

PREA

PRISON RAPE
ELIMINATION ACT

COLORADO
COALITION
AGAINST
SEXUAL
ASSAULT



FREEDOM FROM SEXUAL VIOLENCE

2018

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This project is supported by grant no. 2015-WF-AX-0026, awarded by the Colorado Department of Public Safety, Division of Criminal Justice – administering office for the S.T.O.P. Formula Grant Program. The opinions, findings, conclusions, and recommendations expressed in this program are those of the author(s) and do not necessarily reflect the views of the state or the U.S. Department of Justice, Office on Violence Against Women.

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INTRODUCTION



This guide is designed to help community-based sexual assault advocates build collaborative working relationships with detention center, community corrections, and prison staff to provide best care practices for sexual assault prevention and response. For a victim/survivor who is incarcerated, access to a community-based sexual assault advocate can help facilitate hope and healing. Together we can prevent, detect, and respond to prison rape in our local communities.

Prison rape, a national concern, has been reported since the 1930s in the United States. It gained attention in recent decades through the research and investigation of organizations such as Just Detention International and Human Rights Watch. According to the Bureau of Justice Statistics, it is estimated that 200,000 adult men, women, and youth experience sexual violence in locked facilities every year (2013).

As this information has come forward, prison rape is now recognized as a human rights issue, thanks to strong advocacy backed by incoming data. Fifteen years after the Prison Rape Elimination Act (PREA) was signed into law, we continue to develop programs with prisons, jails, detention centers, community corrections programs,

and youth detention facilities to create systems and resources to stop sexual harassment and sexual violence, as well as educate staff and inmates on their rights. People who are incarcerated have the right to safety while being detained, free from sexual violence in any form.

COLORADO DATA

In the 2016 PREA Annual Report for Colorado, there were 83 inmate-on-inmate nonconsensual sexual contact reports made to officials. Forty-two of those reports were unsubstantiated and 4 substantiated in 2016. Of the 57 staff-on-inmate reports filed, 24 were substantiated and 7 unsubstantiated. Of the 24 substantiated staff-on-inmate reports, 12 staff resigned, 11 were terminated, and 1 received corrective action. This data was collected from 13 of 16 corrections facilities.

Source: <https://drive.google.com/file/d/1ns6afVHdiS7BfwvWMP9bTifhRDnGQar/view?pli=1>

WHAT IS PREA?

In 2003, the Prison Rape Elimination Act (PREA) was signed into law. Based upon years of individual reports of inmate sexual assault, prison rape finally became recognized as a human rights violation and created a call to action in supporting the victims. PREA initiated the “zero tolerance” policy toward rape in all national locked and community detention facilities. Recognizing that this needed to be a systemic change, Congress created the National Prison Rape Elimination Act Commission (NPREAC) to gather and present standards to the Attorney General and create funding opportunities for research, programming, and accountability for facilities not complying with the law (PREA, 2003).

In 2012, the U.S. Attorney General’s office (post NPREAC recommendations) followed up with a mandate further clarifying the PREA guidelines. The focus was threefold:

- 1 **Prevent:** to create prevention programming to stop it before it happens;
- 2 **Detect:** develop systems to recognize when it is happening with clearly identified channels to report sexual violence safely; and
- 3 **Respond:** directly contact those who have been victimized and provide confidential advocacy, medical care, and support services to help them and begin their healing process.

The mandate applies to all jails, lockup facilities, temporary detention facilities, community corrections, and youth detention centers. It also clarifies each of the three areas in detail, including the opportunity for facilities to work with community advocacy agencies who have expertise in providing sexual assault advocacy and direct service, and training in best practices (U.S. Dept. of Justice, 2012).

WHY IS IT IMPORTANT? WHY DOES IT MATTER?

PREA is an important and evolving requirement for our corrections systems. When our government decides to remove people from society as a consequence for breaking the law, we have a responsibility to those removed to provide a safe environment while they serve their sentences. The 8th Amendment states that our government may not inflict any “cruel and unusual punishments.” This concept is additionally supported through the 14th Amendment, as life or liberty may not be taken without due process. If the removal from society is the consequence, we have a responsibility as a country to provide safety from sexual harassment, assault, and abuse (PREA, 2003).

Our goal as advocates is to end sexual violence, in all environments, for all people.

US CONSTITUTION

WHY ARE ADVOCATES IN FACILITIES NECESSARY?

- As of 2008, only 1 in 10 survivors had received assistance or counseling for an assault while incarcerated (JDI, 2017).
- Community-based sexual assault advocates have specialized training in understanding the dynamics of sexual violence and trauma response.
- Providing confidential services allows the victim/survivor to address trauma with respect and dignity, in a place where they have little control or privacy.

Constitution of the United States, VIII Amendment

1789, revised 1992:

Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted.

The 8th Amendment was created at a time when people could remember the Inquisition and use of torture by European countries to extract confessions. It protected the people from our 1700 era government using means of torture or abuse to oppress them. It is equally applicable today (Stevenson & Stinneford, 2018). PREA uses these tenants as a basis for safety for all inmates in federal or state facilities.

REPORTING DYNAMICS

Before PREA, reports of sexual violence in facilities were often retaliated against or ignored. Common beliefs were that if people were incarcerated, they deserved to be raped. Other accounts report that deputies or guards would denounce the attack because the victim was gay or transgendered, as if they should enjoy the “sexual contact” when being assaulted. Adding in the hierarchical structure of facilities, there can be a “code of silence” that does not allow for “snitching.”

The effects of sexual assault in the community are devastating, yet victims/survivors can access resources or go to a safe place after they are assaulted. When someone is raped in a locked setting, fear can keep them from disclosing the assault, and even if it is disclosed, often they are not believed, left in the same cell, labeled by derogatory and demeaning terms, or punished for reporting.

Constitution of the United States, XIV Amendment

1789, revised 1992 Section 1:

All persons born or naturalized in the United States and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.

WHY DON'T INMATES REPORT?

Fear of revictimization or retaliation

- Code of silence/snitching
- Officials disregard the report and see inmates as habitual liars
- Concerned about lack of confidentiality
- Fear of punishment-
 - » ½ the time the victim has been punished, not the staff perpetrator
 - » 1/3 of victims are assaulted by another inmate
 - » Others were moved into solitary confinement
- Another 1/3 there was no response

Justice Detention International, 2017

PERPETRATION DYNAMICS

Many of today's inmates or detainees have histories of trauma, mental illness, or are members of marginalized populations. These factors, as well as perceived weakness, can become a focus for abusers (both staff and inmates) to gain power in a system designed to remove power and dehumanize. Oftentimes characteristics that are perceived as "weak" or "different" place certain inmates at higher risk for victimization.

Following is a list of common ways sexual violence appears in locked facilities that is different than in communities:

- Sexual Harassment- sexual advances, using harassing language, sexually inappropriate jokes, asking for sexual favors;
- Staff Sexual Misconduct- abuse through demanding sexual favors, giving favors to get sex in return, rape or assault when on drugs/medication, assault during a pat down, unwanted sexual contact when sleeping, giving privileges or threatening to remove privileges unless they have sex, using the power imbalance to control the inmate;
- Protective Pairing- demanding sex from an inmate for protection, "marriage" with an inmate that develops domestic violence characteristics, coercive sexual behavior that is reported as consensual.



