a safety risk;
- Lack of privacy and control over their environment (making them unable to avoid triggers that bring back feelings of the assault, etc.);
- Physical trauma from the sexual assault (e.g., from repeated assaults or/and an assault by multiple perpetrators);
- Punitive consequences for aggressive/self-destructive reactions to an assault; and
- Negative mental health effects of being placed in isolation for protection.

Clearly, recovery from sexual assault can be difficult in correctional facilities. For many living in these settings, just surviving is the focus; healing is not yet a consideration.

Reluctance to Report

“Imagine you are incarcerated and have just been sexually assaulted. Do you report it? If you do, who will find out? Will you be kept safe from the perpetrator? You know one thing, the only people to whom you can ask these questions are prison officials, who will be required to file a formal report. You are not ready for that, so you keep quiet, hoping to make it to your parole date without being assaulted again.” JDI Web site

Individuals in corrections settings may have considerable fears and concerns about reporting sexual assault. For example, they may (Vera Institute of Justice, 2011):

- Fear retaliation by perpetrators;
- Fear they will be placed in isolation in the correctional facility as a protective measure or sent back to prison/jail from a community confinement facility;
- Fear the loss of privileges or freedoms they have in the correctional facility;
- Fear being further targeted by sexual predators in the facility;
- Fear being labeled a “snitch” or a “rat” by others in the facility;
- Fear that corrections officials will not respond appropriately or will ignore their report; and
- Fear being labeled weak, less masculine, gay or bisexual (males), and as such, at significant risk for further sexual assault.

Of course, victims also may choose not to report because they blame themselves or feel too ashamed to admit they were sexually assaulted. In addition, they may not identify coerced sexual contact as abusive and would not think to report it.

Victims’ fears and concerns may vary due to the correctional setting. One example is that victims in community confinement may be more able to physically flee their perpetrators if they threaten them again, compared with individuals held in prisons, jails, or juvenile detention centers.

4. WHAT DO ADVOCATES NEED TO KNOW ABOUT CORRECTIONS?

Corrections agencies in the United States are part of the criminal justice system (see BJA’s [flowchart of the criminal justice system](#)). A correctional system is a network of agencies that administer a jurisdiction’s correctional facilities and community-based programs like parole and probation.

Levels of Security

Prisons, jails, and lockups are secure confinement, some with higher levels of security than others. Prisons usually classify inmates by offense type and other factors, and then assign them to a facility with suitable security (e.g., see the Federal Bureau of Prison’s [prison security levels](#)). Many jails and lockups, particularly smaller ones, do not classify inmates and operate at a relatively high level of security; however, some jails, often the larger ones, do separate inmates by security level. **Juvenile detention facilities also are secure. Community confinement facilities are typically less secure than other correctional facilities.** Due in part to a decreased need for security, individuals living in community confinement facilities typically have more freedoms than those in other correctional settings (to leave the facility on a time-limited basis, visit with family, be employed in the community, use community services, etc.).

How can a facility’s need for security impact services for sexual assault victims? Advocates should understand that corrections personnel need to uphold the correctional facility’s security rules (even in community confinement facilities that are non-secure, safety is a priority). These rules exist to maintain order and protect those living in the facility, staff, visitors, and the general public.

Advocates should be aware that while corrections administrators may want to partner with other professionals to provide the best services for sexually victimized individuals held in their facility, at the same time, they must look at everything through the lens of “security” and overall safety for everyone involved. They need to decide on a case-by-case basis what specific balance of services and security and protection is appropriate (while complying with PREA standards).

Advocates can assist in this process by recognizing this need for balance, being aware of the PREA standards, and being willing to work with corrections staff to maximize individuals’ access to victim services, whatever the security issues and victim circumstances. When advocates develop strong relationships with corrections administrators and staff, it may be easier for them to address related issues such as (1) balancing the facility’s security needs with confidentiality of victim-advocate communications (see below) or (2) identifying situations where there may be flexibility in rules (e.g., a resident of a community confinement facility should not be penalized if he goes to a hospital on his own for a medical forensic exam without first informing the facility).

When advocates provide services at a correctional facility: Getting in and out of correctional facilities or calling individuals in a facility may require advocates to follow specific protocols. For example, see PCAR’s [Advocate’s Manual on Meeting the Needs of Prison Rape Victims](#), pages 8–9, for suggestions on working with prison inmates in Pennsylvania. These practical tips speak to arranging calls and visits to inmates, appropriate dress, belongings you can/cannot bring into the facilities, safety considerations, and self-awareness.

