
SEXUAL ASSAULT AND RAPE IN CORRECTIONAL FACILITIES

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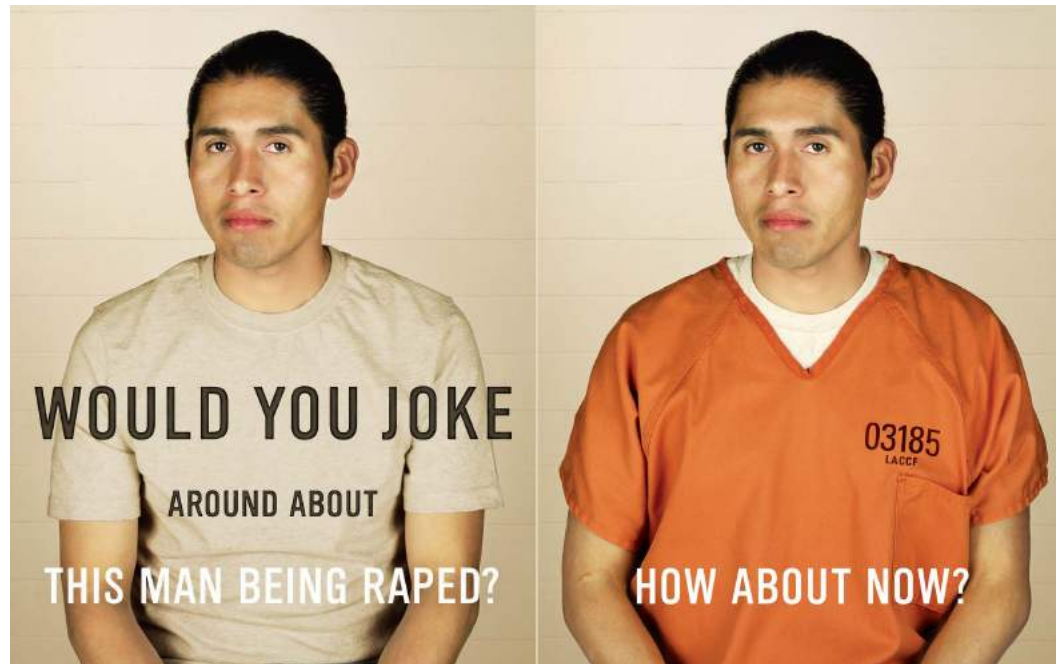
INTRODUCTION

- Societal Views on Prison Rape and Sexual Assault
- Terminology
- Prison Rape Elimination Act, 2003 (PREA)
- Counseling for Incarcerated Victims
- Vignettes
- Debrief/Q&A

TERMS AND DEFINITIONS

- Administrative segregation – isolation from other inmates; usually punitive.
- Correction Officers – custody staff members are not called guards.
- Civilian staff – workers in correctional facilities who are not officers
- Inmate/residents – anyone who is under the custody or control of law enforcement or corrections agency.
- Jail – detention center used to hold people awaiting trial or sentencing, usually for less than 1 year
- Prison – detention facilities used to incarcerate people convicted of felonies and serving longer than 1 year.
- Protective custody – segregated housing used for protection; usually isolated from other inmates
- Protective pairing – an arrangement in which a less powerful inmate exchanges sex for protection.
- Turned out – the process in which an inmate is marked as a victim of sexual assault
- Substantiated – supported or proven by evidence
- Unsubstantiated – could not be proven by the evidence
- Unfounded – having no foundation or basis in fact