GENDER AND SEXUAL ORIENTATION DYNAMICS

Community-based sexual assault victim advocates understand the multilayered dynamics of rape. Sexual violence is used as a tool to command power and control or to demonstrate entitlement over another human being. Statistics from the National Intimate Partner and Sexual Violence (NISVS) study conducted by the Centers for Disease Control in 2010 determined that 47.4% of women in Colorado will experience some form of sexual violence (other than rape), in comparison to the national average of 44.6%. For Colorado men, 26.5% will experience sexual violence, in comparison to the national average of 22.6%, (Breiding, M.J., et al., 2014). Perpetrators routinely target vulnerable communities; there are higher prevalence rates for Native American women, Latino/Latina

communities, LGBTQIA identified individuals, youth, and individuals who may be in rural, isolated areas or have less access to services due to a disability and/or lower income.

In male incarceration facilities, male dominance, homophobia, and sexism often thrive. Those who appear “feminine” or “weak” may become targets of sexual violence. Just Detention International’s (JDI) *Hope Behind Bars* (2017) quotes a survivor who was told by a staff member, “You’re an admitted homosexual. You can’t be raped. We’re denying your request. Learn how to defend yourself.” Transgender women are especially at risk for sexual harassment and sexual assault because they are routinely placed in male facilities due to their genitalia, not gender identity.

Women’s facilities have a higher risk of inmate-on-inmate sexual violence, 4 times higher than in men’s facilities (JDI, 2017). This dynamic is because staff often do not perceive a woman assaulting another woman as rape or sexual assault. If sexual assault is reported, the victim/survivor may be held accountable, not the perpetrator. Much like the inmate power dynamics at male facilities, women will also build relationship structures while incarcerated. Relationships in this setting can also include domestic violence power and control behaviors, with sexual assault as a dominating act. Women who have been assaulted prior to incarceration are at greater risk to be victimized again. A survivor of sexual abuse behind bars is assaulted on average 3 to 5 times over the course of a year,” (Beck, A.J., et al., 2013b).

ADVOCACY FOR PEOPLE WHO ARE INCARCERATED

It is important to remember the lack of power inmates have in the facility- over their bodies, the overall environment, stimuli such as sound and lighting, even the presence of others. These factors, combined with the trauma of being sexually assaulted, can create a sense of hopelessness and helplessness.

Even though someone is in detention, advocates can understand the physiological response to trauma. The trauma response can create negative behaviors for the victim, such as: fighting, reacting to being touched, disengagement, or dissociation. Due to the rules and expectations of the facility, exhibiting a trauma response could lead to problems with staff for not following direction as expected.

ADDRESSING INMATE NEEDS: TRAUMA HISTORY

High numbers of people in detention facilities have histories of trauma, many experiencing previous sexual assaults (JDI, 2017). Because of the previous trauma, victims/survivors can struggle during their entry into a facility. Their trauma response can be triggered by exposure to the bright lights, loud noises, lack of control, and physical demands (such as pat downs). Previous trauma makes it difficult to be present in the moment, engage with others, or participate actively with the routine and schedule. This dynamic often makes victims/survivors vulnerable to discipline and further sexual violence. Perpetrators readily identify those who are more submissive and will not push back, targeting them for more abuse.

Other victims/survivors who are assaulted while in custody become vulnerable to re-experiencing earlier trauma. This can trigger a flight, fight, or freeze response that they are not prepared to manage, yet is a normal reaction. Advocates can be helpful in providing understanding of the neurobiological response of our brains and bodies when we experience danger. Education and knowledge can offer relief from confusion, fear, shame, and lack of internal control.

As advocates, we need to recognize when we are working with a client who discloses previous sexual assault history. It can be the first time

they have shared this information and they may be fearful of having facility staff or other detainees know. Show respect by acknowledging the experience and convey how courageous it is to share the experience. Work to develop coping skills, such as grounding techniques. Get them connected with resources. If they are lacking resources, use your skills, encouragement, and validation to instill hope.

For me, being sexually abused as a child made me an easy target. It was in our file, and the guards can see that. We are easy targets because we learn from a young age to keep our mouths shut. There are repercussions to telling. It is brainwashed into us. It was almost the norm because of how I grew up. I just felt like, 'Well, here comes another one.'

Robin (JDI, 2017)

GROUNDING EXERCISES

Victims/survivors who have experienced trauma and are living in locked facilities may have difficulty managing negative thoughts, being present in the moment, or even feeling safe. Grounding exercises are a way to use breathing, creative images, and self-soothing to help bring victims/survivors into the

present, helping let go of negative thoughts, feelings, and experiences they are having. Each person is different, and it is important to find the exercise that works for them. Advocates can introduce victims/survivors to new skills and resources they can use on a daily basis (Covington, 2011).

HERE ARE EXAMPLES YOU CAN USE WITH YOUR CLIENTS ON-SITE:

FIVE SENSES

1. Please close your eyes or lower your eyelids.

Trauma survivors often have difficulty closing their eyes, so make it optional for each individual to close their eyes or to leave their eyes open with their lids lowered.

2. Relax for a few moments. Take a few deep breaths and exhale slowly.
3. Open your eyes when you are ready.

Allow a few moments between each question that follows for each individual to experience

what they can see, feel, hear, smell, and taste.

4. Silently, identify five things you can see around you.
5. Now identify four things you could feel or touch.
6. Identify three things you can hear.
7. Now identify two things you can smell.
8. Finally, identify what you can taste right now.

- That exercise is called “Five Senses.” How did you feel after doing it?
- What do you notice?

BELLY BREATHING

Often when we are feeling stress and fear our breathing may change. Breath can speed up or become shallower. This is a great exercise to begin to practice taking deep breaths, from within our abdomen.

- Start by putting one hand on your chest and one hand on your belly.
- Take a couple of normal breaths.
- Notice if you are feeling these breaths mostly in your chest.
- Now, begin moving your breath deeper into your lower abdomen, so that your hand on your belly moves up and down as you breathe.
- This is called “deep breathing.”
- Try it again.



BELLY BREATHING (CONTINUED FROM PREVIOUS PAGE)

- You will find that you are breathing more slowly and more completely than usual.
- Keep breathing deeply, but blow the air out of your mouth, rather than out of your nose.
- Let your abdomen fill with air each time.
- Do this for 3 minutes.

- **What do you notice? Often individuals will report feeling more at peace or calm after the breathing. This is an exercise that they can use anywhere or anytime.**

LETTING GO BREATHING EXERCISE

- Sit in a comfortable position with your feet on the floor.
- Concentrate on your breathing: breathing in, pausing, and breathing out.
- Feel your body expand from the center and release back toward the center.
- With each breath, breathe a little deeper, moving the air deeper down into your abdomen.
- As you breathe in, take in “good things,” such as self-love, hope, courage, safety, and joy.
- As you breathe out, let go of things you do not want in your life, such as self-criticism, violence, hatred, and fear.
- Repeat this for three minutes.

