

FACILITATOR'S GUIDE



Serving Incarcerated Survivors

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Serving Incarcerated Survivors

Length: 120-Minutes (48 slides)

Objectives:

- Build a basic understanding of incarceration in the United States
- Identify the dynamics of sexual abuse behind bars
- Develop an understanding of the basics of the Prison Rape Elimination Act (PREA)
- Learn ways to respond to incarcerated survivors via the hotline and at a forensic exam

Materials:

PowerPoint slides, refresher handouts, audio/video equipment, internet access for videos

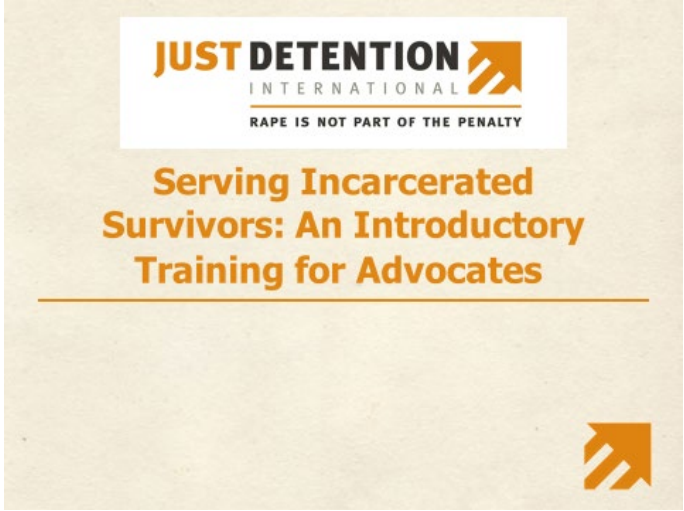
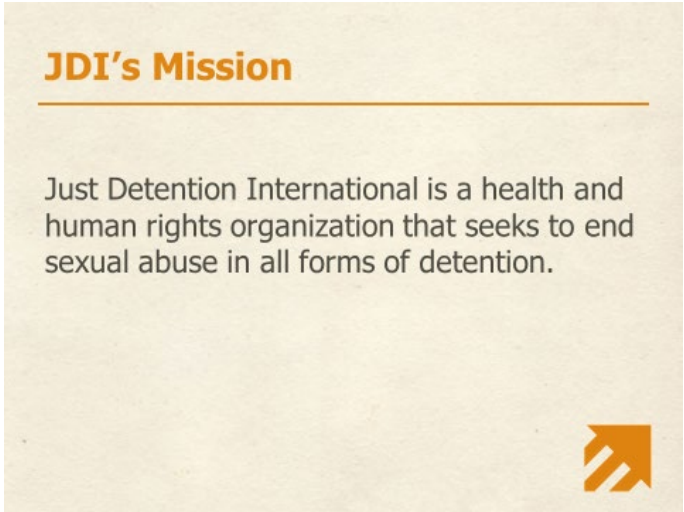
How to use this guide:

This guide is intended to support the material presented in the PowerPoint presentation for the training entitled “Serving Incarcerated Survivors: An Introductory Training for Advocates.” The left column has a copy of each slide in the presentation; the right column has instructions on how to present the slides. The text not in italics or underlined is a sample script for a trainer to follow. The [*italicized*] text in brackets contains notes and directions for the trainer. [Underlined] text in brackets indicates places where the trainer should insert facility – or agency – specific information into the slides and script.

Twelve refresher documents have been created to help supplement the information presented in the guide. These refresher documents can be shared with advocates to help remind them of the main points included in this training as well as to give additional information as they provide services to incarcerated survivors.

Timing your training:

- Introduction – 5 minutes
 - Slides 1-10
- Incarceration in the U.S. – 15 minutes
 - Slides 11-18
- The Basics of Sexual Abuse in Detention – 25 minutes
 - Slides 19-26
- The PREA Standards – 15 minutes
 - Slides 27-32
- Providing Services for Incarcerated Survivors – 50 minutes
 - Slides 33-44
- Questions and Wrap-up – 10 minutes
 - Slides 45-48

Slide Contents	Trainer’s Narrative/Notes
<p>Slide 1: Main Title Slide</p> 	<p>Welcome to “Serving Incarcerated Survivors: An Introductory Training for Advocates.”</p> <p>This training was created by Just Detention International (JDI) to help advocates who are new to working with incarcerated survivors feel confident and prepared to support these survivors.</p>
<p>Slide 2: JDI’s Mission</p> 	<p>Just Detention International, or JDI for short, is a health and human rights organization that seeks to end sexual abuse in all forms of detention.</p>

Slide 3: JDI's Mission

JDI's Mission

JDI carries out its mission by:

- Working with corrections officials, rape crisis advocates, and policymakers to make detention facilities safe
- Promoting public attitudes that value the dignity and safety of people in detention
- Supporting incarcerated survivors of sexual abuse and sexual harassment



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- and supporting incarcerated survivors of sexual abuse and sexual harassment.

Slide 4: JDI's Core Principle

JDI's Core Principle



The fundamental principle behind JDI's work is that when the government takes away someone's freedom, it takes on an absolute responsibility to protect that person's safety. No matter what crime someone may have committed, rape is not part of the penalty.

Slide 5: Self Care



Today's training will include survivor accounts of sexual violence, including quotes and videos.

We encourage you to practice self-care during this training, such as taking deep breaths or stepping away briefly.

Slide 6: Training Agenda

Training Agenda

- I. Incarceration in the U.S.
- II. The Basics of Sexual Abuse in Detention
- III. The PREA Standards
- IV. Providing Services for Incarcerated Survivors
- V. Questions and Wrap-up



Let's look at the agenda for this training. Today we will touch briefly upon each of the following topics:

- incarceration in the United States
- the dynamics of sexual abuse in detention
- an important law called the Prison Rape Elimination Act
- best practices when providing services to incarcerated survivors

We will have time at the end for questions, but please ask questions as we go!

Keep in mind that this training covers a large set of issues in a short period of time but additional information is available.

[Trainer: At the end of this guide references to resources with further information on some of the specific topics has been included. A set of Sexual Abuse Services in Detention Training Refreshers

have also been developed to provide more detail on some of the topics covered. We encourage you to use the refreshers as handouts, in ongoing trainings, and in meetings with staff and volunteers.]

Slide 7: Training Objectives

Training Objectives

- Acquire a basic understanding of incarceration in the U.S.
- Develop an awareness of the incidence and dynamics of sexual abuse in detention
- Gain familiarity with the role advocates can play in helping incarcerated survivors to heal
- Learn to adapt your skills working with survivors in the community to supporting those in detention



We hope that through today's training you will be able to develop a base of knowledge that will serve you as you provide services to incarcerated survivors of sexual abuse.

