

Hope Behind Bars

An Advocate's Guide to Helping
Survivors of Sexual Abuse in Detention

A Publication of
Just Detention International



JUST DETENTION INTERNATIONAL (JDI) is a health and human rights organization that seeks to end sexual abuse in all forms of detention. JDI was founded by survivors of prisoner rape who refused to be silenced by the horrors they endured while locked up. To this day, it remains the only organization in the country, and probably the world, dedicated to ending rape behind bars. JDI has three core goals: to hold government officials accountable for prisoner rape; to promote public attitudes that value the health and safety of people in detention; and to ensure that survivors of this type of violence get the help they need. JDI advocates for the well-being of all detainees, whether they are confined in federal, state, or local facilities, including public and private prisons, jails, juvenile facilities, immigration detention centers, halfway houses, and police lockups.

JDI was instrumental in securing the passage of the U.S. Prison Rape Elimination Act (PREA) of 2003, the nation's first federal civil law addressing sexual violence behind bars. One of PREA's core requirements was the development of national standards to prevent and respond to prisoner rape, which were released by the Department of Justice in May 2012.¹ Today, JDI works with policymakers, corrections officials, legislators, prisoner rape survivors, and allied organizations to ensure that the PREA standards live up to their potential to protect every person's right to be free from sexual abuse and to change the culture of U.S. detention facilities.

For more information, visit www.justdetention.org.

Table of Contents

Introduction	1
An Overview of Sexual Abuse Behind Bars	3
The Importance of Advocates	13
Overcoming Barriers to Providing Services Behind Bars	16
Guiding Principles to Serving Survivors in Custody	20
Hospital Accompaniment for Survivors	23
Hotline Services for Inmates	26
Prisoner Correspondence	28
In-Person Services in Detention Settings	31
Conclusion	37

Acknowledgments

JUST DETENTION INTERNATIONAL wishes to thank the following individuals for their contributions to this manual: Jan Lastocy, JDI Survivor Council member; Debora Monroe-Heaps, Director of Programs, Riverside Area Rape Crisis Center; and Karin Stone, Director of Client Services at Women's Center High Desert. This manual would not be possible without their tireless work and their dedication to assisting survivors of sexual abuse behind bars.

Michael Munson, Executive Director of FORGE, and Jody Marksamer, Esq., a juvenile justice consultant, provided valuable guidance to JDI on delivering services to survivors in detention. These webinars, which were supported by the Department of Justice's Office on Violence Against Women, played a key role in shaping this manual. JDI also wants to extend its thanks to the Center for Children's Law and Policy and the Pennsylvania Coalition Against Rape for their contributions over the course of this project.

JDI thanks all of the survivors of sexual abuse in detention who have shared their stories with JDI since 1980. The work of advocates simply would not be possible without the courage and determination of these survivors.

This project is supported by Grant No. 2011-TA-AX-K100, awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this manual are those of JDI and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Introduction

THIS MANUAL AIMS to help rape crisis advocates and other victim services providers to support survivors of sexual abuse in detention.²

In 1980, when JDI was founded by a prisoner rape survivor, sexual abuse behind bars was a hidden crisis. Very few survivors spoke out publicly about the abuses they had endured in U.S. detention facilities. Those inmates who risked reporting abuse to staff were generally ridiculed, ignored, or marked for retaliation — by both staff and other inmates — and subjected to further violence and humiliation. Once released, survivors were unlikely to find help from rape crisis centers, which were largely focused on combating the rape of women and girls in the community and generally ill-equipped to meet the needs of former inmates, particularly men. As a result, most survivors were forced to cope with the devastation of sexual abuse with little or no support.

Tom Cahill, a JDI Survivor Council member and the organization's former President, was brutally gang-raped in a Texas jail in 1968. He described what many prisoner rape survivors faced at that time:

“There was no help for survivors of sexual abuse behind bars. Those who were brave enough to ask for help would often be turned away. These survivors were treated as though they didn't deserve help or had brought on the abuse because they were locked up.”

Several decades later, JDI Survivor Council member Jan Lastocy was repeatedly raped by a corrections official in a Michigan state prison. Terrified, Jan kept quiet about the abuse after the perpetrator threatened

to delay her release if she told anyone. For Jan, and countless other survivors of this abuse, the trauma of being raped was compounded by the very fact of incarceration. As Jan said:

“Any rape survivor deals with the effects of being violated, humiliated, and afraid. A survivor of prisoner rape has all of these plus the added emotions of being a prisoner, which range from the fear of being locked up to the humiliation and constant triggers of daily life in a facility.”

For more than 30 years, JDI has mobilized prisoner rape survivors like Tom and Jan, fellow advocates, and allied corrections officials to hold government officials accountable for sexual abuse behind bars and make sure that survivors get the help they need. As a result of these efforts, in 2012, the U.S. Attorney General issued the first-ever binding national standards addressing prisoner rape. The standards, mandated by the Prison Rape Elimination Act of 2003 (PREA), call for unprecedented partnerships between rape crisis centers and corrections facilities. A key requirement of the standards — and one for which JDI fought hard during the standards' development process — is that facilities provide inmates with access to confidential support services from outside advocates. In short, the standards urge corrections agencies to work with community service providers, recognizing the unique expertise of rape crisis programs. As a result, advocates are being called upon more than ever to assist people who have been victimized in detention.

Many service providers are eager to help prisoner rape survivors, but lack specialized knowledge about sexual violence behind bars or have concerns about working

in a detention facility. Prisons and jails are culturally distinct environments that are often unfamiliar to advocates. Some common concerns include:

- Ensuring advocates' safety while working in a detention facility;
- Providing services to people who may seem dangerous or who may have committed sex crimes;
- Adapting interventions and advocacy strategies for the corrections environment;
- Working with unfamiliar populations, including people who have not traditionally sought help

from rape crisis centers, such as men, transgender women, people living in poverty, and people with addictions;

- Expanding services with no new staff or funding.

This manual addresses these and other concerns, while offering guidance to service providers on how to work with survivors in custody. Rape crisis advocates can provide a lifeline for incarcerated survivors who are struggling to heal in the aftermath of a sexual assault.

With the support and commitment of community service providers, survivors of sexual abuse in custody can finally get the care they deserve.

“ Although you may think that I’m not like you, we are not so different. I want to have control over my own body and my life, just as you do. I want to choose the people with whom I get intimate, just as you do. I absolutely did not want to have sex with that man in the San Francisco Jail, but I felt powerless to refuse him. As a transgender woman, I’ve experienced the worst kind of discrimination our society has to offer. I’ve experienced unbelievable discrimination. The incident in the jail wasn’t the only time I’ve been subjected to degrading sexual abuse, but it was one of the worst because the authorities have an obligation to protect us when we are incarcerated but they failed to do so. ”

— Cecilia, a transgender woman who was raped by inmates while held in the men’s unit of a jail

An Overview of Sexual Abuse Behind Bars

SEXUAL VIOLENCE IS a widespread crisis in U.S. detention facilities, shattering the lives of survivors. Based on its 2011–2012 national inmate survey, the Bureau of Justice Statistics (BJS) estimated that roughly 200,000 people were sexually abused behind bars during the previous year alone.³ A 2012 BJS study found that nearly ten percent of former prisoners reported being abused during their most recent period of detention.⁴ In more than half of all cases, it is corrections staff, not other inmates, who perpetrate this abuse.⁵

Who's Most at Risk?

While anyone can be sexually abused behind bars, some inmates are especially vulnerable to this violence. Perpetrators often target detainees who they perceive as less likely to fight back, less likely to report, and less likely to be believed if they do report. BJS research has shown clearly that youth and lesbi-

an, gay, bisexual, and transgender (LGBT) people are at exceptionally high risk for sexual abuse. In a 2013 report on adult facilities, the BJS found that LGBT prisoners were sexually abused by other inmates at a rate ten times higher than straight prisoners who are not transgender.⁶ In its report on juvenile detention facilities, also released in 2013, the BJS found that more than one in ten LGBT youth were victimized by other youth detainees — a rate that was seven times higher than the rate facing straight youth. Nationwide, 9.5 percent of juvenile detainees reported that they had been victimized at their current facility in the preceding year alone. Shockingly, more than 80 percent of the young people who reported sexual abuse were victimized by a staff member — the very people whose job it is to protect and care for them.⁷

In men's and women's facilities alike, inmates who have a history of prior sexual abuse are very often subjected to yet more abuse behind bars. Sexual

“ 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. Even the administrators thought it was okay for a ‘faggot’ to be raped. They said, ‘Oh, you must like it.’ I’m here to tell you that no one wants to be raped. ”

— Bryson Martel, a bisexual man who died of AIDS in June 2010 — having contracted HIV during a rape in prison

predators in prisons and jails target inmates who they believe are likely to yield to their demands — and unlikely to speak out about the abuse. According to the BJS, prisoners who had been sexually abused earlier in life were 20 times more likely to be abused than those who had not.⁸ Worse still, many inmates who have been sexually abused behind bars are marked as fair game for repeated abuse and harassment.

AT RISK FOR ABUSE: TRANSGENDER WOMEN IN DETENTION

Most corrections agencies make gender classifications based on genitalia — and not a person's gender identity. As a result, incarcerated transgender women are typically held in men's facilities, where they are exceptionally vulnerable to sexual abuse. One study of California prisoners found that 59 percent of transgender women housed in men's prisons had been sexually abused while incarcerated.⁹ Transgender women face constant sexual harassment from staff and inmates alike. Their gender identity is simply ignored or, worse, makes them a target for repeated taunting. As one transgender inmate put it, "The prison personnel seemed obsessed with making me a man. They denied me a razor so I could have a 'manly' beard. They beleaguered me with gender and sexual slurs, and chanted 'mister' at me."

Fortunately, the PREA standards include provisions aimed at protecting transgender inmates. The standards state that corrections agencies can no longer make housing decisions based solely on a transgender inmate's genital status. Under the standards, facilities must make these decisions based on each transgender inmate's health and safety, taking into consideration that person's own views on where they will be safest. Transgender people must also be allowed to shower separately from other inmates, and they ban any search or physical exam that is conducted solely to determine an inmate's genital status. If adopted, these provisions will help ensure the basic dignity of transgender inmates.¹⁰

Indeed, the BJS has found that, on average, a survivor of sexual abuse behind bars is assaulted three to five times over the course of a year.¹¹ Given that prior sexual victimization is a risk factor for sexual abuse behind bars, it is notable that a significant number of youth and adults enter the criminal justice system with a history of trauma — or because of a history of trauma. Numerous studies have found that a majority of female inmates suffered sexual victimization prior to incarceration.¹² Some prison administrators have told JDI that as many as four in five women housed in their facility had been sexually abused in the community.

Robin, an incest survivor who was sexually assaulted repeatedly by prison staff, described how having a prior history of abuse made her more vulnerable. She said:

"For me, being sexually abused as a child made me an easy target. It was in our file, and the guards can see that.

We are easy targets because we learn from a young age to keep our mouths shut. There are repercussions to telling. It is brainwashed into us. It was almost the norm because of how I grew up. I just felt like, 'Well, here comes another one.'"

Inmates with mental illness are also targeted for sexual abuse in custody. The BJS's 2013 study of adult detention facilities found that prisoners with symptoms of severe psychological distress were nine times more likely than those without any such symptoms to be sexually abused by another inmate. Among jail inmates, people who exhibit symptoms of severe psychological distress were preyed upon at five times the rate of those who do not.

The report also confirms that people with mental illness make up a disproportionate percentage of the inmate population. More than a quarter of all jail inmates surveyed by the BJS have a serious mental illness.¹³ As the study makes painfully clear, instead of

getting the help they need and deserve, these inmates are being subjected to horrific abuse.

