

NO ONE LEFT BEHIND:

Building a Victim Services
Program for Incarcerated
Survivors of Sexual Abuse

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Executive Summary

No One Left Behind: Building a Victim Services Program for Incarcerated Survivors of Sexual Abuse is a guide for service providers and corrections agencies. The guide is based upon the experiences of Just Detention International (JDI) and the Miami-Dade Corrections and Rehabilitation Department (MDCR), which collaborated over a three-year period on the *Miami-Dade Inmate Safety Project*.

The *Miami-Dade Inmate Safety Project* set out to demonstrate that when advocates and corrections officials work together, a trauma-informed, survivor-centered sexual abuse prevention and response program can succeed. The project is groundbreaking because its successes belie common assumptions that prevent advocates and corrections from working together to end sexual abuse in detention — that such a program is too complicated, the hurdles are too large, the will of community providers and corrections officials is not there, and that sexual abuse in detention is inevitable.

No One Left Behind explains how the project team laid the groundwork for a comprehensive victim services program, the challenges encountered by the team, and how the team worked to overcome barriers. The guide also offers practical advice and tools so that others can replicate the program described in these pages.

At its core, the goal of the *Miami-Dade Inmate Safety Project* was to change the culture of a major, urban jail system. To do this, the team used multiple strategies, focusing on a trauma-informed approach and on building relationships instead of concentrating on writing specific policies or rules. This approach led to greater understanding and buy-in from stakeholders.

“When we started this project, no one wanted to hear about it — as if they thought it might just go away. We were persistent and made it clear that this is not going away. Now, the staff who are left who are resistant and have bad attitudes are not as loud. We mean ‘zero tolerance for sexual abuse’ and once it was clear that the administration was committed to that goal, all the staff had to come on board or they would no longer fit.” — Lt. Wynnie Testamark-Samuels, MDCR PREA Coordinator

JDI worked with an evaluator throughout the project to assess the progress. Culture change was measured quantitatively, by examining the ability of survivors to get services, the willingness of inmates to report sexual abuse and sexual harassment, and staff responses to incidents and reports. Culture change was also measured qualitatively, by assessing staff comfort with and knowledge about preventing and responding to sexual abuse and sexual harassment, prisoners’ views on the ability and commitment of staff to perform these core duties, and victim services providers’ willingness to serve incarcerated survivors. The conclusions presented in this report are based on empirical data collected by the evaluator, as well as observations and interviews by her and by JDI and MDCR staff.

The *Miami-Dade Inmate Safety Project* was conducted in a large, urban, county corrections agency. While some of the language used and strategies described in this guide are specific to MDCR, the lessons learned and broader strategies are applicable to prisons, jails, and youth facilities.

Introduction

EVERY SURVIVOR OF SEXUAL abuse¹ deserves support, no matter where he or she lives. Yet for too long, survivors in detention have not been afforded the same high quality rape crisis services that are available to survivors in the community. The goal of *No One Left Behind* is to help improve services in detention facilities, so that incarcerated survivors get the help that they need to heal. The guide provides corrections officials and rape crisis advocates with the tools to deliver these services.

No One Left Behind is based on the *Miami-Dade Inmate Safety Project*, which was launched in 2011 by JDI and funded by OVC. The project, which was completed in 2015, aimed to close the gap in services for survivors of sexual abuse in facilities run by MDCR. Its goals aligned with the principle that no matter what crime a person may have committed, rape is never part of the penalty. In their 2011 request for proposals, OVC, responding to federal research that confirmed the crisis of sexual abuse in U.S. detention facilities, stated, “Until very recently, sexual violence has been considered an inevitable part of an offender’s experience while incarcerated; however, prisoners have the same rights to safety, dignity, and justice as those living in the community.”² To address the lack of services for incarcerated survivors, OVC sought proposals for a model program that would develop strategies to ensure that prisoners could get the same life-saving services as members of the surrounding community. The lessons learned from the project and the strategies developed would, in turn, help other detention facilities nationwide establish similar programs.

JDI brought together a project team that included MDCR, the Roxcy Bolton Rape Treatment Center (RTC), the Miami-Dade Police Department (MPD),

and program evaluator Marcia Morgan of Migima.³ The project team set out to accomplish four goals:

Goal 1: Develop sexual assault response teams (SARTs) within each MDCR facility to coordinate the emergency response to incarcerated sexual assault survivors, including crisis services and investigations, and to work with appropriate community-based partners, ensuring that incarcerated survivors have access to the same quality of care that is available to survivors in the community.

Goal 2: Develop and implement a confidential rape crisis counseling program that will be available on-site to all sexual abuse survivors housed in each of MDCR’s facilities, regardless of when and where the abuse occurred or whether or not it was reported.

Goal 3: Develop and implement sexual assault inmate education programs at all MDCR facilities, which include a brief orientation session for new inmates and a more comprehensive workshop for all prisoners⁴ held for more than 30 days, in accordance with the national PREA standards.

Goal 4: Develop a resource guide for corrections officials and sexual abuse service providers nationwide to use in establishing programs in their own communities, including: staff training curricula and materials; inmate education curricula and materials; sample memoranda of understanding and protocols establishing community-corrections partnerships aimed at providing crisis and follow-up services to incarcerated sexual assault survivors; and toolkits for establishing facility-level SARTs, on-site rape crisis counseling, and inmate education programs.

“Give PREA a try. It’s as simple as that. Try it and it will speak for itself. You will see the rewards.” —
Lt. Wynn Timermark-Samuels, MDCR PREA
Coordinator

In addition to these overarching goals, the project laid out specific objectives, including: building an effective partnership between MDCR and community rape crisis advocates; providing training to MDCR officials and rape crisis advocates on sexual abuse behind bars and their distinct roles in its prevention and response; and providing direct educational and counseling services to adult and juvenile detainees housed in MDCR facilities.

This guide is the outcome of years of work by scores of dedicated professionals — it includes a description of lessons learned and best practices developed, and practical tips for replication nationwide.

Definitions

Prison Rape Elimination Act (PREA): The first federal civil law to address sexual abuse in detention. PREA was passed unanimously by Congress and signed into law by President George W. Bush in 2003. The law's key provisions are: research on the prevalence of sexual abuse in detention, funding for agencies to implement PREA, and the creation of binding national standards addressing sexual abuse in all corrections facilities.

PREA standards: The National Standards to Prevent, Detect and Respond to Prison Rape, released in final form in the Federal Register in June, 2012.⁵ There are four sets of standards, each tailored to specific types of detention facilities: adult prisons and jails, juvenile facilities, community confinement facilities, and lockups. Each set of standards outlines steps that relevant departments must take to eliminate sexual abuse in their facilities. The PREA standards can be found here: [v/training-technical-assistance/prea-essentials](https://www.aicr.org/training-technical-assistance/prea-essentials).

PREA inmate education: Education provided to inmates about their right to be free from sexual abuse and sexual harassment, agency policies about sexual abuse and sexual harassment, reporting mechanisms for sexual abuse and sexual harassment, and how the facility will protect anyone who reports abuse from retaliation. In adult prisons and jails, basic education must be provided upon intake or transfer to another facility, and more comprehensive education must be provided within 30 days of an inmate's arrival.

Sexual assault response team (SART): A multidisciplinary team that responds to sexual abuse by respecting and supporting survivors, organizing service delivery to improve evidence collection, and educating the community about sexual violence. SARTs, which have long been considered the best practice for responding to sexual assault survivors in the community, typically include law enforcement officials, criminal investigators, forensic medical examiners, prosecuting attorneys, and rape crisis counselors.

Sexual abuse: Any unwanted sexual contact, often used interchangeably with "sexual assault." The PREA standards define sexual abuse as any non-consensual sexual contact between inmates and any sexual contact, regardless of consent, between inmates and staff. Generally speaking, advocates and law enforcement use the terms "sexual assault" or "sexual violence," while corrections officials use the term "sexual abuse." The term used in the PREA standards is "sexual abuse."

Trauma-informed: An approach that ensures that the impact of trauma is central to the development of agency policies, practices, and protocols and includes proactive steps to avoid secondary victimization.

Victim-centered: An approach that places the needs of the survivor — as defined by the survivor — at its center. It recognizes that the survivor's well-being is paramount and not secondary to any specific medical procedure or investigative process.

"Give PREA a Try — It Works"

When JDI began working with the MDCR to establish rape crisis services for inmates, it may have seemed idealistic to expect that the project would succeed.⁶ MDCR's jail system was broken, sexual violence widespread. Worse still, some officials did not think it was their job to address the problem. "Many staff thought sexual abuse was just part of being in jail," explained Lieutenant Wynnie Testamark-Samuels.

That was in 2011, when JDI and MDCR started working together, with funding from the Department of Justice's OVC. Fast forward to today and MDCR staff paint a different picture. "This project has brought a new focus to our work. It has made everyone look at themselves in the mirror. We were not asking the right questions before, not noticing obvious signs that someone might be at risk of abuse," said Lieutenant Jan C. Smith. "We are not just guards, we are professionals, and we must behave as professionals."

It wasn't easy in the beginning, however. "Many of the jail staff considered us adversaries simply because we were outsiders. At first, some officers were overtly hostile," said JDI Deputy Executive Director Linda McFarlane. "But MDCR's leaders recognized that the old way of doing things wasn't working. Pretty soon, line staff also started to see that inmate safety and good corrections are one and the same."

The shift in staff attitudes helped pave the way for much-needed reform. Using the PREA standards as a baseline, MDCR worked with JDI to create a hotline for inmates to report sexual abuse, and to set up confidential rape crisis services for survivors — provided by community-based counselors. JDI helped train MDCR staff on effective communication with inmates who are lesbian, gay, bisexual, and transgender. Policies and practices were updated throughout the jail system.

Corrections officer Pamela Stewart, who works in classification, described how PREA has made her and her colleagues change the way they do their jobs: "We had to train staff to slow down. In the past, the guy you were interviewing may have been crying, but you didn't notice, because you never looked up. You never looked at the person sitting in front of you."

The deep change that has occurred in Miami depends on a commitment from the top. When faced with data showing very high levels of abuse at his jail, MDCR's now-retired Director, Tim Ryan, decided to bet on PREA. "PREA has set the stage for a new world," he said. "Miami-Dade is part of that new world and proud to hold hands with others set on the same path." Testamark-Samuels echoed Ryan's sentiment: "Give PREA a try — it works. Miami-Dade runs the eighth largest jail in the country. If we can do it, so can you."

Today, MDCR's PREA program stands as a nationwide model. JDI, with OVC's support, is producing a resource guide to help other communities replicate Miami's successes. In Miami, the fear of outsiders has been replaced by a desire to work with local organizations. Staff see the value of having beliefs and practices challenged. Training Officer Sanya Houston said, "JDI made us all change. Sometimes jail staff forget that inmates are human beings, but the JDI team wouldn't let us. JDI shocked us, molded us, and praised us. And it worked."

Background

“We never used to think about this issue, much less talk about it. Now we are able to identify warning signs and who might be vulnerable so we can address it at the front end. We pay attention to details we never paid attention to before.” — Captain Key, MDCR Classification Bureau

SEXUAL ABUSE PERVADES U.S. detention facilities, and many county jails are among the most dangerous. Based on its most recent national inmate survey, the Bureau of Justice Statistics (BJS) estimated that roughly 200,000 people were sexually abused behind bars in a single year.⁷ A 2012 survey of former inmates found that nearly ten percent of former state prisoners had been sexually abused during their most recent incarceration.⁸ BJS research has consistently found that approximately three percent of jail inmates reported being sexually victimized at their current facility in the previous year.⁹

While anyone can be sexually abused behind bars, several inmate groups are at extreme risk. In a 2013 report, BJS found that jail inmates who had been sexually abused before their incarceration were prime targets for yet more abuse behind bars. Roughly 1 in 12 jail inmates (8.3 percent) who had experienced abuse earlier in life reported being sexually victimized by another inmate at their current facility. Staff sexual misconduct was reported by 5.1 percent of jail inmates who have a history of abuse.¹⁰ Notably, a 2006 BJS report found that more than 50 percent of female jail inmates and 10 percent of male jail inmates had been physically or sexually abused prior to their detention.¹¹ Jail inmates with symptoms of serious mental illness were five times as likely as those with no symptoms to report inmate-on-inmate abuse.¹² Of all jail inmates, those with serious mental illnesses make up more

than a quarter of the population — a rate that is well over eight times greater than that of the outside community.¹³ In every survey completed by BJS, lesbian, gay, bisexual, and transgender (LGBT) prisoners were found to be significantly more likely to be abused by other inmates and staff than non-LGBT prisoners. Indeed, a recent BJS report concluded that 34 percent of transgender people in jails had suffered sexual abuse by other inmates or staff in the previous year.¹⁴ The harsh reality of U.S. detention is that countless people picked up for disorderly conduct or failure to make bail — many of whom are never charged with a crime — find that a couple of days in jail result in a lifetime of trauma.

Despite these stark facts, JDI is confident that sexual abuse in detention is absolutely preventable. Victim-centered, trauma-informed education and services can improve the health and safety of both inmates and staff. With strong leadership, commonsense policies, and well-trained staff, the crisis of sexual abuse in detention can be ended.

The PREA Standards

In May 2012, the U.S. Attorney General released national standards aimed at preventing and responding to sexual violence in detention, as mandated by PREA. The PREA standards are the result of years of grass-

roots activism, cutting-edge research, and innovative policymaking on the part of survivors, advocates, and corrections officials. The standards embody core principles that advocates for survivors of sexual abuse have long promoted, including that no one deserves to be sexually abused, that all survivors of sexual abuse must be given support and treated with dignity, and that the effects of trauma must be considered when developing policies and practices.

The PREA standards mandate that all corrections facilities demonstrate their commitment to eliminating sexual abuse and sexual harassment by developing and implementing sound policies and practices. They lay out strong protections for LGBT inmates and provide guidelines for screening and classification. They mandate that facilities develop a multidisciplinary, coordinated response to sexual abuse reports and make certain that incarcerated survivors can contact rape crisis counselors for emotional support. The standards also include requirements for training staff in sexual abuse prevention and response and educating inmates about their right to be free from abuse and how to get help should they be victimized. Taken together, the PREA standards represent a trauma-informed approach that — if the standards are fully and meaningfully implemented — would mark a sea change in the fields of corrections and sexual assault response.

“Is it possible to eliminate sexual abuse in detention? Yes. It’s possible. It takes all of our effort, but it’s our job and it’s in our interest and in our control.” —

Lt. Wynnie Testamark-Samuels, MDCR PREA Coordinator

Although the final PREA standards were not released until 2012, draft standards were made public in 2009. A number of state prison systems used the draft standards as a guide to begin implementing PREA. County jails were generally slower than state prison systems to benefit from resources, training, and technical assistance that became available as a result of PREA. Many county jails believed that the PREA standards would not apply to them, while others decided to delay implementation efforts until the standards were

finalized by the Department of Justice. Many jails also faced challenges such as limited space and staff, and shrinking budgets that made implementing the PREA standards seem daunting. Model programs were urgently needed to provide guidance to jails nationwide in finding cost-effective ways to meet the requirements of the PREA standards and to establish appropriate services for incarcerated sexual abuse survivors.

The draft and the final PREA standards both emphasize the importance of providing a full range of services to survivors of sexual abuse, commensurate with services available to survivors in the community. Accordingly, any program for victims of sexual abuse in a jail must include a partnership between the jail and community service providers. At a time when many county jail systems were challenging the applicability and necessity of the PREA standards, MDCR was willing to be proactive and join forces with JDI to create the models described throughout this guide.

Barriers to Serving Incarcerated Survivors

Sexual abuse is devastating to survivors, whether it happens in the community or behind bars. Yet incarcerated survivors are acutely underserved, with little opportunity to get confidential rape crisis counseling. While there are rape crisis centers that serve victims behind bars, many otherwise well-trained rape crisis advocates lack specialized knowledge about the dynamics of sexual violence in detention. Similarly, many experienced corrections officials lack the basic information needed to collaborate with community partners, like rape crisis programs and SARTs. This gulf developed because corrections agencies and victim services providers represent vastly different professional disciplines, each with its own philosophy and mission, and — before PREA — they rarely communicated with each other or worked together.

Differences in professional cultures and philosophies have real implications for negotiations between advocates and corrections agencies. Confidentiality, which is a foundational principle for rape crisis centers, is virtually unheard of within the corrections context; all staff — including mental health staff — are required to

report any crime that occurs in their facility. As a result, many corrections officials are often, at least initially, unwilling to honor local service providers' need for confidentiality with inmates. In addition, corrections officials are accustomed to operating with little outside involvement. While law enforcement agencies are used to building partnerships with rape crisis programs through SARTs, corrections officials — even those with experience working within larger law enforcement agencies — are generally unfamiliar with rape crisis centers and how they work. Many corrections agencies view outsiders and any collaborative models, like SART, as a possible security threat.

“Working together, with people outside our department, is incredibly effective. Simply put, the coordination improves safety for everyone. Communication works. I was a bit skeptical at first and then I saw all of the pieces coming together and I am thoroughly convinced.” — Elizabeth Cobarco, Correctional Counselor

Rape crisis advocates, in turn, generally know little about prisons and jails, and are often unaware of the critical need incarcerated survivors of sexual abuse have for their services. Prisoner rape survivors usually come from different demographic groups than those that rape crisis centers are used to serving, such as men and transgender women. Rape crisis counselors may hold negative stereotypes about inmates in general and may have concerns or fears about providing services to them, including fears for their own safety. Other concerns of advocates include how to deliver services in a corrections context — such as how to manage confidentiality and how to advocate for detained survivors as they go through forensic exams. Some crisis counselors' beliefs about detention facilities and corrections staff may be based solely on television portrayals. One rape crisis counselor, upon entering an MDCR facility, expressed surprise that the corrections officers were not carrying guns and exclaimed, “Wow, it's really not like Oz.”¹⁵ Outsiders tend either to judge corrections staff harshly, assuming they are uncaring and unprofessional, or to be overly deferential to them. Either perspective makes it difficult to build a

positive working relationship and to remain an effective advocate for survivors.

A key barrier to creating victim-centered services is a lack of financial resources for serving sexual assault survivors in general, and incarcerated survivors in particular. For example, the Victims of Crime Act (VOCA), which was passed in 1984, established a victim services grants program, but prohibited rape crisis centers from using such funding to serve incarcerated individuals. This restriction was finally removed in August, 2016 — a crucial victory for victims' rights that will help close the gap in services for incarcerated survivors. Still, the decades-long ban on using VOCA funding, upon which many rape crisis centers rely heavily, has set back the effort to ensure availability of high-quality services behind bars. Because of the ban, advocates were sometimes hesitant to begin a conversation around what incarcerated survivors needed. Even well-intentioned advocates were sometimes reluctant to provide any services at all to incarcerated survivors if they did not have the resources to provide a full range of service.

Miami-Dade Corrections and Rehabilitation Department

“We envision a unified workforce of progressive, dedicated professionals grounded in service, integrity, and pride who strive to provide caring and compassionate services to those entrusted to our care and to protect the public we serve.” — MDCR Vision Statement

MDCR is a large, complex system that houses an average of 7,000 inmates across four separate facilities: the Pre-Trial Detention Center, the Turner Guilford Knight Correctional Center, the Training and Treatment Center, and the Metro West Detention Center. MDCR also administers a boot camp serving youth (ages 14-24) who have been adjudicated as adults. The facilities range in size from 375 beds to more than 3,000 beds. Like most county facilities, MDCR inmates include those who are being held just after an arrest

before being charged or tried, those awaiting sentencing, and those who have been convicted and sentenced to serve less than one year. MDCR's population includes inmates classified as misdemeanants and felons, at all security levels. MDCR books nearly 80,000 people each year — all of whom pass through the Pre-Trial Detention Center.

MDCR is the eighth largest county jail system in the nation and employs more than 2,600 corrections officials and contractors. MDCR's director oversees three divisions: Custody Services, Support Services, and Management Services. Because the PREA standards cover all areas of corrections management, each division was involved in the *Miami-Dade Inmate Safety Project*.

In 2010, BJS listed MDCR's Pre-Trial Detention Center (PTDC) among the six jails nationwide with the highest rates of inmate-on-inmate sexual abuse. PTDC inmates reported victimization rates 65 percent higher than the national average, for a 12-month period from 2008-2009.¹⁶ PTDC inmates also reported rates of staff sexual abuse that were approximately one and a half times higher than the national average. In the same survey, MDCR's Metro-West detention facility was reported to have an overall sexual abuse rate about half that of the national average.

In 2011, MDCR leadership was required to testify before the Review Panel on Prison Rape,¹⁷ in response to the BJS survey data. The then Director, Timothy Ryan, showed bold and effective leadership by acknowledging the survey data as troubling, but helpful. He stated that the department intended to use the information to make the facility safer, and discussed his intention to reach out to outside organizations, including JDI, for assistance.

In a written statement to the Review Panel, he said, "We want to be the best, and we believe we must be as open and transparent as possible to achieve this. The Panel's review is something we see as helpful, positive, and encouraging in an extremely challenging and difficult time. We thank you for the opportunity to tell our story."¹⁸

Over the next few years, MDCR worked with JDI, community rape crisis counselors, and the community

SART to develop inmate education, crisis intervention, counseling, and staff training programs, as well as facility sexual assault response teams. Encouragingly, in 2014, MDCR passed its first round of independent, external audits on the PREA standards.

Setting the Stage

“Getting started is the hardest, but remember, this approach is going to make your agency safer.” — Lt. JC Smith

THE *Miami-Dade Inmate Safety Project* would not have succeeded without genuine engagement from corrections and community stakeholders at all levels. Each entity and individual needed to understand the goals, roles, and professional obligations of the others. Establishing strong working relationships among all of the partners, who come from distinct professional backgrounds and who were not used to collaborating with others in the team, was essential to the project. The effort to stop sexual abuse and sexual harassment inside a detention facility begins with policy change, but it is sustained only when individuals change their beliefs. Specifically, officers and other staff must internalize a sense that it is their responsibility to prevent abuse and to treat survivors with dignity and respect — and that it is possible to keep inmates safe.

Front-line Leadership

Supervisors who oversee day-to-day operations — set the tone for a unit and have a major impact on the implementation of policies, protocols, and strategies. Make sure to involve such mid-level managers in each phase of the work to end sexual abuse in detention; doing so will serve to demonstrate a respect for their role in this effort, thereby increasing both their understanding of the long-term goals and gaining buy-in.

Both formal and informal leaders exist within most organizations — a dynamic that is as true within corrections agencies as anywhere else. One of the strategies of the *Miami-Dade Inmate Safety Project* was to involve leaders across all levels in every phase of the endeavor, which increased ownership of and dedication to the implementation of the project. At any corrections facility, the second tier of leadership is as important to daily operations as the Director and the administrators.

This second tier — which includes captains, unit supervisors, accreditation staff, and the agency PREA Coordinator and PREA Compliance Managers — are responsible for day-to-day leadership, passing along the decisions of the Director. Informal leaders can have an even greater impact on the culture of a facility. Such leaders include experienced line staff, corrections counselors, staff trainers, and mental health staff — anyone who is perceived as having authority, particularly among new staff members. They set the tone in jail units and can support, or undermine, official leadership’s efforts to make change.

Rape crisis programs have similar leadership dynamics. Executive Directors make policy; supervisors train and oversee advocates; and staff or volunteer advocates on the front lines provide services and make on-the-spot decisions, sometimes at two in the morning. JDI’s message to rape crisis center staff was the same as its message to corrections staff: that every team member plays a critical role in ending sexual abuse in detention.

Stakeholder Organizations

Community Rape Crisis Center

A rape crisis center is an agency charged with: providing advocacy, crisis intervention, and counseling services to survivors of sexual abuse and their loved ones; educating the community about the dynamics of sexual violence and how to prevent such violence; and working with law enforcement, medical care providers, and prosecutors to support victim-centered responses to sexual assault.

During the early stages of a PREA implementation project, the following staff members from a rape crisis center should play a key role:

- Executive director
- Counseling and/or advocacy program director
- SART coordinator, if applicable

Corrections Facility

Corrections facilities may be run by federal, state, county, or city government agencies or by a private corporation. They may detain people for a few hours or a lifetime. While there are vast differences between types of settings, most have a similar operational structure. The corrections staff who should play a key role in early stages of the project are:

- Facility director
- PREA coordinator
- Agency investigator/internal affairs investigator
- Medical or mental health care director

Local Law Enforcement Agency

In most cases, the same law enforcement agency that investigates sexual assault in the community will investigate sexual assault in the corrections facility. Some facilities employ sworn law enforcement officers who are able to conduct criminal investigations, but most corrections agencies call in an outside law enforcement agency, such as state police, city police, sheriff's department, or the FBI. When the investigations are run by outside law enforcement, the staff who should play a key role in the early stages of the project are:

- Special victims unit investigator or sex crimes detective
- Community SART liaison

Community SART Program

Community SARTs are multidisciplinary teams of professionals who respond to sexual assault reports in the community. They are often organized by the local rape crisis program, or by the medical facility or forensic medical organization that conducts sexual assault forensic exams; sometimes they are organized by a community SART coordinator. SART members usually include the rape crisis center, sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), law enforcement

agencies, prosecutor, and child abuse agency. SART members who should play a key role in the early stages of the project are:

- SANE or SAFE
- SART coordinator
- Prosecutor

Corrections Leadership

Based on years of government and academic research, many first-person accounts from corrections officials and prisoners, and meaningful efforts by many detention facilities to implement the national PREA standards, the U.S. Department of Justice and advocates alike agree that good leadership is the single most important factor in creating a corrections facility that is free of sexual violence.¹⁹ The first step in the *Miami-Dade Inmate Safety Project* was to work with the leadership of MDCR to make sure that the project had complete buy-in at the top. From the beginning, the now retired Director, Tim Ryan, expressed his full support for the project and for making MDCR a model for victim services within a jail.

In 2010, before the final PREA standards were released, and at a time when many corrections officials claimed that the high rates of sexual abuse inside detention facilities found in the BJS surveys were exaggerated or the result of manipulative inmates, shrill advocates, or faulty methodology, Director Ryan and MDCR took a more proactive approach. As noted above, the 2008 BJS survey named MDCR's PTDC as having one of the highest rates of inmate-against-inmate abuse in the nation. In accordance with PREA, the directors of facilities found to have the highest rates of abuse were called to testify in Washington, DC before the PREA Review Panel. Director Ryan, working with JDI, took the opportunity to assert that even one incident of abuse is too many. He went on to state that knowing the extent of the problem gave him information he needed to address it effectively. This bold act of leadership set the stage for the *Miami-Dade Inmate*

Safety Project, making it clear to all MDCR staff that the project goals had the Director's full support.

Not every facility will have leaders who are as supportive of PREA as Director Ryan. In such cases, a potential strategy is to launch a project that focuses on the basics of PREA implementation, instead of embarking on a comprehensive, survivor-centered, victim services program. Starting with a broader, PREA-based approach can help build support for deeper engagement, to be launched once the facility achieves incremental successes that both make the facility safer and the staff more comfortable with their role in preventing and responding to sexual abuse and sexual harassment.

"MDCR remains firmly committed to continual and progressive culture change and continues to implement the requirements of the PREA standards and make adjustments on an on-going basis. Additionally, MDCR is also dedicated to providing safe and secure housing for incarcerated individuals within Miami-Dade County." — MDCR PREA Annual Report, 2014

Director Ryan's leadership team included commanders, captains, lieutenants, and sergeants who, once they learned the goals of the project, were willing to take ownership of the aspects of the project within their purview. One of the strengths of the leadership team at MDCR is that its members have both the responsibility and the authority to carry out work related to policy and practice.

JDI met with MDCR leaders prior to developing program goals to make sure that their concerns and ideas were reflected in the project design. Once the goals had been set and the project begun, JDI worked closely with the MDCR leadership on creating an implementation plan. The core project team, made up of senior officials at MDCR and program directors at JDI, set out to model a collaborative approach from the very beginning — no plan was developed, and no action taken, unilaterally.

The core project team held several discussions about the best way to approach MDCR staff members. It was important to the team that staff felt respected and supported. It has been JDI's experience that, during the early stages of PREA implementation, corrections staff often view the mere existence of the law as an indictment of their job performance. The MDCR leadership also identified a need to correct the notion among many staff that addressing sexual abuse would mean more, and unnecessary, work. The team took the time to craft a consistent message for staff, which emphasized that preventing and responding to sexual abuse and sexual harassment is their responsibility; that this work represents an opportunity to fulfill the mission of the department; and that, regardless of PREA and findings from the BJS survey, the *Miami-Dade Inmate Safety Project* is the right thing to do. The team's goal was to help staff understand that developing a comprehensive, trauma-informed, victim-centered plan to address sexual abuse in the jail would make their jobs easier and make the jail safer for inmates and staff alike.

Strategies for Engaging Stakeholders

Introductory meetings:

- Held with each stakeholder group, these meetings were short, lasting 30-60 minutes. The project team held the introductory discussions during existing, regularly scheduled meetings whenever possible, so as not to interrupt the work day or cause a scheduling complication.
- The objectives for the introductory meetings were to:
 - Increase stakeholders' understanding of the background of the project
 - Provide information about the project goals and anticipated outcomes
 - Engage participants in the project early in the implementation phase
- The agenda was simple and forward-looking, including:
 - Introduction to how the project came about, emphasizing the collaboration between MDCR and JDI
 - Acknowledgement of OVC
 - Project goals
 - Importance of meeting attendees' roles
 - The plan for getting their input

Focus groups:

- MDCR staff focus groups were conducted early in the project. The groups had two purposes:
 1. To get a sense of staff attitudes, values, and culture before the work of the project began, to be measured against later focus groups and interviews.
 2. To involve a broad intersection of staff early on in discussions of how to frame the project. Staff were asked about their concerns and opinions, and informed of the importance of their role in ensuring the project's success.
- Similarly, inmate focus groups had the dual purpose of assessing attitudes and culture and gaining buy-in. Inmates from a cross-section of units, who had been in the jail for varying lengths of time and for different reasons, were asked to participate. They were asked about their perceptions of the facility's safety, how comfortable they would feel reporting sexual abuse, and any suggestions they might have for improving safety.
- Because of the vulnerable nature of inmate participants as interview subjects, the project engaged an Institutional Review Board to oversee the focus group process. Care was taken to develop informed consent forms for both inmates and staff, which were introduced by a script that included the assertion that participation was voluntary and included referrals for support services (see Appendix A).
- The program evaluator developed a plan to ensure that a representative sample of both inmates

and staff participated in focus groups (see Appendix B). JDI project staff met alone with inmates and staff to make sure that people felt comfortable expressing their opinions, and to give credence to the message that the leadership of MDCR was committed to the success of the project and trusted JDI as a partner. Inmate focus groups were drawn from the same unit, and staff member focus groups were made up of staff of the same rank.

- Both inmates and staff expressed surprise and gratitude that JDI took the time to speak with them. Participants shared thoughtful answers to questions and were candid with their opinions and concerns. The initial focus groups yielded some expected findings. Most inmates said that they did not believe they would report sexual abuse if it happened to them, and many staff expressed that they felt somewhat unprepared to deal with sexual abuse. Some of the findings would inform later work, such as that many inmates were concerned about the safety of other inmates — especially those who had mental illnesses and who were LGBT — and that women staff felt unsupported when they experienced sexual harassment by either male inmates or their coworkers.

Corrections Facility Staff and Contractors

The introductory meetings and focus groups were used to bring staff on board by letting them know about the project goals, asking for their opinions and input, and identifying established informal leaders — as well as staff who were interested in becoming leaders within the project. These sessions helped generate crucial buy-in among staff.

Without the support of the informal and nontraditional leaders at all levels, the intent of a facility's policies and plans will not be realized. The MDCR project team recognized that veteran staff members, who are most likely to become mentors for newer staff, needed to be included in the early stages of the project. It was critical that the discussions about the project on the front lines, when supervisors were not present, bolstered the goals of the project; informal leaders have the authority to influence these discussions and shape the way other staff members put new policies into practice.

Another important dynamic that became apparent early in the project was the impact that relationships between corrections staff and non-custody staff, particularly mental health and medical staff, had on the culture of

the facility. JDI staff had been informed that custody staff did not see mental health and medical staff as colleagues, believing that they did not understand safety and security needs. On the other hand, mental health and medical staff told JDI that custody staff did not respect them and did not see health concerns as important to jail operations. Both security staff and mental health and medical staff were integral to the project, and it was imperative that the project team address this conflict. Whenever appropriate, program meetings included a cross-section of staff, so that staff members representing different professions could learn from one another, hear each other's concerns, and begin to work on solutions together.

"It might seem obvious, but this project opened our eyes to the importance of prevention, and more importantly, to the possibility of prevention."

— Lt. JC Smith

Because the PTDC was named in the BJS survey, leading to MDCR leadership being summoned to testify in Washington, DC, introductory meetings and focus groups were conducted there first. During these sessions, PTDC staff expressed confusion,

resistance, and resentment. In response, the project team determined that it needed to provide an additional layer of training to PTDC staff. JDI provided hour-long sessions to each shift of line staff at PTDC. The sessions focused on the goals of the project, the basics of the PREA standards, and MDCR's mission to improve public health and safety. (See Staff Training section.)

Two important lessons were learned during the set-up phase with PTDC staff, and both underscore the importance of laying the groundwork and taking the time to hear concerns of staff members. The first lesson was to consider involving staff members who were not formal leaders, in the planning and set-up of any activity. JDI worked with the PTDC Captain and Watch Commanders to plan the introductory training sessions. However, when JDI staff arrived for the night shift sessions, they were greeted by a PTDC Lieutenant who was in charge of summoning staff and managing the logistics for the day. The first thing he said to the JDI trainers was, "So, you're the people who are here to ruin my night." He continued to be openly hostile toward the project, even while shepherding staff members who were about to receive the training. These were the most challenging training sessions of the entire project, but the experience highlighted the importance of involving staff members — usually lower-level unit supervisors — who are responsible for logistics in the planning of any program activity. Such staff members typically have a great deal of responsibility, yet they are not considered part of the "leadership" — a dynamic that can lead to resentment. The PTDC Captain did address the unprofessional behavior of the Lieutenant by talking with him individually and by reminding the entire PTDC staff that he, and the Director, fully supported the project.

The second lesson was about recognizing and being prepared for challenging cultural dynamics. During initial meetings and focus groups, JDI staff heard from several women officers that they regularly experienced sexual harassment by prisoners; some also described sexual harassment by male coworkers. The officers noted that they did not believe their male coworkers took the harassment seriously and, further, that the

administration did not support them in dealing with this problem. Clearly, they needed to have their own concerns about sexual harassment addressed before they would be able to participate meaningfully in the *Miami-Dade Inmate Safety Project*. Using a trauma-informed approach, the JDI team listened to these staff members, provided a compassionate response, and helped them develop a strategy for addressing their concerns. JDI spoke with the officers about how MDCR's leaders had expressed an absolute commitment to ending all forms of sexual harassment. It was explained to them that while PREA does not explicitly address sexual abuse or harassment of staff, no facility could be truly safe, for inmates or for staff, if its officers were not being protected.

Each of these officers gave JDI permission to disclose what they had shared to the MDCR leadership. When JDI staff brought these concerns to the administration, they responded by informing all staff that both inmates and staff would face consequences for sexual harassment, and that staff who need support could go to their supervisor, the agency PREA Coordinator, or the Director.

In the cases mentioned above, the MDCR leadership's support was critical. For staff members to feel empowered to take on a proactive role in the project and to maintain morale, they needed to see that leadership would back them up when they needed help (in the case of the women officers) and would be consistent in their support for the goals of the project (in the case of the night shift Lieutenant). Both of these situations were also an opportunity for the project team to improve collaboration and problem-solving skills.

It should be noted that, during the final program evaluation, MDCR staff informed the evaluator that the early efforts to involve all staff and to model a collaborative approach made them see the project more positively than they otherwise would have, and helped them to believe that they had an important part in the accomplishments of the project. Finally, staff said that their involvement in the project made them feel more positive about and more confident in their jobs.

Strategies for Success

Include a variety of staff members in the planning and setup of any program activity, bringing in formal, informal, and non-traditional leaders across all levels. Make it clear that they are each important to the success of every aspect of the work, and show respect for their time, their roles, and their concerns.

Take staff members' concerns seriously. Be vigilant about identifying cultural dynamics that might affect staffs' perceptions about the effort to address sexual abuse and sexual harassment of prisoners. Listen for and act upon staff members' needs to address trauma they have experienced — if such action is not within the scope of your project, still be sure to listen, provide recommendations to the administration, and offer referrals to local rape crisis centers or other service providers.

Rape Crisis and SART Leadership

Rape crisis programs exist in most communities across the nation. However, when the *Miami-Dade Inmate Safety Project* began, most local rape crisis programs were not providing services to incarcerated survivors. The absence of such programs in detention facilities can be attributed to a variety of reasons. In the past, victims' rights advocates, including rape crisis programs, drew a firm line between victims and perpetrators. In their view, victims deserved help and support, but perpetrators did not. This distinction often led advocates to consider all incarcerated people perpetrators, no matter what crime they may have committed. Many rape crisis programs also believed that they did not have the expertise to serve incarcerated survivors — while others pointed out that they did not have the funding to take on a new population.

Anticipating the challenges described above, JDI met with the directors of the Roxcy Bolton Rape Treatment Center (RTC), which is housed in Jackson Memorial Hospital and includes the county forensic examiners, before the program goals were developed. It was important to assess their willingness and readiness to serve incarcerated survivors and to learn of any concerns or challenges related to working with MDCR they had experienced in the past. RTC was enthusiastic about the

prospect of providing hospital-based services, including forensic exams and advocacy, and was prepared to start immediately. The agency was honest about its capacity and resource constraints; they could not provide a 24-hour hotline at that time, but doing so could be a second step. The RTC Director made clear that a plan for in-person services also would have to be developed later, and would depend on their capacity. Because Miami-Dade is such a large county and because RTC was unsure about in-person services, the project team conducted an assessment of other local rape crisis services to inform future planning.

Community Law Enforcement and Prosecutors

A core component of the *Miami-Dade Inmate Safety Project* was the establishment of multidisciplinary teams with a set of common goals. At the outset of the project, Miami-Dade County already had an existing community-based SART. But MDCR was not included in the SART, as is all too often the case with corrections staff. By extension, crimes that occur inside corrections facilities tend not to be viewed as seriously as crimes committed in the community. The project team sought to connect MDCR with the community-based SART and, in particular, to involve investigators from the Miami-Dade Police Department's Special Victims Unit

from the beginning of the project. The input of community police was invaluable in assessing training needs, establishing evidence protocols, and building working relationships among stakeholders.

It was crucial for the project team to define clearly, at an early stage, the separate roles of the police and the MDCR investigators. As a stand-alone corrections agency, MDCR conducts only administrative, non-criminal investigations. Before introductory training sessions began, the team needed to assess the police and MDCR staff's perceptions of each other's roles related to reporting sexual abuse, evidence preservation, witness protection and questioning, and victim and suspect interviews. The project team also had to establish a new working relationship with a baseline of trust and communication, so that they could develop a plan to coordinate investigations.

Prosecutors are often involved in the community SARTs. When corrections agencies and local law enforcement departments work together to improve sexual abuse reporting and investigations, prosecutors will be presented with a greater number of cases. The project team reached out to local prosecutors to prepare them for receiving cases originating from MDCR facilities. It was important to meet with them to explain the goals of the project and the link between public safety and addressing sexual abuse in detention. Prosecutors make the final decision about filing charges and, as such, need to be included in discussions and given training. Prosecutors in Miami-Dade County participated in the project primarily by attending community SART meetings.

Inmates

Inmates are a key stakeholder group whose opinions, needs, and concerns are essential to the project design and implementation. Like many line staff, the prisoners — who are the people most affected by policies and practices — are often the last to be asked about their thoughts, if they are asked at all. Also similar to line staff, inmates influence facility culture, and have a key

role to play in conveying messages about sexual abuse prevention and safety. As such, informal inmate leaders need to be included in early project discussions.

In many corrections facilities, the relationship between inmates and corrections staff is marked by mutual distrust. The introductory meetings and focus groups with inmates gave the project team an opportunity to share MDCR's program goals and convey the department's commitment to the project. To help demonstrate this commitment, the project team provided inmates with a meaningful way to share their ideas. Inmates and staff members typically have very different perspectives about the culture and needs of a facility; without the input of prisoners, the project team would not have had a full picture of MDCR's strengths and challenges.

"We have a heightened alertness about sexual abuse, and what that means now is that every incident is taken seriously, we work together better." — Miami Police Captain Eric Garcia

Stakeholder Engagement

Once all the stakeholders are engaged, it is important to keep them actively involved in the work. Some strategies the Miami-Dade Inmate Safety Project used were:

- Regular email and telephone check-ins
- A project mailing address that is available to all inmates (see Appendix O, page 14)
- Informal in-person meetings with line staff and inmates before and after formal program meetings
- Short, frequent program meetings to accomplish concrete tasks

Program Strategies and Tools

"Inmates trust us more to protect them. They know we take abuse seriously now. It's our job to protect them and staff are proud of that." — Lt. Jenny Bailey, MDCR Classification Department

JDI AND MDCR USED a combination of strategies to prevent sexual abuse and sexual harassment in each of MDCR's five facilities and to develop a trauma-informed response to abuse when it did occur. The initial program interventions identified were: services for incarcerated survivors, education for inmates, and the creation of facility-based SARTs. Staff training was added as a fourth program goal once the team recognized that none of the other interventions would be effective if the stakeholders were not prepared to embrace the trauma-informed approach and implement new policies and protocols.

Project Strategies

- Staff training
- Creation of facility-based SARTs
- Services for incarcerated survivors
- Inmate education

Staff Training

In the program proposal, staff training was not listed as one of the core project strategies, but instead was viewed simply as a tool to be used to achieve the goals. Throughout the project, staff training, informational meetings, and program briefings emerged as critical strategies to stimulate the deep culture change necessary to make MDCR safe for all inmates.

The project team aimed to transform MDCR's culture from one where sexual abuse and harassment were accepted as inevitable to one where vulnerable inmates are protected and survivors are supported and given the care they need. To spark culture change, the team focused on helping staff to embrace their key role in

preventing and responding to sexual abuse. It was also crucial to assist staff in recognizing that succeeding at this effort would increase the safety of inmates, staff, and the surrounding community.

At the outset of the project, virtually all MDCR staff members knew about the federal government report, released the previous year by BJS, which had identified PTDC as having one of the highest rates of inmate-on-inmate sexual abuse in the country.²⁰ Many were skeptical of the findings in the report and resented the negative attention that followed its publication. This reaction to the report helps explain many staff's initial hostility toward the project team; once again, outsiders were talking about sexual abuse in their facility. Indeed, there was a perception that PREA itself was an indictment of staff.

As mentioned previously, the BJS research led to the project team's decision to launch the project at PTDC, one of MDCR's five facilities. The team was acutely aware of the challenges facing the project, specifically the reluctance among many staff to take the advice of outsiders. As such, the team began the culture work where it seemed to be most needed and where staff might need the most time to absorb the project's messages. The team conducted a blitz of training sessions, over a period of 36 hours, to every shift at PTDC. Sessions lasted for 90 minutes, with 15-25 attendees per session. The schedule meant that over 400 people, representing a majority of the staff, were exposed to the same message within a very short period of time.

This initial training addressed the dynamics and signs of sexual abuse in detention and how to create a culture where reporting sexual abuse and sexual harassment is possible for both inmates and staff. The training sessions were short and intended to be easy to digest. Yet it was challenging to PTDC staff to absorb some of the messages. Project staff needed to spend a significant amount of time allaying PTDC staff members' fears and anger about being judged by outsiders and worry about having to alter their work dramatically. It also became clear that some staff members held beliefs about sexual violence in general, and LGBT survivors in particular, that increased their resistance to the content. These views included perceptions that most inmates lie about rape and that most rape victims bring the abuse upon themselves. The intense hostility that some officials expressed toward survivors of sexual abuse — although not unexpected — was dismaying. Although certainly not all staff members reacted with this level of vitriol or espoused rape myths, those who did felt entitled to be the most vocal. Given the powerful standing of these staff — and the findings of the focus groups — it was not surprising to learn that a significant number of officers attending training sessions expressed unwillingness to report colleagues who sexually abuse or harass inmates.

Introductory Training: Key Points

- Preservation of public health and safety is core to the corrections mission
- Preventing sexual abuse and sexual harassment makes everyone safer
- Every staff member has the opportunity and power to keep this facility safe
- Sexual abuse is traumatic and victims have a right to be treated with respect and receive support
- The PREA standards are a valuable tool to help staff do their jobs
- Staff in this facility are a critical component of ensuring public safety
- No one deserves to be sexually abused or sexually harassed

Effective Training Strategy

Corrections staff members tend to desire concrete instruction. It is important to educate staff about the dynamics of sexual abuse and sexual harassment and about the effects of trauma, but not at the expense of training them on practices that should form part of their daily work. The more direct the link between the information in the training and staff's responsibilities, the more effective the training will be.

"The concept that rape is not part of your sentence really hit me. That's what brought me on board right away."
— MDCR Corrections Counselor

The project team used the information it learned from the focus groups and during the first round of training sessions at PTDC to revise its staff training strategy. After trying out several different training models during the first two years of the project, the team determined that short, issue-based training described above raised more questions than it answered. So it developed longer sessions with more job-related content, as well as information on dynamics and trauma.

Trainings that opened with an explanation of key concepts and then shifted to detailed, nuts-and-bolts information about how to perform their jobs were found to be most effective. Similarly, training sessions that split up staff by their unit, job type, or previously formed teams were more effective than those delivered to a cross-section of staff. In short, the less staff had to stretch to see the direct applicability of the information to their daily work, the better.

