

Providing Services to Incarcerated Survivors with Mental Illness

May 30, 2024



JDI Presenters



Erica Bilderbeck (she/her)
Senior Program Officer

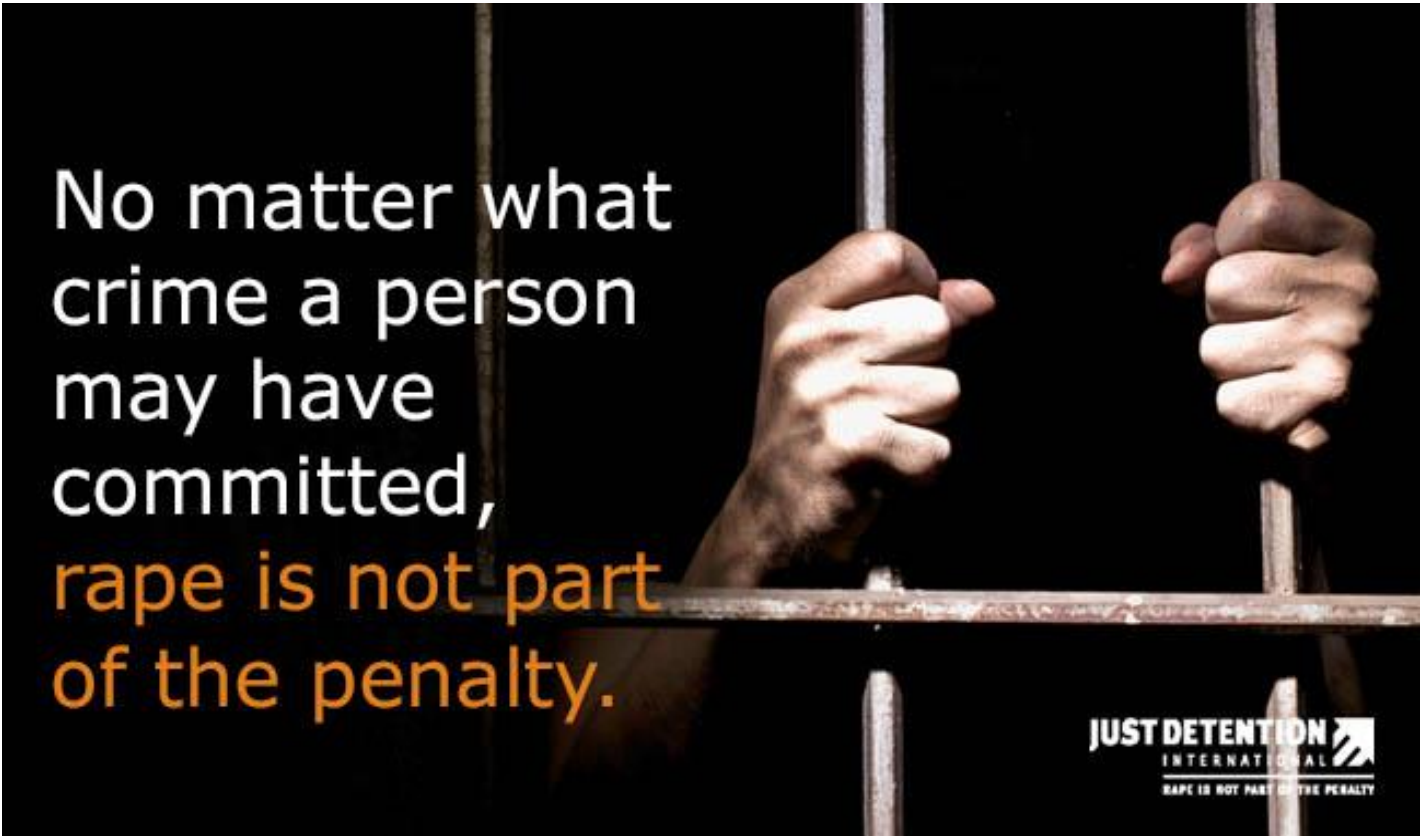
Edward Cervantes (he/him)
Senior Program Officer



Vanessa Sapien (she/her)
Mental Health Program Director



JDI's Core Principle



No matter what
crime a person
may have
committed,
rape is not part
of the penalty.