Correctional Facility Structure, Operations, and Staffing

- In addition to the **public correctional facilities** described here, federal, state, and local governments may also have contracts with **privately operated facilities**.
- **Federal prisons are operated by the [Federal Bureau of Prisons \(BOP\)](#)** to hold individuals convicted of federal crimes. BOP also operates pretrial detention centers around the country to hold those awaiting trial or sentencing for federal crimes.
- **Some states have “unified” corrections systems**, in which all jails and prisons are operated by the state. However, **more typically, the state operates the prison system while local governments operate the jails**. Each state prison or unified corrections system is administered by a director/coordinator/commissioner (click [here](#) to find out contact information). There typically is no single state-level jail administrator.
- A **warden or superintendent** usually **oversees the operation of one or more prisons**. In many local jails, the **county sheriff operates the jail**.
- **Correctional facilities employ** corrections professionals (officers, supervisors, managers, investigators, etc.) and a range of other staff and contractors (administrative support, human resources, medical/mental health, chaplain, education, food service, maintenance, etc.). What specific staff are required depends on factors such as the need for facility security, facility size and type, classification, the nature and extent of services to be provided, etc. (Drawn in part from [Discover Corrections](#).)
- **Residential community corrections facilities are typically operated by local jurisdictions**. They are diverse in terms of organizational structure, staffing, services provided, and populations served. In addition to being a direct sentence option or condition of probation for their local courts, these facilities often contract with other corrections agencies (e.g., jails and prisons) to provide services for inmates who are nearing release. These facilities are, for many, the nexus between institutional placement and community release.⁷
- Some **juvenile correctional facilities** look much like adult prisons (for youth in secure confinement), while others seem more like “home” (for youth in secure detention) (Snyder and Sichmund, 2006). Youth held in secure detention are detained, upon arrest, for usually short periods of time in order to await trial hearings and placement decisions. Youth in secure confinement were adjudicated delinquent and committed to the custody of a correctional facility for periods ranging from a few months to years (Austin, Deder Johnson, and Weitzer, 2005).

Advocates Partnering with Corrections Personnel

(Drawn in large part from PCAR, 2006)

Advocates may find it helpful to collaborate with corrections staff not only to arrange the logistics of victim service provision, but also to encourage a comprehensive, victim-centered response to sexual assault by the correctional facility. Advocates need to rely on corrections

⁷ “What is Community Corrections” handout distributed at the *Sexual Assault Forensic Protocol in Corrections, Residential Community Corrections Work Group Meeting*, February 16–17, 2011.

staff (especially in secure confinement settings) for assistance and safety while providing services to individuals (to enter and exit the building, access victims, secure a room to talk with victims, ensure safety and privacy while providing services to victims, get written information to victims, arrange phone calls or other communications with victims, etc.). In nonsecure settings, advocates likely will need help from corrections staff to promote victim awareness of and access to services and in some cases to coordinate the delivery of services (e.g., transportation).

As far as collaboration between advocates and corrections personnel:

- **Establish strong working relationships from the start.** Such relationships allow advocates and corrections personnel to learn the ins and outs of their partner agencies, ask questions, and build mutual trust. Some general tips:
 - Always show respect for each other;
 - Demonstrate tolerance, understanding, and empathy;
 - Try to see the situation from another perspective;
 - Keep communication lines open;
 - Talk about potential problems; and
 - Recognize that a person who understands what is happening is usually less resistant and more cooperative.
- **Promote training and cross-training of corrections staff and rape crisis center advocates** (e.g., on the problem of sexual assault in corrections settings, the unique needs of its victims, differences between corrections and rape crisis centers, and policies and procedures related to coordinating victim services).
- **Become aware of the distinct roles of advocates and corrections personnel.** Acknowledge when these differing roles are at play and find ways to compromise or respectfully agree to disagree. For example, as correctional facilities partner with rape crisis centers to provide victims with access to support, it is essential that they **come to agreement about the extent of confidential communication allowed between victims and advocates**, and ensure that victims are informed of any limitations prior to this communication. While advocates need to enter this partnership with an awareness of and respect for corrections' need to maintain facility safety, corrections must also recognize that access to confidential services (except in cases that require mandatory reporting to the state) is a critical component of successful victim advocacy and support.
- **Recognize that within corrections, there are many types of positions**—each may offer advocates different perspectives on the facility and individuals living there, as well as varying types of assistance available during response.
- **Seek common ground in addressing sexual assault in correctional settings.** It is important that leadership from both agencies identify shared interests that define their interactions (safety of victims, addressing trauma, improving the situation of a person held in the correctional facility, etc.).

Be patient when partnering and stay focused on helping victims in corrections. Both rape crisis centers and corrections agencies must guard against becoming overly offended if, for example, initial interactions between their agencies are awkward, less than cordial, or cause misunderstandings. These are common hurdles when forming almost any kind of partnership, especially among “unlikely allies.”

5. WHAT DOES CORRECTIONS NEED TO KNOW ABOUT ADVOCATES?

Victim-Centered Approach

Sexual assault victim advocates from rape crisis centers typically promote a “victim-centered” approach to response to sexual assault in their communities. Basically, a “**victim-centered**” approach refers to **interventions provided in a timely, respectful, coordinated, and appropriate manner that are systematically and deliberately focused on the self-identified needs of the victim.** (Drawn from Office on Violence Against Women, 2004. Also see MNCASA Sexual Violence Justice Institute’s 2008 [*Becoming Victim-Centered.*](#))

Best Practices in Victim-Centered Care in Corrections Settings

(Vera Institute of Justice, 2011)

These recommendations for administrators of prisons, jails, and community confinement facilities emerged from a series of meetings that brought together corrections professionals, advocates, and others to discuss how to facilitate a coordinated, victim-centered approach to immediate sexual assault response in corrections settings.