A critical first step in developing training sessions for staff is to assess what staff themselves believe they need. In addition, there are specific topics that the PREA standards require staff trainings to cover.²¹

Training topics should include:

- The agency's overarching approach to preventing, detecting, and responding to sexual abuse and sexual harassment, called its "zero tolerance policy" in the PREA standards.** This section sets the stage for all other sections, serves as a call to action, and reinforces the professional expectations for staff. It should include the clear message that all prisoners have an absolute right to be free from sexual abuse and sexual harassment.
- Dynamics of sexual abuse and sexual harassment in detention.** Staff members should learn about the prevalence of sexual abuse and sexual harassment, the factors that influence who perpetrators of such abuse are likely to target, and the various types of tactics used by perpetrators. This section should also cover the agency's prevention strategies, such as screening tools, staffing and supervision policies, how to detect sexual abuse, and how to respond to risks or imminent threats of sexual abuse.
- Inmate reporting mechanisms.** Staff should learn about all the ways that inmates can report sexual abuse and sexual harassment. It is important to discuss common barriers to reporting and ways to create an institutional culture where reporting is perceived by prisoners as viable and safe. This section should also cover the right of inmates and staff to be free from retaliation for reporting sexual abuse and sexual harassment, and the agency's policy and protocol to monitor and prevent such retaliation.
- Responding to sexual abuse and sexual harassment.** Staff need to have a clear understanding of their reporting duties, including relevant laws related to mandatory reporting of sexual abuse. This section should also cover first responder duties, the agency's coordinated response protocol, evidence preservation, and how to protect victims and witnesses immediately after making a report.
- Understanding trauma and common reactions of survivors.** This section provides staff members with a basic understanding of the effects of sexual abuse and sexual harassment, describes what staff can expect to observe in prisoners who have experienced trauma, and offers suggestions for responding to sexual abuse in a trauma-informed way. This section should also give opportunities for staff to practice handling disclosures of sexual abuse in ways that protect the wellbeing of victims.
- How to protect and communicate effectively with prisoners who are most vulnerable to sexual abuse and sexual harassment, including LGBT inmates.** People with mental illnesses, survivors of previous abuse, and LGBT prisoners face an extremely high risk of sexual abuse and sexual harassment. This section should help staff members learn to communicate effectively and respectfully with these prisoners, so that they will not be further marginalized and unsafe in the facility.
- Working with outside partners.** Staff at all levels should learn about the rights of victims of crime, including the availability of advocacy and support services. This section should describe the roles of the rape crisis advocate, local law enforcement, and SANE, and how making services available to

survivors increases facility safety and benefits the entire community.

- **Staff responsibility to maintain professional relationships with inmates.** This section should help staff to understand how to maintain professional boundaries, and ensure staff familiarity with agency policies around fraternization with current or former inmates. It is important to engage in discussions about how to keep strict boundaries and still treat prisoners in a kind and respectful manner; training discussions should go beyond warning staff about being manipulated and instead help staff develop skills for healthy and appropriate interactions with prisoners. While it may seem obvious, staff should also be reminded that they are never to engage in sexual relationships with inmates and that consent is not a legal defense for staff sexual misconduct.

“We all worked hard and marking the milestones is important. I can honestly say that staff feel better about coming to work. It wasn’t always easy, but it is well worth the investment.”

— Lt. Wynn Testamark-Samuels, MDCR PREA Coordinator

With the goal of program sustainability firmly in mind, JDI worked with the MDCR Training Bureau to develop materials and training strategies for MDCR, aiming to give staff ownership of the process and the final products. It was important that MDCR trainers had enough information and background on the subject matter to be able to understand and edit materials as policies or protocols and the needs of staff shifted. Toward that end, JDI and the Training Bureau discussed their observations from training sessions with line staff and strategized about how to handle the most challenging issues that came up.

JDI led Training Bureau staff through the same small-group exercises that it had conducted with line staff, getting their reactions and revising content based on their feedback. JDI also worked with the Training Bureau to develop short- and long-term goals for its

training department related to sexual assault prevention and response. Together, they agreed that the primary goal of the training would be to build staff’s basic competency around understanding trauma and how it relates to safety. With this basic competency, staff would be better able to absorb the key concepts of PREA and take a proactive role in preventing and responding to sexual abuse and sexual harassment. JDI worked with the Training Bureau to develop objectives and action steps to achieve this goal. Moreover, in response to the MDCR Director’s request to have in-house subject matter experts who were prepared to answer difficult questions, JDI conducted two special review sessions, one for the MDCR Command Staff and one for the Training Bureau, on the PREA standards.

“In corrections, change is a four letter word. No one likes change, but if leadership is consistent, what was change one day becomes standard operating procedure the next.” — Captain John Johnson

In the end, the consistency of the message — delivered by both MDCR and JDI trainers — and the fact that staff saw the material as related to their daily work were the most important factors in ensuring that staff members absorbed the information. Other reasons for the training’s success included the MDCR leadership’s willingness to dedicate sufficient time to present key concepts and new procedures to staff; to allow staff to incorporate what they learned into their daily work; and to give staff opportunities beyond the training to ask questions and receive feedback. The project team further reinforced its messages by cultivating champions — staff at all levels and holding various job functions who would be able to answer questions and correct misconceptions as they arose.

“The negative people who didn’t get what we were trying to accomplish through this project are the minority now. They know their view isn’t the standard one anymore, so their negativity doesn’t overshadow the message in our trainings.”
— Supervisor, Training Bureau

In addition to working with MDCR trainers to develop general staff training, JDI facilitated smaller working groups to develop specialized training for medical and mental health staff, MDCR and community SART members, and corrections counselors.

Change is difficult for everyone. Nevertheless, when MDCR staff saw that the policies and protocols related to this project actually made their lives easier, hostility to the project diminished.²² During final focus groups and interviews with staff, the project team and the evaluator heard multiple times that the trauma-informed approach that initially had seemed so daunting had become standard procedure; that staff felt better able to do their jobs; and that, while some of the staff who had been hostile to new ideas might still be working in the department, most opponents either had retired or realized that the facility culture had reached a tipping point, and that their views were now at odds with the beliefs of most of their colleagues.

PREA is making this a better agency, a safer agency. The hardest part was getting started, like with almost everything in life.
— Angela F. Lawrence, Correctional Captain

Sexual Assault Response Teams (SARTs)

Developing the Team

The SART model holds the promise of long-term change. National studies have found that community SART programs have multiple benefits, including better health care for survivors, improved evidence collection, higher quality investigations that are more likely to lead to a referral for prosecution, and increased prosecution rates, as compared with an absence of community SART programs.²³ The project team recognized that having a SART within a corrections setting could dramatically shift the institutional culture from one of indifference toward — or worse, tolerance of — sexual

violence to one of respect for each inmate's right to safety and dignity.

The Director of MDCR instructed the project team to use the following criteria when selecting a strategy: it should be sustainable, lead to best practice models, and give MDCR staff the most useful tools possible in preventing and responding to sexual abuse. Based on the Director's stated views — and on JDI's own experience in other corrections settings, as well as the success of SART programs in the community, support from OVC, and the mandate of the PREA standards — the team decided to apply the SART model.

"There have been resources for sexual abuse in this community for years, but now we bring those resources in, and we as an agency and the inmates can both contribute to and benefit from them."
MDCR SART member

In setting up the program, the JDI and MDCR project team borrowed from the community SART model. The team created internal subject matter expert groups that would be responsible for ensuring the implementation of agency policies and practices, the provision of services for survivors, and the ongoing commitment to the integrity of MDCR investigations.²⁴ The team aimed to bring the foundational SART strategies of multidisciplinary collaboration, cross-training, building stakeholders' capacity, and placing survivors' well-being at the center of response protocols into MDCR facilities through creating internal SARTs that link with the community-based SART.²⁵ Further, by creating small teams of subject matter experts (both within the department and within each facility) — and thereby expanding the group that would espouse the messages and carry out the strategies — the project team aimed to increase the program's sustainability. Simply using the term "SART" helped to strengthen the connection between the jail team and the community team and demonstrate their shared goals.

The first step in building a facility-based SART is to clarify the goals and objectives for the team. For the MDCR team, the overall goal was to ensure an effective

Countering Resistance

Staff members in corrections facilities often resist change. Indeed, most people do, especially when the change affects fundamental aspects of their daily life or when it challenges a deeply held belief. The topic of sexual abuse and sexual harassment in detention touches on many issues that are taboo or difficult to discuss — sexual violence itself; sexuality; women’s rights; male survivors; women perpetrators; the rights of LGBT people; power imbalances and oppression; and abuse by staff members. Training on sexual abuse in detention and PREA should address sources of resistance to change that are often embedded in corrections culture, such as:

- **Topic of the day:** corrections staff are accustomed to certain issues becoming a focus of intense attention and then disappearing. JDI heard from many corrections officials that PREA was a fad that would fade, just like other “hot topics.” The tendency of corrections agencies to focus intensely on a topic for a short period of time can make staff feel saturated and overwhelmed, and unable to invest in change.
- **Fear of the unknown:** corrections staff count on routines, rules, and structure to keep them safe. Any change in their routine — such as alteration of policy or the introduction of outsiders, a new program, or a new way of doing things — can seem threatening.
- **Investment in the status quo:** like other professionals, most corrections staff work hard and believe in the efficacy of their established procedures. Hearing that change is imminent can be perceived as a criticism of the way they’ve been doing their job and make them feel anxious about how they will perform once changes are made.
- **Frustration over not being consulted:** corrections staff often feel disempowered, a feeling that may not seem rational to outsiders given the amount of power and control officers have over prisoners. Yet within the large bureaucracy of corrections departments, many line staff see themselves as powerless. This feeling is reinforced when staff are not informed of changes — changes that affect their daily lives in very real ways — until they have already been made.

The best way to break through staff resistance is by adopting consistent messaging, building a cohesive core team, and addressing the source of resistance respectfully.

- Include a broad cross-section of staff in planning meetings and pilot training sessions.
- Describe the need for change in clear terms that respect the work staff have done in the past.
- Acknowledge that changes in policies and procedures can seem threatening to their safety; allow time to process this concern and call upon leadership to allay fears.
- Provide staff members the time and the space to express concerns and make sure to respond in a thoughtful and respectful manner.
- Emphasize clearly that new policies and procedures are intended to make their work easier and to keep them safe.
- State explicitly that the training is intended to clarify the department’s commitment to a trauma-informed approach to sexual abuse and its expectations around staff responses to sexual abuse. The aim is not to challenge or change anyone’s personal beliefs.

and professional response to sexual abuse in MDCR facilities. The specific objectives included: complying with relevant PREA standards (see Appendix G); improving the working relationships between MDCR command and custody staff, the Miami Police Department, and medical and mental health staff; building the working relationship with the community SART; improving all staff's ability to respond to sexual abuse in the facility; and increasing the likelihood that victims will report.²⁶ Distinguishing between the roles of the community SART and the corrections SART is also important.

The MDCR SART's role is to:

- Oversee implementation of the PREA standards in MDCR facilities
- Provide guidance to other MDCR staff in preventing, detecting, and responding to sexual abuse and sexual harassment
- Ensure an effective, professional response to any allegations of sexual abuse or sexual harassment
- Serve as the liaison to the community SART and police investigators
- Monitor for retaliation of inmates and staff who report sexual abuse and sexual harassment
- Participate in incident reviews at the conclusion of all investigations

The community SART's role is to:²⁷

- Coordinate the community response to sexual assault
- Support victims during investigatory interviews and medical procedures
- Support victims emotionally as they navigate the criminal justice system
- Designate specific facilities for forensic medical exams that make timely responses, victim privacy, and victim wellbeing a priority
- Conduct the sexual assault forensic exam, a dual purpose exam during which the sexual assault nurse examiner collects forensic evidence, assesses medical needs, and provides care and prophylactic treatment for sexually transmitted infections and addresses reproductive health concerns

To view a webinar featuring the MDCR SART, produced by JDI for the PREA Resource Center, go here: www.prearesourcecenter.org/training-and-technical-assistance/webinars/1867/developing-facility-level-sexual-assault-response-te

- Ensure that medical providers and law enforcement collect evidence effectively and follow a chain of custody so that it can be used in a prosecution
- Build a network of community referrals to support victims of sexual abuse during and after the initial response to the event
- Minimize the re-traumatization of victims by coordinating interviews, providing victims with information about the progress of the investigation, and prioritizing the victim's wellbeing at every stage of the process

Once the goals and objectives of the SARTs are finalized, it is important to identify the core members of the team. At MDCR, it was determined that a two-tiered team would make the most sense, with a central committee to oversee development of a protocol and facility-level SARTs to implement it. The SART leadership formed the SART Coordinating Committee and each of MDCR's five facilities developed its own facility SART. It should be noted that this two-tiered approach developed organically to reflect the way that the work of the project was accomplished. The project team's commitment to trial and error and its willingness to incorporate feedback from all stakeholders also played a key role in shaping the SART model.

The SART Coordinating Committee includes:

- MDCR PREA coordinator
- MDCR facility PREA compliance managers
- Miami Police Department sex crimes detective

- Rape Treatment Center nursing director
- Sexual assault nurse examiner
- Miami-Dade County prosecutor
- MDCR staff members drawn from:
 - Medical staff
 - Civilian staff, such as corrections counselors
 - Transport staff
 - Security and Internal Affairs Bureau chiefs
 - Intake supervisor

Facility SARTs include a minimum of three of the following:

- Facility PREA compliance manager
- Health services administrator
- Assigned facility psychiatrist
- Classification corporal (or officer when corporal is not available)
- Internal Affairs designee
- In-service training officer
- Corrections counselor
- Transportation officer

After identifying the SART members and objectives, JDI worked with the MDCR leadership to develop a task list and a communications strategy. The team determined that its first task was to draft a protocol; it also decided that the most effective way forward was to hold regular meetings where specific, achievable goals were identified.

JDI worked with MDCR to schedule regular meetings; some were in-person and some were via conference call. These regular meetings were essential to the project. The MDCR SART Coordinating Committee decided to meet twice a month during the early planning phases. Each of the facility SARTs also set up routine meetings, and the department created contact lists for both subgroups and the complete project team.

During the planning meetings, the group discussed the responsibilities of the team as a whole, the roles of every member, and the procedures that needed to be codified in the protocol. The team worked to make sure that prevention, response, and evaluation were embodied in the protocol. Each team member recognized the importance of creating a protocol that future MDCR staff could use, and that would document clearly the background, goals, and strategies that came from these early discussions.

One task of the SART Coordinating Committee, and JDI, was to facilitate negotiations between MDCR, RTC, and the Miami-Dade Police Department's Sex Crimes Unit. These negotiations were carried out as the project partners were developing the SART protocol. The primary objectives of the protocol were to clarify roles and ensure that each team member had clear instructions. The team also held focus groups with facility SART members and staff to get feedback about the protocol as it was being developed. Because the protocol would become an official MDCR document — a guide for putting MDCR policy into practice — it also had to be reviewed by the MDCR leadership.

The victim-centered, trauma-informed approach, including the multidisciplinary SART model, had never been tried before at MDCR — nor had this type of deep collaboration with community partners. The development of the SART represented a completely new area of work for the agency, and the SART protocol went

through many iterations before it was finalized. The SART Coordinating Committee first developed a table of contents for the protocol, which was reviewed by the administration, facility SART members, and community partners. The team then worked together to develop the step-by-step guidance that would make up the bulk of the protocol. The team reviewed the protocol at each stage of its development to make sure it met the goals of formalizing and institutionalizing the SART response and ensuring that MDCR incorporated best practices in trauma-informed sexual abuse investigations and responses into its standard procedures.

“Having diversity on your team is key. The team members have to come together despite their different roles to collaborate meaningfully for the model to work.” — MDCR SART member

Sexual Assault Response Teams (SARTs): The Protocol

The SART protocol includes:

- The goal and structure of the SART
- Team members and their roles and responsibilities
- Step-by-step instructions for each SART member’s response to sexual assault reports
- Guidelines for follow-up services for survivors
- Guidelines for incident reviews

Once the SART Coordinating Committee had a draft with which everyone on the team felt comfortable, the project team obtained permission from MDCR’s administration to begin using it as a working draft. JDI and the SART Coordinating Committee met with facility SARTs, watch commanders, medical and mental health staff, and first responders to share the draft protocol with them and begin preparing to use it. This was yet another example of where the team solicited feedback on the protocol.

“Education is the key. With all of the things we have implemented — and the leadership of the SART — we are seeing fewer incidents. The education for both staff and inmates is better, the investigative response and the way we work with the police is better, the collaboration between us and medical and mental health staff is better, too. Now, everyone knows their role and staff have more information to do their jobs. Because of the SART, the facility is safer.” — Lt. Bailey, MDCR SART member

The SART protocol was approved by MDCR’s administration and adopted as an addendum to the department’s existing sexual assault prevention policy. JDI then drafted a training curriculum for facility SARTs based on the protocol. JDI and members of the SART Coordinating Committee provided training on the protocol to all facility-based SARTs, preparing them for leadership roles within their facilities.

JDI and the SART Coordinating Committee continued to hold bimonthly meetings throughout the project period. By the completion of the project, the PREA Coordinator was prepared to take the lead, conducting regular meetings and ensuring that a sustainable SART program remained permanently in place.

Members of each facility-based SART participated in the SART Coordinating Committee meetings, enabling them to be connected with every stage of the work and to take on a leadership role within their facilities. The facility SARTs also met regularly and recruited staff members from all departments responsible for responding to sexual abuse. As noted previously, JDI had been informed early in the project that custody staff and contract staff, such as medical and mental health staff, did not always work well together, and did not necessarily perceive themselves as being part of the same team.

Because the SART calls for multidisciplinary cooperation, and because the team solicited input from everyone involved with the SART protocol, custody staff and medical and mental health staff had to work together. As a result, the two teams developed a stronger and more productive relationship.

“Security and non-security staff often have trouble working together. The SART work especially has helped medical and corrections see themselves as on the same team. I’d advise any facility to get medical and mental health leadership on board early. Make it a priority.” — Lt. Wynn Timer Testamark-Samuels, MDCR PREA Coordinator

The project team was committed to learning from each report of sexual abuse and to improving its practices with every investigation. The PREA standards require that facilities conduct an incident review at the conclusion of any sexual abuse investigation that is either substantiated or unsubstantiated. The purpose of these reviews, as described in the PREA standards, is to determine whether: “a change in policy or practice is needed; the incident was motivated by race, ethnicity, gender identity, sexual orientation, gang affiliation, or other dynamics in the facility; physical barriers in the area of the incident may enable abuse; staffing levels in the area of the incident were adequate; or monitoring technology should be deployed or augmented.”²⁹

“There have been drastic changes. In the corrections setting, they are now aware of both our role and the victim's rights. The SART members know and understand the victim-centered approach. Maybe they overcorrected at first and called for everything, but that's better than the other way. At the beginning of the project, they were reluctant to call.”
— Miami Police Captain Eric Garcia

The PREA standards further require that the facility prepare a report of its findings and make recommendations for improvements. JDI and the SART Coordinating Committee decided that the SART Coordinating Committee would lead the incident reviews, using input from the facility where the abuse occurred. The SART and JDI then worked together to develop an incident review checklist. This tool would become instrumental in making certain that the facility seized upon opportunities to improve practices; the checklist also helped shape the final SART protocol and MDCR PREA policy.³⁰

“I'm not concerned about sustainability of the approach. This is our way of life now. It's not a question. The procedures work.”
— Assistant Director Daniel Junior

In a corrections setting, the tendency to revert to familiar, but outdated, practices is an ongoing challenge. The incident review checklist helped JDI and the MDCR leadership to ensure that new practices became the norm, rather than fading away. This tool, and the establishment of the SART itself, necessitate regular communication and periodic reviews of program goals and plans which, in turn, lead to better communication and a safer facility overall.

Building a SART, Step-by-Step

1. Identify members of coordinating committee
2. Formulate goals and objectives
3. Identify team members
4. Develop a plan for regular meetings and communication
5. Develop a protocol
6. Solicit feedback on the protocol
7. Revise the protocol
8. Train SART members on the protocol
9. Implement the protocol
10. Review and revise the protocol
11. Develop a plan for sustainability

“The one-on-one counseling has helped a lot, maybe more than almost anything else we have done. The counselors made a real difference, not only for the inmates who saw them, but along with JDI, they also helped to educate COs, nurses, and mental health staff.” — MDCR SART member

Challenges and Successes

Unfortunately, but not surprisingly, JDI found that many of MDCR's staff lacked the information and knowledge necessary to prevent and respond to sexual abuse. For example, many staff members did not understand the difference between sexual assault and consensual sexual activity among inmates (consensual sex is prohibited but not a criminal offense); nor did they know how to preserve or collect forensic evidence. In addition, staff openly expressed extreme homophobia and victim-blaming — toxic attitudes that allow sexual abuse to thrive. Many staff were also reluctant to report colleagues who sexually abuse or harass inmates. With the investment of time, effort, and persistence, the MDCR SARTs, in cooperation with JDI and the Training Bureau, were able to make headway and improve MDCR's response to sexual abuse and the facilities' culture.²⁸

One important strategy for making changes to standard practices was to develop a phased-in approach. For example, the MPD is responsible for investigating sexual assault at the jail, yet there never had been clarity about when and under what circumstances the department should be called. JDI and the MDCR SART brought the partners together to explore challenges and establish standard guidelines for responding to sexual abuse that are consistent with the needs of survivors, and with the protocols of a proper investigation. One MDCR captain expressed the concern that his staff simply did not know when to call the police, and he believed significant training and time would be necessary before he was comfortable giving them that responsibility. The team, with the agreement of MPD, decided that in the early phases of the project, staff would be instructed to contact the police anytime sexual abuse or sexual harassment was mentioned in a report. This meant that the police would be called for incidents that might not be criminal in nature, but MDCR's SART Coordinating Committee viewed this overcorrection as a way to provide learning opportunities to everyone involved in the effort to end sexual abuse in detention.

Another challenge, and a byproduct of the overcorrection strategy, arose when the RTC reported that several police officers had transported recent arrestees who had disclosed being raped in the previous year to the forensic exam site. The officers then asked the SANE to complete a forensic exam in order to provide "medical clearance for jail." Forensic exams are, of course, only performed for recent sexual assaults, and are not appropriate to clear a person for jail. After some research, it became clear that MDCR booking staff and arresting officers had become confused by the new focus on investigating sexual abuse of detainees. They had interpreted the directive for MDCR staff to inform the police of all reports of sexual abuse to mean that they should transport any prisoner who reports sexual abuse, no matter when it occurred, for a forensic exam. Because forensic exams are intended to provide care and collect evidence after a recent assault, this practice was causing confusion and delays for both MDCR and the hospital and creating illwill between the team partners.

The composition of the MDCR SART Coordinating Committee — it included leaders from MDCR, RTC, and MPD — ensured that this misunderstanding was rectified quickly as the SARTs became more established in the facility and its staff received more training, MDCR staff and police officers started to place greater trust in the team's expertise in handling sexual abuse cases. Eventually, MDCR was able to moderate its approach, giving MDCR SART members more autonomy in determining when to contact the police.

Services for Survivors

Incarcerated sexual abuse survivors rarely have access to confidential rape crisis counseling, even though such counseling is known to help reduce the impact of trauma. One of the most common experiences of survivors of sexual abuse — particularly survivors behind bars — is the acute feeling of being alone and helpless. Survivors in the community can call anonymous hotlines or reach out to a trusted friend or family member; incarcerated survivors are isolated from such community support and risk retaliation if they disclose the abuse. To make matters worse, 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 return successfully to their families and communities.

Once released from jail, survivors bring back to their communities the emotional and physical scars of the abuses they endured while incarcerated, often developing Post-Traumatic Stress Disorder, depression, and alcohol and other drug addictions. These conditions can make readjustment to life on the outside nearly impossible. Struggling with feelings of shame, anger, and isolation, many survivors turn to self-defeating behaviors that keep them trapped in a cycle of poverty, crime, and re-incarceration.

Community rape crisis centers fight for a society where sexual abuse is not tolerated. One of their guiding principles is that survivors must receive compassionate support. Following the tenets of such sexual assault advocacy, the *Miami-Dade Inmate Safety Project* aimed to provide full support to survivors of sexual abuse, regardless of when or where the abuse occurred or whether or not the survivor reported the abuse. In so doing, the project aimed to shift the culture of MDCR. Staff and inmates alike confirmed that the existence of

confidential rape crisis counseling, commensurate with the community standard of care, did more than provide help for individual survivors; it helped create a culture where recognizing the needs of trauma survivors was seen as central to staff members' work.

In addition to setting up programs to prevent and respond to rape, the *Miami-Dade Inmate Safety Project*

had a secondary goal of helping MDCR come into compliance with the PREA standards. The victim services strategy of the project, however, is an example of where MDCR went beyond the PREA standards — whose provisions JDI see as representing the minimum of what is required to address sexual abuse in detention. In the case of the victim services provision, the PREA standards offer a loophole: corrections agencies can comply with the standards by making and documenting an attempt to enter into an agreement with a local victim services agency, even if that attempt is unsuccessful. Further, the PREA standards, while requiring that facilities make emotional support services available to all inmates, do not mandate that inmates are able to receive confidential, in-person services from a qualified rape crisis counselor for abuse that they suffered at any point in their lives. Even though it was not a PREA requirement, MDCR provided this service. JDI, MDCR, and OVC all saw the *Miami-Dade Inmate Safety Project* as an opportunity to develop truly innovative victim services models for corrections agencies and rape crisis centers, rather than just as a vehicle for complying with the standards.³¹

JDI met with RTC prior to the launch of the project to explore whether or not they were willing to provide services to inmates who had been sexually abused while in MDCR facilities. As mentioned earlier, RTC is the designated forensic exam site for northern Miami-Dade County and it coordinates the community SART. RTC immediately agreed to provide hotline services and advocacy at forensic exams and during investigatory interviews —recognizing that crisis services for incarcerated survivors are not significantly different than those for survivors in the community. The more challenging issue involved delivering in-person counseling services in the jail, which represented a new area of work for RTC.

JDI, MDCR, and RTC identified four basic categories of victim services that would constitute the program plan:

- Access to RTC's 24-hour hotline
- Advocacy and crisis intervention services from a trained victim advocate during forensic exams, investigatory interviews, and court proceedings

- In-person counseling services with a trained sexual assault counselor provided on-site at each of MDCR's facilities to all survivors of sexual abuse and sexual harassment, regardless of the status of an investigation or whether the abuse occurred in a corrections facility or in the community
- Ongoing evaluation and treatment by MDCR's medical and mental staff

The project team launched services for incarcerated survivors in phases, beginning with crisis services, including a hotline and hospital accompaniment, and then in-person services, rolled out one facility at a time. Facility SARTs participated in the launch of services at their facilities, and then took over the daily running of these programs once they were established. This gradual, step-by-step approach allowed the team to remain nimble and make adjustments in the protocols and training curricula whenever necessary.

JDI, RTC, and the program evaluator conducted an assessment of rape crisis center staff, to gain an understanding of what support they needed to provide effective services to incarcerated survivors. Based on surveys, interviews, and discussions at meetings, the team determined that RTC staff and advocates required training in: working with corrections officials; understanding the dynamics of sexual abuse in detention; adapting interventions for incarcerated survivors; advocating for survivors with corrections officials; and trouble-shooting. The team also determined that cross-training — providing opportunities for RTC, MDCR, and the Miami police to train one other on their goals, strategies, culture, and operations — would strengthen the SART as a whole.

Throughout the project period, JDI provided periodic training sessions for RTC staff. JDI held large gatherings and smaller program meetings to provide relevant information throughout the project. The purpose of the initial training sessions was to introduce RTC staff to the project, provide a basic overview of the PREA standards related to victim services, familiarize staff with MDCR, and teach advocates the basics about incarcerated survivors and the dynamics and impact of sexual abuse in detention. A second training session

introduced staff to draft program protocols, reviewed the PREA standards and MDCR's draft policies related to sexual abuse response, and helped advocates to work through some of their concerns about providing services to incarcerated survivors — including specifics about helpful crisis counseling techniques.

Following the introductory sessions, JDI provided more advanced training to RTC staff that addressed logistical issues and challenges, offered additional insight into advocacy techniques, and reviewed information on how to work effectively with corrections officials. These sessions focused on ways rape crisis advocates can educate corrections officials about the way that rape crisis centers work, including rape crisis advocates' roles and limitations and the services they can provide to incarcerated survivors.

Such guidance was critical in helping advocates build their skills in negotiating and securing agreements with detention facilities to ensure survivor-centered services, and in using the PREA standards as a tool to advance their advocacy work. JDI helped RTC staff prepare for the challenging conversations regarding the need to maintain a secure facility, which can seem to be at odds with rape crisis advocates' mandate to provide confidential services.

JDI facilitated meetings between RTC staff and each facility-based SART, during which RTC staff presented information on the following topics: an overview of sexual abuse behind bars; how to detect this violence; the goals of the *Miami-Dade Inmate Safety Project*; the role of RTC in the project; and the basics of responding to survivors.

JDI conducted the meetings on-site at each jail facility. Facilitating these sessions inside the jails helped RTC staff — who, like most rape crisis counselors, had no previous experience working in a corrections environment — gain comfort and familiarity with the physical surroundings of the jail, and delivering services to a population that is quite distinct from their usual client base. In addition, the cross-training sessions gave corrections staff information about the qualifications and roles of the advocates, and made the prospect of having outsiders in their facility feel less threatening.

The PREA Standards as a Tool

The PREA standards are a valuable tool for sexual abuse prevention and for improving services for survivors, including by providing advocates a starting point for working with corrections departments and deliver crucial services. While MDCR's overall goal was to work toward compliance with the PREA standards, the department recognized the benefits of going beyond what was required. It is difficult to know if, without PREA, MDCR would have been as committed, and as successful at mobilizing resources, to a project aimed at addressing sexual abuse in its jails. Nevertheless, an important lesson for advocates is that the PREA standards can give correction and advocates a common language, and common ground, and be the first step in developing a trauma-informed approach.

Accessibility of Services

The PREA standards require facilities to ensure that all inmates can understand and benefit from any services or programs related to sexual abuse and sexual harassment. Information about available services should be accessible to every person who is incarcerated, including people who have limited English proficiency, are deaf or hard of hearing, or have intellectual disabilities or a mental illness.³² In developing victim services programs at MDCR, JDI worked with RTC to identify how it ensures accessibility of services to survivors in the community. JDI also reviewed with MDCR how it makes other kinds of information and services available to inmates. For example, MDCR has high populations of monolingual Spanish and Haitian Creole speakers. All critical information pertaining to support for sexual abuse survivors is translated into these languages, and staff are made aware of local translation services. JDI worked with RTC and MDCR to make sure that key information was available in:

- English, Spanish, and Haitian Creole
- Large print
- Video with closed captioning and clear audio

JDI helped MDCR staff and the inmate peer educators (explained below) develop the skills to check for comprehension of information about inmates' right to be free from sexual abuse, how to report, and how to get help. With JDI's help, RTC and MDCR made sure that qualified American Sign Language interpreters were available. Because RTC is associated with a hospital, which serves a diverse population, the agency already had plans in place for communicating with survivors of many different backgrounds, prior to the beginning of this project. Crucially, both MDCR and RTC understood that interpreters are bound by the same confidentiality guidelines as the rape crisis advocates.

For general information about making the protections and benefits of PREA accessible, see the Vera Institute for Justice's guide, available here: www.vera.org/sites/default/files/resources/downloads/prea-victim-services-incarcerated-people-disabilities-guide.pdf.

Confidentiality

Ensuring confidential communication between incarcerated survivors and rape crisis advocates is one of the most challenging components of establishing a victim services program in a prison or jail. Both rape crisis advocates and corrections officials tend to have strong, rigid positions on the issue. Program partners should be prepared to have in-depth discussions about how to balance a survivor's right to privileged communication with a rape crisis advocate and corrections agencies' needs for safety and security. It is helpful to begin with a discussion about each profession's perspective, with both sides acknowledging their distinct approach to the issue. Corrections officials are responsible for reporting any suspicion or knowledge of a crime, and must be able to provide legal justification if they fail to do so. However, rape crisis advocates are responsible for keeping all communication with sexual abuse survivors confidential, and must be able to provide legal justification if they fail to do so.

Some questions to guide a discussion between advocates and corrections around developing confidentiality guidelines for the program are:

- What are each profession's perspectives on and understanding of confidentiality?
- What are the state laws governing mandatory reporting for rape crisis counselors?
- What are the state laws governing rape crisis counselors and privileged communication?
- What are the rape crisis center's and mental health program's policies related to confidentiality?
- What communication will be private? How will it be kept private?
 - On a hotline
 - At the hospital or legal interviews
 - During in-person services
- What will the counselor be required to disclose to the facility?
- What will the counselor be permitted to disclose to the facility?
- Are there other entities to which rape crisis counselors may be required to report?
- How and when will clients be informed of the limits to confidentiality?

Rape crisis advocates should also be prepared to talk about the benefits of confidentiality, specifically that survivors are much more likely to reach out for help, and to make a formal report, if they are able to receive confidential support.

"In keeping with our mission, we need to help people become better citizens. If they get help, they will be better off and more able to succeed when they return to the community." — Lt. Wynn Timermark-Samuels, MDCR PREA Coordinator

Hotline Services³³

JDI, RTC, and MDCR agreed that RTC's 24-hour hotline, already available to all of Miami-Dade County, would be made available to prisoners in MDCR facilities. MDCR worked with their phone provider to program the hotline number into the phone system and provided inmates with a pin number that would allow them to call the hotline confidentially and free-of-charge. RTC developed a log for hotline advocates to complete following every call; it included the date and time of the call and its duration. JDI trained RTC staff on responding to hotline calls from incarcerated survivors, and gave guidance to MDCR staff with information on how to introduce the hotline services to inmates. RTC and MDCR quickly came to an agreement on the basic parameters of the hotline service, and it became available to inmates very early in the project, operating for several months without any problems reported.

Roughly one year into the project, RTC expressed concern that hotline calls from the jails had become unmanageable during the late night hours. The call logs showed that over a three-night period, there were multiple calls of short duration in rapid succession. JDI convened the project team to go over what happened, and the team identified several issues that needed to be addressed and discussed how to do so.

First, MDCR staff and inmates did not have a clear understanding of the purpose of the hotline. Many believed that it was an official reporting line — a problem that was caused in part by the fact that, inside the jail, posters with the hotline number were placed directly below posters with the number for reporting general grievances. Second, while the majority of these calls were a nuisance — rather than threatening or abusive — they revealed a need for additional training on handling off-topic and inappropriate calls. Third, several of the areas where inmates could use the telephone were not private, and MDCR staff determined that many of the hang-up calls originated from those areas. These discussions underscore the importance of reviewing hotline program procedures regularly, even when the system appears to be working as intended.

Based on these discussions, JDI developed recommendations for improving the hotline service and addressing specific problems. JDI and MDCR identified ways to make the hotline accessible to inmates from areas within MDCR that afforded some privacy. JDI also developed a new hotline call log that included the space to make notes about the nature of the call and notes for follow-up — while still keeping the information anonymous — so that RTC leadership could monitor the calls more closely, spot trends more quickly, and, if necessary, reach out to JDI and MDCR for assistance.

In addition, JDI provided education to RTC counselors on how to manage inappropriate and crank callers (see Appendix K). Finally, JDI assisted MDCR in revising its posters to clarify the purpose of the hotline, and note that it is not a reporting line, and developed a memo for staff members explaining the purpose of the crisis hotline. JDI, MDCR, and RTC continued to meet regularly throughout the project period to talk through any issues about the hotline; however, with these changes in place, the hotline operated more smoothly and concerns were minimal.

Hotline Services Plan

- Determine hours of services, location of phones, and how to make calls free to survivors
- Develop hotline call log, protocol for off-topic or crank calls, and emergency protocol
- Establish confidentiality guidelines, including limits to confidentiality
- Identify and train advocates
- Educate corrections staff and inmates about the purpose of the hotline
- Review service plan regularly and revise as needed

Hospital Accompaniment

Survivor-Centered Sexual Assault Forensic Exams

A survivor-centered approach to sexual assault forensic exams prioritizes the survivor's wellbeing over all other considerations. This approach not only ensures the safety of survivors, but research also backs up that it leads to better criminal justice outcomes. Advocates should be prepared to:

- Ensure the survivor's comfort. The exam itself can be physically uncomfortable, especially when the survivor is shackled, as is often the case. Hospital rooms can be cold and survivors may have to go long periods of time without eating or drinking. Advocates should focus on what they can do to make survivors feel safe and to ensure their dignity. This can include being vigilant about seemingly minor details, such as providing a blanket for warmth or noticing when a survivor needs a break during the exam.
- Offer information. Survivors have the right to be fully informed and to make decisions about all components of the exam and their care. The advocate should make sure that survivors understand the exam process and know they can consent to or decline any portion of it; the advocate will support survivors in their choices.
- Provide crisis intervention. The forensic exam can be challenging and retraumatizing. The advocate should provide support that specifically addresses the experience of the exam. The advocate should also help survivors to express their feelings about the assault, develop a coping and safety plan, and provide referrals for further care.

Hospital and Legal Advocacy Services Plan

- Agree on the location(s) of services
- Tour location(s) to develop a plan for maximum privacy and comfort for the victim, while keeping safety and security in mind
- Discuss use of handcuffs and other restraints, and how to manage both comfort and safety during the examination
- Develop a plan to ensure smooth communication between project partners and to notify them when there is a need for services
- Develop services log and emergency protocol
- Agree on confidentiality guidelines and limits to confidentiality
- Identify and train advocates
- Educate corrections staff, including transportation staff, about the services available
- Review service plan regularly and revise as needed

As with the hotline, RTC agreed to provide hospital advocacy services to incarcerated survivors at the beginning of the project. Because MDCR already had a contract with Jackson Memorial Hospital to deliver medical services to inmates, providing forensic examinations and rape crisis advocacy to incarcerated survivors required no additional negotiation. However, JDI determined that MDCR staff needed training on Florida victims' rights laws and policies because they were not knowledgeable about when a forensic exam was required and how the exam, investigation, and advocacy all worked together.

"We are a diverse, urban community. Everyone knows a survivor of sexual abuse. You have to remind people of that to dispel some of the fear of the unknown." — Assistant Director Walter Schuh

In preparing to roll out hospital accompaniment services, JDI and MDCR toured the forensic exam site with RTC staff to identify a suitable room for advocates to hold private meetings with incarcerated survivors, before and after the forensic exam, and identify any security concerns. The team looked for a room that satisfied both MDCR's security requirements of having no exit doors or outside-facing windows, nor any items that could be used as a weapon — and RTC's need for a private, confidential meeting space. An interview room located in an internal hallway, with no external windows was selected for the confidential meeting space. The room had a camera (with no audio) that could be monitored by hospital security or MDCR staff, meeting both security and privacy needs.

Based on the tour, the team settled on two strategies for balancing safety and security with patient comfort and privacy during the exam. First, when the survivor was a minimum security prisoner, MDCR officers would stand at the entrance of the exam room, where they could detect any alarming noises (e.g., loud voices, shouting) but not observe the examination. Second, for higher security prisoners, the MDCR officer would stand inside the exam room, in front of the door, but a privacy screen would be placed between the officer and the exam table.

RTC advocates began providing accompaniment during forensic exams at the beginning of the project, and no problems were ever reported.

In-Person Counseling

Providing in-person counseling services at the jail was outside RTC's normal scope of services. Even though RTC staff themselves were willing to go to the jail, the agency could not launch any new service without the approval of the larger Jackson Health System. The Miami-Dade County hospital system's approval process was slow-moving and it became clear that RTC would not begin delivering in-person services within the project time.

Nevertheless, JDI, MDCR, and RTC moved forward with developing counseling protocols and materials, as it searched for another agency to provide such services. The team held detailed discussions about logistics, such as how advocates would gain security clearance; the process for entering the jail; where in the jail counseling sessions would be held; how appointments would be requested and scheduled; and emergency protocols and parameters of the services to be provided.

JDI worked with RTC to identify other counselors who would be able to participate in the project, including by reaching out to other rape crisis programs in the area. Ultimately, JDI recruited and trained two community-based counselors who were advocates at a neighboring county rape crisis center.

Like the SART protocol, the counseling protocol required lengthy negotiations and went through multiple revisions. MDCR — like many other corrections agencies — struggled with the concept of confidentiality, which is a cornerstone of rape crisis counseling. JDI met with MDCR staff at all levels, many times, to review the philosophical, legal, and ethical guidelines regarding confidentiality for rape crisis counselors. Eventually, the confidentiality portion of the counseling agreement was approved by MDCR's legal department and on-site counseling began (See Appendix L).

Counseling Protocol Plan

1. Logistics
 - Security clearances for advocates
 - Process for entering the facility
 - Meeting spaces
 - Scheduling appointments
 - Counselor movement and escort within facility
 - Inmate movement to appointments
 - Confidentiality concerns
2. Safety protocol
 - Emergency procedures — alarms, lockdowns, major incidents
 - What to do if a counselor feels unsafe or threatened
3. Documentation
 - Inmate participation in sessions
 - Visitation and sign-in sheets
 - Referrals to Correctional Health Services
 - Intake and other paperwork, including session notes
4. Requests for services
 - Referrals and relaying referrals to counselors
 - Hotline and mail requests
 - SART members as identified point people
 - Scheduling
5. Providing services
 - Duration and number of sessions
 - Termination of services
 - Procedures for providing inmates with printed materials (such as about the healing process or common reactions to sexual abuse)
 - Referrals for aftercare
 - Coordination with Correctional Health Services
 - Referrals for emergency and ongoing care

In-person counseling services were offered first at the Turner Guilford Knight Detention Facility. This facility was chosen as the first site because it held longer-term inmates, and thus tended to have a more stable population; the facility also had existing programs for inmates with mental illnesses. JDI and MDCR expanded the on-site counseling program to additional facilities, one at a time, over the remainder of the project period, learning from each experience and making revisions to the protocol as needed. At every facility, JDI identified optimal meeting spaces and established several avenues through which inmates would be able to request confidential counseling, ensuring that inmates could do so with as much privacy as possible. For example, using a sick call slip, MDCR inmates can indicate that they would like crisis counseling services, which triggers a private meeting with Health Services Administration to ensure the request is referred appropriately. The project team agreed that the names and identification numbers of inmates requesting services would not be shared with MDCR custody staff, but forwarded confidentially to a contracted rape crisis advocate at the Jackson Health System.

At each facility, JDI, along with the contracted rape crisis advocates, conducted orientation sessions for MDCR staff about the introduction of counseling services for prisoners. The staff who were trained included custody staff, contracted health service providers, nursing personnel, clinic staff, social workers, and the intake team. These sessions reviewed the purpose and benefits of the counseling program, the logistics for providing services, and the ways in which MDCR medical, clinical, and intake staff could help spread the word to inmates about their availability.

The success of the confidential counseling program was evident right away. Captains in charge of each facility observed improvements in their facility's efforts to prevent abuse and in responding to survivors. They described how much staff appreciated knowing that counseling was available, and explained that the presence of the advocates inside their facilities encouraged staff to respond sensitively and effectively to prisoners who had been sexually abused or harassed. Facility captains even requested an expansion of

"The counseling is wonderful. I needed it so much. We need even more rape crisis counselor visits. One-on-one counseling, that's what we need. I need help and lots of us need a trustworthy person to talk to if we are going to ever be okay." — Survivor of sexual abuse and counseling services participant

services. One captain at the boot camp facility attributed the relatively low number of inmates who had been requesting services to the close-knit set-up of the boot camp, stating that cadets usually do everything as a group. In response, JDI and the counselors held group sessions at the Boot Camp Program, educating cadets about sexual abuse in detention and the services available to them. These sessions were well-received by the cadets.

The project team also determined that youthful inmates held at MDCR's Turner Guilford Knight Correctional Center would benefit from group sessions. The Captain of the Training and Treatment Center, another MDCR facility, expressed particular concern for transgender women held in her facility. She requested that the rape crisis counselor hold initial, individual psycho-educational sessions with all transgender women, offering services and an additional outlet for these vulnerable inmates to express any safety concerns. One of the counselors also held regular group educational sessions at the jail's psychiatric unit. Because of these strategies, some of the most vulnerable inmates received information and support that they may not otherwise have known existed.

MDCR staff's enthusiastic support for the victim services programs developed through the *Miami-Dade Inmate Safety Project* is especially impressive considering the staff attitudes toward inmates in general, and survivors in particular, at the beginning of the project. As mentioned earlier, MDCR staff often were resistant to the message that prisoners who were sexually abused needed and deserved the same services that were available in the community. Many staff held harmful, victim-blaming stereotypes and openly expressed the belief that gay and transgender inmates invited sexual

Have you been sexually abused by staff or inmates?

If you have experienced: repeated and unwanted sexual advances; requests for sexual favors; obscene or insulting sexual comments, gestures or actions; degrading or disrespectful remarks about your body parts or size; obscene language or gestures; or any sexual activity that you did not want or agree to, **YOU DON'T HAVE TO SUFFER ALONE**. For **FREE** help, contact the following outside agencies.



CALL: RAPE TREATMENT CENTER (RTC)

The Rape Treatment Center (RTC) provides a 24-hour confidential crisis hotline to inmates on all the units. You can talk to them about any issue related to sexual abuse, regardless of when and where it happened. RTC provides inmates with support, information, and referrals related to sexual abuse, even if it happened a long time ago, outside confinement. Use the PIN number posted above the phones to call. You can call anonymously and do not have to give your name.



SPEAK TO: A CONFIDENTIAL RAPE CRISIS COUNSELOR

A rape crisis counselor provides confidential in-person counseling for survivors of sexual abuse at MDCR. The counselor does not work for MDCR and is specially trained to provide survivors of sexual abuse with ongoing counseling and support. You can see a rape crisis counselor by:

- Completing a sick call slip
- Telling any staff member
- Notifying your corrections counselor
- Requesting an appointment through medical or mental health staff
- Calling the RTC hotline
- Writing to JDI



WRITE: JUST DETENTION INTERNATIONAL (JDI)

Just Detention International (JDI) provides confidential support, information, and referrals related to sexual abuse behind bars. You can write to JDI via confidential, legal mail for support or for additional information.

Cynthia Totten, Attorney at Law
CA Attorney Reg. #199266
3325 Wilshire Blvd., Suite 340
Los Angeles, CA 90010

abuse. The transformation of MDCR staff attitudes — exemplified by their recognition of transgender and mentally ill inmates as being especially vulnerable to sexual abuse and their request for special outreach and services for such inmates — constituted significant culture change.