Women prisoners are more likely than men to be sexually abused both in the community and while incarcerated. Contrary to popular stereotypes, the rate of inmate-on-inmate sexual abuse is four times higher in women's institutions than in men's. In further contrast to commonly held beliefs, male inmates are more likely than female inmates to be sexually abused by corrections staff.¹⁴

The Dynamics of Sexual Abuse in Custody

Sexual abuse is fundamentally about establishing and maintaining power and control. This core concept, uncontested in the rape crisis movement, applies as much to prisons and jails as it does to the community or to any other institutional setting. While corrections culture may be new to some advocates, the stories of survivors — including the circumstances of their abuse, the victim-blaming they

experience, and the impact the abuse has on their lives — will likely sound familiar to experienced rape crisis counselors.

Whether in the community or behind bars, sexual abuse flourishes where there is a culture of male domination over females — or anyone perceived to be feminine. Prison culture in men's facilities is dominated by deeply entrenched sexist and homophobic attitudes among inmates and staff, which encourage the systemic targeting of anyone perceived as not living up to stereotypes of dominant male behavior. Once victimized, inmates are labelled “woman,” “girl,” or “bitch.” Male-identified survivors are said to have been “turned out,” meaning turned into a woman or “turned gay,” and often become targets for further abuse.

In contrast, male inmate predators are not seen as gay but rather as straight and even hyper-masculine. A common assumption among both staff and inmates is that transgender women and gay men — or any

CORRECTIONS CULTURE

Large prisons and jails are profoundly dehumanizing environments. Inmates have almost no control over the most basic activities of their daily lives. Within these settings, staff often see inmates as nothing more than a number. As a result, disrespectful treatment of inmates by staff is common. Most corrections departments have a militaristic and highly hierarchical structure; staff typically use titles such as captain, lieutenant, and sergeant, with inmates placed squarely at the bottom of the hierarchy. These hierarchies tend to encourage staff to feel bound by a “code of silence,” an unwritten rule that places greater value on protecting the reputations of fellow staff members — even those who commit abuse — than on protecting the safety of inmates.

The good news is that the same hierarchical structures that can exacerbate sexual abuse can also be used to stop it. Corrections facilities with committed leadership, good policies, and well-trained staff have lower rates of sexual abuse, as well as other forms of violence. There are corrections officials across the country who are joining the effort to change the culture of prisons and jails and who take seriously their responsibility to protect the safety of all people in their custody. Thanks to PREA and its national standards, more and more corrections officials are joining the effort to end rape in detention and to affirming the core belief of the anti-rape movement: no one ever deserves to be raped, no matter what.

man perceived as vulnerable — deserve what they get when they are sexually abused. One survivor in a Texas state prison who asked staff for protection was told, “You’re an admitted homosexual. You can’t be raped. We’re denying your request. Learn how to defend yourself.”

In women’s facilities, just as in men’s facilities, inmates face the threat of sexual abuse from both staff and other inmates. Research has indicated — and many corrections officials recognize — that female inmates often create “families” while in prison. While these relationships can be beneficial, they can also turn abusive, mirroring the power dynamics of domestic violence in the community. Many perpetrators rely on trickery and manipulation, while survivors often yield to sexual abuse in an attempt to protect themselves from further violence. Unfortunately, corrections officials routinely minimize or ignore reports of rape, viewing violence among women inmates as “catfights” not worthy of serious attention.

Sexual violence in detention includes a range of abusive behaviors, just as in the community. Given most victim services providers’ extensive experience working with sexual assault survivors, the following sections cover only those forms of sexual violence behind bars that may be unfamiliar to advocates.

Sexual Harassment

Sexual harassment is widespread in corrections facilities. This kind of abuse, which is committed by staff and inmates alike, includes repeated and unwanted sexual advances; requests for sexual favors; insulting sexual comments or gestures; and degrading or disrespectful remarks about someone’s body parts or size. One of the most pervasive forms of sexual harassment in detention is the sexist and homophobic language that many inmates hear on a daily basis. It is common

“ **The deputies call me names — they call me ‘it,’ and ‘he/she,’ and ‘punk,’ and ‘fag-got.’ They whistle at me in the shower. They come to my cell door asking to see my breasts. Sometimes I want to die. I’m scared to close my eyes at night.** ”

— **Jackie, a transgender woman who was set up by staff for repeated rapes at the hands of other inmates at a California men’s jail**

for gay men, transgender women, and gender nonconforming men to be called “fag” or some other derogatory term.

Transgender men, lesbians, and gender nonconforming women are often called “dyke” and punished preemptively because of the misguided assumption that they are dangerous to other inmates. In many facilities, such language and attitudes are so much a part of everyday life that staff may display them in front of advocates — not realizing that it is considered inappropriate in healthy work environments. In some cases, sexual harassment may also be used deliberately by perpetrators to groom or test a victim before escalating to other forms of sexual abuse.

Staff Sexual Misconduct

Staff members commit the majority of sexual abuse in custody.¹⁵ This is not surprising, given the power that corrections officials hold over detainees. Staff perpetrators — who literally hold the keys to inmates’ freedom — may offer victims contraband or other scarce goods; threaten victims with a transfer or longer sentence; or withhold privileges, such as family visits. Staff perpetrators take advantage of the unlimited access they have to inmates and may abuse prisoners while they are sleeping, under the influence of drugs or medication, or during a pat-down or strip search.

Within the culture of corrections, where inmates tend to be seen as manipulative and untrustworthy, and where officials adhere to a code of silence, staff sexual

“ The abuse started when an officer—a captain, in fact—asked me to flash him. Then he forced me to have sex with him. While he didn’t physically hold me down, he threatened me. I have an infant daughter, and he said that he would transfer me to a facility where I wouldn’t be able to see her. I requested a housing change, but I was kept in the same cell for quite a while. I felt very unsafe, and was threatened by friends of my rapist. ”

— Ca’Linda, a survivor of staff sexual abuse at two detention facilities

abuse is rarely taken seriously. In nearly half the cases of reported staff sexual misconduct, the inmate victims — rather than the staff perpetrators — were disciplined.¹⁶ Many survivors of staff sexual misconduct describe the severe and ongoing retaliation they suffer when reporting the abuse, including harassment, involuntary segregation, or denial of medical or mental health care.

Even relationships between inmates and staff members that appear romantic are sexually abusive. Given the dramatic power imbalance between staff and inmates, it simply is not possible for inmates to consent freely to sexual activity with staff, even when no physical force is involved. For that reason, sexual contact between detainees and staff is illegal in all 50 states.¹⁷ Most corrections departments have strict policies prohibiting sexual contact between inmates and staff, though in practice these policies are rarely enforced. In many cases of staff sexual abuse, staff themselves are portrayed as victims who were “taken in” by an inmate’s sexual advances. Such portrayals ignore the reality that it is staff, not inmates, who hold the power and who are responsible for setting professional boundaries with the people in their custody.

Protective Pairing

Protective pairing refers to an arrangement where a powerful inmate demands sex from another inmate, in exchange for providing protection. Often referred to as “hooking up” or “getting married,” these pairings are sexually abusive, even though it may seem like the victimized inmate is consenting. For vulnerable inmates, protective pairing is often the most practical survival strategy in dangerous institutions; they yield to sexual activity with the perpetrator only because the threat of violence and further abuse from other inmates is so dire. Protective pairing may mirror the dynamics of domestic violence in the community, where one person exerts power and control over the other. Often the perpetrator enforces rigid gender (or other)

“ The options for me are to ‘choose up’ with a ‘husband’ that’s both strong enough and respected enough to protect me and with enough income to take care of me as his ‘prison wife.’ Or I can be conscripted into a gang as a ‘prison gang bitch,’ and forced to have multiple sex partners who may or may not take care of me. So I try to choose the lesser of two evils. ”

— Desi, a transgender woman serving time at a men’s prison who was in several sexually abusive protective pairings

roles. For example, in men's institutions, the perpetrator may force the survivor to use a woman's name, dress in a feminine manner, or perform domestic chores. Protective pairing relationships exist on a continuum from extremely violent, where the perpetrator uses frequent physical force, to less overtly violent pairings in which the victim may be afforded certain "privileges," such as the ability to use condoms with the perpetrator.

In a corrections setting, as in the community, a survivor's perceptions of what constitutes sexual abuse may differ significantly from what a victim services provider understands it to be. For example, some prisoners may claim that they wanted a romantic relationship with a staff member or that they "agreed" to have sex with another inmate in order to pay off a debt. While an advocate might recognize the coercive nature of these acts, many inmates — and corrections staff — will see them as consensual. A case in point is a corrections investigator who informed JDI that although he wanted to pursue a case against a sexually abusive inmate, he could not because the victimized inmate accepted a piece of cake after the assault.

The Impact of Sexual Abuse Behind Bars

Sexual assault is a devastating, life-changing event, no matter where it occurs. However, incarceration often exacerbates the trauma of sexual violence. The neurobiological reactions to this violence are dramatic, affecting survivors' basic functions like perception, speech, and movement.¹⁸ Common trauma reactions — including hypervigilance, shock, and numbness — can be extremely challenging to manage in a corrections setting.

“ A prisoner is told what to do, when to do it, how to do it, and where to do it. After a while, you no longer think for yourself, and in some ways, you lose the ability to do so. So while you are dealing with all of the emotions of a rape, you add to it the aspect of being a prisoner when it happens. This makes you think it is your fault, because no one cares what happens to you because you are just a prisoner, and you begin to question it yourself. ”

— Jan Lastocy, JDI Survivor Council

The immediate impact of trauma often impairs survivors' concentration and decision-making abilities, which can make it difficult, if not impossible, to follow verbal commands or participate in facility programs. Prisoner rape survivors may not be able to work or to comply with officers' instructions, which can result in disciplinary write-ups that, in turn, can lead to additional time in custody.

Most incarcerated survivors struggle with feelings of powerlessness, including over their bodies and environment. Inmates rarely have control over the stimuli around them, including noise, light, and the presence of other people. As most advocates know, intense stimulation can trigger a trauma reaction if the survivor becomes overwhelmed. To further add to survivors' feelings of powerlessness, most detainees' daily movements are controlled completely by staff: they are told when to wake up, when to go to work, and when to shower.

Prisoners are often forced to undergo pat downs and strip searches, which — even when conducted properly — can be traumatizing for sexual assault survivors, particularly those who have been abused by staff. In addition, inmates have almost no privacy when showering, toileting, dressing, or communicating with loved ones through phone calls or letters. Regaining a sense of control over their

“After I was released from jail, I tried to live a normal life, but the rape haunted me. I had flashbacks and nightmares. I was diagnosed with Bipolar Disorder. My marriage and my business failed. I’ve been arrested over and over again for acting out. I’ve had sexual problems. I’ve been filled with anger for nearly four decades. I’ve been hospitalized more times than I can count. My career as a journalist and photographer was completely derailed, which means lost income tax and spending power. For the past two decades, I’ve received a non-service-connected disability pension from the VA at a cost of about \$200,000 in connection with the only major trauma I’ve ever suffered — the rape.”

— Tom Cahill, former JDI President and JDI Survivor Council member

own lives, which is essential to any sexual abuse survivor, can be extremely challenging in a corrections facility.

Common trauma reactions may exacerbate symptoms of mental illness experienced by survivors with preexisting psychiatric disorders. These responses can complicate survivors’ already difficult path to healing. In the days and weeks following a sexual assault, it is common for survivors to have flashbacks, lose interest in daily activities, or consider suicide. Prisoner rape survivors who have bipolar disorder or schizophrenia, for example, may experience particularly intense hyper vigilance in the aftermath of a sexual assault. Given that reactions to sexual assault and symptoms of mental illness can appear quite similar — and may be conflated by untrained professionals — survivors who are already receiving psychiatric treatment and medication may be denied rape crisis services.