- Ensure that victims in correctional facilities have **access to a full range of medical, mental health, and advocacy services** they may need in the aftermath of a report of sexual assault.
- **Maximize victim safety** by immediately **separating victims from their perpetrators.**
- **Balance victims’ needs with the safety and security needs of the correctional facility.** Protect victims without taking measures that they may perceive as punitive, to the extent possible.
- **Offer victims privacy** at the correctional facility, to the extent possible, in the aftermath of a report of sexual assault.
- Make every reasonable effort to **include community-based sexual assault victim advocates in an immediate response to victims in confinement settings.** Delineate the relationship between the correctional facility and the community-based victim advocacy program in a memorandum of understanding.
- Train at least one staff person (either security or nonsecurity) in the correctional facility to serve as **an internal victim resource specialist** to provide general information and guidance to victims during the immediate response and beyond. This person could be the PREA coordinator or someone who works closely with the coordinator (but would not replace the outside victim advocate).

- Ensure that victims have **access to sexual assault forensic examiners to perform the medical forensic examination**. When possible, consider utilizing forensic examiners not employed by/under contract with the correctional facility.
- Offer a **medical forensic examination to sexual assault victims when appropriate**. Considerations of appropriateness should include: the victim's health needs/concerns, the jurisdiction's accepted timeframe for evidence collection, and the specific circumstances of the assault.
- If, for security purposes, victims from prisons and jails must be shackled or otherwise restrained during an exam or transport to a hospital, ensure the level of shackling/restraint correlates with their security status. **Shackle or restrain only if necessary for security**.
- **Devise correctional facility practices that address, to the extent possible, victims' concerns related to reporting**. Make facility policies on reporting sexual assault as easy, private, and secure as possible.
- **Offer victims information following their sexual assault**. Where possible and practical, use a three-tiered delivery system: corrections staff to provide information about what will happen at the correctional facility in response to the report; forensic examiners to provide information on medical and forensic issues; and community-based victim advocates to provide information on what symptoms/reactions they might experience in the aftermath of the assault, emotional support, recovery options, and the criminal justice response to a sexual assault.

Rape Crisis Center Services

(Adapted from Office on Violence Against Women, 2004)

Advocates from rape crisis centers generally offer emotional support, crisis intervention, information, referrals, and advocacy to sexual assault victims to ensure that their needs related to the assault are addressed to the extent possible. Specific program components offered by rape crisis centers vary, but often include—

- **Accompaniment and support** for victims during the **medical forensic examination** (24/7), **investigatory/justice processes** (some may also accompany victims to other related appointments);
- **24/7 crisis hotlines**;
- **Follow-up services**, such as support groups, individual support, and counseling;
- **Publications** to educate victims and their families and friends about sexual assault issues;
- **Community awareness and prevention programs**; and
- **Systems advocacy to improve community response** to sexual assault.

Identifying a Local Rape Crisis Center

A number of agencies in a community or region may offer some or all of the direct services described above, including **community-based victim advocacy programs (referred to here as rape crisis centers)**, justice system victim witness/victim service programs, patient advocate

programs at health care facilities, campus or military victim service programs, and others (Office on Violence Against Women, 2004); however, DOJ's [*A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents*](#) (p. 19) indicates that **rape crisis centers, where they exist, are typically best positioned to provide sexual assault victim services during immediate response.** Many rape crisis centers also offer follow-up support, making some level of continuity of victim services possible.

Differences between community-based rape crisis centers and government-based victim services can impact services offered to victims. For example:

- Victim-witness specialists located in prosecution offices and law enforcement departments offer victim assistance in cases in which a crime is reported to law enforcement in their jurisdiction. **Rape crisis center advocates can serve victims regardless of whether they have made a formal report.**
- Information that victims share with victim-witness specialists usually becomes part of the criminal justice record, while **rape crisis center advocates typically can provide some level of confidential communication for victims.**
- Victim-witness specialists typically address a broad range of crimes and may or may not have specialized training in response to sexual assault victims. **Rape crisis center advocates typically have specialized training in sexual assault** (see below) and **many focus solely on issues related to sexual assault** (some are dual sexual assault/domestic violence programs).

Correctional facilities and systems (e.g., prisons) may have a victim service component designed to serve crime victims whose offenders are in their custody. These government-based programs likely are distinguished from rape crisis centers in many of the ways listed above. They may be able to assist correctional facilities with connecting with local rape crisis centers and facilitate effective partnerships.