JUST DETENTION
INTERNATIONAL
RAPE IS NOT PART OF THE PENALTY

JDI's Work

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

JDI's Core Goals:

1. To hold government officials accountable
2. To change public attitudes about sexual violence behind bars
3. To ensure survivors get the help they need



Underserved Survivors Series

If you're not already on our mailing list, send us your name and email in the chat or write to us at info@justdetention.org.

We'll add you so you don't miss announcements on future webinars!



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.

This project is supported by Grant No. 15JOVW-22-GK-03999-MUMU awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this training are those of the author(s) and do not necessarily reflect the views of the U.S. Department of Justice.



GIVE YOURSELF PERMISSION TO

TAKE DEEP
BREATHS

NOURISH
YOUR BODY

STEP OUT AS
NEEDED

TURN YOUR
CAMERA OFF



Objectives

- Discuss key concepts and dynamics around mental illness, including overrepresentation in carceral settings
- Examine the many challenges incarcerated people with mental illness encounter in detention
- Explore best practices for providing services to incarcerated survivors with mental illness

Temperature Check!

How comfortable do you feel providing support services to incarcerated survivors with mental illness?

Mental Illness Behind Bars

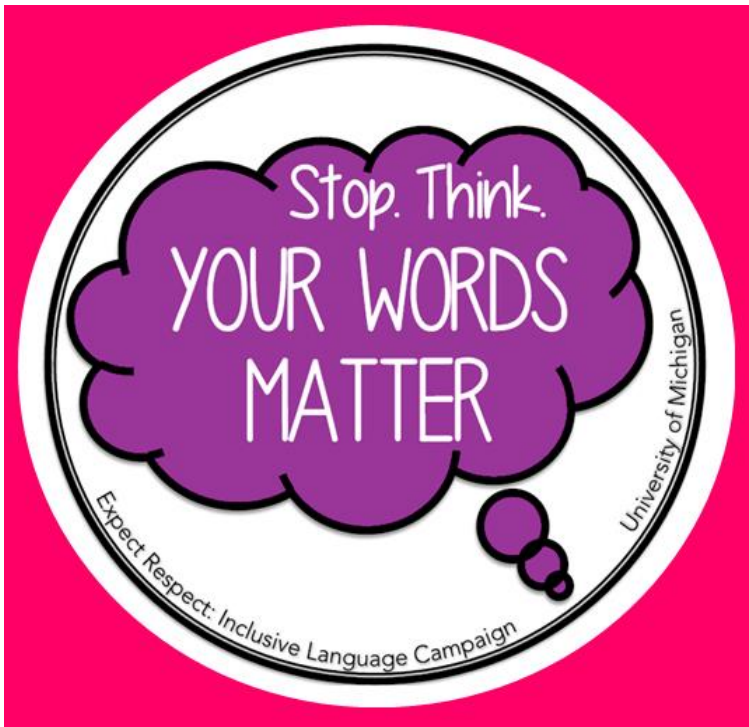


Stigma and Discrimination

I have
~~mental health~~
problems

*with oppression
and stigma*

Language Matters



- Recognize the impact of language
- Avoid words like “insane” or “crazy”
- Practice using person-first language

What is mental illness?



Art by survivor, from NCEDV

A mental illness is a condition that affects a person's thinking, feeling, or mood and may affect their daily functioning and ability to relate to others

The Truth About Mental Illness

- Mental health problems have nothing to do with being lazy or weak and many people need help to get better
- Anyone can have or develop a mental illness
- People can recover from mental illness



Mental Illness in the U.S.