Those survivors who do not already have a mental illness are still at risk for developing Post-Traumatic Stress Disorder (PTSD).¹⁹ Prisoner rape survivors are especially vulnerable to developing PTSD because of the strong likelihood of re-victimization and re-traumatization while they are incarcerated. In a detention setting, a person who is victimized is almost always forced to come into contact with their attacker

in a confined space — a prospect made even worse when the attacker is a staff member. This can result in survivors feeling particularly desperate. For example, some may provoke fights with staff or other inmates in an attempt to be sent to isolation — away from their abusers — thus risking further punitive treatment. Bryson Martel — a survivor who died of AIDS, which he contracted from multiple rapes in detention — explained the dramatic steps he had to take to get assistance: “I yelled for the guard, but it was so loud in there, no one came to help me. I finally had to flood the cell to get a guard to come.”²⁰

While some inmates request to be isolated for their safety, many survivors perceive this practice as a form of punishment. Sometimes described as a “jail within a jail,” Administrative Segregation, or a Specialized Housing Unit, isolation often involves confinement in a cell for 23 hours a day with restricted movement and privileges. Most survivors find prolonged isolation to be stressful and disruptive to their daily lives. For inmates who were abused by staff, being in isolation often means that the perpetrator or his or her coworkers have greater access to those survivors, which can result in further abuse and retaliation.

In addition to mental and emotional trauma, sexual abuse can cause extensive, long-term medical prob-

lems. Injuries and stress-related illnesses complicate healing and often go untreated, especially if the survivor does not feel safe to report the abuse. Sexual abuse can also result in sexually transmitted infections and HIV. Rates of HIV are higher in detention facilities than among the general population, and inmates who have been sexually abused in custody report higher rates of HIV infection than inmates who have not been victimized.²¹ With proper treatment, a person with HIV can live a long and healthy life. Unfortunately, JDI has heard from many prisoner rape survivors who report that corrections facilities offer woefully inadequate care for HIV-positive inmates. Furthermore, many survivors who contract HIV as the result of a sexual assault in custody may not feel safe requesting treatment if they did not report the rape.

Reporting Sexual Abuse in Detention and Helping Survivors

According to the BJS, only a third of inmates who suffered abuse at the hands of another inmate reported the incident to staff. In cases of staff sexual misconduct, the percentage of inmates reporting dropped to under six percent.²² Like survivors in the community, the vast majority of prisoner rape survivors did not report the abuse because they were ashamed and embarrassed. Many did not make an official report out of fear of the perpetrator and possible retaliation or revictimization.²³ In any custody setting, being labeled a “snitch” and breaking the “code of silence” can expose an inmate to an increased risk of retaliation. In fact, a common refrain in U.S. detention facilities is “stitches for snitches,” which makes clear the potential consequences for reporting violence.

Given the widespread belief among corrections officials that inmates are habitual liars, it is hardly surprising that nearly half of prisoner rape survivors who did not report the abuse were afraid they would not be believed. Others feared that staff would do nothing to protect them, or were concerned about the lack of confidentiality afforded to them by corrections staff.²⁴ JDI hears from many prisoner rape survivors who are

afraid of being punished, moved to isolation, or transferred to another — possibly worse — facility if they report sexual abuse. Survivors also fear being subjected to more invasive searches, or increased disciplinary reports. Many may choose not to report because they are not sure how to do it, or what will happen once they do.

Sadly, prisoner rape survivors’ fears about reporting are well-founded. The BJS found that in nearly half of cases of reported staff sexual abuse, the survivor — not the staff perpetrator — was disciplined. Survivors were also punished in nearly a third of cases of inmate-on-inmate abuse, and more than a third were moved to solitary confinement following a report. Worse still, in a third of reported cases of inmate-on-inmate abuse, and in 15 percent of cases of staff sexual misconduct, there was simply no response from corrections officials.²⁵ For many prisoner rape survivors, to be ignored after taking the courageous step to report sexual abuse is a grave injustice.

Historically, incarcerated survivors have had little or no access to appropriate medical and mental health care in the aftermath of an assault. Prison medical and mental health practitioners rarely have specialized knowledge or training in sexual abuse.²⁶ Many inmates may not seek services, simply because they don’t believe they can trust prison staff to meet their needs when staff failed to protect them in the first place. To make matters worse, in most corrections departments, all staff — including medical and mental health providers — are required to report any suspicion or allegations of criminal activity, including sexual abuse. In practice, this means that a survivor cannot speak confidentially with any agency staff members about sexual violence. Just like survivors in the community, survivors behind bars are much more likely to seek help if they know they can do so confidentially. Although the national PREA standards have the potential to greatly improve medical and mental health care available to incarcerated survivors, it will likely be years before they are implemented fully in all detention facilities.²⁷

WHO GETS LOCKED UP: THE DEMOGRAPHICS OF U.S. PRISONS AND JAILS

Roughly 2.3 million people are incarcerated in the United States — more than in any other country in the world. State prisons hold about 1.4 million people, about half of whom were convicted of a violent crime. The majority of the federal prison population — which totals 211,150 — is in detention for a nonviolent drug offense.²⁸ Local jails have about 735,983 inmates on any given day but, due to the high turnover, there are nearly 12 million jail admissions every year. Most jail inmates are awaiting a trial or court action and have not been convicted of a crime.²⁹

An overwhelming number of inmates come from low-income communities of color. African Americans and Latinos account for 58 percent of the prison population, despite making up only one quarter of the total population.³⁰ People with mental illnesses are also drastically overrepresented in prisons and jails. More than a quarter of all jail inmates and nearly 15 percent of prison inmates have a serious mental illness, compared with less than one percent of the community at large.³¹ Men far outnumber women in all detention facilities, making up 93 percent of all prison and jail inmates.³²

The daily population of the country's juvenile detention facilities is about 80,000. Nearly two out of every three youth are in for nonviolent offenses, including parole violations, drugs, or truancy.³³ As with adults, youth from poor communities are more likely to become involved in the criminal justice system than youth in middle class or wealthy communities. A staggering number of youth detainees are African American. According to federal studies, black children account for 37 percent of all juvenile detainees. Even more alarming, of the 1,700 youth who are detained in adult facilities, 58 percent are black.³⁴ Children who have a learning disability, mental illness, or drug addiction are also disproportionately represented in the juvenile justice system.

A key predictor of incarceration, among adults and children, is having a history of sexual and physical abuse. This is true regardless of a person's gender, but the rates of prior victimization are particularly high among women and girls. Many survivors of sexual abuse in the community become targets for yet more sexual abuse behind bars.³⁵

“ I never told anyone that I had been raped while I was still incarcerated, for many reasons. I knew that there was no counseling and no medical treatment available. There would have been no one to talk to about what happened to me. So I buried it. I buried it deep inside me. I wondered if what happened to me was my fault or if I did something to cause it. I was also afraid for my safety.

I was raped by a corrections official, and I was afraid that if I told anyone what happened, not only would I not be believed, but what would his fellow employees do to me? The warden made it very clear that if anything ever came down to the word of a prisoner versus an employee, she would always believe the employee. If I did report the rapes, would I lose my date to go home? In my case the rapes continued for six months, several times a week. How could I tell my husband of 18 years what happened to me? Would he leave me? ”

— Jan Lastocy, JDI Survivor Council

“ We believe that everyone deserves equal protection against sexual violence and equal access to services. Sexual violence is never the fault of the victim or deserved by the victim, no matter what their criminal history may be. We recognize that because we’re opposed to sexual violence in all its forms, we can’t choose that some victims are more worthy of services than others. It has the same devastating impact on anybody who experiences it. And we want to be there to support those individuals in seeking justice and in healing. ”

— Jill Gruenberg, Advocacy and Prevention Program Coordinator,
RESPONSE: Help for Victims of Domestic Violence and Sexual Assault

The Importance of Advocates

CONFIDENTIAL RAPE CRISIS services are essential to helping people who have been sexually abused. However, the vast majority of rape survivors behind bars have very limited access to such services. According to BJS research, among survivors of abuse in detention, only one in ten has ever received assistance from a counselor and even fewer enrolled in treatment following the sexual assault.³⁶ Even survivors who disclose the abuse to a friend or family member rarely get help, since most people on the outside do not know how to navigate the system. This lack of access to support or protection means that incarcerated survivors are likely to be victimized repeatedly, with each assault adding a new layer of emotional and physical trauma that impairs their ability to serve their time safely and to return successfully to their families and communities.

The Mission of the Anti-Rape Movement

Rape crisis centers and other victim services providers share a common vision of ending all forms of sexual violence. The belief that survivors of sexual abuse in detention should receive help is consistent with this mission. For many providers, a key part of their work is offering care to people whose concerns are often ignored: people from communities with limited resources, access to services, and political capital. By any measure, inmates — a group that is itself largely made up of

“If I had an advocate, it would have saved me so much grief. It would have helped me through that traumatic event immensely. Going through it alone, I didn’t know who I could trust and who I could talk to about it — which appeared to be nobody.”

— **Frank Mendoza, prisoner rape survivor and member of JDI’s Survivor Council**

people from marginalized communities — are among the most disenfranchised and underserved members of society.

For some advocates, working to help incarcerated survivors — particularly those convicted of sex offenses or other violent crimes — can seem to present an ethical dilemma. However, serving this population is consistent with the core idea, widely held and proclaimed by sexual assault services providers, that there are no “bad victims.” Since its inception, a hallmark of the anti-rape movement has been the belief that no one deserves to be sexually abused and that all survivors, regardless of their background, deserve compassionate, non-judgmental support.

The Prison Rape Elimination Act (PREA) and State Law

Sexual abuse is against the law in every state, and these laws do not stop at the prison gate. Similarly, most

states and the federal government assert that victims of sexual abuse have the right to a qualified victim advocate at every stage of the criminal justice process. These laws are inclusive of inmates and entitle prisoner rape survivors to victim services,³⁷ though they have rarely been used to secure help and protection for people in prison.

The PREA standards have the potential to ensure that incarcerated survivors are finally able to get the help they need in the aftermath of a sexual assault. Recognizing the importance of rape crisis services, the PREA standards call for corrections agencies to work with rape crisis centers and other victim services

agencies to ensure services for incarcerated survivors. Under the PREA standards, corrections facilities have to provide survivors with access to a medical forensic exam performed by a qualified medical practitioner. Survivors must also be offered a certified rape crisis advocate to accompany them during the exam. The standards further require that corrections agencies enter into written agreements with community service providers to establish that rape crisis counselors are available to work with incarcerated survivors. Corrections facilities also must provide access to outside advocates through hotlines and via mail, and take steps to ensure that this communication is confidential.³⁸

THE PRISON RAPE ELIMINATION ACT (PREA) AND THE NATIONAL STANDARDS

The Prison Rape Elimination Act of 2003 — passed unanimously by Congress and signed into law by President George W. Bush — is a landmark human rights victory. The nation’s first-ever federal civil law addressing sexual abuse behind bars, PREA recognizes that the government has a duty to stop this violence.

PREA’s signature accomplishment is the creation of binding national standards for preventing and responding to sexual abuse in detention facilities. Released in May 2012 by the U.S. Department of Justice, the PREA standards lay out concrete, commonsense steps for corrections officials to take to protect the people in their custody and end sexual abuse. In addition to mandating improved victim services, the standards require facilities to train corrections staff on inmate safety, educate inmates on their right to be free from sexual abuse, and adopt a zero-tolerance policy toward this violence. The standards also call on facilities to put in place measures to ensure the safety of especially vulnerable inmates, such as LGBT people and survivors of prior abuse.

Both PREA and its national standards would not have been possible without the efforts of advocates and prisoner rape survivors. Today, advocates are working to ensure that corrections agencies fully adopt the PREA standards. For more information, visit www.justdetention.org/en/FPREA.aspx.