- **What do you notice? Do you feel a shift anywhere?**

All grounding exercises courtesy of Dr. Stephanie Covington's Healing Trauma, Strategies for Abused Women (2011).

INMATE TRAUMA PREVALENCE

- 4 out of 5 women who reported to JDI had previous history of sexual abuse (2017).
- Those victimized early in life are at higher risk for sexual abuse while in facilities, both by staff and inmates (JDI, 2017).
- BJS (2013) found that inmates with severe mental health symptoms were 9 times more likely to be assaulted by an inmate and 5 times more likely than those who have no symptoms.
- BJS (2013) also found that more than 25% of inmates have a mental health diagnosis.
- Women's facility rates of inmate-on-inmate sexual assault is 4 times higher than men's (JDI, 2017).
- Male inmates are more likely than women to be sexually assaulted by staff (JDI, 2017).

This allows for so many incarcerated individuals to be vulnerable to being victimized through sexual violence (JDI, 2017).

Individuals who are incarcerated have very often experienced sexual assault prior to incarceration and are incredibly vulnerable to sexual violence while they are confined. It is our responsibility to provide services in the same manner we would to any other population who experiences sexual assault, and to work to prevent these types of crimes from taking place. No one deserves to be sexually assaulted.



Katie Abeyta
*Director of Victim Advocacy and Outreach
Sexual Assault Victim Advocacy Center
Fort Collins, Colorado*

CONCERN AND BIAS

Some advocates may have concerns or even biases regarding working with this population. Before you begin any advocacy work with people who are incarcerated, it may be helpful to discuss any concerns you have with your supervisor or a mentor. For example, you may wonder, “Will I be safe if I am in a jail, prison, or youth detention facility?” Victims/survivors with a criminal history may be dangerous or even have convictions of sexual violence against others. In addition to safety, advocates may question the agency priorities and capacity to serve people who are incarcerated, especially if there are wait-lists for services within the general community. Additionally, advocates may have fears about creating rapport and working with individuals who have not accessed resources before or may have biases about working with corrections staff.

It is understandable to have questions or concerns when entering a new environment. When addressing these concerns, it is important to remember that PREA is federal law mandating that victims/

survivors should have access to advocacy services. Additionally, our agencies should never discriminate in service provision. Advocates are encouraged to:

- Seek out additional resources regarding advocacy work in this setting and with this population. Just Detention International has a wealth of information on their website. (www.justdetention.org)
- Utilize support from the Colorado advocacy community. CCASA is available to talk through your concerns or refer you to another advocate who has experience working with people who are incarcerated.
- Research the criminal justice system and mass incarceration in the United States. Many people are incarcerated for low-level, non-violent offenses. Regardless of the reason for incarceration, stay grounded in the fact that nobody deserves to be sexually assaulted.

- Remember that you are there as an advocate. It is okay to redirect the conversation, set boundaries, express concerns, celebrate successes, and ask for staff support.
- Create and follow policies and procedures to address the environment. Following established policies and procedures can greatly mitigate problems and concerns.

We do this work as community-based sexual assault advocates because we know that sexual violence is often a heartbreaking, destabilizing, and challenging experience that nobody should have to deal with alone. As advocates, we also recognize the amazing capacity for healing and the resilience of the victims/survivors we serve. This dynamic also applies to working with people who are incarcerated. Advocacy support can have an even greater impact due to the rigid rules and lack of power in the environment.

ADULT POPULATIONS

The same populations who are vulnerable to sexual violence in our communities, are exponentially more vulnerable while navigating locked facilities. This dynamic is important to recognize when working with incarcerated adults. Those who are perceived as weak are targeted often because the perpetrator and victim/survivor believe no one will listen to them.

Based upon Beck, et al's inmate research, one group who is more at risk are people who identify as gay, lesbian, transgender, and bisexual (2013b). Both staff and inmates may downplay abuse, projecting it on the victim/survivor as if they should like it or it is wanted. PREA provides standards to recognize people with non-cisgender identity or sexual orientation upon intake and provide support and safety in their placement to prevent prison rape (DOJ, 2012).

People with a mental health diagnosis or previous trauma and assault history are also at greater risk of victimization (Beck, A.J., et al., 2013b). According to the BJS, more

than 25% of inmates surveyed experience severe mental health diagnosis and are “nine times more likely to than those without any such symptoms to be sexually abused by another inmate” (JDI, 2017).

Those who were serving longer sentences in adult facilities were also at greater risk of victimization. Beck, et al, found that those serving 5 or more years, up to life or death penalty sentences, experienced more assault than those serving 1-4 years. Others identified as at higher risk were those who would be categorized as underweight or overweight/obese, and inmates who have college education (2013b).

Though not all oppressed groups are identified here, these characteristics, as well as gender differences, mirror oppressions that place our community members at higher risk for sexual violence. It is important that we use our critical eye to recognize this as we work to provide advocacy, support, compassion, skills, and resources for their healing.





YOUTH POPULATIONS

Youth are resilient and with support and resources can overcome trauma and abuse to lead healthy lives. As researchers have developed new understanding of how children's brains develop, there have been changes in youth detention. Child psychology research teaches that brain development ends between 22 and 24 years of age. Based upon physical and intellectual development, this leaves youth 14-19 years at greater risk for sexual violence in adult settings. The PREA Commission found that "more than any other group of incarcerated persons, youth incarcerated with adults are probably at the highest risk for sexual abuse" (NPREC, 2009). Both PREA and the Juvenile Justice and Delinquency Prevention Act set some parameters around the housing of youth with adults (Daugherty, 2015).

According to Beck, et al's youth juvenile detention survey, inmates are most often assaulted between the hours of 6:00 PM and midnight, in their rooms. Girls experience more inmate-on-inmate assault, often with use of force, while boys experience more staff-on-inmate assault. Staff members may use grooming techniques such as sharing personal information, providing favors, contacting them when they were not working, and giving pictures and special presents (2013a). Rates of assault increase with longer stay as well as past history of previous assault.

In addition to these concerns, youth have often been placed in solitary confinement (particularly in adult facilities) either to keep them safe after being assaulted or as a consequence for reporting. Solitary

confinement can exacerbate trauma with youth feeling more alone, anxious, depressed, and suicidal, or to engage in self-harm (Daugherty, 2015). Though solitary confinement is not recommended, and there are rules limiting its use in Colorado, it is still used in some facilities (see this Colorado law update: <https://www.denverpost.com/2017/10/12/colorado-bans-solitary-confinement-longer-than-15-days/>).

These are some of the differences you may encounter when working with incarcerated youth who have experienced sexual violence. Other factors such as gender identity, sexual orientation, or race may also increase risk of victimization, for adults in detention centers. This resource is a starting guide to prepare you as you work with this population.

Youth who are sexually abused may live with lifelong consequences that can include persistent mental illness and tendencies toward substance abuse and criminality.



—The National PREA Commission (Daugherty, 2015)

IMMIGRATION DETENTION POPULATIONS

People being held in immigration detention facilities are also at risk for sexual harassment, abuse, and assault. According to Speri, 1,224 reports of sexual abuse (isolated from 33,000 overall abuse) have been filed with the Department of Homeland Security Office of the Internal General from 2010 to 2017. Of these, 43 have been investigated. Immigrant detainees are at risk because of their vulnerability in status, fear of retaliation or deportation, language barriers, indifference to their situation, and lack of power they experience in the facilities. These are also factors in why they don't report incidents to officials on site (2018).