Note that rape crisis centers are not the same as sexual assault nurse examiner programs. Examiner programs are staffed by medical professionals, usually specially trained nurses, whose function it is to conduct sexual assault medical forensic examinations. If these programs have access to an in-house patient advocate, this position is also different from a rape crisis center victim advocate.

Note: The purpose of distinguishing rape crisis centers from other victim services is only to describe how differences can affect victims. Each of these programs provides useful assistance to crime victims.

To locate a local or regional rape crisis center: Go to the [National Sexual Assault Resource Center's listing of state and territory sexual assault coalitions](#). Click on a specific coalition to access information on rape crisis centers in that state or territory (call the coalition if its Web site is not available). The coalition can help identify which centers are near a particular correctional facility, as well as brainstorm about ways to access victim advocates if there is no local or regional center.

Center Structure, Operations, and Service Area

- While rape crisis centers are **often independent nonprofit agencies**, some are a program of an umbrella organization such as a YWCA, a dual sexual assault/domestic violence agency, a women’s center, a health agency, etc.
- **A director, executive director, coordinator, etc.**, typically is responsible for the operation of a rape crisis center. Many report to an organizational board of directors.
- While **most rape crisis centers have some paid staff, they often rely on trained volunteers** to be able to provide a fuller range of services.
- Rape crisis centers usually **depend on a combination of public and private grants and donations to operate**. Like other nonprofit agency leaders, many center directors run their programs on “bare bones” budgets and, by necessity, have learned to be creative in stretching their resources (e.g., by partnering with other agencies).
- **Many rape crisis centers serve broad geographic areas or dense populations centers** (National Alliance to End Sexual Violence, 2012). For example, one center may serve victims in several counties and cities within a region.
- Many rape crisis centers **assist all victims of sexual assault in their service area**, as well as their families and friends. **Others have limitations**—for example, a center may not serve child victims. Service limitations may be due to factors such as funding stipulations or lack of staff. **Most centers have interest in building their capacity to reach underserved victim populations in their service area.**
- Most **rape crisis center services** are usually at **no cost to victims**.
- Most rape crisis center advocates receive a **minimum of 40 hours of specialized training** prior to providing services and, subsequently, complete a specific number of **continuing education training** hours each year. They also usually receive **some level of direct service supervision**.
- **Every state, the District of Columbia, and U.S. territories have a sexual assault coalition**. These coalitions serve as **membership associations for rape crisis centers** and other providers, as well as advocate for improvements in laws, services, and resources for victims and their members (drawn from the [Resource Sharing Project](#)). **Many coalitions are a prime source for training and technical assistance for their member rape crisis centers.**
- All states and U.S. territories have rape crisis centers; **however, not all local jurisdictions within a state or territory may have rape crisis center coverage**. In such instances, victims often are directed to seek services from a neighboring rape crisis center or get connected with another center with the help of the state coalition or national organizations such as the [National Sexual Violence Resource Center](#) or the [Rape, Abuse and Incest National Network \(RAINN\)](#).

Confidential Communications Between Victims and Advocates

The extent of confidentiality between victims and rape crisis center advocates can vary, depending on jurisdictional statutes. In some states, communication with victims is protected

by law for rape crisis center advocates (privileged communication). Where such laws exist, advocates are not required to release information without the written consent of the victim, except in situations that a state mandates advocates to report, even with some court mandates. (See p. 43 of [A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents](#).)

In general, however, rape crisis centers do not release victim information except if they have the victim's permission, the victim discloses information that an advocate is required by the state to report (e.g., child abuse, abuse of a vulnerable adult, or imminent danger), or the information has been successfully subpoenaed in court.

Having the option for confidential communication with an advocate may make victims more inclined to seek support without fear of repercussions as well as report and be involved in criminal justice and facility investigations.

Correctional Facilities Partnering With Rape Crisis Centers

Some additional suggestions:

- **Make a good first impression** (e.g., call the director, introduce yourself, and explain your interest in partnering rather than mailing an unsigned MOU to a rape crisis center with whom you had no prior contact).
- **Recognize that PREA requirements are for corrections agencies, not rape crisis centers.** Do not dictate how to provide victim services. Instead, **jointly discuss the “who, what, where, when, and how” of service provision.**
- Recognize that, while they may not know how your facility operates or the dynamics of living in a correctional facility, **rape crisis centers do know how to help individuals recover from the trauma of sexual victimization.**
- PREA standards regarding services are likely the impetus for corrections to seek this partnership. However, **rape crisis centers may want to make sure that victim services are part of an overall response in your facility that is victim-centered.**
- **Recognize that rape crisis centers may be concerned about their capacity to respond to demands for services from a correctional facility.** While initially there may not be many requests, rape crisis centers may envision an increase in requests over time without a comparable increase in their staffing. Discuss the extent of services they can feasibly provide and help they might need from corrections.
- **Nurture a healthy respect for different agency roles and commitment to coming to agreement about what is essential when working together to provide services for victims in corrections.** Some things you may not need to agree on (e.g., the wording a prison uses in an inmate brochure).
- **After a correctional facility and rape crisis center jointly create an MOU, train and cross-train corrections staff and victim advocates** on the issue and how to implement procedures as per the MOU.