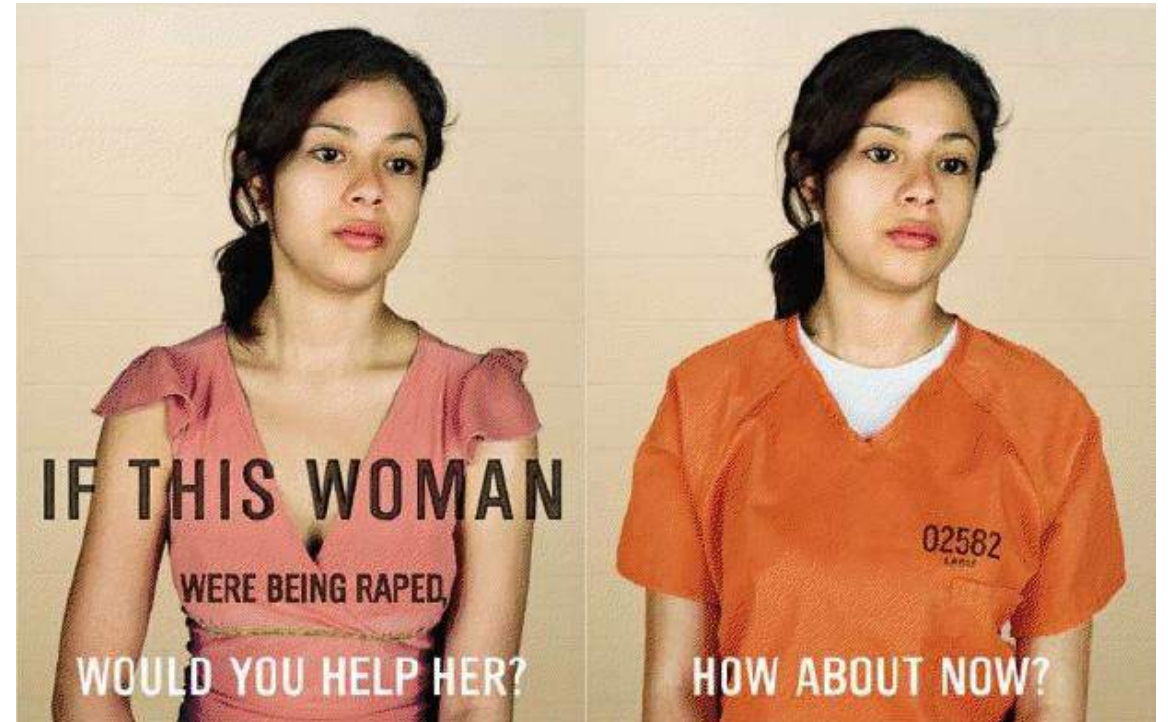
PRISON RAPE CULTURE



- Follows the same line of thinking as rape culture”
 - Justifies rape for certain people, places, and circumstances
 - Condone rape as a form of punishment or natural consequences (“karma”)
 - Vigilante justice where inmates enact justice
 - Victim blames

PRISON RAPE CULTURE

- Rape is an expected consequence of being sent to prison
- Rape is tolerated, and sometimes encouraged, by staff and other inmates
- Child molesters and rapists will “get theirs”
- “If you don’t want to get raped, don’t go to prison”



DEMOGRAPHICS

Survivors

- Members of marginalized groups
- LGBTQ
- Mental and physical disabilities
- New to the judicial system
- Small stature
- Criminals

Perpetrators

- Power and control
- Coworkers
- Officers
- Staff
- Other inmates

STATISTICS

National

- 8,763 reported sexual assaults
- 902 (10%) of them were substantiated
- 52% of substantiated incidents of sexual victimization involved only inmates
- 48% of substantiated cases involved staff
- 1,840 youth reported being sexually assaulted while in corrections
- 450 youth reported being victimized by another youth, while 1,390 youth reported being victimized by a staff member.

New Jersey

- In 2014, 45 instances of sexual assault were reported, 0 were substantiated
- In 2015, 66 instances of sexual assault were reported, 0 were substantiated.

STATISTICS CONT.

- 20% of inmates at male institutions are sexually abused
- 25% of inmates at female institutions are sexually abused
- Juveniles housed in adult facilities are 5x more likely to be sexually abused than those housed in juvenile detention centers

PRISON RAPE ELIMINATION ACT, 2003 (PREA)

- What is PREA?
 - A Federal Act to provide for the analysis of the incidence and effects of prison rape in Federal, State, and local institutions and to provide information, resources, recommendations and funding to protect individuals from prison rape.” (Prison Rape Elimination Act, 2003).

PREA POLICY AND PROCEDURE

- A report is made
- First responders
- Victim is assessed (medical attention, mental health)
- Evidence is collected;
- An investigation is opened
- Results are unfounded, unsubstantiated, or substantiated.



PREA CONT.

- A report is made
 - First responders
 - Victim is assessed (medical attention, mental health)
 - Evidence is collected;
 - An investigation is opened
 - Results are unfounded, unsubstantiated, or substantiated.
- PREA Assumptions:
 - Report is made immediately
 - Evidence
 - Medical attention is necessary

PTSD

- Similar to victims in the community
 - Startled response
 - Hypervigilance
 - Isolation
 - Distrust of people
 - Flashbacks
 - Acting out
 - Anxiety
 - Suicidal ideation
- Triggers
 - Loud noises (sound of the doors opening)
 - Dark (lights out)
 - Immobilization (handcuffs, shackles)
 - Seeing the perpetrator (perp works or lives in jail)
 - Exposure (open showers, toilets)

PTSD CONT.