As inmates in corrections deserve a safe environment while they are detained, so do immigrant detainees. The U.S. Immigration and Customs Enforcement has a handbook that addresses their “zero tolerance” policy for sexual harassment, abuse, or assault, similar to the PREA guidelines (2016). Those victimized while being held in immigration detention centers deserve to be believed, supported, and offered advocacy, medical, and reporting options to begin their healing. As community advocates, we can begin that process, and work to create a safer, healthier environment for all detainees.

By not properly investigating each allegation of sexual assault, our government sends a message that sexual abuse of immigrants will be tolerated,” she said. “Immigrants who have survived sexual trauma in detention are re-victimized by an ineffective or non-existent investigation process.

”

*Christina Fialho
Executive Director Freedom for Immigrants
(Samee Ali, 2017)*





RESOURCES FOR IMMIGRANT DETAINEES

AMERICAN CIVIL LIBERTIES UNION (ACLU)

Find your local office through the ACLU website:

www.aclu.org

FREEDOM FOR IMMIGRANTS

(Formerly, Community Initiatives for Visiting Immigrants in Confinement)

10701 Sampson Ave
Lynwood, CA 90262

Phone: (385) 212-4842

www.freedomforimmigrants.org

TIPS FOR ADVOCATE SUCCESS

WHEN YOU BEGIN YOUR ADVOCACY WORK:

1. Be open-minded

Although the victims/survivors you are meeting with are incarcerated, they are still human beings. They have feelings, family, history, successes, and challenges. See them for the person they are, not their crime.

2. Be patient, consistent, and persistent

The people you are working with may have a history of working with different systems with a lot of people telling them what to do. They may have difficulty trusting anyone because of their previous experiences. It may take time for them to open up to you. Be supportive, encouraging, and follow through with what you promise.

3. Remind victims/survivors they are not alone

Living in a facility where they have been raped or assaulted can feel overwhelming. They may not be able to share what happened with anyone because of shame, fear, and embarrassment. Providing a connection and letting them know there is support and they are not alone offers hope and can be a powerful lifeline.

4. Trust your expertise

You have the training and resources as a community-based sexual assault advocate. Working with incarcerated victims/survivors can be very similar to working with someone from the community. The environment may look different, but the experience is the same. Rely on your skill base, as it is valid!

5. Plan how to manage challenging requests

Occasionally, as you get to know inmates, they may ask for favors. These can range from making a phone call or bringing in their favorite candy. Challenging requests can happen because people who are incarcerated are living in a confined environment and have few resources. If you are ever unclear or uncomfortable, it is okay to share that and set boundaries. You can always communicate that you will check out the rules and get back to them. Take time to talk about this with your supervisor or team, so you will feel more confident in your response.



Collaboration with the Sexual Assault Victim Advocate (SAVA) Center has really allowed us to pool our resources and talents- not just in preventing and responding to prison rape, but in outreach and support for the large population of inmates who have experienced sexual violence elsewhere in their lives. Violence is often at the root of the criminal behavior they are incarcerated for.

Sean Grogan
PREA Coordinator
Larimer County, Colorado

ADVOCACY SUCCESS: INITIAL PLANNING ITEMS

- Work with each correctional facility to know and understand their safety and policy procedures.
- Ask if they have a training you can attend, to help clear up what is and isn't allowable.
- Understand your role, versus the role of the facility staff (PREA Coordinator, mental health staff, etc.).
- Follow the protocol, including confidentiality (see next page).
- Work directly with the established liaison, if you experience any problems.
- Seek out ongoing training opportunities regarding PREA and working with people who are incarcerated. Reach out to CCASA and/or Just Detention International if you need assistance!
- Check in regularly with your supervisor, your facility contact, and the PREA Coordinator to keep open communication.

POLICY AND PROCEDURE IDEAS

Community-based sexual assault advocates working in this environment have learned basic items that may be helpful to review and adopt into your policies and procedures. Always check with the facility for items they may require as you develop your personalized list.

- Wear appropriate clothing: Do not match the colors that inmates wear. This rule is to differentiate you from the inmates in case of a facility incident. Ask if there are other restricted colors. Make sure that shoulders are covered and no leg is exposed, no shorts or skirts. Wear closed toe shoes.
- Be cautious about wearing perfumes or heavy makeup. Be professional in your presentation, remembering that inmates have been removed from society and can be sensitive to these reminders of outside life.
- Please do not bring contraband into the facility. Contraband can be different in each location and may not be obvious to us as laypeople. It can be items such as scissors, knives, letter openers, staples, paperclips, pens, tape, etc. Make sure it is safe and ask your facility contact before bringing in any items.
- In most facilities, touching is not permitted. It is a clear physical boundary. While it is understandable that being deprived of physical contact can be difficult and hard for the inmates, it is not approved. Develop a way to communicate that you care, explaining the boundary and why it is there, so that you have an explanation before you are in that situation.
- Be clear about what your personal and agency boundaries are in each facility. Because you are entering a locked facility, you become a link to the outside world and humanity. Boundaries can be expressed and maintained without being hurtful. Know the expectations of the facility and your agency. Start with a plan that will evolve as you build your experience in this capacity. Some dynamics advocates have encountered include: being asked to visit on family day, contacting children or partners and family members to share information, passing notes to other providers, passing notes to other inmates, and bringing in contraband and food. We want to ease the pain and suffering of those we work with. These dynamics can challenge us and our own boundary setting. Remember we are bringing resources, hope, support, listening, and believing. We can't change their environment, but we can help people who are incarcerated find their own safety and strength within it.
- If you have questions, ask the staff or your team for assistance. If it concerns the staff, approach your lead contact or PREA Coordinator. Work with the facility and your agency to develop appropriate policy and steps to follow when questions arise. We are all learning and this work requires constant communication.



ADDRESSING CONFIDENTIALITY

As you start working with your local facilities, your agency may begin receiving calls through your hotline or letters through the mail. Confidentiality is usually maintained within the local program, though we do not have control of the facilities. Sometimes inmates may contact you from other cities and states. Developing a protocol to provide support and guidance can be helpful. Just Detention International offers some examples in their *Hope Behind Bars: An Advocate's Guide to Helping Survivors of Sexual Abuse in Detention*, online at www.justdetention.org.


Confidentiality is a cornerstone for community sexual assault victim advocacy agencies. As community-based sexual assault advocates, we are protected by Colorado law (Colorado Revised Statute 13-90-107-1) to provide confidential support services to every victim/survivor we serve, with the exception of youth under the age of 18 years, individuals who are 70 years or older, and individuals with intellectual and developmental disabilities. In these cases, advocates are mandatory reporters.