WHY PRISONER RAPE MATTERS TO THE ANTI-RAPE MOVEMENT

One of the most common concerns that rape crisis counselors have about working with people behind bars is that they will be providing services to a violent criminal — perhaps even a batterer or sex offender. The reality is that some people who are sexually abused in detention have committed terrible crimes. Knowing about a survivor's past — especially when that past triggers strong feelings — can make it challenging for counselors to provide non-judgmental services. Indeed, all too often, public attitudes reflect the belief that people behind bars deserve whatever they get, even if they didn't commit a violent crime. If they had been smart, or responsible, or followed the rules — so some people think — they would never have landed in detention in the first place.

The idea that there are “good” victims — people who deserve our compassion and support — and “bad” victims — who deserve what they get — is a familiar one to rape crisis counselors. For centuries, women and girls have been blamed for being sexually abused because they failed to behave according to society's rules. Victimized girls and women have been told they were “asking for it” by dressing provocatively, drinking or using drugs, engaging in sex work, or even having sex at all.

The anti-rape movement was founded on the belief that no one — no matter what — ever deserves to be sexually abused. Advocates have long insisted that all survivors should receive compassionate, non-judgmental support, regardless of their background or past actions. Working with incarcerated survivors requires that advocates reaffirm these core values. Providing crisis counseling to a survivor behind bars — just like providing crisis counseling to a survivor in the community — does not mean advocates approve of or agree with the choices the survivor has made previously. It simply requires a conviction that sexual abuse is never okay.

In most cases, advocates will find that the survivors they work with in prison are not so different from the survivors they serve in the community. In some cases, advocates may find themselves working with a survivor who has committed acts of violence against women or children. As with any survivor, in those situations it is important to focus on the sexual abuse, its impact, and how to help the survivor develop healthy coping skills. Remember that providing sexual abuse crisis counseling does not mean that you are validating or excusing the survivor's history of violence against others. If the survivor wants to talk about that history, advocates can simply explain that those conversations are outside of the scope of their services and make referrals if necessary. Notice your own feelings and try to keep them out of your counseling sessions. Be sure to seek support from a colleague or supervisor whenever you need it.

Overcoming Barriers to Providing Services Behind Bars

PROVIDING SERVICES TO incarcerated survivors can pose a number of challenges to rape crisis centers. Some organizations may have concerns about securing the funding to serve inmates, or may lack experience working with people behind bars. Even service agencies that have sufficient resources and staff training may nonetheless face obstacles in developing partnerships with corrections departments. The following section provides guidance on how to overcome the most common barriers to providing rape crisis services to inmates.

Funding for Services in Detention Behind Bars

Rape crisis centers typically operate on extremely limited budgets.³⁹ Many struggle to fund even core services, such as a hotline or crisis counseling. The prospect of developing new programs to reach inmates can be daunting. In addition, many corrections departments have limited funding to compensate rape crisis programs for their work with inmates. Some departments have the funding, but have not yet developed a strategy to include rape crisis services in their programs.

Community service providers are eligible for federal funding to support their work with survivors of sexual abuse in custody. However, the program guidelines for the State Victim Assistance Program under the Victims of Crime Act (VOCA), a primary funding source for rape crisis centers, have prohibited grantees from using these funds to serve incarcerated individuals. At the time of writing, the Department of Justice has proposed changing the guidelines to allow grantees to service incarcerated survivors.⁴⁰ As a result of ex-

tensive advocacy efforts by JDI and allied groups and the openness of the Department of Justice to revisit this outdated prohibition, the regulations that denied some survivors life-saving support are set to change in the near future.

Even with the VOCA restriction in place, rape crisis programs were, and are, able to use other resources to serve prisoners without jeopardizing their VOCA funding. Funding made available through the Office on Violence Against Women (OVW) can be used to help prisoner rape survivors — specifically STOP (Services, Training, Officers, and Prosecutors) grants and SASP (Sexual Assault Services Program) grants.

There are private donors and foundations that are willing to support work with inmates. There are also corrections agencies that have contracted with rape crisis programs to provide services. Some rape crisis centers use specially trained volunteers to work with incarcerated survivors (rather than having to pay a staff member) and share resources with other agencies. Others work with local detention facilities to develop innovative programs that might be attractive to private or government funders.

Ensuring the Safety of Advocates

The prospect of working with inmates gives some service providers pause. Advocates, especially those who have little or no experience with prisoners, may worry about their safety when faced with an incarcerated survivor in crisis. A typical fear is that advocates may be taken advantage of, manipulated, or even attacked by an inmate. While these concerns are understand-

able, they are largely rooted in myth rather than fact. Advocates should certainly take precautions when providing services to inmates. However, many advocates will find that incarcerated survivors are similar to their clients in the community, and no more dangerous to serve. The vast majority of inmates are grateful — and often surprised — to get outside help, and treat visitors with gratitude or curiosity. Services for inmates are rare in detention facilities, and it is unlikely that a prisoner would do anything to compromise this help. Even inmates with a violent past and who may not need rape crisis services are unlikely to try to harm a visitor, knowing that any violent behavior may result in additional criminal charges, revocation of privileges, or placement in isolation.

Service providers who are concerned for their safety — or who have little or no experience in corrections facilities — can request an orientation and tour and ask to meet with staff and inmates before the onset of services. Having face-to-face contact with prisoners can help to dispel fears about this population and provide advocates with an opportunity to learn more about their backgrounds and experiences.

Corrections officials are responsible for protecting visitors, and they take this role seriously. If a service provider ever feels that a situation may be unsafe — or if the advocate feels threatened — protective measures can be taken, such as providing a staff escort or limiting physical contact between advocates and survivors. Any agreement that is established between rape crisis centers and corrections agencies should cover safety protocols for rape crisis center staff.⁴¹ Some of the steps advocates can take include assessing the room in which they will meet with inmates, talking with staff about emergency procedures, and checking in with a corrections staff contact person before and after meeting with a client.

Bridging the Culture Gap

Even for those community-based groups that are willing to work with corrections departments, bridging the cultural divide between these agencies may seem overwhelming. On the surface, rape crisis programs

and corrections agencies operate with completely different missions and philosophies, and their staff may be uncomfortable working together initially. Outsiders are not always welcome in corrections facilities that, by nature, are closed off from the community. As such, prisons and jails tend to lack strong connections to outside groups.

Rape crisis programs that work with law enforcement or the military will find similarities between such agencies and corrections departments, which tend to be hierarchical and resistant to change. In order to work together successfully, community service providers and corrections agencies should identify common goals and objectives. Successful advocates know how to work within a corrections system, rather than against it. Cross-training is an important way for advocates and corrections officials to share their approaches and philosophies with each other. Rape crisis programs and corrections staff share a commitment to safety, which can provide a basis for working together.

The national PREA standards offer the most concrete and useful mechanism for rape crisis programs and corrections agencies to work together to end sexual abuse in detention and to serve survivors. As mentioned earlier, the PREA standards require that corrections agencies work with community rape crisis centers and other service providers to offer survivors services, including: confidential support via hotlines and letters; advocacy during sexual assault forensic examinations; and crisis intervention and supportive follow-up services. The standards also require that all facility staff receive training, including on the dynamics of sexual abuse, a clear area of expertise of rape crisis programs.

Many corrections agencies will reach out to rape crisis centers directly, asking for help. Rape crisis programs can also take the first step and offer to help nearby prisons, jails, youth facilities, and community confinement facilities to comply with some of the key requirements of the standards. The standards require that each facility designate a PREA Coordinator, who is responsible for ensur-

ing compliance with the standards and is the natural first contact for any rape crisis program that is willing to help.

The Sexual Assault Response Team (SART) model is an area of common ground that advocates can use to work with corrections facilities and help incarcerated survivors. The PREA standards require that all facilities develop a coordinated response plan that is similar in intent and format to SARTs in the community. SARTs are multi-disciplinary units tasked with responding to sexual abuse, ensuring evidence collection and a forensic exam, and arranging for emergency and ongoing medical and mental health services. Community SARTs and coordinating bodies for community services can offer to support the development of SARTs in institutions, invite corrections agencies to join community SARTs, and revise community protocols to include services for incarcerated survivors explicitly.

The foundation of any effective SART is the twofold goals of ensuring the well-being of the survivor and improving prosecution rates. Central to a SART's success is the commitment of each team member to carrying out his or her role in the service of these goals. Incarcerated survivors benefit tremendously when corrections officials join community SARTs and form SARTs in their institutions. Both the model itself and the interaction with community advocates change the culture of corrections facilities. Across the country, since the release of the PREA standards, such collaborations are increasing transparency, exposing corrections staff to new ways of understanding sexual abuse, and opening doors for survivors to get the help they need.

Protecting Survivor Confidentiality

Despite having a shared goal of survivor safety and well-being, advocates can expect to have detailed and sometimes difficult conversations with corrections officials about confidential communication with survivors. It is unimaginable to many corrections agencies that someone would learn of a sexual assault that oc-

curred within their facility and not immediately report it. Their fear is often that criminal activity will go unchecked if survivors have confidential access to community-based advocates. No matter what corrections officials' concerns may be, advocates should not compromise their principles and responsibility to survivors because a survivor is incarcerated. A survivor's right to confidentiality does not change depending on where the survivor lives, and nor do advocates' legal and ethical obligations.

An effective approach to reaching agreement on confidentiality can be to educate corrections officials about advocates' professional obligations and state laws regarding confidentiality. Advocates can also educate officials about how survivors in the community are more likely to report sexual abuse and participate in a prosecution when they have access to confidential counseling services. In recognition of the effectiveness of SARTs, the Department of Justice incorporated the principles of this model in the PREA standards.

Corrections officials' concerns about safety are real and valid. It is their responsibility to keep the facility safe, and they fear that if they do not know about a sexual assault against an inmate, they will be unable to protect others from the perpetrator. Advocates should be prepared to make clear to corrections staff that a rape crisis advocate is the one person whose only concern is the survivor's well-being. Every other person an incarcerated survivor comes in contact with on a daily basis is mandated to report crimes that occur within the facility. Having access to one person who is able to provide confidential support, information, and resources is likely to lead to an increase in inmate reporting.

Agreements about confidentiality should be documented clearly in memoranda of understanding or other written agreements. Rape crisis program staff can help to institutionalize confidential services for survivors by participating in staff training and inmate education, and they can also explain the role of the advocate and the extent to which communication with the advocate is confidential.

Sustaining Partnerships

Rape crisis centers know from experience that collaborative partnerships with other agencies can be challenging to maintain. Corrections-community partnerships may be particularly difficult to sustain given the differing philosophies, limited funding, and high staff turnover in the agencies.

An effective tool to build and sustain partnerships between rape crisis centers and corrections agencies is to develop a written memorandum of understanding that formalizes each agency's role in working with survivors. The PREA standards require that corrections agencies enter into such agreements with rape crisis centers, and many departments

will be eager to formalize these collaborations.⁴² To ensure continuity, community service providers should build relationships with several people in their local detention facilities, such as PREA Coordinators, front-line custody officers, and agency leaders. Including corrections staff in coordinated response meetings in the community can also help to ensure that partnerships are sustainable beyond the individuals who begin the collaboration. Scheduling regular check-ins and remaining in close contact can also ensure that these partnerships will continue as long as incarcerated survivors are in need of rape crisis services. As with any collaboration, it is important to assess and adjust the terms of the agreement regularly to make sure that the partners are working well together and that survivors are getting the help they need.

SUCCESS STORY: PITKIN COUNTY JAIL, COLORADO

Pitkin County Jail, in Colorado, is a small, rural facility with an average daily population of just 16 inmates. The jail does not have a 24-hour medical attendant, and the nearest sexual assault nurse examiner is more than 100 miles away.

In 2011, the head of the facility, Don Bird, reached out to a community-based organization to help set up victim services for inmates at the jail. The resulting partnership between the jail and the advocacy group, called RESPONSE, has been groundbreaking. With JDI's support, RESPONSE has created a sexual assault response team (SART) at the facility. In addition, the jail's staff are now trained in how to handle cases of sexual abuse.

