Sexual Victimization and Mental Health Interventions in Correctional Settings

Responding to Inmate on Inmate Sexual Violence

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Objectives

- Review offenders’ past history of victimization
- Identify medical health services for men and women
- Review SART evaluation and evidence collection
- Discuss how victimization may affect the correctional environment
- Identify needed mental health interventions for victims of sexual violence in correctional settings
- Recommendations for correctional agencies regarding necessary mental health interventions
Victimization Histories of Offenders
1997 U.S. Census Bureau

- Offenders who reported experiencing physical abuse
  - 72.8% of women
  - 73.5% of men

- Offenders who reported experiencing sexual abuse
  - 39% of women
  - 6% of men
Victimization Histories of Offenders
1999 BJS Study

- Offenders reporting any physical or sexual abuse
  - 19% of state prisoners
  - 10% federal prisoners
  - 16% of men and women in local jails or on active probation

- Offenders reporting they had been physically or sexually abused before age 18.
  - 6% to 14% of male offenders
  - 23% to 37% of female offenders
Victimization Histories: Male Offenders

- Study done in rural Northeastern Jail (1999)
  - 40% experienced childhood sexual abuse – (sexual contact when under age 16)
  - Average age, onset of sexual abuse = 10
Victimization Histories: Female Offenders

- Study done at Bedford Hills Women’s Institution in NY (1999)
  - 82% reported childhood victimization
  - 92% reported severe violence as an adult
How Victimization May Translate into Crime
(1999 BJS Study)

- Serving time for violent offenses
  - 61% of reportedly abused men
  - 34% of reportedly abused women

- Serving time for sexual offenses
  - 19% of men who reported abuse before prison
How Victimization May Translate into Crime

(1999 BJS Study)

- Serving time for homicide
  - 16% of reportedly abused men
  - 14% of reportedly abused women

- Using illegal drugs regularly
  - 76% of reportedly abused men
  - 80% of reportedly abused women
  - Many of those reported being under the influence at the time of their offense
115.82: Access to emergency medical and mental health services

(a) Inmate victims of sexual abuse shall receive **timely, unimpeded access to emergency medical treatment and crisis intervention services**, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

(b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, **security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62** and shall immediately notify the appropriate medical and mental health practitioners.

(c) Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

(d) **Treatment services shall be provided** to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

(a) The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

(b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

(c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.

(d) Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.
115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

(e) If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

(f) Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

(g) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

(h) All prisons shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.
MEDICAL HEALTH CARE AND EVIDENCE COLLECTION
115.21: Evidence protocol and forensic medical examinations.

(a) To the extent the agency is responsible for investigating allegations of sexual abuse; the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

(b) The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.

(c) The agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.
Role of Health Care Provider

- Confidentiality
- Reporting
- Dual Purpose Services
  - Patient Centered
  - Criminal Justice
- Security and Safety
Immediate Medical Concerns

- Primary Survey
  - ABC’s

- Secondary Survey
  - Bleeding
  - Head Trauma
  - Shock
  - Genital Trauma
Multidisciplinary Process

Utilizing a multidisciplinary team offers expertise from:

- First responders
- Sexual assault forensic examiners
- Law enforcement representatives
- Victims and advocates
- Prosecutors
- Forensic photographers
SART

- Sexual Assault Response Teams
  - Comprehensive response to victims of sexual assault
  - Multidisciplinary
  - Coordination
  - Information sharing

- Crisis intervention counseling
  - Mental health
  - Victim services
  - Informed of rights under relevant federal/state crime victims’ rights laws

- Special Needs
SART

- Evaluation and documentation of event
  - History
  - Physical Exam
  - Body Maps

- Diagnostic Testing

- Treatment
  - Prophylactic treatment for STI’s
  - Body Fluid Exposure Protocol
SART

- Evidence Collection
  - Consent to evaluate and treat
  - Consent to release medical information and forensic evidence
  - Clothing collection
  - Collection of head and pubic hairs
  - Oral swabs for victim DNA or perpetrator DNA
  - Vaginal/rectal swabs and smears

- Chain of Custody
Confidentiality

- Guidance on reporting obligations
  - HIPPA
    - Health Insurance Portability and Accountability Act of 1996
  - State Laws
  - Health Organizations Professional Codes of Ethics
  - Correctional Institution Policies and Procedures
Confidentiality

- Confidentiality is not applicable when there is potential for harm to the victim or others

- Communicable diseases must be reported according to applicable laws

- May need to be modified to further protect the victim, or other innocent parties
Implications for Public Health

- Spread of infectious disease
  - HIV/AIDS
  - Hepatitis
  - Syphilis
  - Gonorrhea
  - Chlamydia

- Increase health care costs for medical and mental health
Dual Purpose of the Exam: Patient Centered