A new challenge emerged toward the end of the project, in the form of a major budget shortfall. Fortunately, MDCR's Director Marydell Guevara (who replaced Director Ryan upon his retirement) expressed her commitment to securing funds to continue victim services beyond the grant period. She made clear her belief that services are essential to keeping MDCR facilities safe. Director Guevara and JDI worked with the Assistant Director in charge of inmate programs to identify other options to ensure the sustainability of the counseling program. Together, they identified the following solutions: resuming efforts to work with RTC to develop RTC's capacity to provide in-person counseling; advocating for permanent funding for in-person services in the county budget; and creating an internship program in MDCR facilities, run in conjunction with a local university that has a trauma counseling program.

"The counseling program has been an incredible benefit. When incarcerated victims are able to talk to the counselors, when they know they have those services available, they are more likely to get the help they need for things they went through before they came here as well as more recent incidents. They are also more likely to report abuse to us, so we can address it." — Lt. Wynnie Testamark-Samuels, MDCR PREA Coordinator

To view a webinar featuring the sexual assault counselors who provided services under the Miami-Dade Inmate Safety Project, visit: www.justdetention.org/webinar/in-practice-providing-in-person-services-behind-bars/

Inmate Education

"The peer educators have to be chosen carefully. They can't just be doing it for the incentives. They have to buy in — be the author, not just reading the book. We chose people who had a passion for helping others." — Joel Botner, Administrative Officer 3, Reentry Program Services Bureau

Inmate education was one of the core strategies of the *Miami-Dade Inmate Safety Project*. Its goal is to empower prisoners to play a key role in making facilities safe. The PREA standards require that adults held in prisons or jails be provided with basic education about sexual abuse upon intake or transfer to a new facility; a comprehensive education is to be provided within 30 days of an inmate's arrival. The inmate education standard offers an opportunity to reinforce the department's commitment to ending sexual abuse and sexual harassment; to transform the culture of a facility so that every prisoner knows how to report sexual abuse and trusts staff to keep inmates safe when they do report; and to bridge the pervasive "us versus them" divide between inmates and staff.

"My advice would be to start small. Start in one wing. Sink your teeth into a manageable population to work out all of the bugs." — Joel Botner, Administrative Officer 3, Reentry Program Services Bureau, MDCR

Similar to the SART strategy, the inmate education strategy borrows from the community-based anti-violence model. Specifically, inmate education recognizes the power of information in creating change and treats people affected by violence as key partners in addressing it. All people in detention, and especially those who are vulnerable to sexual abuse, must know, from the beginning of their stay in a facility, that they have the right to be safe and how they can get help. At

the same time, prisoners themselves need to be involved — and can play important leadership roles — in any facility’s plans to address sexual abuse.

When the project began developing the inmate education program, MDCR’s facility-based SART members had already emerged as key players. They had established themselves as subject matter experts, and had been tasked with implementing all PREA-related work within their facilities. As such, JDI worked with SARTs at each MDCR facility to develop plans for creating and delivering inmate education. Following the same phasing-in approach of other project strategies, JDI and MDCR launched peer education gradually, one facility at a time.

The first step was to work with the project team to reach a consensus on the goals of the education sessions. The team decided that the education program must, at a minimum:

- Affirm every inmate’s right to be free from sexual abuse
- Inform inmates of facility policies, including definitions of sexual abuse and sexual harassment
- Provide clear information about how to report sexual abuse and how to get crisis counseling
- Affirm the right to report sexual abuse and sexual harassment without being retaliated against, and describe the facility’s plan for preventing retaliation against those who do report
- Give inmates information about warning signs of sexual abuse and strategies to reduce their risk of being abused by staff or other inmates

“Talking about this makes you, makes everyone, feel safer.” — MDRC PREA peer educator

JDI, along with agency leadership and facility SART members, conducted site visits at each facility to assess how well existing inmate education and orientation materials were working. During focus groups, JDI

talked with inmates about how they receive information about MDCR policies and procedures and what they believed could be changed to make the dissemination of information more effective, including where it should be delivered, at what point in their incarceration, and through what methods.

Each MDCR facility houses distinct populations with their own set of needs. MDCR detainees might have been arrested but not charged, await their trial, have been sentenced but not yet transferred to a state prison, and have been sentenced to serve their time at MDCR itself. JDI worked with each facility to assess what type of inmate education program would be suitable for the people in their custody.

At the same time, the project team needed to ensure consistency and quality of information. The team agreed on a strategy in which each facility would deliver the initial round of education to inmates at intake, via a department-wide video (available to view here: www.vimeo.com/71527042), along with verbal information that was facility-specific. Those details were to be provided by either an inmate peer educator or a staff member. The team determined that the comprehensive education session, which happens within 30 days of a detainee’s arrival, would be based on an agency-approved curriculum, but also customized to each facility.

For the comprehensive education, JDI and MDCR explored a number of potential strategies, including developing additional videos and printed materials and training sentenced inmates to serve as peer educators. After reviewing the options, Director Ryan requested that the project team move forward with peer-led education. At first glance, it might seem that a PREA peer education program would not be feasible in a jail setting, given the typically short lengths of stay and the large number of inmates being booked on a daily basis in some jails. However, Director Ryan was committed to piloting PREA peer education. He, along with the rest of the project team, anticipated that peer education, by offering concrete involvement and leadership opportunities to inmates, would have a more positive effect on facility culture than a staff-led program. The flexibility of the peer education model — and the dedication of the team — ensured MDCR’s successful

Inmate Education Task List

1. Develop a delivery strategy: staff-led; inmate peer educator-led; video; or a combination
2. Select your team
3. Develop curriculum and materials
4. Identify a classroom, meeting, or viewing space
5. Develop a schedule
6. Determine how to keep records
7. Evaluate the program and make changes as needed

Peer Education Program Planning Task List

1. Select staff liaisons
2. Train staff liaisons
3. Draft curriculum, program materials, and peer educator job descriptions
4. Select peer educators
5. Train peer educators
6. Revise curriculum with input from peer educators

implementation of the program.

MDCR identified its Correctional Counselors as the best candidates to serve as supervisors for the peer education program. This decision was based on the overlap between the counselors' existing role and the role of peer education supervisors. JDI conducted several planning meetings with MDCR's SARTs and Correctional Counselors to review draft outlines of the peer education curriculum, develop peer educator

recruitment materials, and provide information on the dynamics and impact of sexual abuse in detention. JDI also provided training to the Correctional Counselors, ensuring that they had the information and materials required to supervise the peer educators, answer their questions, and revise materials as needed on an ongoing basis.

MDCR and JDI toured each facility to identify an appropriate space to hold the peer education sessions. In most facilities, classrooms were the best option; they had comfortable seats, with tables or desks for note-taking, and afforded some privacy, separate from the daily operations of the facility. In facilities without classrooms, any group meeting room, conference room, or day room that has a physical barrier separating it from the housing unit may also be used for inmate education sessions.

The PREA standards require that the agency maintain documentation of inmate participation in education sessions. At MDCR, the inmate electronic record system was amended to allow for attendance at intake and comprehensive sessions to be tracked. Peer educators also keep attendance records.

To ensure the program's feasibility, MDCR officials requested that potential peer educators commit to the program for a minimum of three months. People who do not expect to be at the facility for at least three months are ineligible. Given that it is often impossible to predict the length of a pre-trial inmate's sentence, the project team considered limiting the peer educator positions to sentenced inmates. However, recognizing that even sentenced detainees and prison inmates may drop out or become ineligible for the position of peer educator — due to disciplinary infractions, or a lack of interest or comfort with the subject matter — MDCR decided that any inmate who was interested could qualify.

"Recruiting was sometimes challenging, especially with the men. Let's face it, this is a topic that no one really wants to talk about."

— Correctional Counselor

JDI and MDCR Correctional Counselors drafted job descriptions for peer educators (see Appendix M). Having formal job descriptions helped to convey to both staff and inmates the importance of these positions. JDI and MDCR posted a job advertisement at the jail and, after interviewing applicants, chose peer educators who met the following basic requirements:

- Strong written and verbal communication skills
- Bilingual in English/Spanish, English/Haitian Creole, or English/ASL preferred
- Ability to speak about sensitive subjects
- Maturity
- Dedication to the goal of ending sexual abuse and sexual harassment
- No history of sex offenses or sexual misconduct

“The inmate education was really valuable. The peer education, especially, empowered the inmates.”

— MDCR Correctional Counselor

JDI and MDCR recruited peer educators at each facility and conducted orientation sessions with those who were selected. The orientation sessions provided an overview of sexual abuse in detention, the PREA standards, and the inmate peer education model. JDI worked with MDCR staff and the inmate peer educators to develop a curriculum for each jail, and later had each curriculum translated into Spanish and Creole. JDI also solicited input from MDCR staff and inmate peer educators on related program materials, including sign-in sheets to track attendance and evaluation forms to determine the effectiveness of classes.

Peer educators were taught active listening, a skill that is crucial for facilitators of group discussions and that helps ensure that every session is tailored to fit the needs of its participants. The project team focused on giving peer educators a strong foundation in the program content. The aim is to train the peer educators so that they feel comfortable enough with the material to be able to make in-class adjustments as necessary,

without straying from core messages and approved material (see Appendix N).

While the approved material was the same for men’s and women’s facilities, peer educators were trained to adapt their classes to the needs of the participants. For example, peer educators in the women’s unit generally spent more time talking about past trauma, how to get help, and how to recognize red flags in relationships with other inmates. The classes in women’s facilities generally left more time for discussion than in facilities for men. There were exceptions, however. Some classes for male prisoners required ample time for discussion, and the need for information for survivors of previous abuse was acute.

One challenge that emerged was determining compensation for peer educators. Unlike state prisons, MDCR’s jails do not have paid jobs for inmates. Even though all of the peer educators stated that they would work on a volunteer basis, it was important to MDCR staff that the inmates receive some form of compensation, in recognition of the importance of their role. MDCR staff determined that sentenced inmates would receive “good time” toward their sentence for their work, while unsentenced inmates would receive credit toward commissary purchases. The peer educators also received a letter of completion of the training and participation as a peer educator for their files. All of the peer educators indicated that these letters were extremely meaningful. As one Correctional Counselor put it, “The recognition of a job well done was what really mattered to people. It’s what matters to most of us. The peer educators were no different. Some of them got a letter for court and it meant so much to them to let their judge know they were doing something constructive.”

The project team kept sustainability in mind when designing the program. One reason jail systems are reluctant to consider peer education is high turnover of their inmate population. To maintain an active pool of peer educators, Correctional Counselors and peer educators must work together on recruitment, paying close attention to upcoming release dates and transfers. Peer educators can recommend candidates to the Correctional Counselors, whose job it is screen

them and conduct interviews. Correctional Counselors and experienced peer educators can also collaborate on training new peer educators. At MDCR, JDI worked with staff and peer educators on a curriculum for Correctional Counselors to use at future peer educators trainings, after the project's completion.

The team launched peer education in one facility, allowing some time to gauge its effectiveness and efficiency before implementing the program in other facilities. This strategy allowed the team to make changes as needed, and allowed MDCR staff to have a gentle introduction to the new program. The main lesson learned from the MDCR inmate peer education program was that, with careful planning and creativity, peer education is effective — including at influencing staff and inmate culture — in all kinds of facilities, even large, busy jails with challenging populations.

“The peer educators had some freedom about how they presented the information. Some were more comfortable with a lecture style, and that worked better for some classes. Some — mainly the women — turned it into more of a discussion group, and that worked very well.”

— MDCR Correctional Counselor

As the peer education program evolved, peer educators, with the support of Correctional Counselors, became skilled at working with the diverse populations that come through MDCR every day. However, in reviewing the attendance records, JDI saw that inmates who had mental illnesses or were in higher security housing units were sometimes overlooked. Offering programs in higher security units, like mental health units, can become a challenge for many facilities, even as inmates in such units often are at extremely high risk of sexual abuse. JDI worked with MDCR officials — including medical and mental health practitioners — to devise a strategy for providing education to inmates who are unable to participate in group classes. These inmates included those with severe mental illness or developmental disabilities, and those who were segregated for disciplinary or safety reasons.

The strategy included staff-led workshops, video presentations, and written materials, as appropriate. In some cases, Correctional Counselors paired up with mental health staff to provide information to individual inmates.

The PREA standards require that key information be made available to inmates through posters, handbooks, or other written materials. MDCR wanted to make information about these new programs stand out from the facility's many posters and placards addressing other issues. The department also wanted its overall commitment to keep inmates safe from sexual abuse and sexual harassment to remain clear and visible. JDI and MDCR worked together to provide information updates and refreshers to inmates through:

- A written message on the inmate kiosk, where all inmates enter their information upon booking into the facility
- A recorded message on the inmate phone system, including a statement that no sexual abuse or sexual harassment is tolerated and how to make a report
- Posters and pamphlets
- Announcements and discussions during other group and educational sessions
- Refresher meetings with peer educators.

“You hear a lot that if you start giving inmates this much information, they will report for no reason. Frivolous reports is a fear that many staff have. That was not what we saw happening at all.”

— Correctional Counselor

JDI and the MDCR leadership reinforced, in every meeting and training session with MDCR staff, that compliance with the PREA standards was only one goal of the inmate education program. Just as importantly, the program aimed to stimulate culture change and promote inmate safety.

Pre-Trial Detention Center: A Unique Challenge

The MDCR Pre-Trial Detention Center (PTDC) houses many high security inmates, a significant number of whom have a mental illness and behavioral difficulties. PTDC is also where all new arrivals get placed. Before setting up PTDC's peer education program, JDI conducted an orientation for PTDC's Correctional Counselors, to prepare them for their role as program supervisors and the primary peer educator trainers. JDI and PTDC Correctional Counselors worked together on a peer education protocol, as well as a draft curriculum for the PREA peer educators.

After drafting peer educator job descriptions, JDI worked with PTDC Correctional Counselors to recruit inmate peer educators. Due to the high number of inmates with serious, violent charges and who had been classified as needing to be kept separate from other inmates, the pool of prospective peer educators was extremely limited. JDI worked with MDCR's Program Services Division and Classification to help the PTDC team re-evaluate eligibility criteria for peer educators at the facility, including shortening the requirements for anticipated length of stay and period of time without a non-violent disciplinary infraction. This criteria adjustment increased the number of candidates significantly, and a strong group of candidates emerged. Once the peer educators were selected, JDI worked with them and MDCR staff to set up the inmate education program, beginning with drafting a curriculum that included input from the new peer educators.

"I have worked hard all my life, but after I worked with JDI to accomplish this — peer education here at PTDC — I have never been prouder of anything in my life." — Correctional Counselor at PTDC

The final list of topics for the inmate education curriculum, after many revisions, included the following:

- Inmates' right to be free from sexual abuse and sexual harassment
- An overview of PREA
- The dynamics of sexual abuse in custody
- How to report sexual abuse
- Services available for incarcerated survivors at MDCR, including the confidential hotline
- MDCR's policies related to protecting survivors from retaliation

In addition to providing critical information to inmates, these classes help MDCR to sustain the culture change stimulated through this project (see Appendix O).

Despite resistance to this new approach from many facility staff, MDCR Director Ryan, and Director Guevara after Mr. Ryan's retirement, supported peer education as the best model for MDCR. Staff overall became more supportive as they realized that the peer education program contributed to positive inmate behavior. Many staff also reported seeing what they believed were long-term benefits of the peer education program for all inmates — including better relationships with staff, better understanding of their rights, and better communication with each other.

"I learned that it's a human right to not be sexually abused. The PREA peer educator class was really good and learning from a real person, like me, made a big difference." — Inmate participant

“When you listen to the peer educators, if you put on your re-entry hat, they are learning things, taking with them the things you want them to have to be successful when they leave. Inside, they become the role models. They make the place more positive.” — Joel Botner, Administrative Officer 3, Reentry Program Services Bureau

JDI stayed in close communication with MDCR staff and the inmate peer educators to provide ongoing supervision and technical assistance throughout the project. As predicted, MDCR staff and inmates relayed a number of concerns and challenges they faced at the onset of classes, including hostile staff members who were opposed to the classes and inmates who refused to attend. JDI held meetings with inmates and facility leadership to address each of these concerns as they arose and to identify solutions. MDCR leadership and Correctional Counselors continued to work with staff in the facilities to explain the rationale of the program, its projected benefits, and that it is permanent. With inmates who refused to attend, Correctional Counselors discussed with them the reason for their refusal and either offered them information in writing and one-on-one, or suggested they attend at a different time. By the end of the project, peer educators and MDCR staff had provided inmate education to all inmates in MDCR’s facilities. Participant evaluations were overwhelmingly positive, highlighting the professionalism of the peer educators and the value of the information to MDCR’s inmates.

Significantly, MDCR staff reported that both inmate and staff attitudes improved as a result of the classes, and that inmates were eager to learn about sexual abuse prevention and response in a way they had not been before. MDCR was able to maintain the compensation structure for both sentenced and unsentenced peer educators, demonstrating the value the department places on their work. Furthermore, despite initial reservations, MDCR SART members and PREA Compliance Managers supported the program openly and helped to ensure the full participation of staff and

inmates at their facilities. The Correctional Counselors supervising the peer educators devoted significant time and attention to the program and remained remarkably committed to its success.

“With the women prisoners especially, I saw the peer education classes acting as re-entry agents, as part of recidivism reduction. The classes became very therapeutic. The trauma that so many women inmates have experienced adds an interesting dynamic and these classes helped them address it.” — Correctional Counselor

JDI also observed a positive shift among the inmate peer educators themselves; many who were initially ambivalent about the possible success of the program became its strongest supporters, enthusiastically pushing forward with the classes, despite numerous challenges, and demonstrating tremendous determination and resourcefulness. A number of inmate peer educators thanked JDI and MDCR for offering them the opportunity to contribute something positive to their community while learning valuable skills. Correctional Counselors and inmates alike shared with JDI that the program became a re-entry tool — giving peer educators a set of valuable skills, enhancing communication skills for all inmates, and helping survivors of sexual abuse to get support. In one notable example, a judge reduced an MDCR inmate peer educator’s sentence from time in state prison to jail time, provided she continued to serve as a peer educator.

“I’m doing this because I want to change the way I’m living and help others change. This is important. It’s about human rights.” — MDCR PREA Peer Educator

By the end of the project, there was every indication that the inmate peer education program was firmly

established within MDCR and showed promise for long-term sustainability. The program evaluation found that inmates were much more knowledgeable about PREA, their right to be free from sexual abuse and sexual harassment, and how to report sexual abuse or get help in 2014 than they were in 2012. Overall, MDCR staff expressed solid support for the program, particularly as they observed that the program as a whole, and peer educators in particular, contribute to a more positive inmate and staff culture.

“I saw a perceptible shift. The more we persisted with this project, and the inmate education, the more the attitudes shifted. Culture shifted, so that the few people, and I am talking about staff, who just were not going to change their perspective went underground — instead of the majority of people who want to do the right thing being quiet.”
— Correctional Counselor

To view a webinar series that JDI did for the PREA Resource Center, highlighting the inmate education program at MDCR, go here:

Webinar series, part 1: www.prearesourcecenter.org/training-and-technical-assistance/webinars/1521/laying-the-groundwork-prea-and-inmate-education-in-j

Webinar series, part 2: www.prearesourcecenter.org/training-and-technical-assistance/webinars/1523/crafting-your-program-prea-and-inmate-education-in-j

Conclusion

“I think many staff saw PREA as the ‘flavor of the day’ at first, and they continued to do things their own way. The project forced people to look in the mirror. But, instead of focusing on what the standards say — and how these rules could help them do their jobs better — many of the staff got defensive. Then a shift happened. Staff started to understand the importance of the standards, and JDI and the project team’s guidance on using these rules as a tool. Now staff when staff look at themselves in the mirror, they see a professional whose job is to prevent sexual abuse.”
— Lt. JC Smith

THROUGH THE *Miami-Dade Inmate Safety Project*, JDI worked with MDCR and community partners to transform the culture of MDCR facilities to one where staff not only recognize their responsibility to prevent and respond to sexual abuse and sexual harassment, but believe that they are capable of doing so. By the conclusion of the project, every MDCR facility had functioning SARTs, inmate education, and victim services — bringing the best elements of time-tested strategies for addressing sexual violence into a large, complex jail system.

Near the end of the project, JDI worked with the MDCR administration to prepare for mock PREA audits — a process that would examine many of the program accomplishments. The audits included tests of the SART protocol, staff and inmate interviews, and reviews of policies. The results of the mock audit were so positive that the outside auditor MDCR had chosen to work with suggested making them formal audits instead of mock audits — stating that the items for correction were minor. MDCR received passing marks on all areas related to coordinated response, inmate education, and victim services.

JDI and the program evaluator conducted a final site visit to meet with and interview key staff who were involved in the project and who are responsible for maintaining the advances. MDCR staff expressed strong support for each project strategy, reinforcing that

the combination of strategies was the key to the broad-reaching success.

Staff at all levels expressed their strong support for the on-site crisis counseling and emphasized that the rape crisis counselors have become valued members of their teams, that they are relieved to have experts to go to for assistance, and that the establishment of crisis counseling was one of the most positive changes they have seen in their time at the jail. Staff expressed a consensus that the community-corrections partnership

Three Keys to Success

1. Roll out project strategies in phases — use a staggered approach by unit, facility, or topic.
2. Be ready to revise your plan and persist through challenges — be flexible, nimble, and creative, keeping the end goals in mind.
3. Communicate regularly — schedule frequent in-person, email, and phone check-ins and have an open line for troubleshooting as needed.

— a cornerstone of the project — would be critical in continuing the work of the project and maintaining the programs that were established. The MDCR leadership expressed their commitment to continuing the in-person counseling program, despite ongoing budget challenges. The MDCR Director and the SART Coordinator made it clear that the value of the rape crisis counseling program far outweighs the challenges of funding it, and that the services will be a budget priority in the future.

“I’m not worried about sustainability of all the advances we have made. The new staff are going to be better. The accountability is built in. PREA is built in. It’s not new. It’s not a threat. It’s just what we do.” — Lt. JC Smith.

JDI held a final meeting with the Correctional Counselors who oversee the inmate peer education programs at each facility. The staff expressed comfort in their role and stated that they had received the training and materials they need to sustain the program beyond the funding period. They also expressed a high level of satisfaction with the project, highlighting that it had improved facility culture. The staff person who helped to launch inmate education at PTDC, MDCR’s busiest and most dangerous facility, said that she had never been prouder of anything she accomplished at work. Staff reported that the peer education program helped them to see inmates, survivors of sexual abuse, and their own role as staff in a more positive light. Recognizing the program as a cornerstone of their sexual abuse prevention and response efforts, the MDCR leadership expressed its commitment to continuing the program after the end of the project.

JDI and the program evaluator heard that staff have universal positive regard for the project and its achievements, including the effects on their work. Staff, who previously described themselves as demoralized — and who, at the outset of the project, openly expressed hostility and disdain for inmates — stated that they were proud of the work they had done as part of the project. They also reported that their facilities are safer and that staff are better equipped to handle sexual abuse

when it occurs.

“This project has been a great opportunity for us. It has made MDCR safer for inmates and staff alike. I’d say to others who are still doubting: embrace it. MDCR is the eighth largest county jail in the country. If we can do it you can. Just remember — collaboration is the key.”

— Lt. Wynnie Testamark-Samuels, MDCR PREA Coordinator

To mark the formal conclusion of its on-site work, JDI held a meeting recognizing the MDCR staff and community partners who have been instrumental to the project’s success. RTC, MPD, the independent crisis counselors, medical and mental health staff, Correctional Counselors, and SART members all attended. MDCR’s Assistant Director introduced the reception by stating that the *Miami-Dade Inmate Safety Project* had improved the overall safety of the department, given them a new understanding of sexual violence and the needs of sexual assault survivors, and improved their relationships with community partners

“Sure, policies have changed, but so has awareness and sensitivity. We had to train staff to slow down, pay attention, really look at people. Interactions with inmates used to be rote. It’s changed for the better. Everyone’s safer.” — Lt. Clark, Staff Trainer

Through the *Miami-Dade Inmate Safety Project*, JDI established groundbreaking victim services within a large jail with high rates of sexual abuse. By focusing on developing community-corrections partnerships, JDI facilitated strong relationships between MDCR staff and community-based partners. These relationships — as well as the significant culture change that has occurred within MDCR as a result of the project’s success — provide a strong foundation for the long-term sustainability of the SARTs, inmate peer

education, and crisis counseling programs developed through this initiative. Corrections facilities and victim advocacy organizations can work together to develop programs that make prisoners, corrections staff, and the community safer. Indeed, if ending all sexual violence is a worthy long-term goal, we must work together to eliminate such abuse in detention.

“Many things are different now, staff attitudes and culture, for example. People are more caring and take the time to listen. Each of the things we accomplished, both on their own and together, were major forces for change.”

— Lt. Wynn Timermark-Samuels, MDCR
PREA Coordinator

Endnotes

1. “Sexual abuse” and “sexual assault” are used interchangeably to describe any sexual contact that is not wanted; see “Definitions”
2. U.S. Office for Victims of Crime, “OVC FY 2011 National Field-Generated Training, Technical Assistance, and Demonstration Projects” (Department of Justice: OMB No. 1121-0329); see www.ojp.gov/ovc/grants/pdf/txt/FY2011-National-Field-Generated-TTA.pdf
3. To read the program evaluator’s report, visit <http://justdetention.org/wp-content/uploads/2016/08/JDI-Program-Evaluation-Report-Miami-Dade-Inmate-Safety-Project-Migima.pdf>
4. “Inmates” and “prisoners” are used interchangeably to describe people who are in the Miami-Dade Corrections and Rehabilitation Department’s custody.
5. The national PREA standards can be accessed at www.precaresourcecenter.org/sites/default/files/library/2012-12427.pdf
6. This text is excerpted from Just Detention International’s *Action Update* newsletter for April 2015; see www.justdetention.org/wp-content/uploads/2015/10/au0415.pdf
7. Allen J. Beck et al, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011–2012* (Bureau of Justice Statistics, May 2013), www.bjs.gov/content/pub/pdf/svpjri1112.pdf
8. Allen J. Beck and Candace Johnson, *Sexual Victimization Reported by Former Prisoners, 2008* (Bureau of Justice Statistics, May 2012), www.bjs.gov/content/pub/pdf/svrfsp08.pdf
9. See Bureau of Justice Statistics’ “National Inmate Surveys,” available at: www.bjs.gov/index.cfm?ty=dcdetail&iid=278
10. Beck et al, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011–12*
11. Lauren E. Glaze, Doris J. James, *Mental Health Problems of Prison and Jail Inmates*, (Bureau of Justice Statistics, September 2006), www.bjs.gov/index.cfm?ty=pbdetail&iid=789
12. Beck et al, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011–2012*
13. Glaze and James, *Mental Health Problems of Prison and Jail Inmates*
14. Beck et al, *Sexual victimization in prisons and jails reported by inmates, Update, 2011–12* (Bureau of Justice Statistics, December 2014), www.bjs.gov/index.cfm?ty=pbdetail&iid=4654
15. Referring to the HBO television series “Oz.”
16. Beck et al, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2008–09* (Bureau of Justice Statistics, August 2010), www.bjs.gov/content/pub/pdf/svpjri0809.pdf
17. The Review Panel is responsible for conducting annual hearings to collect evidence to assist BJS in identifying the characteristics common in detention facilities found to have with the highest rates of sexual abuse and in those found to have the lowest rates of abuse.
18. “Testimony of Timothy Ryan, Director, Miami-Dade Corrections and Rehabilitation Department, Before the Review Panel on Prison Rape, September 15 and 16, 2011”; see ojp.gov/reviewpanel/pdfs_sept11/testimony_ryan.pdf
19. David Kaiser and Lovisa Stannow, “Prison Rape: Obama’s Program to Stop It,” *New York Review of Books* (October 11, 2012), www.nybooks.com/articles/2012/10/11/prison-rape-obamas-program-stop-it
20. Beck et al, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2008–09*, www.bjs.gov/content/pub/pdf/svpjri0809.pdf
21. See National PREA standards §115.31, www.precaresourcecenter.org/training-technical-assistance/prea-101/prisons-and-jail-standards
22. Change in staff attitudes toward new policies and protocols, the PREA standards, and the issue of sexual assault in general was measured through focus groups, interviews, reports from supervisors, and training evaluations.
23. For additional information, see Christopher Mallios and Jennifer Markowitz, “Benefits of a Coordinated Community Response to Sexual Violence,” in *Strategies in Brief*, Issue #7 (Aequitas, December 2001), www.aequitasresource.org/Benefits_of_a_Coordinated_Community_Response_to_Sexual_Violence_Issue_7.pdf
24. See also *Recommendations for Administrators of Prisons, Jails, and Community Confinement Facilities for Adapting the U.S. Department of Justice’s A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents* (U.S. Department of Justice, Office on Violence Against Women, August 2013), www.justice.gov/sites/default/files/ovw/legacy/2013/08/12/confinement-safe-protocol.pdf
25. For additional information on linking community SARTs and corrections agencies, see Allison Hastings, et al, *Partnering with Community Sexual Assault Response Teams: A Guide for Local Community Confinement and Juvenile Detention Facilities* (Vera Institute For Justice, December 2015), www.precaresourcecenter.org/sites/default/files/library/preaguide.pdf
26. For a full accounting of each facility-based SART’s responsibilities, see Appendix H: MDCR SART protocol
27. SART Toolkit, Resources for Sexual Assault Response Teams, “Learn about SARTs,” at the Office for Victims of Crime website, www.ovc.ncjrs.gov/sartkit/about/about-sart.html
28. Improvements in staff responses and attitudes were measured through staff surveys and interviews conducted by the program evaluator, Marcia Morgan, the results of system-testing drills, and the outcomes of sexual abuse incident reviews.
29. See National PREA standards, §115.86, www.precaresourcecenter.org/training-technical-assistance/prea-101/prisons-and-jail-standards
30. MDCR’s Sexual Assault/Abuse Prevention Policy can be found here at www.miamidade.gov/corrections/library/DSOP-15-008.pdf
31. For more general information on providing services for incarcerated survivors, see *Hope Behind Bars: An Advocate’s Guide to Helping Survivors of Sexual Abuse in Detention* (Just Detention International) www.justdetention.org/wp-content/uploads/2015/10/Advocates_Manual_FINAL1.pdf
32. See National PREA standards, §115.16, www.precaresourcecenter.org/training-technical-assistance/prea-101/prisons-and-jail-standards
33. Please note that this hotline’s primary purpose is as a confidential support line, and not an outside reporting mechanism. For further clarification about the difference, please see: *Untangling the PREA Standards* (National PREA Resource Center and Just Detention International), www.precaresourcecenter.org/sites/default/files/content/reporting_and_support_services_fact_sheet_-_final.pdf

Appendix A



Miami-Dade Inmate Safety Project

Linda McFarlane, MSW, LCSW, Deputy Executive Director

Inmate Information Sheet/Informed Consent Form

(You must be at least 18 years old to participate.)

We invite you to take part in a research study to improve how the Miami-Dade County Corrections and Rehabilitation Department (MDCR) prevents and responds to sexual assault. This focus group is to learn about inmates' thoughts and experiences about sexual abuse in the jail. Your participation is voluntary and will not affect your incarceration, parole/probation, or criminal case in any way.

WHAT IS THIS STUDY ABOUT? We want to learn about how MDCR facilities prevent and respond to sexual violence. The information you give will help us to identify training that staff may need. It also gives us an idea of how safe inmates feel in the jail. This information will help us to reduce sexual violence and to see how our work has helped.

HOW WILL THIS STUDY WORK? The focus group will take about one hour. Representatives from Just Detention International (JDI), a nonprofit health and human rights organization, will lead the focus group. The facilitators are not a part of MDCR. Each group will have 10-12 people. Every seventh inmate on the housing roster is invited to participate. The focus group is voluntary, so if someone does not want to participate, the next person on the list will be invited. We will ask you about opinions about and experiences at this facility.

ARE THERE ANY RISKS? Some questions might be uncomfortable. If this happens, the focus group leader can refer you to someone to talk to about your feelings. You can also choose not to answer any question. We will not ask you to talk about anyone else by name or about specific things that have happened to you. However, you should know that if you name a person who has been harmed or may be harmed – including someone who is suicidal – we are required to report it.

WHAT ARE THE BENEFITS? Although there is no immediate benefit to you, by taking part in this focus group, you will help us better understand sexual violence and improve safety in MDCR's facilities.

WILL YOU BE PAID? You will not be paid in any way for participating in the focus group.

HOW WILL YOUR PRIVACY BE PROTECTED? The facilitators will protect your privacy in every way possible. Names should NOT be used during the focus groups by JDI staff, participants, or anyone else. We will keep information about specific people or incidents strictly confidential. The facilitators will NOT record or share names, jail numbers, or any other information that could identify you or someone else. Our reports will include only general descriptions and summaries. We will keep all information from focus groups in a separate, secure office. Only JDI staff and the

Miami-Dade Inmate Safety Project

Linda McFarlane, MSW, LCSW, Deputy Executive Director

Inmate Information Sheet/Informed Consent Form

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WHAT ARE THE BENEFITS? Although there is no immediate benefit to you, by taking part in this focus group, you will help us better understand sexual violence and improve safety in MDCR's facilities.

WILL YOU BE PAID? You will not be paid in any way for participating in the focus group.

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evaluator will look at it. We will not identify you in any way unless you give us permission to share your information.

CAN YOU QUIT? Yes, you can leave the focus group at anytime. Your participation is voluntary and will not affect your incarceration, parole/probation, or criminal case in any way. If you decide that you do not want to stay in the focus group, please let a facilitator know so that staff can get you back to your housing unit.

IF YOU HAVE QUESTIONS, you can contact Linda McFarlane, the principal investigator:

Linda McFarlane
Just Detention International
3325 Wilshire Blvd, Suite 340
Los Angeles, CA 90010
Office: (213) 384-1400 Extension 107

You can also contact the Chair of the Institutional Review Board to report any problems related to participating in the focus group, questions about your rights as a research participant, or any concerns you may have about the project:

Dr. Eric Lambert
Chair, CwRC Institutional Review Board
Professor & Chair, Department of Criminal Justice
3281 Faculty/Administration Bldg.
Wayne State University
Detroit, MI 48201

You can also ask questions about the research during the focus group. All JDI research staff can answer any questions you may have and give you referrals if you have any concerns about sexual violence. We will also provide you with a copy of this form.

The following research consent statement is required:

"I am at least 18 years old. The study described above has been explained to me. I voluntarily consent to participate in this activity. I have been told that I can refuse to answer any question or withdraw from the study at any time without penalty. I have had an opportunity to ask questions. I have been told that future questions I may have about the research or about my rights as a participant will be answered by one of the JDI representatives listed above. By agreeing to participate in this focus group, I give JDI permission to use the information I share for the purposes stated above and understand that JDI is not able to provide payment for my participation."

By checking the box below, you agree that you understand this form and that you have received a copy of the consent form. Remember, you can leave this study anytime without penalty. If you agree to participate in the focus group, please check the box below.

Participant Check Here ☐

JDI Research Representative (Printed Name)

Signature of JDI Research Representative

Date



Miami-Dade Inmate Safety Project

Linda McFarlane, MSW, LCSW, Deputy Executive Director

STAFF Information Sheet/Informed Consent Form

(You must be at least 18 years old to participate.)

We invite you to take part in a research study to improve how the Miami-Dade County Corrections and Rehabilitation Department (MDCR) prevents and responds to sexual assault. This focus group is to learn about staff's thoughts and experiences related to sexual abuse in the jail.

WHAT IS THIS STUDY ABOUT? We want to learn about how MDCR facilities prevent and respond to sexual violence. The information you provide will help us to identify training that staff may need. It also gives us an understanding of how safe inmates feel in the jail. This information will assist us to reduce sexual violence and to see how our work has helped.

HOW WILL THIS STUDY WORK? The focus group will take approximately one hour. Representatives from Just Detention International (JDI), a nonprofit health and human rights organization, will lead the focus group. The facilitators are not a part of MDCR. Each group will have 10-12 participants. Every seventh person from different departments of the same rank on a shift is invited to participate. If there are fewer than seven employees in a chosen department, names will be randomly drawn. The focus group is voluntary, so if someone does not want to participate, the next person on the list will be invited. The focus group will deal with your opinions and experiences at this facility.

ARE THERE ANY RISKS? You may find some questions uncomfortable. If this happens, the focus group leader can refer you to someone to talk to about your feelings. You can also choose not to answer any question. We will not ask you to identify anyone by name or to talk about your own actions. However, you should know that if you name a person who has been harmed or may be harmed – including someone who is suicidal - we are required to report it.

WHAT ARE THE BENEFITS? Although there is no immediate benefit to you, by taking part in this focus group, you will help us better understand sexual violence and improve safety in MDCR's facilities.

WILL YOU BE PAID? You will not receive any payment for participating in the focus group.

HOW WILL YOUR PRIVACY BE PROTECTED? The JDI representatives will protect your privacy in every way possible. Names should NOT be used during the focus groups by JDI staff, participants, or anyone else. We will keep information about specific people or incidents strictly confidential. The facilitators will NOT record or share names, rank, or any other information that could identify you or someone else. Our reports will include only general descriptions and summaries. We will store all focus group data in a separate, secure office. Only JDI staff and the

evaluator will look at this information. We will not identify you in any way unless you give us permission to share your information.

CAN YOU QUIT? Yes, you can stop participating in the focus group at anytime. Your participation is voluntary and will not affect your incarceration, parole/probation, or criminal case in any way. If you decide you do not want to participate in the focus group, please let a facilitator know so that you can return to your work assignment.

IF YOU HAVE QUESTIONS, you can contact Linda McFarlane, the principal investigator:

Linda McFarlane
Just Detention International
3325 Wilshire Blvd, Suite 340
Los Angeles, CA 90010
Office: (213) 384-1400 Extension 107

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Detroit, MI 48201

You can also ask questions about the research during the focus group. All JDI research staff can answer any questions you may have and give you referrals if you have any concerns about sexual violence. We will also provide you with a copy of this form.

The following research consent statement is required:

"I am at least 18 years old. The study described above has been explained to me. I voluntarily consent to participate in this activity. I have been told that I can refuse to answer any question or withdraw from the study at any time without penalty. I have had an opportunity to ask questions. I have been told that future questions I may have about the research or about my rights as a participant will be answered by one of the JDI representatives listed above. By agreeing to participate in this focus group, I give JDI permission to use the information I share for the purposes stated above and understand that JDI is not able to provide payment for my participation."

By checking the box below, you agree that you understand this form and that you have received a copy of the consent form. Remember, you can withdraw from this study anytime without penalty. If you agree to participate in the focus group, please check the box below.

Participant Check Here ☐

JDI Research Representative (Printed Name)

Signature of JDI Research Representative

Date

JDI INMATE Focus Group Questions

Pre-Intervention

Time: Approximately 1 hour

Part 1: Introductions, Ground Rules (5 minutes)

1. **Take seat.** As people enter, have them take a seat anywhere around the table.
2. **Introduce yourself.** *"I am with Just Detention International, a nonprofit health and human rights organization based in Los Angeles. We are on contract with the Department of Justice, Office of Victim Assistance to visit Miami-Dade correctional facilities to learn about sexual assault in the jail facilities."*
3. **Introduce the note-taker.**
4. **State purpose of the focus group.** *"The purpose of the focus group today is to get ideas and information from you that will help us with staff training needs and inmate education about sexual safety. We also want to get an idea of what you think about the jail culture, how safe you feel and how much you know about your rights and how to report sexual abuse or sexual violence."*
5. **Define terms.** *"When we say sexual assault or sexual violence, we are talking about any kind of unwanted or non-consensual sexual contact, including rape, sexual assault, and sexual battery. Anytime someone does something sexual with someone else through pressure, force, intimidation, using their authority, or when the other person is unable to say yes or no, or when the person feels like they have to trade sex for goods or privileges, that is considered sexual assault. All sexual contact between inmates and staff members is illegal and considered sexual abuse. Does anyone have any questions about sexual assault before we get started?"*
6. **Voluntary participation.** *"Your participation in this focus group is voluntary and you can leave the group at any time. You will not be punished or penalized in any way if you leave."*
7. **Age of participants.** *"Is anyone here under 18 years of age? These groups are for adult participants ages 18 and older. So, if you are under 18, we will have someone escort you back to your housing unit."*
8. **Describe a focus group.** *"How many of you have been in a focus group before? A focus group is basically a 'group interview' or a conversation. I will be asking questions and you will have the opportunity to answer them. We want to know your thoughts and ideas. There are no right or wrong answers. You all do not need to agree or disagree on a topic. We want to hear everyone's opinions. My job as the facilitator is to help make that happen and to move us along. We have many topics to cover today in an hour."*
9. **Explain courtesies and ground rules.** *"Please speak one at a time. Let everyone be heard."*
10. **Define confidentiality.** *"Everything shared in this group will be kept strictly confidential. That means that we will not share what an individual person said to anyone outside of the focus group without his/her permission. We ask that you help us keep confidentiality. Please do not talk about what was said in the focus group outside of the group or within earshot of others. Names should NOT be used during the focus groups by JDI staff, participants, or anyone else. We are looking for the general themes and ideas that you share with us. The only exceptions to confidentiality are if we learn that someone is suicidal or that someone was harmed or may be harmed and we are provided with the person's identifying information. If that happens, JDI may notify MDCR staff, law enforcement officials, and/or outside agencies."*
11. **Reassure anonymity.** *"We are not going to be using your names nor linking your comments to a name. We have a note-taker who does not know who you are and is writing down general themes and ideas - not*

names. In order to maintain anonymity, we ask that you not reveal personal identifying information about yourself – such as your criminal offense, housing location, age, former address, unless you feel comfortable doing so.”

12. **Describe information/resource handout.** *“You each received an informational handout that lists mental health resources and other services. Because we are going to be talking about sexual abuse and sexual violence, it can bring up uncomfortable emotions for people. Those feelings are not unusual, especially if you or someone close to you has experienced sexual abuse. You can contact the resource people on the list or talk to me or X after the focus group. You do not have to deal with these emotions alone. If you tell us that you are being abused now, we will ask if you would like to talk with one of us privately. You can also ask to talk to one of us privately, or write to us via confidential legal mail, if you just have questions you don't feel comfortable asking in front of the group.”¹*
13. **Questions?** *“Does anyone have any questions before we begin?”*

Part 2: Questions (53 minutes)

1. How safe do you feel in this facility from rape, sexual assault, or sexual violence? (review definitions of the terms)

How safe do you feel from sexual abuse by other inmates?

How safe do you feel from sexual abuse by staff?

2. How frequently do rape, sexual abuse or other non-consensual sexual acts happen between inmates and other inmates in here?

What are the circumstances? How do these incidents occur?

What is the culture like here regarding sexual assault among inmates?

Why do you think this abuse happens?

How often are these incidents reported?

3. How often do rape, sexual abuse or even supposedly “consensual” sexual acts happen between inmates and staff in here?

What are the circumstances? How do these incidents occur?

What is the culture like here regarding sexual contact between inmates and staff?

How often are these incidents reported?

4. Do you know how to report an incident of sexual assault?

What would you do?

How would you report?

Would you report it? Why/why not?

¹ Refer to IMPORTANT NOTE FOR SURVIVORS on page 4 for more information on this process.

5. What happens now when someone reports a sexual assault?

What do you think would happen to you if you reported a sexual assault?

What would happen if you did not report?

6. Do you know you have a right to be free from sexual violence in this facility – to not be harmed or abused?

How did you learn about that?

Did you get enough information about your rights, what to do, and how to prevent sexual assaults when you first came to the facility (in orientation)?

What else would you have liked to learn or know about regarding your safety in this jail?

7. If you had a magic wand and could make this jail a safer place for inmates, free from sexual assault, what would you do?

Part 3: Closing (2 minutes)

- **Resources and Additional Help**
- **How to get additional information to us/how to contact us.**

IMPORTANT NOTE FOR FACILITATORS

Some participants are likely to feel distressed, raise critical issues, or have questions or comments they do not feel comfortable saying during the group. Facilitators must carefully gauge the mood and affect of the participants. If a facilitator observes someone becoming distressed, withdrawn or agitated, the facilitator will check in with that person and offer the opportunity to speak privately, making it clear that the person is not compelled to speak to facilitators privately. At the close of the group, facilitators will check in with each participant and offer the opportunity to ask further questions or speak with a facilitator or MDCR staff member. Facilitators should also ask visibly distressed participants if they feel able to return to their scheduled activities and help them to develop a plan if they do not.

If a participant discloses s/he is suicidal:

1. Provide him or her with referrals to Correctional Health Services/Mental health staff and local, state, and national suicide prevention resources on the Inmate Focus Group Referrals handout.
2. If the participant discloses a concrete plan to kill himself/herself and the means to carry it out, inform the participant that the facilitator will have to report the plan to Correctional Health Services/Mental health staff and the highest ranking MDCR official on duty (such as the Captain, Shift Supervisor, etc.).
3. Notify a Correctional Health Services staff member and the highest ranking MDCR official on duty (such as the Captain, Shift Supervisor, etc.).
4. When making a report, disclose only information that is directly relevant to the suicide threat, including the participant's suicide plan.

If a participant shares identifying information for someone who has been harmed or may be in imminent danger or harm:

1. Inform the participant that you may be required to report this information to MDCR staff, law enforcement officials, and the Florida Department of Children and Families (in cases of suspected child abuse, neglect, or abandonment).
2. Notify the MDCR institutional investigator, Miami-Dade Police Department, and the Florida Department of Children and Families, if necessary.
 - a. Miami-Dade Police Department, Criminal Investigation Div.: 305-471-2350
 - b. Dept. of Children and Families Florida Abuse Hotline: 800-96-ABUSE
3. When making a report, disclose only information that is directly relevant to the suspected harm to others, such as the person's contact information and the nature of the alleged harm.

If a participant discloses that s/he is a survivor of sexual assault or s/he would like to talk to someone about this topic:

1. Provide the participant with the Inmate Focus Group Referrals handout, which includes referrals for rape crisis centers and other service providers in Florida and around the country.
2. Inform the participant that s/he can contact any of those organizations confidentially or anonymously (via the hotline). Explain to him/her that Rape Treatment Center staff may be able to meet confidentially, in-person with the participant at a later date.
3. Refer the participant to Correctional Health Services for mental health counseling, if desired.
4. Offer to follow-up with the participant at a later date, if desired.
5. Do not disclose this information to MDCR officials or law enforcement, unless the participant asks that you do so. In that case, obtain written permission from the participant to disclose this information.
6. Inform the participant that if s/he would like to report abuse that occurred within an MDCR facility, s/he can speak to any MDCR staff member or medical or mental health practitioner. Offer to inform the appropriate MDCR staff that the participant needs to speak to someone.