Confidentiality is critical to victims/survivors because they are navigating their own thoughts and

beliefs around their assault. This process can look like self-blame, shame, fear, hurt, and anger. Even today, our society will often choose victim-blaming attitudes such as focusing on the victim's drinking, what s/he was wearing, or even previous sexual activity, rather than holding the perpetrator accountable. Access to a trained advocate who understands these dynamics and can be a confidential support can make an enormous difference in the healing process. Victims working with advocates experience healing and empowerment, with decreased potential for post-traumatic stress disorder (PTSD), depression, anxiety, self-harming behavior or suicidal thought (JDI, 2017).

Confidentiality in state, federal, or local facilities is even more important. Inmates do not have privacy in these facilities, whether talking on the phone, reading mail, using the restroom, or routine pat downs. Information can be used as power by staff or other inmates. Providing a confidential advocate gives people who are incarcerated a safe and private "sounding board." An advocate validates experiences and recognizes individuals as human beings, which can be incredibly empowering when experiencing sexual violence while incarcerated.

Following your agency policy on confidentiality is important, because of our individual grant agreements and state statute responsibilities. If your agency does not have a policy regarding confidentiality when working with people who are incarcerated, contact CCASA or JDI to help create this document.



UNDERSTANDING CONFIDENTIALITY AND REPORTING REQUIREMENTS WITHIN THE FACILITY

Because facilities have very different guidelines, it is important to develop a plan with the facility so that all parties are clear on what you can and cannot do. Consistent guidelines for many agencies include mandatory reporting responsibilities. If the victim/survivor falls into one of the 3 mandatory reporting categories (see page 18), then you must report any known abuse to the appropriate agency.

When working in facilities, often additional guidelines for reporting include if there is danger to themselves or another on the pod/block. Disclosing to the designated staff at the facility is important. When in doubt, try to address these scenarios before entering the facility so you know how to respond.

SOME TIPS AND QUESTIONS TO ASK:

- What are your sexual assault agency policies on confidentiality?
- What are the facility guidelines around confidentiality?
- What are the facility PREA guidelines for confidential community-based sexual assault advocates?
- Who is the facility official to follow up with if something comes up, such as a safety concern or issue?
- Does the facility listen in on calls and read incoming and outgoing mail? They have
- to disclose if they do. Some facilities have set up designated phone lines that call advocate hotlines directly with no charge or supervision. Is a confidential phone line possible in this setting?
- What is your policy on direct contact with your supervisor if there is a problem or issue that arises during a meeting or visit? Within what time period do you report?
- Who in your agency responds to incoming calls or written mail? Do you have a plan for what to offer? (Just Detention International has great resources with examples, www.justdetention.org).

Make your own list of difficult questions and come up with agency appropriate responses so you are prepared. Other things may come up but you will feel more confident when they do.

EXAMPLES OF SOME CHALLENGING SITUATIONS MAY INCLUDE:

1. Disclosure of sexual assault from a 15-year-old in a youth facility.
2. Disclosure that the inmate has assaulted a 12-year-old previously, prior to detention.
3. Disclosure that the victim/survivor was raped repeatedly by their cell mate and neighbor cell mate.
4. Disclosure that the victim/survivor is suicidal.

EXAMPLES OF SOME CHALLENGING SITUATIONS MAY INCLUDE: (CONTINUED)

5. Disclosure that a staff of the facility is coming into the room after lights out or lockdown and forcing inmate to have oral sex.
6. Disclosure that the victim/survivor is planning to hurt a cell mate.
7. You notice that an inmate is being placed in solitary confinement by the facility staff to protect them. Knowing that solitary confinement can make a victim/survivor feel like they are being punished for being raped or assaulted- how would you address this with your supervisor and the facility staff?

Come up with some of your own challenging scenarios, to prepare and discuss with your team. Preparation allows you to be present with the victim/survivor when you meet.

EXPLAINING CONFIDENTIALITY TO SURVIVORS

Be honest immediately with the victims/survivors you interact with, so they know the ground rules. All facilities have the ability to listen in or monitor through video, depending where you are in the facility. Be clear and communicate that up front, so trust is not violated. Maintaining confidentiality is a key part of advocacy and needs to be maintained, unless there is a mandatory reporting issue.

SERVICES OUTSIDE OF THE FACILITY

Under PREA, victims who report being sexually assaulted must be offered and provided:

- Medical forensic examination by a qualified individual, such as a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE).
- Access to community-based sexual assault advocates through hotlines, mail, and email with maintained confidentiality.
- A trained sexual assault advocate to attend the medical forensic examination.
- Follow-up medical care.

TIPS FOR ADVOCATES AT THE HOSPITAL:

1. Be informed and open-minded!

Know the process. Be ready to explain what will happen so victims/survivors are prepared. This situation can be more difficult for a person who is incarcerated because they have such little control of everyday life. Medical forensic examinations can be intimidating and violating for all victims/survivors. Acknowledging that and empowering them to say “yes” or “no” throughout the process can be healing. We are working with human beings who deserve to be treated with dignity and respect through the process, no matter their status.

2. Inform survivors of their rights and know the hospital protocol for providing medical care to incarcerated patients.

Ensure they receive information about current reporting options applicable for them during the examination. They have a right to receive medical care as stated in the PREA Prison and Jail Standards for Medical and Mental Care, 115.82 (d) (USDOJ, 2012). Most hospitals will provide a medical examination in addition to the forensic examination. Inmates may have a high risk of contracting HIV, sexually transmitted infections, and Hepatitis B and C during sexual assault and often will be offered the treatments and follow-up with a medical practitioner or infectious disease medical professional. All medical providers should offer pregnancy prevention, HIV prophylaxis, and sexually transmitted infection treatment.

Frequently, incarcerated victims/survivors will be handcuffed to the bed during an exam. Facility staff may also expect to be present in the room during the exam. These are not typical experiences for medical forensic exams. Work with your team to know what to expect and be able to navigate these challenges in a respectful manner. If possible, best practice is to have the facility staff outside the room. This issue may be important to discuss with your supervisory team.

3. Help victims/survivors maintain their privacy and comfort during an exam and interviews.

As you explain the process, ask victims/survivors for input on what would help them be more comfortable. For example, would they like you to sit through the exam? Would they prefer to work with the nurse or medical staff alone? Do they need an extra blanket or water? Assisting with needs can allow for a healing experience.

4. Have a back-up plan. More than one staff at a local agency should be specifically trained for these services.

Some agencies have one staff who is trained to respond to these calls. It is important to have a back-up staff to assist or cover for consistency.

5. Prepare victims/survivors to return to facility: Safety planning.

What happens when it is time to go back to the facility? Depending on the situation, victims/survivors may be returning to the same housing location. Previously, incarcerated victims/survivors have been placed in solitary confinement as a safe option, though this is not recommended because it is perceived as a disciplinary action. Solitary confinement can compound the effect of the assault and abuse on the victim/survivor adding shame, hurt, and feeling that it was their fault that the assault occurred. It is recommended to move a victim/survivor to another area.

Work with the inmate and the facility staff to understand the return plan. Use the time to walk through the plan with the victim/survivor. Discuss whether there are ways to minimize contact with the perpetrator. For example, talk about changing shower times, changing chore times, spending time in a location that feels safe (such as the library or chapel), engaging the support of a friend on the pod or block, or wrapping themselves in a blanket cocoon at nighttime, can promote feelings of safety.