Utilizing a SART

Many communities have formed sexual assault response teams (SART) to coordinate immediate victim-centered response by local agencies to disclosures of sexual assault. (See OVC's [SART Toolkit](#).) If there is already an existing SART in the community, it is a wonderful resource for corrections agencies as it typically brings together the core responders including, at a minimum, victim services, medical forensic examiners, and law enforcement. Corrections agencies should consider reaching out to their local SARTs.

Using a SART to facilitate coordination between the correctional facility and local agencies can be one vehicle to ensure that victim services are consistently offered and made accessible to victims; however, SART involvement is not a replacement for the correctional facility and rape crisis center developing a separate working relationship.

6. CAPACITY BUILDING: INVOLVING STATE AND NATIONAL ORGANIZATIONS

- The National [PREA Resource Center](#) (PRC) provides assistance to those responsible for state and local adult prisons and jails, juvenile facilities, community corrections, lockups, tribal organizations, and inmates and their families in their efforts to eliminate sexual abuse in confinement. It serves as a central repository for research trends, prevention and response strategies, and best practices in corrections. Technical assistance and resources are available through the PRC's coordinated efforts with its federal partners, and the PRC is taking the lead in helping the corrections field to implement DOJ's PREA standards. You can find a list of organizations collaborating with PRC [here](#).
- **State/Territorial Departments of Corrections:** Click [here](#) to locate a specific agency.
- **State and Territory Sexual Assault Coalitions:** Click [here](#) to locate a specific organization.
- **Select National Victim Advocacy Organizations** working to improve services for sexual assault victims and increase resources for coalitions and rape crisis centers:
 - [Resource Sharing Program \(RSP\)](#)
 - [National Sexual Violence Resource Center \(NSVRC\)](#)
 - [National Alliance to End Sexual Violence \(NAESV\)](#)
 - [National Network to End Domestic Violence \(NNEDV\)](#)
 - [Sisters of Color Ending Sexual Assault \(SCESA\)](#)
- **National Advocacy Organizations: Sexual Assault Victims in Corrections**
 - [Just Detention International](#) (JDI) seeks to end sexual abuse in all forms of detention. JDI advocates for the safety and well-being of all inmates, whether they are confined in federal, state, or local facilities. JDI works to hold government officials accountable for prisoner rape; promote public attitudes that value the dignity and safety of inmates; and ensure that survivors of this violence have access to the help they need. Among its programs and services, JDI offers survivor packets, [Hope for Healing: Resource Guide for Survivors of Sexual Abuse Behind Bars](#), a [state-by-state resource listing](#) to resources

for survivors, and direct services in two California prisons through its Paths to Recovery program.

- The [Raising the Bar for Justice and Safety Coalition](#) seeks to advocate for full, effective implementation of, and monitoring of compliance with, the PREA standards in jails, prisons, juvenile detention facilities, immigration detention centers, and community confinement. (Click [here](#) for a list of members.)
- **Select National Corrections Organizations**
 - [American Correctional Association \(ACA\)](#)
 - [American Jail Association \(AJA\)](#)
 - [American Probation and Parole Association \(APPA\)](#)
 - [Association of State Correctional Administrators \(ASCA\)](#)
 - [Council of Juvenile Correctional Administrators \(CJCA\)](#)
 - [International Community Corrections Association \(ICCA\)](#)
 - [National Commission on Correctional Health Care \(NCCHC\)](#)
 - [National Association of Victim Service Professionals in Corrections \(NAVSPIC\)](#)
- **Select Federal Agencies**
 - [Federal Bureau of Prisons \(BOP\)](#)
 - [Bureau of Justice Assistance \(BJA\)](#)
 - [National Institute of Corrections \(NIC\)](#)
 - [Office of Juvenile Justice and Delinquency Prevention \(OJJDP\)](#)
 - [Office on Victims of Crime \(OVC\)](#)
 - [Office on Violence Against Women \(OVW\)](#)
- **Other Organizations** involved in PREA implementation at the national level
 - [Abt Associates](#)
 - [AEquitas](#)
 - [American University Washington College of Law, Project on Addressing Prison Rape](#)
 - [Center for Innovative Public Policies \(CIPP\)](#)
 - [Commission on Accreditation of Law Enforcement Agencies \(CALEA\)](#)
 - [International Community Corrections Association \(ICCA\)](#)
 - [International Association of Chiefs of Police \(IACP\)](#)
 - [National Sheriffs' Association \(NSA\)](#)
 - [Vera Institute of Justice \(Vera\)](#)
 - [The Moss Group \(TMG\)](#)

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APPENDIX 3: CORRECTIONS SURVEY RESULTS

Information gathered 2/13-3/13 in preparation for the
Rape Crisis Center Responses to Victims in Corrections Forum
Sponsored by the Office for Victims of Crime and the Office on Violence Against Women

RESPONDENT DEMOGRAPHICS

Survey respondents (73) indicated they **represented the following types of correctional agencies:** prisons (59%), corrections system (23%), community confinement facility (22%), nonresidential community corrections (15%), jails (8%), juvenile facilities (1%) and a national organization (1%). Just 10% indicated “other” but described a combination of categories already listed. (Note they were asked to check all that applied.)