JDI STAFF Focus Group Questions

Pre-Intervention

Time: Approximately 1 hour

Part 1: Introductions, Ground Rules (5 minutes)

14. **Take seat.** As people enter, have them take a seat anywhere around the table.
15. **Introduce yourself.** *"I am with Just Detention International, a nonprofit health and human rights organization based in Los Angeles. We are on contract with the Department of Justice, Office of Victim Assistance to visit Miami-Dade correctional facilities to learn about sexual assault and related issues that occur in the jail facilities."*
16. **Introduce the note-taker.**
17. **State purpose of the focus group.** *"The purpose of the focus group today is to get ideas and information from you that will help guide us with staff training needs and inmate education about sexual safety. We also want to get an idea of what you think about the jail culture, how safe inmates feel and how much they know about their rights and how to report sexual abuse or sexual violence."*
18. **Define terms.** *"When we refer to sexual assault or sexual violence against inmates, we are talking about any form of unwanted or non-consensual sexual contact, including rape, sexual assault, and sexual battery. Anytime an inmate has sexual contact with someone else through pressure, force, intimidation, abuse of authority, or when the other person is unable to give consent or in exchange for goods or privileges, that is considered sexual assault. All sexual contact between inmates and staff members is illegal and considered sexual abuse. Does anyone have any questions about sexual assault before we get started?"*
19. **Voluntary participation.** *"Your participation in this focus group is voluntary and you can request to leave the group at any time. You will not be punished or penalized in any way if you choose not to participate."*
20. **Age of participants.** *"Is anyone here under 18 years of age? These groups are for staff members ages 18 and older. So, if you are under 18, please return to your job assignment."*
21. **Describe a focus group.** *"How many of you have been in a focus group before? A focus group is basically a 'group interview' or a conversation. I will be asking questions and you will have the opportunity to answer them. We want to know your thoughts and ideas. There are no right or wrong answers. You all do not need to agree or disagree on a topic. We want to hear everyone's opinions. My job as the facilitator is to help make that happen and to move us along. We have many topics to cover today in an hour."*
22. **Explain courtesies and ground rules.** *"Please speak one at a time. Let everyone be heard."*
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24. **Reassure anonymity.** *"We are not going to be using your names nor attribute your comments to a name. We have a note-taker who does not know who you are and is writing down general themes and ideas - not*

names. In order to maintain anonymity, we ask that you not reveal personal identifying information about yourself – such as your job title, department, etc., unless you feel comfortable doing so.”

25. Describe information/resource handout. *“You each received an informational handout that lists mental health resources and other services. Because we are going to be talking about sexual abuse and sexual violence, it can bring up uncomfortable emotions for people. Those feelings are not unusual, especially if you or someone close to you has experienced sexual abuse. You can contact the resource people on the list or talk to me or X after the focus group. You do not have to deal with these emotions alone.”²*

26. Questions? *“Does anyone have any questions before we begin?”*

Part 2: Questions (53 minutes)

1. How safe do inmates feel in this facility from rape, sexual assault, or sexual violence? (review definitions of the terms)

How safe do they feel from sexual abuse by other inmates?

How safe do they feel from sexual abuse by staff?

2. How frequently do rape, sexual abuse or non-consensual sexual acts happen between inmates and other inmates in here?

What are the circumstances? How do these incidents occur?

What is the culture like here regarding sexual assault between inmates?

Why do you think this abuse happens?

How often are these incidents reported?

3. How often do rape, sexual abuse or even supposedly “consensual” sexual acts happen between inmates and staff in here?

What are the circumstances? How do these incidents occur?

What is the culture like here regarding sexual encounters between inmates and staff?

How often are these incidents reported? Why/why not?

4. Do you know how to report an incident of sexual assault?

What would you do?

How would you report?

Would you report it? Why/why not?

Do inmates know how to report incidents of sexual assault?

5. What happens now when someone reports a sexual assault?

² Refer to IMPORTANT NOTE FOR SURVIVORS on page 4 for more information on this process.

What do you think would happen to an inmate if they didn't report a sexual assault?

What if they did?

What needs improving in the system now when someone reports an incident of sexual violence/abuse?

6. Do you know inmates have a right to be free from sexual violence in this facility – to not be harmed or abused?

How did you learn about that?

Do inmates get enough information about their rights, what to do, how to prevent sexual assaults when they first came to the facility (in orientation)?

What else should inmates know regarding their safety in this jail?

7. What would you like to know more about (e.g., in a training) that would help you in your job to prevent and respond to sexual abuse/violence/incidents in the jail?

8. If you had a magic wand and could make this jail a safer place for inmates, free from sexual assault, what would you do?

Part 3: Closing (2 minutes)

- **Resources and Additional Help**
- **How to get additional information to us/How to contact us.**

IMPORTANT NOTE FOR FACILITATORS

Some participants are likely to become distressed when talking about sexual abuse. Facilitators must carefully gauge the mood and affect of each participant and intervene if someone becomes distressed, withdrawn or agitated. Facilitators should remind all staff participants that they can follow up with the facilitators at any time with questions or concerns. At the end of the group, facilitators should check in with each participant to see if they would like more information, need to speak with someone privately, and are ready to return to their work post.

If a participant discloses s/he is suicidal:

5. Provide him or her with referrals to local, state, and national suicide prevention resources on the Staff Focus Group Referrals handout.
6. If the participant discloses a concrete plan to kill himself/herself and the means to carry it out, inform the participant that the facilitator will have to report the plan to the highest ranking MDCR official on duty (such as the Captain, Shift Supervisor, etc.).
7. Notify the highest ranking MDCR official on duty (such as the Captain, Shift Supervisor, etc.).
8. When making a report, disclose only information that is directly relevant to the suicide threat, including the participant's suicide plan.

If a participant shares identifying information for someone who has been harmed or may be in imminent danger or harm:

4. Inform the participant that you are required to report this information to MDCR investigative staff, law enforcement officials, and the Florida Department of Children and Families (in cases of suspected child abuse, neglect, or abandonment).
5. Notify the MDCR institutional investigator/internal affairs investigator, Miami-Dade Police Department, and the Florida Department of Children and Families, if necessary.
 - a. Miami-Dade Police Department, Criminal Investigation Div.: 305-471-2350
 - b. Dept. of Children and Families Florida Abuse Hotline: 800-96-ABUSE
6. When making a report, disclose only information that is directly relevant to the suspected harm to others, such as the person's contact information and the nature of the alleged harm.

If a participant discloses that s/he is a survivor of sexual assault or s/he would like to talk to someone about this topic:

7. Provide the participant with the Staff Focus Group Referrals handout, which includes referrals for rape crisis centers and other service providers in Florida and around the country.
8. Inform the participant that s/he can contact any of those organizations confidentially or anonymously (via the hotline).
9. Offer to follow-up with the participant at a later date, if desired.
10. Do not disclose this information to MDCR officials or law enforcement, unless the participant asks that you do so. In that case, obtain written permission from the participant to disclose this information.

Just Detention International Staff Focus Group Referrals

Talking about sexual violence can be uncomfortable. Many people feel nervous, sad, angry, confused, or have old memories surface after talking about sexual abuse. If you want help or support, you can contact any of the resources below confidentially. You can contact these organizations anonymously by calling the hotline/office without giving your name. You can also talk to one of the focus group facilitators or to a MDCR staff member, either for support or to report sexual abuse. You do not have to deal with these emotions and questions alone.

Sexual Abuse Support Services

Roxcy Bolton Rape Treatment Center

Jackson Memorial Hospital
1611 N.W. 12th Avenue
Miami, FL 33136
24-hour Hotline: (305) 585-7273

Just Detention International

3325 Wilshire Blvd., Suite 340
Los Angeles, CA 90010
Office: (213) 384-1400, extension 104 or 107
Website: www.justdetention.org
Email: info@justdetention.org

Rape, Abuse & Incest National Network (RAINN)

2000 L Street NW, Suite 406
Washington, DC 20036
Toll-Free 24-Hour Hotline: (800) 656-4673
Website: www.rainn.org
E-mail: info@rainn.org

Suicide Prevention Resources

Switchboard of Miami Helpline

190 NE 3rd Street
Miami FL, 33132
24-hour Helpline: (305) 358-HELP (English, Spanish, and Creole)
TTY Hotline: (305) 644-9449

National Suicide Prevention Lifeline

24-hour Hotline: (800) 273-TALK (8255)
24-hour TTY Hotline: (800) 799-4TTY (4889)
Línea de Ayuda de 24 horas: (888) 628-9454 (Español)

Just Detention International Inmate Focus Group Referrals

Talking about sexual violence can be uncomfortable. Many people feel nervous, sad, angry, afraid, or have old memories come back up after talking about sexual abuse. You do not have to deal with these emotions alone. If you want help or support, you can contact any of the resources below. You can contact these organizations anonymously by calling the hotline/office without giving your name.

You can also talk to one of the focus group facilitators or to a MDCR staff member or mental health doctor. If you would like to speak privately with someone, please let the focus group facilitators know by telling us after the group or handing us a note at any time.

Sexual Abuse Support Services

Roxcy Bolton Rape Treatment Center

Jackson Memorial Hospital

1611 N.W. 12th Avenue

Miami, FL 33136

Confidential Inmate Hotline: dial*9012# from any inmate phone

24-hour Hotline: (305) 585-7273

Just Detention International

Attn: Linda McFarlane

3325 Wilshire Blvd., Suite 340

Los Angeles, CA 90010

Office: (213) 384-1400

Confidential legal mail:

Cynthia Totten, Attorney at Law

CA Attorney Reg. #199266

3325 Wilshire Blvd., Suite 340

Los Angeles, CA 90010

Rape, Abuse & Incest National Network (RAINN)

2000 L Street NW, Suite 406

Washington, DC 20036

Toll-Free 24-Hour Hotline: (800) 656-4673

Suicide Prevention Resources

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24-hour Hotline: (800) 273-TALK (8255)

24-hour TTY Hotline: (800) 799-4TTY (4889)

Línea de Ayuda de 24 horas: (888) 628-9454 (Español)

Appendix B

Miami-Dade OVC Grant Project: Sampling Process for Focus Group Selection

This project primarily uses qualitative research methods to glean data and involves focus groups with both inmates and staff.

Inmate Focus Groups

Human subjects from the inmate population will be identified through a random sampling process from the inmate housing rosters. Every seventh name will be invited to participate in the focus group. If that inmate does not wish to participate, staff are instructed to go to the next name on the roster. The number of refusals (using no names) will be documented and incorporated into the analysis.

Inmate Population	5% of population is sampled	Number of Focus Groups
1162 males (PTDC)	58 inmates	5 groups (11-12/group)
866 males (TGK)	43 inmates	4 groups (10-11/group)
43 females (TGK)	30 inmates	3 groups (10/group)

Based on daily inmate population on March 26, 2012. Note that these population numbers fluctuate daily. There are no female inmates at PTDC. They are processed and then transferred out.

Staff Focus Groups

To ensure a more open and honest discussion in the staff focus groups, staff of differing ranks will not be sampled together. Staff will be randomly selected by every seventh person from the different work units described below. If there are fewer than seven in that subgroup, names will be randomly drawn. The following staff focus groups will be held:

PTDC

1. Custody officers/line staff (day, swing or graveyard shift or mixture - PTDC)
2. Mid-level management from PTDC
3. Non-custody staff (e.g., teachers, mental health, medical janitors) from TGK

30 staff at PTDC will participate in the staff focus group. We will need 3 focus groups with 10 subjects per group.

TGK

1. Custody officers/line staff (day shift, swing or graveyard or mixture - TGK)
2. Mid-level management from TGK
3. Non-custody staff (e.g., teachers, mental health, medical janitors) from TGK

30 staff at PTDC will participate in the staff focus group. We will need 3 focus groups with 10 subjects per group.

Staff Units	Number of Focus Groups	Number of Staff in Focus Groups
Custody/Line Staff (TGK)	1 group	10 staff
Custody/Line Staff (PTDC)	1 group	10 staff
Mid-level Management (TGK)	1 group	10 staff
Mid-level Management (PTDC)	1 group	10 staff
Non-custody Staff (TGK)	1 group	10 staff
Non-custody Staff (PTDC)	1 group	10 staff

Recap:

- 2 focus groups for custody officers/line staff (day, swing, graveyard shift or mixture – one at TGK and one at PTDC)
- 2 Mid-level management (one at TGK and one at PTDC)
- 2 Non-custody staff (e.g., teachers, mental health, medical janitors - one at TGK and one at PTDC)

Total: 6 staff focus groups

Miami-Dade Jail Inmate Focus Groups

April 30 and May 1, 2012

#	Date	Recruit Time	Focus Group Time	Facility	Room	# Subjects	Facilitator	N
1	Mon	9:00-9:30	9:30-10:30	PTDC		11 males	Marcia	Li
2	Mon	10:30-11:15	11:15-12:15	PTDC		11 males	Linda	M
3	Mon	12:15-1:00	1:00-2:00	PTDC – overcrowded unit, Level 5		12 males	Marcia	Li
4	Mon	4:30-5:00	5:00-6:00pm	PTDC		12 males	Linda	M
5	Mon	9:00-9:30	9:30-10:30	PTDC		12 males	Gwyn	C
Opt	Mon	6:00-6:30	6:30-7:30pm	PTDC-Spanish male group, if needed		Unknown #, males	Christine	M
6	Tues	9:00-9:30	9:30-10:30	TGK – sex offenders		10 males	Marcia	Li
7	Tues	9:00-9:30	9:30-10:30	TGK		11 males	Christine	G
8	Tues	10:30-11:15	11:15-12:15	TGK		11 males	Linda	M
9	Tues	12:15-1:00	1:00-2:00	TGK		11 males	Marcia	Li
10	Tues	4:00-4:30	4:30-5:30pm	TGK		10 females	Linda	M
11	Tues	5:30-6:00	6:00-7:00pm	TGK		10 females	Marcia	Li
12	Tues	5:30-6:00	6:00-7:00pm	TGK		10 females	Christine	G
Opt	Thurs	9:00-9:30	9:30-10:30	TGK-Spanish male group, if needed		Unknown # males	Christine	G
Opt	Thurs	10:30-11:00	11:00-12:00pm	TGK-Spanish female group, if needed		Unknown # females	Christine	G

Miami-Dade Jail Staff Focus Groups

#	Date	Recruit Time	Focus Group Time	Facility	Room	# Subjects
13	Mon	10:30-11:15	11:15-12:15	PTDC		10 m&f, Custody/line staff
14	Mon	12:15-1:00pm	1:00-2:00	PTDC		10 m&f, Mid-level Management
15	Mon	4:30-5:00pm	5:00-6:00pm	PTDC		10 m&f, Non-custody staff, includes medical and mental health
16	Tues	10:30-11:15	11:15-12:15pm	TGK		10 m&f, Custody/line staff
17	Tues	12:15-1:00pm	1:00-2:00pm	TGK		10 m&f, Mid-level Management
18	Tues	4:00-4:30pm	4:30-5:30pm (could do 4-5 if better for staff)	TGK		10 m&f, Non-custody staff, includes medical and mental health

Summary by Site and Subjects:

Monday (PTDC) – 8 focus groups plus 1 optional

Team #1 (Marcia, Linda) 4 inmate focus groups
Team #2 (Christine, Gwyn) 1 inmate focus group, 3 staff focus groups
Plus: Optional monolingual, Spanish male group, if needed (Christine and Marcia)

Tuesday (TGK) – 10 focus groups

Team #1 (Marcia, Linda) 5 inmate focus groups
Team #2 (Christine, Gwyn) 2 inmate focus groups, 3 staff focus groups

Thursday (TGK) – may have 2 optional

Optional monolingual, Spanish male group, if needed (facilitator: Christine, Notes: Gwyn)
Optional monolingual, Spanish female group, if needed (facilitator: Christine, Notes: Gwyn)

Summary by Focus Group Number and Time:

Monday (PTDC) – 8 focus groups + one optional

9:30-10:30 FG #1, #5
11:15-12:15 FG #2, #13
1:00-2:00pm FG #3, #14
5:00-6:00pm FG #4, #15
6:30-7:30pm Optional, male Spanish

Tuesday (TGK) – 10 focus groups

9:30-10:30 FG #6, #7
11:15-12:15 FG #8, #16
1:00-2:00pm FG #9, #17
4:30-5:30pm FG #10, #18
6:00-7:00pm FG #11, #12

Thursday (TGK) – 2 optional focus groups

9:30-10:30 Optional, male Spanish
11:00-12:00 Optional, female Spanish

Focus Group Misc.

- JDI will bring two lap tops for the note-takers
- April 20 conference call at 1:00pm will discuss the logistics of the focus groups and the details regarding the note-taking and facilitation. Marcia will email something in advance of the call.
- Quality assurance: A JDI representative will first meet with the Sgt (or whomever randomly picks every 7th name from the roster) to verify that every 7th name was indeed selected, and no names were switched or missed. Sgt is to use the most recent roster available.
- The note-taker for the next/upcoming FG will go with the officer to bring/escort the inmates to the group.

Appendix C

MDCR Staff Training Outline

Materials

- ☐ Audio-Visual Equipment (computer for PowerPoint; projector; screen; TV is needed to show videos; speakers to hear audio of video)
- ☐ Video DVDs (if not using internet link): MDCR PREA Inmate Orientation Video, and JDI *Voices for Justice* Video
- ☐ Participant Packets: Agenda, Small Group Exercise Handout, SART Protocol
- ☐ Pre-tests
- ☐ Post-tests
- ☐ Evaluations

Recommended background reading for trainers prior to instructing this material: *Hope for Healing: Information for Survivors of Sexual Assault in Detention*. This document is available free-of-charge at:

<http://www.justdetention.org/pdf/HopeforHealingweb.pdf>

WELCOME and PRE-TEST: 15 minutes

Invite participants into the classroom and to be seated. Provide participants with handouts.

Instruct participants to complete the pre-test.



The program title slide #1 is displayed on the screen.

INTRODUCTION AND OVERVIEW: 15 minutes

Review the agenda with the class.



Training Agenda slide #2 is displayed.

Agenda

- **Welcome and Pre-test**
- **Introductions and Overview**
- **MDCR PREA Inmate Comprehensive Orientation Video and Discussion**
- **Basics of Sexual Abuse in Jail**
- Prevalence
- Dynamics
- Reporting
- Video and Discussion – *Voices for Justice*
- Impact
 - **Prison Rape Elimination Act (PREA) Law and Standards**
- Small Group Exercise: Role and Responsibilities Scenarios
 - **MDCR *Inmate Safety Program***
 - **Wrap-up: Post-test and Evaluation**



Just Detention International slide #3 is displayed.

Who is JDI?

- JDI is a health and human rights organization that seeks to end sexual violence in all forms of detention.
- JDI's three core goals are:
 - To hold government officials accountable.
 - To change public attitudes about sexual violence behind bars.
 - To ensure survivors get the help they need.

JDI and MDCR worked together to create programs aimed at preventing and responding to sexual abuse and sexual harassment in MDCR facilities.



Just Detention International slide #4 is displayed.

JDI and MDCR share a common, core belief: No matter what crime a person may have committed, rape is not part of the penalty.



Introductions slide #5 is displayed.

Let's go around the room and would everyone please let us know:

- Your name
- How long you have been in the department
- What are a couple of words or phrases you associate with PREA or the effect PREA work has had on this department?

COMMON TERMS



Common Terms slide #6 is displayed.

You have a handout with some common terms that we use and will refer to in this session. We want to be sure we're all using these words to mean the same thing. The definitions are consistent with the federal Prison Rape Elimination Act (PREA).

Definitions and Terminology

Rape (Sexual Battery according to FL state Law) – Any penetration of the vagina, anus, or mouth by another person or an object, however slight, when someone does not consent, is forced or coerced, or is unable to consent or refuse due to age, mental or physical incapacity, or for any other reason.

Sexual Assault – Any sexual contact when someone does not consent, is forced or coerced, or is unable to consent or refuse due to age, mental or physical incapacity, or for any other reason. Sexual assault includes rape, as well as any other nonconsensual touching, either directly or through the clothing, of another person’s genitals, anus, groin, breast, inner thigh, or buttocks. All sexual contact between inmates and staff is illegal and is sexual assault.



Common Terms slide #7 is displayed.

Sexual Assault Response Team (SART) – Collaborative, multidisciplinary team that provides a specialized, coordinated, immediate response to survivors of sexual assault. Typical SART members include law enforcement, sexual assault advocates, prosecutors, and sexual assault nurse examiners. In corrections facilities, SARTs also include medical and mental health staff and investigators, among others.

Survivor/Victim – Anyone who has experienced any form of unwanted or nonconsensual sexual contact.

- “Victim” and “survivor” will be used interchangeably.

“Prisoner”, “detainee”, and “inmate” will be used interchangeably, unless otherwise noted.

Your Role and Responsibilities: Group Exercise (25 minutes)



Group Exercise slide #8 is displayed.

One of the goals of MDCR is to make sure we have what is known as a “trauma-informed” response to any allegations or suspicions of sexual abuse. That means

that we remember that sexual abuse causes a trauma reaction. We have to take the effect of trauma into account in all of our policies, actions, and interactions with inmates. With that in mind:

- Review the scenario as a group
- Discuss the issues raised by the scenario and your role and responsibilities, as you understand them.
- Vote on how you would respond
- Follow the steps as instructed in the scenario
- Continue the process until you reach the end of the story
- Discuss as a group:
 - What went well?
 - What could have gone better?
 - What were your roles and responsibilities?
 - What ways was your response trauma-informed? In what ways was it not?

We will talk about the effects of trauma more throughout the training.

VIDEO and DISCUSSION: MDCR PREA Inmate Comprehensive Orientation (20 minutes)



MDCR PREA Inmate Orientation Comprehensive Video: slide #9 is displayed.

You are about to watch a 17-minute video. It was produced by MDCR, with assistance from JDI. The aim of the video is to provide all inmates with information about their right to be free from sexual abuse and sexual harassment while in custody, and to give them information about MDCR policies, how to report, and what help is available.

[Play the MDCR Inmate Education Video, available at:
<https://vimeo.com/71527042>

Does anyone have any thoughts about the video?

- What messages does the video give incoming inmates about MDCR's policies regarding sexual abuse and sexual harassment?
- How does the video describe "zero tolerance" for sexual abuse and sexual harassment?
- What important information does the video give about how inmates can report sexual abuse and sexual harassment, and how they can get help?
- The video talks about collaboration between departments, staff and inmate peer educators, and outside community partners. Why is this collaborative approach beneficial to the department? To you in your job?
- What other questions about sexual abuse and sexual harassment in MDCR facilities do you think inmates might have after watching this video? What support from the Training Bureau and supervisors do you need to be able to answer those questions?

BASICS OF SEXUAL ABUSE BEHIND BARS: 30 minutes



Basics of Sexual Abuse in Jail slide #10 is displayed.

If this woman were being raped would you help her?

Ask participants what the image makes them think. What does it make them feel?



Graphic "Demographics of Jail Inmates" slide #11 is displayed.

The data presented here comes from national surveys completed by the Bureau

of Justice Statistics, using rigorous methodology. The surveys are anonymous and do not trigger investigations or provide incentives for participants. Anonymous surveys give a much more accurate picture than looking at official reports, because sexual assault is one of the most underreported crimes. Three years of data collection by the BJS have yielded similar results each time, so we can say with some degree of certainty that the surveys represent an accurate snapshot.

The BJS also did a survey of formerly incarcerated people in 2012. Participants were asked about sexual victimization during their most recent period of incarceration in a state prison, jail, or post-release community confinement facility. What the BJS found is that nearly 1 in 10 inmates described some form of sexual victimization during their most recent incarceration.

This data is based on anonymous self-reporting, not official reports, which we will discuss later. Also, keep in mind that this number refers to only the number of people who were victimized — not incidents.

Source: Bureau of Justice Statistics, "Sexual Victimization Reported by Former State Prisoners, 2008" (May, 2012).

According to the most recent Bureau of Justice Statistics Survey (NIS), 4 % of prisoners and 3.2% of jail inmates reported sexual abuse in a 12 month period.

Overall, the Department of Justice estimated that roughly 200,000 inmates were sexually abused in prisons and jails during this 12 months period. That's more than 500 people a day, and more than 20 people an hour, who are sexually abused in U.S. prisons and jails. In the time we will be together for this training, almost 100 people will be sexually abused behind bars.

Keep in mind that this data does not include sexual abuse in juvenile detention centers, community corrections settings, or immigration detention. If we had prevalence rates for all of those facilities, we would expect the rates of abuse in custody to be much higher.

Source: Bureau of Justice Statistics, "Sexual Victimization in Prisons and Jail Reported by Inmates, 2011-12" (May, 2013).



Graphic "Staff and Inmate Perpetrators" slide #9 is displayed.

The most recent BJS study showed nearly equivalent rates of sexual abuse by staff perpetrators as by inmates.

In fact, jail inmates are more likely to report sexual victimization by a staff member (1.8%) than by another inmate (1.6%). What this means is that jail inmates are slightly more likely to be targeted by staff than by other inmates. We are talking about all kinds of staff — not just custody staff. Does that surprise you?

Also, we know from research that women are three times more likely than men to be sexually abused by another inmate in jail.

Most survivors of staff sexual misconduct in jails are male inmates, and most staff perpetrators are women.

It's important to remember that anyone can be abused. We want to point out some of the data here that might surprise you to help you remember to take every report seriously. Sexual abuse in detention may not look exactly like you expect it to, and it is your job to approach every report as if it could be true.

Source: Bureau of Justice Statistics, "Sexual Victimization in Prisons and Jail Reported by Inmates, 2011-12" (May, 2013).



Graphic "Many Survivors are Abused Repeatedly" slide #13 is displayed.

According to the BJS studies, many survivors of sexual abuse in custody are abused more than once.

31% of inmates reporting abuse were victimized three or more times.

An inmate is more likely to be abused repeatedly if the perpetrator is a staff member (2/3 of incidents, compared to half of incidents involving an inmate perpetrator).

So, remember that someone reporting repeatedly is not necessarily an indication that they are lying. In fact, it is very likely that someone who has been abused once may be abused again. It's our job to take every report seriously and to protect people after they report.

Source: Bureau of Justice Statistics, "Sexual Victimization in Prisons and Jail Reported by Inmates, 2011-12" (May, 2013).



Graphic "Timing of Abuse" slide #14 is displayed.

According to the Bureau of Justice Statistics research, most survivors who are sexually abuse in jails are targeted within the first 30 days.

Nearly three-quarters of male jail inmates who were sexually abused by a staff member were victimized within the first 30 days of their incarceration (72.8%). Similarly, 71% of male jail inmates who were sexually abused by other inmates were targeted within the first month of their incarceration, as well.

In fact, nearly a third of victims of staff sexual misconduct were targeted within the first 24 hours (30%). Nearly 1 in 5 male victims of inmate-on-inmate sexual abuse were targeted within the first 24 hours, as well (19%).

Female jail inmates are also more likely to be abused within the first 30 days of their incarceration. Two-thirds of female inmates who were sexually abused by staff report that they were targeted within the first 30 days (66.4%). 61% of female inmates who were sexually abused by other detainees were victimized within the first 30 days of their incarceration; 4% of those were within the first 24 hours.

Source: Bureau of Justice Statistics, "Sexual Victimization in Prisons and Jails Reported by Inmates, 2008-09," (August, 2010).

As you can see, the first few days and weeks of incarceration can be extremely dangerous for jail inmates. This is why it is important that they receive information that they can use to protect themselves from sexual abuse and to know how to make a report. You have a key role in sharing – and reinforcing – such information to inmates in your unit.



Graphic “Sexual Abuse Reported by MDCR Inmates” slide #15 is displayed.

Let’s take a moment to look at sexual abuse reported by MDCR inmates in the BJS surveys. Remember, these are anonymous reports, not official reports made to staff.

From 2008-2009, the BJS found that at Pre-Trial Detention Center, 7.8% of inmates were sexually abused overall.

5.1% of inmates at PTDC were sexually abused by another inmate. This is the third highest rate of inmate-on-inmate abuse at a jail in the U.S.

3.5% of PTDC inmates reported being abused by staff, which is similar to the national average.

During that same year, BJS found that at Metro-West, 1.7% of inmates were sexually abused overall. Of those, 1.4% of inmates were abused by staff and only 0.7% abused by other inmates.

The high rates of sexual abuse at PTDC were one reason why MDCR partnered with JDI to address sexual abuse within the jail. However, MDCR's long-term commitment to eliminating sexual abuse and sexual harassment, and providing a safe and respectful environment for all inmates and staff is the reason that the programs created with JDI and under MDCR's PREA implementation programs have been sustained.

Let's take a closer look at what the research findings mean, so we can make sure to continue to learn from it. At Pre-Trial Detention Center, who were the primary perpetrators of sexual abuse against inmates: staff or other inmates?

And at Metro-West, who committed the majority of the reported sexual abuse: inmates or staff?

Why do you think the rates of abuse are so different at these facilities?

Source: Bureau of Justice Statistics, "Sexual Victimization in Prisons and Jails Reported by Inmates, 2008-09," (August, 2010).

The BJS recently conducted another survey in our jails for 2011 to 2012. Some of you might have actually been here for this survey. What the BJS found was very interesting.

The BJS found that at Metro West Center, the overall rates of sexual abuse increased from the previous survey to 2.6%, and staff continued to be the primary perpetrators (1.6% of the abuse).

At the Training and Treatment Center, the BJS found that only 1% of inmates reported sexual abuse, all at the hands of staff members.

Turner Guilford Knight had the same rate of abuse as TTC – 1% - but all of the abuse at TKG was reported to be inmate-on-inmate sexual abuse.

There no reported incidents of sexual abuse at the Boot Camp Program.

Source: Bureau of Justice Statistics, "Sexual Victimization in Prisons and Jail Reported by Inmates, 2011-12" (May, 2013).

One important thing to keep in mind as you think about this research is how different jails can have very different rates of sexual abuse. And we know that inmates can be transferred from one MDCR facility to another, so it is important for staff and inmate peer educators to provide inmates with information about how to report and how to get help each time they are transferred to a new facility.

Now, I want to talk about which groups of inmates are most likely to be targeted by perpetrators.



Who are perpetrators most likely to target for abuse? slide #16 is displayed.

Who do you think perpetrators are most likely to target for sexual abuse and sexual harassment?

Remember first that anyone can be sexually abused or harassed, but the research does show that perpetrators do tend to target some people more than others.

****All this data comes from the most recent BJS studies of sexual abuse in prisons, jails, and juvenile detention facilities****

- **People with mental illness**

- In federal and state prisons, inmates with serious psychological distress were nine times more likely to be sexually assaulted by another inmate than those with no indicator of mental illness.
- Jail inmates with symptoms of serious mental illness are five times more likely to report sexual abuse than those with no symptoms.
- **Those with previous history of trauma or sexual assault**
- Adult prisoners who had been sexually abused earlier in life were victimized by other inmates at a rate 20 times greater than those who had not experienced prior sexual abuse.
- In juvenile detention facilities, those who were previously sexually assaulted were more than twice as likely to be targeted for abuse as those who have no sexual assault history.
- **Lesbian, gay, bisexual, and transgender (LGBT) inmates or those who are perceived to be LGBT**
- Prisoners who identify as lesbian, gay, bisexual, or other (non-straight) are more than 10 times more likely to be sexually abused by another inmate than heterosexual prisoners.
- In juvenile detention facilities, more than one in ten non-heterosexual youth are victimized by other residents – seven times greater than the rate for straight youth.
- **People convicted of violent sexual offenses**
- People who were convicted of violent sexual offense are more likely to be abused by other inmates than their peers.
- 3.7% of people with violent sexual offense in prison and 3.9% in jail reported sexual victimization by another inmate (compared to 2.3% for other violent crimes)

Sexual Assault vs. Sex



Sexual Abuse vs. Sex slide #17 is displayed.

Let's talk for a minute about consent and the difference in the response required by MDCR depending upon whether a sexual act between inmates is consensual sex or is sexual assault. (Remember that inmates can never consent to sexual activity with staff.)

First, someone tell me, what is consent?

Consent is voluntary cooperation in act or attitude pursuant to an exercise of free will.

What means is that consent means being freely able to say yes or no. Free will, free choice is the key. Even though inmates are not truly able to exercise free will in many ways, since they are not allowed to leave jail, they still have the right to consent or not to sexual activity with other inmates.

Consent is a clear and enthusiastic yes. Consent can be withdrawn at any point in a sexual interaction.

As we discussed, consent is required for all legal sexual contact. Consent is not the result of threats or manipulation. Consent is not "well, he didn't say no." or "I guess so." Consent is not something you get from someone after weeks of badgering. Consent is not "giving in" or relenting because you are afraid.

Consent is not possible when someone is high, drunk, asleep, or unconscious. Consent is also not possible with a staff member. Inmates cannot consent to sexual contact with staff — whether that's custody, civilian, or contract staff — or with volunteers.

Because of the authority that staff have over inmates, any attempt, threat, or request by a staff member, contractor or volunteer to engage in any form of sexual contact with inmates is considered sexual abuse.

In recognition of the fact that inmates cannot freely say “yes” or “no” to sexual contact with staff, it is illegal for staff to engage in sexual activity with inmates.

While all sexual contact is against the rules in MDCR, it is important to understand the difference between truly consensual sexual contact and sexual abuse.

The difference is important because how the facility must respond, the need for medical and mental health services, potential criminal action, and what needs to be reported federally all are all different, depending upon the presence or absence of meaningful consent.

According to the law, inmates can consent to sexual contact with one another. However, in jail, all sexual contact is considered a rule violation.

Let’s take a look at the differences between these two kinds of cases.

When there has been inmate against inmate sexual abuse (top graphic):

- There is a perpetrator or suspect and a victim or survivor. A criminal investigation will be completed and the investigator will interview the victim of the alleged crime and interrogate the suspect.
- The victim needs — and is entitled to — emergency and ongoing medical and mental health care. He or she should have access to a confidential victim advocate, as well as a sexual assault forensic exam, if necessary. Their safety and housing issues will need to be addressed, and the victim or perpetrator may be moved.
- In many of these cases, a felony has been committed. There may be criminal charges brought against the perpetrator. If convicted, the perpetrator may have to register as a sex offender.

In contrast, two inmates who are caught having consensual sex have broken a rule. These are generally administrative – not criminal – matters. In these cases (bottom graphic):

- A rule has been broken, but a sex crime has not been committed.

- There is no victim and no perpetrator– there are two inmates who have both broken the rules.
- There are likely no injuries or need for medical treatment or follow-up counseling for either inmate, since neither is the victim of a sexual assault.

We realize this distinction can be confusing, but it important for you all to understand the difference since you may get questions about this from inmates or newer staff.

The PREA standards say that:

§115.78 (g) An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

All that said, staff must always report every incident of sexual abuse. MDCR SARTs and the Miami-Dade Police will determine through interviews if a crime or a rule violation has been committed.



Sexual violence in jail may include the following dynamics: slide #18 is displayed.

Sexual violence in jail may include any of the following forms of abuse:

- Staff sexual misconduct
Staff members perpetrate the majority of sexual abuse in custody. This is not surprising, given the power that corrections officials hold over inmates.

As we said before, all sexual contact between inmates and staff, volunteers, or contractors is illegal and sexually abusive.

Most cases of staff sexual abuse do not involve physical force. Why do you think that is?

Staff perpetrators take advantage of the power they have and often do not need to use force in order to sexually abuse an inmate. 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 sentences, or withhold privileges, such as family visits.

Staff sexual misconduct also includes sexual harassment, “flashing” or displaying a staff member’s genitals, breasts, or buttocks to inmates, and voyeurism.

Voyeurism is any time a staff member deliberately views an inmate while they are undressed, unless related to official duties.

Even so-called “romantic relationships” between inmates and staff members are sexually abusive. Given the power imbalance between staff and inmates, these relationships cannot be consensual, even if no physical force is involved.

- 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; comments, gestures, or actions that are sexual or insulting; and degrading or disrespectful remarks about someone’s body parts or size.

Sexual harassment can also include degrading or disrespectful comments about someone because of their gender identity or sexual orientation. Gay, lesbian, bisexual, and transgender inmates are frequent targets for sexual harassment. MDCR expects all staff to communicate respectfully and professionally with all inmates. No casual use of slurs related to someone's gender identity or sexual orientation, or what you think their gender identity or sexual orientation might be, will be tolerated. You will receive more training on respectful and professional communication with vulnerable inmates during regular staff training.

Sexual harassment may also be used by perpetrators to groom or test a victim before escalating to other forms of sexual abuse.

- Protective pairing

How many of you have heard of this term before? What do you think it means?

Protective pairing refers to an arrangement where one 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.

Protective pairing may appear similar to domestic violence, where one inmate has the power and control. Often there are rigid gender roles or other rules that are enforced by the perpetrator.

Protective pairing relationships exist on a continuum from extremely violent pairings where the perpetrator uses frequent physical force to less overtly violent pairings in which the victim may be allowed certain “privileges”, such as the ability to use condoms with the perpetrator or refuse certain sex acts.

- Sexual abuse

Sexual abuse is a broad category that includes any sexual contact that is not wanted or consensual. Sexual abuse does not necessarily involve penetration, but it can involve penetration of the mouth, anus, or vagina with another person’s body part or an object.

Sexual abuse includes being touched in a sexual manner or being forced to do something sexual to another person.

An example of this is when an inmate touches another inmate on the genitals while that person is asleep or heavily sedated after taking psychiatric medication.

- Ritual or gang abuse

Ritual or gang abuse refers to inmates who are often sexually abused by an entire group of inmates – for example, a gang – for extended period of time and often in ritualized ways.

Based on letters the organization has received from survivors, JDI states that some survivors of this kind of abuse have been gang-raped every day at the same time, after being forced to submit to public humiliation, as well as repeated brainwashing and indoctrination.

Almost always, this violence occurs with the tacit consent – or unspoken agreement – of staff members who do not intervene to stop the abuse. We need to make it clear that staff must intervene, even when they just have a suspicion that abuse of this nature is going on.

- Sexual abuse in romantic relationships
Sexual abuse in jails can also occur within domestic violence or battering relationships.

Although inmates may not spend enough time in jail to create romantic relationships, some inmates spend years in jail and may have the opportunity to enter into a relationship with another inmate. Even though sexual contact between inmates is against the rules, we know it does occur and these relationships have the potential to become abusive.

According to research conducted by Barbara Owen, sexual abuse between female inmates is most likely to occur within relationships. This means that one person in the relationships is pressuring or forcing their partner to have sex when they don't want to.

- Sexual abuse during searches
Some staff perpetrators will sexually abuse inmates during pat down or strip searches. This abuse can include groping and fondling inmates' genitals; a staff member rubbing their genitals or breasts against an inmate; penetrating inmates with their fingers or objects; or making degrading comments about an inmate during a search.

Most inmates, even those who have been in jail for only a short time, know the difference between a professional pat down – which is meant to detect contraband or weapons – and sexual abuse, which is meant to degrade and humiliate someone.



Perpetrators may use any of the following methods: slide#19 is displayed.

A perpetrator's goal is to make the victim believe that they are trapped.

Perpetrators may use any of the following methods:

- Offers of protection
- Staff can offer to look out for someone or to protect an inmate from perpetrators
- Threats
- Staff may threaten an inmate with a write-up or with a transfer if they don't submit to sexual contact
- Coercion
- Staff can use other means to pressure or force some into sexual abuse, such as taking advantage of an inmate's cognitive delay or propositioning someone who is addicted to drugs.
- Authority
- Staff can simply use their total control and authority over inmates to carry out sexual abuse. Many survivors will say they're taught to do whatever staff tell them to do, even if that includes sexual abuse.
- Extortion
- Staff and inmates can also use extortion to force inmates into sexual abuse.
- Medication/drugs
- We've heard more and more reports from inmates who are taken advantage of while they're under the influence of prescribed psychiatric medication.
- Force
- And of course, staff and inmates may use physical force to carry out sexual abuse if the other methods are not successful.
- In general, perpetrators will use the least amount of force necessary to carry out sexual abuse.

Perpetrators generally try to use as little force as possible to accomplish the abuse. Why is that?

Make sure the following issues come up in the discussion:

- Leave less evidence, make it one person's word against the other's

- Avoid detection
- It is more of a power game if they can coerce or convince the victim without physical force



What are some reasons that survivors may not report abuse? slide #20 is displayed.

Ask participants what they think are the reasons that many survivors may not report sexual abuse or sexual harassment while they are in MDCR facilities.



Barriers to Reporting, slide #21 is displayed.

Discuss the information below.

Barriers to Reporting, per BJS surveys:

- Shame/embarrassment
 - 69% of survivors felt embarrassed or ashamed
- Fear of not being believed
 - Inmate's credibility generally already in question
- Lack of trust in staff to protect survivors
 - 43% thought staff wouldn't do anything
 - In 15% of cases of staff abuse and 37% of cases of inmate abuse, there was no facility response.
- Lack of confidentiality
 - Critical barrier to coming forward to report
 - 70% didn't want staff to know
- Fear of isolation and loss of privileges

- In 41% of cases of staff abuse and 34% of cases of inmate abuse, the victim was transferred to solitary confinement.
- Fear of retaliation and revictimization
- 41% afraid of being punished
- Threats to be sent to a more secure prison, additional room searches, close scrutiny, increased disciplinary reports
- In 46% of cases of staff abuse and 29% of inmate abuse, the victim was written up
- Fear of violence as a result of being labeled a “snitch”
 - 52% were afraid of the perpetrator
- Lack of knowledge on how to report

Fear of the unknown

Taking into consideration how difficult it is for people to report, and thinking about the effects of trauma, why is it so important for us to act on every single report?

Effects of Trauma: 40 minutes



Voices for Justice: Video, slide #22 is displayed.

You are about to watch a 6-minute video. It is of three survivors of sexual assault and rape while in detention telling their very personal stories of survival and how PREA can make a difference.

After the video, ask:

- What were your thoughts as you watched the video?
- With Frank's story, the officer said that they all walk like girls. What's the problem with that statement? Does it put a person at risk for future victimization? If so, how?
- What was a common theme among each of the three stories that we heard?



Individual Impact slide #23 is displayed.

- **Triggers intense neurobiological reactions**
 - Because sexual assault is experienced by the body as a near death experience, most survivors experience immediate, automatic, involuntary reactions — that means they happen without the survivor planning or thinking out it, and the survivor can't necessarily choose which reaction they have.
 - These reactions are usually called “fight, flight, or freeze.”
 - The body, in order to prepare for the survival mechanisms of fight, flight, or freeze releases a surge of hormones related to the hyperarousal of their nervous and limbic systems. You have probably heard of adrenalin and cortisol — those are some examples. This is like a neurological “hijacking” of the brains that re-routes their cognitive functioning (or thinking ability) from the frontal lobe to the amygdala, or the brain's “fear center”.
 - For more detail on the neurobiology of trauma, you can view an excellent talk here, by Dr. Rebecca Campbell at Michigan State University: <https://www.youtube.com/watch?v=mTOZE90-fCY>
- **Can result in impairment or disruption in survivors' basic functioning**
 - Some rape survivors will experience “tonic immobility” during the abuse, which makes it impossible to move or to speak.

- Survivors may also experience “perceptual narrowing”, where one or more of these senses may be impaired during and immediately following the abuse.
- During the acute aftermath of a sexual assault, a prisoner rape survivor may feel overwhelmed and disoriented.
 - This can make basic tasks and concentrating difficult.
- Some of the common manifestations of this hyperarousal include:
 - Hypervigilance (being jumpy or super-alert)
 - Difficulty concentrating
 - Sleep disturbances (too much or too little)
 - Racing or intrusive thoughts
- A survivor who was assaulted by an inmate or staff member they know may have a particularly difficult time overcoming shock and disbelief. If the assault was particularly terrifying or brutal, the survivor may experience an extreme shock response and completely block out the assault.
- If the survivor already has a mental illness, you can expect the symptoms of the mental illness to worsen. Some trauma reactions may also be mistaken for symptoms of mental illness. If you notice an inmate experiencing any of the things we have discussed thus far, it is important to make a referral to mental health or the rape crisis counselors.
- People who have been sexually abused are more likely to contemplate suicide, as are people who are incarcerated. Keep an eye out for suicidal ideations (per your suicide intervention training) and act immediately.
- People who have been sexually abused are likely to have increased health problems, especially stress-related problems like headaches and stomach aches. Unexplained injuries are another thing to look for and react immediately.



Impact of Incarceration on Survivors slide #24 is displayed.

Ask the participants to look at the slide and offer examples for each of the points. If they have trouble, use the list below to make sure important issues are covered.

- **Little control over body and surroundings**
 - No control over noise, light, food
 - Told where to live, when to wake up/go to bed, when to eat, shower
 - Pat and strip searches
 - Being locked-in
 - No privacy — showering, toileting, dressing, phone calls, letters
- **Punishment and isolation**
 - Disciplinary write-ups.
 - Survivor in crisis may not be able to follow directions; may be desperate and provoke situation.
 - May not feel safe to share or deal with feelings. Do not want to risk being marked as “weak” or as an easy target.
 - Increased anger and irritability may result in acting-out which may lead to more restrictions and further limit ability to regain control.
 - Isolation in safe cell or single cell housing may be a relief to some or terrifying to others.
 - Reduced/eliminated visits from/contact with family leading to increased anxiety.
- **Little or no access to services**
 - Little or no access to services that seem safe. Everything must be obtained through the very place that caused what happened to

him or her. Confidentiality may not be available.

- **Retaliation and revictimization**
 - Fear of retaliation adds to increased fear and "hyper arousal" associated with rape trauma syndrome.
 - Retaliation can be as frightening and hurtful as the abuse itself.
 - Survivors know they may be at greater risk of being abused, another element that creates fear.
- Let's pause for a moment and consider how all that we have just discussed should change the way we react to people who have reported, or may be approaching us to make a report. What are some tips you would give to your coworkers about a trauma-informed, first response, to a survivor of sexual abuse?