Slide 8: Why Incarcerated Survivors?

Why *Incarcerated* Survivors?



You might be wondering why we are taking this time to learn about working with survivors who are in detention settings.¹ Survivors who are behind bars ARE part of our community. Yet survivors who are incarcerated are among the most marginalized people in our communities. Incarcerated individuals are disproportionately likely to be people of color, living in poverty, and to have experienced sexual violence and/or other trauma prior to incarceration.

Incarcerated people deserve help in the aftermath of sexual abuse (whether it occurs during their incarceration or at some other point in their lives), yet many

¹ *No Bad Victims, Why Rape Crisis Advocates Should Work Inside Corrections Facilities*, JDI Fact Sheet, <https://justdetention.org/wp-content/uploads/2015/10/Fact-sheet-No-Bad-Victims-Why-Rape-Crisis-Advocates-Should-Work-Inside-Corrections-Facilities-1.pdf>

incarcerated survivors do not have access to meaningful care. All too often, they suffer in silence.

Slide 9: In Her Own Words

In Her Own Words



"The assault wasn't my fault, and just because I was incarcerated, I did not deserve to be raped."

— Johanna, prisoner rape survivor and member of JDI's Survivor Council

Photo credit: Johanna Mills




Let's start with a quote from a survivor of sexual abuse in detention. Johanna, a survivor who is involved in JDI's advocacy efforts, stated, "The assault wasn't my fault, and just because I was incarcerated, I did not deserve to be raped."


Revisiting the core JDI principle we heard a few minutes ago, it does not matter who someone is or what identities they hold, they do not deserve to be sexually assaulted. This is a principle that we, as advocates, can always remind survivors about and keep in mind ourselves.

Slide 10: You are an invaluable resource

You are an invaluable resource for all survivors — no matter where they reside.



Survivor Art, 2012



This is not easy work. Working with people who are incarcerated can be incredibly challenging, and for some, it may seem scary. For example, you may be worried about not knowing enough about this population.

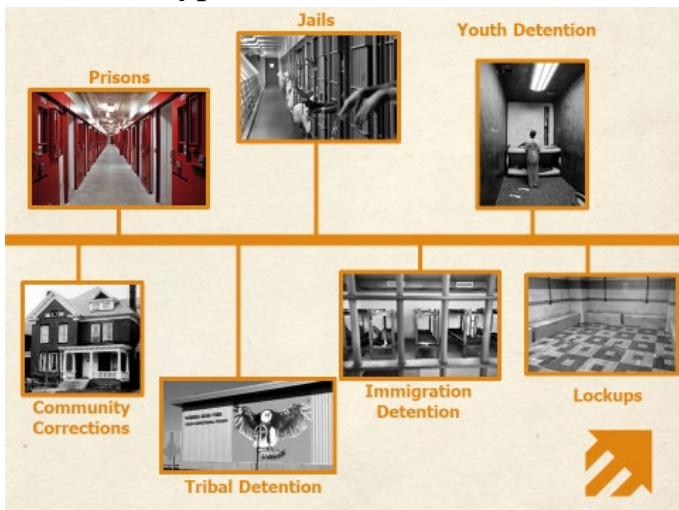
Even if you have not worked with people in custody before, you have a wealth of experience in helping a wide variety of survivors. The most important thing for any survivor is to be heard and believed. That is exactly what you have been learning to do as an advocate. You're here because you care and because you want to support survivors in their healing, and you are on your way to being an invaluable resource for all survivors, no matter where they are located.

Slide 11: Incarceration in the U.S.



To give you a greater sense of what it's like to work with survivors who are incarcerated, let's talk briefly about detention in the United States.

Slide 12: Types of Detention Facilities



Detention facilities include prisons, jails, police lockups, community confinement facilities, juvenile (or youth detention) facilities, tribal facilities, and immigration detention facilities. While there are variations in how these facilities are run, what they have in common is that people held in them are not free to leave.²

Often there is confusion about the differences between the various types of facilities, in particular, jails and prisons. *[Discussion question:]* Does anyone know the main differences between jail and prison?

[Some correct answers: jail stays are typically shorter (less than 1 year) and jails are usually run by the county or city, whereas prison terms tend to be longer than a year and prisons are most often run

² *Shedding Light on the System: A Corrections Primer for Victim Advocates*, JDI and the Resource Sharing Project, <https://justdetention.org/wp-content/uploads/2015/10/Shedding-Light-on-the-System.pdf>

by the state or federal government. Most jails primarily house people who have not yet been tried or convicted, meaning they are awaiting trial.]

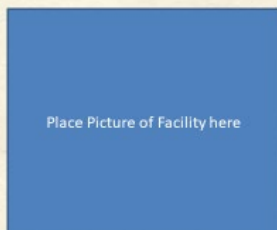
[Trainer: Some states (including Vermont and Connecticut) operate what is called a consolidated system, where the prison and jail systems are combined. We encourage you to look into how your state operates.]

In our service area, we have [enter the types of facilities you have in your service area] and we will talk about each of these facilities individually.

Slide 13: Facility #1 Specific Information

{{Name of Facility in Your Service Area}}

- Name of entity that operates facility
- Type of facility
- Total population
- Is it a facility for men, women or both?
- Special housing



Now, let's talk about the facility/ies that our agency serves.

[Enter facility-specific information about the facility (or facilities) in your area:


- What kind of facility is it?
- What is the name of it?
- Who operates the facility (e.g., the state DOC, federal government, local government)?
- How many people does it hold on average and who primarily (i.e., men, women, youth) is housed there?
- What kind of programming does it have?
- How closely do you work with this facility?]

Slide 14: Facility #2 Specific Information

{{Name of Facility in Your Service Area}}}

- Name of entity that operates facility
- Type of facility
- Total population
- Is it a facility for men, women or both?
- Special housing

Place Picture of Facility here

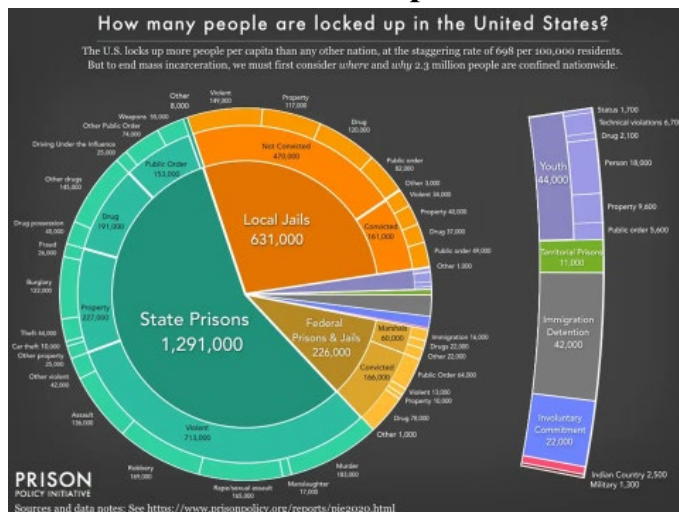


[Trainer: This second slide has been included as many centers serve more than one facility and we encourage you to have a separate slide for each facility that you work with.]