1 adults in the U.S. live
with a mental illness
IN
5



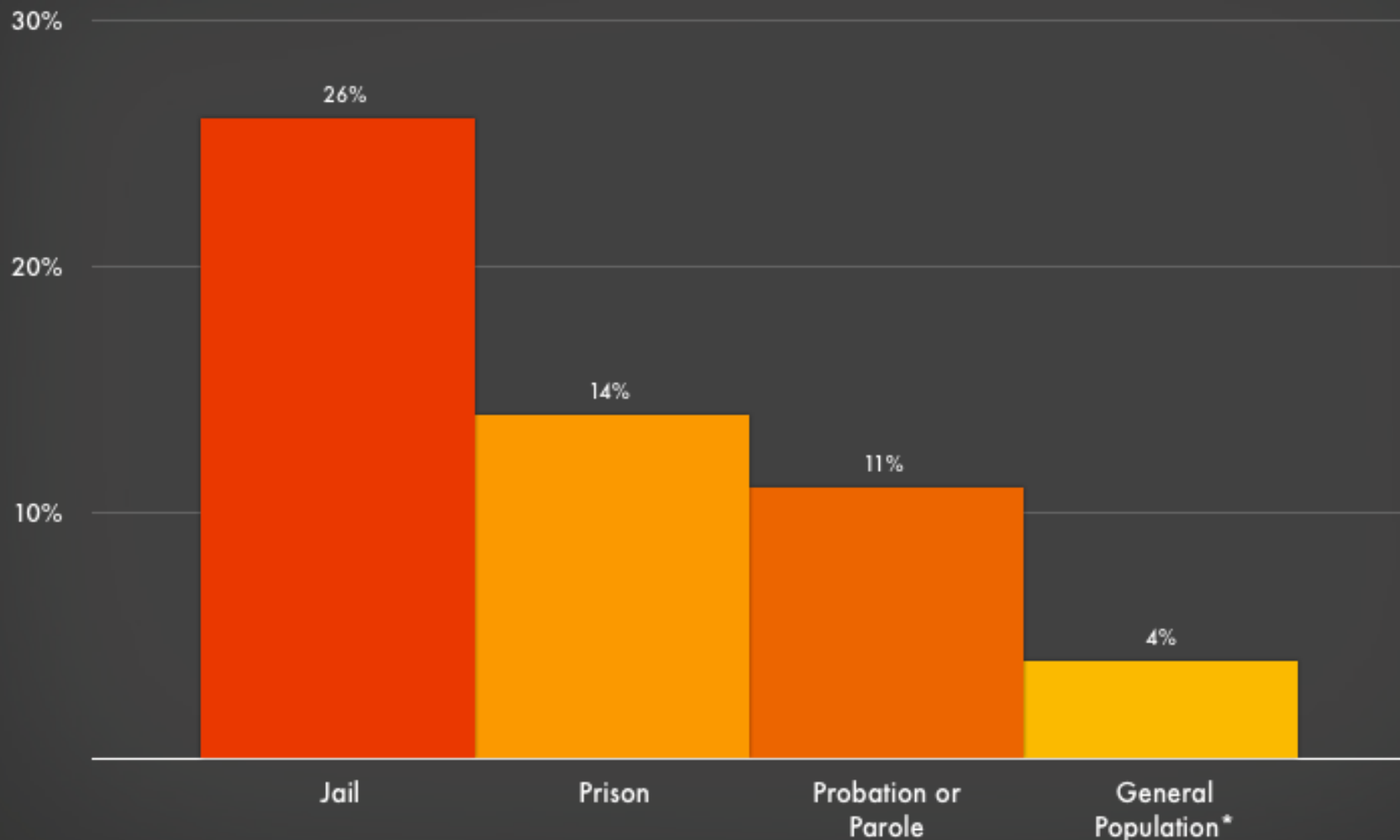
1 IN 17
in the U.S. will
develop a serious
mental illness (SMI)
in their lifetime



National Institute of Mental Health

Serious psychological distress highest in prisons and jails

Percentage of people experiencing "serious psychological distress" in the past 30 days



*Includes only adults in the standardized U.S. general population with no criminal involvement in the past year

Source: Bureau of Justice Statistics, *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12*. The report used data for the general population from 2009-2012 National Surveys on Drug Use and Health.