In terms of their **positions**, the majority identified themselves as the PREA coordinator (38%), one-fifth (22%) correctional system administrator, 7% correctional facility administrator, 4% other corrections staff/contractors (medical or mental health, chaplain, educator, etc.), and 3% correctional facility supervising staff. Over one-fourth checked “other type of positions,” and described: crime victim service positions (7); victim advocates (2); dual positions such as victim services and PREA coordinator (2) as well as investigations and PREA coordinator; PREA advocate; counselor; health director; probation/parole officer; and PREA steering committee member.

AVAILABILITY OF RAPE CRISIS CENTERS

The **vast majority** (86%) of respondents (72) indicated **there was a local rape crisis center** that may be able to support victims in their correctional facilities and/or provide input to your agency on related policy development and training. Just 11% said they didn’t know if there was a center and 3% said there was not a local rape crisis center.

Several respondents provided explanatory comments: 5 said availability of rape crisis centers varied from community to community (“We do NOT have enough rape crisis programs to cover facilities in the entire state...but we have a FABULOUS working relationship with those that do exist”). Several (3) had already identified rape crisis centers that will partner with and were in the process of developing relationships. Several (3) indicated they received mixed reception from rape crisis centers due to questions of their capacity to serve corrections populations.

AWARENESS OF PREA VICTIM SERVICE STANDARDS

The **vast majority** (91%) of respondents (43) indicated they **were aware** that the Prison Rape Elimination Act (PREA) **requires corrections facilities to allow sexual assault victims from their facilities to have the support and accompaniment of a victim advocate from a rape crisis center (if available) during a medical forensic examination and investigative interviews.** Just 7% said they were somewhat aware and 2% said they were not aware.

Similarly, the **vast majority** (92%) of respondents (72) indicated they **were aware** that **PREA requires correctional facilities (not including lockups) to provide their inmates/residents with access to an outside victim advocate for emotional support services related to sexual assault.** Just 6% said they were somewhat aware and 3% said they were not aware.

WAYS CORRECTIONS ARE PARTNERING WITH RAPE CRISIS CENTERS OR OTHER SEXUAL ASSAULT VICTIM ADVOCACY ORGANIZATIONS

The **vast majority** (74%) of respondents (71) indicated they **had contact** with a rape crisis center/sexual assault victim advocacy organization on the issue of sexual victimization in corrections.

Over half (55%) said they had **agency policies/procedures** for connecting individuals reporting sexual assault with rape crisis center advocates. **More than a quarter** indicated they had **agreements with a rape crisis center** to provide services to sexual assault victims (28%) as well as **participated in a SART** to facilitate coordinated immediate response to sexual assault victims (27%). **One-fifth** (20%) had agreements with a rape crisis center/sexual assault victim advocacy organization to provide **other assistance (training, input on policy development, etc.)**. Just under one-fifth (18%) indicated they had none of the above activities in place. (Note they were asked to check all that applied.)

A range of specific activities were explained: Many described planning phases (20), some their implemented activities (11), and some a mix of planning and implemented activities (10). Many state level respondents indicated they were **working with their state sexual assault coalitions to facilitate training** for corrections and advocates as well as **partnering with local rape crisis centers for services**. Other respondents were **reaching out to one or more local rape crisis centers**. Some were working with both state and local entities. Some were **coordinating victim services through the PREA coordinator and/or corrections-based victim services**, who were then reaching out to rape crisis centers that might be able to serve victims from their facilities.

QUESTIONS AND CONCERNS: INCORPORATING ADVOCATES INTO RESPONSE

The **majority** (51%) of respondents (71) indicated **concern about advocates' unfamiliarity with corrections systems and how they operate**. More than one third had **questions about rape crisis centers' willingness/capacity to work with correctional facilities** (40%) and also how to address **victim confidentiality** (34%). **One quarter** (25%) had questions regarding the **correction system's understanding of rape crisis centers and how they operate**. Close to one-third (30%) did not express any questions or concerns. (Note they were asked to check all that applied.)

One-fifth (21%) described additional issues, the most frequent being **funding concerns** to support rape crisis centers and other victim services in doing this work, particularly around VOCA limitations. A few mentioned VAWA limitations (note that VAWA policies have recently changed to allow services to victims in corrections). Other issues mentioned were concern about what was viewed as advocates' discomfort or lack of experiences with this particular population, potential of offenders to misuse services or manipulate advocates, and lack of a single state hotline for sexual assault.