Some examples are:

- Stay calm — if you catch the crisis, the survivor will feel it and not feel safe
- Stay open — believe that the report is possibly true so that the survivor believes you will take them seriously
- Ensure safety — make sure you are in a safe and private place to listen and make changes if you are not
- Use active listening — be as quiet as possible and resist the impulse to ask lots of questions

- Validate — let the survivor know you are glad they came forward that you are going to do everything you can to help
- Provide information — tell the survivor what will happen next
- Fulfill your job duties — refer to the MDCR SART Protocol, first responder duties

Exercise: Okay, think about the response we just reviewed. Now we are going to go around the room and I want each of you to describe, in your own words, what are the first three steps you would take when someone reports to you. Then tell us how you would explain the steps you take to the person reporting.



Prison Rape Elimination Act slide #25 is displayed.

Let's go back to the law that helped us to create the approach we now use to prevent, detect, and respond to sexual abuse and sexual harassment. We want to make sure you all have the information you need to do your jobs, and be proud of your jobs. We also want you to know that this work, this trauma-informed approach, is part of a nationwide effort.

The Prison Rape Elimination Act was passed by Congress and signed into law in 2003.

- It was the first federal law to address sexual abuse in detention.
- It provides funding for agencies through the Department of Justice. (Training and technical assistance is also available through the PREA Resource Center.)

- It mandates research by the BJS.
- It is binding on corrections facilities and community corrections departments nationwide.
- It mandates zero tolerance for sexual violence.
 - It does not create any new criminal laws.



PREA Standards slide #26 is displayed.

- The U.S. Attorney General released the FINAL national PREA standards on May 17, 2012.
- On August 20, 2012, the implementation clock began ticking.
- Corrections departments had one year to come into compliance — by August 20, 2013. It is not a one-time thing — it requires consistent effort. Each of our facilities will be audited every three years. That means that here at MDCR, we need to be working now since the U.S. Department of Justice certified auditors will look back 12 months at records and data and interview staff and inmates, each time they come.
 - The standards were immediately binding on federal facilities. A Presidential Memorandum also impacts on other Federal agencies that run detention facilities. In essence, they are required to create their own set of PREA-like standards with which they must comply.



Group Discussion slide #27 is displayed.

Ask Participants:

- What is zero tolerance for sexual abuse and sexual harassment?
- How do we at MDCR show that we do not tolerate sexual abuse or sexual harassment?
- What is the connection between trauma-informed practices and zero tolerance for sexual abuse and sexual harassment?

OVERVIEW OF MDCR *INMATE SAFETY PROJECT*: 15 minutes



MDCR *Inmate Safety Project* slide #28 is displayed.

The MDCR *Inmate Safety Project* was a partnership between:

- OVC
- MDCR
- Roxcy Bolton Rape Treatment Center
- JDI

The *Project* was funded by Office for Victims of Crime (OVC). OVC is an agency within the US Department of Justice (DOJ), Office of Justice Programs. It is the grant making arm of DOJ.

- This was designed to be a three-year project.
- Although the grant period is over, all of the goals of the project are still in place.

The goals of the MDCR *Inmate Safety Project* are to:

- Provide a comprehensive sexual assault inmate education program at each MDCR facility.
- Develop facility-level Sexual Assault Response Teams (SARTs) at each MDCR facility, responsible for insuring a trauma-informed response to survivors of sexual abuse.
- Create a confidential rape counseling program for all inmates in MDCR custody.

Goals of the Sexual Assault Response Team (SART)



Sexual Assault Teams slide #29 is displayed.

The MDCR facility sexual assault response teams, or SARTs, that have been set up at each facility and the boot camp have the following goals:

- To improve the well-being of the survivor while increasing the likelihood of successful prosecution.
- The MDCR SART will do this by providing a comprehensive, coordinated, compassionate response to survivors of sexual assault within each of the MDCR institutions, in accordance with the intent of the Prison Rape Elimination Act.
- SARTs will also ensure departmental compliance with the provisions of the Prison Rape Elimination Act (PREA).

Facility-level SARTS

- Take the lead in eliminating sexual abuse in MDCR facilities.

- Drawn from different departments, representing different areas of expertise; specially trained staff members who work to prevent and respond to sexual abuse.
- The PREA Coordinator will select and oversee facility-level MDCR SARTs at each MDCR facility.
- Facility SARTs will meet monthly or as directed by the PREA Coordinator.

WRAP-UP: 15 minutes



Discussion and Wrap-up slide #30 is displayed.



Contact Information slide #31 is displayed.

Appendix D



Dynamics and Impact of Sexual Abuse in Detention

MDCR Staff Training



Training Agenda

- Welcome
- Introductions
- Group Activity
- Video & Discussion: MDCR Inmate Orientation
- Basics of Sexual Abuse in Jail
- Video & Discussion: *Voices for Justice*
- Prison Rape Elimination Act (PREA)
- MDCR *Inmate Safety Program*
- Questions and Wrap-up

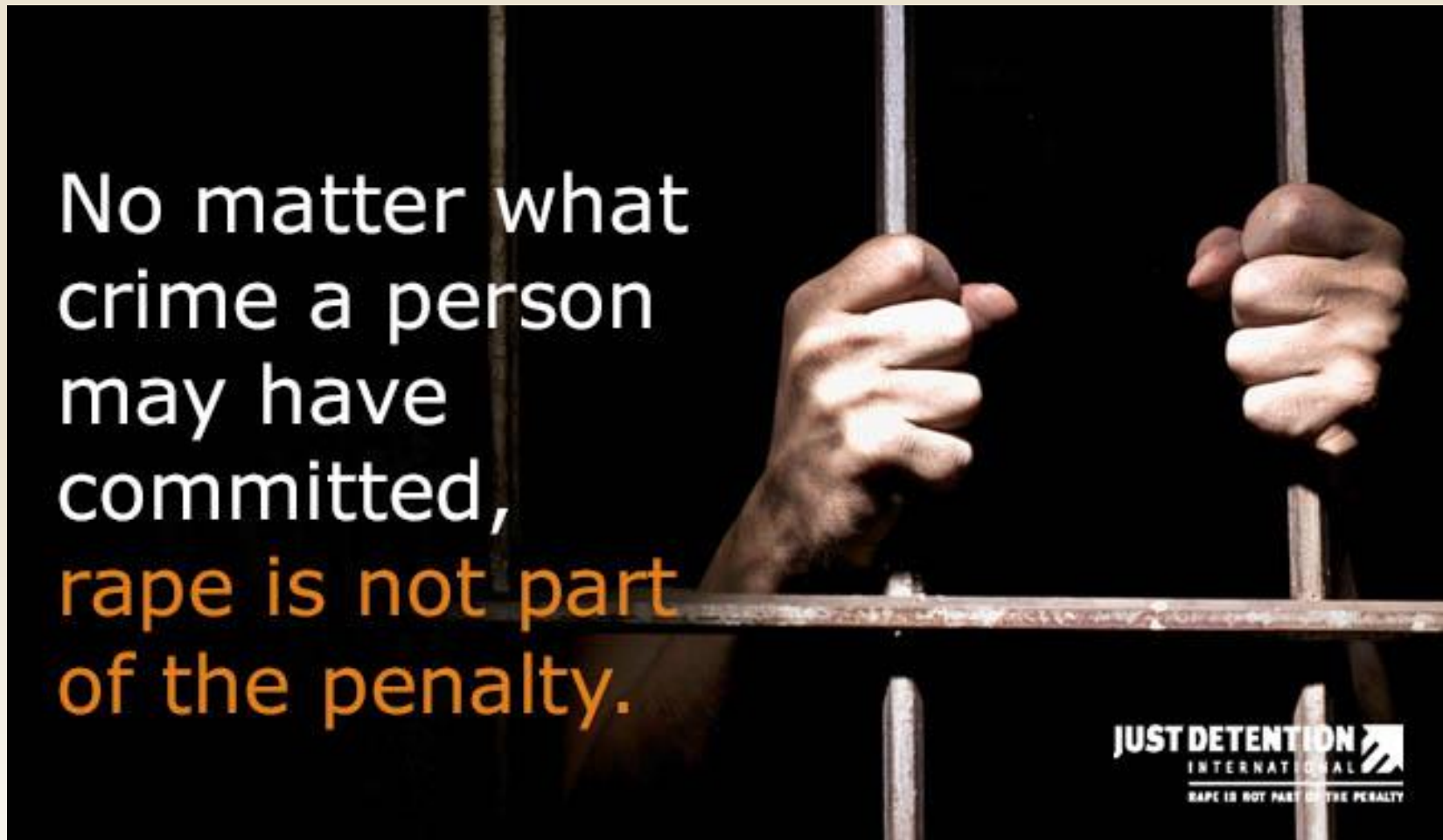


JDI's Mission

JDI is a health and human rights organization that seeks to end sexual violence in all forms of detention.



JDI's Core Belief



Introductions

- Name
- Number of years in the department
- What do you associate with the Prison Rape Elimination Act (PREA) or what has been the effect of PREA on this department?



Common Terms

Rape – Vaginal, oral, or anal penetration without consent

Sexual Assault – Any non-consensual sexual contact or any contact between a staff member and an inmate



Common Terms

Sexual Assault Response Team (SART) – Collaborative, multidisciplinary team that provides a specialized, coordinated, response to survivors of sexual assault

Survivor/victim – Anyone who has experienced any form of unwanted or nonconsensual sexual contact



Your Role and Responsibilities: Group Exercise

- Review the scenario as a group
- Vote on how you would respond
- Discuss as a group
- Follow the steps and decide how you will proceed as a team
- Discuss as a group



MDCR PREA Inmate Orientation Video



Basics of Sexual Abuse In Jail



National Prevalence



Source: Bureau of Justice Statistics, "Sexual Victimization Reported By Former State Prisoners, 2008," May 12, 2012.
(Approximately 9.6% of former state prisoners reported one or more incidents of sexual abuse during the most recent period of incarceration in a jail, prison, or post-release community-treatment facility.)



Staff and Inmate Perpetrators

**STUDY SHOWS NEARLY EQUAL
RATES OF SEXUAL ABUSE BY
STAFF AND OTHER INMATES**

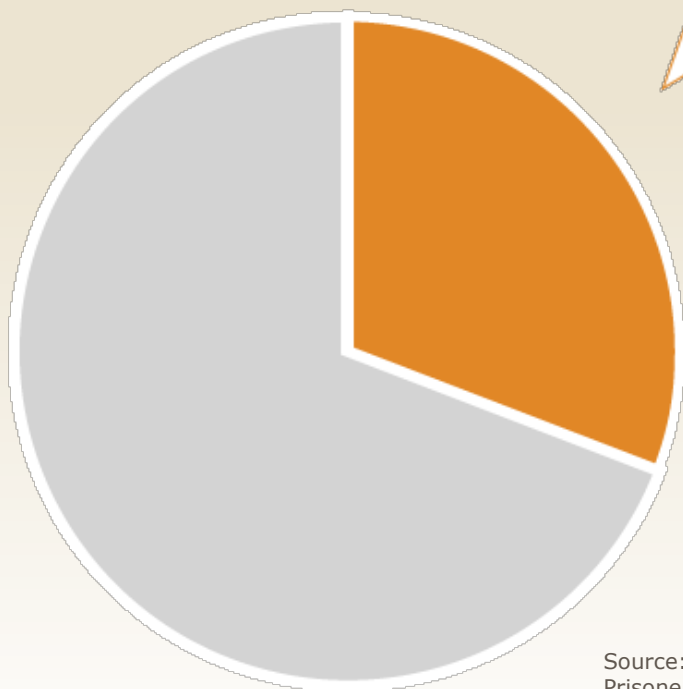


Source: Beck, Berzofsky, Caspar, & Krebs (2013), *Sexual Victimations in Prisons and jails reported by inmates, 2011-2012*. © Just Detention International



Many Survivors are Abused Repeatedly

31% OF INMATES REPORTING ABUSE WERE VICTIMIZED **THREE OR MORE TIMES**



Source: Bureau of Justice Statistics, "Sexual Victimization Reported By Former State Prisoners, 2008," May 12, 2012. (Approximately 9.6% of former state prisoners reported one or more incidents of sexual abuse during the most recent period of incarceration in a jail, prison, or post-release community-treatment facility.)



Timing of Abuse

- Most survivors of sexual abuse in jails are targeted within the first 30 days.
- Both male and female survivors are more likely to be abused by a staff member within the first 30 days.
- Male survivors are more likely than female survivors to be targeted within the first 24 hours.



Sexual Abuse Reported by MDCR Inmates



2008 – 2009

Pre-Trial Detention Center:

7.8% rate of sexual abuse

- 5.1% by other inmates, the 3rd highest rate in the U.S.
- 3.5% abused by staff

Metro-West Detention Center:

1.7% rate of sexual abuse:

- 1.4% abused by staff
- 0.7% abused by other inmates

2011 – 2012

Metro-West Detention Center

2.6% rate of sexual abuse

Training and Treatment Center

1.0% rate of sexual abuse

Turner Guildford Knight

1.0% rate of sexual abuse

Boot Camp

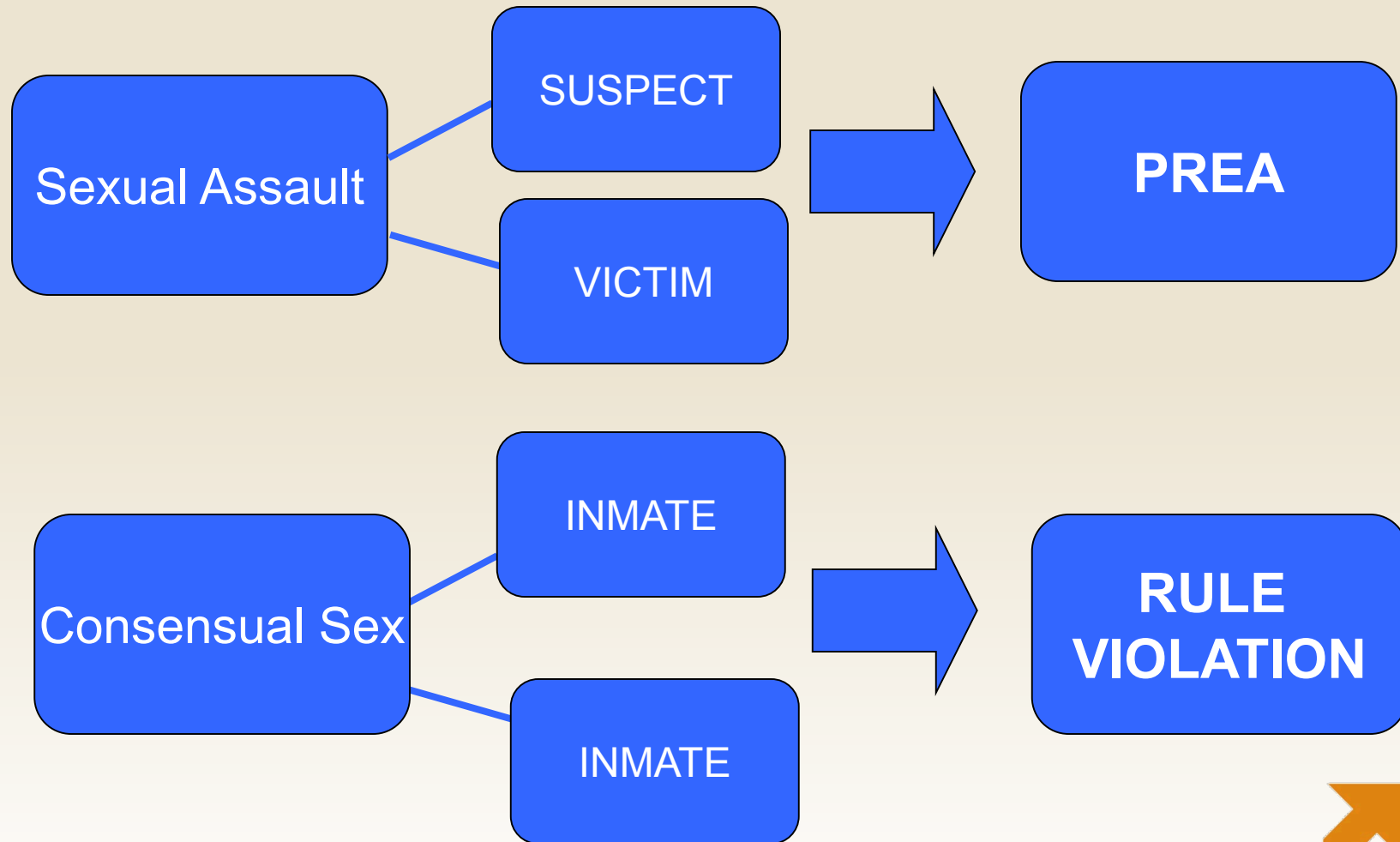
0.0% rate of sexual abuse



Who are perpetrators most likely
to target for abuse?



Sexual Assault vs. Sex



Sexual violence in jail may include the following dynamics:

- Sexual harassment
- Protective pairing
- Sexual exploitation
- Sexual abuse
- Ritual or gang abuse
- Rape
- Intimate partner violence



Perpetrators may use any of the following methods:

- Offers of protection
- Threats
- Coercion
- Authority
- Extortion
- Medication or alcohol or other drugs
- Force

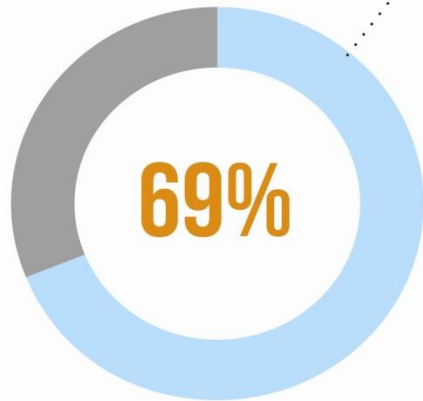


What are some reasons that survivors may not report abuse?

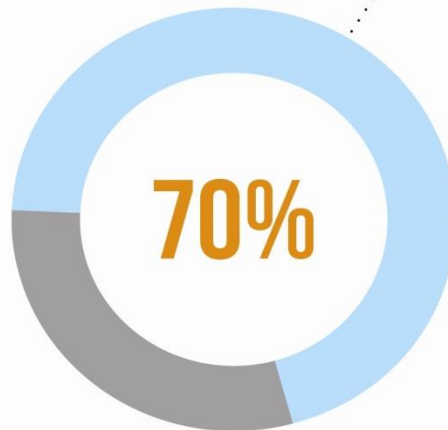


Barriers to Reporting

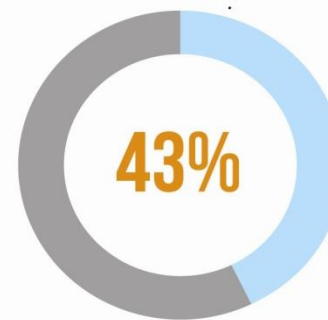
Felt embarrassed or ashamed



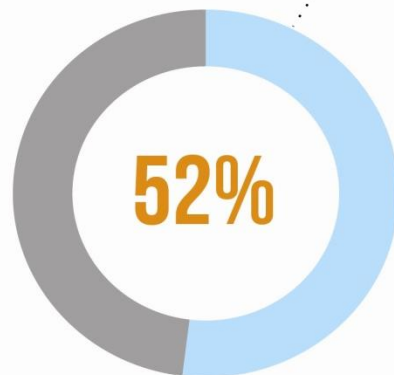
Didn't want anyone to know



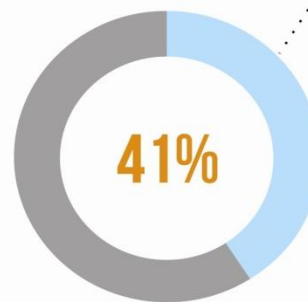
Thought staff would not investigate



Afraid of perpetrator



Afraid of being punished by staff



Voices for Justice: Video



<https://www.youtube.com/watch?v=ZV0bb4I-5yw>

Miami Dade Inmate Safety Project: OVC #2011-VF-GX-K018



Individual Impact



Michelle, survivor of sexual abuse behind bars , courtesy of James Stenson

- Triggers 'fight, flight, freeze'
- Impairs functioning
- Exacerbates mental illness
- Increases risk for suicide
- Increases health problems



Impact of Incarceration on Survivors

- Lack of control over body or surroundings
- Punishment and isolation
- Limited access to services
- Retaliation and re-victimization



Portraits of Courage, courtesy of James Stenson





Prison Rape Elimination Act

PREA requires:

- Funding for agencies
- Research on prevalence
- Creation of national standards



PREA Standards

- Released by the Department of Justice on May 17, 2012
- Apply to corrections facilities nationwide
- Comprehensive set of guidelines related to prevention, detection, response and monitoring
- All corrections facilities were required to be in compliance by August 2013



Culture and Prevention

Discussion:

- What is zero tolerance for sexual abuse and sexual harassment?
- How do we at MDCR show that we do not tolerate sexual abuse or sexual harassment?
- What is the connection between trauma-informed practices and zero tolerance for sexual abuse and sexual harassment?



MDCR Inmate Safety Project

- Partnership between MDCR and JDI
- Funded by Office for Victims of Crime (OVC)
- Aims to eliminate sexual abuse and protect survivors through:
 - Staff training
 - Inmate education
 - Victim services
 - Sexual assault response teams



Facility-level SARTs at MDCR

- Lead efforts to eliminate sexual abuse
- Develop and follow the SART protocol
- Are overseen by the PREA Compliance Manager
- Meet once per month or as directed by the PREA Coordinator



Wrap-up

- Questions
- Post-tests
- Evaluations



Contact Information

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Appendix E

Scenario 1

You are working at the jail when an inmate named David gets moved to your unit. He is young and tells you he got caught for messing around with drugs. He's placed in a general population cell with an inmate who was also arrested on a drug charge.

The following week, you notice David has a new cellmate named Rodney. You recognize Rodney from when you used to work in Broward County, where he was locked up for a string of violent robberies. He was also well-known among staff for masturbating openly in his cell. Rodney's file does not mention his previous sexual misconduct. He and David appear to be getting along well, but you are concerned they may not be a good match.

WHAT DO YOU DO?

Option 1A: Report your concerns to your supervisor, even though there have not been any problems between the cellmates. [Skip to Scenario 2A, page 2]

Option 1B: Keep your concerns to yourself, but keep an eye on Rodney. [Skip to Scenario 2B, page 3]

Scenario 2A

You report Rodney's previous misconduct and he is assigned to a single cell. Rodney is moved. After a few days, David seems to be doing better. He enrolls in a GED class. He seems to like the coursework and interacts well with his teacher, Miss Wilson. A week into the class, you hear people joking that David has "a thing" for her. One day, you overhear him say that she reminds him what it means to be a man.

Other inmates start to joke that David is "hooking up" with Miss Wilson. He stays after class to help her with special projects and seems to know more about her than most of the staff does. You suspect he may be involved in a romantic relationship with Miss Wilson, but you have no proof.

WHAT DO YOU DO?

Option 2C: Report your suspicions to the shift commander, even though you have no concrete evidence. [Skip to Scenario 3C, page 4]

Option 2D: Talk to Miss Wilson directly about your concerns since there's no sense reporting rumors to your supervisor. [Skip to Scenario 3D, page 5]

Option 2E: Let it go since you trust Miss Wilson to do the right thing. You know she could lose her job over a false allegation. [Skip to Scenario 3E, page 6]

Scenario 2B

You say nothing. A few weeks later, you notice that David is acting withdrawn. He stays in bed most of the time and seems to be losing weight. During a cell check, you see that he has bruising on his arms and around his neck.

You ask David about the bruises during your next security check. Rodney answers for David, saying that David got the bruises working out. David looks at you blankly. Rodney asks you how your shift is going and says that it looks like you've been working out, too. You suspect Rodney may be abusing David in some way, but you have no proof, so you move on to check the next cell.

WHAT DO YOU DO?

Option 2F: When David refuses to shower the next morning, you threaten to write him up. He starts crying and tells you that he is afraid to leave the cell because Rodney said "his boys" will jump David in the shower. You inform your supervisor. [Skip to Scenario 3F, page 7]

Option 2G: You wait until David is alone in the cell and ask if anything is going on. You tell him that his safety is your first priority and you are there to help him. He refuses to tell you anything. You remind him that he can call the numbers on the PREA poster. A few days later, you escort him to the clinic for a medical appointment. [Skip to Scenario 3G, page 8.]

Option 2H: You wait for further proof of any possible abuse before taking any action. It would be a waste of time to report your suspicions without evidence. [Skip to Scenario 3H, page 9].

Scenario 3C

The report is forwarded to law enforcement. The investigation uncovers that Miss Wilson was having a sexual relationship with three inmates in the jail. She is terminated and charged with sexual assault.

David is provided with confidential counseling services, which help him to deal with his confusion and anger regarding the abuse.

WHAT COULD YOU HAVE DONE BETTER?

WHAT DID YOU DO WELL?

Scenario 3D

You talk to Miss Wilson about your suspicions. She laughs and dismisses your concerns, claiming that David has an “innocent crush” and is “nothing but a gentleman” to her. A few weeks later, David is found with a cellphone and sexually explicit letters addressed to Miss Wilson in his cell. He is written up and moved to another unit. Since there is no evidence to determine that Miss Wilson provided him with the cellphone or was aware of the letters, she is not disciplined in any way. She is later promoted to principal of the school.

WHAT COULD YOU HAVE DONE BETTER?

WHAT DID YOU DO WELL?

Scenario 3E

You say nothing, but the rumors about David and Miss Wilson intensify. David gets into a fight with another inmate. When you ask him about it, David says that the other guy was “flirting” with Miss Wilson.

You assume it’s harmless, until a few weeks later when an inmate tells you that David and Miss Wilson engaged in oral sex in the classroom. You confront Miss Wilson and she begs you not to report it, saying that the inmate is lying because he failed his last practice test.

It is the end of your shift, so you decide to sleep on it. You tell your supervisor the next day and are written up for failing to report your concerns sooner.

WHAT COULD YOU HAVE DONE BETTER?

WHAT DID YOU DO WELL?

Scenario 3F

David is separated from Rodney and moved to another unit immediately. He meets with his counselor and discloses that Rodney sexually assaulted him two days ago.

The Miami-Dade Police Department Sex Crimes Unit is contacted. David is taken to the Rape Treatment Center at Jackson Memorial Hospital for a forensic exam and to meet with a rape crisis advocate.

The allegation is substantiated and Rodney is charged with sexual battery. David is released from the jail shortly thereafter.

WHAT COULD YOU HAVE DONE BETTER?

WHAT DID YOU DO WELL?

Scenario 3G

David discloses to the CHS nurse that Rodney sexually assaulted him more than a week ago. The nurse contacts the Shift Commander, who notifies the Miami-Dade Police Department Sex Crimes Unit, who consults with Rocxy Bolton Rape Treatment Center.

It is determined that a forensic exam is not indicated, because the nature of the abuse and the time since the abuse means that forensic evidence would not likely be found.

The investigation is completed. No witnesses admit to knowing anything. The sexual assault allegation is unsubstantiated due to a lack of evidence. David is returned to general population, where he is assaulted by a group of inmates for “snitching.”

Rodney remains in general population until he is transferred to prison.

WHAT COULD YOU HAVE DONE BETTER?

WHAT DID YOU DO WELL?

Scenario 3H

David continues to become more withdrawn and increasingly depressed. His psychiatrist starts him on psychotropic medication, which seems to make him more sluggish.

A few weeks later, he attempts to commit suicide. He is taken to Jackson Memorial Hospital for medical treatment. When David later returns to the unit, he asks if he can be in a different cell. Your supervisor tell him to submit a written request.

A few days later, David is found dead in his cell.

WHAT COULD YOU HAVE DONE BETTER?

WHAT DID YOU DO WELL?

Appendix F

MDCR Culture Change Training

September 17-18, 2012

PRE TEST

Basics of Sexual Abuse in Jail

Please circle the best answer for each question below.

1. Sexual violence includes...
 - a. Vaginal, oral, and anal penetration
 - b. All sexual contact between inmates
 - c. Any sexual contact between inmates and staff
 - d. A and C
2. According to research conducted by the Bureau of Justice Statistics ...
 - a. Less than 100,000 jail inmates are sexually abused each year
 - b. 1 in 10 former prisoners was sexually abused during their most recent incarceration
 - c. Half of all perpetrators of sexual abuse are staff
 - d. B and C
3. Which of the following groups of inmates are at higher risk than their peers for sexual abuse?
 - a. Survivors of previous sexual abuse
 - b. Lesbian, gay, bisexual, and transgender inmates
 - c. Inmates with a mental illness or a disability
 - d. All of the above

Impact on Incarcerated Survivors

4. Inmates often do not report sexual abuse because...
 - a. They are afraid of retaliation
 - b. They feel ashamed or embarrassed
 - c. No one answers the RTC hotline
 - d. Both A and B
5. Rape Trauma Syndrome (RTS) is...
 - a. A psychiatric disorder requiring medication
 - b. A normal reaction to a traumatic event
 - c. Usually resolved within a few days
 - d. Both B and C
6. What aspects of incarceration can be difficult for survivors of sexual abuse?
 - a. Isolation
 - b. Lack of control over their surroundings
 - c. Limited access to confidential rape crisis services
 - d. All of the above

(OVER)

Prison Rape Elimination Act (PREA)

7. The Prison Rape Elimination Act (PREA)...
- a. Makes sexual acts in state prisons illegal (county and city jail facilities are exempt)
 - b. Has standards that encourage "zero tolerance" for sexual abuse in all corrections facilities
 - c. Is a new law that requires staff to report inmates who use sexual language with other inmates
 - d. Discards all state laws regarding sex in corrections facilities
8. When will the first round of PREA standards audits begin?
- a. August 20, 2016
 - b. August 20, 2013
 - c. August 20, 2012
 - d. August 20, 2015

Overview of MDCR Inmate Safety Project

9. The MDCR Inmate Safety Project partners include:
- a. Just Detention International
 - b. Roxcy Bolton Rape Treatment Center
 - c. Miami-Dade Department of Corrections and Rehabilitation
 - d. All of the above

Overview of SARTs

10. A Sexual Assault Response Team (SART) is....
- a. A best practice to address sexual abuse
 - b. Only applicable to community settings
 - c. Focused on the well-being of the survivor
 - d. A and C
11. The primary goal of the MDCR SART is to....
- a. Improve the well-being of the survivor
 - b. Ensure compliance with the Prison Rape Elimination Act (PREA) standards
 - c. Avoid frivolous lawsuits
 - d. A and B
12. The MDCR SART will include...
- a. Meetings once a year
 - b. A SART Coordinating Committee, overseen by the PREA Coordinator
 - c. Ongoing trainings
 - d. B and C

Background Information: Years in corrections: _____ Gender: _____	
Age: _____	Position: (circle) Line/Custody Staff Civilian Staff
Mid-level Management/Supervisor Other: _____	

POST TEST

MDCR Culture Change Training

September 17-18, 2012

Basics of Sexual Abuse in Jail

Please circle the best answer for each question below.

1. Sexual violence includes...
 - a. Vaginal, oral, and anal penetration
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 - c. Any sexual contact between inmates and staff
 - d. A and C
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 - a. Less than 100,000 jail inmates are sexually abused each year
 - b. 1 in 10 former prisoners was sexually abused during their most recent incarceration
 - c. Half of all perpetrators of sexual abuse are staff
 - d. B and C
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 - a. Survivors of previous sexual abuse
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 - c. Inmates with a mental illness or a disability
 - d. All of the above

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 - f. They feel ashamed or embarrassed
 - g. No one answers the RTC hotline
 - h. Both A and B
5. Rape Trauma Syndrome (RTS) is...
 - a. A psychiatric disorder requiring medication
 - b. A normal reaction to a traumatic event
 - c. Usually resolved within a few days
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 - c. Limited access to confidential rape crisis services
 - d. All of the above

(OVER)

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8. When will the first round of PREA standards audits begin?
- e. August 20, 2016
 - f. August 20, 2013
 - g. August 20, 2012
 - h. August 20, 2015

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 - c. Ongoing trainings
 - d. B and C

Background Information: Years in corrections: _____ Gender: _____	
Age: _____	Position: (circle) Line/Custody Staff Civilian Staff
Mid-level Management/Supervisor Other: _____	

Appendix G

Sexual Assault Response Teams and the PREA standards

§115.21 Evidence protocol and forensic medical examinations.

The MDCR SART:

- Establishes a uniform evidence and response protocol, adapted from Department of Justice, Office on Violence Against Women's publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents";
- Offers all survivors of sexual abuse access to medical forensic examinations, without financial cost, whenever evidentiarily or medically necessary;
- Ensures that only Sexual Assault Nurse Examiners (SANEs) or Sexual Assault Forensic Examiners (SAFEs) perform the medical forensic exam;
- Attempts to make available victim advocates from the Rape Treatment Center to provide survivors with emotional support, crisis intervention, information, and referrals;
- Coordinates with the rape crisis advocates and counselors from Rape Trauma Center to accompany and support the survivor through the forensic medical examination process and investigatory interviews;
- Works with outside law enforcement to ensure timely, thorough investigations.

§115.22 Policies to ensure referrals of allegations for investigations.

The MDCR SART:

- Ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment;
- Refers all allegations of sexual abuse or harassment to the Miami-Dade Police Department, which has the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

§115.51 Inmate reporting.

The MDCR SART:

- Accepts reports made verbally, in writing, anonymously, and from third parties and promptly documents any verbal reports.

§115.53 Inmate access to outside confidential support services.

The MDCR SART:

- Provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations;
- Coordinates reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible;
- Informs inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

§115.61 Staff and agency reporting duties.

The MDCR SART:

- Immediately responds to any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a MDCR facility;
- Shares information related to the sexual abuse report with others only to the extent necessary to make treatment, investigation, or other security and management decisions;
- Informs the institutional investigators of any allegations of sexual abuse and sexual harassment, including third party and anonymous reports.

§115.63 Reporting to other confinement facilities.

The MDCR SART:

- Forwards reports that an inmate was sexually abused while confined at another facility to the MDCR facility captain (or a designee in his/her absence) so that the captain can notify the head of the facility or appropriate office of the agency where the alleged abuse occurred;

§115.64 Staff first responder duties.

The MDCR SART:

- Ensures that the first security staff member who responds to a sexual abuse allegation takes the following actions:
 - Separates the alleged survivor and perpetrator(s);
 - Preserves and protects the crime scene until appropriate steps can be taken to collect evidence;
 - Requests that the alleged survivor refrain from any actions that could destroy physical evidence if the abuse occurred within a time period that still allows for the collection of physical evidence;
 - Ensures that the alleged perpetrator refrains from any actions that could destroy physical evidence if the abuse occurred within a time period that still allows for the collection of physical evidence;

§115.65 Coordinated response.

The MDCR SART:

- Coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

§115.67 Agency protection against retaliation.

The MDCR SART:

- Safeguards those inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff;
- Advocates housing changes or transfers for inmate survivors or perpetrators;
- Removes alleged staff or inmate perpetrators from contact with survivors;
- Offers emotional support services for inmates or staff who fear retaliation;
- Monitors inmates and staff who report sexual abuse or cooperate with investigations for at least 90 days, including any inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff;
- Takes prompt action to address any suspected retaliation;
- Continues monitoring past 90 days, if needed;

- Ensures consequences for those who commit retaliatory acts.

§115.71 Criminal and administrative agency investigations

The MDCR SART:

- Conducts thorough, prompt, objective investigations into allegations of sexual abuse by specially trained investigators;
- Investigates all allegations of sexual abuse, including third party and anonymous reports;
- Gathers and preserves direct and circumstantial evidence;
- Interviews alleged survivors, suspected perpetrators, and witnesses;
- Reviews prior complaints and reports of sexual abuse involving the suspected perpetrator;
- Cooperates with outside investigators for the criminal investigation;
- Considers whether staff actions or failures contributed to sexual abuse during administrative investigations;
- Documents the administrative investigation in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings;
- Refers for prosecution any substantiated allegations that appear to be criminal.
- Retains investigative records for as long as the alleged perpetrator is incarcerated or employed by the agency, plus an additional five years.

§115.73 Reporting to inmates.

The MDCR SART:

- Notifies the survivor as to whether the sexual assault allegation was determined to be substantiated, unsubstantiated, or unfounded;
- In cases of alleged staff sexual abuse, notifies the survivor whenever the staff member is no longer posted in the inmate's unit; the staff member is no longer employed at the facility; MDCR learns that the staff member has been indicted on a charge related to sexual abuse in the facility; or MDCR learns that the staff member has been convicted on a charge related to sexual abuse in the facility;
- In cases of alleged sexual abuse by another inmate, notifies the survivor whenever: MDCR learns that the inmate has been indicted on a charge related to sexual abuse within the facility; or MDCR learns that the inmate has been convicted on a charge related to sexual abuse within the facility;
- Documents any of the above notifications or attempted notifications.

§115.82 Access to emergency medical and mental health services.

The MDCR SART:

- Provides survivors with timely, unimpeded access to emergency medical treatment and crisis intervention services, at no cost;
- Offers survivors timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, when medically appropriate.

§115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.

The MDCR SART:

- Provides ongoing medical and mental health evaluation and treatment, including appropriate follow-up services, treatment plans, and, when necessary, referrals for continued care following survivors' transfer to, or placement in, other facilities, or their release from custody;
- Ensures that survivors of sexual abuse in custody receive medical and mental health services consistent with the community level of care;
- Offers pregnancy tests to all survivors of sexually abusive vaginal penetration;
- Ensures that survivors who become pregnant as the result of a sexual assault receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services;
- Offers tests for sexually transmitted infections, as medically appropriate, to all survivors of sexual abuse while incarcerated;
- Provides medical and mental health treatment to the survivor at no cost and regardless of whether the survivor names the abuser or cooperates with the investigation;
- Attempts to conduct a mental health evaluation of all known inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

§115.86 Sexual abuse incident reviews.

The MDCR SART:

- Conducts sexual abuse incident reviews at the conclusion of every sexual abuse investigation, unless the allegation is unfounded, within 30 days of the conclusion of the investigation;
- Includes upper management officials, supervisors, investigators, and CHS practitioners;
- Considers if the allegation or investigation indicates a need to change policy or practice to better prevent, detect, and respond to sexual abuse;
- Determines whether the allegation was motivated by the perpetrator's or survivor's race, ethnicity, gender identity, actual or perceived sexual orientation, gang affiliation, or other dynamics of the facility;
- Examines the area in the facility where the alleged incident occurred to assess whether physical barriers in the area may enable abuse;
- Assesses the adequacy of staffing levels in that area during different shifts;
- Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff;

Prepares a report of its findings and any recommendations for improvement and submits such report to the facility captain and MDCR PREA Coordinator.

Appendix H

**Miami-Dade Corrections and Rehabilitation Department
Sexual Assault Response Team Protocol
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- C. DURING THE MEDICAL FORENSIC EXAM**
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I. The Sexual Assault Response Team Overview

The Sexual Assault Response Team (SART) model is widely recognized as the most effective approach for responding to sexual violence. The Miami-Dade Corrections and Rehabilitation Department (MDCR) SART Protocol is a guide for an effective response to sexual assault in any MDCR facility. This protocol will also assist the department in complying with the provisions of the Department of Justice's National Standards to Prevent, Detect, and Respond to Prison Rape, released in May 2012.

A SART is a collaborative, multidisciplinary team that provides a coordinated, immediate, survivor-centered response to sexual assault. Typical SART members include law enforcement, sexual assault advocates, prosecutors, and sexual assault nurse examiners (SANE). In corrections facilities, SARTs also include custody staff, unit supervisors, medical and mental health staff, and facility investigators.

The SART model is particularly useful in detention settings where survivors face multiple barriers to reporting sexual assault and to getting help. On their own, not one of the partner agencies can provide a comprehensive response to incidents of sexual abuse. Effective multidisciplinary teams result in better care for survivors and stronger investigative outcomes. A trauma-informed, survivor-centered approach recognizes the needs of survivors and the specialized approach required for handling sexual assault investigations. When survivors, who are the key witnesses in any sexual assault case, are supported and their medical, emotional, and safety needs are addressed, they are better able to participate in the criminal justice process and, ultimately, to heal.

MDCR began working with Just Detention International (JDI), a health and human rights organization, in 2011 to create policies and practices aimed at eliminating sexual abuse in its facilities. A primary component of sexual abuse prevention and response within MDCR is the creation of SARTs at all five facilities, as well as the Boot Camp program.

This protocol was developed as part of the *Miami Dade Inmate Safety Project* under cooperative agreement No. 2011-VF-GX-K018 with the Office of Victims of Crime.

This protocol is an adjunct to MDCR policy, Volume No. 15; DSOP No. 15-008: Inmate Sexual Assault/Battery Prevention.

II. Goal of the SART

The goal of the SART model is to protect the physical, mental, and emotional well-being of a survivor of sexual abuse while increasing the likelihood of successful prosecution of sexual abuse perpetrators. The MDCR SART will do this by providing a comprehensive, coordinated, compassionate response to survivors of sexual assault within each of the MDCR institutions, in accordance with the intent of the Prison Rape Elimination Act.¹

¹ See National Standards to Prevent, Detect, and Respond to Prison Rape, available at the PREA Resource Center: http://www.prearesourcecenter.org/sites/default/files/content/prisonsandjailsfinalstandards_0.pdf; and Appendix 3 for standards applicable to this protocol.

III. Leadership Role of the MDCR SARTs

The MDCR SART Coordinating Committee and facility-level MDCR SARTs are charged with leading the efforts to eliminate sexual abuse in MDCR facilities. MDCR SART members are provided with specialized training to prevent and respond to sexual abuse against detainees, and serve as subject matter experts within their facilities.

Key leadership functions of the team members include:

- Effective communication within the teams, with other staff members and detainees, and with the community;
- Providing an environment that supports survivors by minimizing secondary trauma and facilitating necessary post-assault care;
- Streamlining the investigation process, leading to better outcomes; and
- Monitoring and ensuring department and facility compliance with MDCR policies related to sexual abuse and sexual harassment and compliance with the Department of Justice's National Standards to Prevent, Detect, and Respond to Prison Rape.

IV. MDCR SART Structure

The foundation of the SART model's success is its multidisciplinary design. In keeping with this model, MDCR SART members are drawn from different departments, representing complementary areas of expertise.

The SART program is overseen by the MDCR PREA Coordinator and is made up of a department-wide SART Coordinating Committee and facility-level SARTs.

The SART Coordinating Committee meets a minimum of six times per year to monitor department and facility compliance with the PREA standards and MDCR policies related to sexual abuse and sexual harassment; discuss successes, challenges, and strategies for overcoming barriers; and review and revise policies, training materials, memoranda of understanding, scope of work agreements, and contracts related to sexual abuse prevention and response and PREA.

The MDCR PREA Coordinator will select staff members from MDCR leadership – including the PREA Compliance Manager (PCM) from each facility – to participate on the department-wide SART Coordinating Committee.

Additional members-at-large of the MDCR SART Coordinating Committee may include:

- Medical staff
- Civilian staff, such as corrections counselors or educators
- Transport staff
- Security and Internal Affairs Bureau Chief
- Intake supervisors

The MDCR PREA Coordinator will invite members from the Miami-Dade Sexual Assault Response Committee (SARC) to attend SART Coordinating Committee meetings, including:

- Miami-Dade Police Department Sex Crimes Bureau Detective
- Miami-Dade County Prosecutor
- Roxcy Bolton Rape Treatment Center (RTC) Program Manager
- Sexual Assault Nurse Examiner (SANE) or medical forensic supervisor

The MDCR Director will appoint the PCMs at each facility. The PREA Coordinator will oversee the PCMs at each facility. The PCMs will manage their respective facility-level MDCR SARTs. Facility SARTs will meet once per month, as needed, or as directed by the PREA Coordinator.

Members' job functions may vary depending on a facility's population and needs, but will include a minimum of three staff from among the following job positions:

- PREA Compliance Manager (security lieutenant or XO)
- Health Services Administrator
- Assigned facility psychiatrist
- Classification corporal or officer when corporal is not available
- Internal Affairs designee (the same person from IA serves on all facility SARTs)
- In-service Training Officer

- Corrections Counselor
- Transportation Officer

Roles of SART Members

PREA Coordinator

- Develop policy for preventing, responding to, and documenting sexual abuse and sexual harassment.
- Lead regular SART Coordinating Committee meetings, to include sexual assault incident reviews.²
- Oversee Facility SARTs, including specialized training for SART members.
- Ensure that all MDCR staff, volunteers, and contractors receive training appropriate to their job functions as required by MDCR policy and the PREA standards.
- Collaborate with relevant agencies; ensure that MOUs and contracts with outside agencies are compliant with MDCR policies and PREA standards.
- Ensure regular reviews of policies and practices, including troubleshooting with outside agencies.
- Work with outside auditors to ensure compliance with the PREA standards.

Classification Department

- Assess new arrivals for vulnerability and potential aggressiveness as per MSOP 15-008, Sections B and C.
- Review housing assignments after allegations of sexual abuse, sexual harassment, or imminent risk of sexual abuse.
- Ensure that allegations of sexual abuse are noted and taken into account in subsequent housing decisions.

Security Lieutenant/Shift Commander

- Receive reports and allegations of sexual assault from MDCR staff, volunteers, contractors, inmates, and third parties.
- Immediately separate the alleged survivor from the alleged perpetrator.
- Inform any on-duty Facility SART members of any incidents or allegations of sexual abuse, sexual harassment, or imminent threat of sexual abuse.
- Ensure preservation of evidence both on the alleged survivor's and alleged perpetrator's bodies and at the crime scene (refer to DSOP NO. 15-008, IV. 2 – 7).
- Notify Miami-Dade Police Department (MDPD) Sex Crimes Bureau of all sexual abuse allegations or ensure that a member of the Facility SART has done so.
- Consult with the MDPD Sex Crimes Bureau to determine if a crime has been committed and if a medical forensic exam is necessary.
- Provide survivor notification regarding outcome of the investigation or ensure that a member of the Facility SART has done so.
- Work with the PREA Coordinator to ensure the facility's compliance with MDCR policy and the PREA standards.

² Refer to Appendix 4 for the Sexual Assault Incident Review Checklist.

- Provide administrative support to the Facility SART.