Understanding the Prevalence

- A person's mental illness or substance use is often at the root of criminal legal system involvement
- Large-scale movement from psychiatric hospitals to jails
- Lack of mental health support in the community



People with Mental Illness in Jails

- Have inadequate resources to treat their mental illness
- Held in jail 4-8x longer than other people
- Less likely to make bail
- Routinely disciplined for behavioral issues associated with their mental illness



themarshallproject.org

Mental Illness and Sexual Abuse in Detention



Past Physical or Sexual Abuse

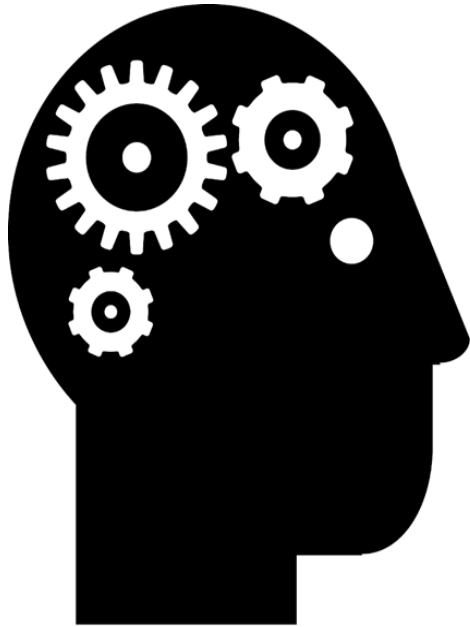
- People in jail who have mental health conditions are 3x more likely to report prior abuse
- People in state prisons are over 2x more likely to report prior physical and/or sexual abuse



Image source: ABCNews

Source: Mental Health Problems of Prison and Jail Inmates (Bureau of Justice Statistics, 2006)

Sexual Abuse by Another Incarcerated Person



Prisoners with serious psychological distress are **9X MORE LIKELY** to be sexually abused by another prisoner than those with no indication of mental illness.

Source: Allen J. Beck et al, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12* (Bureau of Justice Statistics, May 2013). © Just Detention International

Sexual Abuse by Staff

Incarcerated people with a mental illness are 5x more likely to be abused by staff than incarcerated people who do not have a mental illness.



Challenges to Reporting

- Widespread staff perception that incarcerated people with mental illness lack credibility
- Communication & reporting
- Medication management
- Criminalization of trauma reactions

Survivor Voices

"I am in a constant state of fear that things will happen again, I do not trust being in a cell with another man."

— A survivor who was sexually assaulted by his cellmate while he was drowsy from medication to treat his mental illness in a PA state prison

Survivor Voices

"People look at me strange. I'm suicidal but refuse to say so due to the institution doing nothing to help but take my clothes and isolate me. So I'm not suicidal, I just think of it a lot more. My panic attacks are severe, my hallucinations and voices are more scary and my psych meds have been increased."

— A survivor who was sexually assaulted by an officer in a CA state prison. He told multiple staff in the facility, but they covered it up. He was placed in segregation and told that no policies were broken.

Mental Healthcare in Detention



Services for Survivors

People who are sexually abused while incarcerated have the right to receive:

- Free medical and mental health care
- A medical forensic exam, if appropriate
- Prophylactic medication to prevent pregnancy and sexually transmitted infections
- Ongoing medical care and mental health treatment
- Confidential victim advocacy services

§ 115.35 Specialized training: Medical and mental health care

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

An Advocate

Reports to a rape crisis or victim services center

Has satisfied state requirements for sexual assault counselor status

Supports survivors during forensic exam and investigative process

Provides survivors with referrals and follow-up services

Supports survivors in navigating resources and reporting systems

Provides confidential emotional support and coping skills to incarcerated survivors regardless of reporting status