Don Bird and Jill Gruenberg, Advocacy and Prevention Program Coordinator at RESPONSE, talked about creating successful community-corrections partnerships:

"For me, the key thing is having a comfortable relationship with the jail staff in which there is mutual respect. We're seeing each other weekly, saying hello, and gaining insight into each other's roles. In the natural flow, I might have a question that's relevant to the jail. Having the relationship means I can pick up a phone and just ask."

— Jill Gruenberg, RESPONSE

"Any cooperative enterprise in a community is beneficial. Jails tend to be fairly insular. I've always tried to make the jail part of the community and get community involvement to the extent that we can. Jill has a network with her group and, so by, extension, we can partner with the greater community. One of the benefits of living in a small town is that you can make those connections."

— Don Bird, Pitkin County Jail

Guiding Principles to Serving Survivors in Custody

MANY OF THE same principles that guide service provision in the community also apply to corrections settings. But working with inmates can also pose new challenges for advocates. This section provides a broad overview of considerations for working with incarcerated survivors. It will review best practices for providing rape crisis services to inmates, including hospital accompaniment during medical forensic exams, hotline calls, correspondence, and in-person services.

#1: Be open-minded

Being an inmate carries a powerful stigma. People in custody are used to being judged, and many will be eager to tell you about their accomplishments (such as past jobs or degrees) to show that they are more than just their inmate number.

When working with survivors in custody, just like when working with any survivor, it is important to make clear that you see them as whole people who are worthy of your respect — regardless of what they may have done in the past.

One easy way to show respect for inmates is to avoid discussing their criminal case, unless doing so helps you provide a person with care. Just as you would not mention a client's disability or national origin unless it was related to his or her healing, the same consid-

eration should be made for an incarcerated person's criminal history.

Karin Stone, the Director of Client Services at a rape crisis center who has worked with survivors inside the California Correctional Institution, uses a non-judgmental, open-minded approach to help survivors feel comfortable:

“The skill I called upon the most was to be non-judgmental. I do not want too much information about why the survivor is incarcerated because I believe it can make being non-judgmental difficult. Having good communication is also very important. Survivors often have difficulty trusting new people and this is especially true with survivors in detention.”

#2: Be patient, consistent, and persistent

As Karin points out, it may take time to build trust with a prisoner rape survivor. On the one hand, survivors are likely to be extremely grateful for your services. On the other hand, many are used to seeing programs come and go in the facility, and may not

“ Advocates need to know the absolute fear that a survivor will be dealing with when first getting in touch with an advocate. For survivors to have enough courage to even come forward in the first place should be celebrated. ”

— Jan Lastocy, JDI Survivor Council

trust that an advocate will work with them for more than just a short period of time. This wariness may be compounded by the mistreatment and lack of respect they have suffered behind bars. The best way to earn the trust of a survivor is by being consistent. A client should feel confident that his or her advocate will arrive promptly for an appointment. For many inmates, counseling sessions are something to look forward

“ Once a survivor starts talking, they may not be able to stop. You may be their only outlet. There are probably no other people who will listen to them, or who they want to tell their story to. Advocates must be willing to let the survivor lead the way, do the talking, the crying, and the sharing of their story. ”

— Jan Lastocy

to all week; it can be extremely disappointing for a survivor if the advocate shows up late, or doesn't come at all.

Debora Heaps, Director of Programs at Riverside Area Rape Crisis Center, has worked extensively with inmates at the California Institution for Women. She encourages advocates working with incarcerated survivors to allow some time for respect and trust to develop:

“The only way to get their respect is to earn it and that takes time. To earn the respect of an inmate, the advocate has to first display respect toward them and then you must be an individual who stands by your word.”

Working with prisoner rape survivors requires patience. Many of these survivors have a history of abuse that predates their incarceration — abuse that they may have never talked about with anyone. In fact, it is likely that an advocate will be the first person to whom your client discloses abuse from their past, whether the abuse occurred in custody or in the community.

The process of disclosure and building trust typically takes more time with an inmate — and involves more

repetition or retelling — than for other groups of survivors. Many survivors of sexual abuse in custody will consider the rape crisis advocate the only safe person to talk to about their experiences. It is important, therefore, to allow time to build and reestablish rapport during sessions, to expect to hold more introductory sessions than customary, and to help the survivor sort through the many concerns that come with daily life

in a detention facility. Advocates should also resist the urge to push survivors too quickly. Simply being able to share their story with a supportive listener is a profound first step in the healing process.

Be aware that any session could be your last one — inmates may not know if they are going to be transferred. Leave time within the session to help the survivor plan coping skills, make sure he or she has the rape crisis center's contact information, and develop a safety plan, if necessary.

#3: Remind survivors that they are not alone

Many prisoner rape survivors feel abandoned and alone. Given the strong disincentives to report abuse and the often severe consequences when survivors do report, many understandably prefer to stay quiet. As a result, survivors who do come forward can feel as though they are alone in having been victimized. Worse, the fact of incarceration itself can cause extreme loneliness. This is especially true if survivors are held at a facility far away from their loved ones or if they have been consistently mistreated by corrections officials.

Because inmates are often isolated from their support systems and treated disrespectfully, it is vital to tell them that they are not alone and that their experiences matter. JDI hears from thousands of prisoner rape survivors each year who are convinced that no one cares about them or the abuse they have suffered.

Advocates can contribute to survivors' healing by educating them about the high incidence of sexual abuse in custody — including by sharing other survivors' testimonies, if appropriate — and by affirming that their health and well-being are important.

#4: Trust your expertise

Some advocates doubt that they have the knowledge to assist people who are in custody. This concern may stem in part from worry about working in an unfamiliar environment with a new population. In reality, almost all rape crisis centers work with a diverse group of clients; even if you have never worked with prisoners before, you have almost certainly worked with survivors from many different backgrounds. The most important thing for a survivor — regardless of his or her race, gender, sexual orientation, or custody status — is to get support from someone who is trained in understanding the impact of sexual abuse.

The rape crisis model, because it is survivor-centered, can work for anyone. Just as an advocate in the community tailors support to meet the specific needs of a client, so should an advocate working in a prison. While advocates can benefit from additional training and tools to serve

inmates, the fundamental principles guiding rape crisis services apply to all survivors, regardless of their custody status. Survivors of sexual abuse in detention need and deserve the same sensitive, non-judgmental support as any other survivor.

#5: Decide in advance how to handle challenging requests

People in custody often have very few resources, and many are isolated from support networks. This means that incarcerated survivors are more likely than other survivors to ask for help with problems that are unrelated to sexual abuse. Issues that might come up include concerns regarding the survivor's criminal case, child custody issues, or future employment.

Advocates working in detention must be clear about their role and, as in any other setting, should set clear professional boundaries. The advocate's role, and the types of services available to inmates, might be confusing, especially when a rape crisis program is new to the facility. Expect to have to clarify — repeatedly, if need be — exactly which services a victim services agency can offer. Prisoner rape survivors need a clear understanding of what each program does.

“ Prisoner rape survivors must be told that they are not alone, that they are not the only people that this has happened to. They need to know that people do care about what happens to them, and that they won't leave. They need to know that there are people who will always be there when they need them. So many people who are incarcerated have been deserted by their families, or they have none. Having no one who cares about them is a way of life. Tell them that people will still care about them. Others will still want to love them, care about them, and work with them. ”

— Jan Lastocy

Hospital Accompaniment for Survivors

THE PREA STANDARDS require that prisons, jails, juvenile detention facilities, lockups, and community corrections agencies offer inmates access to medical forensic exams in the aftermath of a sexual assault, whenever necessary for that person's health care or for an investigation.³⁵ Further, the standards state that corrections agencies must ensure that survivors are offered the support of a victim advocate, whether the exam is performed at the facility or off-site.

Many rape crisis programs already provide accompaniment for incarcerated survivors during forensic exams. Others have never assisted a prisoner rape survivor during this process, but may be asked to do so by corrections agencies in the near future. The following suggestions can assist advocates in serving survivors of sexual abuse in custody during the forensic exam.

#1: Be informed and open-minded

While seeing a person in a jumpsuit or in handcuffs can be jarring, it is important to see your client as a person — not an inmate. In fact, for many people who have been victimized behind bars, their advocate is the first person to see them as a survivor, and not only as a criminal.

Although it may be necessary to review a client's case summary, keep in mind that law enforcement and corrections staff who compile these summaries often have a very different perspective than advocates. These reports should be used to gather information, and should not alter the non-judgmental approach that is at the core of crisis counseling.

#2: Inform survivors of their rights

According to the PREA standards and many state laws, an incarcerated survivor has the right to have an advocate present during a forensic exam, whether or not that person is also a prisoner. During hospital accompaniments, advocates should offer prisoner rape survivors the same type of services that are offered in the community. It is vital that advocates communicate their role in a respectful but firm way to any corrections or law enforcement staff who are present.

Many inmates do not know they can decline any part of the forensic exam or that the PREA standards mandate that they be offered the option of having an advocate present during the exam and during law enforcement interviews. It is the role of the advocate to inform survivors of these rights and to assist them in communicating their wishes to officials involved in the process, including law enforcement officials, corrections staff, and medical practitioners.

During the forensic exam, survivors who are incarcerated must have access to the same level of services that is available in the community. Survivors should also be informed of what a criminal investigation inside a detention facility entails. As such, rape crisis counselors should become familiar with how investigations are carried out in their local facilities, including any administrative investigations that may occur. For example, some prisons may have sworn law enforcement officials on staff who conduct criminal investigations, while others refer criminal investigations to a local police department. Corrections investigators and law enforcement agencies can provide

survivors — and advocates — with information on how these cases are handled.

#3: Help survivors maintain their privacy and comfort during the interviews and exam

Incarcerated survivors will probably be shackled during the exam. Custody staff might handcuff survivors to the exam table or place them in leg restraints. Some of these restraints will be removed for parts of the exam, depending on the nature and extent of the survivors' injuries and the corrections officers' security concerns.

Before a forensic exam, advocates should talk with corrections staff about how to meet both the need for security and the survivor's right to dignity and safety. The advocate, Sexual Assault Nurse Examiner (SANE)/Sexual Assault Forensic Examiner (SAFE), and corrections officers should discuss how the exam will be carried out, working out between them where, for example, each person in the room should stand. Again, the advocate's goal should be to achieve a balance between security and the well-being and privacy of the survivor. The more this balance can be achieved, the more likely the survivor is to be able to participate fully in the investigation.

Many survivors will want to meet with an advocate before and after the forensic exam for crisis counseling, support, and information. These meetings should be carried out privately and confidentially, whenever possible. To find a private space to meet with the survivor, advocates should review the layout of the exam site and discuss options with the SAFE/SANE and corrections staff. For example, JDI has helped to arrange survivor meetings with advocates at exam sites where security staff could see inside the room without being able to hear the conversation. This is possible in

a private room with a window, or in a curtained exam area with sufficient soundproofing.

#4: Have a back-up plan

Rape crisis centers may find it useful to have a staff member or volunteer who is trained specifically on responding to hospital calls from inmates. Assigning one staff person or volunteer to perform this role should not increase his or her workload considerably, unless there is an unusually high number of calls. It is also good practice to identify at least one back-up person in the event that the designated staff person or volunteer is unable to work with a survivor. Some reasons why advocates may need to remove themselves from a case would include if the advocate and inmate discover that they know each other from the community or the advocate is called on to help another client.

#5: Prepare the survivor to return to the facility

In almost all cases, survivors return to the same facility where the assault occurred. Going back to the scene can be terrifying and carries with it an elevated risk of retaliation. Recognizing these risks, advocates should prepare to give referrals and offer other follow-up care. It may be possible, for example, to give support via mail, or even to have a counseling session by telephone. If you and a survivor agree that a phone session would be helpful, you can make the appropriate arrangements with corrections officials at the facility. Survivors who have received a forensic exam should be seen by medical and mental health staff soon after returning to the facility. It is a good idea for advocates to have a contact person at the facility for follow-up and to coordinate services, keeping in mind the need to maintain confidentiality.