RESOURCES NEEDED

The **majority** (64%) of respondents (71) indicated that in order to ensure sexual assault victims in correctional facilities have access to support from rape crisis center advocates, **corrections personnel/facilities need cross-training with advocates**. **At least half** (51%) indicated the need for **information/guidance on best practices** (51%) and **training for corrections staff**. **Over one-third** said they needed **staff to coordinate development of agency policies and agreements** with outside entities (39%) and **help standardizing agency response and multi-agency coordination** (37%). Just 9% indicated they did not need additional resources. (Note they were asked to check all that applied.)

Additional details on resources needed were provided by almost one-fifth (19%) of respondents: they said they needed **funding**, particular for community-based service providers, and **specific training**, including general training for PREA coordinators and cross training of investigators and victim advocates, as well as a national multidisciplinary/multi-agency training model. Several mentioned that any assistance/information is appreciated! One raised the question regarding what to do if the only rape crisis center or sexual assault coalition serving the area opts not to partner with the corrections agency.

ADDITIONAL FEEDBACK

When asked to provide any additional feedback they felt would be useful to the discussion of how corrections agencies can best engage with rape crisis centers and other sexual assault victim advocacy organizations in the work of supporting victims of sexual assault in corrections, 22 responses were offered. Highlights include:

- “Our experience shows that the rape crisis centers have a genuine desire to help not only victims, but the agencies to learn more about preventing sexual abuse.”
- Some advocacy groups are not aware of PREA. When informed, they expressed an interest in assisting, but do not feel they have the capacity to provide such services.
- There is a need to recognize involvement of corrections-based victim advocate: “We are VERY involved in PREA and coordinating all of the victim-support related standards with our agency as well as community-based rape crisis programs.”
- There is a sense that the correction field is addressing sexual safety and sexual abuse in detention in communities where the community may not even have an understanding of sexual abuse and power and control.
- Encourage more dialog with advocates to work out the many logistical questions and identify training needs.
- Teamwork and training on “both sides” is critical, as is education for corrections leadership. Advocate touring of correctional facilities is useful.
- Funding is needed to support this work.
- Technology is needed to assist corrections and advocates in reaching out to victims in rural facilities.

One respondent also noted lack of interest from its local forensic examiner/SANE program in serving victims from corrections settings. This comment may point to a need for separate discussions about partnering between corrections, SANE programs, and SARTs.

APPENDIX 4: ADVOCATE SURVEY RESULTS

Information gathered 2/13-3/13 in preparation for the
Rape Crisis Center Responses to Victims in Corrections Forum
Sponsored by the Office for Victims of Crime and the Office on Violence Against Women

RESPONDENT DEMOGRAPHICS

Survey respondents (120) indicated they represented local rape crisis centers (58%), state sexual assault coalitions (17%), and a national sexual assault victim advocacy organization (1%). A quarter (25%) indicated “other,” describing dual domestic violence/sexual assault programs (16), general crime victim services (5), domestic violence programs (4), a dual state domestic violence/sexual assault coalition, a crisis shelter, and a legal service program for sexual assault victims.

AWARENESS OF PREA VICTIM SERVICE STANDARDS

The **majority** (68%) of respondents (120) indicated they **were aware** that the Prison Rape Elimination Act (PREA) **requires corrections facilities to allow sexual assault victims from their facilities to have the support and accompaniment of a victim advocate from a rape crisis center (if available) during a medical forensic examination and investigative interviews.** Less than one-fifth (16%) said they were somewhat aware, and 17% said they were not aware.

Similarly, the **majority** (62%) of respondents (120) indicated they **were aware** that **PREA requires correctional facilities (not including lockups) to provide their inmates/residents with access to an outside victim advocate for emotional support services related to sexual assault.** Less than one-fifth (15%) said they were somewhat aware, and 23% said they were not aware.

RAPE CRISIS CENTERS/OTHER SEXUAL ASSAULT VICTIM ADVOCACY ORGANIZATIONS’ CURRENT INTERACTIONS WITH CORRECTIONS

Half (50%) of respondents (114) indicated they **had contact with correctional agencies** on the issue of sexual victimization in corrections. **Slightly over half** (52%) **provide services to sexual assault victims in correctional settings** and a **little less than one-third** (31%) **have agreements with correctional facilities to provide those services.** **Less than half** (42%) **provide other assistance** to correctional agencies (training, input on policies, materials, etc.) and 18% have **agreements to provide this other assistance.** Less than one-fifth (15%) also **participate in a SART** in which a correctional facility is also a member. Over a quarter (28%) indicated they had none of the above activities in place. (Note they were asked to check all that applied.)