A Therapist

Normally reports to the correctional facility

Licensed to provide mental health therapy

Helps clients in processing trauma and abuse

Helps clients reduce symptoms of mental illness

Creates longer-term treatment plans that may include psychiatric medication

Is mandated reporter of sexual abuse and sexual harassment that occurs in a detention facility

Challenging Work Conditions

- Understaffed and large caseloads
- Inadequate training on trauma
- Surrounded by trauma and the harshness of most corrections environments



What “Care” Looks Like

- Staff lack understanding of psychosis and delusions
- Solitary confinement as a response to “negative behavior”
- “Psych” seen only at “pill call” or when in crisis



Image source: Disability Rights California

Response to Self-Harm

- Reactive, rather than responsive to needs
- Focus on safety, security, and stability, rather than holistic treatment
- Exacerbates mental illness
 - Disciplinary sanctions
 - Loss of rehabilitative programming
 - Increase in security level

Survivor Voices

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

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



What Advocates Can Do for Incarcerated Survivors with Mental Illness



Be Prepared

- Develop a deep understanding of the facilities in your service area
- Develop internal protocols and policies for working in detention and with survivors with mental illness
- Talk with the incarcerated population
- Train advocates on mental illness and incarceration
- Meet with facility-based mental health staff

Working w/ Mental Health Staff

- Understand treatment philosophy
- Recognize challenges
- Collaborate with staff
- Be sensitive about caseloads
- Ask questions



Credibility

"The FBI, 25 of them, came into my cell and raped me. The staff here, they opened the door and let them in. I can't tell anyone because they set it up."

— A survivor in a Florida prison



Advocate's Cheat Sheet

- Respond to feelings without validating or minimizing the survivor's reality
- Believe the survivor, even if their recounting of what happened is not fully based in reality
- Focus on the survivor as a complete person



Mental Health Referrals

- Do not break client confidentiality without direct client permission (or imminent threat to self/others) and a release of information
- Discuss with the client any concerns they may have about mental health
- If possible directly connect the survivor to a trusted person in mental health
- Continue to provide services

Communication Tips

- Speak slowly and give the survivor time to respond
- Move slowly and avoid quick or expansive gestures
- Use a calm, even tone of voice
- Use simple sentences
- Watch/listen for signs of distress

Meeting a Survivor “Where They’re At”

Survivor	Interactions	Plan
No delusional content, survivor expresses depressive symptoms and suicidal ideations	Survivor is able to understand informed consent and participate in services	Provide crisis services and follow up as needed, create safety plan
Some delusional content, describes clear and consistent trauma reactions	Survivor is able to understand informed consent and set goals	Provide crisis services and follow up as needed
Significant delusional content, describes clear trauma reactions	Survivor is able to discuss trauma reactions and coping mechanisms	Provide crisis services and follow up, focus on concrete coping skills, refer to mental health
Significant delusional content, inconsistent descriptions of trauma reactions	Survivor has difficulty understanding informed consent, is not able to engage in safety planning	Refer to mental health services, follow up when stable

Replying to Letters

- Read through each letter in its entirety, even ones that do not seem to make sense
- Be professional
- Reiterate boundaries when needed
- Focus on emotional support



Self-Care

- Maintain healthy boundaries
- Be clear about your limits
- Prepare yourself
- Seek support from supervisors

Any questions?



Upcoming JDI TA Events

Office Hours:

Wednesday, June 26 @10am PT/1pm ET

Webinar:

Working with Incarcerated Lesbian, Gay and Bisexual Survivors of Sexual Abuse

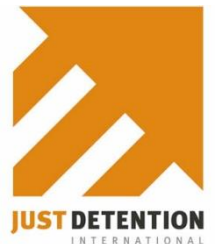
Wednesday, July 17 @10am PT/1pm ET



Coaching Opportunity

- One-on-one coaching from JDI to help expand your services for currently and formerly incarcerated survivors
- Intake session and four personalized 1-hour coaching sessions
- Completely FREE

<https://justdetention.org/coaching-ta-application/#search>



For More Information

For additional information, 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:

 @JustDetentionInternational

 Just Detention International

 @JustDetention



Evaluations