CHECKLIST: HOW TO PREPARE A SURVIVOR TO RETURN TO THE FACILITY

- **Check in with the survivor about any concerns he or she has about returning to the facility. Brainstorm options to address the concerns and help the survivor develop a plan.**
- **Give the survivor written information with your agency's contact details and instructions for seeking follow-up services.**
- **Include in any written agreements with corrections agencies that survivors should be able to keep counselors' contact information with them.**
- **Make sure any information you provide is accessible to people with cognitive disabilities, sight impairments, and limited English proficiency or literacy. If the survivor cannot understand the written information, make sure to give clear verbal instructions for how to contact your agency.**
- **Request permission from the survivor to follow up through your contact person at the facility.**
- **Discuss follow-up instructions for medical and mental health care with the survivor and make sure that corrections officers accompanying the survivor know to pass along follow-up instructions to medical and mental health staff at the facility.**
- **If the survivor grants permission, follow up with your designated contact person within a few days to request a check-in with the survivor.**

Hotline Services for Inmates

IN ADDITION TO requiring that survivors have access to medical forensic exams, the PREA standards call for corrections agencies to ensure that inmates can communicate confidentially with rape crisis agencies, or other qualified victim services providers. The standards also specify that corrections agencies must attempt to enter into written agreements for the provision of these services.⁴³

Many corrections officials have already approached rape crisis programs about providing hotline services for inmates. Some corrections agencies may choose to give inmates the numbers of hotlines run by local, state, or national victim services organizations, while others might create a separate hotline for inmates to contact a specific rape crisis center. In either case, it is likely that agencies will start receiving hotline calls from incarcerated survivors. Those agencies that already are getting calls from inmates will likely see them become more frequent.

The PREA standards also mandate that corrections facilities provide an outside, third-party reporting mechanism so that inmates can report sexual abuse to an independent entity that will then immediately forward the report to officials.⁴⁴ Some corrections departments hope that rape crisis centers can serve this function, believing that these centers are best equipped to handle inmate reports. However, most rape crisis programs provide confidential services to survivors and typically decline to forward reports to law enforcement directly, preferring to support or accompany survivors through this process. Due to the potential conflicts of interest for advocates who become involved in the reporting process, rape

crisis programs are not the best options for third-party reporting lines.

The following tips can assist rape crisis programs to serve prisoner rape survivors who reach out for support by phone.

#1: Train advocates on prisoner rape survivors' backgrounds, needs, and concerns

In anticipation of an increase in demand for your hotline services from inmates, it is a good idea to start incorporating information about the needs of prisoner rape survivors into your advocate or hotline training. Rape crisis centers can use this manual as a guide, as well as additional materials made available through JDI's website.

#2: Be clear about confidentiality

Some inmates will be hesitant to trust that any phone call from inside a detention facility is truly confidential. Indeed, if a prisoner calls your hotline, the call may be monitored by the institution. It is critical to explain to inmates the terms of — and limits to — the confidentiality of hotline calls from a corrections facility. Rape crisis centers should negotiate in advance with corrections facilities whether calls will be monitored by the institution, and communicate this information to inmate callers in order to obtain informed consent for hotline services. Most phone systems in detention facilities can allow preselected numbers to be exempt from monitoring — as is required for calls to attorneys. Since the release of the PREA standards, many forward-thinking corrections agencies have

added rape crisis hotlines to the confidential numbers inmates can call.

#3: Develop a protocol for handling reports and off-topic or prank calls

Phone calls from incarcerated survivors will probably be somewhat different from the ones you receive from survivors in the community. Some prisoners will call because they are desperate to reach out to another person, either for help after a sexual assault or simply because they are lonely and want to talk to someone outside the prison. Any hotline that takes calls from a detention facility may receive a high number of off-topic or prank calls at first. Some survivors may call the hotline to discuss issues unrelated to sexual abuse, simply to test out the service.

Advocates can plan ahead to deal with these types of calls. Before the number is distributed, both staff and inmates should be educated about the hotline's purpose, policies around confidentiality, and the consequences of misusing it. While issuing clear warnings about misuse is important, advocates should not

allow this caveat to overshadow the main purpose of the hotline: to serve as a safe way for inmates to talk to trained professionals about sexual abuse.

Prank calls from corrections facilities should be dealt with in the same way as those from the community. The odds are that off-topic calls will decrease over time, as the novelty of having an outside hotline wears off. When advocates set appropriate limits with callers and provide compassionate care to survivors, inmates will be better able to access the crisis intervention services they need.

#4: Work with a corrections point person

Having a point person in the corrections facility for the hotline will make the program easier to run. There should be open lines of communication to discuss problems and concerns, lessons learned, and ideas for improving the service. Prior to receiving inmate calls, you should communicate the confidentiality policy to corrections staff and explain what information from the inmate callers you can — and cannot — share.

Prisoner Correspondence

LETTERS ARE STILL the main way that prisoners communicate with the outside world. JDI receives more than 50 letters each week from survivors, many of whom are looking for referrals, help getting to safer housing, or support managing their feelings. Many just want to share their story with a compassionate witness. For survivors who do not feel safe disclosing the abuse to corrections staff or their loved ones, letters to an outside organization may feel like the safest way to reach out for help. The following guidelines can assist advocates to provide services to prisoner rape survivors by mail.

#1: Handle letters as you would a hotline call

In response to a letter from a prisoner, advocates should offer support, information, and referrals, just as they would during a hotline call. Maintaining confidentiality is, as always, of utmost importance. Letters from survivors should never be forwarded to corrections staff — or anyone else — unless the survivor has given written permission for the agency to do so. Advocates would not automatically notify law enforcement about a hotline call from a rape survivor in the community. The same level of discretion should be used with letters from inmates.

Rape crisis centers and other victim services organizations should respond to letters from prisoner rape survivors in a timely manner. Inmates who send a letter asking for help may not have any other recourse. Some survivors have had their mail withheld, and may be anxious to know that their letter reached your agency. If possible, advocates should respond to written cor-

respondence from inmates within one week. When a delay is unavoidable, it would be helpful to explain to the survivor the reason for the delay, and inform him or her of your agency's typical turnaround time. Doing so will help ensure that the survivor does not feel ignored or fearful that the corrections agency has confiscated his or her letter.

#2: Send letters via confidential legal mail

It is best practice to deliver inmate correspondence via confidential legal mail. Rape crisis centers that provide legal advocacy and information or that partner with an attorney or a legal assistance group may qualify for legal mail status. Confidential mail is typically opened in the presence of the inmate and is not pre-screened by corrections staff. Some rape crisis centers have agreements with corrections facilities that permit them to write to inmates via confidential mail, even though they do not provide legal services. Other corrections agencies maintain a list of victim services agencies that are pre-approved for legal mail status. It may be useful for advocates to contact local corrections facilities about this option to ensure that incarcerated survivors can send mail to their agency as confidentially as possible.

#3: Be mindful of exceptions to confidentiality

It is critically important to keep inmate correspondence confidential. It bears repeating that, in many cases, survivors who write to rape crisis centers do so because they do not feel safe telling the facility staff — or anyone else — about the abuse.

Whenever possible, you should get permission from a survivor before forwarding a letter to the corrections agency. However, there may be some situations in which advocates need to make exceptions to confidentiality. For example, JDI regularly receives letters from survivors who threaten to hurt themselves or someone else, or who describe an imminent threat to their safety. Rape crisis centers should decide how to respond to such letters on a case-by-case basis.

Refer to your agency policies, professional standards, and state guidelines to determine whether it is necessary to break confidentiality. Agencies should identify the person who is best equipped to intervene in such cases — such as someone who works in the facility's medical or mental health department or the PREA Coordinator. If you believe that a client, or anyone else in the facility, is in danger, you should consider speaking directly with the facility head or an investigator.³⁹ If the person under threat is a minor, you might contact the state's child protective services agency. In every case involving confidentiality, advocates should respond in a way that ensures their client's safety while minimizing any violation of that person's privacy.

In cases where your agency may find it necessary to forward information about a survivor to a corrections agency without the survivor's approval, provide corrections staff with only as much information as is necessary to ensure the survivor's safety. In such cases, you should try to communicate directly with the survivor as soon as possible to explain your concerns and why you shared their letter without permission.

#4: Use simple, clear language and a respectful tone

When corresponding with a survivor, use language that is clear and direct. People in custody have a range of educational backgrounds and literacy levels. However, inmates as a group have a lower level of educa-

tion than the general public. Advocates' letters should be written in simple language with short sentences. In general, correspondence with prisoners should be written at a fifth-grade reading level or lower; most word processing programs can assess a text's readability by grade level.

The tone of a letter to an inmate is also important. Special effort should be made to express care and concern for the survivor's emotional and physical health. Many prisoner rape survivors who reach out to outside groups are used to receiving form letters or no response at all. In many detention facilities, harsh, overbearing language is the norm, especially from staff. It is worth taking the time to personalize your response to an incarcerated survivor and to express your support and care for them, by using phrases like "I'm glad you contacted us" and "I'm so sorry about what happened to you." A few kind words can go a long way toward establishing trust with an incarcerated survivor and helping that person feel less alone.

#5: Provide resources, support, information, and referrals

Survivors in custody are often looking for basic rape crisis services, such as information about sexual abuse, legal referrals, and emotional support. Advocates should provide basic information about sexual abuse, common reactions among survivors, and the healing process. Advocates should also explain the services they can provide and take the time to validate survivors' feelings.

Victim services organizations may find it useful to create a packet of materials for incarcerated survivors that covers basic information on sexual trauma, as well as a list of local agencies that offer services to inmates. JDI's handbook for prisoner rape survivors — *Hope for Healing* — and its state-by-state *Resource Guide for Survivors of Sexual Abuse Behind Bars* can be found at www.justdetention.org.

SAMPLE LETTER TO A SURVIVOR BEHIND BARS

Every year, JDI hears from thousands of prisoner rape survivors. JDI staff respond by letting survivors know that they are not alone and guiding them on how to get help and stay safe. Below is a sample JDI letter to survivors. Rape crisis centers may find this template useful in developing their own outreach materials to incarcerated survivors.

Dear Survivor:

Thank you for contacting Just Detention International (JDI), a health and human rights organization that seeks to end sexual abuse behind bars. I am very sorry to hear that you have been sexually abused in prison. You did nothing to cause this abuse and it wasn't your fault. I hope the enclosed packet of information and resources will be useful to you.

In your letter, you wrote that you are in a dark place and that you feel alone. I am so sorry to hear that you are going through so much. I hope it might comfort you to know that these are very common trauma reactions, and you are not alone in feeling this way. Many survivors have similar feelings after a sexual assault, particularly if they face more abuse or are denied the care they need. The enclosed Hope for Healing handbook has more information on common reactions to sexual abuse and how you can cope with your feelings.

You may also want to talk to a counselor or someone else you trust about your feelings. If you feel comfortable doing so, you may want to reach out to the nearest rape crisis center for support in processing your feelings. You will find a list of rape crisis centers that have agreed to provide services to prisoner rape survivors in your state in the enclosed Resource Guide for Survivors of Sexual Abuse Behind Bars. If you do not see a rape crisis center in your area, I suggest you contact the state sexual assault coalition for more information.

If there is no one for you to talk to right now, I encourage you to keep writing, even if it is just in a journal. Please know that it is possible to heal, your feelings matter, and you don't have to go through this process alone. You are an important part of the fight to end sexual abuse and have already helped just by having the courage to share your story.

Sexual abuse in detention, whether committed by staff or by another inmate, is a form of torture that violates international human rights law, the U.S. Constitution, and state law. This abuse can take many forms and involves any type of sexual harm or exploitation, including: sexual harassment, threats of sexual violence, attempted rape, sexual abuse, sexual slavery, sex in exchange for protection, and other forms of coerced or unwanted sexual contact. It can occur anytime someone is in custody, whether on probation or parole or in a prison, jail, halfway house, juvenile facility, immigration detention center, or police lockup.