[Enter facility-specific information about the facility (or facilities) in your area:

- What kind of facility is it?
- What is the name of it?
- Who operates the facility (e.g., the state DOC, federal government, local government)?
- How many people does it hold on average and who primarily (i.e., men, women, youth) is housed there?
- What kind of programming does it have?
- How closely do you work with this facility?]

Slide 15: Who is locked up?



There is an overwhelming number of corrections facilities in the United States, including over 1,800 state prisons, 100 federal prisons, 1,700 youth detention facilities, 3,000 local jails, and 80 tribal facilities. There are also more than 200 immigration detention facilities, though the immigration detention is considered administrative confinement, distinct from incarceration for criminal offenses. There are also military prisons, civil commitment

centers, state psychiatric hospitals, and prisons in the U.S. territories.

The United States incarcerates people at a higher rate than any other country in the world. At any given time, our criminal legal system holds almost two million people.

There are also major misconceptions about why people are locked up. People are held behind bars for a wide range of reasons. And over 400,000 people sitting in jails across the country have not been convicted of a crime — they are in custody in many cases because they cannot afford to pay bail, which is sometimes a matter of just a few hundred dollars. Similarly, many youth in juvenile detention are there due to status offenses or technical violations, and not for a violent act. But no matter what crime a person has committed, rape is NOT part of the penalty. All incarcerated deserve to be safe — and to get help if they are not.

[Trainer: This graphic and information was created in 2022 by Prison Policy Initiative, at <https://www.prisonpolicy.org/reports/pie2022.html>; we encourage you to update the slide and script each year as new data is available.]

Slide 16: Pervasive Racial Disparities

Another important aspect of this work is the overwhelming racial and ethnic

Pervasive Racial Disparities



disparities in the criminal legal system. Mass incarceration has had a damaging and disproportionate effect on communities of color and low-income communities.

People of color, especially Black people, are more likely to be arrested and charged with a crime, and on average, receive significantly longer sentences than their similarly situated white peers. As a result, folks of color are greatly overrepresented in detention settings

[Trainer: This graphic, from the Prison Policy Initiative, shows the numbers for jails across the U.S. from 2018. We encourage you to replace this with a graphic showing racial disparities specific to your state. These can be found on the Prison Policy Initiative website here: <https://www.prisonpolicy.org/profiles/>]

Slide 17: Complex Trauma Histories

Complex Trauma Histories

Many incarcerated people have experienced previous trauma, including:

- Childhood (sexual) abuse
- Sexual assault
- Intimate partner violence
- Human trafficking
- Gang violence
- Police violence

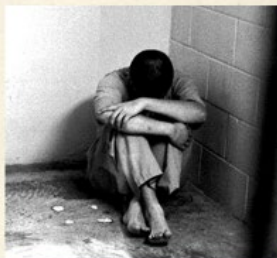


Photo credit: Steve Liss, Open Society Foundation



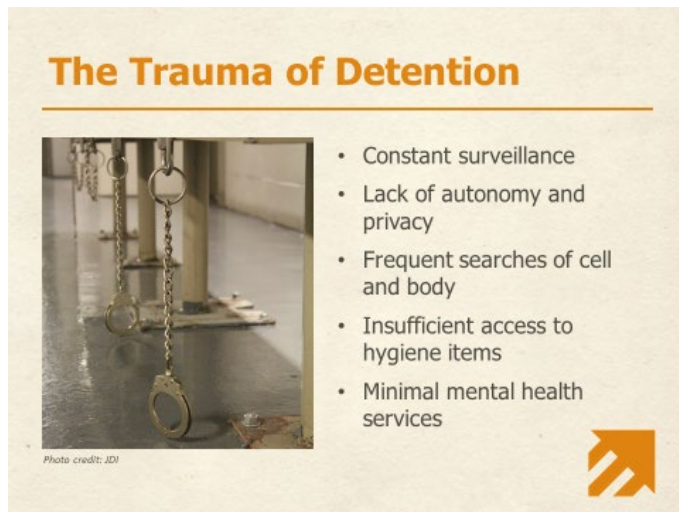
Many incarcerated people have a history of complex trauma. For example, they are likely to have experienced sexual and/or physical abuse as children, sexual assault, intimate partner violence, human trafficking, gang violence, and/or police violence.

When you are working with someone who is incarcerated, the focus of your support may be on this previous trauma. We have found that many of the survivors who

reach out are looking for help related specifically to childhood sexual abuse.

People who are incarcerated also have often faced extreme poverty and have had limited access to resources. They may also have been made to feel that, because of who they are, available services were not meant for them. You may be one of the first places they have reached out to for help along their healing journey.


Slide 18: The Trauma of Detention



The Trauma of Detention

- Constant surveillance
- Lack of autonomy and privacy
- Frequent searches of cell and body
- Insufficient access to hygiene items
- Minimal mental health services

Photo credit: JDI



In order to help incarcerated survivors, it's important to recognize that detention is itself traumatizing. Detention environments are typically incredibly oppressive spaces where survivors may be triggered by daily realities like being under constant surveillance, the lack of privacy, frequent bodily searches (even if they are done by the book), and the humiliation of never having sufficient access to hygiene items, cleaning supplies, medications, and food. These norms contribute to an environment that is unsafe and rife for exploitation.

We also know that while most facilities provide some level of mental health care, these services are incredibly limited and are often difficult to access. Many facility mental health staff are so overloaded with clients that they are primarily doing triage and crisis management. Facilities typically manage incarcerated people with mental health concerns by over-medicating them.

They are unlikely to provide regular access to counseling.

[Discussion question:] For those who have been inside a detention facility before, what were some of the things you noticed?

[Ask advocates this question and give them time to share about their experiences. Some common responses to this are describing facilities as dark, cold, and depressing. Others may note overcrowding or share about seeing a cell for the first time.]

Slide 19: The Basics of Sexual Abuse in Detention



Now that we have an idea about local facilities and the incarcerated people who are in the area that we serve, we are going to go over the basics of sexual abuse behind bars — how it is similar to abuse in the outside community, and how it differs.

