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Mental Illness and Sexual Abuse Behind Bars

“There’s no therapy for rape victims in prison. The prison system is incompetent to handle the mentally ill, and in fact causes the mental illness that it should be treating.”

— Scott, a survivor of sexual abuse in an Illinois prison

PEOPLE WITH MENTAL ILLNESSES are drastically overrepresented in U.S. prisons and jails. In a recent study, the Bureau of Justice Statistics (BJS) found that 36 percent of prisoners and 43 percent of jail inmates had a mental health disorder.¹ A person with a serious mental health problem is more than three times more likely to wind up in a prison or jail than a hospital.²

Once behind bars, people with mental illness rarely receive adequate care. Even worse, many are targeted for sexual abuse. In its 2013 study on adult facilities, the BJS found that prisoners showing symptoms of severe psychological distress were nine times more likely than those with no such symptoms to be sexually abused by another inmate. Among jail inmates, people who exhibited such symptoms were preyed upon at five times the rate of those who did not.³

Mental Illness and Incarceration

The overincarceration of the mentally ill is largely the result of a policy shift that began in the 1950s. Back then, people with serious psychiatric disorders were mostly treated in state-run mental hospitals. Many of these facilities were overcrowded and had appalling conditions; with the emergence of new medications for mental illness, policymakers considered it sensible to shut them down. But the closing of psychiatric hospitals — a policy known as deinstitutionalization —

left many thousands of people who needed help without access to services.

Deinstitutionalization is the chief factor behind the dramatic rise in incarceration rates for the mentally ill. Contrary to widespread belief, most people who have a mental disorder are not violent. Many are locked up for minor offenses, like theft, drug use, or disturbing the peace. It is often the case that a mentally ill person’s offense is related directly to his or her illness. For example, studies have found that people with paranoid schizophrenia frequently are arrested for trespassing, disorderly conduct, and other nonviolent charges that encompass behaviors associated with their disease.⁴

Prisons and jails have become de facto psychiatric hospitals, yet few have the trained staff or the resources to offer adequate mental health care. Corrections mental health staff describe having caseloads that include hundreds of inmates. As a result, many inmates who desperately need help simply go untreated.

The Vulnerability of Mentally Ill Inmates

In detention, just as in the community, certain groups of people are more vulnerable to sexual abuse than others. For example, inmates who are young, LGBT, or who are perceived to be “feminine” are at a high risk for abuse. Perpetrators also target inmates who they feel confident won’t speak out — or won’t be believed if they do. The alarming vulnerability of people with mental

illness is clear. The BJS found that, of the inmates with serious psychological distress who were sexually abused by another inmate, a staggering 80 percent were assaulted more than once.⁵

Sadly, abusers have good reason to think that people with mental illness won't be taken seriously if they report sexual abuse. Their pleas for help are too often seen as lacking credibility. Speaking out is difficult, and often dangerous, for any inmate regardless of their mental health. But for inmates with psychological disorders, the obstacles to getting help are even greater.

Prisoner rape is a crime that has a devastating physical and emotional impact. For people with mental illness, the trauma of sexual abuse interacts with the symptoms of their mental health problems, making the effects more severe and longer lasting. Worse still, being victimized is itself a leading risk factor for further abuse. Thus, many mentally ill inmates are trapped in a vicious cycle where their illness makes them more vulnerable to abuse which, in turn, exacerbates their illness. Additionally, the default reaction of most detention facilities to reports of sexual abuse — to isolate survivors — can further

traumatize people with mental illness, increasing their feelings of fear, depression, and suicidal ideation.

The Role of Mental Health Providers

Fortunately, the Department of Justice's Prison Rape Elimination Act (PREA) standards — which are binding on prisons, jails, youth facilities, lockups, and halfway houses — will help ensure that mentally ill inmates get the support that they need and deserve.

The PREA standards mandate that any inmate who reports sexual abuse be provided with emergency medical services and ongoing mental health care. The standards also require facilities to give inmates the option to report abuse to a third party, and they pave the way for trained community advocates to deliver services inside facilities.

Crucially, the standards explicitly recognize that people with mental health problems are vulnerable to prisoner rape. Under the standards, facilities have to ask inmates about their history of mental illness — and other risk factors — and to take that information into account in housing and programming decisions.⁶

Endnotes

¹Allen J. Beck, et al, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12* (Bureau of Justice Statistics, May 2013), available at www.bjs.gov/content/pub/pdf/svpjri1112.pdf.

²E. Fuller Torey, M.D, et al, *More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States* (The Treatment Advocate Center and National Sheriffs' Association, May 2010), available at http://www.treatmentadvocacycenter.org/storage/documents/final_jails_v_hospitals_study.pdf.

³Allen J. Beck, et al, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12* (Bureau of Justice Statistics, May 2013), available at www.bjs.gov/content/pub/pdf/svpjri1112.pdf.

⁴PBS Frontline, "Deinstitutionalization: A Psychiatric Titanic," from *The New Asylums*, available at <http://www.pbs.org/wgbh/pages/frontline/shows/asylums/special/excerpt.html>.

⁵Allen J. Beck, et al, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12* (Bureau of Justice Statistics, May 2013), available at www.bjs.gov/content/pub/pdf/svpjri1112.pdf.

⁶National Standards To Prevent, Detect, and Respond to Prison Rape, 28 CFR 115 (Department of Justice, 2012), §§ 115.41, available at www.federalregister.gov/a/2012-12427.

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Tips for Advocates

- People who are severely mentally ill often have trouble focusing and may experience intrusive thoughts — two common trauma reactions. Many mentally ill inmates are also on powerful medications that cause unpleasant side effects, including slowed or slurred speech and memory problems. This can combine to make survivors' accounts seem rambling, out of order, or incoherent. Be patient with the survivors. Allow ample time for them to share their story. Use simple language, and repeat back what you hear to check that you understand.
- Be aware that many people with mental illnesses have been told repeatedly that they lack credibility. Listening without judgment can go a long way toward establishing trust.
- If a survivor says things that seem to be part of a delusion, remember that your role is not to investigate. Respond supportively to the feelings you perceive, not to the content of a delusion.
- People can and do live successfully with mental illness and do heal from sexual abuse. It is important to share this message of hope with all survivors.

JUST DETENTION INTERNATIONAL
is a health and human rights organization that seeks to end sexual abuse in all forms of detention.

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