No matter what crime you may have committed, rape is not part of the penalty. You have the right to be free from sexual abuse.

All of the information you share with JDI is strictly confidential. We will not share anything you tell us with anyone else without your written permission. Please let me know if you have any questions or if you would like additional information.

I wish you all the best.

In-Person Services in Detention Settings

INCREASINGLY, RAPE CRISIS advocates and other victim services providers are offering in-person services to incarcerated survivors of sexual abuse.

These services may include crisis intervention, short-term counseling, and long-term therapy. Some organizations facilitate support groups or run education programs for inmates. The following considerations may be useful to rape crisis advocates meeting face-to-face with incarcerated survivors.

#1: Follow agency and facility rules and regulations

Advocates working in a detention facility should take the time to learn its rules and procedures. You should consider yourself a guest of the agency; it is important to respect all safety rules and visitor guidelines, even if they seem to be overly restrictive. For example, the list of contraband items is typically very extensive, and you likely will not be allowed to bring in items like purses, cell phones, or laptops. It is a good idea to inquire about the dress code ahead of time; some colors and garments may be prohibited, such as denim or open-toed shoes.

Some corrections departments may ask that advocates complete a volunteer orientation before starting a service program within the facility. The orientation is a great opportunity to talk about any safety concerns, as well as to learn more about the agency's rules and guidelines. For example, there may be restrictions on the times when you can visit the facility and on what you can give to inmates. Some corrections facilities prohibit inmates from having folders or anything with staples. By knowing the rules in advance, you

ensure that the materials you provide to incarcerated survivors are not confiscated as contraband by corrections staff.

Prior to entering the facility, you will likely need to undergo a background check. You also might be asked to get a visitor's pass or ID card. The procedures and guidelines for visitors vary across corrections departments. To avoid delaying the start of your counseling program, make sure to inquire about entrance requirements at least one month before you intend to start services.

#2: Check-in with a designated corrections staff person

Upon arriving at the facility, the first thing an advocate should do is check with a designated staff contact. This staff person should always know where you are during a visit. In fact, it is likely that you will have a corrections staff person escort you for your first few visits. In some institutions, visitors are never permitted to move around unsupervised.

There are agencies, however, that allow advocates who feel comfortable getting around on their own to do so. In either case, contact the facility well enough in advance so that an escort can be made available, if required.

It is normal to feel nervous the first time you go to a prison or jail, but it is important to remember that staff are trained to keep visitors safe. If you ever feel unsafe or threatened while inside a facility, check in with the nearest staff person immediately.

#3: Learn the layout of the facility

Before you begin working with inmates, it is a good idea to tour the facility. It is especially important to know the layout of the areas where you will be providing counseling. Typically, inmates receive rape crisis services in professional visitation rooms, a staff office, or at the medical clinic. Advocates should work with corrections staff to determine the best location for providing confidential counseling services, and

“ There are many rules and procedures we must follow in the institution. Staff is responsible for our safety while we are at the facility and each advocate should know who they are to check in with. It is important for advocates to feel comfortable in their environment in order to be effective at providing this service. ”

— Karin Stone, Women’s Center High Desert

how to get there. It is also helpful to locate the nearest restrooms in the facility, since many corrections facilities have only a handful of restrooms that can be used by visitors.

During a tour, you should feel free to talk with staff and inmates about your role and the purpose of your program. The primary reason to take a tour is to get a clear sense of the facility’s layout, and to see how inmates move around during their days. The more you know about daily life behind bars, the better equipped you will be to help inmates.

Allowing a bit of extra time to arrive for your appointments with survivors is always recommended, but it is especially important when working in a detention facility. Unanticipated delays may occur if your staff escort has a priority matter to attend to, or if an alarm has been triggered. Facility tours are also an excellent way to meet staff and to become familiar with the inmate population.

#4: Adapt interventions to fit the corrections environment

When providing services to incarcerated survivors, be clear about what you do and set professional limits and boundaries. This is especially important when providing face-to-face services in a detention facility where the majority of the population have very few resources and, over the course of their lives, have received very little professional care. Prisoner rape survivors may

have high expectations of you as an advocate, so be sure to provide a description of the scope of your work, including any restrictions on the number of times you can see them.

Prisoner rape survivors face the potential of re-traumatization at every turn. Recognizing the potential triggers in a

corrections environment, advocates should work with inmates on developing realistic coping skills and on accessing available resources. Incarcerated survivors are not able to use the same coping skills as people in the community — they can’t go for a walk or call an old friend and, in most facilities, they can’t call a hotline in the middle of night.

Inmates can, however, learn self-contained coping methods, like breathing exercises, guided imagery, or journaling. Advocates should give survivors tools that are effective in any environment, but that are specifically tailored for a corrections environment; some coping skills that have been proven to help incarcerated survivors include meditation, grounding techniques, and reading. Writing about a traumatic experience can be especially helpful, but it’s important to keep in mind that inmates run the risk of having their writing found by staff or other inmates. For this reason, they may feel safer giving their writing to an advocate, or even discarding it.

Following a session, your client is unlikely to have a private moment to gather his or her thoughts. Most will have to return directly to a program assignment, job, or their housing unit — all places that afford little opportunity to regroup from what can be an emotionally difficult experience. It is therefore important to allow some time toward the end of each session to do breathing exercises, talk about something less stressful, or simply sit quietly for a moment.

One of the simplest ways that advocates can help survivors heal is by fostering their hope and resiliency. Remind incarcerated clients that surviving — and talking about — sexual abuse behind bars takes incredible strength and courage. Equally important, advocates should emphasize that survivors are not alone and that healing is possible.

#5: Use discretion to ensure survivor confidentiality and privacy

Confidentiality is critical to providing effective services to any survivor, regardless of custody status. Protecting confidentiality is perhaps even more vital behind bars, given the high risk of retaliation facing inmates who report abuse. Indeed, many prisoner rape survivors fear being labeled a “snitch” for meeting with

“ Let them know that they are on the road to recovery and that they will survive this and recover. Tell them how strong they are on the inside. ”

— Jan Lastocy, JDI Survivor Council

an advocate; others worry that what they disclose during a session will be shared with staff.

Discretion and privacy are in short supply in most corrections facilities and the temptation for corrections staff and inmates to ask questions about a visitor is great. Many advocates — particularly from rural communities — may already know some of the corrections staff. If an advocate meets with survivors regularly, chances are the staff will know the nature of the visit, even if they don't know exactly what happened to the victim. In this way, a survivor's privacy can be compromised as soon as an advocate meets with him or her.

Advocates can take precautions to ensure that their visits do not jeopardize the safety of survivors. For example, you may want to schedule an appointment with an incarcerated client that coincides with an already planned facility visit unrelated to the session. Likewise, an advocate could meet with a client in a location commonly used for other purposes, like an attorney visiting room.

“ I received permission from an Associate Warden to bring my client a book about healing. This was a helpful intervention, but it's not common practice for facilities to let advocates give inmates books. Fortunately, the survivor was allowed to keep the book until he finished — but only after signing a statement promising that he would reimburse my agency if it wasn't returned. He took good care of the book and returned it on time. More importantly, we were able to discuss the things he learned from it. ”

— Karin Stone

“ I remember working once with a survivor who was behind a glass partition and having to use the telephone to communicate. One side of the telephone was not working, so we spoke through the glass. We had to raise our voices to hear each other, which of course is contrary to a basic principle of counseling. There were other inmates present, and I worried that his confidentiality was being compromised. On the lower level yards, I am allowed to meet with the survivor in a conference room or an office. The survivor is not confined, but I always have a whistle and a personal alarm in case of an emergency. I also must pay attention to the sound of other alarms and have to follow the correct protocol. ”

— Karin Stone

While a client’s privacy is a vitally important, there are cases in which advocates are compelled to share a survivor’s information. For example, victim services programs that are run by a government agency, such as a sheriff’s department, municipal office, or state district attorney’s office, may require disclosures of criminal activity or intent, which would include any sexual abuse that the survivor discloses in the facility. In these instances, advocates should communicate to incarcerated survivors any limitations on confidentiality and obtain informed consent prior to providing services.

#6: Advocate for survivors’ well-being and develop a safety plan

Incarcerated survivors face the same devastating physical and emotional trauma as any other survivor but, in many cases, the threats to their safety are especially serious. There are many ways that advocates can help ensure the immediate safety of survivors. Advocates can, for example, follow up on grievances filed by their clients related to the abuse, contact medical or mental health staff about treatment services, and inquire about the status of the investigation, at a survivor’s request.

It is disturbingly common for prisoner rape survi-

vors to be threatened or retaliated against by inmates or staff for reporting abuse, or to have no choice but to be in ongoing contact with the perpetrator. In these cases, it may be best to create a safety plan with the survivor.

There is a great deal of overlap between the best practices for developing a safety plan behind bars and developing one in the community. The key steps are to work with the survivor to assess the threats to his or her safety; identify whether the threat is from other inmates, staff, or both; and review any action the survivor may have already taken to stay safe, discussing any required follow-up. For example, if a survivor reported a threat to staff but received no response, his or her advocate should consider reaching out to the PREA Coordinator or facility head. On the other hand, if medical or mental health staff do respond, a survivor may be able to request emergency services to get to a safer place. In cases where a client does not file a report, advocates should explain how to do so, or offer to submit a claim on their behalf — with a signed release of information.

When survivors do not feel safe reporting, their advocate can help them create a list of the places — and the people (e.g., staff members, teachers, volunteers, clergy) — in the facility who make them feel safe.

Advocates should also ask clients about other inmates who are friends, whose presence alone can often provide support and comfort. In addition, reaching out to family or other support systems in the community can be helpful. Inmates sometimes are hesitant to worry their loved ones, but contact from the outside is often a lifeline. It is crucial to keep in mind that, as in the community, survivors may not remember these resources and others in the midst of a crisis.

Advocates should also help survivors develop an emergency plan. Survivors should have emergency contacts and hotline numbers to call in the event of a crisis. In addition, advocates should discuss with their clients what to do in a crisis situation, reviewing options such as an intercom system, an alarm button, and simply shouting for help. It is important to remember that a survivor's opinion regarding his or her safety is the one that matters the most. This principle is as true for incarcerated survivors as it is for survivors in the community, and it holds in spite of the impact crises can have on decision-making. Keeping this in mind, advocates should work with survivors to brainstorm options, respect the choices they make, and, with permission, advocate on their behalf.

#7: Be prepared to overcome disruptions in services

Corrections facilities are constantly shifting environments, and disruptions and unexpected changes can happen at any time. For example, facilities can go into "lockdown," which means that all movement is halted and inmates may be forced to return to their housing units for an unspecified period of time. While it is difficult to anticipate when a facility may go into "lockdown," advocates should confirm that the facility is open to visitors prior to traveling there for an appointment.

Inmate populations are also constantly in flux. A client may be transferred to a different facility with barely a moment's notice, so you should ensure that survivors know how to reach you in the case of a transfer and establish a plan for what to do if services are terminated unexpectedly. If you meet with a survivor more than

once, you should approach each session as though it might be the last. Develop your clients' self-care plans promptly so that they can continue their healing, even if they cannot continue to work with you.

It is also common for inmates to be moved within a facility, including to isolation or Administrative Segregation, where it can be more challenging to meet for counseling sessions. In other cases, previously booked meeting rooms may unexpectedly no longer be available. It is best to designate a back-up location for counseling sessions, though it is important to check with the survivor before making new arrangements.

#8: Have a plan to address suicidal/self-harm ideation or attempts

Many survivors of sexual abuse in custody consider suicide at some point during their incarceration. The devastation of sexual violence, coupled with the deprivation and dehumanization of a corrections environment, can lead some survivors to feel as though ending their lives is their only option. Advocates should decide in advance how to respond if incarcerated clients share concrete plans and a means of killing themselves.