Slide 20: Prevalence of Sexual Abuse in Prisons and Jails



Until fairly recently, there was little data on sexual abuse in detention. According to an estimate by a lead researcher at the Bureau of Justice Statistics (BJS), roughly 200,000 people are sexually abused in U.S. prisons, jails, and youth detention facilities each year. To put this into perspective, this is approximately the population of Richmond, VA.

Note that this figure represents the number of people, not the number of incidents of sexual abuse; nor does it account for sexual harassment — which is rampant. The majority of survivors are abused not once, but again and again. Another government study found that one in ten formerly incarcerated adults reported being sexually abused during their most recent period of detention. As with sexual abuse in the community, there is every reason to believe that this formal data only represents the tip of the iceberg, and that the actual incidence of sexual abuse in detention is much greater.

Slide 21: Video: Survivor Voices: Rodney

Before we delve more into the dynamics of sexual abuse behind bars, I want to share a video featuring Rodney, a survivor who describes his experience behind bars and the importance of having an outside person to talk to.

[Trainer: This is a placeholder slide for Survivor Voices: Rodney. This video

Survivor Voices: Rodney



Photo credit: JDI



features Rodney, a formerly incarcerated person. Play the video and then ask for participant reactions. The video is 3 minutes and 13 seconds long.]

Video link:

<https://www.youtube.com/watch?v=P5M1bMgTGuM&t=96s>

[Discussion question:] After hearing Rodney's story, what stood out for you?

[Ask advocates this question and give them time to share their reactions.]

Slide 22: Dynamics of Sexual Abuse

Dynamics of Sexual Abuse

Sexual abuse may include:

- Sexual harassment
- Protective pairing
- Intimate partner violence
- Sexual exploitation
- Gang abuse
- Rape
- Abusive searches



The dynamics of sexual abuse in detention, as in the outside community, exists on a continuum of violence — from sexual harassment to rape. Sexual harassment is absolutely a form of sexual violence, and as advocates, we are committed to providing services to survivors of all forms of sexual violence. It is important to note that what begins as harassment frequently turns into sexual abuse.

While much of the abuse happening behind bars is similar to what we see in the outside community, some dynamics of abuse are specific to detention settings — like protective pairing, gang abuse, and abusive searches.

[Discussion question:] Can someone tell me what they think protective pairing is?

[A correct response would be: when someone promises to protect another person who is incarcerated from violence and in return, they are forced to preform sexual acts on that individual or others. This often becomes a situation where the person is being sold into sex within the facility.]

Sometimes certain types of abuse, such as protective pairings, can appear to be consensual. A good gauge for measuring the survivor's willingness or capacity to say yes or no is by asking yourself, “Would this person agree to do this if they were not incarcerated?”

Common methods perpetrators of sexual abuse behind bars use to gain their target’s compliance include offers of protection, threats, coercion, authority, extortion, medication or drugs, and/or force.

Slide 23: Who Perpetrates Abuse

Study shows nearly equal rates of sexual abuse perpetrated by staff and other incarcerated people in adult facilities



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



This may seem surprising, but in adult facilities, staff are as likely to commit sexual abuse as other incarcerated people are. In juvenile facilities, over 82 percent of victimized youth are abused by staff. “Staff” includes security staff, like corrections officers, as well as contractors, which might include those who work in food service, mental health, medical, maintenance, education, and/or facility administration, as well as volunteers —

basically anyone who gets to leave the facility at the end of the day.

It's critically important to remember that, because of the inherent power differential, there is no such thing as consensual sex between an incarcerated person and a staff member, and any such contact is always considered abuse. Indeed, PREA and applicable criminal law recognize the impossibility of a person in custody meaningfully agreeing to sexual contact with staff.

[Discussion question:] Why do you think that is?

[Some correct answers may include: because staff have ultimate power over those who are incarcerated, regardless of the age of the incarcerated person. This power includes every aspect of an incarcerated person's life, including whether they can go to programming, whether they can eat, and whether they can have visits from their family.]

Slide 24: Discussion: Targeted Groups

What Do You Think?

Which groups do you think are most likely to be targeted for sexual abuse in detention?



[Discussion question:] Which groups do you think are most likely to be targeted for sexual abuse in detention?

[Trainer: If advocates are having trouble coming up with answers, prompt them by asking who is often targeted for abuse in the outside community. Many of the same people and groups targeted for abuse in detention are most at risk in the outside community as well.]

Slide 25: Individuals at Increased Risk

Individuals at Increased Risk

Incarcerated people with an increased risk of sexual victimization:

Individuals with mental illness	> 3X more likely than the general population
Previously Sexually Victimized individuals	6X more likely
Lesbian, Gay, Bisexual individuals	> 6X more likely
Transgender individuals	> 8X more likely

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



As in the outside community, people who are perceived to be unable to protect themselves or unlikely to be believed if they seek help are most likely to be targeted.

These include people with cognitive, intellectual, and physical disabilities, people suffering from mental illness, LGBTQI+ people, and people who have survived previous sexual abuse.

- People with cognitive, intellectual, and/or physical disabilities are three times more likely to be sexually abused than other incarcerated individuals
- People who have been previously sexually victimized are six times more likely to be abused

- Lesbian, gay, and bisexual people are six times more likely to be abused
- And, people who are transgender have the highest rates of sexual abuse behind bars — they are eight times more likely to be abused than the general population

Slide 26: In Her Own Words

[Trainer: Allow advocates to read Cecilia’s quote.]

In Her Own Words

“Although you may think that I’m not like you, we may not be so different. I want to have control over my own body and my life, just as you do. I absolutely did not want to have sex with that man in the jail, but I felt powerless to refuse him.”

— Cecilia, a transgender woman and prisoner rape survivor





Photo credit: JDI, Portraits of Courage series



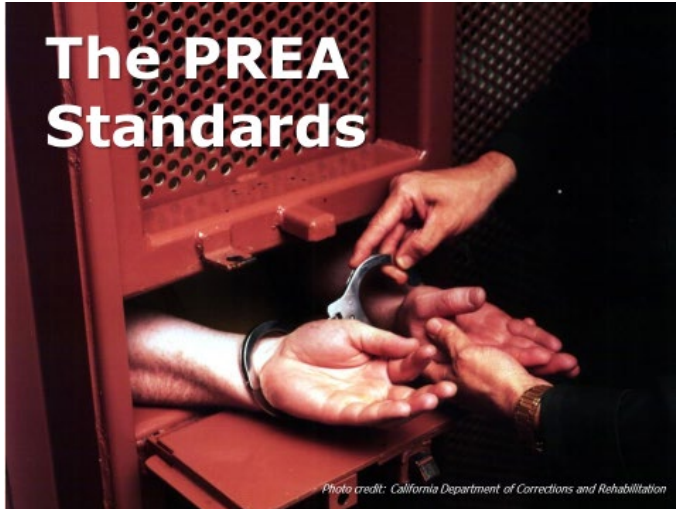
There is much research documenting that transgender women are at great risk when housed with cisgender men. To address this danger, the PREA standards require that housing placement decisions for transgender people be made on a case-by-case basis, giving serious consideration to where the individual would feel safest. Nevertheless, most incarcerated transgender women continue to be housed in facilities for men, with housing determinations typically turning on the person’s genitalia status, with little regard for other pertinent factors. For example, Cecilia was held in a jail facility for men and was raped by another incarcerated person in her housing unit.