FOLLOW-UP AFTER MEDICAL CARE AND IMMEDIATE ADVOCACY:

1. Arrange for a follow-up appointment to check-in and maintain support.
2. Discuss ways to maintain safety in the facility. What does that look like?
3. Do they have a counselor they can access? Is there programming that might be helpful within the facility to help manage stress? Do they have a plan to assist with safety? If they can't be moved to a new facility, how can they schedule their time? Be creative and think outside of the box.
4. Offer resources that can be accessed while victims/survivors are completing their sentences. Examples may include: mental health counselors, drug and alcohol counselors, victim service advocates at the facility, or you as an advocate. Plan for support and services when released from the facility. Some facilities have transition teams to help with this process and can work with you through a release of information signed by the client. Schedule follow-up appointments with your office or staff to get connected with support services such as counseling, housing, or case management. If they are relocating to another area, make a courtesy call to connect with a local community-based sexual assault advocacy agency.

GETTING ON AFTER GETTING OUT

The “Go Guide” is a great resource for transition planning. **Getting On After Getting Out: A ReEntry Guide for Colorado** is a Colorado-specific publication that provides extensive information to help people prepare for release and successfully reintegrate back into their families and communities. (www.ccjrc.org/find-help/go-guide/)



“

After I was released from jail, I tried to live a normal life, but the rape haunted me. I had flashbacks and nightmares. I was diagnosed with Bipolar Disorder. My marriage and my business failed. I've been arrested over and over again for acting out. I've had sexual problems. I've been filled with anger for nearly four decades. I've been hospitalized more times than I can count. My career as a journalist and photographer was completely derailed, which means lost income tax and spending power. For the past two decades, I've received a non-service-connected disability pension from the VA at a cost of about \$200,000 in connection with the only major trauma I've ever suffered — the rape.

”

— Tom Cahill, former JDI President and JDI Survivor Council member (JDI, 2017)

Tom's account mirrors the trauma response of many victims/survivors, both inside and outside of detention facilities. It changes lives to provide advocacy services, believe victims/survivors, share resources, and provide education and empowerment for healing journeys. How could an advocate have helped Tom?

CASE STUDY #1

Our local program provided copies of our brochures to a prison outside of our service area. The prison staff said they would put the brochures in the library. The brochures included our program's mailing address. A couple of months later, a letter from an inmate landed on my desk. It was from a transgender woman who was serving her sentence in a male facility. In the letter, she talked about routinely suffering from sexual harassment and sexual assault from the guards as well as other inmates. She also wrote about being sad, scared, bored, and lonely. I wrote her back and thanked her for reaching out. I asked if I had her permission to share the letters with the Dept. of Corrections (DOC) PREA Coordinator. Within days, I received a response saying that I had permission to share the letters and asking me to please send them "up the chain." I made copies and sent them to the PREA Coordinator, and was assured the situation was "being investigated." I felt helpless, but reminded myself that I wasn't a "Savior;" I was an advocate and I was advocating within what I had the power and ability to do.

I wrote letters periodically to the inmate and provided the information that I was able to, such as asking her to document everything happening and to seek out the other inmates, staff, activities, and places that did help her feel safe. More than anything, I assured her this wasn't her fault, I was sorry this was happening, and that she didn't deserve to be sexually assaulted. I soon became surprised how quickly I received letters in response. I started getting more than one letter a week. Because I had other clients and job responsibilities, I wasn't able to keep up with replying to all of them. I routinely inquired with DOC about the status of the investigation, but received little to no information in return. I replied to the inmate when time allowed.

In one letter, she told me that "Family Day" was coming up at the prison and invited me to attend. I was a little taken aback, and felt sad that she didn't have any other family to ask. I replied that I was honored that she thought of me, but that I wasn't family and would be unable to attend. I acknowledged that "Family Day" could be tough for her, and we strategized a little bit back and forth (via letters) about coping skills and strategies for a day that could feel particularly lonely and triggering.

Fairly soon after, I took another position and left the agency. When working on my exit plan, I shared all the letters with my supervisor and asked her to please monitor the situation. I then wrote a final letter to the inmate, and told her that I was no longer going to be working in the same role, I appreciated our correspondence, and she was welcome to continue writing to the organization.

DISCUSSION QUESTIONS:

1. What are your thoughts on how the advocate responded to the letters?
2. After reading the case study, do you have thoughts on how to best maintain contact with DOC? Designing appropriate boundaries? Initiating and ensuring a "transfer" of advocacy services, if a staff person transitions out of the role?

CASE STUDY #2

Our local rural agency, the Sexual Assault Services Organization (SASO), had received funding to expand our services and provide advocacy outreach to our community corrections facility, safe house, and county detention center or jail. Often as we do in small agencies, we applied for the funding with a great idea and without a full plan on how to implement it. The funding arrived in September, and all was moving forward with two of the three facilities, but not the jail. I had tried to connect with the Lieutenant in charge of programs multiple times with little success. Then, we had a piece of luck happen when CCASA organized a training on working with incarcerated survivors facilitated by Just Detention International (JDI). The Lieutenant came to the training and was interested in implementing programs to meet their PREA requirements. The discussion with JDI, and the need for them to have our community advocacy agency be a PREA collaborator opened the door for our current programming.

I reached out several times to set up on-site advocacy at the jail on a weekly basis. After multiple meetings, the Lieutenant shared that wasn't a fit. She then asked if we could provide a group instead of advocacy. Through our CCASA connections, staff had just attended the annual Colorado Advocacy in Action Conference in Vail. At the conference, we met and trained with Stephanie Covington, PhD., who presented her "Healing Trauma: Strategies for Abused Women," 5 week support group model. This evidence based model has been used nationally in communities, jail, and prison settings with success. It can be run by lay people, inmates, staff, or therapists. I brought this to our connection at the jail and we got a green light to move forward.

Since August 2014, we have been providing a weekly group, using the "Healing Trauma" model. There are five sessions per group cycle. This first week is introductions and learning about trauma; second week is understanding the effects of trauma, gender norming, and the power and control wheel; third week is understanding the trauma response and introducing grounding techniques and self-care; fourth week is focused on healthy relationships; and fifth week teaches and discusses love, ending relationships, and perspective. Since 2014, SASO has had over 200 contacts (about 140 women per year who attend the group more than once) in the groups averaging 5 to 6 cycles per year. We now have women from the jail cross over to our programs, outreach for advocacy services at our office, and we connect them with community resources.

At first, it took a lot of time to get this going and we were questioning if it was the right decision. We modified the group and shifted the 5 topics to a drop in style group. The women can attend one or all of the groups, as many times as they like. It is a positive, psychoeducational model and the conversations are always new and interesting, depending on who attends. We bring handouts every week, instead of the folder the guide calls for. The jail bans heavy paper, staples, paperclips, scissors, etc. so we are thoughtful about modifying some of the activities. All have been passed through the Lieutenant for approval. Occasionally, women have stolen crayons or a marker so we have to count them each time. I have had several moments where I have been challenged to adapt and maintain our program within the rules of the jail. I have enjoyed the creative process and learning it provides.