- Many symptoms of PTSD can lead to further trouble for inmates
 - Startled response
 - Defying authority
 - Reaction to flashbacks
 - Panic attacks
- New beliefs that violent offenders cannot experience PTSD

COUNSELING

- Challenging the perception of “victim”
 - Survivors of prison rape are often perpetrators of other crimes (sometimes even rape)
 - Separating their past crimes from their victimization
 - No one deserves to be raped
 - No one deserves to rape



COUNSELING

- Privacy Concerns v Safety Concerns
 - HIPAA and reporting
 - Duty to warn
 - Harm to self or others
 - Counseling sessions
 - No privacy



COUNSELING - REPORTING

- Safety concerns
 - Retaliation
 - From perpetrator
 - Other inmates
 - Other staff
 - Threats
 - Duty to warn
- Hotline numbers can only be called during inmates' phone time
- Seen as snitching
- Loss of special privileges

COUNSELING – TYPES OF SERVICES



- Internal v external counseling
 - Access to inmates, part of the culture, biases, monitored communication.
- Group counseling
- Medical/hospital setting
 - Inmates are transported from facility in handcuffs and shackles

COUNSELING – BARRIERS

- Duty to report abuse often means no confidentiality
- Lack of privacy for reporting
- Having reports discarded
- Immediate isolation
- Counselor's own bias
- Survivor's crime and/or self guilt
- Disciplinary actions for PTSD symptoms
- Dangerous myths



COUNSELING – WHAT YOU CAN DO



- Start by believing
 - Its not your job to investigate
- Learn the culture and language
- Have a contact inside
 - Medical and mental health teams collaborate with outside care often
- Get permission before sending correspondents
- If a phone conversation, let them take the lead as it may be monitored.

COUNSELING – WHAT YOU CAN DO CONT.

- Empowerment and sense of control
 - Incarceration and sexual assault/rape results in a loss of power and control.
- Cannot always apply coping skills to deal with triggers
 - Taking a mental break or time to relax
 - Go for a run
 - Avoid loud sounds
 - Sleep with the light on
 - Phone a friend
- Focus on available coping skills
 - Journaling,
 - Guided imagery
 - Breathing techniques
 - Exercise and meditation
- Focus on coping skills already possessed

COUNSELING – WHAT YOU CAN DO CONT.

- When your organization's policy clashes with counseling session
 - “ I just gotta tell somebody, but I don't want to make an official report”
 - “Officer Smith's cool. And he looks good too. I don't even mind”
- Follow your organization's policy
- Follow up with your inside contact
- Inmates cannot consent no matter age or gender
- Inmates cannot enter into barter contracts
- Be aware that informed consent can sometimes mean life or death.
 - Remind inmate of informed consent agreement.
 - May lead to inmate ending session or changing topic

COUNSELING – WHAT YOU CAN DO CONT.

- Be flexible with follow-up care
 - Referrals and handouts
 - STD/STI info could lead to real danger
 - Info containing rape resources could lead to retaliation

COUNSELING – UNFOUNDED CASES

- Unfounded does not mean not true.
- Remind survivor
 - This is not their fault
 - They did not deserve this
 - You still believe them
 - You are still there for them
- Remind yourself
 - It is not your job to investigate



COUNSELING – UNFOUNDED CASES

- Sometimes inmates lie
 - Retaliation
 - Asserting power
 - Thwarting violence or abuse
 - Reporting someone else's story as their own
 - Reporting an old story as recent
- Don't immediately end the session
- Talk through the "why's"
- May need help with root causes
 - Refer (if applicable)
- Confidentiality?
 - To tell or not to tell?

SELF CARE

- Self care as a rape counselor is essential
- Self care as a corrections counselor is essential
- Self care a rape counselor in corrections is vital!

Self-Care is a
priority and necessity
- not a luxury -
in the work that we do.

DISCUSSION

You are a counselor conducting a suicide assessment. Your client says that she is not suicidal. She has been repeatedly raped for the past week since she arrived. She only said she was suicidal so she could be in isolation. She does not want to make a report because she says it would make things worse.

Considerations:

Not suicidal release to general population?

Hold on suicide watch?

Sexual assaults must be reported.

DISCUSSION

- You are conducting an intake assessment and the inmate tells you last time he was here, he was raped and wants to know if he could not be on the same unit. Does not want to report because he says he doesn't want a target on his back.
- Considerations:
 - Sexual assaults must be reported
 - Privacy and safety



DEBRIEF/Q&A