Discussion question: What about Cecilia’s words stick out to you?

[Allow time for advocates to respond. Some advocates may respond with

surprise that Cecilia was at a facility for men and how that made her unsafe.]

Slide 27: The PREA Standards



Now we will turn to some of the protections that are in place to address sexual abuse behind bars. PREA, the Prison Rape Elimination Act, is a federal law that requires that corrections facilities take concrete steps to protect people in custody from sexual abuse and take instances of sexual abuse seriously, including by providing access to outside victim services.

There are 52 prison and jail PREA standards, each with several subsections. While it is not the goal of this training to go over them all, it can be helpful to know the basics about one's rights related to sexual abuse in confinement.

The PREA standards affirm that it is the absolute responsibility of corrections agencies to protect people in their custody from sexual abuse. The standards also recognize the importance of outside agencies in facility compliance with these requirements.

Slide 28: Intent of the PREA Standards

Intent of the PREA Standards

- ✓ Keep people safe
- ✓ Protect survivors from abusers
- ✓ Provide multiple ways to report
- ✓ Offer medical and mental health care
- ✓ Increase accountability
- ✓ Provide survivors access to victim services



PREA's aim is to keep people safe. The PREA standards require corrections facilities to take steps to:

- Prevent sexual abuse
- Protect survivors from the people who abused them
- Provide survivors multiple ways to report sexual abuse and sexual harassment
- Give survivors access to appropriate emergency and ongoing medical and mental health care
- Increase staff and agency accountability
- Provide access to rape crisis services that are at the same level of care as those in the community

While there are many specific standards that protect a survivor's rights, we are going to focus on the ones that are the most relevant for your work as an advocate.

Slide 29: Multiple Ways to Report

Multiple Ways to Report

- Staff members, contractors or volunteers
- Third parties
- An outside reporting entity
- Verbally or in writing
- Anonymously



A facility must provide survivors of sexual abuse multiple ways to report it, including both anonymously and privately. This looks somewhat different than it does for a survivor in the outside community making a report to law enforcement. The PREA standards mandate that a survivor be able to report sexual abuse or sexual harassment:

- to any staff member, contractor, or volunteer at the facility
- in writing through the formal grievance process or even through a note under the door
- to third parties, for example, a loved one like their grandmother or spouse, or to their lawyer or pastor in the outside community
- to an outside reporting entity, [include information on the name of this agency for each facility your program works with and how a survivor can contact them (it is often an organization such as Crime Stoppers or an ombudsperson)].

We can help survivors who wish to report by advising them on their facility's reporting options. Many times, a survivor is hesitant to report to someone inside the facility; that is why the outside reporting option is especially important.

[Trainer: Reporting can be a complicated concept and it is important that advocates understand how incarcerated survivors can report sexual abuse or sexual harassment. If your agency helps survivors make reports, you may also want to mention that the advocate can report on the survivor's behalf only if the advocate has informed consent and a written release of information from the survivor. Be sure to go over how to complete a release of information to comply with your agency's policies and confidentiality guidelines. Because of advocates' confidentiality obligations, and their unique and critically important role providing confidential emotional support, rape crisis programs generally should not serve as outside reporting entities. (See the interpretive guidance issued by the U.S. Department of Justice on this issue at <https://www.prearesourcecenter.org/frequently-asked-questions/are-rape-crisis-centers-or-other-victim-service-providers-appropriate>.) However, if your program serves in this role and leadership believes it has taken the steps needed to do so without breaching those obligations, ensure that advocates understand the protocols that are in place to keep the program's role as an outside reporting entity distinct from that of providing confidential counseling. For technical assistance on this issue, contact JDI.]

Slide 30: Access to Medical and Mental Health Care

Access to Medical and Mental Health Care

- For emergencies
- For ongoing care
- Provided at no cost to the survivor and consistent with the community level of care



Under the PREA standards, any incarcerated person who reports being sexually abused must be provided with timely, unimpeded access to emergency medical treatment, crisis intervention services, and ongoing medical and mental health care.

The standards also mandate that corrections agencies provide survivors with information about, and access to, emergency contraception and care for possible sexually transmitted infections. Survivors who might become pregnant must be offered pregnancy tests and receive information about their right to lawful pregnancy-related medical services following an assault.

A survivor should have access to these services, regardless of whether they provide facility officials information about the perpetrator or cooperate with an investigation. It is important to let survivors know that this care must be provided free of cost, as most medical services inside facilities are not free. We will talk later about how you can best support a survivor during a medical forensic exam.

Slide 31: Access to Victim Services

Access to Victim Services

- Medical forensic exam and accompaniment
- Accompaniment at investigatory interviews
- Confidential follow-up services
- Confidential emotional support via phone and letter
- Meaningful, consistent access to services




This part of the PREA standards applies most directly to our work as advocates. It's important to understand that under PREA, whether or not someone reports abuse, they have the right to work with and receive support from a victim advocate. Specifically, the PREA standards require that corrections agencies attempt to make a victim advocate from an outside agency available for:

- emotional support via phone and letter in as confidential a manner as possible. This information and access must be provided to *all* people held in the facility, not only those who have reported sexual abuse or requested services, and regardless of whether the abuse occurred in a corrections facility or in the community.
- emotional support, information, crisis intervention and referrals at medical forensic exams and investigatory interviews. Specifically, when an incarcerated survivor reports abuse, the facility must offer that person a medical forensic exam if the abuse occurred within the last 120 hours (this time frame varies by state), as well as access to an advocate during the exam and any investigatory interviews.

- [Include information about the services your agency provides that survivors can access at the facilities in your area, and the level of confidentiality provided, including for communication via letters and hotline.]

[Trainer: If your agency provides in-person support at the facilities in your area, add that while the PREA standards do not require it, in some cases advocates are also able to provide services in-person to survivors within a facility. For technical assistance related to accompaniment during investigatory interviews, contact JDI.]