Miami-Dade Police Department/Law Enforcement

- Ensure the quality and integrity of sexual assault investigations.
- Investigate and document all allegations of sexual assault.
- Collect and transport evidence.
- Identify, arrest, and/or refer charges against the alleged perpetrator(s).
- Arrange for forensic examination of the alleged survivor and perpetrator, when necessary.
- Participate in court proceedings.

Correctional Health Services/Mental Health Staff

- Provide crisis intervention and ongoing mental health treatment for the survivor.
- Complete suicide assessment and provide treatment, as needed.
- Collaborate with community service providers to ensure ongoing services for survivors.
- Conduct long-term treatment planning and provide ongoing mental health care.

Correctional Health Services/Medical Staff

- Provide acute medical care and treatment for injuries following a report of sexual abuse, as needed.
- Preserve and document medical forensic evidence, as needed.
- Offer testing and prophylaxis for sexually transmitted infections and pregnancy, when appropriate.
- Provide long-term medical care and treatment, as needed.

Prosecutor

- Review the investigative report.
- Notify and interview witnesses.
- Secure necessary evidence for the prosecution.
- File charges when appropriate.
- Prepare the survivor for court and provide victim notification as delineated in the Victims of Crime Act (VOCA).

Sexual Assault Nurse Examiner (SANE)

- Interview the survivor to collect health history and information about the alleged sexual assault.
- Complete the sexual assault forensic exam.
- Collect and preserve forensic evidence.
- Provide medical care and prophylactic treatment for sexually transmitted infections, offer emergency contraception where appropriate.
- Provide resources and referrals for follow up care and aftercare instructions.
- Be available to testify as witness in criminal prosecution.

Rape Crisis Center/Rape Crisis Advocate

- Provide support, information, and crisis intervention to survivors.

**Miami-Dade Corrections and Rehabilitation Department
Sexual Assault Response Team Protocol**

- Inform survivors about the investigation and medical forensic examination process.
- Educate the survivor about healing from sexual abuse.
- Offer resources and referrals.
- Provide follow-up counseling, as needed.

V. INITIATING THE SART RESPONSE

The SART will be activated immediately in all cases of suspected or alleged nonconsensual sexual contact within MDCR facilities, including allegations of inmate sexual abuse or sexual assault, as well as staff sexual abuse, sexual assault, or sexual misconduct, and sexual harassment regardless of how long ago the incident may have occurred within MDCR custody.

A. SART ACTIVATION

1. Allegation made to any MDCR staff (including third party reports received by MDCR)

When any MDCR staff member: learns of an incident or allegation of sexual abuse against a detainee within a MDCR facility, whether committed by a fellow inmate, staff member, volunteer, or contractor; discovers a sexual assault or sexual abuse in progress; or observes physical evidence of sexual violence, MDCR staff will follow the procedures as outlined in DSOP 15-008 Inmate Sexual Assault/Battery Prevention and alert the SART by notifying the institutional investigator at the facility where the abuse was alleged to have occurred.

2. Report made to the Miami-Dade Police Department Sex Crimes Bureau

When the Miami-Dade Police Department Sex Crimes Bureau receives a report of a sexual assault at MDCR, the Sex Crimes Bureau should immediately contact MDCR Internal Affairs where the abuse is alleged to have occurred so that the SART can be activated.

3. Report made to Rape Treatment Center

When Rape Treatment Center (RTC) receives a report of a sexual assault that occurred against a detainee at MDCR, they will maintain confidentiality as they would with any other survivor. If the survivor provides a release for the RTC advocate disclose the sexual assault to MDCR officials, the RTC advocate should contact the Pre-Trial Detention Center Shift Commander to report the allegation and initiate the SART.

If the survivor requests that the RTC advocate report the sexual assault to the Miami-Dade Police Department, the advocate should obtain a release and contact the MDPD Sex Crimes Bureau.

In all circumstances, the activating agency should convey any relevant information related to the case to the appropriate on-call Facility SART member, as described below.

VI. FACILITY-SART PROCESS/TIMELINE

The following are guidelines for the steps each Facility SART member should take following an allegation or discovery of sexual abuse against a detainee at MDCR. These recommendations are based on MDCR policy and the U.S. Department of Justice's National Standards to Prevent, Detect, and Respond to Prison Rape.

First responder duties will vary depending on how much time has passed since the assault occurred, the circumstances of the case, and the particular needs of the survivor. DSOP 17-005: Limited English Proficient must be followed in cases where an alleged survivor, perpetrator, or witness is not proficient in English.

A. IMMEDIATELY FOLLOWING AN ALLEGATION OF A SEXUAL ASSAULT

MDCR Security Staff First Responders

1. Separate the survivor and alleged perpetrator(s) as per DSOP 14-001: Inmate Injury/Illness-Request for Health Services and DSOP 15-008.
2. Protect the crime scene and preserve evidence (including on the survivor's and perpetrator's bodies) as per DSOP 11-028: Preservation of a Crime Scene.
3. Request that the alleged survivor and ensure that the alleged perpetrator refrain from actions that could destroy physical evidence, such as bathing, brushing teeth, changing their clothes, urinating, defecating, smoking, drinking or eating until they have been examined by qualified medical personnel as per DSOP 15-008³.
4. Notify the Shift Commander.

MDCR Shift Commander

1. Inform any on-duty members of the Facility SART, as well as applicable Department members, in accordance with the major incident checklist, about the allegation.
2. Immediately notify Miami-Dade Police Department Sex Crimes Bureau of the allegation to determine if a crime has been committed and if a medical forensic exam is needed⁴.
3. If MDPD Sex Crimes Bureau declines to take a report for any reason, coordinate with medical staff to contact the Rape Treatment Center to arrange for medical care and crisis counseling for the survivor and to determine if a medical forensic exam may be necessary.
4. Escort the survivor to Correctional Health Services (CHS) for evaluation and treatment.
5. Arrange for the Miami-Dade Police Department Sex Crimes Bureau to meet privately with the survivor and perpetrator(s).

³In cases where the survivor needs to take an action for his/her comfort or well-being that could potentially destroy evidence (such as going to the bathroom or drinking water), notify medical staff to arrange for evidence collection in a sterile manner. If medical staff are not available, consult with the MDPD Sex Crimes Bureau or RTC for further guidance to ensure the evidence is preserved as much as possible. Do not place the survivor in a traumatizing or physically uncomfortable position in order to preserve evidence.

⁴ The following information should be provided to the MDPD Sex Crimes Bureau when they are notified of a sexual abuse allegation: what happened (i.e. the circumstances of the abuse), when the incident occurred, who was involved, when the abuse took place, and how the abuse was carried out (i.e. what methods were used by the perpetrator). The police will need this information to determine if a forensic exam is necessary.

**Miami-Dade Corrections and Rehabilitation Department
Sexual Assault Response Team Protocol**

6. Ensure the alleged perpetrator(s) is escorted to a secure holding area that does not have bathroom facilities as per DSOP: 15-008.
7. Maintain a log of events and chain of custody involving suspected evidence, if applicable, as per DSOP 15-008.
8. Document any searches of inmates. If an unclothed search is determined to be necessary and/or the alleged survivor is asked to change clothing prior to transport, the reason should be documented in the incident report for review by the PREA Coordinator.
9. Generate the MDCR Incident Report as per DSOP 15-008 and the January 10, 2013 Directive from the MDCR Director, within 24 hours of the incident. Send the report to the PREA Compliance Manager.
10. Ensure that the Chain of Custody form is maintained.

Miami-Dade Police Department Sex Crimes Bureau/Law Enforcement Officer

1. Respond in-person to the facility where the alleged abuse took place or to RTC, either immediately, or as arranged with MDCR and as indicated by the facts of the report.
2. Meet with the Shift Commander and other Facility SART members.
3. Interview the alleged victim, suspect, and any inmate and staff witnesses privately and separately.
4. Advise the survivor of his or her right to a medical forensic exam at no cost to him or her.
5. Catalogue any physical and forensic evidence.
6. Communicate with Shift Commander/Shift Supervisor and Internal Affairs.

Correctional Health Services Medical Staff

1. Collect basic information from the survivor to determine what occurred and to assess for injuries and suicide risk as per DSOP 15-008 and DSOP 12-003: Inmate Suicide Prevention⁵.
2. Provide medical care for acute injuries as per DSOP 14-001.
3. Coordinate with investigators or other first responders to consult with the Miami-Dade Police Department Sex Crimes Bureau to determine if a crime has been committed and if a medical forensic exam is needed.
4. If MDPD Sex Crimes Bureau declines to respond or is unable to provide immediate guidance regarding the need for a medical forensic exam, coordinate with the Shift Commander/Shift Supervisor, to contact RTC to arrange for medical care for the survivor and to determine if a medical forensic exam may be necessary.
5. Complete a Health Services Incident Addendum, as per DSOP 15-008, to document that the alleged survivor and perpetrator(s) were examined.
6. Preserve forensic evidence to the extent possible⁶.

⁵ If the survivor or perpetrator(s) indicates that he or she may be suicidal and no mental health staff are on duty at the time, notify the Shift Supervisor/Commander, who will contact the on-call mental health professional at the Pre-Trial Detention Center (PTDC). The Shift Supervisor/Commander may arrange for the survivor to be transported to PTDC for a suicide assessment.

⁶ If the survivor's or perpetrator's clothing must be removed, ensure that the clothing is sealed and labeled in a paper bag and is provided to law enforcement or sent with them to the hospital. Removal of clothing and unclothed searches should only be done prior to transport to the forensic medical exam if absolutely necessary. If the survivor needs to go to the bathroom, provide a sterile sample cup and instructions about how to collect the sample. Ensure that the survivor seals the sterile sample cup and places it in the paper bag with other evidence to be presented

7. Advise the survivor of his or her right to a medical forensic exam, free of charge.
8. Refer the alleged survivor and perpetrator for mental health follow-up and document on a supplemental form as per DSOP 15-008.

B. DURING TRANSPORT TO THE EXAM

MDCR Transport Officers

1. Coordinate with the Shift Commander/Shift Supervisor to ensure timely transportation of the survivor for the medical forensic exam.
2. Preserve evidence during transport. Use paper sheets and paper bags to contain any evidence that may otherwise be lost during transport, to include gloves or other materials used during the pat down.
3. Protect survivors' safety during transport to the Rape Treatment Center.
4. Deliver evidence to the Sexual Assault Nurse Examiner or law enforcement officer, including any clothing the survivor may have removed during transport.
5. Coordinate with law enforcement, investigators, and rape crisis advocates to make sure all necessary components of the Sexual Assault Forensic Exam are completed before returning the survivor to MDCR.

C. DURING THE MEDICAL FORENSIC EXAM

MDCR Transport Officers

1. Ensure security at the exam site.
2. Supervise the survivor, maintaining sight and/or sound supervision at all times, while allowing for the maximum privacy possible.⁷
3. Check the exam room for potential weapons and rearrange or remove them if not needed for the exam.
4. Ensure that the survivor has an opportunity to speak as confidentially as possible with the rape crisis advocate.⁸

Sexual Assault Nurse Examiner

1. Communicate with MDCR staff and any law enforcement officers present to gather needed information and arrange logistics of the exam.
2. Interview the survivor to obtain informed consent, and gather his/her health history and information about the assault.
3. Complete the sexual assault forensic exam on the survivor.
4. Collect and preserve forensic evidence.

directly to law enforcement or the forensic nurse examiner at RTC. Medical staff should NOT handle the sample to avoid evidence contamination.

⁷ If necessary for security, officers may stand in the exam room and the Sexual Assault Nurse Examiner will draw the curtain to allow the survivor privacy during the exam; if not necessary, the officer should position themselves to maintain security and allow for privacy.

⁸ MDCR should ensure reasonable communication between survivors and community rape crisis advocates, in as confidential a manner as possible. Prior to granting them access to outside advocates, MDCR must inform survivors of the extent to which their communication with outside advocates will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

5. Provide care and prophylaxis, as needed.
6. Document all findings.
7. Provide resources, referrals, discharge instructions, and follow-up treatment planning for the survivor.
8. Share exam findings with law enforcement, as permitted by law.

Miami-Dade Police Department Sex Crimes Bureau/Law Enforcement Officer

1. Advise the survivor of his or her right for a rape crisis advocate to be present in the room during the medical forensic exam and interviews.
2. Ensure that the survivor is able to meet with the RTC advocate/counselor in as confidential a manner as possible.
3. With the survivor's permission, attend the Sexual Assault Nurse Examiner interview to gather information about the sexual assault(s).
4. Refrain from entering the exam room, in order to respect the survivor's privacy.

Rape Treatment Center Rape Crisis Advocate

1. Meet with the survivor as privately as possible, as soon as possible, after his or her arrival at RTC and at the conclusion of the sexual assault forensic exam.
2. Answer the survivor's questions about the medical forensic exam and investigation.
3. Provide support and crisis intervention to the survivor.
4. Accompany the survivor during the medical forensic exam, if requested.
5. Ensure the survivor's privacy and comfort as much as possible.
6. Provide information about follow-up services and get survivor contact information.
7. Follow all state and RTC guidelines about confidentiality and privileged communication.

D. IF A FORENSIC EXAM IS NOT NECESSARY/NOT WANTED BY THE SURVIVOR

A sexual assault survivor may not want or need to undergo a Sexual Assault Forensic Exam (SAFE). If it is unclear whether a medical forensic exam is necessary, the Sexual Assault Nurse Examiner (SANE) should make that decision.

Just as with any other form of medical care, a survivor of sexual abuse has the right to decline all or any part of a medical forensic exam. If the survivor declines the forensic exam, he or she may still need and must receive medical and mental health care and rape crisis services. An investigation must also be completed.

Correctional Health Services Medical Staff

1. Provide immediate medical care for acute injuries and prophylaxis for HIV, STIs, and the risk of pregnancy.
2. Offer tests for sexually transmitted infections, as medically appropriate.
3. Provide medical treatment to the survivor at no cost and regardless of whether the survivor names the abuser or cooperates with the investigation.
4. Collect and preserve any evidence.

Correctional Health Services Mental Health Staff

**Miami-Dade Corrections and Rehabilitation Department
Sexual Assault Response Team Protocol**

1. Provide crisis intervention and mental health care to address the survivor's emotional needs.
2. Arrange for the survivor to have access to a rape crisis advocate/counselor in as confidential a manner as possible.

Rape Treatment Center Rape Crisis Advocate

1. Provide survivors with confidential crisis intervention, support, information, and referrals via RTC's hotline.

Miami-Dade Police Department Sex Crimes Bureau/Law Enforcement Officer

1. Collect and transport evidence for storage.
2. Take preliminary statements from survivors, witnesses, and perpetrators.

E. FOLLOWING THE EXAM OR AFTER ACUTE CARE IS PROVIDED

Miami-Dade Police Department Sex Crimes Bureau/Law Enforcement Officer:

1. If a forensic exam is performed, discuss the findings with the Sexual Assault Nurse Examiner (SANE).
2. Take custody of the sealed Sexual Assault Forensic Evidence Kit and any other evidence collected by MDCR and the SANE.
3. Provide the survivor with the detective's contact information.
4. Inform the survivor about next steps in the investigation, such as in-depth interviews, possible identification of the perpetrator, and the potential court process.
5. Contact Internal Affairs to arrange for a follow-up interview with the survivor, if needed.
6. Encourage the survivor to contact the detective with additional information or evidence.
7. Remind the survivor that visible evidence of an injury may appear later, and to contact the detective, medical staff, or Internal Affairs to document the injuries.
8. Notify survivors of their rights, including: the right to request his or her name not become a matter of public record; the right to be notified of any arrests and court dates related to the case; and the right to have a rape crisis advocate present during all follow-up interviews.
9. Submit forensic evidence to the crime lab.
10. Complete the investigation in a timely manner and submit to the prosecutor for review.

MDCR Internal Affairs Investigator

1. Document all actions taken, information received, and interviews for the administrative investigation.
2. If any credibility assessments are conducted, document the reasoning behind doing so.
3. Review prior complaints and reports of sexual abuse involving the suspected perpetrator.
4. Ensure that in cases of staff sexual misconduct, the alleged perpetrator is not involved in any aspect of the MDCR's response as per DSOP 15-001, Section C.
5. Coordinate the investigation with the Miami Dade Police Department Sex Crimes Bureau
[Refer to earlier note above regarding the Procedural Directive.]

Correctional Health Services Medical Staff

1. Provide medical treatment to the survivor related to the sexual assault at no cost and regardless of whether the survivor names the abuser or cooperates with the investigation.

2. Offer pregnancy tests to all survivors of sexually abusive vaginal penetration.
3. Coordinate with the Sexual Assault Nurse Examiner regarding follow-up instructions and care for the survivor.
4. Provide follow-up medical care, including testing and treatment for sexual transmitted infections and HIV.

Correctional Health Services Mental Health Staff

1. Conduct a mental health evaluation and suicide assessment immediately upon the allegation, or immediately when the survivor returns from the RTC, to determine the survivor's mental health needs.
2. Provide mental health treatment to the survivor at no cost and regardless of whether the survivor names the abuser or cooperates with the investigation.
3. Collaborate with community service providers to arrange for ongoing mental health services for the survivor, including rape crisis counseling, if requested.
4. Arrange for the survivor to have follow-up services with a rape crisis advocate, if desired.
5. Attempt to conduct a mental health evaluation of all known inmate abusers within 60 days of learning of such abuse history and offer treatment and/or referrals for treatment, when appropriate.

Sexual Assault Nurse Examiner

1. Maintain sexual assault exam records in a secure location.
2. Meet with prosecutors and/or participate in pre-trial depositions as necessary.

Rape Crisis Advocate

1. Provide survivors with resources, referrals, and information on healing from sexual abuse and the investigative/criminal justice process.
2. Offer follow-up rape crisis services, including in-person counseling, if possible.
3. Communicate with other SART members to ensure optimal coordination of services while maintaining survivor confidentiality.

F. LONG-TERM FACILITY SART DUTIES

All: Participate in Sexual Assault Incident Reviews, as needed.

MDCR Shift Commander

1. Document the administrative investigation in a written report that includes a description of the physical and testimonial evidence, the reasoning behind any credibility assessments, and investigative facts and findings.
2. Forward the administrative report to Internal Affairs.
3. Monitor for any signs of retaliation against any inmates and staff who have reported sexual abuse or sexual harassment, or who have cooperated with sexual abuse or sexual harassment investigations.
4. Provide inmates and staff who report sexual abuse, or who were reported to have suffered sexual abuse, with a minimum of three contact telephone numbers and addresses where they can report threats and retaliation, whether actual or perceived.
5. Provide resources for emotional support services regarding retaliation to staff members and inmates who report or witness sexual abuse.

**Miami-Dade Corrections and Rehabilitation Department
Sexual Assault Response Team Protocol**

6. Conduct a face-to-face, private meeting with inmate survivors of sexual abuse, at least once a week for 90 days following an investigation, to check for signs, fears or experiences of retaliation.
7. Investigate any suspected retaliation.
8. Deal promptly with any substantiated retaliation, up to and including housing or job assignment changes; criminal or administrative consequences; and additional training or education, if appropriate.
9. Monitor inmates and staff who report sexual abuse, or who were reported to have suffered sexual abuse, beyond the initial 90-day period after each documented incident of retaliation, or as determined by the SART Coordinating Committee and/or PREA Compliance Manager.

MDCR Internal Affairs

1. Interview perpetrators and witnesses for administrative investigation after receiving notice from the Miami Dade Police Department Sex Crimes Bureau.
2. Assess whether staff actions or failures contributed to the sexual abuse.
3. Present the investigative report to MDCR officials for administrative hearing purposes.
4. Communicate with the MDPD Sex Crimes Bureau detective and prosecuting attorney in criminal cases.
5. Inform the survivor of the progress and outcome of the investigation, including any disciplinary action taken against the perpetrator(s) as per MDCR policy DSOP 4-015 Complaints, Investigations, and Dispositions.
6. Provide survivor notification regarding the outcome of the investigation.
7. In cases of alleged staff sexual abuse, notify the survivor whenever: the staff member is no longer posted within the survivor's unit; the staff member is no longer employed at the facility; MDCR learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or MDCR learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
8. In cases of alleged sexual abuse by another inmate, notify the survivor whenever: MDCR learns that the inmate has been indicted on a charge related to sexual abuse within the facility; or MDCR learns that the inmate has been convicted on a charge related to sexual abuse within the facility.
9. Document any of the above notifications or attempted notifications.
10. Retain investigative records for ten years, or longer, if required by law.

Correctional Health Services Medical Staff

1. Provide follow-up medical evaluation and treatment, including appropriate services, treatment plans, and, when necessary, referrals for continued care following survivors' transfer to other facilities or their release from custody.
2. Ensure survivor receives medical services consistent with the community level of care.

Correctional Health Services Mental Health Staff

1. Provide mental health care and treatment, as needed, including follow-up services, treatment plans, and when necessary, referrals for continued care following survivors' transfer to other facilities or release from custody.
2. Ensure survivor receives mental health care consistent with the community level of care.

3. Provide the survivor with a SART evaluation form no less than two days and no more than 14 days after the assault if the survivor declines to receive services from the Rape Treatment Center (see RTC responsibilities below). Instruct the survivor about how to fill-out and return the form, if desired.

Rape Treatment Center Rape Crisis Advocate

1. Provide survivors with confidential follow-up support services, as requested, such as counseling, information, and referrals.
2. Provide accompaniment for survivors during follow-up interviews with law enforcement and court proceedings, as requested.
3. Provide survivor with a SART evaluation form no less than two days and no more than 14 days after the assault is reported or discovered. Instruct the survivor about how to fill out and return the form, if desired.

Sexual Assault Nurse Examiner

1. Be available to testify as a witness in the criminal prosecution.

Miami Dade Police Department Sex Crimes Bureau

1. Conduct follow-up interviews with the survivor.
2. Interview witnesses.
3. Interrogate perpetrators.
4. Request crime lab analysis.
5. Review medical and lab reports.
6. Share relevant information with MDCR Internal Affairs.
7. Prepare and execute search warrants.
8. Write investigative reports.
9. Refer cases for prosecution when documentation or evidence indicates a crime occurred.
10. Provide additional information to the prosecutor, as requested.
11. Participate in court proceedings.

Prosecutor

1. Review the investigative report.
2. Notify and interview witnesses.
3. Secure necessary evidence.
4. Determine if there is sufficient evidence for prosecution.
5. If there is sufficient evidence, refer charges for prosecution.
6. Prepare the survivor for court and provide notices as delineated in the Victims of Crime Act (VOCA).
7. If there is not sufficient evidence to prosecute the case, promptly notify Miami-Dade Police Department Sex Crimes Bureau and MDCR Internal Affairs⁹.

PREA Coordinator:

⁹ To reduce case closures and declinations due to lack of compelling evidence, educate SART members about prosecutorial policies and practices, provide legal definitions and explanations, assist with case reviews, and provide updates on cases.

**Miami-Dade Corrections and Rehabilitation Department
Sexual Assault Response Team Protocol**

1. Ensure that a policy is in place to protect from retaliation by other inmates or staff, all inmates and staff who report sexual abuse or sexual harassment, or cooperate with sexual abuse or sexual harassment investigations.
2. Ensure consequences for those who commit retaliatory acts, in consultation with MDCR Shift Commander.
3. Review the SART evaluation form; share information in the Sexual Assault Incident Review meeting.
4. Approve any corrective action plans based upon the Sexual Assault Incident Review.

VII. SART COMPETENCIES AND TRAINING REQUIREMENTS

Cross-training on the roles and responsibilities of each team member is integral to maintain the multidisciplinary approach and to ensure the success of the SART.

All SART members should undergo basic training on the following topics, at a minimum:

- Dynamics of sexual abuse in jail;
- Vulnerable populations, including lesbian, gay, bisexual, transgender, and intersex (LGBTI) inmates and those who are perceived to be LGBTI or gender nonconforming, first-time offenders, people with disabilities and mental illnesses, young inmates, and survivors of previous sexual abuse;
- The need for a survivor-centered, coordinated response to allegations of sexual abuse;
- MDCR and facility-specific roles of SART members;
- Roles of other SART members;
- Responsibilities for coordinating with other SART members; and
- Effective responses to survivors, including reactions that support a survivor-centered response and facilitate the well-being of survivors and their participation in the investigation.
- Preserving chain of custody in search and transport.

VIII. SEXUAL ASSAULT INCIDENT REVIEWS

A central component of the SART model is the multidisciplinary protocol and case review. Sexual assault incident drills that include third-party observers from community SART representatives are recommended. A detailed checklist should be used, like the one included in Appendix 3.

The SART team will meet at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been unfounded.

The review team should include all SART members, including the facility captain or an upper management level designee. The review team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Determine whether an incident or allegation was motivated or otherwise caused by the perpetrator's or survivor's race, ethnicity, gender identity, actual or perceived sexual orientation, gang affiliation, or other dynamics of the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in the area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings and any recommendations for improvement and submit such a report to the facility head and MDCR PREA Coordinator.

Appendix 1: Definitions

Rape/Sexual Battery – Florida Statute 794.011 defines sexual battery and rape as:

- Nonconsensual oral, anal, or vaginal penetration or union with the sexual organ of another person;
- Nonconsensual oral, anal, or vaginal penetration of another person with an object.

Consent refers to "intelligent, knowing, and voluntary consent and does not include coerced submission." Coerced submission includes any time someone is:

- Physically unable to resist;
- Threatened with the use of force or violence;
- Threatened with retaliation against the victim or someone else;
- Drugged or is any other way mentally or physically incapacitated by the perpetrator;
- Mentally ill or has a mental defect that makes him or her temporarily or permanently incapable of appraising the nature of his or her conduct;
- Bodily impaired or handicapped and substantially limited in his/her ability to resist or flee.

Sexually battery also includes cases when the perpetrator is a law enforcement officer, correctional officer, or correctional probation officer or any other person in a position of control or authority in a probation, community control, controlled release, detention, custodial, or similar setting, and such officer, official, or person is acting in such a manner as to lead the victim to reasonably believe that the perpetrator is in a position of control or authority as an agent or employee of government.

Someone under the age of 16 cannot consent to sexual contact with another person. A juvenile between the ages of 16-17 cannot legally consent to sexual activity with a person in a position of familial or custodial authority or to a person who is 24 years or older.

In general, sexual battery is considered a first degree felony.

This definition is substantively similar to the one used by the Department of Justice. In the National Standards to Prevent, Detect, and Respond to Prison Rape, rape is defined as any penetration of the vagina, anus, or mouth by another person or an object, however slight, when someone does not consent; is forced, coerced, or threatened; or is unable to consent or refuse due to age, mental or physical incapacity, or for any other reason.

Sexual Assault – Florida Statute 784.046 defines sexual violence as any of the following:

- Sexual battery, as defined in chapter 794;
- A lewd or lascivious act, as defined in chapter 800, committed upon or in the presence of a person younger than 16 years of age;
- Luring or enticing a child, as described in chapter 787;
- Sexual performance by a child, as described in chapter 827; or
- Any other forcible felony wherein a sexual act is committed or attempted.

The following Florida statutes address other types of criminal conduct that may take place during a sexual assault:

784.011 Assault — intentional, unlawful threat by word or act to do violence to the person of another, coupled with an apparent ability to do so, and doing some act which creates a well-founded fear in such other person that such violence is imminent.

784.021 Aggravated assault — assault with a deadly weapon without intent to kill; or with an intent to commit a felony.

784.03 Battery; Felony battery — when a person actually and intentionally touches or strikes another person against the will of the other; or intentionally causes bodily harm to another person.

784.041 Felony battery — when a person actually and intentionally touches or strikes another person against the will of the other; and causes great bodily harm, permanent disability, or permanent disfigurement.

784.045 Aggravated battery — a person commits aggravated battery who, in committing battery, intentionally or knowingly causes great bodily harm, permanent disability, or permanent disfigurement; or uses a deadly weapon.

The National Standards to Prevent, Detect, and Respond to Prison Rape define sexual assault as any sexual contact when someone does not consent; is forced, coerced, or threatened; or is unable to consent or refuse due to age, mental or physical incapacity, or for any other reason. Sexual assault includes rape, as well as any other nonconsensual touching, either directly or through the clothing, of another person's genitals, anus, groin, breast, inner thigh, or buttocks. All sexual contact between inmates and staff is illegal and considered sexual assault.

Sexual Harassment – Florida Statute 784.048 defines harassment as a course of conduct directed at a specific person that causes substantial emotional distress in such person and serves no legitimate purpose.

The National Standards to Prevent, Detect, and Response to Prison Rape define sexual harassment as repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; and repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Sexual Assault Forensic Exam (SAFE) – A medical exam following a sexual assault to collect and preserve evidence and document findings of a sexual assault. The sexual assault forensic exam is also used to provide care for injuries and medical needs of a sexual assault survivor and should be performed by a qualified Sexual Assault Nurse Examiner (SANE) or a Sexual Assault Forensic Examiner (SAFE).

Sexual Assault Nurse Examiner/Sexual Assault Forensic Examiner (SANE/SAFE) – Specially trained healthcare provider who performs the sexual assault medical forensic exam. The examiner should have specialized education and clinical experience in the collection of forensic evidence and treatment of sexual assault survivors.

Sexual Assault Response Team (SART) – Collaborative, multidisciplinary team that provides a specialized, coordinated, immediate response to survivors of sexual assault. Typical SART members include law enforcement, sexual assault advocates, prosecutors, and Sexual Assault Nurse Examiners. In corrections facilities, SARTs also include medical and mental health staff and institutional investigators, among others.

Survivor/victim – Anyone who has experienced any form of unwanted or nonconsensual sexual contact or sexual harassment.

Appendix 2: National Standards to Prevent, Detect, and Respond to Prison Rape

The SART Protocol will assist MDCR to comply with the following standards from the Department of Justice's National Standards, Subpart A – Standards for Adult Prisons and Jails:

§115.21 Evidence protocol and forensic medical examinations.

The MDCR SART:

- Establishes a uniform evidence and response protocol, adapted from Department of Justice, Office on Violence Against Women's publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents";
- Offers all survivors of sexual abuse access to medical forensic examinations, without financial cost, whenever evidentiarily or medically necessary;
- Ensures that only Sexual Assault Nurse Examiners (SANEs) or Sexual Assault Forensic Examiners (SAFEs) perform the medical forensic exam;
- Attempts to make available victim advocates from the Rape Treatment Center to provide survivors with emotional support, crisis intervention, information, and referrals;
- Coordinates with the rape crisis advocates and counselors from Rape Trauma Center to accompany and support the survivor through the forensic medical examination process and investigatory interviews;
- Works with outside law enforcement to ensure timely, thorough investigations.

§115.22 Policies to ensure referrals of allegations for investigations.

The MDCR SART:

- Ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment;
- Refers all allegations of sexual abuse or harassment to the Miami-Dade Police Department, which has the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

§115.51 Inmate reporting.

The MDCR SART:

- Accepts reports made verbally, in writing, anonymously, and from third parties and promptly documents any verbal reports.

§115.53 Inmate access to outside confidential support services.

The MDCR SART:

- Provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations;
- Coordinates reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible;
- Informs inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

§115.61 Staff and agency reporting duties.

The MDCR SART:

- Immediately responds to any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a MDCR facility;
- Shares information related to the sexual abuse report with others only to the extent necessary to make treatment, investigation, or other security and management decisions;
- Informs the institutional investigators of any allegations of sexual abuse and sexual harassment, including third party and anonymous reports.

§115.63 Reporting to other confinement facilities.

The MDCR SART:

- Forwards reports that an inmate was sexually abused while confined at another facility to the MDCR facility captain (or a designee in his/her absence) so that the captain can notify the head of the facility or appropriate office of the agency where the alleged abuse occurred;

§115.64 Staff first responder duties.

The MDCR SART:

- Ensures that the first security staff member who responds to a sexual abuse allegation takes the following actions:
 - Separates the alleged survivor and perpetrator(s);
 - Preserves and protects the crime scene until appropriate steps can be taken to collect evidence;
 - Requests that the alleged survivor refrain from any actions that could destroy physical evidence if the abuse occurred within a time period that still allows for the collection of physical evidence;
 - Ensures that the alleged perpetrator refrains from any actions that could destroy physical evidence if the abuse occurred within a time period that still allows for the collection of physical evidence;

§115.65 Coordinated response.

The MDCR SART:

- Coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

§115.67 Agency protection against retaliation.

The MDCR SART:

- Safeguards those inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff;
- Advocates housing changes or transfers for inmate survivors or perpetrators;
- Removes alleged staff or inmate perpetrators from contact with survivors;
- Offers emotional support services for inmates or staff who fear retaliation;
- Monitors inmates and staff who report sexual abuse or cooperate with investigations for at least 90 days, including any inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff;

- Takes prompt action to address any suspected retaliation;
- Continues monitoring past 90 days, if needed;
- Ensures consequences for those who commit retaliatory acts.

§115.71 Criminal and administrative agency investigations

The MDCR SART:

- Conducts thorough, prompt, objective investigations into allegations of sexual abuse by specially trained investigators;
- Investigates all allegations of sexual abuse, including third party and anonymous reports;
- Gathers and preserves direct and circumstantial evidence;
- Interviews alleged survivors, suspected perpetrators, and witnesses;
- Reviews prior complaints and reports of sexual abuse involving the suspected perpetrator;
- Cooperates with outside investigators for the criminal investigation;
- Considers whether staff actions or failures contributed to sexual abuse during administrative investigations;
- Documents the administrative investigation in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings;
- Refers for prosecution any substantiated allegations that appear to be criminal.
- Retains investigative records for as long as the alleged perpetrator is incarcerated or employed by the agency, plus an additional five years.

§115.73 Reporting to inmates.

The MDCR SART:

- Notifies the survivor as to whether the sexual assault allegation was determined to be substantiated, unsubstantiated, or unfounded;
- In cases of alleged staff sexual abuse, notifies the survivor whenever the staff member is no longer posted in the inmate's unit; the staff member is no longer employed at the facility; MDCR learns that the staff member has been indicted on a charge related to sexual abuse in the facility; or MDCR learns that the staff member has been convicted on a charge related to sexual abuse in the facility;
- In cases of alleged sexual abuse by another inmate, notifies the survivor whenever: MDCR learns that the inmate has been indicted on a charge related to sexual abuse within the facility; or MDCR learns that the inmate has been convicted on a charge related to sexual abuse within the facility;
- Documents any of the above notifications or attempted notifications.

§115.82 Access to emergency medical and mental health services.

The MDCR SART:

- Provides survivors with timely, unimpeded access to emergency medical treatment and crisis intervention services, at no cost;
- Offers survivors timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, when medically appropriate.

§115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.

The MDCR SART:

- Provides ongoing medical and mental health evaluation and treatment, including appropriate follow-up services, treatment plans, and, when necessary, referrals for continued care following survivors' transfer to, or placement in, other facilities, or their release from custody;
- Ensures that survivors of sexual abuse in custody receive medical and mental health services consistent with the community level of care;
- Offers pregnancy tests to all survivors of sexually abusive vaginal penetration;
- Ensures that survivors who become pregnant as the result of a sexual assault receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services;
- Offers tests for sexually transmitted infections, as medically appropriate, to all survivors of sexual abuse while incarcerated;
- Provides medical and mental health treatment to the survivor at no cost and regardless of whether the survivor names the abuser or cooperates with the investigation;
- Attempts to conduct a mental health evaluation of all known inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

§115.86 Sexual abuse incident reviews.

The MDCR SART:

- Conducts sexual abuse incident reviews at the conclusion of every sexual abuse investigation, unless the allegation is unfounded, within 30 days of the conclusion of the investigation;
- Includes upper management officials, supervisors, investigators, and CHS practitioners;
- Considers if the allegation or investigation indicates a need to change policy or practice to better prevent, detect, and respond to sexual abuse;
- Determines whether the allegation was motivated by the perpetrator's or survivor's race, ethnicity, gender identity, actual or perceived sexual orientation, gang affiliation, or other dynamics of the facility;
- Examines the area in the facility where the alleged incident occurred to assess whether physical barriers in the area may enable abuse;
- Assesses the adequacy of staffing levels in that area during different shifts;
- Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff;

Prepares a report of its findings and any recommendations for improvement and submits such report to the facility captain and MDCR PREA Coordinator.

Appendix 3: Sexual Assault Incident Review Checklist

Refer to Attachment

Appendix 4: MDCR Sexual Assault Response Team Evaluation Form

The Miami-Dade Corrections and Rehabilitation Department (MDCR) Sexual Assault Response Team (SART) Evaluation Form should be offered to any survivor of sexual abuse in an MDCR facility that has contact with the MDCR SART no less than two days and no more than 14 days after the assault is reported or discovered. The evaluation form should not be offered to survivors immediately following an allegation of sexual abuse or immediately following a medical forensic exam.

Roxcy Bolton Rape Treatment Center (RTC) staff will provide this form to survivors during follow-up sessions or by mail, if desired. If the survivor does not wish to have contact with RTC, another member of the MDCR SART, such as a mental health staff member or the security lieutenant, can provide this form to the survivor. Whoever gives the survivor this form should encourage him or her to send it to the MDCR PREA Coordinator as soon as possible, while making it clear that his or her answers and/or declining to complete the form will not affect the investigation, his or her incarceration, sentence, or access to services in any way.

After reviewing the evaluation form, the MDCR PREA Coordinator will incorporate this information into the Sexual Assault Incident Review and will report any findings to the Sexual Assault Coordinating Committee and other SART team members at the next scheduled meeting.

Refer to the attachment for the evaluation form.

Appendix 5: Sexual Assault Survivors' Rights

Survivors of sexual abuse in detention have the following rights:

- To be treated with dignity and compassion;
- To decide who to tell;
- To decide how best to take care of themselves;
- To ask questions about what will happen if they report and how to get medical care;
- To be listened to and supported;
- To have any fears of retaliation taken seriously and promptly addressed;
- To request a housing or cell change for their safety;
- To receive prompt medical and mental health care, regardless of whether they report or name the abuser, and ongoing treatment, as needed;
- To contact a support agency like just detention international and/or a rape crisis center;
- To seek advice from a lawyer.

Survivors who report sexual abuse have the right:

- To choose the person to whom they make the report;
- To be protected from retaliation;
- To have a sexual assault advocate present at each stage of the process, from the medical exam to sentencing;
- To be notified if the sexual assault allegation is substantiated, unsubstantiated, or unfounded;
- To be notified whenever the staff perpetrator is no longer assigned to the inmate's unit or the staff member is no longer employed at the facility;
- To be notified whenever MDCR learns the staff or inmate perpetrator has been indicted on a charge related to sexual abuse at the facility or MDCR learns that the perpetrator has been convicted on a charge related to sexual abuse at the facility;
- To request that their name and information be kept confidential in court proceedings;
- To obtain reports/records about the sexual assault;
- To file a grievance;
- To be informed about the availability of crime victim compensation and other services;
- To submit written statements at all crucial stages of the criminal justice process;
- To tell the judge about the impact of the crime, through a victim impact statement;
- To decide at any time not to participate in court proceedings;
- To have their property returned as quickly as possible.

During the medical forensic exam, survivors have the right:

- To have an advocate in the exam room;
- To have all procedures, tests, and forms fully explained to them;
- To refuse any part of the exam or to end the exam at any time;
- To have copies of the exam reports;
- To receive medicine to prevent sexually transmitted infections and/or pregnancy. They also have the right to refuse this medicine; and
- To have a confidential HIV test.

Appendix 6: Additional Suggestions for Further Consideration

MDCR staff offered the following suggestions regarding the department's response to incidents of sexual abuse and sexual harassment. These ideas are worth further consideration to strengthen the effectiveness of the Sexual Assault Response Team:

- Creating an MDCR staff advocate/victim services liaison to provide support, information, and referrals to anyone who alleges sexual abuse in an MDCR facility. This person would not take the place of a certified rape crisis advocate, but would serve as the survivor's point person within MDCR, and may be responsible for providing victim notification and other related duties, as assigned.
- Upon receipt of an allegation of sexual abuse at an MDCR facility, the captain of a different facility would be immediately notified to verify the SART has been activated, to ensure policies and procedures are being followed. The captain from another facility – rather than the captain of the facility where the abuse was alleged to have occurred – would be responsible for overseeing the SART process at the other facility to ensure greater accountability and transparency of sexual abuse investigations.
- Similar to the previous suggestion, facility-level SARTs would respond to allegations of sexual abuse at a different facility. SART members from one facility would be dispatched to another facility where a sexual abuse allegation was made to ensure proper procedures and policies have been followed. As was suggested above, this would encourage greater accountability and transparency.
- Drafting a separate or amended protocol for responding to allegations of sexual abuse against juvenile detainees in the Boot Camp Program.
- Members of the Facility SART meet within 72 hours of receiving an allegation to review what has been done, make recommendations for next steps, and ensure that the survivor is currently housed in the least restrictive environment that meets their needs for safety and treatment.

Appendix I



Miami-Dade Inmate Safety Project
MDCR Sexual Assault Response Team
Technical Assistance Sessions
October, 2013

Agenda

- Welcome and Introductions
- Sexual Assault Response Team Overview
- SARTs and the Prison Rape Elimination Act Standards
- MDCR SART Protocol and Critical Incident Checklists
- Practice Scenario
- Wrap-up

Miami-Dade Inmate Safety Project

- Partnership between MDCR, JDI, and local rape crisis centers
- Funded by Office for Victims of Crime (OVC) through September 30, 2014
- Began October, 2011



Photo : Michael Fullana

Inmate Safety Project Goals

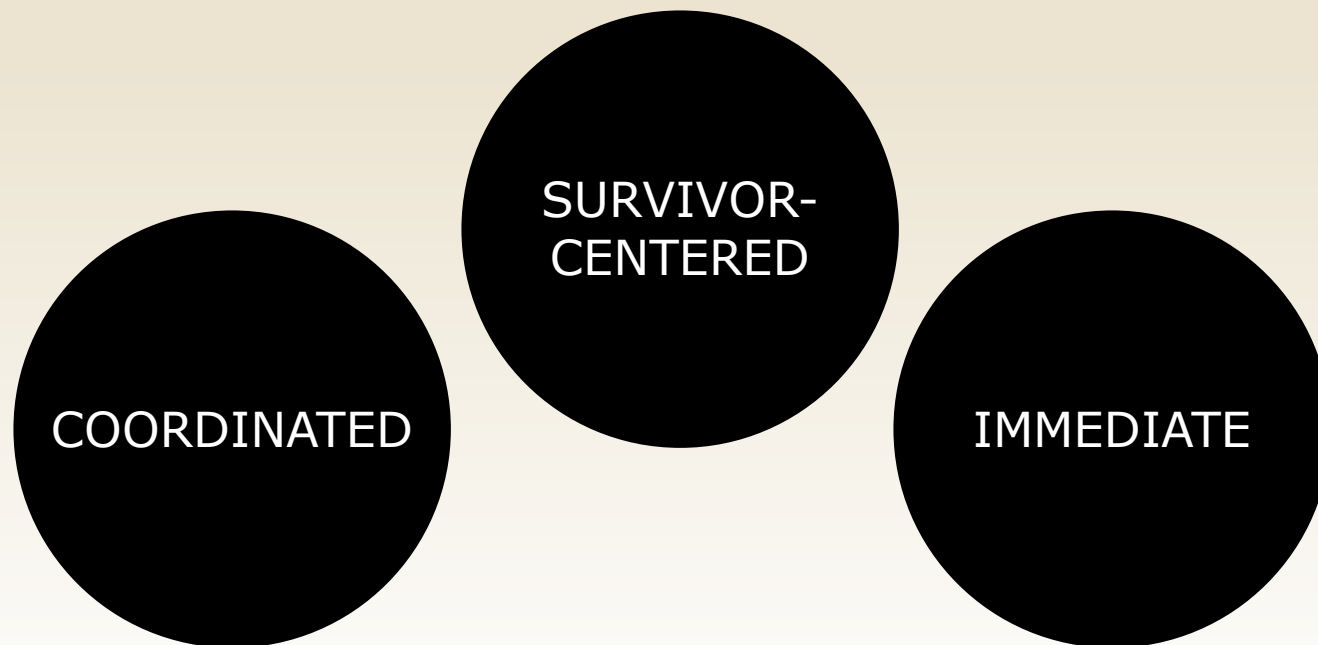
- Implement facility-level Sexual Assault Response Teams (SARTs) at each MDCR facility.
- Develop comprehensive sexual assault inmate education programs at all MDCR facilities.
- Launch confidential inmate rape crisis counseling programs at all MDCR facilities.
- Provide comprehensive staff training for facility staff.

Sexual Assault Response Teams Overview



SART Model

- Recognized as a community best practice
- Multi-disciplinary team
- Specialize in response to sexual assault that is:



SART Goals



Michelle, a transgender woman who was threatened with rape while in the Los Angeles County Jail

- Encourage survivor's healing and well-being
- Eliminate sexual violence – whether based in the community or in a jail
- Ensure compliance with PREA
- Strengthen investigations

Community-Based SART

A community-based SART includes at a minimum:

- Rape Crisis Advocate
- Sexual Assault Nurse Examiner (SANE)
- Law Enforcement Officer
- Prosecutor

MDCR Facility-level SARTS

- Lead the department's efforts to eliminate sexual violence
- Draw expertise from different departments and ranks
- Are overseen by the PREA Compliance Manager
- Meet once per month or as directed by the PREA Coordinator

Facility –level SART Members

Members' job functions may vary depending on a facility's population and needs, but will include a **minimum of three staff** from among the following job positions:

- PREA Compliance Manager
- Health Services Administrator
- Assigned facility psychiatrist
- Classification corporal
- Internal Affairs designee
- In-service Training Officer
- Corrections counselor
- Transportation Officer

SART Coordinating Committee

- Overseen by MDCR PREA Coordinator
- Composed of select staff from MDCR leadership, including PREA Compliance Manager from each facility
- Convenes minimum of six times per year

Coordinating Committee Members

Additional MDCR SART Coordinating Committee members may include:

- Correctional Health Services administrators
- Civilian staff, such as Program Services
- Transportation Supervisor
- Security and Internal Affairs Bureau Chief
- Intake Supervisor

Coordinating Committee Members

Community members may include:

- Miami-Dade Police Department Sex Crimes Bureau
- Miami-Dade County Prosecutor
- Roxcy Bolton Rape Treatment Center (RTC) Program Manager
- Sexual Assault Nurse Examiner (SANE) or medical forensic supervisor

Coordinating Committee Goals

- Monitor department and facility compliance with PREA standards and MDCR policies;
- Discuss successes, challenges, and strategies for overcoming barriers to ensure a coordinated response to allegations;
- Review and revise policies, training materials, memoranda of understanding, and contracts related to sexual abuse prevention and response and PREA.