The jail staff were skeptical at first, and not encouraging. After about 4 months of going every week, we began to see the change. Jail staff started encouraging the women on the pod to attend, and shared it was because they saw a difference in the women after attending. Now, they openly ask questions and are incredibly helpful. It has been a tool to educate the jail staff on topics of

CASE STUDY #2 (CONTINUED)

trauma, sexual violence, and domestic violence.

This group has offered an opportunity for the women to learn about SASO and the services we provide in a nonthreatening way. Often, they disclose histories of sexual violence from early ages as well as other trauma they have experienced, and in several groups all of the women have disclosed.

It wasn't the initial plan I had for providing services but has worked out really well and provides a great service to women who are incarcerated there. It took a lot of perseverance and being open to find a connection, in order to become a sustainable program.

In addition, the jail has reached out to SASO to provide community advocacy if there is a PREA call. We have been working on an MOU with them, but have had 3 hospital calls so far where an inmate was brought in for a medical forensic exam. Even without the MOU, the jail has allowed us to follow up and provide the services that PREA requires. I have hope that we will continue this collaborative relationship to prevent sexual violence in the jail.

DISCUSSION QUESTIONS:

1. What do you think of this collaborative relationship? Would you work with the jail without a PREA MOU on file?
2. What about if you received a call as an advocate? How would you proceed to provide support and advocacy to a detainee?
3. What would your agency protocol be?



COLORADO CONTACTS AND HELPFUL RESOURCES

To start a discussion with your local facilities' PREA Coordinator, contact them directly through the agency. If you are not sure about how to do that, contact CCASA for guidance.

Important contacts include:

COLORADO DEPARTMENT OF CORRECTIONS **PREA MANAGER**

1250 Academy Park Loop
Colorado Springs, CO 80910
Phone: (719) 579-9580

COLORADO OFFICE OF COMMUNITY CORRECTIONS **PREA LIAISON**

700 Kipling, Suite 1000
Denver, Colorado 80215
Phone: (303) 239-4442

For local detention centers and jails, call directly and request to speak with the PREA Coordinator. Most facilities have a designated staff who you will be able begin a conversation.

COLORADO COALITION AGAINST SEXUAL ASSAULT

www.ccasa.org
Phone: (303) 839-9999
info@ccasa.org

JUST DETENTION INTERNATIONAL

www.justdetention.org
Phone: (213) 384-1400
info@justdetention.org

NATIONAL PREA RESOURCE CENTER

www.prearesourcecenter.org



FEDERAL AND STATE PRISONS IN COLORADO

- Per 2016, State of Colorado has 23 prisons
- Population 20,168
- 4,133 Employees
- \$922 Million Budget




COMMUNITY CORRECTIONS

- As of 2016, 21 State facilities
- 38,536 people under probation
- 8,940 under parole

LOCAL AND COUNTY JAILS

- 61 Jails in 64 counties
- Population 11,640

YOUTH DETENTION FACILITIES

- 10 youth facilities – state run
 - Range from 24 to 140 beds
- 

MEMORANDUM OF UNDERSTANDING EXAMPLES

Creating a Memorandum of Understanding or MOU can feel overwhelming. Just Detention International has some great examples on their resource page for providers. We have included a few examples to give you an idea of where to start.

MOU EXAMPLE 1:

Community Corrections example

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (the “Agreement”) is entered into this 7th day of August, 2017 by and between the Hilltop Community Corrections Facility and the Sexual Assault Service Organization. This document establishes guidelines for the provision of victim services to inmates in the custody of Hilltop Community Corrections Facility who have been sexually abused or harassed as a safety response to protocol and standards mandated by the Prison Rape Elimination Act.

I. UNDERSTANDING, AGREEMENTS, SUPPORT AND RESOURCE REQUIREMENTS:

A. The Hilltop Community Corrections Facility agrees to:

- 1.) Make involvement of trained sexual assault community advocates a component of the standard response to a report of sexual assault and/or a request for help from a survivor of sexual assault;
- 2.) Offer survivors the opportunity to speak with an advocate following a report of sexual abuse or sexual harassment, or at the inmate’s request;
- 3.) Allow survivors to speak with an advocate confidentially in person or by phone;
- 4.) Contact Sexual Assault Service Organization with any questions related to sexual violence or for consultation about a specific, non-acute case;
- 5.) Allow an advocate to be present during the forensic examination and investigative interviews if desired by the survivor.
- 6.) Understand and respect the nature of privileged communication between the advocate and survivor. No information regarding client/advocacy communication shall be shared with Hilltop Community Corrections Facility staff without informed, written, time-limited consent from the survivor;

- 7.) Facilitate follow-up, whenever possible, between the survivor and the advocate;
- 8.) Ensure that Sexual Assault Service Organization advocates and staff are cleared to enter the facility for meetings, training sessions, or other program activities;
- 9.) Provide cross training for Sexual Assault Service Organization staff and Hilltop staff;
- 10.) Communicate any questions or concerns to _____, Executive Director, or _____, Assistant Director at Sexual Assault Service Organization;
- 11.) Facilitate the placement of informational placards regarding the availability of Sexual Assault Service Organization services in areas visible to inmates.

B. Sexual Assault Service Organization agrees to provide the following service free of charge to survivors of sexual abuse or sexual harassment at Hilltop Community Corrections Facility:

- 1.) Provide immediate advocacy, support, and crisis intervention to inmate survivors via the hotline;
- 2.) Respond in person to the on-site facility, whenever possible, to provide additional advocacy, emotional support, and information to survivors;
- 3.) Provide follow-up services and continued individual advocacy and support to survivors of sexual assault at Hilltop Community Corrections Facility, as resources allow;
- 4.) Inform the survivor of the right to have a victim advocate present during the medical forensic exam, investigative interviews and any possible court hearings and provide said accompaniment if desired by the survivor;
- 5.) Answer survivors' questions about the medical forensic exam and investigative process and accompany the survivor during the medical forensic exam, if desired;
- 6.) Provide information about follow-up services to the inmate survivor, including referrals to appropriate entities for additional information;
- 7.) Communicate any questions or concerns to _____, Director, or _____, Assistant Director at Hilltop Community Corrections Facility.

II. TERM OF MOU:

This Agreement shall become effective on the date that it is executed by all parties, and shall expire 1 year after the date of execution.

III. RENEWAL OF MOU:

This Agreement may be renewed with the agreement of all parties named herein upon the same terms and conditions.

IV. MOU TERMINATION:

This Agreement may be terminated by either party, with or without cause, upon no less than thirty (30) calendar days' written notice, without cause.

V. SIGNATURES: The signatures below attest to this mutual agreement:

Hilltop Community Corrections Facility Sexual Assault Services Organization:

By : _____ By: _____

Director Executive Director
Hilltop Community Corrections Facility Sexual Assault Services Organization

EXAMPLE II:

Similar to the first example, with nuanced changes for the facility, a youth detention facility.

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (the "Agreement") is entered into this 11th day of September, 2015 by and between the Robert E. Denier Youth Service Center (REDYSC) and the Sexual Assault Service Organization. This document establishes guidelines for the provision of victim services to youth in the custody of REDYSC who have been sexually abused or harassed as a safety response to protocol and standards mandated by the Prison Rape Elimination Act.