Slide 32: Activity/Discussion

QUESTION	ANSWER
Who must be in compliance with the PREA standards?	Corrections agencies, not rape crisis centers
Do advocates have to report abuse?	Advocates follow the same confidentiality standards as in the community
Do the PREA standards cover abuse that happened prior to incarceration?	Yes, PREA applies to prior incidents of abuse
Does PREA cover sexual harassment too?	Yes, PREA applies to sexual harassment 

Let’s play a little quiz game about PREA, just to clear up any lingering questions. No worries about getting the answers right or wrong — we will figure it out together!

First, who must be in compliance with the PREA standards?

[As a large group, ask participants to answer before moving onto the next slide.]

Corrections agencies are responsible for implementing the PREA standards, not rape crisis centers.

Next question, do advocates have to report abuse?

[As a large group, ask participants to answer before moving onto the next slide.]

The answer to this is: it depends. We follow the same confidentiality standards as in the community. So, if we were working in the community and we would have to report, we would report in detention (for example: if someone was under 18, or if the person discloses that they have a plan and mean to harm themselves or others). If we wouldn't report in the community, we would not, and should not, report in detention. And whether or not we report does not change based on whether we are physically at a facility providing services or if we are providing services via letter or phone.

Next question: Does PREA cover abuse that happened prior to incarceration?

[As a large group, ask participants to answer before moving on to the next slide.]

Yes. PREA applies to abuse that happened at any point in a survivor's life. Incarcerated survivors have the right to access advocacy and support services regardless of when and where the abuse occurred — whether it happened at another detention facility, or in the outside community, and including abuse that happened many years ago, such as in childhood.

Last question: Do the PREA standards cover sexual harassment too?

[As a large group, ask participants to answer.]

Yes, the PREA standards apply to sexual harassment too. This means that survivors of sexual harassment have many of the same rights as survivors of sexual abuse, including access to relevant emotional support services.

Thank you everyone for participating!

Slide 33: Providing Services for Incarcerated Survivors



Now that we've developed an understanding of some of the dynamics of sexual abuse behind bars and the rights people have under PREA, let's talk about how you as advocates can support survivors.

PREA requires that incarcerated survivors have access to emotional support services. These services that you all can provide are absolutely vital, as often there are no supportive services within prison and jail systems; and the available mental health services often lack expertise around sexual abuse.

Slide 34: Video: My Name is Joe

First, I want to share a video featuring Joe, a member of JDI's Survivor Council who shares how having an advocate helped him heal. Sadly, Joe passed away in 2021.

[Trainer: This is a placeholder slide for My Name is Joe. This video features Joe,

My Name is Joe



a survivor of rape in prison, and his advocate, Jessica. Play the video and then ask for participant reactions or anything that stood out to them. The video is 5 minutes and 55 seconds long.]

Video link:

https://www.youtube.com/watch?v=aLqL_Dvohjs

[Discussion question:] After hearing Joe's story, what stood out for you?

[Ask advocates this question and give them time to share their reactions.]

Slide 35: Challenges to Healing

Challenges to Healing

- Repeated abuse
- Lack of access to services
- Ongoing contact with perpetrators
- Failure on the part of officials to take reports seriously
- Retaliation



Photo credit: California Department of Corrections and Rehabilitation



When someone is incarcerated, there are additional barriers to healing that a survivor may face. Specifically, they have very little control over their body and their environment, and they experience an almost complete lack of privacy, which can feel like being back in an abusive environment or trigger memories of how they felt when they were assaulted.

Because of the intense isolation of incarceration, survivors in custody are especially likely to feel like they are alone as they try to heal and work through their trauma.

For incarcerated survivors who report the abuse, there is a strong likelihood that they will be forced to have ongoing contact with the perpetrator. For this reason, and the overall closed nature of the detention

setting, incarcerated survivors may be very concerned about being retaliated against for reporting.

Given these challenges, an incarcerated survivor's reactions to trauma may be heightened. Routine procedures, like the use of bodily restraints and invasive searches, which are commonplace in a detention setting, can also be incredibly triggering for a survivor. Unfortunately, staff often misunderstand these reactions; survivors are often punished for behavior that is a normal response to trauma. These are all important considerations to keep in mind when providing services to survivors behind bars.

Slide 36: The Empowerment Model

The Empowerment Model

- No assumptions
- Trust is earned
- Validation is key
- Options, not advice
- The survivor is the expert



Photo credit: Wonderferntz/flickr



The empowerment model is a solid framework that we can use in all of our work, whether it's with survivors in the outside community or with those who are incarcerated. Survivors often blame themselves and are not sure where to turn to for help. As advocates, we always operate on the principle that the survivor (not the advocate) is the expert in their own lives. This is why we offer options and not advice, and we do not tell survivors what to do. We recognize that what works for one person in a particular situation may not work for someone else. This is especially important when working with incarcerated survivors, as only they can know the particular dynamics and

risks they must contend with in their facility.

Another tenet of the empowerment model is transparency. It is important to be clear about confidentiality and your agency's limits. When working with all survivors, and especially incarcerated survivors, it is important to explain who you work for (that you are not part of the corrections agency) and the circumstances under which you will share information the survivor discloses to you.

Slide 37: Coping Skills in Detention

Coping Skills in Detention

- Remember that coping skills you might offer to clients in the community might not be applicable for folks in detention
- Coping skills that require little or no extra materials will likely be the most applicable
 - Progressive muscle relaxation
 - Journaling
 - Mindfulness



Given that resources are limited in detention settings and that trauma reactions may be heightened for someone who is incarcerated, you should be prepared to address safety planning and coping skills a bit differently than we do in the outside community.

Whereas in the outside community we might help a survivor come up with a plan to avoid a perpetrator, this might not be possible in a detention setting, as a survivor has little to no control over their own movement within a facility. Also, if the perpetrator is a staff person or an especially powerful incarcerated person, such as a gang member, reporting the perpetrator might be especially dangerous. (Similarly, in some communities, going to the police for help addressing sexual violence can be more harmful than helpful.) Knowing this, we will need to

adapt the safety planning process to better fit the detention context.

As advocates, we often offer outside referrals to survivors who reach out to us. However, when we work with someone who is incarcerated, making this type of referral frequently is not a feasible option. For this reason, working with the survivor to review coping strategies that they can practice is especially important.

[Discussion question:] What are some coping skills that you offer folks in the outside community?

[Allow participants to suggest approaches they use with survivors in the outside community. Some common answers may be connecting with supportive family, healthy eating or physical exercise.]

When talking through coping skills with survivors who are incarcerated, it can be helpful to suggest mechanisms that require little or no extra materials and that can be done without attracting others' attention (such as cellmates or nearby staff).

Incarcerated survivors can use coping strategies like mindfulness and journaling as they do not require any special materials and can be done in most settings. If survivors are interested in journaling but are worried about confidentiality, suggest that they tear up their writing when they are done and throw it away in different

trash bins to make sure their journal entries are not read.