SART Training Requirements

- Cross-training on roles and responsibilities of teach team member
- Basic training on a variety of topics to maintain the multidisciplinary approach and to ensure the success of the SART

SARTS and the Prison Rape Elimination Act Standards



SARTs and PREA Compliance

The facility-level SARTs and the SART Coordinating Committee will assist MDCR to comply with the following PREA standards:

- §115.21 Evidence protocol and forensic medical examinations
- §115.22 Policies to ensure referrals of allegations for investigations
- §115.51 Inmate reporting

SARTs and PREA Compliance

The facility-level SARTs and the SART Coordinating Committee will assist MDCR to comply with the following PREA standards:

- §115.53 Inmate access to outside confidential support services
- §115.61 Staff and agency reporting duties
- §115.63 Reporting to other confinement facilities
- §115.64 Staff first responder duties

SARTs and PREA Compliance

The facility-level SARTs and the SART Coordinating Committee will assist MDCCR to comply with the following PREA standards:

- §115.65 Coordinated response
- §115.67 Agency protection against retaliation
- §115.71 Criminal and administrative agency investigations
- §115.73 Reporting to inmates

SARTs and PREA Compliance

The facility-level SARTs and the SART Coordinating Committee will assist MDCR to comply with the following PREA standards:

- §115.82 Access to emergency medical and mental health services
- §115.83 Ongoing medical and mental health care for sexual abuse victims and abusers
- §115.86 Sexual abuse incident reviews

SART Protocol and Critical Incident Checklists



SART Protocol and Checklists

- Overview of the development of the SART Protocol and Critical Incident Checklists
- Review current drafts of the Protocol and Checklists
- Discuss implications for current response to allegations of sexual abuse within MDCR and future training needs

SART Practice Scenario

- Review the scenario as a group
- Describe how each of you would respond to the allegation, based on your role in the SART process
- Discuss responses as a group

Appendix J

Miami-Dade Department of Corrections and Rehabilitation Sexual Assault Incident Review Checklist

The incident review process begins as soon as an incident of sexual abuse is reported.

Shift Commander: Begin this Checklist at immediately after the sexual abuse incident is reported. Maintain ongoing updates as the incident review is in progress until the Review is closed.

PREA Compliance Manager: Complete the after action review to ensure that departmental protocol is adhered to by the Shift Commander

REMINDER: Only those staff members who need to know – to perform their jobs, protect the alleged survivor and witnesses, and investigate the allegation – shall be informed of the incident and given access to incident reports, logs, medical reports, and other documentation that might violate the privacy of the survivor and compromise witnesses.

INCIDENT INFORMATION				
Date of Incident:	Time of Incident:			
Facility:	Location of Incident:			
Incident Report Number:	Police Case Number (MDPD):			
Shift Commander (Name & Badge Number):				
INCIDENT EVALUATION				
KEY:	Y = Yes N = No N/A = Not applicable	Y	N	N/A
Nature of the alleged incident (check one)				
<input type="checkbox"/> Inmate against inmate		<input type="checkbox"/> Staff against inmate		
Staff secured the crime scene immediately		Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Alleged survivor(s) was/were immediately separated from the alleged perpetrator(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged perpetrator(s) was/were immediately separated from other alleged perpetrator(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged survivor(s) was/were immediately escorted to a secure and non-hostile environment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged survivor(s) was/were placed in segregation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MDCR Incident Review Checklist

INCIDENT INFORMATION			
Date of Incident:	Time of Incident:		
Facility:	Location of Incident:		
Incident Report Number:	Police Case Number (MDPD):		
If yes to the question above, the placement was voluntary	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
The on-duty members of the facility SART were notified of the allegation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged survivor(s) was/were asked not to take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, eating, drinking, or showering until examined by qualified medical personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged perpetrator(s) was/were immediately escorted to a holding area at the crime scene that does not have bathroom facilities until trace evidence was collected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged perpetrator(s) remained in the holding area until trace evidence was collected or clearance was given by the responding Miami-Dade Police Department (MDPD) Sex Crimes Bureau investigator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged survivor(s) and perpetrator(s) were escorted (separately) to the nearest CHS clinic in the facility for medical assessment/treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A log of events was maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A chain of custody log of evidence or suspected evidence was maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCM conferred with CHS to ensure that the proper medical/mental health protocol was followed regarding services for the alleged survivor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MDCR Incident Review Checklist

INCIDENT INFORMATION			
Date of Incident:	Time of Incident:		
Facility:	Location of Incident:		
Incident Report Number:	Police Case Number (MDPD):		
Shift Commander will ensure that the MDCR Incident Report was generated and the following were attached. If yes, check all that apply	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
<input type="checkbox"/> Copy of the Daily Inmate Population Report of the area where the alleged incident occurred <input type="checkbox"/> Copy of the jail card(s) for the survivor(s) and alleged perpetrator(s) <input type="checkbox"/> Investigative statement(s) of the inmate(s) who was/were present when the alleged incident occurred <input type="checkbox"/> Witness statement(s) from staff; i.e., supplemental incident report; <input type="checkbox"/> Copy of the relevant pages(s) from the area log book covering time period of alleged incident			
PCM: In response to the alleged incident, additional staff have been assigned to certain areas to increase supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCM: Correctional Health Services (CHS) Medical Clinic was notified of the incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCM: Miami-Dade Police Department Sex Crimes Bureau was notified of the incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCM: Facility Supervisor/Bureau Commander was notified of the incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCM: Staff Duty Officer was notified of the incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCM: Internal Affairs Unit was notified of the incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SC: PREA Facility Compliance Manager was notified of the incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SC: MDCR PREA Coordinator was notified of the incident immediately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCM: MDCR staff developed a plan to protect the survivor and any inmate and staff witnesses from retaliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCM: CHS arranged for confidential rape crisis counseling if requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCM: The survivor was notified as to whether the allegation was substantiated, unsubstantiated, or unfounded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MDCR Incident Review Checklist

INCIDENT INFORMATION			
Date of Incident:	Time of Incident:		
Facility:	Location of Incident:		
Incident Report Number:	Police Case Number (MDPD):		
PCM: If the allegation was substantiated or unsubstantiated, and the alleged perpetrator was a staff member or employee of MDCR, the survivor has been notified if: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
PCM: The survivor has been notified if MDCR learns that an alleged inmate perpetrator has been indicted on a charge related to sexual abuse within the facility or convicted on a charge related to sexual abuse within the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCM: All notifications or attempted notifications were documented. NOTE: MDCR's obligation to report under this standard shall terminate if the survivor is released from MDCR's custody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCM: All MDCR policies and practices were followed as intended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The following MDCR polic(ies) or practice(s) will be reevaluated (list/specify)			
The following gap(s) in staff or volunteer/contract training was/were identified (specify)			
The following problem(s) with physical plant was/were identified as creating an environment that enables abuse (specify)			
Staffing levels were adequate to maintain safety in the area where the assault occurred for all shifts? If no, explain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring technology is sufficient to supplement supervision by staff. If no, explain how it should be deployed or augmented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MDCR Incident Review Checklist

INCIDENT INFORMATION			
Date of Incident:		Time of Incident:	
Facility:		Location of Incident:	
Incident Report Number:		Police Case Number (MDPD):	
<p>The incident or allegation was motivated or otherwise caused by the perpetrator's or victim's (check all that apply)</p>			
<ul style="list-style-type: none"> • Race or ethnicity 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Sexual orientation or perceived sexual orientation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Gang affiliation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Gender identity or perceived gender identity 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Other identifiable group dynamics at the facility 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Based upon this review and MDCR protocol, MDCR will take the following steps to protect the survivor and any staff or inmate witnesses from retaliation</p>			
<p>1)</p>			
<p>2)</p>			
<p>3)</p>			
<p>Based upon the conclusions above, the MDCR SART will take the following corrective steps</p>			
<p>1)</p>			
<p>2)</p>			
<p>3)</p>			
ADDITIONAL COMMENTS			

MDCR Incident Review Checklist

INCIDENT INFORMATION	
Date of Incident:	Time of Incident:
Facility:	Location of Incident:
Incident Report Number:	Police Case Number (MDPD):
ADDITIONAL COMMENTS (continued)	

Reviewed by (print name): _____ Date: _____

Signature of Reviewer: _____

MDCR Incident Review Checklist

END OF REPORT

Appendix K

Handling MDCR Jail Inmate Hotline Calls

General Tips:

- Trust your intuition. If your gut is telling you a call is inappropriate, you're probably right.
- Clarify the purpose of the hotline. Explain that RTC can provide crisis intervention, support, information, and referrals for inmates who are survivors of sexual abuse or who are concerned about someone else who has been abused.
- Be clear about the limits of confidentiality. Let callers know that all information they provide will be kept strictly confidential UNLESS the caller: (1) discloses someone is in imminent danger and provides the person's identifying information; (2) shares a plan to harm themselves or someone else; (3) seriously threatens or harasses RTC staff.
- Note all calls on the jail hotline call log.
- Inform your supervisor as soon as possible of any harassing/threatening calls.

Unrelated Calls:

- Inmates are often dealing with many issues – including mental health concerns, drug/alcohol problems, family and economic stressors, and their criminal case – with very few resources. As a result, inmates may call the RTC hotline requesting help that is not directly related to sexual abuse. Keep in mind that although these callers may seem like a nuisance, they may not have any other way of getting the help they need. Survivors of sexual abuse may “test out” a hotline by asking for help with an issue that is easier to talk about than sexual abuse.
- Steer the call back to what RTC can provide – crisis intervention, support, information, and referrals about healing from sexual assault (not legal advice or case management).
- Suggest other resources and referrals, when possible.
- You may want to say something like, "I understand you need help with your criminal case. I'm sorry, but that's not what we do. This line is for survivors of sexual abuse."

General Information about Inappropriate/Harassing/Threatening Calls:

- Inappropriate callers are usually looking for a reaction from advocates; they want to stay on the line as long as possible and to push your boundaries.
- If the caller is getting unnecessarily graphic, tell him/her that you don't need details, but you are happy to talk about the feelings or emotions s/he is dealing with. Keep in mind that some survivors, particularly men, may go into graphic detail about the abuse.
- It is not always easy to tell if a caller's motivations for describing details of the assault are genuine or to set up an obscene/abusive call.
- The following are some guidelines for identifying inappropriate or prank calls:
 - You redirect the caller to their feelings about the abuse and s/he repeatedly ignores your questions and continues to explicitly describe the abuse.
 - A caller asks many questions trying to clarify what is considered sexual assault, such as, "What if they used their finger; is that rape?" One or two of these questions might not be a red flag, but a series of them probably is.
 - The scenario sounds like a set-up for stereotypical pornography.
 - The caller attempts to elicit personal information about you, especially about relationships or sex.

- The caller insists on focusing on you. For example, s/he asks what it is like for you to hear about the abuse or how you would feel if someone did [abusive action] to you. This questioning is different from a caller asking if you are a survivor or if you can understand what they are going through.
- The caller claims that s/he enjoyed the sexual abuse. Some survivors may describe physical arousal during the sexual abuse, such as an erection or ejaculation; however, these reactions are usually related with a sense of confusion or shame and are not typically described as enjoyable or pleasurable.
- You hear heavy breathing or other sounds that indicate sexual arousal.
- Sometimes the best way to tell the difference between genuine and prank callers is to consider how the person relates details.
 - For example, survivors may share detailed information about the abuse to explain what happened to them or to explain why they behaved the way they did during the assault. Most survivors of sexual abuse will share these details with some degree of shame, hesitancy, or a flat affect (rather than with enthusiasm or excitement). On the other hand, crank callers will describe details of the abuse for exhibitionism, to embarrass or to get a reaction.
- Survivors of sexual abuse in jail may have been “willing” to participate in a sexual relationship with jail staff, even though this contact is illegal and non-consensual. These survivors may be particularly confused about staff sexual abuse if they “agreed” to it.

Ending Inappropriate/Harassing/Threatening Calls:

- If you believe the call is inappropriate (not malicious or abusive), stay calm, try not to react to what the caller is saying, and keep steering the call back to what is appropriate. If the caller continues to be harassing despite redirection, politely end the call.
- Ask the caller to identify a specific need RTC can help them with – obscene callers will often fail to get to the point or want to talk only about the “abuse” and not about what they need from the agency.
- Ask for a name or address so RTC can follow-up with the survivor – almost all prank callers hang up when advocates do this.
- For inmates at Turner Guilford Knight Correctional Center (TGK): offer to provide the caller’s contact information to an RTC advocate so they can meet with the survivor in-person. This is likely to end the conversation if the person is a prank caller.
- If a caller threatens to harm you or another identifiable person, notify him/her that you will report the threat to the Miami-Dade Corrections and Rehabilitation Department (MDCR). End the call and notify your supervisor immediately.

Prank calls are draining. You may feel betrayed, cheated, and angry on behalf of all the survivors who need your help. Depending on the call, you might also feel violated or afraid. Crank callers waste resources and burn out advocates. It is not always easy to balance keeping resources available to survivors who need it with managing prank or abusive callers. Remember that for every prank or abusive caller, there are thousands of survivors who need your help, and are grateful you are there.

If you need additional help or more information about how to handle calls from MDCR inmates, please contact your supervisor and/or Just Detention International (JDI).

Appendix L

MDCR Inmate Counseling Program Informed Consent Form

The MDCR inmate counseling program is a joint project of Just Detention International (JDI) and the Miami-Dade Department of Corrections and Rehabilitation (MDCR). This initiative is designed to offer confidential counseling to survivors of sexual assault. The counseling services offered through this project are independent of MDCR mental health services or other departments and are strictly confidential.

The therapist is a state certified sexual assault/crisis intervention counselor and/or licensed therapist. The JDI Program Director and the Deputy Executive Director provide oversight and supervision for all counseling activities.

Benefits and Risks

The MDCR counseling project aims to decrease the impact of sexual violence on survivors who are incarcerated in MDCR facilities. The therapist uses crisis intervention and survivor-centered counseling techniques, which is an approach that has been found to be successful in reducing trauma symptoms for many survivors of sexual assault.

Certain risks are inherent in engaging in any counseling process. For example, some symptoms may increase at first, progress may be slower than expected, or ending the counseling relationship may be difficult. You have the right to consider other ways of healing from sexual assault and to refuse any suggestions made by your therapist.

Termination

You may choose to end the counseling relationship and withdraw your consent at any time and for any reason.

The therapist will terminate services if: the agreed upon time limit has been reached; services are no longer necessary or if your needs no longer match what the program can provide; and/or you threaten or harass the therapist in any way. The therapist and JDI staff will make every effort to refer you to appropriate services upon termination of counseling and provide you with resources that will be helpful after you leave MDCR custody.

Services

The therapist offers crisis counseling services to survivors of sexual violence to promote their healing. The therapist does not provide general therapy, medication or medication evaluations, emergency care for acute psychiatric conditions, diagnosis, psychological testing or evaluation, or legal advice or services.

Because untreated psychiatric illness, medical conditions or addictions may inhibit your ability to address issues related to sexual assault and abuse, your therapist may recommend that you seek psychiatric care, medical care, or alcohol and other drug treatment before continuing with counseling services. Being under the care of a psychiatrist or doctor does not mean you cannot receive counseling services from the therapist.

Counseling is available by appointment. Any participation in the program is voluntary.

If the therapist must miss a session or plans to leave the program, every effort will be made to give you advance notice and to make a plan for your continued healing.

Legal and Ethical Considerations

The therapist will maintain a professional relationship with you. They will not have social or sexual relationships with clients or former clients. The therapist cannot bring money, stamps, letters, a cell phone or other goods in or out of the jail.

All therapists are required to keep records. Client records will be brief, noting only the date of the session, topics discussed, and interventions used. Records will be kept offsite in a secure location.

If you have any concerns or feedback regarding the counseling program, you can talk to your therapist or write to JDI via confidential, legal mail. The address is below.

Limits of Confidentiality

Communication between you and your therapist is confidential. No information can be shared with anyone without your written permission, with a few exceptions. Your therapist may be either required or permitted by state law to break confidentiality and file a report to the appropriate governmental agency, MDCDR department or individuals under the following conditions:

- You report that you have a plan and a means to hurt or kill yourself or someone else;
- You report that a child is in danger or is suspected of being physically, sexually or severely emotionally abused or neglected;
- You report that an adult who is elderly or has a disability is in danger;
- By subpoena or court order;
- You file a complaint or lawsuit against the therapist, in which case, they may disclose information necessary for the defense;
- For supervisory purposes, the therapist may discuss your case with JDI staff, as necessary.

The therapist will make every effort to discuss with you any time they must break confidentiality before taking any action, and will limit disclosures to only what is necessary.

I have read and understood this statement, had enough time to think about it carefully, and asked any questions that I needed to.

Client Signature

Date

Witness

Date

You can write with any questions or comments about the counseling program to JDI at the following confidential, legal mail address:

Cynthia Totten, Attorney at Law/Miami OVC Project
CA Attorney Reg. #199266
3325 Wilshire Blvd., Suite 340
Los Angeles, CA 90010

MetroWest Detention Center (MWDC) Inmate Counseling Program Protocol

The purpose of this protocol is to provide basic information about the confidential inmate counseling program at MetroWest Detention Center (MWDC). Confidential counseling will be offered to MDCR inmates who have experienced sexual abuse at any point in their lives. Counseling will be provided by a trained therapist from the community who will come into the jail to meet with inmate survivors.

This program is part of the JDI/MDCR *Miami-Dade Inmate Safety Project*. Any questions regarding this protocol should be directed to Gwyn Smith-Downes, JDI Senior Program Director, at gsmith@justdetention.org or to Lt. Wynn Timermark-Samuels, MDCR PREA Coordinator at WRT@miamidade.gov.

- **Logistics**

- Security clearance for the therapist
 - The therapist will provide MDCR with the following information:
 - Full name
 - Copy of Driver's License
 - Volunteer application
 - As soon as the information and packet is received by MDCR, they will run the background check.
 - Once the therapists are approved, CIAB will contact the therapist to schedule the volunteer orientation.
 - Once the therapist has completed the volunteer orientation, they will be entered into MDCR's volunteer system and will be permitted access to the facility.
- Facility access
 - Therapists should park in the MetroWest parking lot on 41st Street. They should bring only their driver's license and materials needed for counseling sessions. They may not carry in a cell phone, purse, laptop, cigarettes, or lighters. No provocative clothing or open-toed shoes are permitted.
 - In the event that the therapist would like to bring in any items, such as a laptop, they will need to get written approval from the Facility Captain prior to their visit.
 - The therapist should enter the building from the entrance on 41st Street and check-in with the PREA Compliance Manager in the administration office.
 - The PREA Compliance Manager will then notify the Shift Commander that the therapist is on-site.
 - In the event that PREA Compliance Manager is unavailable, the therapist will check in with the Executive Officer or with the Administrative Sergeant.

Legal and Ethical Considerations

The therapist will maintain a professional relationship with you. They will not have social or sexual relationships with clients or former clients. The therapist cannot bring money, stamps, letters, a cell phone or other goods in or out of the jail.

All therapists are required to keep records. Client records will be brief, noting only the date of the session, topics discussed, and interventions used. Records will be kept offsite in a secure location.

If you have any concerns or feedback regarding the counseling program, you can talk to your therapist or write to JDI via confidential, legal mail. The address is below.

Limits of Confidentiality

Communication between you and your therapist is confidential. No information can be shared with anyone without your written permission, with a few exceptions. Your therapist may be either required or permitted by state law to break confidentiality and file a report to the appropriate governmental agency, MDCDR department or individuals under the following conditions:

- You report that you have a plan and a means to hurt or kill yourself or someone else;
- You report that a child is in danger or is suspected of being physically, sexually or severely emotionally abused or neglected;
- You report that an adult who is elderly or has a disability is in danger;
- By subpoena or court order;
- You file a complaint or lawsuit against the therapist, in which case, they may disclose information necessary for the defense;
- For supervisory purposes, the therapist may discuss your case with JDI staff, as necessary.

The therapist will make every effort to discuss with you any time they must break confidentiality before taking any action, and will limit disclosures to only what is necessary.

I have read and understood this statement, had enough time to think about it carefully, and asked any questions that I needed to.

Client Signature

Date

Witness

Date

You can write with any questions or comments about the counseling program to JDI at the following confidential, legal mail address:

Cynthia Totten, Attorney at Law/Miami OVC Project
CA Attorney Reg. #199266
3325 Wilshire Blvd., Suite 340
Los Angeles, CA 90010

- The therapist and PREA Compliance Manager will review the Daily Inmate Population Report print-out to verify the location of clients within the jail.
 - The print-out is located in the MWDC visitation lobby and has all inmates' name and cell locations.
- The therapist will need to sign in and get a visitor's pass before entering the jail.
- The therapist will check-in at the clinic and notify the staff psychiatrist or the Charge Nurse that she is meeting with clients.
- Meeting space
 - The therapist will meet with inmate clients in a professional interview room in the visitation lobby area.
 - In the event that a room is not available or the inmate does not feel comfortable meeting there, the therapist will check-in with the Visitation Officer and ask that s/he contact the PREA Compliance Manager to make alternate arrangements. The PREA Compliance Manager will ensure that the therapist and client are escorted to an alternate location.
- Scheduling of clients
 - Inmates can notify any MDCR staff member that they would like counseling services.
 - Any staff member who is notified about an inmate's desire for counseling services will refer them to the sick call slip.
 - Inmates must complete a sick call slip to request counseling services with the therapist.
 - When the medication nurse receives the sick call slip, s/he will provide it directly to the Health Services Administrator (HSA).
 - The HSA will review the sick call and make a determination if it's a request for rape crisis counseling services or general treatment.
 - If the request is unclear, the HSA will meet privately with the inmate who made the request to determine their needs.
 - Once the HSA receives the sick call slip, s/he will forward the information to the appropriate therapist to coordinate scheduling.
 - The HSA will note the referral date on the sick call slip.
 - The sick call slip will be retained in the inmate's medical records.
 - A copy of the sick call slip will be given to the inmate.
 - A copy will NOT be provided to Billing.
 - The HSA will appoint a designee to assume the above responsibilities in the case of his/her absence and will notify the therapist of the contact person for the program.
 - The therapist will be responsible for scheduling client appointments and will contact inmates directly following referrals.

- The therapist will be permitted to provide any relevant information or materials to inmates, consistent with MDCR policy.
 - Questions regarding what materials are permitted within the jail should be directed to the MDCR PREA Compliance Manager.
 - The therapist will be permitted to remove any materials from the facility that are relevant to counseling sessions, such as inmate writing or worksheets.
 - The therapist will not remove personal correspondence or other contraband for inmate clients.
- Therapist access to the client's file
 - CHS will provide the therapist with blank Medical Release Forms for the inmate client to complete if s/he would like the therapist to have access to his/her medical records.
 - The therapist will provide a signed copy of the Medical Request Form to the charge nurse at the facility.
- **Referrals for acute/ongoing medical or mental health care**
 - Non-emergency referrals
 - In cases where a client requests that the therapist inform CHS of any non-emergency medical or mental health concerns, the therapist will assist the inmate to complete a sick call form.
 - CHS will provide the therapist with blank sick call slips for this purpose.
 - Any verbal information provided to CHS regarding an inmate client should be noted, in writing, by CHS staff.
 - The therapist will ensure that the inmate completes a Release of Information form before disclosing any information to CHS/MDCR staff.
 - Emergency/acute referrals
 - In cases where a client has an acute/severe medical, mental health, or security need (i.e. inmate does not feel safe returning to the unit, is experiencing shortness of breath, etc.), the therapist will remain with the client and notify the Visitation Officer.
 - The Visitation Officer will notify the Shift Commander or contact the clinic immediately.
 - The Shift Commander will contact the clinic or instruct the Visitation Officer to do so.
 - The clinic will notify the appropriate medical or mental health provider on duty.

Appendix M

MDCR PREA Peer Educator Job Description FACILITY

Work Assignment:	Housing Unit
Position Title:	Prison Rape Elimination Act Peer Educator
Compensation:	3-5 days Gain Time/month, depending on performance
Skill Level:	Highly Skilled
Hours:	Varies
Direct Supervisor	Corrections Counselor Additional supervision provided by Just Detention International (JDI)

Eligibility: Preference for sentenced inmates, no history of sex offenses or sexual misconduct. Bilingual (English/Spanish or English/Creole) preferred. This position requires maturity, a commitment to ending sexual violence, and strong speaking skills to deliver the best possible education to inmates.

Commitment: 3 months, with option to extend based on job performance.

Job Duties: Responsibilities include, but are not limited to: complete PREA peer educator training and receive certification; conduct classes for unit inmates within 30 days of their arrival at the unit; work collaboratively with the other PREA Peer Educators; use various teaching aids, such as posters, charts, and handouts; recruit attendees for classes; prepare, distribute, and collect course evaluations; assist inmates with specific concerns or to reinforce course content; provide inmates with accurate information and referrals regarding PREA, sexual assault or harassment, and how to seek help, if requested; develop, revise, and update class curriculum and materials in accordance with changes in policy and practice, as directed by your supervisor and/or JDI, and submit any changes for review to your supervisor; provide weekly updates on progress to your supervisor; participate in all meetings.

PREA peer educators are responsible for the management and content of classes. You are NOT responsible for reporting, investigations, or crisis intervention. You should be prepared to provide information to inmates regarding MDCR sexual assault policies and procedures, as well as ways to get help if someone has been victimized.

Recruitment for this position will begin on DATE.

Appendix N

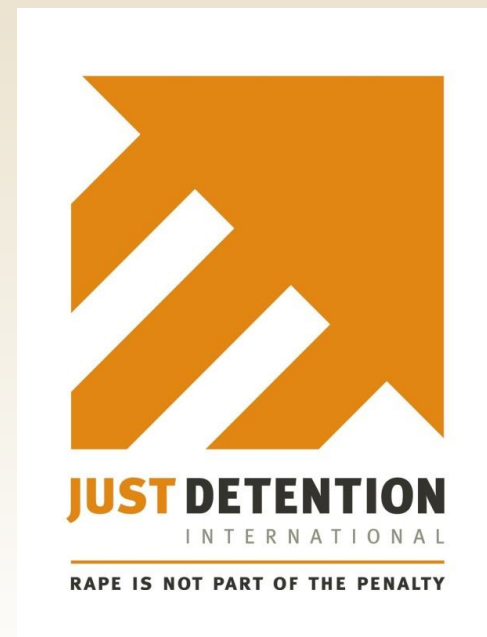
MDCR PREA Peer Educator Training



Marcus, one of the first PREA Peer Educators at Turner Guilford Knight Correctional Center.

Acknowledgements

This training was developed by Just Detention International (JDI) and was produced through the support of the Office for Victims of Crime, U.S. Department of Justice.



Introductions

- Instructors
- Current Peer Educators:
 - Your name and housing unit
 - How long have you been in the program?
- New Peer Educators:
 - Your name and housing unit
 - How long have you been at this facility?
 - What made you interested in being a PREA Peer Educator?

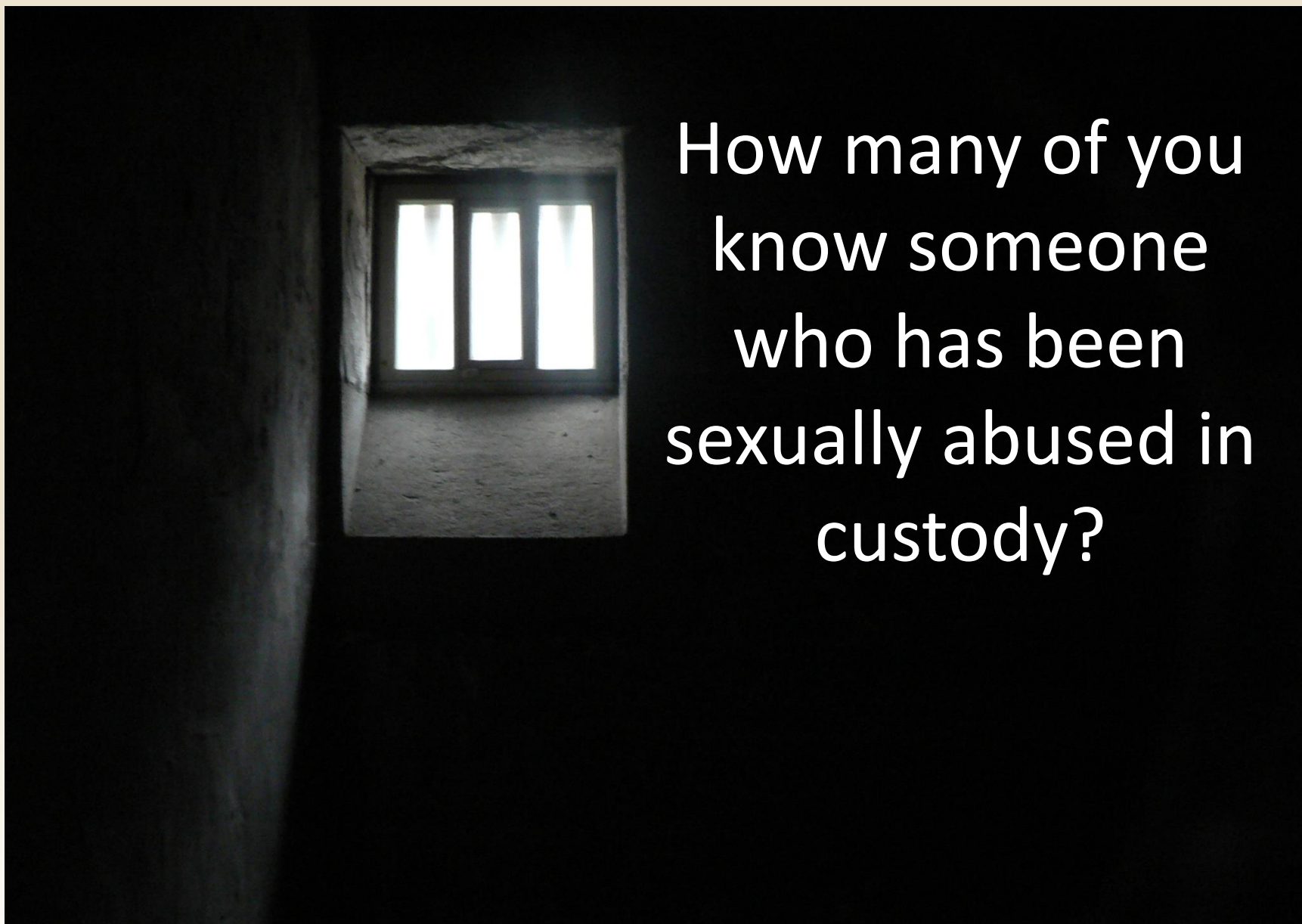
Training Guidelines

- Participate:
 - Share your ideas.
 - Ask questions.
 - Take notes.
- Be respectful of one another.
- Conduct yourself like a role model.



Module 1 Outline

- Prison Rape Elimination Act (PREA)
- *Miami-Dade Inmate Safety Project*
- Prevalence of Sexual Abuse in Jails
- Dynamics of Sexual Abuse in Jails
- Barriers to Reporting



How many of you
know someone
who has been
sexually abused in
custody?

The Prison Rape Elimination Act



Photo © Just Detention International

At the PREA signing ceremony with (from left) President George Bush, the late Sen. Edward Kennedy, and Tom Cahill, prisoner rape survivor and former JDI President.

Prison Rape Elimination Act (PREA)

- Passed in 2003
- First federal law to address prisoner rape.
- Required the creation of binding national standards to prevent, detect, and respond to sexual abuse in detention

PREA Standards Overview

- Released by the Department of Justice on May 17, 2012
- Require annual audits for compliance
- Comprehensive set of guidelines related to all aspects of sexual abuse in custody, including:
 - Prevention
 - Detection
 - Response
 - Monitoring

Four Sets of PREA Standards

- Prisons
- Jails
- Lockups
- Community corrections facilities
- Juvenile detention facilities



*JDI Survivor Council Members
at the U.S. Capitol*

§ 115.33 Inmate Education: Intake

Inmates must receive basic information during intake on:

- MDCR's zero tolerance policy regarding sexual abuse/harassment
- How to report incidents



MDCR Sexual Assault Awareness Pamphlets.

§ 115.33 Inmate Education: Comprehensive

Within 30 days of intake, inmates must receive comprehensive information on:

- Their rights to be free from sexual abuse/harassment and retaliation
- MDCR policies and procedures for responding to sexual abuse/harassment

§ 115.33 Inmate Education: Additional Requirements

- Comprehensive information must be provided to inmates in person or by video.
- All inmates must receive this education within one year and upon transfer to another facility.
- MDCR must document that inmates receive this education.
- Information must be continually accessible to inmates.

Miami-Dade Inmate Safety Project



Miami Dade Inmate Safety Project: OVC #2011-VF-GX-K018



Project Overview

- Partnership between MDCR, JDI, and local rape crisis centers
- Funded by Office for Victims of Crime (OVC) through September 30, 2014
- Began October, 2011



Photo : Michael Fullana

Inmate Safety Project Goals

- Develop a comprehensive sexual assault inmate education programs at all MDCR facilities.
- Launch confidential inmate rape crisis counseling programs at all MDCR facilities.
- Implement facility-level Sexual Assault Response Teams (SARTs) at each MDCR facility
- Provide comprehensive staff training for all facility staff.

A photograph of a jail cell, showing metal bars and a bed. The image is overlaid with a semi-transparent orange rectangle containing the title text.

Prevalence of Sexual Abuse in Jails

Miami Dade Inmate Safety Project: OVC #2011-VF-GX-K018

National Prevalence



Source: Bureau of Justice Statistics, "Sexual Victimization Reported By Former State Prisoners, 2008," May 12, 2012.
(Approximately 9.6% of former state prisoners reported one or more incidents of sexual abuse during the most recent period of incarceration in a jail, prison, or post-release community-treatment facility.)

Miami Dade Inmate Safety Project: OVC #2011-VF-GX-K018

Staff and Inmate Perpetrators

STUDY SHOWS NEARLY EQUIVALENT RATES
OF ABUSE BY STAFF AND OTHER INMATES

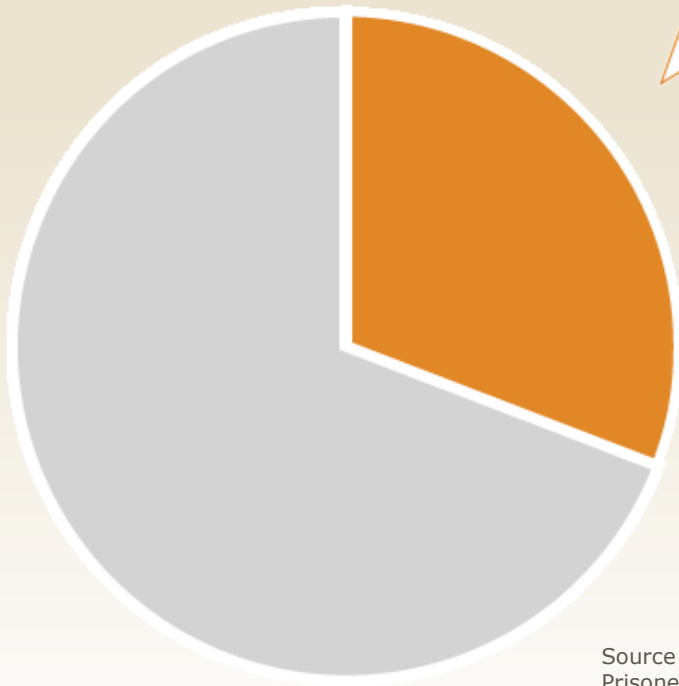


Source: Bureau of Justice Statistics, "Sexual Victimization Reported By Former State Prisoners, 2008," May 12, 2012.
(Approximately 9.6% of former state prisoners reported one or more incidents of sexual abuse during the most recent period of incarceration in a jail, prison, or post-release community-treatment facility.)

Miami Dade Inmate Safety Project: OVC #2011-VF-GX-K018

Many Survivors are Abused Repeatedly

31% OF INMATES REPORTING ABUSE WERE VICTIMIZED **THREE OR MORE TIMES**



Source: Bureau of Justice Statistics, "Sexual Victimization Reported By Former State Prisoners, 2008," May 12, 2012. (Approximately 9.6% of former state prisoners reported one or more incidents of sexual abuse during the most recent period of incarceration in a jail, prison, or post-release community-treatment facility.)

Timing of Abuse

- Most survivors of sexual abuse in jails are targeted within the first 30 days.
- Both male and female survivors are more likely to be abused by a staff member within the first 30 days.
- Male survivors are more likely than female survivors to be targeted within the first 24 hours.

Sexual Abuse Reported by MDCR Inmates



2008 – 2009

Pre-Trial Detention Center:

7.8% rate of sexual abuse

- 5.1% by other inmates, the 3rd highest rate in the U.S.
- 3.5% abused by staff

Metro-West Detention Center:

1.7% rate of sexual abuse:

- 1.4% abused by staff
- 0.7% abused by other inmates

2011 – 2012

Metro-West Detention Center

2.6% rate of sexual abuse

Training and Treatment Center

1.0% rate of sexual abuse

Turner Guildford Knight

1.0% rate of sexual abuse

Boot Camp

0.0% rate of sexual abuse

Perpetrators Tend to Target:

- People with mental illness
- Those with previous history of sexual victimization
- People held for violent sex offenses
- Lesbian, gay, bisexual, and transgender (LGBT) inmates or those who are perceived to be



Michelle survived an attempted rape at the LA County Jail.

Mentally Ill Inmates

- More than 25% of jail inmates report symptoms of serious psychological distress
- Jail inmates with mental illness are **five times more likely to be sexually abused by another inmate** than inmates who are not mentally ill.
- Inmates with mental illness are also at increased risk for repeated abuse, use of force, and injury.

Survivors of Previous Abuse

1 IN 12 & **1 IN 8**
JAIL INMATES **PRISONERS**
who have experienced prior
sexual victimization reported
sexual abuse by another inmate

Source: Bureau of Justice Statistics, *Sexual Victimization In Prisons And Jails Reported By Inmates*, 2011-12, May 2013

Miami Dade Inmate Safety Project: OVC #2011-VF-GX-K018

Violent Sex Offenders

People held for violent sexual offenses reported higher rates of **inmate-on-inmate** sexual victimization than inmates held for other offenses.

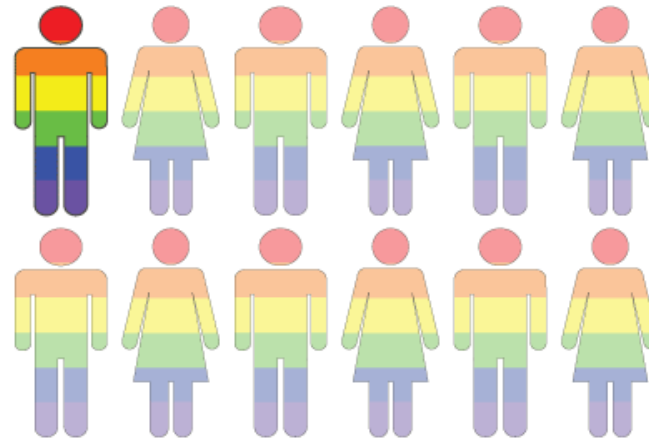


Lesbian, Gay, and Bisexual Inmates

1 IN 12

JAIL INMATES

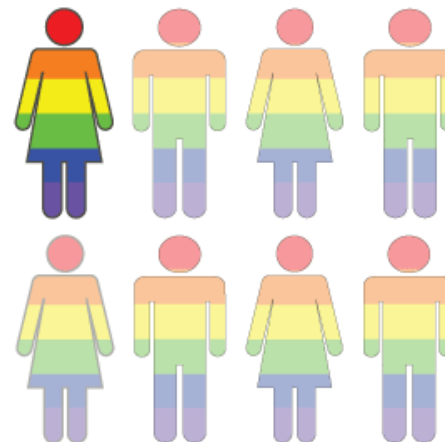
who identify as **LESBIAN, GAY, BISEXUAL, OR OTHER** were sexually abused by another inmate.



1 IN 8

PRISONERS

who identify as **LESBIAN, GAY, BISEXUAL, OR OTHER** were sexually abused by another inmate.



Bryson's Story



Photography by James Stenson

Transgender Inmates

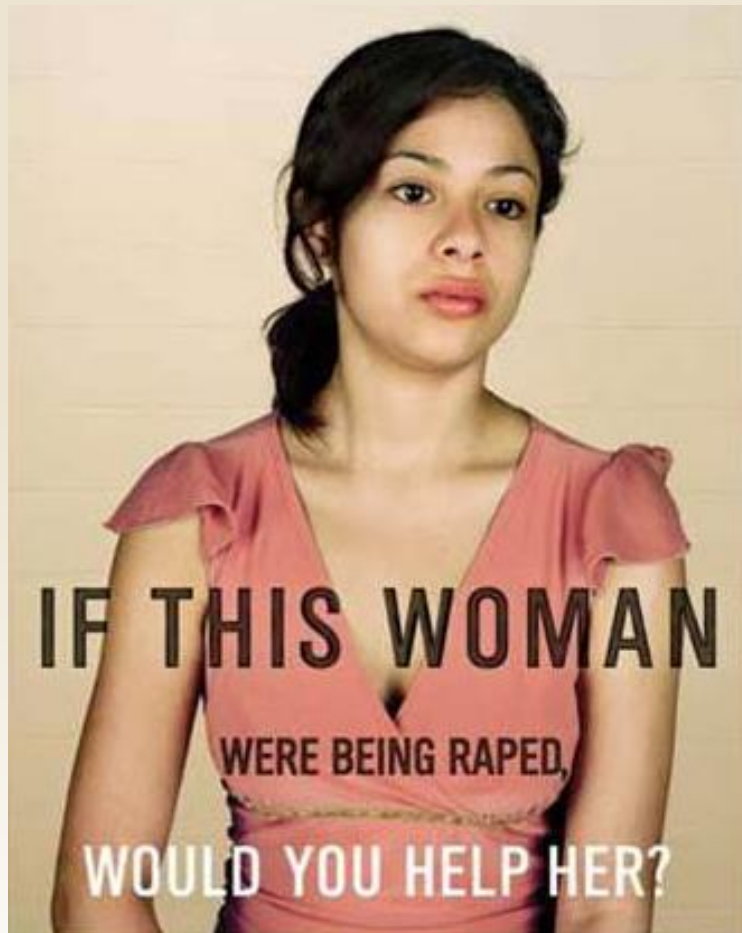


Esmeralda, a transgender woman, was sexually abused in immigration detention. She is a JDI Survivor Council member.

Transgender - people whose gender identity or expression is different from those typically associated with their assigned sex at birth.

Transgender inmates suffer extremely high rates of sexual abuse behind bars.

Dynamics of Sexual Abuse In Jail



Hope's Story



Sexual Violence:

-is any unwanted or nonconsensual sexual contact
- ...is an act of violence.
- ...is a crime.
- ... is used to establish or maintain power and control.
- ...exists on a spectrum.

What is Sexual Assault?

According to PREA and criminal laws, sexual assault is any sexual contact:

- without the victim's consent
- when the victim is coerced by overt or implied threats of violence;
- when the victim is unable to give meaningful consent;
- when a person is unable to refuse.

What is Consent?

Consent is:

- An act of free will
- A clear, enthusiastic yes
- Required for all legal sexual contact

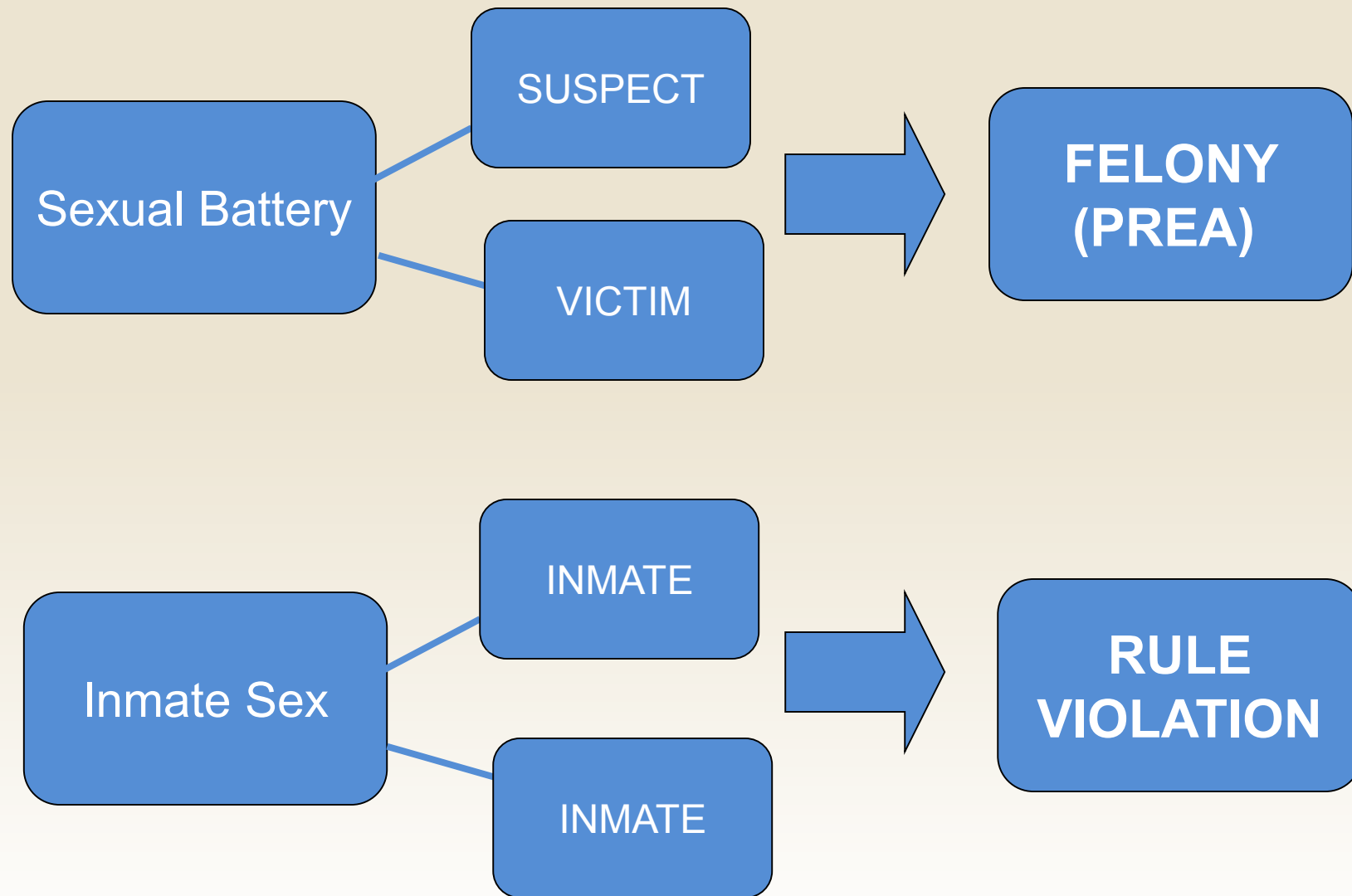
Consent is NOT:

- NOT the result of threats or manipulation
- NOT possible when someone is high, drunk, asleep, or unconscious
- NOT possible with a staff member

Adapted from:

<http://diannaeanderson.net/blog/2064>

Rape vs. Consensual Sex



Consensual or Non-Consensual?