It is recommended that advocates have a written agreement with the facility that lays out a protocol for informing staff about a client who has expressed suicidal thoughts. When possible, advocates should express their concerns to facility staff in writing. This reporting requirement should be explained to clients at the outset of the treatment as part of the informed consent process.

Inmates who are suicidal are typically placed on "suicide watch," which involves some form of isolated housing. Being on suicide watch, however, can generate still more trauma for a rape survivor. Although this option is not ideal, it is still critically important to report any credible suicide plan to facility staff in accordance with professional, agency, and state guidelines. Before informing a facility about a suicidal client, you should explain to the survivor your reasons for sharing

this information with staff. It is crucial to help survivors come up with a plan for self-care should he or she be placed on suicide watch. Above all, advocates should respond quickly and with compassion if a client is suicidal.

#9: Make plans for follow-up care in the community

The vast majority of prisoner rape survivors are eventually released from custody. At the beginning of services, advocates should inquire about when and if the client is due to leave the facility for any reason. If a client's release date is coming up, the advocate should prepare a list of referrals, including to the advocate's own agency in the community. Equally important,

if your client is being transferred, he or she should be provided with the names of agencies that support incarcerated survivors in that area. In both cases, advocates should give a contact name and the physical address of any referred agency so that clients can reach out by mail if a hotline service is not available.

Most inmates held in county jails are never charged with a crime, and, in many cases, these detainees are released within a few days. Advocates working in a jail should take special care to provide resources and referrals to clients promptly. Many inmates will feel more comfortable getting services once they are no longer incarcerated, so be sure to provide information about how they can contact your agency from the community.

Conclusion

SEXUAL ABUSE SHATTERS LIVES — but it doesn't have to destroy them. With quality medical and mental health care, survivors can heal from abuse. Yet historically, inmates have not had access to even the most basic level of care. Even today, many prisoner rape survivors are forced to deal with the devastating effects of sexual abuse without adequate support.

Fortunately, the national PREA standards have helped pave the way for rape crisis centers to play a critical role in helping incarcerated survivors. The PREA standards echo what advocates have been saying for years: all survivors are equally deserving of crisis services, regardless of their custody status. If implemented, the standards will lead to a dramatic improvement in the quality of care given to inmates.

This manual aims to help advocates take advantage

of the unprecedented opportunity created by the PREA standards. It also seeks to anticipate some of the challenges that come with helping survivors who are incarcerated. While the core principles that underpin crisis services remain the same in any setting, many advocates have limited experience providing services inside prisons and jails. The manual addresses the ways in which detention facilities are culturally distinctive, how this culture can make it difficult to deliver services to inmates, and what advocates can do to overcome these obstacles.

A core belief of the rape crisis movement is that no one ever deserves to be raped. Victim services providers are a lifeline for countless people in the community, many of whom would otherwise receive little or no support. With the PREA standards in place, advocates can help ensure that survivors who are incarcerated are able to begin healing.

“ I’m a survivor of prisoner rape. I’m also an advocate to stop prisoner rape. Everyone needs to realize that sexual abuse happens in detention. But we have the power to stop it. We have to stop it. ”

— Jan Lastocy, JDI Survivor Council

Notes

1. National Standards To Prevent, Detect, and Respond to Prison Rape, 28 CFR 115 (Department of Justice, 2012), www.federalregister.gov/a/2012-12427.
2. For the purposes of this document, “detention” refers to any type of confinement facility, including adult prisons and jails, youth detention facilities, local detention facilities, and police lockups. Each of these facilities is defined in the PREA standards: www.federalregister.gov/articles/2012/06/20/2012-12427/national-standards-to-prevent-detect-and-respond-to-prison-rape#p-1300.
3. Allen J. Beck et al, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12* (Bureau of Justice Statistics, May 2013), www.bjs.gov/content/pub/pdf/svpjri1112.pdf.
4. Allen J. Beck and Candace Johnson, *Sexual Victimization Reported by Former Prisoners, 2008* (Bureau of Justice Statistics, May 2012), p. 5, www.bjs.gov/content/pub/pdf/svrfsp08.pdf.
5. Beck et al, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12*, p. 6.
6. Ibid., 30; refer to the JDI fact sheet *Targets for Abuse: Transgender Inmates and Prisoner Rape* for more information on the sexual abuse of transgender detainees: www.justdetention.org/en/factsheets/TransgenderFactSheet.pdf.
7. Allen J. Beck et al., *Sexual Victimization in Juvenile Facilities Reported by Youth, 2012* (Bureau of Justice Statistics, June 2013), p. 4.
8. Beck et al, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12*, p. 18.
9. Valerie Jenness et al., *Violence in California Correctional Facilities: An Empirical Examination of Sexual Assault* (Irvine: Center for Evidence-Based Corrections, University of California, 2007).
10. For the PREA standards on safe housing and search restrictions of transgender inmates, see National Standards, §§ 115.15, 115.42, 115.242, 115.342, www.federalregister.gov/articles/2012/06/20/2012-12427/national-standards-to-prevent-detect-and-respond-to-prison-rape#p-1392 and www.federalregister.gov/articles/2012/06/20/2012-12427/national-standards-to-prevent-detect-and-respond-to-prison-rape#p-645.
11. For example, a 2008 survey of three women’s prisons in Ohio showed that 70 percent of inmates reported being sexually abused prior to their incarceration. See Cathy McDaniels-Wilson and Joanne Belknap, “Extensive Sexual Violation and Sexual Abuse Histories of Incarcerated Women,” *Violence Against Women*, Vol. 14, No. 10 (October 2008), p. 1118.
12. Beck et al, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12*, p. 7.
13. Ibid., 27.
14. Ibid., 17.

15. For a detailed definition of staff-on-inmate sexual abuse, see National Standards, § 115.6, www.federalregister.gov/articles/2012/06/20/2012-12427/national-standards-to-prevent-detect-and-respond-to-prison-rape#p-122.
16. Beck and Johnson, *Sexual Victimization Reported by Former Prisoners*, 2008, p. 31.
17. NIC/WCL Project on Addressing Prison Rape, "Fifty-State Survey of Criminal Laws Prohibiting Sexual Abuse of Individuals in Custody," www.wcl.american.edu/endsilence/documents/50StateSurveyofSSMLawsFINAL2009Update.pdf.
18. For a sampling of relevant research, refer to www.aic.gov.au/media_library/publications/proceedings/20/galliano.pdf and Chapter 1 of PPCT Management Systems, Inc (1989), "Use of Force — Human Factors."
19. Sidran Institute, *Post Traumatic Stress Disorder Fact Sheet*, www.sidran.org/sub.cfm?contentID=76§ionid=4.
20. From Bryson's testimony (at the time using the name Kendall Spruce) before the National Prison Rape Elimination Commission hearing in San Francisco, CA, on August 19, 2005; see www.just-detention.org/en/nprec/kendellspruce.aspx.
21. Beck and Johnson, *Sexual Victimization Reported by Former Prisoners*, 2008, p. 33.
22. Among inmates who were victimized by other inmates, 37% reported the abuse; see *ibid.*, 30.
23. *Ibid.*, 30-31.
24. *Ibid.*, 31.
25. *Ibid.*, 31.
26. The PREA standards require that all medical and mental health staff receive specialized training in how to detect and respond to sexual abuse, evidence preservation, and mandatory reporting requirements; see National Standards, §§ 115.34, 115.134, 115.234, 115.334, www.federalregister.gov/articles/2012/06/20/2012-12427/national-standards-to-prevent-detect-and-respond-to-prison-rape#p-585.
27. For example, the standards require that medical and mental health corrections staff receive specialized training on sexual abuse in detention and that they provide emergency and ongoing treatment, consistent with the community level of care. See National Standards, §§ 115.82, 115.182, 115.282, 115.382, www.federalregister.gov/articles/2012/06/20/2012-12427/national-standards-to-prevent-detect-and-respond-to-prison-rape#p-1054.
28. E. Ann Carson and William J. Sabol, *Prisoners in 2011* (Bureau of Justice Statistics, December 2012), www.bjs.gov/content/pub/pdf/p11.pdf; for the most up-to-date figures on federal inmates, see the "Quick Facts About the Bureau of Prisons," Federal Bureau of Prisons website, www.bop.gov/news/quick.jsp#3.
29. Todd D. Minton, *Jail Inmates at Midyear 2012 — Statistical Tables* (Bureau of Justice Statistics, May 2013), p. 1, www.bjs.gov/content/pub/pdf/jim12st.pdf.
30. NAACP, "Criminal Justice Fact Sheet," www.naACP.org/pages/criminal-justice-fact-sheet.
31. Beck et al, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12*, p. 7.
32. The Sentencing Project, "Facts about Prisons and Prisoners," July 2013, www.sentencingproject.org/doc/publications/publications/inc_factsAboutPrisons_Jul2013.pdf.
33. Sarah Hockenberry, *Juveniles in Residential Placement, 2010* (Office of Juvenile Justice and Delinquency Prevention, June 2013), www.ncjj.org/pdf/CJRP/CJRP%202010.pdf.
34. The Sentencing Project, "Disproportionate Mi-

- nority Contact,” May 2010, www.sentencingproject.org/doc/publications/publications/jj_DMC-factsheet.pdf.
35. See the “Who’s Most at Risk” subsection of this manual; refer also to the JDI fact sheet *Vulnerable Detainees: Survivors of Previous Sexual Abuse*, at [www.justdetention.org/en/factsheets/Prior abuse Fact Sheet FINAL.pdf](http://www.justdetention.org/en/factsheets/Prior%20abuse%20Fact%20Sheet%20FINAL.pdf).
36. Beck and Johnson, *Sexual Victimization Reported by Former Prisoners*, 2008, p. 32.
37. Refer to the JDI fact sheet *Sexual Abuse in Detention and the Law*, [www.justdetention.org/en/factsheets/Legal Fact Sheet FINAL.pdf](http://www.justdetention.org/en/factsheets/Legal%20Fact%20Sheet%20FINAL.pdf).
38. For more of these and other provisions in the PREA standards, refer to the JDI fact sheet *The Prison Rape Elimination Act Standards: An Overview for Community Service Providers*, [www.justdetention.org/en/factsheets/PREA Fact Sheet FINAL.pdf](http://www.justdetention.org/en/factsheets/PREA%20Fact%20Sheet%20FINAL.pdf).
39. Refer to JDI’s fact sheet *The Prison Rape Elimination Act Standards: An Overview for Community Service Providers*, for additional information on how federal funds may be used to serve incarcerated survivors, [www.justdetention.org/en/factsheets/PREA Fact Sheet FINAL.pdf](http://www.justdetention.org/en/factsheets/PREA%20Fact%20Sheet%20FINAL.pdf).
40. See the Department of Justice’s *Notice Of Proposed Rulemaking*, August 27, 2013 78 FR 52877, www.federalregister.gov/articles/2013/08/27/2013-20426/voca-victim-assistance-program?utm_campaign=subscription+mailing+list&utm_medium=email&utm_source=federalregister.gov#h-8.
41. Refer to the JDI website for sample MOUs between corrections agencies and rape crisis centers at www.justdetention.org/en/advocate-resources.aspx.
42. National Standards, §§ 115.21, 115.121, 115.221, 115.321, www.federalregister.gov/articles/2012/06/20/2012-12427/national-standards-to-prevent-detect-and-respond-to-prison-rape#p-439.
43. Ibid, §§ 115.54, 115.154, 115.254, 115.354, www.federalregister.gov/articles/2012/06/20/2012-12427/national-standards-to-prevent-detect-and-respond-to-prison-rape#p-801.
44. Refer to the JDI website for a listing of materials for advocates — www.justdetention.org/en/advocate-resources.aspx.