Meditative and relaxation tools such as progressive muscle relaxation (PMR) can also be very helpful for survivors behind bars. Survivors can engage in these techniques discreetly and without any special materials.

[Trainer: If you have the training to lead a group through a brief mindfulness activity such as PMR, this can be a good time to do so.]

Slide 38: Best Practices: Hotline Calls

Best Practices: Hotline Calls

- Have a basic understanding of the facility they are calling from
- Be mindful of confidentiality
- Provide emotional support and information about rights and options
- Connect to ongoing care



Photo credit: Grasswire



One of the ways you may provide services for incarcerated survivors is through our hotline. Just like survivors in the outside community can call our hotline, we have arranged for people inside [*insert name of facilities*] to make calls to our line. All calls made from this(/these) facility(ies) to our hotline are free for the incarcerated individual. They are also confidential, which means that the phone call is not monitored or recorded, unlike all other outgoing calls from a facility [*edit if this is not true for your center*]. Although the phone line itself is confidential, it's important to be mindful that incarcerated callers rarely are able to call from a space where they have privacy.

When you receive a call from someone who is incarcerated, your role is to provide emotional support around sexual abuse

and/or sexual harassment, whether that abuse happened at the facility or earlier in their life. It is important to figure out what facility they are calling from so you can make sure that you are giving accurate and applicable information. You may receive calls from survivors who are preparing to return to the community — perhaps to an abusive home or other circumstance where they are likely to be coerced sexually. Your role is to listen and help the survivor with coping skills and safety planning, as well as to offer information on their rights.

You will want to provide space at the beginning of calls to allow the survivor to establish trust with you. Many incarcerated survivors are distrustful of services and may not immediately feel comfortable talking about the sexual abuse they have suffered. You may be well into a call with a survivor before they begin to discuss it, and even then, they may not talk about it directly.

Not surprisingly, just like we get off topic calls in the outside community, you will undoubtedly receive some from folks who are incarcerated. Keep in mind that people who are incarcerated have few resources and limited communication with outsiders. You will want to make sure that the person is calling about sexual abuse or sexual harassment, as that is what our line is for. Be clear about our capacity and

boundaries while being professional and kind. As with calls from the community, there is no need to tolerate abusive calls from inside a facility.

When you are ending the call, you will want to make sure the survivor knows all the ways they can reach out to access services. Let them know they can call the hotline again, or that they can write a letter to your agency. [*Add information on how survivors can write to your agency and include information on in-person services and how survivors can receive these services if applicable for your agency.*]

Slide 39: Guidance: Hotline Calls

Guidance: Hotline Calls

- Providing referrals
- Taking off-topic calls
- Providing information on reporting
- Responding to requests for advocacy





Photo credit: California Department of Corrections and Rehabilitation



To go over some other important considerations for responding to hotline calls from incarcerated survivors, let's start with how to approach the question of making referrals. As we mentioned earlier, often there will be no referral to provide to an incarcerated caller; we caution you to only make referrals to organizations or people that you know that the survivor can access (and that are likely to be responsive to incarcerated survivors).

Many other victim services programs to which you might refer survivors do not work with people in custody. You also want to be thoughtful about suggesting that a survivor work with a resource within their facility (such as mental health staff), as the survivor may not trust facility staff. They may have good reason to believe that

these staff will not be able to help them based on, for example, their observations of how poorly the facility tends to the mental health needs of others in custody there.

You are the resource for that person in the moment that you are with them on a call. This is why your focus primarily should be on providing emotional support and working on coping skills for them.

As we spoke about before, we are not a PREA outside reporting agency. Incarcerated survivors have other avenues to report sexual abuse and harassment. If someone calls asking about making a report, you can talk them through their options for reporting, including by directing them to call or send mail to the outside reporting agency [*insert name of the outside reporting entity here and how someone can contact them to report*], making a verbal or written report in writing to an officer they trust, the PREA Compliance Manager, chaplain, medical staff, or any other staff at the facility. (Keep in mind the complete list of ways to report that we went over earlier.) You can explain that you are there to offer emotional support around the abuse and the reporting process — but not to receive or forward the report itself.

If the assault occurred in the last 120 hours [*or indicate the applicable time frame in*

your state] you can let the caller know they have the right to receive a sexual assault medical forensic exam and explain the process of this exam (including that they have a right to have an advocate accompany them through the process), but let them know they will have to report the sexual abuse to receive this exam.

While it's great to remind people of their rights, be careful not to make promises to survivors about how they will be treated or what will happen in response to their report. Just like we cannot promise anyone in the outside community that they will find justice, we cannot promise that to someone who is incarcerated.

Again, your main focus during the call will be providing emotional support: you can offer coping skills, give them the space to process, and you can use the same supportive language you use with folks in the outside community, like reminding them that the abuse was not their fault.

Slide 40: In His Own Words

As advocates we are in a position to be there for a survivor when no one else is. The need for an advocate is illustrated in this quote from Frank, a survivor who did not have access to an advocate when he needed one.

[Trainer: Read Frank's quote from the slide, or ask for a volunteer to do so.]

In His Own Words



Photo credit: JDI

"If I had an advocate, it would have saved me so much grief. It would have helped me through that traumatic event immensely.

Going through it alone, I didn't know who I could trust and who I could talk to about it — which appeared to be nobody."

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



Slide 41: Medical Forensic Exams for Incarcerated Survivors

Medical Forensic Exams for Incarcerated Survivors

- Survivors are usually transported to a forensic exam site
- Advocates must know what protocols are in place re: use of restraints and officers' presence in the exam room
- Advocates must be prepared to advocate for survivors' dignity

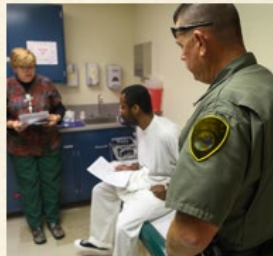


Photo credit: California Department of Corrections and Rehabilitation



The other context in which you might be working with an incarcerated survivor is at a medical forensic exam accompaniment. So, what does an exam look like when the survivor is incarcerated?

Oftentimes, two officers will be present for the exam. Every facility has different rules, so sometimes only one officer has to be in the room for the entirety of the exam and other times the officers may not be in the exam room itself and may only need the survivor in their line of sight during the exam. The officers will let you where they need to be during the exam. *[Trainer: If there is a pattern to how many officers must be present in the exam room, let the advocates know at this time.]*

When being transported, people who are incarcerated are often put in handcuffs, waist-chains, and ankle shackles. Removal of these is up to the officers, but often a nurse will advocate for them to be taken



off so they can do the exam in a more trauma-informed way.