Johnny is high when he is arrested. During the night, he is propositioned for oral sex by another inmate. Johnny agrees and falls back asleep.

The next morning, the inmate thanks Johnny for the “favor.” Johnny claims he has no memory of it, but laughs it off.

Is this consensual or non-consensual?

Forms of Sexual Violence in Jail

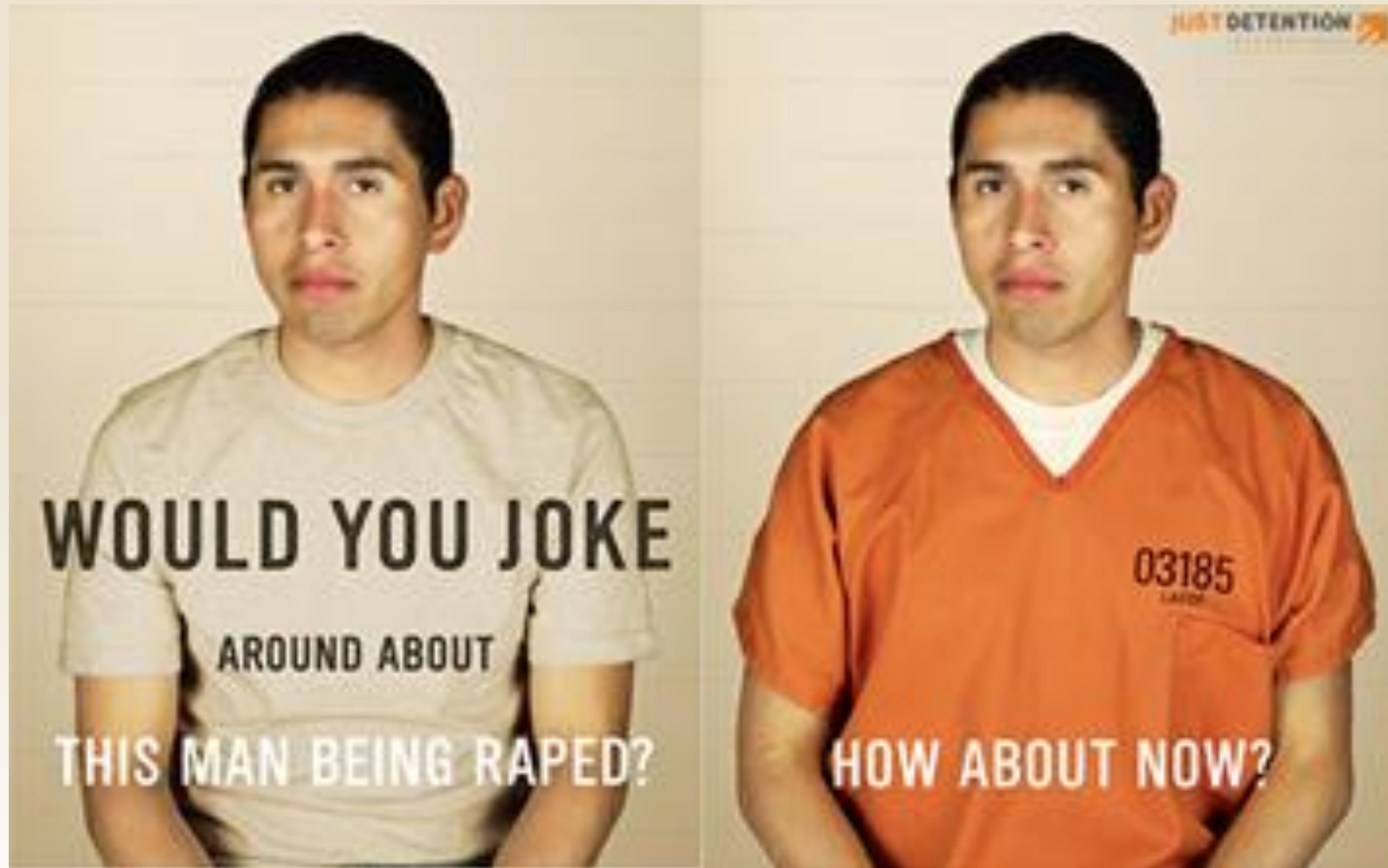
- Staff sexual misconduct
- Sexual harassment
- Protective pairing
- Sexual abuse
- Ritual/gang abuse
- Sexual abuse in romantic relationships
- Sexual abuse during searches

Perpetrator Methods

- Abuse of authority
- Offers of protection
- Threats
- Exploitation
- Medication/drugs
- Force



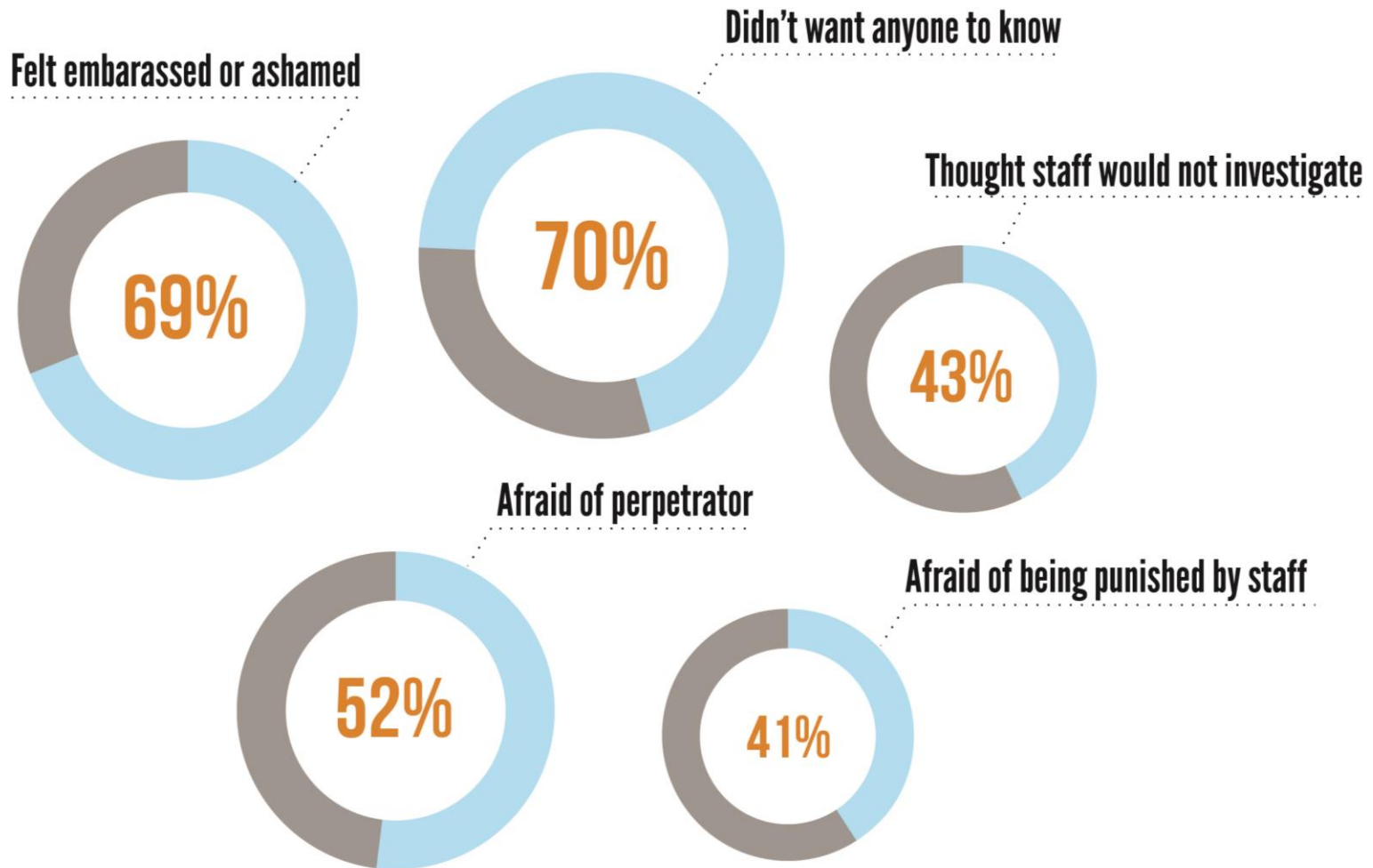
Barriers to Reporting



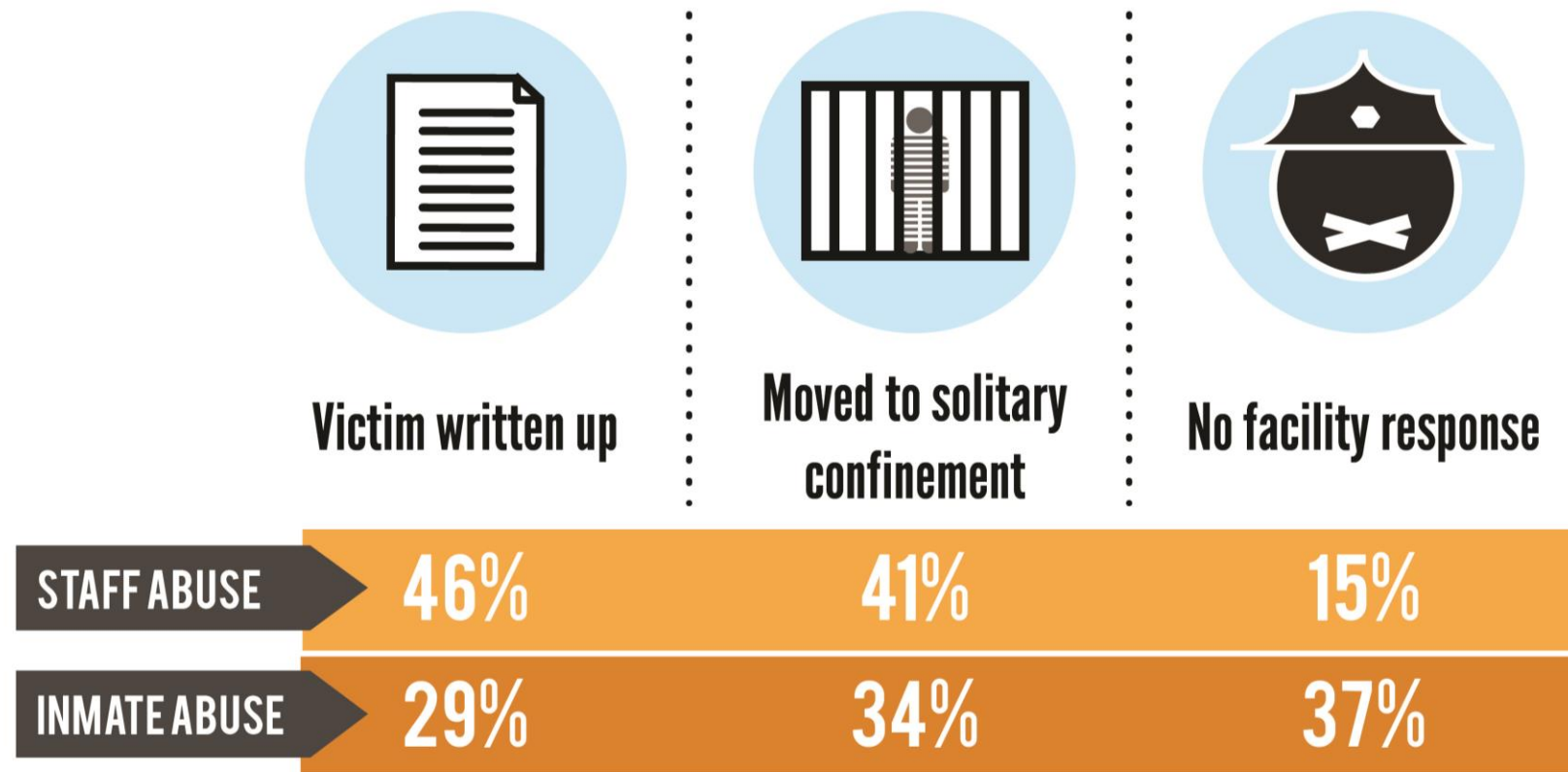
Inmates Unlikely to Report Abuse

- The majority of sexual abuse behind bars is unreported.
- Only 37% of victims of inmate-on-inmate sexual abuse and 5.8% of victims of staff sexual misconduct reported the abuse to officials.
- The lack of reports of sexual abuse behind bars mirrors low reporting rates in the community.

Why Inmates Don't Report



Facility Responses





Group Activity

Miami Dade Inmate Safety Project: OVC #2011-VF-GX-K018

Module 2 Outline

- Impact of Sexual Abuse in Jails
- MDCR Peer Education Overview
- Curriculum Review
- Practice Scenarios

Impact of Sexual Abuse in Jail



Three Survivor Stories

Video available at: <https://www.youtube.com/watch?v=LTp85TyOUBA>

Immediate Impact of Sexual Trauma

- Sudden and debilitating effects
- Triggers intense neurobiological reactions
- Can result in impairment or disruption in survivors' basic functioning.



Marilyn Shirley, a prisoner rape survivor and member of JDI's Survivor Council

Intermediate and Long-term Impact of Sexual Trauma

Increased risk of:

- Depression
- Suicide attempts
- Post-Traumatic Stress Disorder
- Injuries
- Sexually transmitted infections and HIV
- Worsening of psychiatric disorders

Impact of Detention



Troy, JDI Survivor Council Member

- Lack of control
- Perceived punishment
- Limited services
- Ongoing safety concerns

Peer Education Overview



Peer Education class at TGK

PREA Peer Education Basics

- Qualified inmates deliver information about PREA to other inmates
- Undergo training and certification
- Applies the peer education model, which has been successful in corrections agencies
- Recommended by the Department of Justice

History of Peer Education

- Piloted in two California state prisons
 - Multi-level prisons
 - Large populations
- Offered to all general population inmates
- Peer educators selected from a variety of backgrounds
- Supervised by facility staff, including custody, education, and mental health staff

Benefits of Peer Education

- Information is more accessible to inmates.
- Peer educators become role models.
- Positive impact on institutional culture
- Overall reduction in staff time and cost



Peer Educators at at TGK

MDCR PREA Peer Education: A Model Program

- First jail-based program in the U.S.
- Goal to develop best practices for other jails
- First piloted at TGK
- Will be expanded to all other MDCR facilities by 2014



MDCR staff observe a class at TGK.

MDCR PREA Inmate Education Video

Video available at: <https://vimeo.com/71527042>

Peer Educator Criteria

- Reliable and hard-working
- Good speakers
- Positive standing with staff and inmates
- Bilingual abilities (Spanish/Creole)
- No history of sex offenses



Johnny, one of the first PREA Peer Educators at the California Correctional Institution.

Peer Educators' Roles



Maribel, a PREA Peer Educator at the California Institution for Women.

- Complete training
- Conduct weekly classes
- Collect evaluations
- Work collaboratively
- Provide information and education
- You are **NOT** investigators, informants or counselors.

Role of Corrections Counselors

- Supervise and train peer educators.
- Recruit, interview, and train peer educators.
- Develop curriculum and other materials.
- Meet with peer educators regularly.
- Provide ongoing support, information, and materials to peer educators, as needed.

Class Logistics

- Classes should be conducted independently by peer educators.
- At least two peer educators should be in each class, at all times.
- Average number of class attendees:
- Schedule of classes:
- Location of classes:

Documentation

- Ensure all class attendees sign-in.
- Distribute and collect evaluation forms.
- Provide Unit Manager with sign-in sheets and evaluation form following the class.
- Jail numbers are optional on sign-in sheets.

Compensation

- Sentenced peer educators are eligible to receive 3-5 days of Gain Time each month.
- Counselors will ensure Gain Time is applied.
- Unsentenced peer educators are eligible to receive commissary bags.

Curriculum Review

- Break into groups by unit.
- Pair off with a staff member or peer educator to review the assigned section of the curriculum.
- Present to the group.

Practice Scenarios

- Break into groups by unit.
- Review the assigned scenario and write down how you would respond.
- Share with the group.

To contact Just Detention International:

Headquarters

3325 Wilshire Blvd., Suite 340
Los Angeles, CA 90010
(213) 384-1400
info@justdetention.org
www.justdetention.org

Confidential legal mail

Cynthia Totten, Esq.
CA Attorney Reg. #199266
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Los Angeles, CA 90010

Appendix O

MDCR Comprehensive PREA Peer Education Class
Metro West Detention Center (MWDC)
(Curriculum also available in Spanish and Haitian Creole)

1) Welcome! My name is _____.

The main purpose of this class is to give you information about MWDC's programs and policies to end sexual assault in jail. We will also share with you some general information about the issue.

Thank you for coming. I want you to know that no one was singled out to come to this workshop. Every inmate in the Miami-Dade County Corrections and Rehabilitation Department (MDCR) will receive this information.

MDCR and MWDC are working closely with Just Detention International (JDI), a nonprofit health and human rights organization that works to end sexual abuse behind bars. JDI works with corrections departments to change policies; educate the general public, inmates, and corrections staff about prisoner rape; and help incarcerated people who have been sexually assaulted to get the help they need.

Today, we will cover the topics of:

- definitions of sexual harassment, abuse, and assault;
- ways to reduce your risk of being sexually abused;
- how to get help if you are sexually assaulted or sexually harassed;
- your rights and responsibilities related to sexual violence; and
- MWDC and MDCR's responsibilities related to sexual abuse.

Before we get started, here are some guidelines for today's class to make sure you all are comfortable with what we are about to go over:

1. We understand this is a difficult and awkward topic to discuss. No one wants to talk about this, but we need to. We would appreciate it if everyone just listens with the same attention and respect you would to any other health class.
2. If you find that, after the class, you have other questions, you can let one of us know and we will try to help you find the answers.
3. As you know, all sexual activity between inmates here at the jail is against MDCR policy and the Florida Penal Code. However, we are talking today about sexual harassment, sexual abuse, and sexual assault — activities that were not agreed to and are illegal in the community.

2) Prison Rape Elimination Act (PREA)

Class Discussion Question: How many of you have ever heard of PREA, the Prison Rape Elimination Act?

Review class responses as a group.

This class is a part of MDCR's efforts to follow the Prison Rape Elimination Act's (PREA's) guidelines. PREA became law in 2003 to try to put an end to sexual abuse in all kinds of detention. PREA requires that all prisons and jails have policies to prevent and respond to sexual assault.

PREA didn't make any new criminal laws — state laws against sexual assault apply in the jails just like they do in the community.

PREA does require that:

- the government conduct research to find out how often inmates are being sexually abused;
- all corrections departments have a “zero tolerance” toward sexual abuse;

Class Discussion Question: What does “zero tolerance” mean to you?

Review class responses as a group.

It basically means that no sexual abuse, sexual harassment, or sexual misconduct will be tolerated in MDCR facilities. One incident is too many.

- PREA also requires the federal government to create a set of rules, or standards, that all prisons and jails will have to follow. Those standards were released by the Department of Justice in May, 2012. MDCR is working with JDI to ensure all of these requirements are in place.

PREA covers staff-against-inmate sexual abuse and inmate-against-inmate sexual abuse. Other behaviors, like consensual sexual activity and inmate-against-staff sexual assault, are still against institutional policy and the law, but are covered under different guidelines.

MDCR developed a sexual assault policy in 2007. The policy says that:

- You can report sexual abuse to any staff member just by telling them. That means anyone who works here, including volunteers, teachers, job supervisors, medical staff, and mental health staff. You no longer have to file a grievance in order to report sexual abuse.
- MDCR has changed classification and housing policies in ways that are meant to try to house people as safely as possible.
- All staff members get training on inmate sexual assault and on the MDCR policy;

- All inmates receive orientation and will receive more education, such as classes like these.
- All reports of sexual abuse will be investigated.
- People who report sexual abuse will get medical and mental health care, if necessary, and can speak with a rape crisis counselor from the community.

There are also special programs here at MWDC. These are programs that MDCR and JDI are trying out here, to see if they work. For example:

- Survivors of sexual abuse at MWDC can get confidential rape crisis counseling from a therapist– whether they reported it or not. There are many different ways to request counseling services. You can write to JDI for more information about it;
- MDCR's inmate peer education programs are the first of their kind in the country.

Do any of you have any questions so far about the material we just covered?

3) Definitions

Class Discussion Question: What do you think sexual assault means in jail?

Discuss responses as a group.

Now let's go over the definitions of various forms of sexual violence. We also have real examples of survivor stories, which you can see at the end of class.

We will use some explicit language in today's class, and the stories of survivors contain the words that were used during the actual assaults and harassment, because that is the only way to accurately describe what happens. The peer education program is not in any way saying that this language is okay or that it should be repeated on the unit.

- **Sexual Harassment** – Repeated and unwanted sexual advances, requests for sexual favors, verbal comments, or gestures or actions that are sexual or insulting (such as put-downs); degrading or disrespectful remarks about someone's body parts or size; and obscene language or gestures. This includes harassment based on someone's actual or perceived sexual orientation or gender identity. Sexual orientation refers to someone's attraction to other people, while gender identity refers to their sense of being a man, woman, or some other gender.

Examples:

- A staff member makes comments about your body every day during cell checks.
- Another inmate watches you while you shower and leaves pubic hair on your bed.

- **Sexual Abuse** – Any sexual activity that is not wanted or agreed to. It can include being touched or being forced to do something sexual to someone else and involves any sexual contact (up to penetration) with someone after they refuse, while they are asleep, intoxicated or otherwise unable to give consent, or in exchange for offers of goods or protection. Perpetrators can be staff or inmates.
- The law says that inmates cannot consent to any sexual activity with a staff member, so any time that a staff member and an inmate engage in sexual activity, it is considered sexual abuse.

Examples:

- An officer rubs his or her genitals against you during a pat search.
- Your cellmate fondles your butt in your sleep when you are heavily sedated after taking psych meds.
- **Rape/sexually abusive penetration** – Vaginal, oral or anal penetration of one person by another without consent (including if the person is unable to consent because they are incapacitated in some way) or in exchange for offers of goods or protection. Perpetrators may also trick, coerce, or pressure someone by threats of violence or other harm. Rape also includes penetration with an object.

Examples:

- An inmate offers to let you pay off your debt through “sexual favors.”
- Your work supervisor forces you to give him or her oral sex.
- **Staff Sexual Misconduct** – According to the law, prisoners cannot consent to sexual activity with staff members – that means that any sexual interaction with staff is a sex crime. This abuse includes perceived “romantic” relationships between inmates and staff and offers of contraband or protection in exchange for sexual contact with inmates.
- Warning signs for staff sexual misconduct can include: flirtations, "over-familiarity" or sexual language; touching or groping; or offering favors or providing contraband.

Examples:

- A teacher offers to let you call your family in exchange for a hand job.
- An officer propositions you for oral sex and threatens you with a write-up if you refuse.
- **Report:** Reporting a sexual assault in jail basically means telling anyone who works here. Telling any staff member, custody or otherwise, about a sexual assault means that an investigation should be done. All reports of sexual harassment, sexual abuse, and sexual assault are supposed to be taken seriously and investigated. If you are in danger, staff can help you if you report it.

It is important to remember that telling a staff member about sexual abuse is making a formal report. Someone who has been sexually abused might really need or want to talk to someone confidentially about what happened to help figure out what to do. No MDCR employees, including medical and mental health staff, are allowed to keep it a secret, and they shouldn't, since it is their responsibility to make sure that all sexual abuse is dealt with per policy.

You may have seen the posters around for the Rape Treatment Center (RTC). This is a confidential hotline for inmates. It is available on all of the units. You can call for free, 24 hours a day. This is a rape crisis hotline, which means that inmates can call and speak with a counselor about issues related to sexual abuse, regardless of when and where it happened. That means that if you were sexually abused at any point in your life, you can call to get help and support. Everything shared on the hotline will be kept confidential, with some exceptions.

The RTC hotline is not a reporting line. The purpose of the hotline is to provide inmates with support, information, and referrals related to sexual abuse, even if it happened a long time ago. If you want to report sexual abuse through the hotline, you need to give permission to the advocate to contact MDCR on your behalf.

This hotline is provided as a courtesy to MDCR inmates. The advocates who take our calls are busy helping people throughout Miami-Dade County. Please be respectful of their time and use the hotline only for issues related to sexual abuse. Anyone who repeatedly misuses the hotline or threatens or harasses the RTC counselors may be disciplined or charged with a crime.

A rape crisis counselor can meet in-person with people who have been sexually abused to provide them with confidential counseling. We'll talk more about that later.

Are there any questions before we move on?

4) Reducing your risk:

Sexual abuse is never the victim's fault. The only way to prevent a sexual assault is for that perpetrator to decide not to sexually abuse someone. However, there are some ways you may be able to reduce your risk.

Class Discussion Questions: What are some ways you think that inmates can reduce their risk of being sexually abused by other inmates or staff?

Discuss responses as a group.

Here are some other ways:

1. Respect. This word gets thrown around a lot, but it really is important here. Act respectfully towards others, even people you don't really like. You get more respect yourself that way and people (both staff and inmates) are more likely to see you as a decent person. When someone doesn't respect you or the boundaries you set for yourself that could also be a red flag that this is not a trustworthy person.
2. Respect others' privacy and space as much as possible. Let others know, in an assertive but non-confrontational way, that you expect the same.
3. Take care of yourself. Don't get in other people's business and don't get "in the mix." Be careful how much you worry about how someone else is doing — not to say that you can't be concerned about someone or try to help them, but don't let your involvement in some else's situation mess up your time.
4. Stay away from gambling, drugs, and alcohol. Contraband items and activities that are against the rules are often involved in sexual assaults.
5. Avoid getting into debt. Be careful about lending and borrowing anything. You might find that you can't pay it back, and sexual assault is one way people are sometimes forced to pay off a debt.
6. Watch out for unexpected kindness, especially from people who might have little to lose.
7. If there is someone you trust, watch out for each other.
8. Remember that staff members or volunteers who break the rules for you may not be doing you a favor. They may be grooming you for sexual abuse.
9. Pay attention to your surroundings. If someone starts harassing or threatening you, take it seriously — come up with a plan. For example, is there a staff member or someone you trust who you can talk to?
10. When you are going through an emotional crisis, be aware of someone who tries to swoop in to help you. They may be trying to take advantage of you. If you're having any doubts about what someone is offering, refuse their help.

We don't want to say that you can never help someone out or that any offers of help have strings attached. You just have to be careful and watch out for those who don't have good intentions. Some people will try to help others in here, and that's a good thing. We should all

try to be role models of respect and kindness toward each other. It's important to look out for one another and to take care of ourselves.

Class Discussion Question: How can you help others out and let them know if they are getting into a bad situation where they might be at risk for sexual assault?

Discuss responses as a group.

Class Discussion Question: Who do you think tends to be sexually abused in jail?

Discuss responses as a group.

The following groups of people tend to be targeted by perpetrators in jails for sexual abuse:

- Female inmates
- Biracial or multi-racial inmates
- Younger inmates
- College-educated inmates
- Inmates who were sexually assaulted or sexually abused in the past
- People who are gay, bisexual, or lesbian (or who everyone thinks is)
- Transgender people
 - Transgender people are people whose gender identity (how they see themselves as a man, woman, or something else) does not match their birth sex. For example, a transgender woman may have been born male, but always saw herself as female. She may live as a woman and appear feminine, but have sex characteristics of a man.
- People who are small in stature
- First-timers who are not used to jail or may not be street-smart
- People with disabilities or mental illnesses
- People who are arrested for certain crimes, such as prostitution or sexual abuse of children
- Loners
- People who are in emotional crisis
- "Troublemakers" and people perceived as being troublemakers
- People who are not native English speakers

This is a list of people who might be more likely to be targeted for abuse, but it is important to remember that it can happen to anyone.

Do you have any questions so far?

5) Reporting

Class Discussion Question: What do you think happens when an inmate reports sexual abuse here in MDCR? What have you heard?

Discuss responses as a group.

Reporting a sexual assault can be frightening. First you have to talk about something that no one wants to talk about. Second, you may have been threatened by the perpetrator, or his or her associates, about what may happen if you tell. You might be afraid of being labeled a “snitch.” Also, many people who have been sexually assaulted are worried that they don’t know what will happen if they report. When you have already been through a trauma, it is a normal reaction to try to protect yourself by not talking about it. We can’t promise to know exactly what will happen if you report, but we can give you a better idea.

MDCR’s official position is that all reports will be taken seriously and will not be tolerated. There are several ways to report sexual assault, or that you have been threatened or harassed:

1. Tell any staff member you feel comfortable with (officer, chaplain, teacher, job supervisor, or volunteer).
2. Tell a medical provider, corrections counselor, or mental health staff.
3. Tell a friend or loved one, who can forward your report to MDCR.
4. Write to the MDCR Professional Compliance Division. The address is in the inmate handbook.
5. Contact the RTC hotline and request that they make a report on your behalf.
6. Ask for assistance from a PREA Peer Educator.

For inmates who are hearing impaired, you can request an interpreter to make a report or contact the RTC hotline via the TTY phone.

Reporting sexual abuse and sexual harassment can be difficult, so consider the pros and cons carefully. If someone is harassing, abusing, or blackmailing you, it usually doesn't get better. It probably will not go away on its own, but only you know the risks you may face if you tell.

After you report:

- The staff member you report to is responsible for making sure the report gets filed — this may mean telling their supervisor (like the watch commander) and contacting the Miami-Dade Police Department Special Victims Bureau.
- It is important to know that MDCR policy states that only staff members who NEED TO KNOW what happened in order to conduct the investigation will be told about the report. This means that staff members should not talk about your report on the unit,

with other staff or inmates, or with anyone else who is not directly involved in the case.

- Once you report, you will be kept separate from the perpetrator until a senior staff member or law enforcement meets with you. You may be transported to medical for treatment.
- If you are transported to medical, any injuries will be treated and photographs or records will become evidence.
- If the assault happened recently — within the past week — you might have a sexual assault medical forensic examination. That is a special exam to treat injuries, to prevent possible sexually transmitted infections (STIs), and to gather evidence. The police department and forensic nurse will decide if you should have that exam. It is the best way to collect evidence of the assault and to provide medical care for survivors.
- The Miami-Dade Police Department Special Victims Bureau will notify the Rape Treatment Center. A rape crisis advocate can: be present during the medical exam and any investigative interviews, help you if the case goes to court, and offer counseling after the assault.
- You will be referred to see someone from mental health after you have been provided with medical care.
- Your housing may be changed. You may be placed in Administrative Segregation for your own protection until the safest housing options can be arranged or the investigation is finished. It is also possible that the perpetrator's housing will change and you will remain on the unit.
- MDCR and the Miami-Dade Police Department Special Victims Bureau will complete their investigations. The police will refer the case for prosecution, if there is enough evidence to do so.

If you don't report sexual abuse, keep in mind that you may need medical care. You may have injuries. HIV and Hepatitis C are spread through sexual contact, as are other STIs. There are medications that can help you to not contract such diseases. In MDCR, you are allowed to ask for medical care after a sexual assault without giving the name of the person who assaulted you.

Does anyone have any questions right now?

6) Inmate notification

All inmates who report sexual abuse in MDCR custody have the right to be informed about the outcome of the case. If you allege that a staff member sexually abused you, you also have the right:

- To be informed if the staff member is no longer assigned to your unit;
- To be informed if the staff member is no longer employed at the facility;
- To be informed if MDCR learns that the staff member was indicted on charges related to sexual abuse in the facility;
- To be informed if MDCR learns that the staff member was convicted on a charge related to sexual abuse in the facility.

If you report that an inmate sexually abused you, you have the right:

- To be informed if MDCR learns that the inmate was indicted on charges related to sexual abuse in the facility;
- To be informed if MDCR learns that the inmate was convicted on a charge related to sexual abuse in the facility.

7) Confidential Inmate Counseling

At MWDC, you can speak to a counselor on the Rape Treatment Center Hotline even if you don't make a report, no matter how long ago the abuse may have occurred. RTC works with men, women, and transgender sexual assault survivors.

MWDC also makes available to anyone who has ever been a victim of any type of sexual violence specially trained therapists to provide ongoing counseling and support. The RTC Hotline techs and the sexual abuse therapists at MWDC are not MDCR employees and are completely independent from the Department. Everything shared with these individuals will be confidential, with some exceptions.

If you are interested in seeing a therapist or if you want more information, you can:

- Complete a medical request form
- Tell any staff member
- Notify your corrections counselor
- Request an appointment through medical or mental health staff
- Call the RTC hotline
- Write to JDI

8) Protection from Retaliation

MDCR and MWDC have the duty to protect all inmates and staff from retaliation when they report sexual abuse or cooperate with an investigation. Retaliation is any time someone tries to harm you or interferes in an investigation following a report.

MDCR has multiple policies and procedures in place to protect inmates from retaliation, including separating people who report sexual abuse from the alleged perpetrator and providing inmates and staff with information about how they can report threats. Any suspected retaliation will be investigated and dealt with promptly.

9) Wrap-up

Does anyone have any questions about the information we covered in today's class? If so, you can ask us now or after class. We're here to provide you with information about these topics and would be happy to talk with you later in private, if you prefer. You can also write to JDI via confidential, legal mail for support or for additional information. Their address is:

Cynthia Totten, Attorney at Law
CA Attorney Reg. #199266
3325 Wilshire Blvd., Suite 340
Los Angeles, CA 90010

We have testimonies from survivors of sexual abuse in jail that you are welcome to read if you are interested in learning more about this topic. These testimonies are from people who contacted JDI for help and who bravely agreed to share their stories to raise awareness about this issue.

Thank you to everyone who participated in today's class. Before we wrap-up, we have evaluations that we would like for you to complete. They are anonymous, so you don't need to put your name or jail ID#. Please answer the questions as honestly as you can. The reason we're asking you to fill these out is because we want your honest feedback on how these classes are going and if they're helpful for you.

Once you are done with the evaluation you are free to leave.

Distribute and collect evaluations.

Date: _____
Peer Educator: _____
Peer Educator: _____

MDCR PREA Peer Education Class Sign-In

NAME	JAIL NUMBER	UNIT / CELL	SIGNATURE

Thank you for coming.
Please print your name clearly so that we can document you attended this class.
Thank you!

Peer Educator(s): _____
Class Date/Time: _____

Facility: _____
Unit: _____

MDCR PREA Peer Education Evaluation Form

Please answer the following questions about the peer education class you attended. This is an anonymous form, so please do not put your name on it.

1. Do you understand you have the right to be free from sexual harassment, sexual assault, and sexual misconduct while you are in MDCR custody?

- ☐ Yes
☐ No

2. Were you informed that you have the right to be protected from retaliation if you report sexual abuse or sexual harassment or if you participate in an investigation?

- ☐ Yes
☐ No

3. Did you learn some ways to reduce your risk of sexual assault?

- ☐ Yes
☐ No

4. Do you know how to get help if you are sexually abused while in MDCR custody?

- ☐ Yes
☐ No

5. Were the peer educators prepared and professional?

- ☐ Yes
☐ No

6. Was this class helpful for you?

- ☐ Yes
☐ No

Additional thoughts about the class, including suggestions for improvement:

Have you been sexually abused by staff or inmates?

If you have experienced: repeated and unwanted sexual advances; requests for sexual favors; obscene/insulting sexual comments, gestures or actions; degrading or disrespectful remarks about your body parts or size; obscene language or gestures; or any sexual activity that is not wanted or agreed to, *you don't have to suffer alone*. For *free* help, contact the following outside agencies.



CALL: RTC (Rape Treatment Center)

RTC provides a 24-hour confidential crisis hotline to inmates on all the units. You can talk to them about any issue related to sexual abuse, regardless of when and where it happened. RTC provides inmates with support, information, and referrals related to sexual abuse, even if it happened a long time ago. If you want to report sexual abuse through the hotline, you need to give permission to the advocate to contact MDCR on your behalf. Use the PIN number posted near the phones to call. You can call anonymously and do not have to give your name.



SPEAK TO: A Rape Crisis Counselor

MDCR is working to ensure confidential counseling for inmates who have been sexually abused *at any point in their lives*. You have the opportunity to meet with a community-based counselor who is specially trained to provide survivors of sexual abuse with ongoing counseling and support. You won't be charged a fee for these visits. You can request to see a counselor by:

- Completing a medical request form; ask for a professional visit with a counselor
- Telling any staff member
- Notifying your corrections counselor
- Requesting an appointment through medical or mental health staff
- Calling the RTC hotline
- Writing to JDI



WRITE: JDI (Just Detention International)

JDI provides confidential support, information, and referrals related to sexual abuse behind bars. You can write to JDI via confidential, legal mail for support or for additional information.

- Cynthia Totten, Attorney at Law
CA Attorney Reg. #199266
3325 Wilshire Blvd., Suite 340
Los Angeles, CA 90010

MDCR Peer Education Protocol (Training and Treatment Center Version)

Recruitment of peer educators

- Corrections Counselors (Counselors) will be responsible for recruiting eligible peer educators for the program.
 - Preference will be given to sentenced inmates, whenever possible.
Qualifications include: responsible and hardworking; good standing with staff and inmates; good speakers/presenters; no history of sex offenses or sexual misconduct. Bilingual (English/Spanish or English/Creole or English/ASL) preferred.
- The recruitment process will include individual interviews with potential applicants, during which the Corrections Counselor will share the job description with the inmate and explain the requirements of the position.
 - It is important that inmates understand that the job is *optional* and what the responsibilities involve.
 - The Corrections Counselors should also explain the compensation structure and the time commitment required of the peer educator.
- Corrections counselors will submit the names of all potential peer educators to the Classification Department to ensure applicants are screened for a history of sexual offenses and institutional sexual misconduct.
 - Classification will be instructed to screen out any potential peer educators who have ever been arrested for, charged with, or convicted of any sex crimes or those inmates who have a history of sexual misconduct at any point during their confinement (including previous terms). The following conduct will be considered sexual misconduct for the purposes of this review: indecent exposure, sexual harassment, or any other sexual offenses in custody.
 - If the Classification review determines that an incident of sexual misconduct was alleged, but was not substantiated, while in custody, the Corrections Counselor, in consultation with their supervisor and JDI, will make a case-by-case determination as to the eligibility of the potential Peer Educator.
 - The Corrections Counselor supervisor will be responsible for ensuring that all potential applicants are screened, prior to their participation in training.

Training of peer educators

- Training of peer educators will include the prevalence and dynamics of sexual abuse in custody; impact of sexual trauma in detention; an overview of the *Miami-Dade Inmate Safety Project*; and the basics of the MDCR peer education program. Peer educators will also be trained in conducting classes, including: curriculum and MDCR policy review; a discussion of how to handle challenging classroom dynamics and sexual abuse disclosures; and how to ensure accessibility of all materials for LEP, hearing impaired and deaf, sight impaired and blind, and disabled inmates.

- All peer educators will be certified by MDCR upon completion of the training.
 - Newly trained peer educators will also be expected to attend a minimum of two classes with more experienced peer educators.
 - Corrections counselors will also supervise newly trained peer educators for at least two classes to ensure mastery of content and skills.
- After undergoing a “train the trainer” session provided by JDI, MDCR Corrections Counselors and current peer educators will provide this training to new peer educators.
- The facility PREA Compliance Manager will participate in trainings whenever possible to underscore the importance of the program.

Logistics of classes

- Classes will be held in the Chapel at the following times:
- Mondays: 9am – 10am, 10:30 – 11:30am (unsentenced peer educators)
- Tuesdays: 5 – 6pm, 6:30-7:30pm (sentenced peer educators)
- Wednesdays: 5-6pm, 6:30-7:30pm (unsentenced peer educators)
- Peer educators will conduct classes with a minimum of two at a time.
 - The Counselor will determine the shifts in consultation with the peer educators.
- Peer educators will be escorted to and from classes by the PREA Detail Officer assigned to detail.
- Peer educators will conduct classes independently.
 - MDCR staff – including Counselors and custody staff - will not regularly sit in on peer education classes, unless there are extenuating circumstances.
 - Corrections counselors may observe classes in order to ensure proper supervision of the peer educators, including grasp of the class content.
 - PREA Detail Officer will ensure security of classes.
- Educational material will be provided in the language or format which ensures that the inmates participating understand the content.

Inmate Participation in Classes

- The Counselor will determine a schedule for inmate attendance in classes, per unit, based on the Daily Inmate Population Sheet.
 - Inmates will be selected based on housing area. Blocks will be completed before moving on to the next unit.
- Counselors will provide Classification with the names of inmate and peer educator participation in classes to determine any “Keep Separates”.
 - The Counselors will provide the names to Classification two to three business days prior to a class.
 - Classification will return the list to the Counselor with their feedback as soon as possible.
- Counselor will review the list received from Classification and determine a schedule for classes.

- Counselor will provide the class schedule to the Counselor Supervisor, PREA Compliance Manager, and the appropriate shift supervisor.
- Counselor will determine any accommodations needed for any inmates who are limited in English proficiency, deaf or hard of hearing, sight impaired or blind, and disabled. Counselor will ensure all information is accessible, per MDCR policy.
- Shift Supervisor will notify PREA Detail Officer of class schedule and inmate roster.
- PREA Detail Officer will be responsible for transporting and supervising all class attendees.
- Classes will be limited to 15 inmate participants under normal circumstances.

Documentation of classes

- All inmates who attend classes will be required to sign in using the sign-in form, including their name and unit.
 - The PREA Detail Officer will add the jail numbers to the sign-in sheet during or immediately following classes.
- Peer educators are responsible for ensuring that all class attendees complete the sign-in sheet and evaluation forms.
 - It is the responsibility of the PREA Detail Officer to add jail numbers to the sign in sheet upon completion of the class.
- Following the class, the peer educators will place the sign-in sheets and evaluation forms in the designated slot at the Counselor Supervisor's office in the Chapel.
 - The Counselor will retrieve the sign-in sheets and evaluation forms daily.
 - Counselors shall retain copies of all records.
 - Counselors shall note any accommodations provided for participants to ensure accessibility of information.
- Monthly, the Counselor will forward the forms to Counselor Supervisor, who will provide the originals to the PREA Compliance Manager.
 - The PREA Compliance Manager will forward the originals to CIAB.
 - Counselor Supervisor will maintain copies of the sign-in sheets and evaluation forms.
- CIAB will ensure that all documentation of inmate attendance in classes is available for a future PREA audit.

Peer Educator Responsibilities

- Peer educator responsibilities include, but are not limited to:
 - Complete PREA peer educator training and receive certification;
 - Conduct weekly classes for unit inmates;
 - Work collaboratively with the other PREA Peer Educators;
 - Use various teaching aids, as needed;
 - Distribute, and collect course evaluations;
 - Assist inmates with specific concerns and to reinforce course content;

- Provide inmates with accurate information and referrals regarding PREA, sexual assault or harassment, and how to seek help, if requested;
- Develop, revise, and update class curriculum and materials in accordance with changes in policy and practice, as directed by MDCR staff and/or JDI, and submit any changes for review;
- Provide weekly updates on progress to Counselors;
- Participate in all meetings.
- For bilingual peer educators, translate and interpret information, as needed.
- Communicate any concerns about accessibility of information for inmates who are LEP, hard of hearing or deaf, sight impaired or blind, or disabled to the Counselor.
- Management of and content development for classes. PREA peer educators are NOT responsible for reporting, investigating, or providing crisis intervention.
- Provide information to inmates regarding MDCR sexual assault policies and procedures, as well as ways to get help if someone has been victimized.

Supervision of Peer Educators by Counselors

- Counselors are responsible for ensuring all peer educators have received training and certification prior to beginning classes.
- Counselors will meet with peer educators a minimum of once per week to ensure that they have sufficient class materials and to discuss all aspects of the education program to include:
 - All inmates are on track to complete the classes;
 - Issues that may be effecting the class negatively i.e. behavior, class schedule.
- Counselors will review attendance and evaluation forms provided from each class and ensure that these forms are provided to the Counselor Supervisor.
- Counselors will submit a monthly status report to the Counselor Supervisor showing attendance at each class, number of inmates refusing the class by name and jail number, and advising of any developments which impact the classes.

Compensation for peer educators

- Sentenced peer educators are eligible to receive three to five (3-5) days of Gain Time each month, depending on job performance.
 - Counselor will determine the appropriate Gain Time level for each peer educator.
 - Peer educators who are already accruing Gain Time (for other jobs, classes, etc.) will gain any additional time up to 5 days per month.
 - Counselors will be responsible for ensuring that Gain Time accrues and is applied appropriately for each peer educator.
- Unsented inmates will be eligible to collect commissary bags as compensation for their participation in the program.
 - Funds for this will be taken out of the Inmate Welfare Fund.

Appendices:

- Job descriptions
- Class script
- Sign-in sheets
- Evaluation form