There were 41 responses explaining activities, including:

- Willing to talk with victims in corrections, but no outreach from corrections at this point;
- Getting started in reaching out to each other and talking about services needed;
- Working with corrections to implement PREA standards;
- MOUs in process or implemented, at state and/or local levels;
- Responding to corrections victims as part of SART;
- Crisis hotline and crisis intervention;
- Third-party reporting source;

- Hospital accompaniment through forensic exam process;
- Awareness and prevention education for individuals held in correctional facilities;
- Counseling and support groups for victims;
- Follow up with victims reporting sexual assault;
- Legal advocacy and ongoing support;
- Any agency service to victims who contact the agency;
- Participation in case reviews with the correctional facility;
- Assistance with corrections policy development;
- Facilitating linkage between local rape crisis centers and correctional facilities;
- Designing training and cross-training;
- Facilitating training for and sharing of information with corrections personnel, as well as cross-training of advocates and corrections; and
- Training for male inmates to act as state certified rape crisis counselors.

QUESTIONS AND CONCERNS: SUPPORTING VICTIMS IN CORRECTIONS

The **majority** of respondents (117) had questions and concerns regarding the **correction system’s willingness/capacity to work with advocates** (60%), the **correction system’s understanding of rape crisis centers and how they operate** (58%), and **victim confidentiality** (56%). **Half** (50%) indicated concern about **advocates’ unfamiliarity with issues facing victims in corrections system**. **More than one-third** (36%) had concerns about **compensation and staffing to provide victim services**. **Over a quarter** (28%) had questions about **how correctional facilities operate**. Just 11% expressed no questions or concerns. (Note they were asked to check all that applied.)

Additional questions and concerns were described by 10% of respondents, including:

- Safety concerns for advocates in correctional facilities;
- Questions about corrections procedures when a disclosure of sexual assault does occur;
- Need for more advocate training, particular in specific situations (e.g., a victim in corrections may be the offender of a victim they are already serving in the community or a victim in corrections who is also a sex offender or batterer); and
- General concern for the safety of victims who report in corrections.

RESOURCES NEEDED

The **vast majority** of respondents (112) indicated that in order to provide support to sexual assault victims in correctional facilities, staff from rape crisis centers and other sexual assault victim advocacy organizations needed **cross-training with corrections** (84%). The **majority** said they needed **formal agreements with corrections agencies** (64%), **in-house policies on response to victims in correctional settings** (58%), **advocate training** (53%), **compensation for costs related to providing services/assistance** (53%). **Half** (50%) expressed the need for **staff to provide/coordinate services**. (Note they were asked to check all that applied.)

Additional details on resources needed were provided by 4% of respondents: Funding for a variety of activities beyond service provision (training, meetings, etc.) was one mentioned.

This explanation was particularly poignant: “Working with survivors in corrections is very meaningful work including being available to assist with reentry into the community. And, it is a huge time

commitment. The initial requests for services can be overwhelming as so many come at once. Crisis centers who have response time policies may need to consider these in the beginning. The cross training and PREA training and orientation is critical because what we can and cannot do can feel stunning and so very counter intuitive to advocates.”

ADDITIONAL FEEDBACK

When asked to provide any additional feedback they felt would be useful to the discussion of how rape crisis centers and other sexual assault victim advocacy organizations can best engage with corrections agencies in the work of supporting victims of sexual assault in corrections, 29 responses were offered. Highlights include:

- Encouraging both local and state programs to reach out to correctional facilities and system;
- Encourage representatives from advocacy agencies to meet with corrections agencies to jointly discuss response and identify priorities;
- Guidance on how to deal with lack of facility/system administrator buy-in;
- Summary information on PREA to allow advocates to educate themselves and correctional facilities about the stipulations of the standards and the rights of sexual assault victims in corrections;
- Sample MOUs, policies, best practices, train the trainer sessions for training advocates and corrections, cross-training, SART information, anything related to PREA;
- Encouraging mandatory cross-training;
- Guidance on logistics of response and best practices (what if there’s no rape crisis center, what locations should advocates respond--hospital, facility, or another site, etc.);
- Guidance for advocates on how response might differ across types of correctional facilities;
- Encouraging advocates to tour correctional facilities and learn how response in these settings is different than community response;
- Guidance for advocates and corrections on victim-advocate confidentiality scope and limitations;
- Guidance for advocates and corrections in specific situations—a few examples: (1) on working with victims when allegations of abuse are directed toward correction officers, (2) when correctional facilities fail to respond in a helpful manner, (3) with victims who misinterpret staff sexual misconduct as a relationship with the staff person, and (4) when victims continue to be exposed to the person or people that raped them;
- Guidance for advocates and corrections on providing cultural competent services;
- Encouraging ongoing, scheduled communication between agencies (e.g. with PREA coordinator);
- Encouraging an advocate presence in correctional facility and advocate willingness to work with these facilities while respecting their roles and purpose (as it leads to positive outcomes for victims);
- Need for funding for rape crisis centers to do this work—direct service, training, cross-training, policy development, education, meetings, etc.;
- Compensation for follow-up services and counseling, in addition to immediate response;
- Encouraging use of SARTs to facilitate coordinate corrections/community response to victims; and
- Concern that national technical assistance providers or private contractors will take work that rape crisis centers and state sexual assault coalitions should be doing.