Just like with any survivor, someone who is incarcerated gets to decide which pieces of the exam they are comfortable with. You can always remind the survivor that they are in control of the exam and that no one can require them to do parts that they don't want to.

Slide 42: Best Practices: Medical Forensic Exams

**Best Practices:
Medical Forensic Exams**

- Explain the limits of your confidentiality
- Refer to the survivor by their preferred name
- Speak with them as you would any survivor
- Be ready for challenging situations
- Offer follow-up care



A good place to start when you are doing an accompaniment at a medical forensic exam with an incarcerated survivor is to clearly explain your role in the exam, what our agency does, and any limits on the confidentiality of your conversations. Someone may have explained what an advocate does before the survivor arrives for their exam, but it is always best if you can re-explain it to them in your own words.

It is important to always ask what the survivor prefers to be called and what pronouns they use. In detention settings, people can be referred to by an “inmate” number, a booking number, or a last name. But we want to be sure to use a name that feels most comfortable to the survivor.

You want to talk to incarcerated survivors just like you would talk to any other survivor who is going through the exam. You can always remind them that you believe them, that they are not alone, and

that what happened to them is not their fault. Also, as with any other survivor, it can be helpful to talk about random things to help distract them.

As a general rule, while some survivors may tell you why they are incarcerated, you should never ask a survivor or the officers present why they are incarcerated.

[Discussion question:] Why do you think this is?

[Allow for discussion. Possible answers could include: because it may make you biased against someone and it is not relevant to the support you will provide.]


Just like when we work in the outside community with law enforcement or survivors' family members and friends, we may find that not everyone is supportive of the survivor. During a medical forensic exam or interview with an incarcerated survivor, you want to use the same re-directing skills you would use with survivors in the outside community. Sometimes an officer or nurse (or even another advocate!) will try to invalidate a survivor's story. Remember that you are not an investigator and you are there for the survivor. You can always remind everyone there of your role.

When the exam comes to a close, you can let the survivor know how they can continue to receive care through the hotline

and you can let them know that they can call our agency back by dialing [*insert correct phone number*] from inside [*insert name of facilities here*]. You can also give them our mailing address if they want to send letters to staff here [*if applicable, mention in-person services as well.*]


Slide 43: Other Services

Other Services



- Written correspondence
- In-person support
- Group counseling
- Legal and systems advocacy

Participant art from "Rooted in Resilience," an art workshop series for men incarcerated at the California Rehabilitation Center; photo credit: Just Detention International



Our agency offers medical forensic exam accompaniment and hotline calls with survivors in all the facilities in our service area. We also have staff who respond to letters from survivors. [*For this section please also indicate if your agency offers in-person one-on-one support, groups, systems advocacy, or any other service specifically for incarcerated survivors. Be specific about who at the agency provides these services and how a survivor who is incarcerated can access these services.*]


Slide 44: In Her Own Words

In His Own Words

"I got myself out of that horrible situation and started going to therapy and with the help of two amazing [advocates] that put so much time to help, I took control of my life again."

— Matthew, a prisoner rape survivor

Photo credit: JDI



Remember that just by being there for a survivor, you are making a huge difference. Even when you feel that you aren't doing enough, know that just treating someone like a person and reminding them that what happened to them is not their fault can be so helpful.

Slide 45: Any Questions?



Thank you so much for your participation, if anyone has any questions feel free to ask them now.

[Trainer: If participants ask any questions you feel you are unable to answer, please feel free to reach out to JDI for support.]

Slide 46: For More Information

For More Information

For additional information and to access the *Sexual Abuse Services Refreshers*, please visit JDI's Advocate Resource page: www.justdetention.org/advocate-resources

Direct questions to: advocate@justdetention.org

For more information about **Just Detention International**, visit www.justdetention.org.

Connect with JDI:

 www.facebook.com/JDIonFB

 www.twitter.com/justdetention



For more information on Just Detention International and on serving incarcerated survivors, you can connect with JDI through their website or social media.

You can also talk to the staff in our program who work most closely with incarcerated survivors. [Provide info on how advocates can connect with these advocates.]

Slide 47: Thank to OVW

Thanks to OVW

JDI's work to help survivors of sexual abuse in detention is possible because of generous support from the Office on Violence against Women.

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This workshop was made possible thanks to the Office on Violence Against Women.

Slide 48: Thank You



We thank you for your commitment to serving survivors who are incarcerated!

Further Information for the Trainer:

This facilitator's guide is intended for new advocates and volunteers who will be answering the hotline and/or accompanying survivors to medical forensic exams. It was developed for agencies that have already set up these services for survivors at their local detention facilities. Prior to presenting this training, the trainer will need to have a strong understanding of their agency's services that have been set up at their local facilities, including any relevant policies your agency may have on working with incarcerated survivors. The trainer will also need information on the

facilities themselves and on how the facility responds to sexual abuse and sexual harassment.

You may notice that this facilitator's guide does not include information on best practices when responding to written correspondence from incarcerated survivors, providing in-person services (individual/group), or providing advocacy on behalf of an incarcerated survivor. This was intentionally left out as most centers have a select number of seasoned staff who provide these services, and this training was intended to be presented at volunteer trainings for all new staff and volunteers at an agency. If you or another staff will be responding to letters, entering a facility to provide in-person support, or providing advocacy on behalf of an incarcerated client, we encourage you to check out JDI's other trainings that are dedicated specifically to these services.

For more information on how to set up services and how to provide services to people behind bars, we encourage you to check out our Service Provider Resources on JDI's website, which can be found at:

<https://justdetention.org/resources/service-providers-resources/service-provider-resources/>. Here, you will find many great tools, including a series of fact sheets, webinars, and *Hope Behind Bars, An Advocate's Guide to Helping Survivors of Sexual Abuse in Detention*, which can be found at: https://justdetention.org/wp-content/uploads/2017/12/Advocates_Manual_FINAL_2017_3.pdf. The six modules found under the training tab are also a great place to start. JDI, in collaboration with VALOR US (formerly the California Coalition Against Sexual Assault), has also developed several pre-recorded webinars that review best practices in providing services to survivors behind bars, including letter writing, hotline calls, forensic exams, and in-person services in detail. Although written specifically for rape crisis centers in California, much of the information is relevant nationally. The webinars can be found at <https://justdetention.org/california-advancing-prea-resources-for-california-advocates>. For more information on PREA including the full text of the standards, we encourage you to check out The PREA Resource Center website at <https://www.prearesourcecenter.org/>.

JDI is here to support you. If you have any questions, we are happy to work with you! You can reach us by emailing us at advocate@justdetention.org.

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