- Evaluate and treat injuries
- Conduct prompt examinations
- Provide support and counseling
- Prophylaxis against STD’s
- Assess women for pregnancy risk and discuss options
- Provide medical / mental health follow-up
Obtain a history of the assault
Document exam findings
Properly collect, handle, and analyze data
Interpret and analyze findings (post-exam)
Present findings and provide expert opinion related to exam/evidence
Patient Centered Care

- Ensures patient privacy
- Provides a safe environment and acknowledges safety concerns
- Accommodates victims request for family or friend to be with them
- Respects patient’s request for providers of a specific gender
- Integrates exam procedures
- Involves victim services and law enforcement
Components of Forensic Medical Exam

- Consents
- Sexual assault history
  - Standardized forms
- Physical exam:
  - Body maps
  - Standardized colposcopy
- Treatment plan”
  - Prophylactic treatment for STI
  - Post-coital contraception
  - Medical and mental health follow-up
Forensic Evidence Collection

- Forensic evidence collection is challenging
- Technological advances contribute to documentation of objective findings
- Prosecution rests on objective data
Timing of Evidence Collection

- Examine patient ASAP to minimize the loss of evidence

- 96 hr. limit for obtaining forensic evidence
  - Not absolute

- May collect up to 5-7 days following assault
Evidence Kits

Evidence kits should contain:

- Instruction checklist
- Forms
- Materials for collecting and preserving evidence
Evidence Collection

- Collect the evidence from patients as guided by the forensic history, physical exam, and evidence collection kit instructions

- Reduce potential contamination

- Distinguish patient’s DNA from suspect’s DNA
Evidence Collection

- Oral swabs
- Swabs obtained from anal, cervix, and vaginal areas
- Body fluids found on other areas
- Pubic and head hairs
- Debris
- Toxicology specimens
Preservation of Evidence

- Follow jurisdictional policies
  - Drying
  - Packaging
  - Labeling
  - Sealing
  - Secure storage sites
  - Law enforcement should transfer evidence to crime laboratory

- MAINTAIN CHAIN OF CUSTODY
Treatment

- Follow CDC recommendations for treatment of:
  - Syphilis
  - Chlamydia
  - Gonorrhea
  - Trichomonas
  - Bacterial Vaginosis
  - Hepatitis B
  - HIV post-exposure therapy
Long Term Health Care Issues

- HIV/AIDS
- Hepatitis B and/or C
- STI
- Pregnancy
- Suicidal thoughts/actions
Follow Up Examinations

- Detect new infections
- Complete hepatitis B immunizations
- Complete counseling and treatment for other STI’s
- Opportunity to monitor compliance with previous treatments
- Repeat Syphilis, HIV 6 weeks and 3 months
Special Concerns in a Correctional Setting

- Does reporting deter inmates from seeking help?
- What happens when reporting does more harm than good?
Impact of Sexual Assault

- On inmates
  - STI’s
  - HIV/AIDS
  - Hepatitis B and / or C
  - Substance Abuse
  - Suicide
  - Post traumatic syndrome
  - May become perpetrators to regain control
Impact of Sexual Assault

- On Staff
  - Display of unmanageable anger or hostility by inmates
  - Secondary trauma
  - Communicable disease transmission
  - Guilt
  - Powerless/helpless
IMMEDIATE AND ONGOING MENTAL HEALTH CARE
115.81: Medical and mental health screenings; history of sexual abuse

(a) If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, **whether it occurred in an institutional setting or in the community**, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

(b) If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

(c) If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.
(d) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

(e) Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.
Sexual Victimization: Mental Health Concerns

People who suffer sexual abuse are:

- 3 times more likely to suffer from depression.
- 6 times more likely to suffer from post-traumatic stress disorder.
- 13 times more likely to abuse alcohol.
- 26 times more likely to abuse drugs.
- 4 times more likely to contemplate suicide.
Common Reactions to Sexual Assault: Feelings

- **Emotional shock:**
  - I feel so numb. Why am I so calm? Why can't I cry? Why don't I feel anything?

- **Disbelief:**
  - I can't believe this happened to me.

- **Shame:**
  - I feel so dirty.

- **Guilt:**
  - Did I do something to make this happen? Could I have done something to stop it? If only I had . . .

- **Powerlessness:**
  - Will I ever feel in control again?

- **Denial:**
  - It wasn't really rape. Nothing happened.
Common Reactions to Sexual Assault: Feelings

- **Anger:**
  - I want to kill that person!

- **Fear:**
  - What if I am pregnant or have a STD? These thoughts keep going through my head. I'm afraid to close my eyes.

- **Depression:**
  - I'm so tired. I feel so hopeless. Maybe I'd be better off dead.

- **Triggers:**
  - I keep having flashbacks.

- **Anxiety:**
  - I feel so confused. Am I going crazy?

- **Helplessness:**
  - Loss of self-reliance. Will I ever be able to function on my own?
Common Reactions to Sexual Assault: Behaviors

- **Expressive:**
  - Crying, yelling, shaking, being angry, swearing, etc. Anger may be directed at friends, family.