I. UNDERSTANDING, AGREEMENTS, SUPPORT AND RESOURCE REQUIREMENTS:

A. The Robert E. Denier Youth Service Center agrees to:

- 1.) Make involvement of trained sexual assault community advocates a component of the standard response to a confidential report of sexual assault and/or a request for help from a survivor of sexual assault;
- 2.) Offer survivors the opportunity to speak with an advocate following a report of sexual abuse or sexual harassment, or at the inmate's request;
- 3.) Allow survivors to speak with an advocate confidentially in person or by phone;
- 4.) Contact the Sexual Assault Service Organization with any questions related to sexual violence or for consultation about a specific, non-acute case;
- 5.) Allow an advocate to be present during the forensic examination and investigative interviews if desired by the survivor;

- 6.) Understand and respect the nature of privileged communication between the advocate and survivor. No information regarding client/advocacy communication shall be shared with REDYSC staff without informed, written, time-limited consent from the survivor;
- 7.) Facilitate follow-up, whenever possible, between the survivor and the advocate;
- 8.) Ensure that Sexual Assault Service Organization advocates and staff are cleared to enter the facility for meetings, training sessions, or other program activities;
- 9.) Communicate any questions or concerns to ____, Executive Director, or ____, Assistant Director at the Sexual Assault Service Organization;
- 10.) Facilitate the placement of informational placards regarding the availability of Sexual Assault Service Organization services in areas visible to inmates.

B. Sexual Assault Service Organization agrees to provide the following service free of charge to survivors of sexual abuse or sexual harassment at REDYSC:

- 1.) A SASO representative will come to REDYSC when notified by REDYSC staff that a report of abuse has been placed in the confidential PREA reporting mailbox;
- 2.) Provide immediate advocacy, support, and crisis intervention to youth survivors via the hotline;
- 3.) Respond in person to REDYSC, whenever possible, to provide additional advocacy, emotional support, and information to survivors;
- 4.) Provide follow-up services and continued individual advocacy and support to survivors of sexual assault at REDYSC, as resources allow;
- 5.) Inform the survivor of the right to have a victim advocate present during the medical forensic exam, investigative interviews and any possible court hearings and provide said accompaniment if desired by the survivor;
- 6.) Answer survivors' questions about the medical forensic exam and investigative process and accompany the survivor during the medical forensic exam, if desired;
- 7.) Provide information about follow-up services to the youth survivor, including referrals to appropriate entities for additional information;
- 8.) Communicate any questions or concerns to ____, Director, or ____, LPN/Medical Coordinator at REDYSC.

II. TERM OF MOU:

This Agreement shall become effective on the date that it is executed by all parties, and shall expire 1 year after the date of execution.

III. RENEWAL OF MOU:

This Agreement may be renewed with the agreement of all parties named herein upon the same terms and conditions.

IV. MOU TERMINATION:

This Agreement may be terminated by either party, with or without cause, upon no less than thirty (30) calendar days' written notice, without cause.

V. SIGNATURES: THE SIGNATURES BELOW ATTEST TO THIS MUTUAL AGREEMENT:

Robert E. Denier Youth Service Center: **Sexual Assault Services Organization:**

By: _____ By: _____

Director/Date

Executive Director/Date

Robert E. Denier Youth Service Center

Sexual Assault Services Organization

For other examples, please contact CCASA at info@ccasa.org.

COLORADO STATUTE REFERENCE GUIDE

C.R.S. 17-1-115.5

17-1-115.5. PRISON SEXUAL ASSAULT PREVENTION PROGRAM

- (1) The department shall develop, with respect to sexual assaults that occur in correctional facilities operated by or pursuant to a contract with the department, policies and procedures to:
 - (a) Require disciplinary action for employees who fail to report incidences of sexual assault to the inspector general appointed pursuant to section 17-1-103.8;
 - (b) Require the inspector general or the department of corrections investigator, whichever is appropriate, after completing an investigation for sexual assault, to submit the findings to the district attorney with jurisdiction over the facility in which the alleged sexual assault occurred;
 - (c) Prohibit retaliation and disincentives for reporting sexual assaults;
 - (d) Provide, in situations in which there is reason to believe that a sexual assault has occurred, reasonable and appropriate measures to ensure victim safety by separating the victim from the assailant, if known;

- (e) Ensure the confidentiality of prison rape complaints and protection of inmates who make complaints of prison rape;
 - (f) Provide acute trauma care for sexual assault victims, including treatment of injuries, HIV prophylaxis measures, and testing for sexually transmitted infections;
 - (g) Provide, at intake and periodically thereafter, department-approved, easy-to-understand information developed by the department on sexual assault prevention, treatment, reporting, and counseling in consultation with community groups with expertise in sexual assault prevention, treatment, reporting, and counseling;
 - (h) Provide sexual-assault-specific training to department mental health professionals and all employees who have direct contact with inmates regarding treatment and methods of prevention and investigation;
 - (i) Provide confidential mental health counseling for victims of sexual assault;
 - (j) Monitor victims of sexual assault for suicidal impulses, post-traumatic stress disorder, depression, and other mental health consequences resulting from the sexual assault; and
 - (k) Require termination of an employee who engages in a sexual assault on or sexual conduct with an inmate consistent with constitutional due process protections and state personnel laws and rules.
- (2) Investigation of a sexual assault shall be conducted by investigators trained in the investigation of sex crimes. The investigation shall include, but need not be limited to, use of forensic rape kits, questioning of suspects and witnesses, and gathering and preserving relevant evidence.
 - (3) The department shall annually report the data that it is required to compile and report to the federal bureau of justice statistics as required by the federal “Prison Rape Elimination Act of 2003”, Pub.L. 108-79, as amended, to the judiciary committees of the house of representatives and the senate, or any successor committees.

C.R.S. 17-1-115.7

17-1-115.7. PREVENTION OF SEXUAL ASSAULTS ON YOUTHFUL INMATES - COMPLIANCE WITH FEDERAL LAW - REPORT - DEFINITIONS

- (1) On or before August 20, 2013, the department shall implement policies pursuant to the federal “Prison Rape Elimination Act of 2003”, 42 U.S.C. sec. 15601 et seq., to ensure compliance with the provisions thereof relating to youthful inmates, as codified at 28 CFR 115.14.
- (2) Notwithstanding section 24-1-136 (11)(a)(I), on or before October 1, 2013, and on or before each October 1 thereafter, the department shall report to the judiciary committees of the house of representatives and senate, or any successor committees, concerning the implementation of the policies described in subsection (1) of this section within the youth offender system described in section 18-1.3-407.5.
- (3) As used in this section, “youthful inmate” means any person less than eighteen years of age who is under adult court supervision and incarcerated or detained in a correctional facility.

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FREEDOM FROM SEXUAL VIOLENCE

The Colorado Coalition Against Sexual Assault (CCASA) is a statewide membership organization that serves as the collective voice of advocates and survivors of sexual violence. CCASA provides training, technical assistance, and resources, and engages in systems and policy advocacy.

For more information, please visit www.ccasa.org.