- **Calm:**
  - May behave extremely composed, controlled or unaffected.

- **Withdrawn:**
  - May shrink inside herself; provide one word answers or none at all; offering no information without being prodded.

- **Nightmares:**
  - Survivor may have difficulty sleeping or have nightmares of being chased or attacked.
Common Reactions to Sexual Assault: Behaviors

- Flashbacks
- Changing eating habits
- Lack of concentration or energy
- Rape Trauma Syndrome or Post-traumatic Stress Disorder.
Rape Trauma Syndrome (RTS)

- A common reaction to a rape or sexual assault-- to an unnatural or extreme event

- Four Phases

  - Acute Crisis Phase
  - Outward Adjustment Phase
  - Integration Phase
  - Reactivation
Acute Crisis Phase

- Occurs right after the assault
- Physical Reactions
  - Change in sleep patterns, change of appetite, poor concentration, acting withdrawn, jumpy
- Emotional Reactions
  - Depression, guilt, anger, anxiety, fear
- Behavioral Reactions
  - Acting out, change in hygiene, refuse to change room, harm to self, suicidal thoughts
Outward Adjustment Phase

- Survivors feel a need to get back to normal
- Grooming and eating returns to normal but sleeping remains irregular
- Survivor tries to regain control
Integration Phase

- The survivors idea of who they were before the assault and after become one and the survivor accepts the assault

- Takes months or years to achieve
Reactivation of Crisis

- Can happen at any time and during any of the phases

- Reactivation mirrors the acute phase

- Can be triggered by sights, smells, sounds, situations or memories
RTS in Correctional Settings

- Repeated sexual assault situations
- No control over environment
- Continuous contact with assaulter
- Triggers may cause anger or violent reactions
Impact of Victimization in the Correctional Setting: Male Victims

- Connection between sexual/physical victimization and aggressive & self-destructive behavior
- Report past abuse associated with violent crime
- Defend against feelings associated with victimization (shame, stigma)
Impact of Victimization in the Correctional Setting: Male Victims

- May question sexual identity and preference
- Feel the best defense is a good offense
- May imitate their aggressors
- Acutely aware of the prison code and their ranking
Impact of Victimization in the Correctional Setting: Female Victims

- At risk for unhealthy relationships with authority figures, based on perceptions of their power to harm
- Difficulty adjusting to coercive, restrictive environments
- Lack of right to privacy, cell searches, bodily searches may replicate past abuse
- Concern with how reporting may interrupt relationships
Impact of Victimization in the Correctional Setting: Female Victims

- Vulnerable to abusive authority figures

- Faced with sexual assault situations:
  - May not understand it is possible to refuse
  - May lack perception of a “right” to refuse
  - May believe it’s always dangerous to refuse
The Impact of Being Incarcerated and Being a Survivor

- More likely to experience physical trauma
- Systemic infliction of psychological trauma
- Retaliation and/or retribution
- Lack of autonomy and safety
- General distrust
  - staff, reporting structure, investigation, prosecution
The Impact of Being Incarcerated and Being a Survivor

- Feelings of disorientation and anxiousness may make people unable to follow rules

- Sharing or talking about feelings may be a safety risk for an inmate

- Isolation may be a relief but it could also cause further trauma

- Increased anger may cause acting out

- Complex nature of “consent” can lead to self-blame

- Multiple traumas exacerbate symptoms
Mental Health: Necessary Interventions

- Community Rape Crisis Centers
- Companion Services
  - a rape crisis counselor to be with you during the SANE exam and at court appearances
  - some communities have rape crisis counselors that will meet inmates at the hospital and act as advocates during SANE Exams
- Short or long-term counseling (group or individual)
Mental Health: Necessary Interventions

- Safety Planning
- Self-Defense
- 24-hour Hotlines
- Mental Health evaluation
- Group counseling (in some situations)
Partnering with Local Crisis Centers

**PROS**
- Specialized training for care of sexual assault victims
- Victims may be more comfortable with a provider outside of the correctional institution
- Ability to provide a wider range of services

**CONS**
- Counselors may not be trained in dealing with inmates or regulations of correctional environments
- May not agree with or understand policies that may go against ethical codes and beliefs
Mental Health Interventions: Cautions

- Use of protective custody
- Specifications for use of mental health services
- Difference between crisis intervention and ongoing mental health care
- Training for outside mental health providers
Mental Health Interventions: The Offender/ Victim Dichotomy

- Chicken or the Egg syndrome – what came first victimization or victimizing
- Does physical locality of victimization matter?
- Spectrum and cycle of violence
- Continuum of sexual activity and reasoning
- Funding for crisis intervention
Recommendations

- Build relationships with community partners
- Lobby state and local legislative bodies for funding for victim centered care for inmates
- Ongoing training for offenders and staff—ongoing
- Victim-centered approach to allegations